

Report to Health and Wellbeing Board

Smoking and Tobacco Control Update

Portfolio Holder: Councillor Brownridge, Cabinet Member for Adults, Health and Wellbeing

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Purpose of the Report

This report provides an update on tobacco control work in Oldham, in the context of regional and national policy and approaches. Officers and partners from Oldham Tobacco Alliance will attend the meeting to provide an overview of how Oldham is progressing towards becoming Smokefree and how we are working together to tackle tobacco-related harm and improve the health and wellbeing of people living in Oldham.

Recommendations

Health and Wellbeing Board is asked to consider Oldham's progress towards become Smokefree, including the work to date and future plans to reduce 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.

Smoking and Tobacco Control Update

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 the single most entirely preventable cause of ill health, disability, and death in the UK. It is also the biggest cause of health inequalities. Smoking reduces the quality of a person's life and leads to an early death. Smoking is a modifiable risk factor, with strong connections to wider socio-economic determinants of health, that affects three of the major killers in Oldham, which are circulatory disease, cancer, and respiratory disease. Smoking harms almost every organ in the body. It is the biggest contributor to death and illness. On average a person that smokes loses 10 years of their life. 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. The risk of dying from smoking increases with the amount of tobacco smoked and the number of years smoked. On average, for every smoker who dies another thirty are suffering serious smoking-related diseases. Smokers see their GP over a third more often than non-smokers. Quitting smoking at any age can improve health and life expectancy. Non-smokers are also at risk of harm through second-hand smoke exposure, especially vulnerable adults, children, and babies.
- 1.3 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.
- 1.4 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.
- 1.5 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. We are taking a coordinated and comprehensive approach to tobacco control across Oldham, via our Tobacco Alliance and locality tobacco control action plan, to make smoking less accessible, acceptable and desirable, empower successful quitting and stop young people starting to smoke.

2 Current Position

- 2.1 A new [Tobacco and Vapes Bill](#) was introduced in 2024 and it is anticipated that new strategies around tackling tobacco-related harm are being developed under the new government.
- 2.2 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. The GM MSH GMPOWER Model features seven key components which ensure delivery of a comprehensive and system-wide approach to tobacco control based on improving and increasing quits and preventing relapse and uptake. An updated five-year [Making Smoking History Strategic Delivery Framework and Action Plan](#) was recently published and outlines the actions needed at a national, regional and local level to achieve Smokefree 2030.
- 2.3 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.
- 2.4 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.
- 2.5 Additional funding for local stop smoking services from central government to support local authority led stop smoking services to help more people to stop smoking across England and to increase the number of smokers engaging with effective interventions to quit smoking was made available for 2023/24 and allocations have now been confirmed for 2024/25. The funding aims to support people by:
 - stimulating more quit attempts by providing more smokers with advice and swift support
 - linking smokers to the most effective interventions to quit
 - boosting existing behavioural support schemes designed to encourage smokers to quit (for example the 'swap to stop' scheme)
 - building capacity in local areas to respond to increased demand

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- strengthening partnerships in local healthcare systems

An update will be provided at the meeting regarding how the additional funding has been and will continue to be employed locally to bolster existing stop smoking support by creating more opportunities for people to quit and the impact of that investment.

- 2.6 Health and Wellbeing Board received a comprehensive overview of smoking cessation and tobacco control work in Oldham in [September 2023](#). Officers and partners will attend the Board to provide an update on progress made since the last attendance and a summary of key developments and future plans.

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 and the progress that has been made to reduce smoking prevalence.

4 Key Issues for Health and Wellbeing Board to Discuss

- 4.1 Health and Wellbeing Board is asked to consider Oldham's progress towards become Smokefree, including the work to date and future plans to reduce 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.
 - opportunities to take a more integrated approach to prevention, supporting approaches which tackle multiple risk factors simultaneously.

6 Additional Supporting Information

- 6.1 More information about how people can access support to stop smoking can be found here: [Support available to help people stop smoking](#).