

KIRKLEES HEALTH & WELLBEING BOARD

MEETING DATE: 30th September 2021

TITLE OF PAPER: **Shaping the partnership response to Tobacco Control in Kirklees**

1. Purpose of paper

This paper intends to formalise the partnership response to Tobacco Control in Kirklees District whereby the Health and Wellbeing Board fully understand, support and influence the aims of the Tobacco Alliance, and champion this work across the partnership.

We seek a formal decision from Health and Wellbeing Board regarding the reporting arrangement and make the following recommendations:

- Tobacco Alliance is recognised as formally accountable to the Health & Wellbeing Board
- Health and Wellbeing Board will receive updates regarding the work of the Tobacco Alliance on a regular basis as agreed by the Board.
- Health and Wellbeing Board will shape the work of the Tobacco Alliance and influence the agenda at a strategic level.

This paper also provides an update on the APPG Smoking & Health recommendations prior to the release of the Tobacco Control Plan for England (expected in October 2021) and makes the following recommendations.

- Health and Wellbeing Board discuss and support the APPG recommendations detailed on pages 3-4.
- Health and Wellbeing Board support and champion the APPG recommendations to ensure they remain part of the tobacco plan and that it is funded to the levels suggested in the APPG report.
- Health and Wellbeing Board commit to registering support as a council to the ASH Smokefree Roadmap to achieving a smokefree society by 2030.
- Health and Wellbeing Board agree to review the Tobacco Control Plan for England (expected to be released in October 2021) and agree a position on behalf of the partnership.

2. Background

In February 2020, the Health Foundation published Health Equity in England: The Marmot Review 10 Years On which revealed that health inequalities are worsening, and life expectancy stalling, in some areas decreasing. Since then the COVID-19 pandemic has shone a light on the inequalities that pervade our local communities, giving renewed focus and urgency to act towards an equal society. It is evident that those who were already experiencing disadvantage before COVID-19 have since been most severely impacted across all areas of life including employment, income, housing, education and health.

Whilst the root causes are complex, smoking is the single largest driver of health inequalities in the UK accounting for half the difference in life expectancy between richest and poorest.

The most common causes of death in Kirklees are circulatory disease (31%), cancer (26%) and diseases of the respiratory system (14%), all of which are risk factors of smoking. Smoking not only kills people prematurely, but it also drives them into poverty and reduces healthy life expectancy, with smokers needing help with everyday tasks 7 years earlier than those who have never smoked. Smokers lose on average 10 years of life, and for every death caused by smoking it is estimated that another thirty people are suffering from serious illnesses attributable to smoking.

Higher smoking prevalence is associated with almost every indicator of deprivation or marginalisation. Compared to the population as a whole, smoking is more common among people with a mental health condition, people with lower incomes, people who are experiencing homelessness, people in contact with the criminal justice system, people who live in social housing, people without qualifications, lone parents and LGBT people.

In Kirklees, 14.3% of residents still smoke and 12.1% of women who give birth report smoking throughout their pregnancy (PHE, 2018/19). Dewsbury West has the highest smoking prevalence (17.1%) followed by Batley East (15.9%), Batley West (15.8%), Dewsbury East (15.8%) and Newsome (15.8%). According to the Action on Smoking (ASH) Social Care cost calculator (available [here](#)), the total additional spending on social care in Kirklees as a result of smoking for adults aged 50 and over was approximately: £9,162,617 in 2021.

Whilst smoking remains the most common form of tobacco use in all communities, shisha is a popular alternative, especially amongst South Asian and Middle Eastern communities. Ensuring that shisha cafes comply with smokefree, licensing and fire safety regulations must form part of this agenda, including equipping business owners with information to educate customers about the misconception that smoking shisha is safer than smoking cigarettes

All forms of tobacco are harmful, and regardless of whether it was bought from an illegal or legal source, one in two long-term tobacco users will die early as a result of smoking. Illicit tobacco undermines the stop smoking agenda, through increasing availability of tobacco in local communities, often at a lower price than regulated suppliers. This makes it easier for young people to start smoking and harder for smokers to quit. Understanding and managing the supply of tobacco therefore is a crucial element of a system wide approach to smoking reduction.

Not smoking can allow people to leap the health gap, with the poorest non-smokers having a substantially longer life than the richest smokers. Analysis of UK Government data carried out for ASH shows that nationally, around 1,011,000 people – including 263,000 children – live in poverty as a direct result of income lost to tobacco. One third (31.3%) of households which include at least one person who smokes live in poverty, which would reduce to one in five (22.3%) if income lost to tobacco was returned.

Furthermore, the role of effective enforcement and licensing in managing supply to tobacco and the role of environmental health and housing in achieving cleaner and smoke free environments is crucial. The Kirklees Health and Wellbeing Plan (2018-2023) states that a crucial part of smoking prevention is taking a system-wide approach to creating a smoke-free Kirklees and creating an environment in which smoking is no longer the norm.

The Government's ambition is that England will be smokefree by 2030 (defined as rates of less than 5%), which will be a challenge, particularly in areas of deprivation and among people living with mental health conditions and will require 'bold action to both discourage young people from starting in the first place, and to support smokers to quit'. In the two years since the ambition was stated, an estimated 200,000 children under the age of 16 have started smoking, two thirds of who will without action, become regular smokers. It is critical that in Kirklees we strive to drive prevalence down through discouraging people from starting in the first place, supporting smokers to quit and normalising non-smoking.

Tobacco Alliance

- It was agreed that a District Wide approach to tackling tobacco was needed. The Tobacco Alliance was established to bring together key partners to address the issues of tobacco control in Kirklees. The partnership aims to reduce smoking prevalence for a healthier

tobacco free future for children and young people in Kirklees. The current ambition, objectives and functions of the Tobacco Alliance (see below) were presented to Cllr Khan for approval in May 2021 and have informed the basis of work to date.

- Our ambition is to achieve a Smokefree Kirklees by 2030. To be smokefree is to reach a tipping point when smoking is no longer normalised in society, and the end of smoking is in sight. The UK and other Governments have defined this to be when smoking rates are 5% or less.

The objectives are:

- To strengthen partnerships and lead a district wide approach to tobacco control
- To reduce the supply of and demand for illicit tobacco
- To reduce the number of families in Kirklees living in poverty due to smoking

The key functions are:

1. To provide strategic leadership and drive for the tobacco control agenda in Kirklees.
2. To develop, coordinate and monitor the Smokefree Kirklees Tobacco Control Plan.
3. To monitor performance of activities against targets set out in the action plan.
4. Ensure the action plans are based on evidence including learning from best practice where applicable.
5. To promote tobacco control issues and seek to influence wider strategic partnerships.
6. To influence, share and implement new guidance and standards relating to tobacco control.
7. To provide local support for regional and national tobacco control initiatives.
8. To publicise the work of the alliance and influence locally, regionally and nationally for support for the tobacco control agenda.

- The Tobacco Alliance has met twice (virtually), in May and July 2021, and will continue to meet quarterly.
- To date, there has been broad representation including WY Fire Service, WY Police, WY Trading Standards, Public Health England, Mid Yorkshire NHS Trust, Calderdale and Huddersfield Foundation Trust, South West Yorkshire NHS Foundation Trust, WY Cancer Alliance, Licensing, Housing, Community Safety, Wellness Service and Primary Care.
- We are continuing to engage with partners to encourage broad representation and an action plan is currently being drafted which will inform our work moving forward.

APPG Recommendations

- On 9th June 2021, All-Party Parliamentary Group (APPG) on Smoking and Health launched its report and recommendations for the forthcoming Tobacco Control Plan to secure the Government's ambition of a Smokefree country by 2030. On 10th June there was a Westminster Hall debate on APPG recommendations. The key recommendations are:
 - Funding for tobacco control programmes to be secured through a 'polluter pays' amendment to the Health and Social Care Bill, forcing manufacturers to pay to deliver the end of smoking. A levy on manufacturers could raise £700m in the first year, without passing costs on to smokers. The levy would pay outright for delivery of the Tobacco Control Plan and provide additional funding that would be well invested in public health priorities.

- Targeted investment to provide additional support to help smokers quit in regions and communities where smoking does most damage, such as the Yorkshire and the Humber. This includes those in routine and manual jobs and the unemployed; living in social housing; with a mental health condition; and pregnant smokers.
 - Tougher tobacco regulations to protect children and young people from becoming smokers and help smokers quit, such as putting health warnings on cigarettes and consulting on raising the age of sale to 21.
- The next Tobacco Control Plan for England is expected in October 2021. This includes the introduction of a tobacco levy, where tobacco manufacturers are required to provide a fund for tobacco control activities. In line with the requirements of WHO Framework Convention on Tobacco Control, the tobacco industry would be unable to influence the use of the funds, or through their activities benefit from the fund. The 'Smokefree Fund' would provide, at no cost to the public purse, the funding needed to eradicate the social and geographical inequalities in smoking and deliver a Smokefree 2030.
 - Fluctuations in desire to quit and success at quitting, have taught us that sustained declines in smoking prevalence are only achieved when government action is systematic, co-ordinated and properly resourced. If the ambition of a Smokefree 2030 is to be achieved public health must receive the funding it requires.
 - Kirklees Council Public Health supports the work of Breathe2025, Yorkshire and Humber's tobacco control collaboration through the tobacco community of improvement in partnership with PHE and other LA's. Through working together, we are better at achieving our aims of a smokefree generation.

3. Proposal

Tobacco Alliance

- 1) Note the aims, objectives and functions of Tobacco Alliance.
- 2) Discuss and agree the reporting arrangements (including format and regularity) of the Tobacco Alliance to Health and Wellbeing Board.
- 3) Shape the work of the Tobacco Alliance by receiving regular updates and influencing the agenda at a strategic level.
- 4) Champion the work of the Tobacco Alliance across Kirklees networks to ensure it is a key strategic issue.

APPG

- 5) Note the recommendations of the APPG report detailed on pages 3-4.
- 6) Support and champion the APPG recommendations to ensure they remain part of the tobacco plan and that it is funded to the levels suggested in the APPG report so that together we can inspire a smokefree generation, reduce health inequalities and help build back better and fairer.

4. Financial Implications

The secretariat function of the Tobacco Alliance is held by Kirklees Public Health.

No resource implications.

5. Sign off

Approved by Rachel Spencer-Henshall on 20/09/21.

6. Next Steps

Tobacco Alliance

- The Tobacco Alliance will begin reporting to Health and Wellbeing Board as agreed.

APPG recommendations

- Cllr Khan to take a motion to full Council in October 2021 to support the APPG recommendations. The endorsement of Health and Wellbeing Board will strengthen this discussion.
- The Tobacco Control Plan is expected to be released in October 2021.

7. Recommendations

Tobacco Alliance

- 1) Tobacco Alliance is recognised as formally accountable to the Health & Wellbeing Board
- 2) Health and Wellbeing Board will receive updates regarding the work of the Tobacco Alliance on a regular basis as agreed by the Board.
- 3) Shape the work of the Tobacco Alliance by receiving regular updates and influencing the agenda at a strategic level.

APPG

- 4) Health and Wellbeing Board discuss and support the recommendations (see pages 3-4).
- 5) Health and Wellbeing Board support and champion the APPG recommendations to ensure they remain part of the tobacco plan and that it is funded to the levels suggested in the APPG report so that together we can inspire a smokefree generation, reduce health inequalities and help build back better and fairer.
- 6) Health and Wellbeing Board commit to registering support as a council to the ASH Smokefree Roadmap to achieving a smokefree society by 2030.
- 7) Health and Wellbeing Board agree to review the Tobacco Control Plan for England (expected to be released in October 2021) and agree a position on behalf of the partnership.

8. Contact Officer

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