Report to HEALTH AND WELLBEING BOARD

Tobacco Control

Portfolio Holder:
Councillor Barbara Brownridge, Cabinet Member for Health and Adult
Social Care

Officer Contact: Dr Rebecca Fletcher, Director of Public Health (Interim)

Report Author: Andrea Entwistle, Senior Business and Commissioning
Manager, Public Health
Ext. 3386

7 September 2023

Purpose of the Report

This report provides an overview of the tobacco control work in Oldham, in the context of
regional and national policy and approaches. It focuses on the role of the Oldham Tobacco
Alliance, made up of partners and services from across the borough, in progressing this
agenda and working together to tackle tobacco-related harm and improve the health and
wellbeing of people living in Oldham.

Executive Summary

One in seven adults still smoke in England and tobacco remains the single biggest cause
of preventable illness and death. Up to two out of three lifelong smokers will die from
smoking, and smoking substantially increases the risk of heart disease, heart attack and
stroke and causes the vast majority of cases of lung cancer. Tackling smoking is one of
the most evidence based and effective interventions that we can take to prevent ill health
and reduce health inequalities. Reducing smoking rates not only improves health
outcomes and reduces the burden on the NHS, it also boosts productivity and economic
growth.

Smoking prevalence in Oldham is considerably higher than GM and England rates and
tobacco-related harm disproportionality impacts a number of our communities, including

those who are already impacted by high levels of deprivation and other socio-economic determinants of health. Reducing smoking rates in the borough is a priority in the Oldham Health and Wellbeing Strategy and Oldham Integrated Care Partnership's Locality Plan.

The vision of the Oldham Tobacco Alliance is to improve the health and wellbeing of Oldham's population by reducing smoking rates, minimising tobacco related harm and contributing to a reduction in the health inequalities experienced by some of our communities due to smoking and tobacco.

Significantly reducing smoking prevalence at a far faster rate than at present will:
– improve health outcomes,
– support poverty reduction,
– deliver higher productivity,
– give babies and children a better start in life,
– reduce health and social care costs and
– cut crime by dealing with the illegal tobacco trade.

Therefore, the Oldham Tobacco Alliance is taking a strategic and comprehensive approach to tobacco control (aligned to national and regional policy and evidence base) to make smoking less accessible, acceptable and desirable, empower successful quitting and stop young people starting to smoke in the first place.

Recommendations/Requirement from the Health and Wellbeing Board

Health and Wellbeing Board is asked to consider Oldham's approach to tobacco control, the work to date of the Oldham Tobacco Alliance and the wider health and care system in tackling smoking and the effectiveness of the locality tobacco control plan in reducing smoking prevalence and tobacco related harm.

Health and Wellbeing Board is asked to consider what more can be done to address smoking locally and to reduce the risk and impact of tobacco related harm and how we can work together as a system to contribute to reducing the health inequalities caused by tobacco and smoking and improve the health and wellbeing of our residents.

Tobacco Control in Oldham

1.   Background

1.1.   The UK has made considerable progress in reducing the harms related to tobacco. Smoking rates have fallen, both nationally and locally, over the last few decades but smoking remains the single greatest cause of preventable death, disability, ill-health and social inequality for local people.

1.2.   Smoking is a modifiable risk factor, with strong connections to wider socio-economic determinant of health, that affects three of the major killers in Oldham, which are circulatory disease, cancer, and respiratory disease. Four in five cancers are caused by tobacco use, and 90% of lung cancer is directly attributable to smoking. Up to two out of three lifelong smokers will die from smoking and smoking accounts for 1 in 6 deaths in England, with huge inequalities existing across areas and populations. In Oldham, 600 deaths and over 3,700 hospital admissions each year are attributable to smoking. On average, for every smoker who dies another thirty are suffering serious smoking-related diseases. Non-smokers are also at risk of harm through second-hand smoke exposure, especially vulnerable adults, children, and babies.

1.3.   For the NHS and wider public services, the lifetime value of a person stopping smoking is considerable. Smoking accounts for approximately 5.5% of the NHS budget. Admissions to hospital due to smoking related conditions represent a large demand on NHS resources. There is also an impact on demand for social care and other support services. On average, smokers have difficulty carrying out everyday tasks like dressing, eating and walking across a room, seven years earlier than never smokers and need care support ten years earlier than never smokers. Action on Smoking and Health (ASH) estimate that the total additional spending on social care in Oldham as a result of smoking for adults aged 50 and over in 2021 was £5,960,600. This includes the costs of care for 425 individuals receiving home based care, and 87 individuals receiving state-funded residential care.

1.4.   Not only does tobacco impact on health and care, but smoking is also detrimental to the economy, with smokers more likely to become ill while of working age, contributing to the 30% productivity gap due to ill health in Greater Manchester. Those who smoke are burdened with a costly addiction, each spending on average £2,451 a year on tobacco. Whilst smoking is not a root cause of poverty, the addiction, associated ill-health and loss of income it causes can significantly exacerbate and lock people and families into an intergenerational cycle of poverty and disadvantage, resulting in the widening of health inequalities. The pandemic, and now the cost-of-living crisis, has not only shone a light on these health inequalities but exacerbated them. In Oldham, the cost per quitter for the local authority commissioned specialist stop smoking service was £490 in 2019/20, which was less than the regional average and similar to the England value (£484).

1.5.   Smoking is the single biggest preventable cause of health inequalities. The Marmot Review reported that smoking remains responsible for around half the difference in life expectancy we see between our poorest and most affluent communities.

Smoking is far more common among routine and manual workers and people with lower incomes and is transmitted across generations due to social-norms and addiction. The more disadvantaged someone is, the more likely they are to smoke and suffer from smoking-related disease and premature death. Smoking rates are also higher among people with mental health conditions, those living in social housing, prisoners, looked-after children and care leavers, and LGBTQ+ people.

1.6.   Oldham's smoking prevalence in adults is currently 19.3% (2021) – this has reduced significantly from 2012 when smoking prevalence was at 24.2% but is still higher than the England average of 13% and much higher than the trajectory needed to achieve the national and Greater Manchester ambition to be smoke free (which is to reduce overall adult smoking prevalence to less than 5%) by 2030. We also know there is considerable variation in smoking prevalence across the borough and that in some wards, particularly those with high levels of deprivation, rates are considerably higher. The proportion of the Oldham population who have never smoked is also smaller than the national average and, whilst considerable progress has been made to reduce the proportion of women who smoke in pregnancy, numbers are still higher in Oldham than they are nationally (10.7% - Oldham, 9.1% - England, 2021/22).

1.7.   Tackling smoking is one of the most evidence based and effective interventions that we can take to prevent ill health. Reducing smoking prevalence would have a significant impact on improving population health, reducing demand on health and social care services and tackling health inequalities. However, smoking is an addiction most smokers were trapped into as children and young people. Two thirds of those who try smoking go on to become regular smokers, only a third of whom succeed in quitting during their lifetime. Most smokers want to quit and many more regret ever having started. Therefore, whole system action is needed to support those who want to quit and prevent people from starting smoking in the first place.

1.8.   Comprehensive tobacco control is a coordinated, multiagency approach to reducing smoking prevalence and the harm from tobacco. A coordinated and comprehensive approach to tobacco control across Oldham will make smoking less accessible, acceptable and desirable, empower successful quitting and stop young people starting to smoke.

2.   Current Position

National Position

2.1.   In 2019, the Tobacco Control Plan for England, *Towards a Smokefree Generation*, set out the Government's ambition for England to be Smokefree by 2030 (achieving smoking prevalence of less than 5%). The initial objectives of the tobacco control plan were to:
- reduce the number of 15 year olds who regularly smoke from 8% to 3% or less
- reduce smoking among adults in England from 15.5% to 12% or less
- reduce the inequality gap in smoking prevalence, between those in routine and manual occupations and the general population
- reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less

2.2. Achieving the Smokefree 2030 ambition is identified as an essential step towards increasing healthy life expectancy by five years by 2035, reducing health inequalities and levelling up the nation as set out in the statement made in January 2023 regarding the Major Conditions Strategy, the Government's plan to tackle preventable ill-health and mortality in England. Smokefree 2030 is also expected to contribute to achieving one of the Prime Minister's key priorities: to cut NHS waiting lists.

2.3. In June 2021, the All Party Parliamentary Group (APPG) on Smoking and Health released a report that set out recommendations for the forthcoming refreshed Tobacco Control Plan to deliver a Smokefree 2030. The recommendations in the report included global leadership to end smoking; 'Polluter pays' fund for tobacco control; comprehensive strategy approaches including targeted investment to reduce inequalities, plus tougher regulations to further denormalise smoking; improved data collection and analysis to inform progress; and interim targets for 2025 with further action to be taken if not on track by then.

2.4. In June 2022, the independent review by Dr Javed Khan into the government's ambition to make England smokefree by 2030 was published. The review provided independent, evidence-based advice to inform the government's approach to reduce the number of people taking up smoking and helping smokers to quit. The review made 15 recommendations for government to achieve a smokefree society. This included 4 critical recommendations:
- Urgently invest £125 million per year in a comprehensive smokefree 2030 programme. Options to fund this include a 'polluter pays' levy.
- Increase the age of sale by one year, every year.
- Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals.
- For the NHS to prioritise further action to stop people from smoking, by providing support and treatment across all of its services, including primary care.

2.5. In April 2023, the Government outlined 'The Next Eight Steps' towards Smokefree 2030. These included:
- stopping the growth of vaping among children,
- introducing new help for a million smokers to quit via a 'swap to stop' programme, offering vaping as a quit aid,
- increasing enforcement of illicit sales,
- expanding access to new treatments, including unblocking supplies to licensed medicines,
- backing joined-up, integrated approaches with a particular focus on stop smoking support in Mental Health services,
- rolling out a national incentive scheme to help pregnant women quit,
- consulting on new pack inserts using modern technology,
- ensuring Smokefree is at the core of the Major Conditions Strategy.

Greater Manchester Position

2.6. Greater Manchester (GM) is committed to becoming the first global city region to be smokefree and since 2017 has been delivering its unprecedented and evidence-

based Making Smoking History (MSH) strategy through a partnership of city region, local authority borough and community-based programmes. Built on the evidence-based World Health Organisation (WHO) MPOWER model, the programme has delivered system-wide transformation at scale, influenced national policy, including the Khan Review and NHS Long Term Plan, and delivered ongoing reductions to smoking prevalence across GM.

2.7.   The GM Joint Forward Plan includes an action section around 'Making Smoking History' as part of the 'Helping people stay well and detecting illness earlier' mission. The delivery of Making Smoking History actions is the responsibility of both Locality Boards and the Population Health Board. This work has 'points of delivery' through Primary Care, Local Authorities, the VCFSE and multiple other public sector partners such as Housing providers, Police and Fire and Rescue. A GM Make Smoking History Alliance has been established with locality membership from across all ten boroughs and diverse partner engagement.

2.8.   Reducing smoking prevalence is integral to GM's approach to tackling inequalities and ensuring fair health for all. Becoming a smokefree city region by 2030 creates a unique opportunity to reduce health inequality, with the Office of National Statistics estimating that healthy life expectancy would increase by just over 6 years for men and 7 years for women if GM becomes smokefree by 2030. Smoking cessation also contributes to all five of the key clinical areas identified as priorities in NHS England's Core20plus5 approach to reducing health care inequalities:
   - CORE20: Smoking accounts for half the difference in life expectancy between richest and poorest.
   - PLUS: Smoking tobacco is linked to >100 conditions.
   - 5:
     - Respiratory disease – >80% of COPD, a leading cause of mortality, caused by smoking,
     - Maternity – women who smoke have 47% increased risk of stillbirth,
     - Mental Health – up to 50% of all deaths in people with Serious Mental Illness (SMI) are attributable to smoking,
     - Cancer – smoking is a leading cause of lung cancer, largest killing cancer in UK,
     - Hypertension – smokers are twice as likely to suffer acute coronary events and twice as likely to die from them.

2.9.   The Greater Manchester Making Smoking History GMPOWER Model features seven key components which ensure delivery of a comprehensive and system-wide approach to tobacco control, from neighbourhood to city region level based on improving and increasing quits and preventing relapse and uptake.

GMPOWER	Improve Quit Success	Increase Quit Attempts	Prevent Relapse	Prevent Uptake
Grow a social movement	✓	✓	✓	✓
Monitor tobacco and prevention policies	✓	✓	✓	✓
Protect people from tobacco smoke	✓	✓	✓	✓

Offer to Stop Smoking Support	✔	✔	✔	
Warn about the dangers of tobacco	✔	✔	✔	✔
Enforce tobacco regulation	✔	✔	✔	✔
Raise the price of tobacco	✔	✔	✔	✔

2.10. Five years since the launch of the GM Making Smoking History programme, a summary report has been produced and comprehensive review and refresh has been underway to reflect upon the progress made to date and renew the commitment to the ambition for a smokefree city region to deliver a healthier, fairer future. An updated Making Smoking History (MSH) five-year framework will be published in Autumn 2023. The refreshed framework will further strengthen GM's reputation as national leaders in tobacco control through a strong commitment to innovation and research and delivering behaviour change. The framework will outline the actions needed at a national, regional and local level to achieve Smokefree 2030.

Oldham Position

2.11. Reducing smoking is one of the key priorities of Oldham's Health and Wellbeing Strategy and it is our ambition to work towards a smoke-free Oldham. Smoking is identified as a key challenge facing the system in the Oldham Integrated Care Partnership's Locality Plan and highlighted as one of the 18 core areas we need to improve and transform. High smoking rates and the need for improved support for self-management around smoking cessation were identified as key factors in the recent report by Carnall Farrar which identified priorities for addressing health and care demand and drivers of demand in Oldham.

2.12. The Oldham Tobacco Alliance, which reports into the Health Improvement Sub-group of the Health and Wellbeing Board, is a collective partnership of stakeholders and local representatives. The Tobacco Alliance provides strategic leadership and drive for the tobacco control agenda in Oldham, in line with national, regional and local priorities. Its primary role is to provide strategic leadership to improve the health and wellbeing of Oldham's population and to reduce the inequalities in health experienced by some communities, through tobacco control. The Alliance collaboratively supports the strategic vision of making Greater Manchester Smokefree by 2030. This includes facilitating the local delivery of evidence-based tobacco control work across Oldham to reduce smoking rates, minimise tobacco-related harm and contribute to reductions in health inequalities.

2.13. The Oldham Tobacco Alliance has developed a Locality Tobacco Control Action Plan which uses the GMPOWER model and is informed by the national Smokefree 2030 Tobacco Control Plan and incorporates the APPG and Khan Review recommendations, as well as taking learning from ASH and Cancer Research UK around effective tobacco control policy approaches.

2.14. In order to appropriately prioritise work, areas of focus have been identified from the Locality Tobacco Control Action Plan by the Alliance and task and finish groups established to take the workstreams forward. These include:
- Children and young people
- Alternative forms of tobacco and nicotine (including vaping)
- Smokefree homes and places
- Illicit tobacco and enforcement
- Communications and engagement

Each task and finish group has its own operational action plan to progress the relevant workstream and provides regular updates on progress to the Alliance.

2.15. The Oldham Tobacco Alliance has been meeting regularly since it was launched in September 2021, and has made considerable progress to date. Some of the key actions undertaken by the Alliance, and its sub-groups, have included:
- Inclusion of Tobacco Control as a key priority in our refreshed Health and Wellbeing Strategy.
- Development of a local vaping position statement (superseded by GM Vaping Position Statement that is awaiting sign off via GM Public Health Leaders).
- Successful coordination of communication campaigns, including collaborative Stoptober events jointly delivered by all of our different stop smoking services and joint approaches around national No Smoking Day
- Enhanced training and workforce development offer including Very Brief Advice on smoking cessation for wider workforce and targeted and bespoke training for services that work with vulnerable and at-risk groups.
- Surveys undertaken with communities (with high levels of uptake) to better understand prevalence and use of alternative forms of tobacco and nicotine in order to inform myth-busting and targeted messaging and engagement.
- Comprehensive review of all smoke-free policies for partner organisations to identify gaps, opportunities for learning and explore options for shared protocols and an alliance wide approach.
- Involvement in the development and coordination of the GM Social Housing Stop Smoking Consultation – findings of the evaluation are due to be shared in October 2023
- Development of a Youth Vaping Support Pack for Education Settings – due to launch in Autumn Term 2023, with an enhanced support offer from School Nursing and community stop smoking service
- Continued focus on enforcement of tobacco legislation (including underage sales) and a persistent approach to tackling illicit tobacco and unregulated vapes.

2.16. Some of the ongoing challenges and areas of focus for the Tobacco Alliance going forward include:
- Ensuring that there is high quality, evidence-based specialist stop-smoking services available to everyone who smokes (including access to alternative products to support people to quit smoking successfully) whilst ensuring that there is appropriately targeted support for those most at risk of tobacco-related harm and any emerging vulnerable groups (such as the digitally excluded, asylum seekers)

- Building robust pathways between local authority commissioned stop smoking services and healthcare stop smoking provision (and the wider health and care system) and navigating the complicated commissioning landscape.
- Alternative forms of tobacco, including shisha, and use of tobacco with illicit substances (such as cannabis) and the development of targeted training for professionals alongside resources and engagement materials for residents
- Illicit tobacco and the impact of the Cost of Living Crisis
- Vaping including tackling myths about harms, unregulated vapes and those containing illicit substances and balancing messaging around the benefits of vapes as an effective quit aid together with preventing the uptake of vaping by young people and never smokers.
- Further work around Smokefree Places (including exploring feasibility options around Smokefree Pavement Licences and pedestrianised areas) and Smokefree Homes (including more work with Social Housing providers).

2.17. The Oldham Locality Tobacco Control Action Plan will be reviewed and updated in line with the release of the anticipated refreshed national Tobacco Control Plan for England and the revised GM Making Smoking History delivery framework.

3. Data and Intelligence

3.1. Officers from Oldham Council Data Insight and Intelligence Team will attend the Health and Wellbeing Board to present comprehensive data from the Joint Strategic Needs Assessment in relation to tobacco use in Oldham.

4. Key Issues for Health and Wellbeing Board to Discuss

4.1. Health and Wellbeing Board is asked to consider Oldham's approach to tobacco control, the work to date of the Oldham Tobacco Alliance and the wider health and care system in tackling smoking and the effectiveness of the locality tobacco control plan in reducing smoking prevalence and tobacco related harm.

5. Key Questions for Health and Wellbeing Board to Consider

5.1. Health and Wellbeing Board is asked to consider what more can be done to address smoking locally and to reduce the risk and impact of tobacco related harm and how we can work together as a system to contribute to reducing the health inequalities caused by tobacco and smoking to improve the health and wellbeing of our residents.

5.2. Health and Wellbeing Board may wish to consider specific roles and approaches for system-level leadership that may support and strengthen local tobacco control work, which could include:
- bringing together the resources and expertise held across the NHS, local government, voluntary sector and other partners
- enabling partner organisations to take co-ordinated, mutually-reinforcing action and reducing duplication
- supporting consistency of approach and reducing variation in access to services

- aggregating skills and creating a central hub of expertise to help drive up effectiveness
- accessing new or different funding streams and using these to increase total investment in prevention
- enabling partners to speak with a stronger collective voice to amplify their impact on wider policy.

There may also be opportunities to take a more integrated approach to prevention, supporting approaches which tackle multiple risk factors simultaneously.

6.   Additional Supporting Information

6.1   Partners from across the health and care system will attend Health and Wellbeing Board and present further information regarding the work that has been ongoing in the borough to reduce tobacco related harm, including the [support that is available for help people to stop smoking](#), the work that has been done to protect people from tobacco smoke, how we enforce restrictions and legislation locally, and work that is being undertaken to address youth vaping.