

<b>DECISION-MAKER:</b>	HEALTH AND WELLBEING BOARD		
<b>SUBJECT:</b>	PROPOSAL TO JOIN THE SMOKEFREE ACTION COALITION		
<b>DATE OF DECISION:</b>	23 <sup>RD</sup> OCTOBER 2013		
<b>REPORT OF:</b>	DIRECTOR OF PUBLIC HEALTH		
<b><u>CONTACT DETAILS</u></b>			
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<b>STATEMENT OF CONFIDENTIALITY</b>			
None			

### **BRIEF SUMMARY**

This report proposes that the Health and Wellbeing Board submits an application on behalf of the Council to join the Smokefree Action Coalition (SFAC), the national campaign network for tobacco control. The SFAC has over 100 member organisations across the country representing health, social care, trading standards, environmental health and many other parts of civil society. Membership is **free** to local authorities, provides many benefits, and sends a strong message of the Council's commitment to tackling tobacco control. Smoking remains the main cause of preventable deaths in England, and is a major cause of health inequalities.

### **RECOMMENDATIONS:**

- (i) That the Health and Wellbeing Board submits an application for membership of the Smokefree Action Coalition on behalf of the Council.

### **REASONS FOR REPORT RECOMMENDATIONS**

1. By joining the Coalition the Council will send a clear message of its intention to tackle the harm done by tobacco in this city.
2. It will be able to engage with the numerous other local authority members of the Coalition regarding Tobacco control issues, engage in national level campaigns, and have access to policy support.

Free membership provides:

- **Support** – Coalition core members provide advice and support to other members such as engaging local stakeholders or responding to national consultations.
- **Information** –regular emails about national and regional activity with detailed briefings made available on core topics.
- **Profile** – being part of the SFAC is a symbol of the organisation's commitment to ending the harm caused by tobacco.

- **Network** – The Coalition is an excellent way to stay in touch across the country
- **Collective action** - Opportunities to be part of the national platform on tobacco control, including taking part in collective action regionally or nationally.

## **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

3. By not joining the SFAC, the Council will not maximise this opportunity to instigate more effective tobacco controls, and will continue to see smoking as a major cause locally of health inequalities, and the city will continue to bear the financial costs of this.

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

4. Nearly one quarter of the population of Southampton still smoke. Compared to the national picture where smoking prevalence has decreased to 20%, prevalence in Southampton is 22.6%. More people die in Southampton as a result of smoking than the national average (age-standardised rates of 236 per 100 000, compared to 210.6 in England), and deaths from lung cancer and chronic obstructive pulmonary disease are also higher than the national average (Southampton Health Profile 2013).
5. Smoking is a major cause of health inequalities and prevalence rates vary across the city, with the highest rates in Weston, Redbridge and Thornhill. Hospital admissions in the city due to smoking are higher than the national average, with the highest rates in Bitterne and Redbridge wards (age-standardised rates of 2426 per 100,000 and 2369 per 100,000 respectively for 2009/10 - 2011/12). This compares to the city average of 1747 per 100,000, and 1420 per 100,000 nationally. Smoking rates are higher amongst the city's routine and manual classes at 36.8% compared to the national average of 30.3%. Smoking in pregnancy rates are also higher than average at 16.6%, compared to the national average of 13.2%.
6. Information modelled by Action for Smoking and Health (ASH) indicates that smoking in Southampton costs our population £70.9m annually (ASH). Local employers and businesses lose from increased sickness, and an estimated £81.1m annually is lost to Southampton's local economy by spending on cigarettes and tobacco. £1.9 million is spent by the council each year on picking up litter from tobacco products.
7. Historically Southampton City PCT worked collaboratively with partners across Hampshire and the Isle of Wight to develop a Tobacco Control plan for the region for 2010-2013. The work of this partnership has now been reported on, providing a platform for the next stage in developing this key work. A local tobacco control plan is being drafted for the city which outlines work with a range of partners on tobacco control measures designed to reduce levels of smoking in the city and the harm caused by tobacco smoke. This will contribute towards improving the Health and Wellbeing of the

residents of Southampton City, supporting the aims of the Council's *Health and Wellbeing Strategy*, which identifies smoking and tobacco control as a priority preventative measure. By reducing the spend on tobacco and other products, and the associated costs of tobacco control, this will also support the Economic Development strategies for the city.

8. The Tobacco Control Plan for the city will include commissioning citywide Stop Smoking Services, supporting action to reduce the availability of cheap and illicit tobacco, and working with Early Years settings to stop the inflow of new smokers and protect families and young children from the dangers of secondhand smoke.
9. Services to support people wanting to stop smoking are currently commissioned by the Public Health team from Solent Quitters, Community pharmacies and GP Practices. Trading Standards and Environmental Health undertake key tobacco control work in partnership with the local business community, aiming to ensure compliance with legislation in local businesses, and limit illicit tobacco by controlling smuggled and counterfeit tobacco.
10. Membership of the SFAC means the Council will be part of national advocacy work on national level interventions which will have a significant local impact. This will ensure that activities and interventions that are commissioned are linked to a strong evidence base and provide a return on investment and value for money.

## **RESOURCE IMPLICATIONS**

### **Capital/Revenue**

11. None. Membership of the Coalition is free.

### **Property/Other**

12. None.

## **LEGAL IMPLICATIONS**

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

13. The Health and Social Care Act 2012 transferred public health smoking services to upper tier local authorities.

### **Other Legal Implications:**

14. The Local Government Pension Scheme Advisory Board is currently seeking legal advice on whether owning tobacco stocks clashes with councils' new responsibilities to promote public health. Nationally many local authority pension schemes invest in tobacco-producing firms, but Hampshire council only invests an estimated 2% of its £3.6bn pension scheme holdings in tobacco-producing firms.

## **POLICY FRAMEWORK IMPLICATIONS**

15. None.

KEY DECISION No

WARDS/COMMUNITIES AFFECTED:	All
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**SUPPORTING DOCUMENTATION**

**Appendices**

1.	None
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**Documents In Members' Rooms**

1.	None
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**Equality Impact Assessment**

Do the implications/subject of the report require an Equality Impact Assessment (EIA) be carried out.	No
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**Other Background Documents**

- [www.smokefreeaction.org.uk/](http://www.smokefreeaction.org.uk/)
- Southampton City Council Health and Wellbeing Strategy
- Southampton Joint Strategic Health Assessment 2012
- Integrated Household Survey 2009
- Southampton Health Profile, available at:  
<http://www.apho.org.uk/resource/view.aspx?RID=50215&SEARCH=so15&REGION=50159&LA=50148&AR=>

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

Public Health, Civic Centre, Southampton.

Title of Background Paper(s)

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

1.	None	
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Report Tracking

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DATE LAST AMENDED:	14.7.10.2013
AMENDED BY:	Claire Heather