



Bury Tobacco Control Plan 2018 - 2021



1. Foreword

Tobacco is the biggest cause of preventable death in the UK today, and a key cause of the health inequalities we see in Bury, as is the case across the country.

In Bury, we are committed to improving the health and wellbeing of all our residents and making the borough a safe and pleasant place to spend time.

Tackling tobacco is central to this, protecting people in Bury from tobacco-related harms, supporting residents in quitting smoking, and joining with partners across the wider region in coordinated action toward a tobacco-free Greater Manchester.

Bury Council are signatories to the Local Government Declaration on Tobacco Control and Bury CCG have signed the sister pledge, the NHS Statement of Support for tobacco control. These commitments will be embedded and brought to life in this tobacco action plan for Bury.

We are proud to endorse this delivery plan, which outlines how,

working with our partners, we can effectively impact tobacco use across the borough, reducing ill-health and early death in the population, and improving the lives of the next generation of Bury residents.



Cllr Rishi Shori
Leader of Bury Council



Dr Jeffrey Schryer
Chair of NHS Bury CCG



2. Introduction

2.1 The Bury ambition

Our ambition is to inspire a smoke-free generation and improve the health and wellbeing of all Bury residents.



2.2 Working with Partners

There is clear evidence that local action to tackle tobacco must be wide-ranging and delivered by multiple partners, giving us every opportunity to support smokers to quit, and to protect our population from the harms of tobacco. Outcomes in the Action Plan can only

be delivered by efforts across the board by the Council, Clinical Commissioning Group and their partners:

- Trading Standards
- Environmental Health
- Children’s Services
- Public Health
- Six Town Housing
- Pennine Care Hospitals Trust
- Greater Manchester Fire and Rescue Service

2.3 Regional & National Context

Tobacco control is a health and wellbeing priority for Bury. Reducing smoking prevalence in Bury is a key action within the transformational delivery of our Locality Plan (2017-2021) and a stated ambition in our Primary Care Health and Wellbeing strategy.

The Bury Tobacco Delivery Plan sets out local priorities and actions whilst

linking closely with the national tobacco control plan (2017) and the ground-breaking Greater Manchester “Making Smoking History” strategy 2017-2021, which outlines ambitious commitments for the region.

Tobacco remains the single greatest cause of health inequalities in the UK. Here in Bury, smoking is still the leading cause of avoidable deaths, killing around 990 residents in the past year.

Currently 16.3% of Bury residents smoke and certain groups are at high risk of tobacco-related harm, for example: people with mental health problems, people living in disadvantaged circumstances and pregnant women.

We must focus our actions and services in these areas and population groups.

Tobacco control

Costs to The Borough of Bury

Healthcare

Each year smoking costs the NHS

£8.9m

£2.6m for approximately 1,803 hospital admissions



£6.2m for around:

- 87,591 GP Appointments
- 27,061 Practice Nurse Visits
- 49,567 Prescriptions
- 15,225 Outpatient visits to the Hospital

Social Care

Smoking costs society in Bury an extra:

£6.3m each year

£3.5m Is funded from the Adult Social Care budget

£2.9m Is self funded, by individuals, friends and relatives



House Fires

£1.8m Is lost annually as a result of smoking

And is attributable to approximately

1

Death every 2 years



Productivity

Loss in productivity due to Smoking
£27.2m each year

Absenteeism due to smoking related illnesses costs Bury around:

64,181 Days a year or **£5.5m**

£12m Costs to Bury businesses for smoking breaks per year

Littering

47kg A Day of waste is smoking related

17 equating to tonnes annually

7 tonnes of which being street waste collected by the Local Authority

3. Current position

3.1 Impact

Despite many years of progress, tobacco remains the biggest cause of premature death in the UK, with 1 in every 2 smokers dying from a smoking related illness. In addition, smoking still accounts for over one-third of respiratory deaths, more than half of cancer deaths, and around one-sixth of circulatory disease deaths. The chart opposite shows some of the impacts of smoking in Bury.

3.2 Framework for Action

To address the impact described above, our Action Plan is built around an evidence based framework, which supports delivery of a tobacco free Greater Manchester:

GM POWER

Grow a social movement for a Tobacco Free Greater Manchester

Monitor tobacco use and prevention policies

Protect people from tobacco

Offer help to quit

Warn about the dangers of tobacco

Enforce tobacco regulation

Raise the real price of tobacco

Our Action Plan has a range of components:

- Raise awareness of the dangers of smoking/services available via various communication campaigns, including an increased social media presence.
- Promote smoke-free environments, both indoors e.g. smoke-free homes scheme; and outdoors e.g. school sports events.
- Enforce tobacco regulation, using partnership working and focused programmes of action.
- Use improved intelligence to monitor prevalence, to inform actions
- Offer support to quit: via existing services but also via new pathways, e.g. within hospital settings and via digital platforms

Access to services

In Bury, smoking cessation support services are incorporated within the integrated 'Lifestyle service': which is

free and delivered from a range of venues. Currently, alongside behavioural support, the service use nicotine replacement therapy (NRT) in a variety of forms (the most commonly chosen option of support), as well as non-nicotine products.

The service also supports a range of additional projects throughout and beyond the borough. This includes:

- outreach work with Bury schools and colleges
- support in the introduction of smoke free status for a specialist psychiatric hospital in the borough
- a local agreement involving training and support with a nearby prison

These schemes are key in targeting at-risk and high smoking prevalence groups.

3.3 Electronic Cigarettes

There remain diverging opinions around the use of electronic cigarettes (or e-cigarettes), and their role in smoking cessation. While e-cigarettes are not completely risk free, the most recent evidence from Public Health England (PHE) suggests that they are 95% less harmful than the known harm from tobacco, and to-date there have been no identified health risks of passive vaping to bystanders.

We continue to monitor PHE advice around e-cigarettes; and are working with colleagues across Greater Manchester to review the latest evidence and produce guidance. This will provide a consistent foundation for practice for those working across primary care services in Bury and inform wider policies across the council and CCG.

4. Key Priorities

We will support population groups with the highest smoking prevalences, including routine and manual workers, residents with mental health illnesses, and those living in areas of deprivation, as well as focusing on reducing smoking rates in pregnant women, where there is added potential for tobacco-related harm.

1. Routine and manual workers

Smoking prevalence for those in routine and manual occupations in Bury stands at 29.4%: this reflects a noticeable inequality in this population group. Trends in smoking rates in routine and manual workers show much less marked reductions than those of the general population, demonstrating increasing inequalities within this population subgroup, characterised by relatively high rates of economic deprivation compared with other occupations.

2. Residents with mental health illnesses

When compared to the general population, adults with a common mental health disorder (such as depression or anxiety) are almost twice as likely to smoke; adults with schizophrenia or bipolar disorder are three times more likely to smoke. High smoking rates among people with mental health problems are the single largest contributor to their 10- to 20-year reduced life expectancy.

3. Pregnant women

Supporting pregnant women to quit can reduce the risks associated with smoking in pregnancy, which include premature delivery, miscarriage, stillbirth, and sudden infant death.

Additional benefits as a result of achieving a smoke-free home include reduced risk of childhood illnesses, including asthma (a key issue in Bury); glue ear, which can lead to

language delay, and meningitis. Encouraging more smokefree homes will encourage the de-normalisation of smoking behaviours, reducing the likelihood of a child taking up the habit in later life.

4. Inequalities and Poverty

Smoking is a major cause of health inequalities, accounting nationally for half of the difference in mortality between the richest and poorest people in society. British people from more deprived groups are more likely to smoke; and therefore more bear an unequal burden of ill-health from smoking-related illnesses.

Although people from more deprived backgrounds are more likely to access help from smoking cessation services, they tend to be less likely than more affluent smokers to be successful in quit attempts.

In Bury, those working in routine and manual occupations have over three

times the likelihood of smoking compared with their counterparts in professional or intermediate occupations. A focus on reducing smoking rates within the most deprived communities will help to lift residents out of poverty and tackle health inequalities within the borough.

In Bury there are 17, 081 households with at least one smoker. When total income (after tax) and smoking expenditure is taken into account, 29% of households with a smoker fall below the poverty line. If these smokers were to quit, 3739 people in Bury would be lifted out of poverty (this includes over 1,000 children).

5. Framework for Delivery

From the foundations of the Greater Manchester Strategy.....

The Tobacco Free Greater Manchester strategy (2017) has set an unprecedented ambition to reduce

smoking prevalence levels at a pace and scale greater than any other major global city. The aim is to reduce smoking by a third by the end of 2020, which would see an overall adult smoking prevalence of 13%.

.....to Bury Implementation and Delivery:

Local goals which have been set for Bury include:

Indicator	Current	2020 target
Smoking Prevalence	16.3%	13.7%
Smoking related hospital admissions	1,856 per 100,000	Awaiting target
Smoking at time of delivery	11.6%	6%

These targets have been derived from recent trends and projections, providing a focus for action for the newly established partnership.

Delivering the Plan

Taking the priorities previously outlined and the goals above, an Action Plan has been developed, which outlines outcomes, actions and associated timescales.

The newly established Tobacco Partnership Alliance will develop, review and monitor progress in the Action Plan against specified objectives.

Structure

