



Classification	Item No.
Open / Closed	

Meeting:	Bury Health and Wellbeing Board
Meeting date:	
Title of report:	Health related behaviour: Smoking
Report by:	Sarah Turton (Public Health Practitioner) and Jon Hobday (Consultant in Public Health)
Decision Type:	For information
Ward(s) to which report relates	All wards

1.0 Executive Summary

Smoking is the primary cause of preventable illness and premature death, harming nearly every organ of the body and dramatically reducing both quality of life and life expectancy. Smoking causes lung cancer, respiratory disease, and heart disease, as well as numerous other cancers. In England, it is estimated that in 2019-20, among adults aged 35 and over, around 506,100 NHS hospital admissions were attributable to smoking, accounting for 4% of all hospital admissions in this age group. The cost of smoking to the National Health Service in England is estimated to be £2.5 billion a year. [1]

Even though smoking rates have fallen locally in recent years, there is still further work that can be done, especially regarding tobacco and inequalities and targeting cohorts where smoking prevalence is highest. In Bury Council, we have a Live Well Service which has Health Trainers, who provide stop smoking support to our community and a hub for which people can be signposted to. In addition, we are part of the Smokefree Pregnancy Programme, the CURE programme and other GM wide approaches to tackling smoking. We endeavour to continue with the great work going on around smoking and build on our existing platforms to reduce smoking rates even further.

2.0 Recommendation(s)

That the Bury Health and Wellbeing Board continue to support the ongoing work around smoking and reducing inequalities.

3.0 Key Considerations:

3.1 Introduction / Background

Smoking rates have fallen significantly locally, regionally, and nationally, but smoking still accounts for more years of life lost than any other modifiable risk factor. Our ambition is to inspire a Smokefree generation and improve the health and wellbeing of all Bury residents. We will continue working to reduce the harm caused by tobacco and support the National and Greater Manchester ambition of achieving a Smokefree generation. Together, we will support population cohorts where smoking prevalence is highest, such as routine and manual workers, residents with mental health illnesses and residents living in areas of deprivation. This will help to reduce the number of smokers, improve health outcomes, reduce inequality, and drive down the number of Bury families living in poverty.

Periodically, the Government sets targets to reduce smoking prevalence in the population. Most recently, in July 2019, the Government announced its ambition for a Smokefree 2030 (where the overall percentage of the population who smoke is 5% or below) through its consultation document 'Advancing our health: prevention in the 2020s'. [1] The NHS Long Term Plan (LTP) published in 2019 covers smoking and prevention is a core component. The LTP commitments that set out the NHS's contribution to tackling tobacco dependence include:

- By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.
- The model will be adapted for pregnant women and their partners, with a new smokefree pregnancy pathway including focused sessions and treatments.
- A new universal smoking cessation offer [for higher risk outpatients] will also be available as part of specialist mental health and learning disability services. [2]

Bury Council aim to help contribute to these long-term plan goals by continuing our valuable local tobacco work and also working collaboratively with GM colleagues within this field.

3.2 Our Position in Bury and England

In Bury, our smoking prevalence (18+) numbers have decreased, as of 2019, and we are currently lower than both the regional (14.5%) and national (13.9%) average, at 12.8%. These values for Bury have continuously decreased since 2015. However, according to a recent University College London (UCL) online study [3], the number of 18 to 34-year-olds in England who classed themselves as smokers increased by a quarter (21.5% to 26.8%) during lockdown. Smoking is

estimated to kill 252 people in Bury every year, and accounts for 1358 years of life lost annually.[4] Although rates have fallen, in 2019 12.8% of adults continued to smoke in Bury that is 18,859 people. [7] Evidence suggests people from lower socio-economic backgrounds and young adults have been disproportionately affected by the covid pandemic when it comes to smoking. This will need to be monitored to see if this will be sustained. [4]

Regarding smokers who have successfully quit at 4 weeks, Bury stands at 1447 per 100,000 smokers ages 16+, which has increased from 2018/19 (1365 per 100,000). However, this value is lower than both the regional (1986 per 100,000) and national (1808 per 100,000) values for 2019/20. [4] It is important to note these statistics are based on those who utilise the commissioned stop smoking support service. We know a high proportion of individuals quit successfully outside of these services through a range of other means.

In terms of smoking and pregnancy, our smoking status at the time of delivery (SATOD) value (9.2%) is lower than the regional (12.2%) and national (10.4%) values, as of 2019/20. This value has decreased since the previous year where it stood at 11.6% for 2018/19. [4] Smoking in pregnancy is 5 times more common in the most deprived groups compared to the least. Latest figures show that in Bury 192 women a year are smokers when they give birth, and 8503 children live in households with adults who smoke. Smoking in the home not only damages the health of children but increases their chance of becoming smokers 4-fold. [7]

Smoking is disproportionately higher in lower socioeconomic groups and those with other comorbidities. The use of tobacco is known to be more prevalent amongst mental health patients than in the general population. In Bury, smoking prevalence in adults (18+) with a long-term mental health condition stands at 22.1%, as of 2019/20. This value is lower than both the regional (27.8%) and national (25.8%) values. It is reported people with long-term mental health conditions are almost 2.5 times more likely to smoke. There is a high prevalence of smoking in people who use drugs and alcohol, and this is a major cause of illness and death. Whilst smoking rates in the adult general population are below 14% in England, we know that smoking rates are typically much higher in people with multiple dependencies. Based on 2020/21 data, adults identified as smoking tobacco at start of alcohol treatment for Bury is 21%, which is lower than the England value of 43%. In addition, adults identified as abstinent from tobacco at review stands at 46% in Bury, compared to 30% for England, in 2020/21. However, adults identified as starting to smoke tobacco at review, who were abstinent from tobacco at start of treatment, for Bury stands at 17%, which is higher than England (11%). [4]

In regard to ethnicity - Nationally, the proportion of current smokers ranged from 7.9% among Chinese respondents (and 9.2% among Asian respondents), to 20.4% among respondents from the Mixed ethnic group. Those who were born in Poland had the highest proportion of current smokers (25.9%), whereas people born in India had the lowest proportion (5.3%). The proportion of current smokers was lowest in Sikh people (4.7%); smoking prevalence in other religions varied by sex, for example, the proportion of current smokers among Muslim men (20.5%) was over four times higher than among Muslim women (4.6%).

Evidence also shows there was a significantly lower proportion of current smokers in those who owned their property outright (8.3%) or with a mortgage (10.7%), compared with those who rented (31.0% in local authority or housing association renters, and 22.6% in private renters). In 2017, the proportion of current smokers was significantly higher in people who identified as gay or lesbian (23.1%) or bisexual (23.3%), than heterosexual (straight) people (15.9%). [6]

Smoking attributable mortality for 2017-19 within Bury stands at 240.3 per 100,000, which is lower than the regional value (247.5) but higher than the national value (202.2). In terms of smoking attributable hospital admissions, the Bury value stands at 1460 per 100,000, as of 2019/20, which is lower than the regional value (1540 per 100,000) but higher than the national value (1398 per 100,000). This value has decreased since the previous year, where it stood at 1512 per 100,000. Emergency hospital admissions for COPD in Bury, stand at 500 per 100,000 (for 2019/20), which has increased from previous years and is progressively getting worse.[4] It is important to note there is a significant time lag between smoking rates and attributable mortality. Therefore, it will take a significant number of years for any reduction in smoking prevalence to start to correspond with a reduction in smoking attributable mortality.

In Bury there is a gap in life expectancy for men of 12.4 years mapped between the most and least deprived areas, and 7.9 years for women. Tobacco is still the largest preventable cause of these differences. Smoking is responsible for half of the difference in life expectancy between rich and poor in Bury.

3.3 Smoking and Young People

It is estimated that each year around 207,000 children in the UK start smoking. The proportion of children who have ever smoked continues to decline. In 2018, 16% of 11–15-year-olds (23% in 2012) had smoked at least once; the lowest proportion since the annual Government survey of smoking among secondary school pupils in England began in 1982, when 53% had tried smoking. In the past decade, the proportion of children who have ever smoked has halved from 32% in 2008 to 16% in 2018. The prevalence of regular smoking also increases with age, from 0% of 11-year-olds to 5% of 15-year-olds.[5] In Bury, it is estimated that 379 11-15 year olds start smoking annually, and that two thirds of adult smokers started before they reached 18 years old. Smoking is highly addictive, with two thirds of those who try smoking going on to become daily smokers. [7]

Smoking initiation is associated with a wide range of risk factors including parental and sibling smoking, the ease of obtaining cigarettes, smoking by friends and peer group members, socio-economic status, exposure to tobacco marketing, and depictions of smoking in films, television, and other media. Children who live with parents or siblings who smoke are up to three times more likely to become smokers themselves than children of non-smoking households. Therefore, by having effective strategies to reduce smoking in adults we are also having a direct impact on reducing smoking in children. The younger the age of uptake of smoking, the greater the harm is likely to be, because early uptake is associated with subsequent heavier smoking, higher levels of dependency, a lower chance of quitting, and higher mortality. [5]

Locally, we have our Live Well service, as well as our children's and young people substance misuse service, Early Break, who can support young people regarding smoking.

3.4 What we do in Bury Currently

3.4.1. Our LiveWell service see clients who have either self-referred or been referred. The LiveWell service provide a free, confidential provision offering information and one-to-one behaviour change support to help people stop smoking. The service is available to anyone who has decided to stop or is thinking about stopping smoking. The service can advise on all Nicotine Replacement Therapy (NRT) products and are able to recommend a prescription for Zyban. During the quitting process LiveWell can offer motivational support and advice to help clients reduce their reliance on medication, such as NRT. This support can be accessed via a face-to-face consultation, via the telephone or a combination of what best suits the client's needs and lifestyle. Due to covid, face-to-face consultations were ceased but are gradually being re-introduced into the offer, to meet client needs where appropriate. We also have a children's and young people substance misuse service, Early Break, who can support young people regarding educating on the harms of smoking and supporting them to quit.

3.4.2. The CURE programme operates in Bury, which is an evidence-based programme whereby all smokers who are admitted to local hospitals are offered NRT and specialist support while in hospital. Then when discharged they are referred to the local LiveWell service for continued stop smoking support. The CURE specification is currently being reviewed in line with a GM approach.

3.4.3. Bury is part of the GM wide Smokefree Pregnancy programme. This programme is focused on the midwifery stop smoking service within the community and offers support to women during all stages of their pregnancy. As mentioned in a previous section, our SATOD rates are currently below the regional and national rates.

3.4.4. Bury commissioners regularly attend tobacco meetings such as the Northwest Tobacco Control Commissioner Network, Smokefree Pregnancy Programme and Making Smoking History Partnership meetings, to ensure we are up to date with national and regional agendas, guidance, and campaigns. We take part in national and local campaigns such as Stoptober and Smokefree campaigns, led by the Office for Health Improvement and Disparities (OHID). Resources are shared with our teams and partners, to encourage services to partake in the campaigns and widen the reach locally. Furthermore, we discuss smoking updates within our monthly Substance Misuse Delivery Partnership meetings. This encourages discussion amongst many partners such as our substance misuse treatment providers, Greater Manchester Fire & Rescue Service, Housing, Employment and many more where smoking may be relevant to service users.

3.4.5. Through our licensing and public protection teams and partners we promote, assure and enforce smoke free environments both in indoor and outdoor venues. Which in turn creates smoke free norms supporting the culture shift to all environments being non-smoking.

3.5.6. Bury council public protection team work with trading standards and other key partners to enforce tobacco regulation and reduce the availability of illicit tobacco products. Which ensures the cost of tobacco remains high acting as a barrier for purchasing.

3.5 Planned future work

Some of the key activities planned for the coming year 2022/2023 include

1. Auditing the current provision we have in Bury around smoking support to identify any gaps.
2. Developing more assertive outreach, engagement and support with the groups we know have highest rates of smoking including
 - a. Those with severe and enduring mental health needs
 - b. Those engaged within substance misuse services
 - c. Those with routine and manual jobs
 - d. Those living in areas of high deprivation
 - e. Those from the LGBT community
3. Continue to work with the public protection team, GMP and other key partners through the substance misuse partnership to ensure a system approach is taken to promote smoke free environments and tackle illicit tobacco.
4. Continue to support young people to understand the dangers of smoking, ensure they have access to smoke free environments and provide support to assist them to quit should they need it.

4.0 Conclusion

Although smoking rates have fallen significantly locally, regionally, and nationally, smoking still accounts for more years of life lost than any other modifiable risk factor and is an area that needs continued and further investment and development. We will continue working to reduce the harm caused by tobacco and support the National and Greater Manchester ambition of achieving a Smokefree generation.

The benefits of stopping smoking are not only to the health and wellbeing of individuals and families, but also to the systems and organisations that support them, whether those are informal caring relationships, housing-based services, or social care. As such we intend to build on our current stop smoking activities to proactively target groups where we know smoking rates are highest, which in turn should reduce inequalities.

Community impact/links with Community Strategy

- Let's Do It strategy

Equality Impact and considerations:

Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.

Equality Analysis	<i>Please provide a written explanation of the outcome(s) of either conducting an initial or full EA.</i>

**Please note: Approval of a cabinet report is paused when the 'Equality/Diversity implications' section is left blank and approval will only be considered when this section is completed.*

Legal Implications:

To be completed by the Council's Monitoring Officer

Financial Implications:

To be completed by the Council's Section 151 Officer

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Background papers:

- [1] [SmokingStatistics.pdf \(ash.org.uk\)](#)
- [2] [PowerPoint Presentation \(ash.org.uk\)](#)
- [3] [Moderators of changes in smoking, drinking and quitting behaviour associated with the first COVID-19 lockdown in England - Jackson - - Addiction - Wiley Online Library](#)
- [4] <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/ati/402/are/E08000002>
- [5] [190913-ASH-Factsheet Youth-Smoking.pdf](#)
- [6] [Adult smoking habits in the UK - Office for National Statistics \(ons.gov.uk\)](#)
- [7] [ASH – 'Up in smoke: how tobacco drives economic and health inequalities' document – Bury profile](#)
- [8] ['10 high impact actions for local authorities and their partners': https://ash.org.uk/information-and-resources/reports-submissions/reports/10-high-impact-actions/](#)

Please include a glossary of terms, abbreviations and acronyms used in this report.

Term	Meaning
ASH	Action and Smoking and Health
LTP	Long Term Plan
NHS	National Health Service
OHID	Office for Health Improvement and Disparities
SATOD	Smoking at the time of delivery