

REPORT FOR DECISION



DECISION MAKER:	The Cabinet
DATE:	27th November 2013
SUBJECT:	Bury Tobacco Control Strategy
REPORT FROM:	Cllr Rishi Shori, Cabinet Member for Adult Care and Wellbeing
CONTACT OFFICER:	Frances Carbery, Health Improvement Specialist
TYPE OF DECISION:	CABINET KEY DECISION
FREEDOM OF INFORMATION/STATUS:	This paper is within the public domain
SUMMARY:	<p>This report seeks the approval of the Cabinet for the Bury Tobacco Control Strategy 2013-2018. The strategy has been developed by the Bury Tobacco Alliance which is led by I Public Health.</p> <p>It has been written in response to the national tobacco control strategy for England, 'A Smokefree Future' (DH, 2010), and in response to the new public health responsibilities of local authorities as described in the Public Health Outcomes Framework.</p> <p>The Council is responsible for reducing smoking prevalence amongst the adult (18+) population, amongst 15 year olds and amongst pregnant women smoking at time of delivery (SATOD).</p> <p>The purpose of the strategy is to engage with partners and to provide a basis for partnership working to drive down tobacco use and therefore reduce health inequalities and poverty amongst the population of Bury.</p> <p>With limited resources available, the strategy aims to pool commitment to its agenda through describing a multi-faceted and multi-organisational approach to tobacco control, and to ensure that tobacco control is a priority for everyone in Bury.</p> <p>Tobacco use disproportionately affects the most deprived and the most vulnerable members of our community i.e. those living in areas of deprivation, children and young people, pregnant women and their unborn children, black and minority ethnic groups, those with mental health needs, those who work in routine and manual jobs. As such, the strategy aims to target resources at those most at risk from the harms of tobacco e.g. by ensuring children's centres promote smokefree homes and cars, by supporting the enforcement of smokefree</p>

	laws. Action plans attached to the strategy will be monitored, reviewed and updated by the Tobacco Alliance at quarterly meetings in order that they reflect the current needs of Bury residents. They will be informed by any new policy and strategy developments (national/ regional/ local), the Joint Strategic Needs Assessment, information shared, including 'soft' intelligence, by Tobacco Alliance members and any changes in available resources.
OPTIONS & RECOMMENDED OPTION	1. Approval of the Bury Tobacco Control Strategy 2013-18. This is the recommended option. 2. Do not approve the Bury Tobacco Control Strategy 2013-18. This will delay the implementation of the strategy and action plan.
IMPLICATIONS:	
Corporate Aims/Policy Framework:	Do the proposals accord with the Policy Framework? Yes
Statement by the S151 Officer: Financial Implications and Risk Considerations:	Executive Director of Resources to advise regarding risk management
Statement by Executive Director of Resources:	
Equality/Diversity implications:	Yes No (see paragraph below)
Considered by Monitoring Officer:	Yes
Wards Affected:	All wards affected
Scrutiny Interest:	

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TRACKING/PROCESS**DIRECTOR:**

Chief Executive/ Strategic Leadership Team	Cabinet Member/Chair	Ward Members	Partners
√	√		
Scrutiny Committee	Cabinet/Committee	Council	

1.0 BACKGROUND

1.1 In February 2010, the national tobacco control strategy for England, *A Smokefree Future*, was published by the department of health (DH, 2010). This strategy set out a framework for reducing smoking prevalence and health inequalities. Since then, the responsibility for the reduction in smoking prevalence has moved to local authorities and the Public Health Outcomes Framework sets out three key outcomes related to this.

1.2 This strategy has been developed by the Bury Tobacco Alliance and provides a local framework for the delivery of the national strategy and the Public Health outcomes for the reduction in smoking prevalence. The Tobacco Alliance represents a variety of bodies concerned with Tobacco Control including; the Council (Public Health, Children's Services, Environmental and Development Services), Pennine Care Foundation Trust (stop smoking service, oral health promotion, health trainers), Greater Manchester Probation Trust, Greater Manchester Police, Greater Manchester Fire Service, Bury HealthWatch.

2.0 AIMS OF THE STRATEGY

The Bury Tobacco Control Strategy focuses on three key aims:

1. Enabling smokers in Bury who want to quit, to be able to quit with the right support.
2. Tackling the accessibility of tobacco products for young people, particularly in relation to illegal and illicit tobacco, underage sales and niche products.
3. Protecting children, families and communities from the effects of secondhand smoke.

Since 1st April 2013, the Council has had responsibility for tobacco control and smoking cessation services. The Bury Tobacco Control Strategy aims to draw upon existing resources to deliver a programme of Tobacco Control, including stop smoking services, to reduce the harms caused by tobacco.

To make the greatest difference it looks to collect and collate information and intelligence in order to ensure that stop smoking services are targeted towards geographical areas and communities of greatest need.

As smoking services become more effective and the prevalence of smoking in Bury is reduced, it is essential that we strive to reduce the uptake of smoking, particularly by tackling accessibility of tobacco products for children and young people. The strategy aims to work with partners to ensure enforcement of tobacco and smokefree legislation, and to educate communities about the harms of tobacco use. Harms include health harms, but also the financial and social harms, and hidden harms associated with illegal tobacco production and sales.

The introduction of smokefree legislation in 2007 went a long way to protecting communities from harms of tobacco smoke when in public places. There is, however, no legislation that applies to smoking in homes and vehicles and therefore some of our most vulnerable members of the community may be subjected to secondhand smoke. The strategy aims to protect children and young people by promoting smokefree homes and cars. It also aims to protect the unborn child through the provision of services and education to pregnant women and their families.

3.0 ISSUES

3.1 Risk Management

The risks associated with the non-delivery of this strategy will be monitored at the quarterly Bury Tobacco Alliance meetings. As smoking is still the biggest cause of preventable ill health and premature mortality, the greatest risk is that the gap in life expectancy between the most and the least deprived communities in Bury will widen.

There is no funding attached to the implementation of this strategy and the majority of the actions will be achieved by greater partnership working. There are core services which are funded by the Council such as the stop smoking

service and the provision of Nicotine Replacement Therapy. The risks associated with the performance and budgets of these services are monitored separately and any exceptions will be reported at the operational stop smoking group for Bury and managed accordingly.

3.2 Equality and Diversity

3.2.1 The Equality Analysis recognises that the implementation of the strategy will have a positive effect on particular population groups, such as pregnant women and BME communities, and geographical areas where there is a higher prevalence of tobacco use.

3.2.2 The recommendations identified in the Equality Analysis include engagement with the newly formed Bury HealthWatch (already actioned), and to monitor the strategy against the Public Health Outcomes Framework. It also suggests clarification around the reporting mechanism for the strategy with the suggestion that it may report upwards to the health and well-being board.

3.2.3 The equality information considered includes:

Information	Source
Prevalence rates for smoking by area code/ ward.	Provided by Public Health Intelligence
Department of health returns co-ordinated by Stop Smoking Service showing demographics of service users.	NHSCIC
Bury Joint Strategic Needs Assessment	Bury Council
There is a range of guidance around tobacco control measures available on the National Institute for Health and Care Excellence website (NICE)	NICE guidance online
Consultation for the Bury Tobacco Control Strategy has been conducted with the Tobacco Alliance through Tobacco Alliance meetings and smaller working groups.	Bury Tobacco Alliance
The 2011 census data shows that the 'White British' population has decreased to 85.3% with the remaining 14.7% made up of a number of different ethnic groups, the largest of which is Pakistani at 4.9% (9,002 people). Another significant population group is 'Other White' at 2.5% (4,706 people). This would include people who are from Eastern European countries. (Figures from ONS, 2013)	Public Health Intelligence

4.0 CONCLUSION

The Bury Tobacco Alliance aims to improve life expectancy and quality of life for the population of Bury, by tackling tobacco control issues with a multi-faceted and multi-organisational approach. It draws upon existing resources and applies a co-ordinated approach to tackling all aspects of tobacco control and thereby reducing smoking prevalence.

The strategy will be monitored by the Bury Tobacco Alliance and will be reviewed and refreshed annually.

List of Background Papers:-

Tobacco Control Strategy for England- A Smokefree Future (DH, 2010)
Healthy Lives, Healthy people: A Tobacco Control Plan for England (DH, 2011)
Equality Analysis
Bury Tobacco Control Strategy 2011

Contact Details:-

Frances Carbery
Health Improvement Specialist
Bury Public Health
3rd Floor, 3 Knowsley Place
Duke Street, Bury
BL9 0EJ

Tel. 0161 253 6879
f.m.carbery@bury.gov.uk

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