

16th July 2015		ITEM: 8
Thurrock Health And Wellbeing Board		
Tobacco Control Strategy		
Wards and communities affected: All	Key Decision: Non-key	
Report of: Kev Malone, Public Health Manager		
Accountable Head of Service: Debbie Maynard		
Accountable Director: Roger Harris, Director of Adults, Health & Commissioning		
This report is Public		

Executive Summary

This report was tabled at the June meeting where two amendments to the delivery plan were requested by the Board. These have been actioned and this report provides the Thurrock Tobacco Control Strategy 2014 – 2019 for ratification by the Board.

This Strategy was developed following a public consultation in the summer of 2014 and a stakeholder workshop in October 2014.

It has been approved by the Tobacco Control Alliance and the delivery plan within the strategy remains a live document of which the Alliance monitors progress. The objectives link to Public Health and Corporate priorities.

1. Recommendation(s)

That the Board:

- 1.1 Ratify the Thurrock Tobacco Control Strategy 2014 - 2019
- 1.2 Ratify the Delivery Plan contained within this document

2. Introduction and Background

- 2.1 Health harms caused by tobacco remain a main public health priority for Thurrock. Our adult smoking prevalence rate crept up slightly to 22.8 per 1,000 in 2013/14, (against the national trend that saw a further decline) meaning more than 1 in 5 adults in Thurrock smokes. Tobacco is a uniquely

dangerous product because when used as the manufactures intend it will kill half of all life-long users.

- 2.2 Yet footfall into stop smoking services is currently in decline, partly due to e-cigarettes and smokers switching to 'vaping' or dual-using both products. Nevertheless, helping people to quit smoking with behavioural support makes them 5 times more likely to quit. Quitting tobacco is the single biggest thing a smoker can do to improve their health and it is never too late to quit.

3. Issues, Options and Analysis of Options

- 3.1 However, we needed to think more broadly beyond just a treatment model, with a greater emphasis on prevention and enforcement that reflects the consultation results from last summer. This is why we developed this Tobacco Control Strategy, evolved the Smoke Free work stream into a Tobacco Control Alliance and redesigned the Local Stop Smoking Service away from a treatment model and into a Tobacco Control model of which the three key tenets are prevention, treatment and enforcement.
- 3.2 In November 2013 Thurrock Council became only the 22nd Local Authority to sign up to the Local Government Declaration on Tobacco Control. This committed us to a range of actions including:
- Act at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities;
 - Develop plans with our partners and local communities to address the causes and impacts of tobacco use, according to our local priorities and securing maximum benefit for our communities;
 - Monitor the progress of our plans against our commitments and publish the results.

This strategy realises this commitment and provides a framework for its delivery alongside supporting the ambition set out in the vision.

4. Reasons for Recommendation

- 4.1 Ratifying this Strategy and Delivery Plan will provide the Tobacco Control Alliance with the mandate to drive this document, in turn achieving the associated targets and objectives.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 In June and July 2014 a public consultation was conducted, including council staff and the Youth Cabinet, which informed Public Health of the community's attitude to tobacco. The findings of this consultation are summarised in Appendix 3 of the Strategy and were presented to the October stakeholder workshop where the foundations of this Strategy were laid.

5.2 In April 2015 the final document was sent for comment to the 11-19 Strategy Group, the Youth Cabinet and children's social care (Children In Care and Foster Care) at the recommendation of Children's DMT. No representations have been received.

6. Impact on corporate policies, priorities, performance and community impact

6.1 The Strategy and Delivery Plan contribute to both the Council's and CCG's priorities as stated in the Joint Strategic Needs Assessment (JSNA). It also underpins the Council's Smoke Free Policy for staff and visitors to the council.

7. Implications

7.1 Financial

Implications verified by: **Mike Jones**
Management Accountant

There are no financial implications.

7.2 Legal

Implications verified by: **Dawn Pelle**
Adult Care Lawyer

There are no legal implications.

7.3 Diversity and Equality

Implications verified by: **Rebecca Rice**
Community Development Officer

There is significant evidence available to demonstrate that smoking and the impact of smoke has a high potential impact on pregnancy, children and those with health conditions including heart and respiratory disorders. Thurrock's smoking rates are currently above the national average indicating that smoking does impact our communities more so overall when compared to some other areas. This strategy will identify and implement actions and initiatives to prevent young people from starting smoking, ensure a range of options to motivate current smokers to stop smoking, with a view to protecting families and communities from the harm caused by smoking.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None identified.

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Smoking & Obesity Scoping Paper, Item 9, HWBB, 11th July 2013

9. Appendices to the report

- Appendix 1: Tobacco Alliance Delivery Plan
- Appendix 2: Tobacco Control Strategy

Report Author:

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