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REPORT OF:		DR ANDREW MORTIMORE, DIRECTOR OF PUBLIC HEALTH		
DATE OF DECISION:		26 <sup>TH</sup> MARCH 2014		
SUBJECT:		TOBACCO CONTROL PLAN		
DECISION-MAKER:		HEALTH AND WELLBEING BOARD		

# STATEMENT OF CONFIDENTIALITY Not applicable

### **BRIEF SUMMARY**

This Plan has been developed for the city to provide a co-ordinated approach to stop the damage done by smoking to the city's population. The Plan outlines the multi-agency approach, based on evidence based interventions, which is required for effective tobacco control within the city. The Plan was unavoidably delayed in gaining approval by the People Directorate DMT, but this was agreed on 10<sup>th</sup> March and currently with CMT members for comment. We are asking for ratification of the Plan from the Health and Wellbeing Board, subject to any final recommendations from the CMT which be presented verbally at the meeting.

# **RECOMMENDATIONS:**

- (i) That following consultation with the Director of Public Health, the Health and Wellbeing Board agree the Tobacco Control Plan.
- (ii) That the Health and Wellbeing Board agree the Public Health Team establish a working group with key stakeholders to deliver the actions outlined in the action plan and report to the Board on progress.

# **REASONS FOR REPORT RECOMMENDATIONS**

1. The Government's Tobacco Control Plan (Healthy Lives, Healthy People: A Tobacco Control Plan for England, DH 2011) requires local areas to implement evidencebased best practice for comprehensive tobacco control based on local priorities, in line with the evidence base and local circumstances.

# ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. Without a strategic approach, there will not be a co-ordinated and informed approach to tobacco control within the city. The consequences of this will be a lack of clear directional travel in tobacco control in the city, and the city will continue to suffer the health and financial impacts of smoking.

#### **DETAIL (Including consultation carried out)**

2. Smoking-related mortality amongst people aged 35+ in Southampton is significantly higher than the national average at 236 deaths per 100,000.

- 3. Smoking is a major cause of health inequalities nationally and in Southampton the smoking prevalence amongst people from 'routine and manual' socio-economic grouping is 36.8%. This is much higher than the prevalence amongst Southampton's total population which is 22.6%. Smoking prevalence amongst Southampton's routine and manual groups is also significantly higher than the national average for that group (30.3%). www.tobaccoprofiles.info
- 4. Previous tobacco control work was delivered as part of a wider Wessex commissioners group, which has now ceased to operate. However this was not at a sufficiently detailed local level to provide a strategic and joined up approach locally.
- 5. Stakeholders were invited to a consultation and scoping event at the Civic Centre in July 2013, with an agreement to develop a plan at a local level for the city to ensure a robust and cohesive approach to tobacco control.
- 6. Benchmarking against other local authorities has demonstrated the need for a strategic approach locally for effective controls.

# **RESOURCE IMPLICATIONS**

### **Capital/Revenue**

- 7. The ring fenced Public Health Grant provides funding for commissioning of Smoking Cessation services and for wider tobacco control implementation (Smoking Cessation services are currently part of NHS block contract arrangements and contract with local GPs and pharmacists. Tobacco control initiatives are supported through public health grant.
- 8. Regulatory activity is funded through Trading standards (Environmental Health)

# Property/Other

9. There are no property implications for the Council. Smoking cessation services are currently commissioned via Solent Healthcare who provide suitable premises for this work.

#### LEGAL IMPLICATIONS

10. The policy will support the Council's legal responsibility for the delivery of Public Health. It also supports the legal responsibility of regulatory Services in Services in ensuring compliance with legislation to support this work.

#### Statutory power to undertake proposals in the report:

11. The Smoke- free (premises and enforcement) Regulations 2006

Children and Young Persons (Sale of Tobacco) Order 2007

The Tobacco Advertising and Promotion (Display) (England) regulations 2010

# Other Legal Implications:

# 12. None

# POLICY FRAMEWORK IMPLICATIONS

13 Southampton Health and Wellbeing Strategy

No

# WARDS/COMMUNITIES AFFECTED: All

# SUPPORTING DOCUMENTATION

# Appendices

1. SCC Tobacco Control Plan

# **Documents In Members' Rooms**

1.

### **Equality Impact Assessment**

N/A

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.

Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

Yes