

SHEFFIELD CITY COUNCIL



Individual Cabinet Member Report

Report of:	Simon Green
Report to:	Cllr Mazher Iqbal, Cabinet Member for Communities and Public Health
Date:	29 th October 2014
Subject:	Formal approval of the Sheffield Tobacco Control Action Plan
Author of Report:	Sarah Hepworth, Health Improvement Principal, PLACE Public Health
Key Decision:	No

Summary: This report provides an overview of the Sheffield Tobacco Control Action Plan to reduce levels of smoking (smoking prevalence), the governance and reporting relationships to both the Sheffield Tobacco Control Programme Board and the Sheffield Health and Well-being Board and its impact on the citywide strategy to reduce health inequalities, outlined in the Sheffield Health Inequalities Action Plan. The aim of this paper is to formally approve the Sheffield Tobacco Control Action Plan.

The Governments *Healthy Lives, Healthy People: A Tobacco Control Plan for England*¹ and World Health Organisation² indicates that reductions in smoking prevalence in the general population, particularly among

¹ Department of Health. *Healthy Lives, Healthy People: A Tobacco Control Plan for England*. 2011.

² <http://www.who.int/tobacco/publications/en/>

smokers in routine and manual groups are dependent on a range of effective tobacco control actions.

The Sheffield Tobacco Control Action Plan incorporates the full and comprehensive range of evidence based tobacco control actions required to effectively tackle tobacco use. Key programmes included in the Sheffield Tobacco Control Action Plan closely mirrors the themes identified by the World Health Organisation and include:

i) the strategic development of tobacco control partnerships and infrastructure between Local Authorities and key stakeholders including Her Majesty's Revenue and Customs (HMRC), ii) provision of effective Stop Smoking Services, iii) measures to combat the availability of cheap and illicit tobacco products and iv) actions to help young people be Smokefree.

These actions aim both to prevent the uptake of smoking in the first place and support smokers to quit and broadly to reduce both the supply and demand for tobacco use.

Reasons for Recommendations:

(Reports should include a statement of the reasons for the decisions proposed)

Formal approval of the Sheffield Tobacco Control Action plan will ensure that Sheffield is able to implement a comprehensive range of tobacco control actions, to effectively reduce smoking prevalence; tobacco related inequalities in health and continue to end the burden of death and disease in our communities.

Recommendations:

1. To formally approve the Sheffield Tobacco Control Action Plan. The plan outlines the comprehensive range of tobacco control actions, developed in line with best evidence from the World Health Organisation, to effectively reduce smoking prevalence, and the burden of death and disease in our communities.
2. For the content of the Tobacco Control Action Plan to act as the vehicle to programme manage the development, implementation and monitoring of citywide action by all partners to reduce smoking prevalence in Sheffield.
3. For the Sheffield Tobacco Control Programme Accountable Board to oversee the development of new / revisions to the Tobacco Control Action Plan.

4. To continue with the current partnership based approach, working with city partners to reduce smoking prevalence and to ensure the city's tobacco related targets are met.

Background Papers: A copy of the Sheffield Tobacco Control Action Plan.

Category of Report: OPEN

Statutory and Council Policy Checklist

Financial Implications
Yes Alison Chambers 30/01/2015
Legal Implications
YES Cleared by Deborah Eaton
Equality of Opportunity Implications
YES Cleared by: AnneMarie Johnston
Tackling Health Inequalities Implications
YES
Human Rights Implications
NO
Environmental and Sustainability implications
YES
Economic Impact
NO
Community Safety Implications
NO
Human Resources Implications
NO
Property Implications
NO
Area(s) Affected
Relevant Cabinet Portfolio Lead
Cllr Mazher Iqbal Cabinet Member for Communities and Public Health
Relevant Scrutiny Committee
Healthier Communities and Adult Social Care Scrutiny Committee
Is the item a matter which is reserved for approval by the City Council?
NO
Press Release
NO

Report to the Cabinet Member for Communities and Public Health

Formal approval of the Sheffield Tobacco Control Action Plan.

1.0 SUMMARY

1.1 The Sheffield Tobacco Control Action Plan outlines the comprehensive range of tobacco control actions required to reduce tobacco prevalence, smoking related inequalities in health and the burden of premature mortality and morbidity. Key actions included in the plan aim to:

- Increase numbers of smokers accessing Stop Smoking Services in Sheffield. This should include but not be limited to the following priority groups: routine and manual workers, pregnant women, BME groups, hospitalised and pre-operative patients, children and young people, people with mental health conditions, patients with chronic disease and residents in the most deprived areas of the city.
- Ensure effective regulatory enforcement measures are implemented and maintained in relation to tobacco control (including age of sale, Smokefree public places, advertising and promotion, and action to reduce the availability and supply of cheap and illicit tobacco).
- Work to prevent people from starting smoking, particularly children and young people, by minimising exposure to factors that are likely to contribute to the initiation of smoking.
- Work to reduce exposure to the harmful effects of secondhand tobacco smoke.
- Assist in sourcing further funding for tobacco control activity to implement action plans.

1.2 ***Governance and Reporting:***

The Tobacco Control Action Plan is monitored quarterly via the Sheffield Tobacco Control Programme Board. The Board is directly accountable to the Sheffield Health and Well-being Board, with tobacco Control included as a key strand in the 'Health Inequalities Action Plan'.

Membership of the Sheffield Tobacco Control Programme Accountable Board includes: Sheffield City Council, the three major Sheffield Hospitals, Sheffield Teaching Hospitals Foundation Trust, Sheffield Children's Hospital Foundation Trust and Sheffield Health and Social Care Foundation Trust, the Voluntary, Community and Faith sector, South Yorkshire Fire and Rescue Service and individual tobacco control related service provider organisations including South West Yorkshire Partnership Foundation Trust.

Cllr Mazher Iqbal, Cabinet Member for Communities and Public Health, Chairs the Sheffield Tobacco Control Programme Accountable Board.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE

2.1 ***Smoking: Its impact on health and inequalities:***

Smoking is the largest single avoidable cause of death and accounts for half of the inequalities in health in Sheffield. For example it is estimated that up to 87% of all lung cancer deaths are due to smoking, as are 86% of deaths from chronic obstructive lung disease and 33% of deaths from ischaemic heart disease³. Half of all lifelong smokers will die prematurely from smoking related conditions. In order to improve health, all health and frontline services should ensure that their patients are offered support or referral to the specialist NHS Stop Smoking Service.

Smoking during pregnancy remains a serious health issue. It harms not only the mother but the unborn child, leading to, amongst other conditions, low birth weight, still birth, miscarriage, asthma and sudden infant death syndrome. Compared to other areas in Yorkshire and the Humber, Sheffield has a relatively low rate of smoking during pregnancy, currently 14.1% (11/12) of mothers smoke at the time of delivery. However this rate masks huge variation between areas, for example approximately 25% of mothers in the Arbourthorne, Manor and Darnall area smoked at the time of delivery. We need to ensure that Stop Smoking Services are available, accessible and responsive to needs of pregnant women and their families and woman of child bearing age are supported to stop smoking before they become pregnant and throughout the maternal pathway.

Exposure to secondhand smoke damages health as it contains 4000 chemicals, including over 50 known carcinogens. Secondhand smoke can reduce lung function, exacerbate respiratory problems, trigger asthma attacks and reduce coronary blood flow. The introduction of comprehensive Smokefree legislation in 2007 removed secondhand smoke from virtually all enclosed public places and workplaces. However, many people especially children are regularly exposed to secondhand smoke in the home and in cars. Although it is possible to reduce exposure by opening windows, smoking less or smoking away from children these strategies still expose children to dangerous levels of secondhand smoke – as there is no safe level of exposure. Smokefree environments guarantee protection.

The vast majority of smokers, 82%, take up smoking when they are teenagers and most adults say they started smoking regularly before they turned 18. To successfully reduce prevalence we need to focus on preventing young people from taking up smoking in the first place. The Government has taken action to reduce the appeal and supply of tobacco to young people, including a ban on tobacco advertising, the inclusion of pictorial warnings on tobacco packs and an increase in the minimum age of sales from 16 to 18 years².

3.0 OUTCOME AND SUSTAINABILITY

³ ASH (2009) Beyond Smoking Kills. Protecting Children, Reducing Inequalities.

- 3.1 These issues impact most on the least well off in society and it is estimated that up to half the difference in the difference in risk of premature death between most and least affluent groups is explained by patterns in smoking.

4.0 MAIN BODY OF THE REPORT

Including Legal, Financial and all other relevant implications (if any)

4.1 *Tobacco control actions in Sheffield to address health inequalities – current policy in line with the National Tobacco Control Strategy:*

Public Health responsibilities have been transferred to Local Government. In Sheffield, the Place Public Health Team leads public health work and commissioning on tobacco control. In the “Healthy Lives, Healthy People: a Tobacco Control Plan for England” white paper (2011), the current government set out three ambitions reflecting the national ‘Public Health Outcome Framework Indicators’ on smoking prevalence for the coming five years:

- to reduce *adult (aged 18 or over) smoking prevalence* in England to 18.5 per cent or less by the end of 2015 (from 21.2 per cent).
- to reduce rates of regular *smoking among 15 year olds* in England to 12 per cent or less (from 15 per cent) by the end of 2015.
- to reduce *rates of smoking throughout pregnancy* to 11 per cent or less (from 14 per cent) by the end of 2015 (measured at time of giving birth).

These are not binding targets and “local areas will decide on their own priorities and ways of improving health in their communities, in line with the evidence base and local circumstances”.

4.2 *A Comprehensive review of the current programme to reduce smoking prevalence in line with the three national public health outcome framework indicators:*

During 2012, a full review of the tobacco control programme with the emphasis on reducing smoking prevalence was undertaken. The impetus for undertaking the review was the lack of progress in the reduction of smoking prevalence. The results of this review have helped shape and inform the Sheffield Tobacco Control Action Plan.

- 4.3 The Sheffield Tobacco Control Action Plan closely mirrors these key strands of action included in the Governments *Healthy Lives, Healthy People: A Tobacco Control Plan for England*⁴. The Plan states that ‘Comprehensive tobacco

⁴ Department of Health. Healthy Lives, Healthy People: A Tobacco Control Plan for England. 2011.

control is more than just providing local stop smoking services or enforcing Smokefree legislation.’ This policy document indicates that a comprehensive commissioned tobacco control programme in line with the World Health Organisation and World Bank’s six strand approach to tobacco control and is required to reduce smoking prevalence. The six strands, reflected in the Sheffield Tobacco Control Action Plan are;

- stopping the promotion of tobacco
- making tobacco less affordable
- effective regulation of tobacco products
- helping tobacco users to quit
- reducing exposure to secondhand smoke
- effective communications for tobacco control.

4.4 ***Equalities Impact Assessment:***

An EIA has been completed on the main aims and objectives of the Tobacco Control Action plan. Smoking prevalence is highest in deprived communities, and in certain population groups included in the EIA. Crucially, reducing the prevalence of smoking among routine and manual workers, some BME groups and disadvantaged communities will help reduce inequalities more than any other measure to improve the public's health.

Results indicate that the proposed Tobacco Control action plan effectively prioritises action including enhanced service delivery amongst a number of population groups included in the 'Equalities Impact Assessment'. These groups are most likely to smoke and experience some of the detrimental health and social consequences associated with tobacco use at greater levels than the general population. This includes targeted stop smoking service provision for: children and young people, BME groups and routine and manual workers. Also, action to reduce the availability of and demand for illicit tobacco and a Smokefree Spaces programme to increase the number of public places including homes and cars that are restrict smoking will significantly help reduce tobacco use within communities, increasing the likelihood that people will choose to be Smokefree.

5.0 **ALTERNATIVE OPTIONS CONSIDERED**

5.1 The World Health Organisation has shown that comprehensive tobacco control is required to reduce smoking prevalence. The Tobacco Control Action plan is based on this ‘gold standard’ evidence base alongside local consultation and a full and comprehensive health needs assessment.

5.2 The Tobacco Control Action Plan has been developed in partnership following a

full and comprehensive consultation process with a range of partners from across the city. The process of developing the action plan included a scoping session to agree the format and content of the action plan. Comments and feedback from all partners has been incorporated into the final version of the action plan.

6.0 FINANCIAL IMPLICATIONS

6.1 Funding for the Tobacco Control Action Plan is from the Public Health Grant. However this is a 3 year plan, and although grant has been secured for 2 of the 3 years, the 3rd year 2016-17 funding is subject to the Councils' budgeting process.

7.0 LEGAL IMPLICATIONS

7.1 The National Health Act 2006, as amended by the Health and Social Care Act 2012 places a duty on the Council to take such steps as it considers appropriate for improving the health of the people in its area. These steps may include—

- providing information and advice;
- providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way);
- providing or participating in the provision of training for persons working or seeking to work in the field of health improvement;
- making available the services of any person or any facilities.

Tobacco control and smoking cessation are seen as key ways to improve health and therefore the Sheffield Tobacco Action Plan and will contribute to ensuring that the Council is meeting its statutory responsibilities.

REASONS FOR RECOMMENDATIONS

Formal approval of the Sheffield Tobacco Control Action plan will ensure that Sheffield is able to implement a comprehensive range of tobacco control actions, to effectively reduce smoking prevalence; tobacco related inequalities in health and continue to reduce the burden of death and disease in our communities.

8.0 RECOMMENDATIONS

- 8.1 The Cabinet Member for Communities and Public Health is requested to approve the Sheffield Tobacco Control Action Plan and the key range of actions to reduce smoking prevalence, specifically:

1. To formally approve the Sheffield Tobacco Control Action Plan. The plan outlines the comprehensive range of tobacco control actions, developed in line with best evidence from the World Health Organisation, to effectively reduce smoking prevalence, and the burden of death and disease in our communities.
2. For the content of the Tobacco Control Action Plan to act as the vehicle to programme manage the development, implementation and monitoring of citywide action by all partners to reduce smoking prevalence in Sheffield.
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