Somerset Council
Scrutiny Committee - Adults and Health
– 21/11/2024

Annual Director of Public Health 2024/25
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Division / Local Member: Applicable to all

1. Summary

1.1. 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 is the second such report to discuss Somerset as a Unitary Authority, coterminous with the Integrated Care Board.

The 2024/25 report will present a local call to action for a Smoke Free Somerset, setting out what is required from us if we are going to meet the national target of just 5% of our population still smoking by 2030. Achieving this target will require us to support 45,000 people to stop smoking in the next five years.

The report will make the case for why we have a unique opportunity now to work together on tackling the number one preventable cause of death, disease and health inequality for our residents, and how this requires all of us to play a part.

1.2. The report will set out the latest evidence from research on why people smoke, who is most impacted by tobacco dependency and how, what helps people to stop smoking, and what we can do to protect our young people from starting. 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.

- **A healthy and caring Somerset:**
  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. Figure 1 below shows a summary of the smoking-related costs to Somerset.

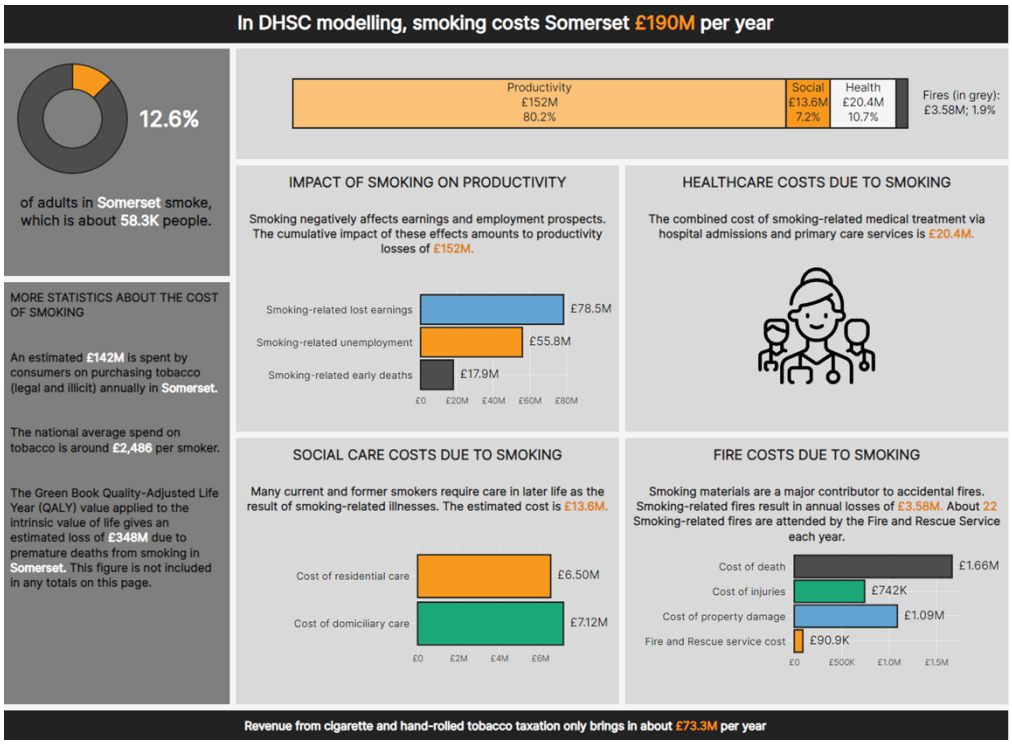

Figure 1. Action on Smoking and Health, Ready Reckoner tool which estimates the cost of smoking to society based on productivity, healthcare, social care and Fires.

- **A greener, more sustainable Somerset:**
  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.

- **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.

2. Issues for consideration / Recommendations

2.1. The report stresses that achieving a Smoke Free Somerset requires a focus on helping those groups most impacted by tobacco dependency to get the support they need to quit. These groups include:

1) Pregnant smokers

a. Despite gradual progress, 9.1% of women in Somerset smoke during

pregnancy in 2022/2023 which remains higher than the England average. This means a total 417 women were still smoking when their baby is delivered, with huge consequences for the health and wellbeing of that child.

b. Women who smoke during pregnancy tend to be from neighbourhoods with higher deprivation, and our highest rates are in Sedgemoor.

2) **Children and Young people**
   a. An estimated 26,100 children live in smoking households in Somerset. Children are 3 times more likely to start smoking if their loved ones around them do. 1200 children start smoking each year but we also must reduce exposure to second hand smoke through programmes of work including smokefree homes and cars.

   b. Children and young people are being increasingly targeted by vaping companies to start vaping, and collective action is required from us to stop this.

3) **People with mental health condition**
   a. 1 in 4, (25%) of people with mental health conditions smoke

   b. 39% with serious mental health issues **80% on inpatient mental health wards

4) **People living in Social Housing**
   a. Local data isn't clear but nationally 37% of people in social housing smoke compared with 12% with a mortgage

   b. Recent Somerset behavioural science project to identify needs and barriers to people in social housing smoking and support to quit

5) **People living in Core 20 (our 20% least affluent communities)**
   a. 21% of people living in Core 20 areas smoke compared with an average of 11% in non-core 20 and 8% in the least deprived quintile

6) **Minority ethnic communities**
   a. Data locally for Somerset is limited but nationally Black, Asian and Chinese people are less likely to smoke than white people but can be more prone to ill health disease from smoking

   b. Nationally some Eastern European populations have higher smoking rates = Polish = 24%, Germany = 22%

7) **Employment status**
   a. 1 in 5 (20.9%) in routine and manual occupations smoke compared with 1 in 10 managerial and professional occupations

   b. Unemployed people are more likely to smoke than employed people

8) **Inclusion health groups**
   a. The populations in our society who have by far the worst health outcomes are our 'inclusion health' groups: People who experience homelessness, people with drug and alcohol dependence, vulnerable migrants and refugees, Gypsy,

Roma, and Traveller communities, people in contact with the justice system, victims of modern slavery, sex workers, and other marginalised groups.

b. There is often very limited data locally on these groups but 62% of people who are homeless in Somerset smoke, and 58% of people who were previously homeless in Somerset smoke.

c. For people receiving addiction treatment in Somerset: 70% of those in treatment for opioid misuse are smokers, and 44% of those in treatment for alcohol misuse.

2.2. We have made significant progress in reducing smoking rates over the past 20 years, but we now need to go further. The recommendations within this report require us to work together across Somerset. We have a challenging aspiration to achieve and it is going to require all our efforts.

Proposed Recommendations:

It is recommended that:

1) The Somerset Board and constituent organisations repeat the commitment to a Local Declaration on Tobacco Control, which includes a clear commitment to not work with tobacco companies

2) A new, Somerset-wide revitalised action plan is put in place to give clear direction on how we will work together to achieve a smokefree Somerset by 2030 including how we prevent people from starting to smoke, and protect people from second hand smoke.

3) Work with specific inclusion groups who have a high prevalence of smoking to understand what support they would find useful and how this could be provided to better suit their needs.

4) Support is provided to Trading Standards to be able to enforce the pending new tobacco and vaping legislation when passed

5) Public sector organisations in Somerset to lead the way in workplace standards for smokefree policies and support for employees to quit

6) Place-based smokefree support is aligned to Primary Care Networks and a Population Health Management Approach is adopted using local data, to really target a support offer to groups who have high rates of smoking.

7) Support is provided to schools to embed a whole school policy for smoking and vaping, supported by free training for staff and governors and informed by the school survey

8) Support local workplaces to develop smoke-free policies that adhere to smoke-free legislation and provide the right kind of support to staff to stop.

9) Stop smoking services are further developed at hospital sites so the full range of support is available through trained smoking advisors and 100% of patients are asked if they smoke and offered support to stop.

10) 100% of pregnant women and partners are screened using carbon monoxide monitors at booking and throughout pregnancy, including time of delivery and ensure that all smokers are positively supported to access smokefree support.

3. Background

3.1. 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.

3.2. 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 and its effects cost the Somerset system £257 million a year in lost productivity, and a further £13.6 million in costs to social care and £20.4 million to health 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. Without a significant change in our traditional approach of expecting people to simply come to us, we will never meet our target and health inequalities will continue to grow.

3.3. 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.

4. Consultations undertaken

4.1. This report will be 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.

5. Implications

5.1. The report shows how we have a real opportunity to work together to make Smoke Free Somerset a reality, but significant action will be required from all of us if we are going to support 45,000 people to get free of their tobacco dependency by 2030.

6. Background papers

6.1. Presentation outlining the structure for the Annual Director of Public Health Report for 2024/25.

Note For further information on any other background sources or papers please contact the author.