

Classification	Item No.
Open / Closed	

Meeting:	Bury Health and Wellbeing Board
Meeting date:	14 th June 2023
Title of report:	Health related behaviour: Smoking
Report by:	Sarah Turton (Public Health Practitioner)
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 Bury, our smoking prevalence (18+) numbers have decreased, as of 2021, and currently stands at 11.4%, which is approximately 17,000 people. It is estimated that smoking will cost Bury £53.5million in 2023; £42.8million due to productivity, £6m due to healthcare, £3.6million due to social care and £1million due to fires.^{[11](#)}

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 our Live Well Service which has Stop Smoking Advisors as part of a multidisciplinary Health Trainer team, who provide stop smoking support along with other lifestyle topics (diet, alcohol, sleep, and breastfeeding) within our community. This team is a single point of access for which people can be referred or self-refer. In addition, we

are part of many Greater Manchester led initiatives such as the Smokefree Pregnancy Programme and the CURE programme. 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.
- Agree that routine and manual workers are the key priority for Bury Live Well Service going forward; this cohort has the highest rates of smokers locally, regionally, and nationally.
- Support and review the tobacco 'swap to stop' pilot in partnership with Pennine Care.

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. Although good long-term progress has been made in reducing smoking rates to their lowest ever level, almost 6 million people still smoke in England and smoking is still one of the largest causes of health disparities.^[2] 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 Regional 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'.^[3] The NHS Long Term Plan (LTP) published in 2019^[4] 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.

In 2022, The Khan Review (an independent review led by Dr Javed Khan OBE) was published, which suggested that without further action England would miss the smokefree 2030 target by at least 7 years, and the poorest areas in society would not meet it until 2044. The review put forward some recommendations to government, to try and accelerate the rate of decline of people who smoke. A summary of these recommendations is below, the first four being cited as critical recommendations.^[2]

1. **Increased investment: either from government or via a tobacco industry levy or additional corporation tax.**
2. **Increase the age of sale of tobacco.**
3. **Promote vaping as an effective quitting tool.**
4. **Improve prevention in the NHS.**
5. Raise the cost of tobacco duties across all tobacco products.
6. Introduce a tobacco licence for retailers to limit where tobacco is available.
7. Enhance local illicit tobacco enforcement by increasing funding to local trading standards.
8. Reduce the appeal of smoking by rethinking how cigarettes and packets look.
9. Increase smokefree places.
10. Further investment in stop smoking services.
11. Invest in a well-designed national mass media campaign.
12. Invest to support pregnant women to quit smoking.
13. Tackle the issue of smoking and mental health.
14. Invest in new research and data.

Following The Khan Review, the government recently released a statement regarding plans around tobacco control. An outline of the national plans is below:

- **Youth vaping:** a call for evidence – distributed locally.
- **‘Swap to stop’:** exploit the potential of vaping as a powerful tool to stop adults smoking.
- **Illicit products:** an illicit tobacco strategy, plus a new national “flying squad” to enforce rules on vaping and tackle illicit vapes and underage sales.
- **Smoking in pregnancy:** a national incentive scheme – already established within GM.
- **Smoking in mental health:** quit support in MH services – already underway in Bury.
- **Licensed medicines:** unblocking supplies i.e., Varenicline (Champix).
- **Tobacco packaging:** mandatory pack inserts.
- **The Major conditions Strategy:** smokefree at the core.

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

3.2 Our Position in Bury, Great Manchester and England

In Bury, our smoking prevalence (18+) numbers have decreased, as of 2021, and we are currently lower than both the regional (14.4%) and national (13.0%) averages, at 11.4%, which is approximately 17,000 people.^[5] An estimated £41.8million is spent on tobacco annually in Bury (legal and illicit), based on an average annual spend of £2451 on tobacco per person.^[1]

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.^[5] It is important to note these statistics are based on those who utilise the commissioned stop smoking support service. We know that a high proportion of individuals also quit successfully outside of these services, through a range of other means.

3.2.1. In terms of smoking and pregnancy, our smoking status at the time of delivery (SATOD) value (8.8%) is lower than the regional (10.6%) and national (9.1%) values, as of 2021/22.^[5] Smoking in pregnancy is 5 times more common in the most deprived groups compared to the least.

3.2.2 Smoking attributable mortality for 2017-19 within Bury stands at 240.3 per 100,000, which is lower than the regional value (247.5 per 100,000 but higher than the national value (202.2 per 100,000). In terms of smoking attributable hospital admissions, Bury 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. Mortality rate from lung cancer (all ages) for Bury in 2021, stands at 74.2 per 100,000, which is significantly higher than both the regional (59 per 100,000) and national (48.5 per 100,000) figures. In addition, mortality rate from Chronic Obstructive Pulmonary Disease (COPD) for Bury in 2021, stands at 50 per 100,000, which again is higher than both the regional (49.8 per 100,000) and national (39.8 per 100,000) values. 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.^[5]

3.2.3 Smoking is disproportionately higher in lower socioeconomic groups and those with other comorbidities. It is reported that people with long-term mental health conditions are almost 2.5 times more likely to smoke; 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 18.3%, as of 2021/22. This value is lower than both the regional (24.8%) and national (25.2%) values and has decreased since 2019/20 (22.1%).^[5] Although this value has decreased, which is a positive, it is still higher than our general local smoking prevalence, showing that smoking is higher within this cohort, linked to health inequalities existing within the borough.

In Bury, smoking prevalence in adults in routine and manual occupations (18-64), as of 2020, is 19.5%, which is lower than both the regional (25.1%) and national (24.5%) values.^[5] Although the Bury value is lower than Greater Manchester and England, the value is higher than our general smoking prevalence figure, again indicating that smoking is higher within this cohort than in our general local population.

Regarding ethnicity, nationally, in 2019 the percentage of adults who smoked was higher than average in the Mixed (19.5%) and White (14.4%) ethnic groups. However, it was lower than average in the Chinese (6.7%), Asian (8.3%) and Black (9.7%) ethnic groups.^[6]

As of 2021, in England, more LGBT+ adults (27%) than heterosexual adults (18%) were current smokers. The proportion of adults who currently smoked cigarettes was highest among LGBT+ women at 31% and lowest among heterosexual women at 16%.^[7]

3.3 Smoking and Young People

3.3.1. The Trading Standards North West survey was recently completed, with good participation from Bury secondary schools, which provides useful insight in to attitudes and behaviours towards smoking and vaping amongst 14-17 year olds locally. The survey shows that levels of tobacco smoking amongst young people continue to fall, with 4% of 14 – 17 year olds claiming to smoke; amongst the lowest levels recorded. Smoking was reported to be least prevalent amongst BME groups. In addition, more than 4 in 5 young people claim to have never tried tobacco smoking, with the majority claiming to try or start smoking between the ages of 14 and 15, suggesting that this is where efforts need to be focused to discourage young people in Bury from starting to smoke. It was reported that local young people mainly get their cigarettes from friends under 18 and shops.^[8]

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, compared to 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.^[9]

3.2.2. The levels of shisha use have fallen amongst 14 – 17 year olds in Bury, with the percentage claiming to have tried or use shisha falling from 16% in 2022 to 11% in 2023. However, levels remain higher amongst minority ethnic groups, with cultural factors and greater exposure from family clear influences within this cohort. The percentage in Bury who believe that shisha is less harmful than smoking cigarettes has fallen from 72% to 63%, which is positive, but shows further education in this area is required.^[8]

3.2.3. Use of e-cigarettes has increased in recent years, and whilst they make a useful stop smoking quit aid for adults, with OHID evidence suggesting they are less harmful than smoking,^[10] it is essential to get the right balance between helping smokers to quit whilst protecting young people from starting to vape.^[12] The percentage of young people in Bury claiming to vape regularly continues to rise, with 16% claiming to vape more than once a week, compared to 10% in 2020. It was reported the main reasons young people try vaping is out of curiosity and because their friends vape, with flavours being reported as a key factor in tempting young people to vape. As with cigarettes, it was reported that young people in Bury are most likely to get their e-cigarettes primarily from shops and from their friends who are also underage. Consistent with the North West region, disposable vapes are by far the most used type of vapes amongst young people in Bury.^[8]

3.2.4. Locally, we have our Live Well service (specific inclusion criteria), as well as our children's and young people substance misuse service, Early Break, who can support young people regarding smoking and vaping. We are currently considering our broader approach to tackling youth vaping and Bury Public Health are part of the OHID North West young people and vaping working group. Within this group, we are currently looking to develop a school policy around this topic, as well as exploring many other avenues to help reduce youth vaping nationally, regionally and locally.

3.4 What we do in Bury currently

3.4.1. Our Live Well service see clients who have either self-referred or been referred. The Live Well 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 and they can advise on Nicotine Replacement Therapy (NRT), pharmaceutical and (following recent Public Health commissioned training), e-cigarette products. During the quitting process, Live Well 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. Our Live Well service quit rate currently stands at 34% (22/23), which is higher than the national average of 30%.

In addition, we 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, as well as offering advice around vaping.

3.4.2. In April 2023, Bury Council Public Health worked in partnership with Pennine Care and Bury Live Well Service to launch a 'swap to stop' pilot scheme aimed at our severe mental illness (SMI) cohort currently in treatment with Pennine Care. The pilot sees SMI patients offered the opportunity to quit smoking using an e-cigarette provided to them and with the support of Live Well health trainers. The stop smoking sessions run alongside already established patient clinics within Humphrey House. The scheme is one of the first of its kind in Greater Manchester and the response to the scheme so far has been positive. We hope that this work will further contribute

to the reduction of smoking prevalence in our SMI cohort and help these patients to lead a healthier lifestyle.

3.4.3. The CURE programme (a Greater Manchester led initiative) operates within Fairfield General Hospital and is an evidence-based programme whereby all smokers who are admitted to local hospitals are offered NRT and specialist support while in hospital. When discharged, patients have the option of continuing support from the CURE programme, being referred to the local Live Well service or being referred to the Advanced Pharmacy Service; providing a range of options for the patient upon leaving hospital.

3.4.4. The Advanced Pharmacy Service was launched in Bury in January 2023 and is a GM led initiative whereby CURE patients who have been discharged from hospital can receive continued support via their local pharmacy for 12 weeks post-discharge. A number of Bury pharmacies signed up to this scheme, to support Bury patients in their quit journey.

3.4.5. Bury is part of the GM led 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. Pregnant women can access this service via the hospital in which they plan to give birth, for example Bolton, NCA (Rochdale and Oldham) or MFT (North Manchester, Wythenshawe, and St. Mary's).

3.4.6. Bury public health team regularly attend tobacco meetings such as the Northwest Tobacco Control Commissioner Network, Smokefree Pregnancy Programme and Making Smoking History Partnership meetings, to ensure we stay up to date with national and regional agendas, guidance, and campaigns. We are also part of the OHID North West young people and vaping working group. We take part in national and local campaigns such as Stoptober and Smokefree campaigns. Resources are shared with our teams and partners, to encourage services to partake in the campaigns and widen the reach locally. Furthermore, we can discuss smoking updates within our bi-monthly Bury Drug & Alcohol Partnership meetings. This encourages discussion amongst many partners such as Greater Manchester Police, our substance misuse treatment providers, Greater Manchester Fire & Rescue Service, Housing, Employment and many more whereby smoking may be prevalent in their services.

3.4.7. Through our licensing, 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.

3.4.8. 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. This ensures the cost of tobacco remains high, acting as a barrier for purchasing. Bury Public Health work in collaboration with GMP and Trading Standards on ceasing illegal and non-licensed vapes; a recent example of this was Operation Avro.

3.4.9. Public health work is currently ongoing to review our Bury tobacco control strategy to include items mentioned within this report and below in the 'planned future work' section. The strategy will build on the GM strategy and the ASH guidance around tobacco control.^[11]

3.5 Planned future work

Some of the key activities planned for the coming year 2023/2024 includes:

1. Auditing the current provision we have in Bury around tobacco control to identify any gaps.
2. Developing and continuing with outreach, engagement and support for 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 occupations
 - d. Those living in areas of high deprivation
 - e. Those from the LGBT+ community
3. Continue to work with key partners through the Bury Drug & Alcohol Partnership to ensure a system approach is taken to tobacco control.
4. Continue to support young people to understand the dangers of smoking and vaping and provide support to assist them to quit should they need it.
5. Continue to work with regional and national colleagues to address the subject of youth vaping and support schools to address this issue.

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 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

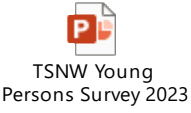
Financial Implications:

To be completed by the Council's Section 151 Officer

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Background papers:

- [1] [ASH Ready Reckoner - ASH](#)
- [2] [The Khan review: making smoking obsolete - GOV.UK \(www.gov.uk\)](#)
- [3] [Advancing our health: prevention in the 2020s - GOV.UK \(www.gov.uk\)](#)
- [4] [NHS Long Term Plan » Smoking](#)
- [5] [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](#)
- [6] [Cigarette smoking among adults - GOV.UK Ethnicity facts and figures \(ethnicity-facts-figures.service.gov.uk\)](#)
- [7] [National representative data on the health of lesbian, gay and bisexual adults in England published for the first time - NDRS \(digital.nhs.uk\)](#)
- [8] Trading Standards North West Young Persons Survey 2023 – Bury report: 
- [9] [190913-ASH-Factsheet Youth-Smoking.pdf](#)
- [10] [Nicotine vaping in England: 2022 evidence update - GOV.UK \(www.gov.uk\)](#)
- [11] [10 high impact actions for local authorities and their partners - ASH](#)

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

Term	Meaning
ASH	Action on Smoking and Health
GM	Greater Manchester

LTP	Long Term Plan
NHS	National Health Service
OHID	Office for Health Improvement and Disparities
SATOD	Smoking at the time of delivery
SMI	Severe mental illness
NCA	Northern Care Alliance
MFT	Manchester Foundation Trust
GMP	Greater Manchester Police