

Decision Report

Committee: Executive

Meeting or Date – 15/01/2025

Key Decision – no



The Annual Report of the Director of Public Health 2024/25: Smokefree Somerset by 2030

Executive Member(s): Councillor Graham Oakes – Lead Member for Public Health, Climate Change and Environment

Local Member(s) and Division(s) affected: All

Executive Director: Alyn Jones- Executive Director of Strategy Transformation Resource, Strategy Workforce & Localities

Service Director: Alison Bell – Interim Director of Public Health

Executive Summary

The production of an annual report is a statutory obligation for Directors of Public Health (DPH). It is an opportunity for the DPH to give an independent view of health and wellbeing priorities in Somerset.

This 2024/25 report presents a local call to action for a Smoke Free Somerset by 2030. Smoking is the greatest cause of preventable disease and early death for our population, and especially affects health inequality groups. Despite people knowing that smoking is bad for them, and the existence of a free community-based smoking cessation service, quit rates have dropped over the last decade and 60,000 people in Somerset still smoke. Changes in national policy around smoking and vapes mean we now have a unique opportunity to make this the end game for tobacco in our county and achieve just 5% of our population smoking by 2030. This report describes a new, ambitious approach that we need to take if we are going to achieve supporting our 45,000 people target, collectively committing to building supportive, smoke free environments and expanding how we help people to quit.

Recommendations

Executive are asked to note and endorse the recommendations in this annual report and agree to its publication.

1. Strong leadership across many organisations will be needed. The Somerset Board and constituent organisations commitment to a refreshed Local Declaration on Tobacco Control, (including commitment to not work with tobacco companies)
2. Support to Trading Standards to enforce the new tobacco and vaping legislation
3. Support local workplaces to develop smoke-free policies that adhere to smoke-free legislation, public sector organisations in Somerset should be exemplar employers
4. Launch new, fresh communication and training campaigns that take a compassionate approach to smoking, supporting front line workers and members of our communities to have non-judgmental Very Brief Advice

conversations about stopping smoking at every opportunity with signposting to support that meets their needs

5. Strong engagement with people in Somerset to develop a new Somerset-wide action plan which develops services to meet the needs of people to stop smoking and protects people from second-hand smoke and smoking-related behaviour.
6. Focus our support towards groups with the highest rates of smoking, use behavioural insight research to understand what will work best to help them to stop smoking as well as to create more supportive environment.
7. Support schools, hospitals and care infrastructure to embed clear policies for smoking and vaping.
8. Stop smoking services should be further developed at hospital sites so 100% of patients are asked if they smoke and offered support to stop.
9. 100% of pregnant women and partners should be screened using carbon monoxide monitors at booking and throughout pregnancy, and provided with appropriate support.
10. To hit the target of smokefree by 2030, there needs to be strong measurement of progress against the target of 45,000. A collection of performance measures needs to be agreed with constant monitoring; as many measures as possible need to be 'real time' with little time lag.

Reasons for Proposals

The recommendations set out system actions based on emerging evidence and current work and partnerships that have started and need to be expanded if we are going to achieve a Smokefree Somerset.

Report Authors: Rachel Handley Consultant in Public Health, Kate Anderson Specialist in Public Health, Laura McCrimmon Public Health Registrar
Contact Details: Rachel.handley@somerset.gov.uk

Main report and supporting information



Background and purpose of report

The production of an Annual Report is a statutory requirement for all Directors of Public Health (DPH). It is the personal responsibility of the DPH, and an opportunity to give an independent view of the range of factors affecting health and wellbeing in the county.

Smoking is one of the leading causes of preventable illness and premature death, with as many as 2 out of 3 long term smokers dying 10 years early as a result. 12.6% of Somerset's adult population smoke, or around 60,000 people (2021). Smoking takes away over 13,500 years of healthy life across our population every year, through disability and early death. The cost to individuals, their families, our health and social care system and our economy are huge, adding up to £190 million a year, not including the cost of informal care.

There is increasing evidence that smoking is not a choice. People start smoking as a result of significant influences from social norms and exposure to advertising by tobacco companies. 9 out of 10 long term smokers started before they were 20, and children and young people are more vulnerable to these influences. Once people have started smoking it becomes very difficult to stop as the release of nicotine causes a similar addictive response in the brain to opiates or alcohol. Half of smokers want to quit but can't, often after trying multiple times.

Although smoking prevalence has reduced gradually across the population as a whole, (for example the Tobacco Control Plan in 2017 has helped to reduce the England prevalence from 20% to 12%), there has been very little progress in reducing smoking rates for people with lower socio-economic status. While many people have successfully stopped smoking, certain groups are getting left behind, widening the gap in health outcomes across our society. We have excellent smoke free services available in Somerset that help thousands of smokers to quit each year, these support offers are not always accessed by those from the groups with the highest smoking rates.

We can no longer carry on as we have done, leaving smoking down to individual choice and waiting for those who are already in supportive environments and motivated to quit to come to our smoking cessation services. If we only do this, at best we might see 16,000 people quit by 2030. Not only will we be almost 30,000 short of our target, but most of those who quit will not be from our priority groups with the highest smoking rates, causing health inequalities to widen.

This year's Director of Public Health Report describes a new way, showcasing emerging evidence for what works, and some of the excellent work and partnerships that have started to develop across our County. We must maximise the opportunities

that national policies and legislation give us, ensure our institutions and organisations are positive and supportive environments for people to quit, design and communicate flexible support offers that match with what people need to quit, and equip our front line workers and communities to be able to have non-judgemental, supportive conversations with people that smoke about why and how they might stop.

As a relatively new Unitary Authority, within a Somerset Integrated Care System that is committed to prevention, to improving population health, and reducing health inequalities, we are in a unique position to galvanise work across all our sectors to achieve a Smoke Free Somerset by 2030.

Links to Council Plan and Vision

Working together to achieve a Smoke Free Somerset aligns with all our Council values and tackling tobacco is one of our Somerset whole system priorities.

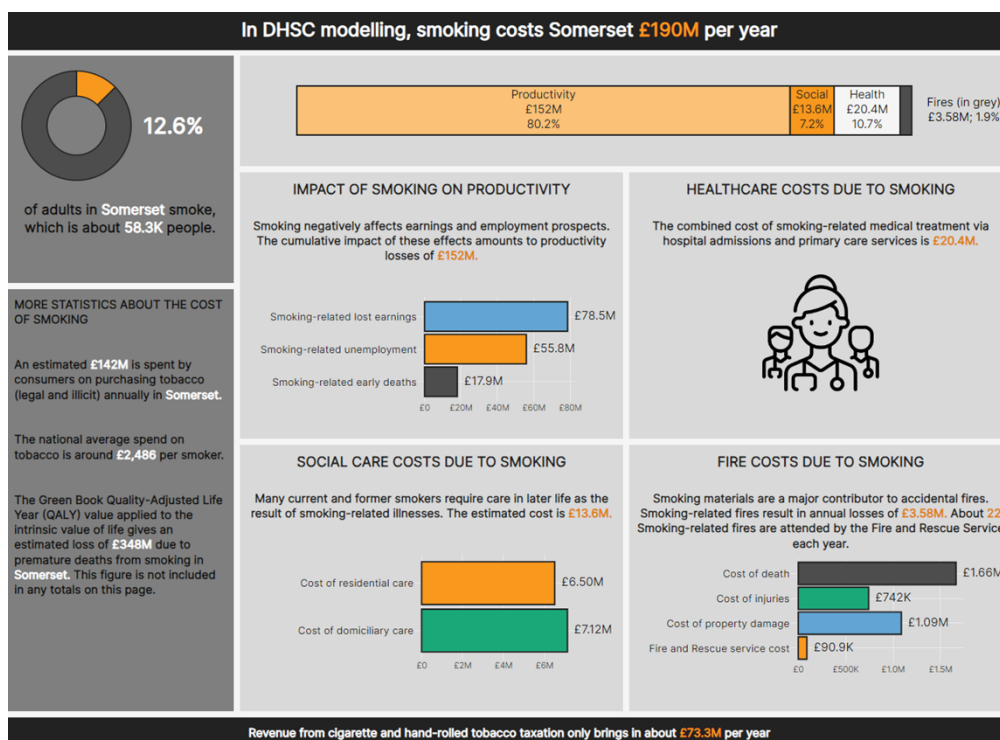


Figure 1. Action on Smoking and Health, Ready Reckoner tool which estimates the cost of smoking to society based on productivity, healthcare, social care and Fires.

- A flourishing and resilient Somerset:**
Smoking and its effects cost the Somerset system around £152 million a year in lost productivity, and a total of £348 million is lost in quality life years due to smokers dying early. Smoking is also associated with a decrease in mental wellbeing, which has wider effects on individual and community resilience.
- A fairer, ambitious Somerset:**

Smoking is the leading cause of health inequalities, accounting for about half of the difference in health outcomes between the most and least affluent communities. By focusing our collective efforts on key groups of people with the highest smoking rates, we will be significantly improving the health of those who have the worst health outcomes.

Other options considered

Not applicable

Key considerations for the Council

Scrutiny comments / recommendations:

1. This report and recommendations have been considered by scrutiny and further suggestions included in this final draft.

Consultation and feedback

2. This report has been informed by services and projects across our system, including: our open access in-house Go Smoke Free service, our bespoke Smokefree Families service for pregnant people and their significant others, our hospital-based Treating Tobacco Dependency service, our projects with smokers living in social housing or being supported by Drug and Alcohol services, our outreach work with schools, colleges, workplaces, maternity services and primary care, the work of Trading Standards, and our local Communication programme with the Integrated Care Board which has and continues to help inform this report through outreach to target groups and surveys with smokers, ex-smokers and professionals across Somerset.

Financial and Risk Implications

3. Whilst organisations and institutions will be supported to make investments in creating smokefree environments, which may come at a financial cost, this report sets out recommendations without any specific financial requirements or risks associated.

Legal and Procurement Implications

4. Working to enforce emerging legislation around tobacco and vapes will have implications for our council but these are not given in detail in this report and legislation is still emerging.

HR / Workforce Implications

5. If endorsed the recommendations from this report will have implications for Somerset Council workforce as we ensure we pioneer a supportive smokefree environment across all our sites.

Equalities Implications

6. Tackling tobacco dependency in Somerset in line with this report will specifically help to reduce health inequalities. The report outlines the need to target our support especially to young people, pregnant smokers, those with mental health conditions, drug and alcohol addictions, those living in social housing or areas of deprivation, working in routine and manual labour, and inclusion health groups receive our greatest support.

Community Safety Implications

7. Recommendations include support for Trading Standards to be able to identify and prosecute illegal tobacco and vape sales. As this activity is often aligned with other forms of crime, this would support community safety more broadly also.

Climate and Environment Implications

8. Cigarette butts make up 66% of litter items in terms of litter numbers, and the majority of cigarette filters are non-biodegradable. 590,000 cigarettes are consumed a day, resulting in 31 tonnes of waste annually, and 13 tonnes of street litter annually. This report also has a call to action to support the ban of disposable vapes, further reducing the harms to our environment.

Health and Safety Implications

9. Endorsement and implementation of these recommendations will benefit the health safety of our workforce through enabling more employees to stop smoking, reducing smoking related hazards such as reducing exposure to second hand smoke and fires.

Health and Wellbeing Implications

10. Stopping smoking is one of the best things anyone can do for their health and taking action to support our smoking population to quit is one of the most actionable 'high impact' things we can do together to ensure a healthier Somerset. Two out of every three long-term smokers will die early of a smoking-related illness. In Somerset, smoking currently costs £13.6 million to social care due to smokers requiring care on average 10 years earlier than non-smokers. It is also estimated to cost the local NHS £20.4 million through additional smoking related ill-health.

Social Value

11. Endorsement of these recommendations will have significant social value for our county, through the increased health and productivity across our communities as smoking prevalence decreases.

Background Papers

12. Annual Director of Public Health Report 2024/25

[Director of Public Health Annual Report Tobacco 2024 - FINAL for Exec.pdf](#)

Appendices

Report assurance

	Officer Name	Date Completed
Legal & Governance Implications	Alyn Jones	5 th January 2025
Finance & Procurement	Nicola Hix No comments	7 th January 2025
Workforce (*)	Dawn Bettridge	Not applicable
Asset Management (*)	Simon Lewis No comments	6 th January 2025
Executive Director	Relevant Executive Director – Alyn Jones	5 th January 2025
Executive Lead Member	Relevant Lead Member – Cllr Graham Oakes	7 th January 2025
Consulted:	Councillor Name	
Local Division Members	List local members – as part of Adults and Health Scrutiny	21 st November 2024
Opposition Spokesperson(s)	Relevant Opposition Spokesperson – Cllr Dawn Denton	Report sent 3 rd January 2025