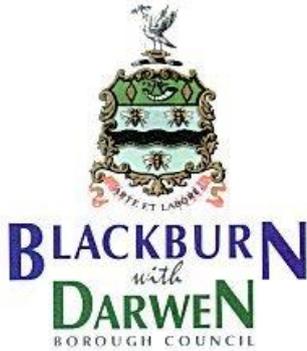


EXECUTIVE BOARD DECISION



REPORT OF: Executive Member for
Health and Adult Social Care

LEAD OFFICERS: Director of Public Health

DATE: 13 April 2017

**PORTFOLIO/S
AFFECTED:** Health and Adult Social Care

WARD/S AFFECTED: All

KEY DECISION: YES NO

SUBJECT:

Tobacco Free Lancashire Strategy: Towards a Smokefree Generation 2018-2023

1. EXECUTIVE SUMMARY

The Tobacco Free Lancashire (TFL) Strategy Towards a Smokefree Generation 2018-2023 has been developed to replace the now expired Tobacco Free Lancashire Strategy (2014-2016) - 'Making tobacco less desirable, acceptable and accessible in Lancashire'.

The TFL Strategy (2018-2023) will include priorities to reduce health inequalities resulting from smoking and protecting successive generations of young people from the harm caused by tobacco. The Strategy is committed to tackling specific priorities which are relevant to Pan Lancashire; for example smoking in pregnancy, smoking and mental health and, smoking and long term health conditions. The promotion of smoke free will be present in all aspects of the policy and is the basis of the revised strategy.

The TFL Strategy (2018-2023) has been developed in partnership with a wide range of stakeholders and agencies working together to reduce the devastating impact that tobacco has in Lancashire on the local population.

The TFL Strategy will encompass current policy positions on the use of e-cigarettes reflecting the most recent evidence on health impacts available.

2. RECOMMENDATIONS

That the Executive Board approve:

The TFL Strategy 2018-2023 which has been drafted in collaboration with the Public Health Tobacco Control Leads from Blackpool, Lancashire and Blackburn with Darwen Councils, after significant partner and public engagement.

3. BACKGROUND

Tobacco Free Lancashire is a partnership made up of representatives from Local Authorities, NHS Trusts and Clinical Commissioning Groups, Lancashire Constabulary, Lancashire Fire and Rescue and other partner organisations across Lancashire County, Blackburn with Darwen and Blackpool.

It is chaired on a quarterly rotation by elected members from Lancashire County Council, Blackpool Council and Blackburn with Darwen Borough Council, to ensure direct alignment and effective communication with the respective Health and Wellbeing Boards.

This Strategy outlines the areas of activity which the Tobacco Free Lancashire partnership will undertake to reduce smoking rates. The Strategy will be supported by a detailed delivery plan which will be updated annually to reflect progress.

The TFL Strategy will build on the previous Strategy with the aim of reducing smoking prevalence further and increasing the number of smoke free outdoor spaces across Lancashire.

Smoking Prevalence

Tobacco use remains one of the most significant public health challenges, despite rates declining over the past decades in England to 15.5%. Smoking rates remain higher in Lancashire compared with England for adults; pregnant women and in some areas of Lancashire young people. There are approximately 224,300 current adult smokers in Lancashire. Two-thirds of smokers (63%) want to quit and welcome support to do so. Progress against national targets for Blackburn with Darwen have improved but smoking rates still remain higher for adults (19.5%), for pregnant women (14.5%) and for routine and manual workers (32.1%).

The vast majority of people who smoke become addicted as children before they are legally old enough to buy cigarettes; with two thirds initiating under the age of 18, and almost two-fifths under 16 years.

Smoking disproportionately affects those disadvantaged by poverty and is a major contributor to health inequalities, accounting for half of the difference in life expectancy. Adults in routine and/or manual occupations are around twice as likely to smoke as those in managerial and/or professional occupations (27% vs 13% respectively).

People on low incomes start smoking at a younger age and are more heavily addicted, spending up to 15% of their total weekly income on tobacco. Similarly, women who smoke in pregnancy are also more likely to be younger, single, of lower educational achievement and in unskilled occupations.

Smoking rates are also higher among people living with a mental health condition. Nationally, a third (32%) of people with depression or an anxiety disorder and 40% for those with probable psychosis smoke.

Children and the impact of smoking and second hand smoke

Children are adversely affected by breathing in second hand smoke (SHS), as they breathe faster and breathe in more toxic chemicals than adults. Children exposed to second-hand smoke are at increased risk of bronchitis, asthma symptoms, middle ear infections (glue ear), meningitis and sudden infant death syndrome (cot death). It is estimated that there are 3,900 additional incidents of childhood diseases each year within Lancashire, directly attributable to SHS.

There is no risk-free level of exposure to SHS. There have been significant reductions in the exposure to SHS in the UK since the introduction of the smoke free legislation in 2007 and social norms and knowledge are changing. However, there is still a requirement to promote smoke free environments further.

Influences on smoking

Children are influenced by the actions of adults. Smoking by parents or role models is a crucial factor in determining the uptake of smoking among children. The activity of smoking by an adult figure can be conveyed as normal behaviour. Creating and de-normalising fewer public places where people can smoke, helps children realise that smoking is not a common practice, (4 out of 5 adults don't smoke) and this can reduce pressures on them to smoke.

Financial implications of smoking in Lancashire

In Lancashire it costs the NHS £53.77 million per year to treat smoking-related illnesses; (£29.51 million primary care; £24.26 million secondary care). A further £20.42 million is spent on treating the consequences of exposure to second-hand smoke in children and adults, such as respiratory tract infections, asthma and glue ear.

The annual costs to the wider economy from sickness absenteeism, smoking breaks and reduced productivity are estimated at £19.61 million across Lancashire. Every year 190,006 working days are lost through smoking related absence across the County.

The use of electronic cigarettes or vaping.

It is estimated 2.9 million people in the UK currently use an e-cigarettes. Approximately half of these users are said to be ex-smokers whilst the remainder continue to use tobacco alongside e- cigarettes.

Whilst e-cigarettes have been regarded as less harmful than smoking, they are not harm free. The British Medical Association (BMA), advocate that any health claims regarding e-cigarettes should be substantiated by robust independent evidence to ensure that consumers are correctly informed.

The TFL Strategy supports the view of the BMA and therefore cannot advocate the use of e-cigarettes until there is certainty on their safety and efficacy. The Strategy is focussed on ensuring the most recent evidence on the health harms of e-cigarettes is referred to when considering future relevant policy decisions.

4. KEY ISSUES & RISKS

This Strategy provides some high-level ambitions which will inform more detailed action planning at both the Pan Lancashire and local levels to achieve these, in line with both national and sub-national tobacco control policies. A key aim of the TFL Strategy is to reduce the damaging impact of tobacco so that smoking is history for the children of Lancashire.

This Strategy prioritises the following areas at an individual level in order to reduce health inequalities and improve quality of life;

- Smoking in Pregnancy,
- Smoking and Mental Health Conditions,
- Smoking and Long Term Health Conditions.

Blackburn with Darwen Borough Council is committed to reducing smoking prevalence in adults, young people and pregnant women and continues to work collaboratively to reduce smoking prevalence within the Borough.

Smoking in Pregnancy

Overall, smoking in pregnancy increases the risk of infant mortality up to the age of 1 year by around 40%, doubles the risk of still birth and causes up to 2,200 premature births; 5,000 miscarriages; 300 perinatal deaths in the UK every year. It has been estimated that a 10% reduction in infant and foetal deaths could be achieved if all pregnant women stopped smoking.

Reducing smoking in pregnancy is a key public health priority for the TFL Strategy which aims to work towards the Department of Health (DoH) Tobacco Control Plan for England, 2017 ambitious goal of reducing smoking to 6% by 2022.

Smoking and Mental Health Conditions

One in four individuals are affected at some point in their life from a mental health illness, and the life expectancy of those diagnosed is on average 10-20 years less than someone without a mental health diagnosis. The main reason for this difference in life expectancy is due to smoking. More than two fifths (42%) of all cigarettes smoked in England in 2007 were by people with a mental health

condition.

Since the mid-1990's smoking rates in the general population have been declining in England to approximately 15.5% in 2017. However, smoking rates for people with a mental health condition over the 20 year period have remained the same, at an estimated 40%.

In line with national guidance and *Smoking Still Kills* Report 2015 and the Tobacco Control Plan for England 2017, one of the aims of the TFL Strategy is to focus on reducing the prevalence rates of smoking for people with mental health conditions by promoting smoke and tobacco free environments and supporting people to quit smoking.

Smoking and Long term health conditions

Over a quarter of the population in England have a long term health condition and an increasing number of these have multiple conditions. A long term health condition is one that can be controlled but not cured.

Lancashire experiences higher rates of diagnosed long term health conditions than England as a whole. Across Lancashire, smoking prevalence is higher than the England average, and the incidence of smoking related hospital admissions and conditions such as lung cancer and Chronic Obstructive Pulmonary Disease (COPD) are greater than the national average.

Smoking doubles the risk of developing care needs and every year Local Authorities spend an additional £600 million providing care as a result of smoking related diseases. The TFL Strategy aims to reduce smoking for people with long term health conditions by supporting people to quit smoking and by promoting tobacco free environments.

Smoke free

One of the most important effects of introducing tobacco free spaces is the message to young people. Young people are significantly less likely to take up smoking themselves if they experience restrictions on smoking in public places, schools and at home. In addition, a person's behaviour is influenced by the perception of how others behave in society; an individual is more likely to engage in a harmful behaviour if that behaviour is seen as normal.

Outdoor smoke free restrictions have been found to not only protect non-smokers and promote tobacco free environments, but are also associated with a reduction in smoking and increased uptake of smoking cessation.

The TFL Strategy will build on the preliminary work of the previous Strategy with the aim of increasing the number of smoke free outdoor spaces across Lancashire and remove tobacco from our landscape so that non-smoking becomes the norm in our communities.

5. POLICY IMPLICATIONS

The TFL Strategy will support delivery of the Public Health Outcomes and commitments set out in the Blackburn with Darwen Joint Health and Wellbeing Strategy for reducing smoking prevalence in the borough.

6. FINANCIAL IMPLICATIONS

There are no financial implications arising from this report.

7. LEGAL IMPLICATIONS

Under the Health and Social Care Act 2012 Local Authorities have responsibility for tobacco control and smoking cessation services.

8. RESOURCE IMPLICATIONS

There is a requirement for a member(s) of the Blackburn with Darwen Public Health Team and an Executive Member of Health and Social Care to attend the Tobacco Free Lancashire Strategy group meetings which are held on a quarterly basis.

Continued support of the Strategy to reduce smoking prevalence within Blackburn with Darwen.

Promotion of national and local campaigns on tobacco control issues whenever possible.

9. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below. Where appropriate please include the hyperlink to the EIA.

Option 1 Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2 In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision. (*insert EIA link here*)

Option 3 In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision. (*insert EIA attachment*)

10. CONSULTATIONS

A Tobacco Free Lancashire Strategy Workshop event was held on 23rd September 2016 with all members of the TFL group invited to attend and provide feedback on the proposals for the revised Strategy. The discussions and contributions by members of the TFL group were included in the development of the Strategy and relayed to members at the quarterly meeting in January 2017. The final draft of the Strategy includes contributions and feedback from members of the TFL group to ensure it meets the needs of the people and smoking related services within Lancashire.

11. STATEMENT OF COMPLIANCE

The recommendations are made further to advice from the Monitoring Officer and the Section 151 Officer has confirmed that they do not incur unlawful expenditure. They are also compliant with equality legislation and an equality analysis and impact assessment has been considered. The recommendations reflect the core principles of good governance set out in the Council's Code of Corporate Governance.

12. DECLARATION OF INTEREST

All Declarations of Interest of any Executive Member consulted and note of any dispensation granted by the Chief Executive will be recorded in the Summary of Decisions published on the day following the meeting.

VERSION:	1
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CONTACT OFFICER:	Laura Wharton
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DATE:	6th March 2018
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**BACKGROUND
PAPER:**

Tobacco Free Lancashire Strategy