

HEALTH AND WELLBEING BOARD



TO:	Health & Wellbeing Board
FROM:	Director of Public Health
DATE:	8 December 2014

SUBJECT: Tobacco Free Lancashire – Tobacco Control Strategy

1. PURPOSE
 That the Health and Wellbeing board endorse the Tobacco Free Lancashire Tobacco Control Strategy

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

1. Note the contents of the Tobacco Free Lancashire Tobacco Control Strategy
2. That the strategy be formally adopted as the overarching tobacco control strategy for Blackburn with Darwen

3. BACKGROUND

(Note: for references to key documents and data sources cited in this briefing please see:
<http://phlive.org.uk/lancashire/draft-tobacco-control-strategy-for-lancashire-2014-16/>
<http://www.blackburn.gov.uk/General%20EIA/EIA-Tobacco-Free-Lancashire-Strategy-v1.0.pdf>)

Tobacco Free Lancashire is a partnership made up of representatives from Local Authorities, the County Council, 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 by elected members of Lancashire County Council, Blackpool Council and Blackburn with Darwen Council to ensure direct alignment and effective communication with the respective Health and Wellbeing Boards.

In Lancashire, we recognise that a variety of tobacco products are used by our population. The use of niche and smokeless tobacco products, such as shisha, pan, gutkha and nass amongst many others, remain a concern in communities such as Blackburn, Accrington, Burnley and Preston⁴. It is for this reason that we call ourselves ‘Tobacco Free Lancashire’, rather than ‘Smokefree Lancashire’.

We work collaboratively across a multitude of organisations throughout the county to reduce the harm caused by tobacco.

The partners in Tobacco Free Lancashire have worked together to produce an overarching 3 year (2014-16)strategy for controlling tobacco and reducing the harms associated with tobacco use in Lancashire.

4. RATIONALE

Tobacco use remains one of the most significant public health challenges. While rates of smoking have continued to decline over the past decades, nationally one in five adults (20.2%) still smoke. However smoking rates remain higher in Lancashire than England as a whole in adults, pregnant women and young people. There are around 268,308 current adult smokers in Lancashire. However, two-thirds of smokers (63%) want to quit and welcome support to do so

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, the legal age of sale, 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 between social classes I and V

Smoking is the primary cause of preventable ill health and premature death from respiratory diseases, circulatory disease and cancer accounting for 2,212 deaths in adult aged 35 years and over each year in Lancashire alone. One in 20 of hospital admissions are smoking related and the estimated lifetime cost of treating a smoker with a smoking related disease in Lancashire is £15,12124.

Tackling tobacco related harm requires coordinated and combined efforts from a wide range of agencies and organisations across the public and voluntary sector. This strategy outlines the areas of activity which Tobacco Free Lancashire and its collaborating partners will undertake to reduce smoking rates in Lancashire.

Tobacco Free Lancashire's three-year strategy mirrors the government's national tobacco plan¹, as well as local priorities. It will be supported by a detailed delivery plan which will be updated on a yearly basis to reflect progress.

A key aim of the strategy is to reduce the damaging impact of tobacco so that smoking is history for the children of Lancashire.

Funding and Commissioning Tobacco Control :

Lancashire County, Blackpool and Blackburn with Darwen Borough councils currently have responsibility for commissioning tobacco control and stop smoking services in the community. There are Stop Smoking Services in every area in Lancashire which are commissioned by the appropriate Authority. Clinical Commissioning Groups have responsibility for commissioning secondary care, including hospital, maternity and mental health, which includes smokefree programmes.

The national Tobacco Control Plan identifies how the proposals in the White Paper Healthy Lives, Healthy People²⁶ place the responsibility for public health within upper tier local authorities. With ring-fenced funding this will enable tobacco control to be delivered locally to support national policy to reduce the prevalence of smoking. Local statutory Health and Wellbeing Boards play a vital role in steering the tobacco control strategy and in supporting tobacco control alliances. Tobacco Free Lancashire has therefore taken a lead in developing this strategy and subsequent annual action plan updates.

5. KEY ISSUES

In line with the World Health Organisation's Framework Convention on Tobacco Control (FCTC) and the national Tobacco Control Plan, Tobacco Free Lancashire adopts the six internationally recognised strands of comprehensive tobacco control measures as their core aims, which are to:

Aim 1) Stop the promotion of tobacco

Aim 2) Make tobacco less affordable

Aim 3) Effectively regulate tobacco products

Aim 4) Help tobacco users to quit

Aim 5) Stop exposure to second-hand smoke

Aim 6) Effectively communicate for tobacco control

Additionally, Tobacco Free Lancashire has also adopted the following aims:

Aim 7) To protect tobacco control policy from industry influence

Aim 8) To reduce health inequalities in Lancashire through reduced tobacco consumption

Aim 9) To ensure that tobacco control is prioritised in cross-cutting policies, guidance and funding

6. POLICY IMPLICATIONS

Once adopted the Tobacco free Lancashire Tobacco Control Strategy will become the overarching Tobacco Control Strategy for Blackburn With Darwen

7. FINANCIAL IMPLICATIONS

Implementing the strategy will help to focus how tobacco control budgets are invested and help to support business cases for further investment where required.

8. LEGAL IMPLICATIONS

The Council has a duty to take appropriate steps to improve health outcomes of people in the borough (section 2B NHS Act 2006, inserted by section 12 Health and Social Care Act 2012). This includes taking such steps in order to control smoking.

In addition, the strategy will support the Councils legal responsibility for the delivery of public health.

9. RESOURCE IMPLICATIONS

Implementing the strategy will enable the focussing of Tobacco Control Resources

10. EQUALITY AND HEALTH IMPLICATIONS

Tobacco related harm is the single preventable cause of ill health and death in Blackburn with Darwen. Smoking is a key cause of health and social inequalities in Blackburn with Darwen

The more disadvantaged the smoker, the greater the burden high-cost tobacco imposes on their household income and the greater the impact smoking has on their family. Poorer smokers

proportionately spend five times as much of their weekly household budget on smoking than do richer smokers. If poorer smokers quit they are more likely to spend the money they save in their local communities

Smoking disproportionately affects those disadvantaged by poverty and is a major contributor to health inequalities, accounting for half of the difference in life expectancy between social classes I and V. Adults in routine and manual occupations are around twice as likely to smoke as those in managerial and professional occupations (27% vs 13% respectively)⁵.

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 tobacco⁵. Similarly, women who smoke in pregnancy are also more likely to be younger, single, of lower educational achievement and in unskilled occupations¹⁴. Smokers from routine and manual groups comprise 44% of the overall smoking population and reducing smoking in this group is critical to reducing inequalities.

Smoking rates are also higher among Bangladeshi and Irish males¹⁵ (40% and 30% respectively), prisoners¹⁶ (80%) and 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 smoke¹⁷. Even higher rates are experienced in inpatient settings, where up to 70% of patients smoke and around 50% are heavy, more dependent smokers¹⁸. Reducing health inequalities resulting from smoking therefore remains a public health priority in

The Tobacco free Lancashire Tobacco control strategy and its resultant priorities and action plans aims to reduce tobacco related harms, improve health and tackle inequalities with interventions particularly designed to benefit those disproportionately affected by tobacco as outlined above.

11. CONSULTATIONS

Tobacco Free Lancashire is a multiagency partnership led by the three Lancashire upper tier local authorities and comprising the following membership:

Blackburn with Darwen Clinical Commissioning Group

Blackburn with Darwen Council

Blackpool Clinical Commissioning Group

Blackpool Council

Blackpool Teaching Hospitals NHS Foundation Trust

Burnley Borough Council

Cumbria and Lancashire Public Health Collaborative

Chorley Borough Council

Chorley & South Ribble Clinical Commissioning Group

East Lancashire Clinical Commissioning Group

East Lancashire Hospitals NHS Trust

Fylde Borough Council
Fylde and Wyre Clinical Commissioning Group
Greater Preston Clinical Commissioning Group
Hyndburn Borough Council
Lancashire Care NHS Foundation Trust
Lancashire Constabulary
Lancashire County Council
Lancashire Fire & Rescue

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BACKGROUND PAPER:	

