



Shropshire Clinical Commissioning Group



**Health and Wellbeing Board  
20 January 2015**

**LOCAL GOVERNMENT DECLARATION ON TOBACCO CONTROL AND NHS  
STATEMENT OF SUPPORT FOR TOBACCO CONTROL**

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**1. Summary**

Tobacco is the single greatest cause of death and disability in our communities and is the greatest cause of health inequalities. In Shropshire approximately 42,000 adults smoke, as do 15% of pregnant women.

The Local Government Declaration on Tobacco Control has been developed to provide a statement of a council's commitment to ensure tobacco control is part of mainstream public health work and commits councils to taking comprehensive action to address the harm from smoking. Since it was launched in May 2013, over 80 councils across the country have signed the Declaration.

In August 2014, a sister document to the Declaration, the NHS Statement of Support was launched to allow NHS organisations to show their support for tobacco control.

**2. Recommendations**

Shropshire Health and Wellbeing Board is asked to:

- consider the content of the Local Government Declaration on Tobacco Control and NHS Statement of Support and
- request Shropshire Council and all local NHS organisations sign up to the Declaration / NHS Statement of Support for Tobacco Control.

**REPORT**

**3. Risk Assessment and Opportunities Appraisal**

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

None

**4. Financial Implications**

None

## 5. Background

The Local Government Declaration on Tobacco Control (Appendix 1) is a statement of a council's commitment to ensure tobacco control is part of mainstream public health work and commits councils to taking comprehensive action to address the harm from smoking. Since it was launched in May 2013, over 80 councils across the country have signed the Declaration.

In August 2014, a sister document to the Declaration, the NHS Statement of Support (Appendix 2) was launched to enable the health community to support colleagues in local government in their tobacco control work and fulfil ongoing commitments to tackle the harm caused by smoking, to staff and patients, as outlined in the NHS "Five Year Forward View". The Statement provides a public commitment to work towards further reducing smoking prevalence; to demonstrate a commitment to take action; and to publicise the NHS's dedication to protect local communities from the harm caused by smoking.

Tackling smoking is both an important public health intervention and an important clinical intervention. The Statement provides a visible opportunity for NHS organisations to publicly acknowledge the considerable role that addressing smoking can play improving clinical outcomes and preventing ill health. It also provides a signal of continued commitment from CCGs to supporting colleagues in local government to work towards reducing the burden of smoking to local communities.

Both of these charters also reinforce commitment to protect tobacco control work from the vested interests of the tobacco industry, which can be achieved through policy on engagement and transparency locally. The Declaration does not contain specific commitments in relation to Councils' pension fund investments in the tobacco industry. Similarly, the Statement does not affect prescribing of licensed medicines, whether tobacco-industry owned or otherwise (see Frequently Asked Questions Appendix 3).

The Declaration and Statement of Support have been widely endorsed by leading figures and organisations in the public health community:

- Public Health Minister
- Chief Medical Officer
- Public Health England
- NHS England
- Association of Directors of Public Health
- UK Faculty of Public Health
- Trading Standards Institute
- Chartered Institute of Environmental Health
- Care Quality Commission
- Royal College of Physicians
- BMA Board of Science
- Royal College of Paediatrics and Child Health
- Royal College of General Practitioners

The Local Government Declaration on Tobacco Control commits councils to:

- Reduce smoking prevalence and health inequalities
- Develop plans with partners and local communities
- Participate in local and regional networks
- Support Government action at national level
- Protect tobacco control work from the commercial and vested interests of the tobacco industry

- Monitor the progress of our plans
- Join the Smokefree Action Coalition

The NHS Statement of Support commits the organisations to:

- Actively support work to reduce smoking prevalence and health inequalities
- Support the Government with tobacco control work at a national level
- Work with partners to reduce smoking (in line with NICE Guidance)
- Play an active part in reducing smoking by implementing interventions such as 'Make Every Contact Count'
- Join the Smokefree Action Coalition
- Participate in local and regional tobacco control networks for support
- Protect tobacco control work from the vested interests of the tobacco industry

## 6. Additional Information

Smoking at any age has serious negative consequences for people's health with one in two life-long smokers dying early. Tobacco is the single greatest cause of death and disability in our communities and kills more people than the next 6 causes of premature death combined. Smoking is the greatest cause of health inequalities. In Shropshire around 17.9% of adults still smoke, approximately 42,000 people, as do 15% of pregnant women.

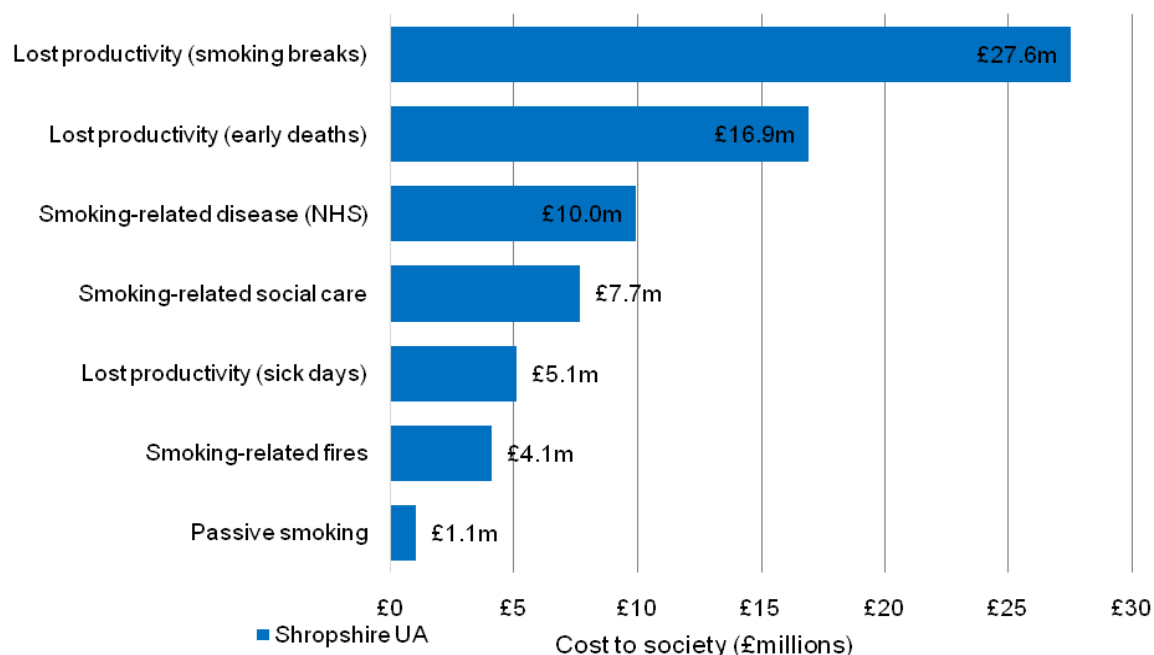
Over a third of pupils reported living in a household with somebody who smokes cigarettes. The effect of second hand smoke on unborn babies and young children is especially harmful. Children of smokers are almost twice as likely to be admitted to hospital with breathing problems as those who live in a smoke free home.

The poorest are twice as likely to smoke as the richest. Poorer smokers spend 5 times as much of their weekly household budget on smoking than richer smokers. A household where two adults smoke a pack a day each could save over £5,000 per year if they quit.

### **Estimated cost of smoking to society in Shropshire (2014) = £72.5 million**

Current and ex-smokers who require care in later life as a result of smoking-related illnesses cost society an estimated £7.7m each year across Shropshire (this represents £4.4m in costs to the local authority and £3.3m in costs to individuals who self-fund their care. Smoking-related disease costs the NHS a further £10 million a year.

## Estimated cost of smoking in Shropshire (£millions)



### Going for Growth

When people stop smoking they tend to spend their tobacco money on other things predominantly in the local economy – creating local jobs. It has been estimated that helping people quit smoking creates local jobs cheaper and faster than traditional economic regeneration methods. In addition there are additional benefits to the local economy by tackling the sale of illicit tobacco.

### Smoking attributable deaths in Shropshire

Indicator		Period
Estimated deaths attributable to smoking per 100,000 population, aged 35+	267.1	2011-13
Smoking attributable deaths from heart disease per 100,000	32.9	2011-13
Smoking attributable deaths from stroke	12.3	2011-13
Age-standardised rate of deaths from lung cancer per 100,000 population	48.7	2011-13
Age-standardised rate of deaths from chronic obstructive pulmonary disease per 100,000 population	43.3	2008-10
Directly standardised rate of Smoking Attributable Admissions in people aged 35 and over per 100,000	1,196	2010-11
Cost of smoking attributable hospital admissions in those aged 35 and over per capita	£30.7	2010-11
Rate of smoking at time of delivery per 100 maternities	15%	2013-14

9 out of 10 case of lung cancer are caused by smoking. Survival rates for those with lung cancer remain low.

### Current Activity in Shropshire

Shropshire has a successful history of partnership working to reduce smoking prevalence. Signing up to the declaration would therefore primarily be an acknowledgment of ongoing best practice activities whilst also linking to a nationally recognised process for assessing current practice and establishing a clear way forward.

Declaration commitment	Examples of current activity in Shropshire
Reduce smoking prevalence and health inequalities	Stopping people smoking is one of the most cost effective interventions in the NHS, saving years of life and millions of pounds for the whole local health economy, including health and social care. In 2013/14 1,688 smokers

	<p>successfully quit at 4 weeks with Help2Quit. The service is currently available at over 70 venues across Shropshire. Shropshire Council has recently brought together a range of programmes to prevent ill health by creating an integrated preventive health service called Help2Change, incorporating the successful stop smoking service, Help2Quit.</p> <p>In Shropshire the proportion of women smoking during pregnancy is above the England average (14.9% v 12% in 2013/14). A local smoking in pregnancy working group has been established; a guideline for midwives has been reviewed to confirm the care pathway for smoking in pregnancy and the postnatal period; Public Health is supporting a maternal and fetal health study day for midwives and a data sharing agreement has been developed to enable health intelligence analysis of lifestyle data collected by maternity, illustrating smoking status by age, deprivation, ward, GP practice, to target activity.</p>
Develop plans with partners and local communities	<p>Shropshire has a long history of working in partnership to deliver a comprehensive tobacco control plan, operating at a local, regional and national level to deliver initiatives based on the six internationally recognised strands:</p> <ul style="list-style-type: none"> <li>• stopping the promotion of tobacco;</li> <li>• making tobacco less affordable;</li> <li>• effective regulation of tobacco products;</li> <li>• helping tobacco users to quit;</li> <li>• reducing exposure to secondhand smoke; and</li> <li>• effective communications for tobacco control.</li> </ul> <p>Examples of work with partners includes:</p> <ul style="list-style-type: none"> <li>• School Nurses, leading on supporting key public health programmes in schools;</li> <li>• Public Protection colleagues, monitoring smokefree legislation and preventing illicit sales of tobacco</li> <li>• Acute Trusts, delivering advice and support to help patients quit and supporting stop before your op campaigns</li> <li>• Fire service, promoting the smokefree home campaigns</li> <li>• Optometrists, raising awareness of the link between smoking and eye disease and encouraging signposting to the stop smoking service (paper to be published in the Journal 'Public Health' - March 2015)</li> </ul> <p>A revised tobacco control strategy is to be developed following a review and assessment of existing activity. This will follow a peer assessment approach that is based on training and support from Public Health England (PHE) to adopt the CLear model (developed by ASH in partnership with the regional offices of tobacco control, CIEH and the TSI amongst others).</p>
Participate in local and regional networks	<p>The Programme Lead is an active member of the West Midlands Tobacco Control Network and participates in several national networks including the Smokefree Action Coalition.</p>
Support Government action at national level	<p>Local action is shaped on Healthy Lives, Healthy People, the Government's tobacco control plan for England.</p> <p>Shropshire has actively participated in recent consultations on standardised packaging, advertising of electronic cigarettes and smoking in cars.</p> <p>A local communications campaign has been developed to support all national Public Health England smokefree campaigns in addition to local initiatives.</p> <p>The use of digital media is maximised and strong relations maintained with the local media.</p>
Protect tobacco control work from the commercial and vested interests of the tobacco industry	<p>A template policy and support is available from the Smokefree Action Coalition on protecting health policy from the influence of the tobacco industry. It is proposed this be adopted to shape local policy.</p>
Monitor the progress of our plans	<p>The CLear model developed by ASH in partnership with the regional offices of tobacco control, CIEH and the TSI amongst others, provides a structured process for building a local tobacco plan. It is proposed this model be adopted</p>

	and used as a tool to monitor progress
Join the Smokefree Action Coalition	Shropshire Council is already a member of the Smokefree Action Coalition, an alliance of over 100 organisations including medical royal colleges, the British Medical Association, the Trading Standards Institute, the Chartered Institute of Environmental Health, the Faculty of Public Health, the Association of Directors of Public Health and ASH. The Coalition engages with Government on a wide range of tobacco control issues.

## 7. Conclusions

- The Health and Wellbeing Board is asked to request the Leader of the Council, Chief Executive and Director of Public Health sign the Local Government Declaration on Tobacco Control on behalf of Shropshire Council
- The Health and Wellbeing Board is asked to request the Chair of the Health and Wellbeing Board, Director of Public Health and the NHS lead for the following organisations sign the NHS Declaration on Tobacco Control:
  - Shropshire Clinical Commissioning Group
  - Shrewsbury and Telford Hospital NHS Trust
  - Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
  - Shropshire Community Health NHS Trust
  - South Staffordshire and Shropshire Healthcare NHS Foundation Trust

### List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Local Tobacco Control Profiles for England, Public Health England 2014  
 Shropshire Health of Young People Survey 2006  
 ASH Ready Reckoner The cost of tobacco toolkit, ASH 2014

### Cabinet Member (Portfolio Holder)

Karen Calder

### Local Member

### Appendices

Appendix 1: Local Government Declaration on Tobacco Control  
 Appendix 2: NHS Declaration on Tobacco Control  
 Appendix 3: Frequently Asked Questions (Smokefree Action Coalition)

# Local Government Declaration on Tobacco Control

**We acknowledge that:**

- Smoking is the single greatest cause of premature death and disease in our communities;
- Reducing smoking in our communities significantly increases household incomes and benefits the local economy;
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities;
- Smoking is an addiction largely taken up by children and young people, two thirds of smokers start before the age of 18;
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the 80,000 people its products kill in England every year; and
- The illicit trade in tobacco funds the activities of organised criminal gangs and gives children access to cheap tobacco.

**As local leaders in public health we welcome the:**

- Opportunity for local government to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;
- Commitment by the government to live up to its obligations as a party to the World Health Organization’s Framework Convention on Tobacco Control (FCTC) and in particular to protect the development of public health policy from the vested interests of the tobacco industry; and
- Endorsement of this declaration by the Department of Health, Public Health England and professional bodies.

**We commit our Council from this date .....to:**

- 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;
- Participate in local and regional networks for support;
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities;
- Protect our tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Monitor the progress of our plans against our commitments and publish the results; and
- Publicly declare our commitment to reducing smoking in our communities by joining the Smokefree Action Coalition, the alliance of organisations working to reduce the harm caused by tobacco.

**Signatories**

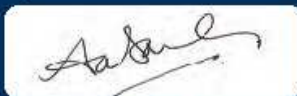
Leader of Council

Chief Executive

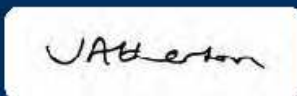
Director of Public Health

**Endorsed by**

Anna Soubry, Public Health Minister, Department of Health



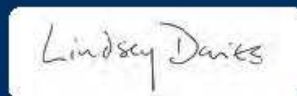
Dr Janet Atherton, President, Association of Directors of Public Health



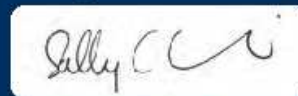
Duncan Selbie, Chief Executive, Public Health England



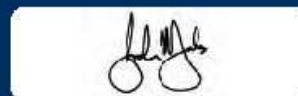
Dr Lindsey Davies, President, UK Faculty of Public Health



Professor Dame Sally Davies, Chief Medical Officer, Department of Health



Graham Jukes, Chief Executive, Chartered Institute of Environmental Health



Leon Livermore, Chief Executive, Trading Standards Institute



ts trading standards institute



# NHS Statement of Support for Tobacco Control

**We acknowledge that:**

- Smoking is the single greatest cause of premature death and disease in our communities;
- Reducing smoking in our communities significantly increases household incomes and benefits the local economy;
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities;
- Smoking is an addiction largely taken up by children and young people; two thirds of smokers start before the age of 18;
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the 80,000 people its products kill in England every year; and
- The illicit trade in tobacco funds the activities of organised criminal gangs and gives children access to cheap tobacco.

**We welcome the:**

- Commitment from local government to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;
- Opportunity to support partnership working with local government as part of delivering local tobacco control in line with NICE guidance;
- Endorsement of this statement by central government, Public Health England, NHS England and others.

**We, ....., commit from the date ..... to:**

- Continue to actively support work 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;
- Publicly declare our commitment to reducing smoking in our communities by joining the Smokefree Action Coalition, the alliance of organisations working to reducing the harm caused by tobacco;
- Work with our partners and local communities to address the causes and impacts of tobacco use, according to NICE guidance on smoking and tobacco control;
- Play our role in tackling smoking through appropriate interventions such as 'Make Every Contact Count';
- Protect our work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities; and
- Participate in local and regional networks for support.

**Signatories**



Local NHS leader



Chair of the Health and Wellbeing Board



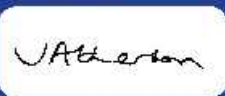
Director of Public Health

**Endorsed by**

Jane Ellison,  
Public Health Minister,  
Department of Health



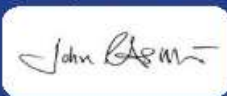
Dr Janet Atherton,  
President, Association of Directors  
of Public Health



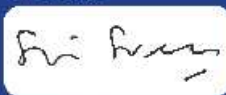
Duncan Selbie,  
Chief Executive,  
Public Health England



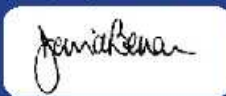
Professor John Ashton CBE,  
President,  
UK Faculty of Public Health



Simon Stevens,  
Chief Executive,  
NHS England



David Behan,  
Chief Executive,  
Care Quality Commission



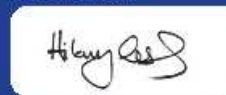
Sir Richard Thompson,  
President,  
Royal College of Physicians



Baroness Hollins,  
Chair,  
BMA Board of Science



Dr Hilary Cass, President,  
Royal College of Paediatrics  
and Child Health



Dr Maureen Baker,  
Chair, Royal College of General  
Practitioners





# Local Government Declaration on Tobacco Control

## Frequently Asked Questions

### 1. What is the Local Government Declaration on Tobacco Control?

The Declaration is a statement of a council's commitment to ensure tobacco control is part of mainstream public health work. The Declaration has also been widely endorsed by leading figures and organisations in the public health community, including the Public Health Minister, the Chief Medical Officer, Public Health England, the Association of Directors of Public Health, the Faculty of Public Health, the Trading Standards Institute and the Chartered Institute of Environmental Health. At the time of writing, over 70 councils have signed and the Declaration has strong cross-party political support at the local level.

The Declaration includes a number of specific commitments to enable local authorities to take leadership on tobacco:

- Reduce smoking prevalence and health inequalities
- Develop plans with partners and local communities
- Participate in local and regional networks
- Support Government action at national level
- Protect tobacco control work from the commercial and vested interests of the tobacco industry
- Monitor the progress of our plans
- Join the Smokefree Action Coalition

### 2. Why does it matter?

Every year 80,000 people a year in England die prematurely from smoking related illness. Smoking is the largest single cause of premature death in the UK. Not only does smoking cut lives short it damages local communities and economies. It takes money out of the pockets of those who cannot afford it and causes half the difference in life expectancy between the richest and the poorest.

The Local Government Declaration on Tobacco Control is a response to the enormous and ongoing damage smoking does to our communities. It is a commitment to take action and a statement about a local authority's dedication to protecting their local community from the harm caused by smoking.

Further, it is an opportunity for local leadership. We know the best way to tackle smoking is through a comprehensive approach working with all partners. The Local Government Declaration on Tobacco Control can be a catalyst for local action showing the way for partners both inside and outside the local council. The NHS Statement of Support acts as a sister document for NHS organisations to sign, and commits local health organisations to support colleagues in local government to reduce smoking prevalence.

### 3. How would we implement the Declaration?

To some extent this depends on local practice. For some authorities it would be an acknowledgment of ongoing best practice activities whereas for others there may be areas where further action is needed. For many local authorities the most appropriate route for ensuring implementation of the Declaration will be through the Health and Wellbeing Board. The Health and Wellbeing Board can be tasked with assessing current practice and establishing a clear way forward. Areas for action might include:

- Ensuring there is a comprehensive tobacco control plan being implemented
- Developing a policy on protecting health policy from the influence of the tobacco industry (A template policy and support is available for councils)
- Supporting local and regional networks of support
- Reviewing monitoring processes
- Joining the Smokefree Action Coalition

Regardless of what actions need to be taken all the commitments in the Declaration are contained in existing policies, strategies and treaties which local authorities are subject to. The Declaration reaffirms these commitments and adds the weight of local council leadership.

If you would like further advice on how your council can implement the Declaration, please email [admin@smokefreeaction.org.uk](mailto:admin@smokefreeaction.org.uk) for support and advice.

#### **4. Is it really necessary to protect local policy from the tobacco industry?**

Yes. Tobacco companies have a long record of attempting to influence council policies. In England they have

- Sponsored schools and museums
- Paid for industry branded smoking shelters on council property
- Provided staff and funding and sniffer dogs for joint work on illicit tobacco. These campaigns have focussed on counterfeit and “cheap white” brands rather than main stream branded products sold without tax. In the past they have worked through campaigns such as “Love where you live”. It was a way of distributing industry branded giveaways such as portable ash trays. Since the publication of the Local Government Declaration on Tobacco Control, Keep Britain Tidy, who run the campaign, have ended their relationship with the tobacco industry and this campaign is now independently funded.
- Used subsidiaries to arrange meetings with members and officers on local harm reduction policies. In particular, Nicoventures, a wholly owned subsidiary of British American Tobacco, has offered to meet council officers to discuss: *“Analysis of smoking prevalence within your local authority... [and] the opportunity to reduce smoking prevalence through Tobacco Harm Reduction strategies”*. There is no role for tobacco companies in discussing these issues with local government or local health organisations.

When they cannot divert local policies in their favour they will seek to delay and dilute their implementation. Previously secret industry papers released in court talk of “throwing sand in the gears” of health policy. We particularly see this in relation to illicit tobacco where the industry tries to focus local efforts solely on the counterfeit market in tobacco products and away from the illegal trade in non-duty paid products. The tobacco industry has, historically, been implicated in the trade of non-duty paid products.

Under the World Health Organisation Framework Convention on Tobacco Control, to which the UK is a party, countries have pledged to protect health policy from the commercial interests of the tobacco industry. Local authorities are also subject to this treaty however policies on how to ensure local compliance are rare. By signing the Declaration councils are reinforcing their existing obligations and sending a message that they will protect policies from tobacco industry lobbying.

#### **5. How can local government protect health policies from commercial and vested interests of the tobacco industry?**

Where local authorities want to take a best practice approach to protecting health policy from the influence of the tobacco industry they should look to develop and implement a local policy. That policy would ensure they were fulfilling their commitments under Article 5.3 of the World Health Organisation Framework Convention on Tobacco Control. Help is available to develop local policies by contacting [admin@smokefreeaction.org.uk](mailto:admin@smokefreeaction.org.uk).

As the Declaration states the policy should include: “not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees”. This is in line with the guidelines to Article 5.3, which can be found [here](#).

Such a policy should be developed with all relevant council departments and implemented among all staff that might have contact with the tobacco industry.

Concerns have been raised about how councils should interact with tobacco companies wanting to work collaboratively on illicit trade. Please contact us via [admin@smokefreeaction.org.uk](mailto:admin@smokefreeaction.org.uk) if you would like further guidelines on these areas.

#### **6. Would the Declaration cause problems for our pension fund investments?**

No. Imagine Ayton Council’s pension scheme has tobacco investments; but they have a clear stance which protects local policy from tobacco industry interests and lobbying. On the other hand Beeborough Council has no tobacco investments but has industry branded smoking shelters on its property, its councillors and

senior officers meet with industry representatives and attend industry funded events on illicit tobacco. It is Beeborough that needs to look at its policy urgently and would not comply with the commitments in the Declaration.

The Declaration does not conflict with other duties. It is a strong way of demonstrating that council's have a robust approach to engagement with the tobacco industry regardless of any share investments. It can also be a tool to deflect media and other criticism regarding tobacco industry share investment by focusing on the key issues of protecting health policy from interference.

Councillor Nick Forbes, leader of Newcastle City Council, who developed the Declaration said:

*"It is... true that almost all local government pension schemes in England have some investment in tobacco companies. I share the frustrations of many in public health regarding these investments, however our fiduciary duties makes effective action difficult. The greatest threat from the tobacco manufacturers comes not from investments by our pension fund managers but from their influence on our health policy. This Declaration is about taking effective action against real threats."*

The Declaration commits the council to protect health policy from the influence of the tobacco industry and this can be achieved through a strong policy on engagement and transparency locally. It is possible for a local authority to do this while retaining pension investment in tobacco shares. However, as part of the development of any policy it may be appropriate to review tobacco share investment in line with a local authorities' fiduciary duty. This will show that the council is acting appropriately.

## **8. Can we add to the Declaration or change some of the wording?**

No, but you can commit to go further. The Declaration contains overarching principles not policies. It is for local authorities to decide on the policies which are relevant for their tobacco control plan. For the Declaration to have meaning at a national level it needs to be signed up to as is. The goal of the Declaration is both to support local authority leadership on tobacco control but also to make a collective statement about the importance of this issue. Having multiple versions of the Declaration would weaken this collective statement.

That does not mean that councils can't choose to go further or focus their energy on a specific set of issues. Such extensions to the Declaration might best fit in a council's local tobacco control plan. In Nottingham, for example, the council has created a community declaration, designed to help local organisations, including businesses and charities, demonstrate their support for tobacco control. In Somerset, the County Council has used the Declaration as tool to engage District Councils in tobacco control work, offering a small pot of money to implement Smokefree playgrounds projects for district councils who chose to sign.

## **9. Why is the Declaration relevant to district councils?**

Smoking remains the biggest cause of premature death in the UK and has been identified as the single biggest cause of inequality in death rates between rich and poor in the UK. The Declaration provides a public statement of intent on tobacco control for district councils committed to tackling this burden. Although existing services and additional public health capacity varies between district councils, the transfer of public health from the NHS to local authorities enhances every districts' role in improving health outcomes for local residents.

Smoking cessation services are often based at district level and other specific areas affected by smoking which fall within the responsibilities of district councils include:

- Street cleaning - cigarette butts are a major cause of litter. It costs an estimated £342 million annually to clean smoking-related litter from streets in England.
- Environmental health – this includes ensuring smoke-free laws are applied and can also involve dealing with smoking related issues within homes and workplaces. This can include making sure tenants and workers aren't affected by smokedrift and second-hand smoke.

For further information on district councils and public health, please see the District Councils' Network report District Action on Public Health.

## **10. What does it mean to be a member of the Smokefree Action Coalition?**

Membership of the Smokefree Action Coalition (SFAC) is a further demonstration of a local council's commitment to tobacco control and also offers additional benefits.

The SFAC is a coalition of over 250 local and national organisations and has wide membership among the Royal Colleges, the public health professional bodies, local councils and health charities. It campaigns for tobacco control at a national level and provides a network of support and advice to local public health professionals.

Membership of the SFAC gives local council's a national platform to make the case for central Government action to reduce the level of smoking in support of local authorities. However, no member is required to agree with every policy position and all members would be contacted ahead of their name being put to a specific public statement (e.g. a briefing on a particular issue).

## 10. What can we do to publicise the Declaration?

There are a number of steps you can take to maximise the publicity for the Council signing the Declaration and to use the Declaration to publicise tobacco control work to local media:

- A press release and photo with the Declaration signatories. See examples from Luton Borough Council and York Council.
- Combine signing the Declaration with action on illegal tobacco sales/under-age sales in the local area. For example, the Royal Borough of Greenwich combined news of series of spot-checks by trading standards officers on local stores with the news that the council had committed to the Declaration.
- Include local statistics on the harm caused by smoking to your area in your press release and other communications. For local figures: see [www.ash.org.uk/localtoolkit](http://www.ash.org.uk/localtoolkit) and [www.tobaccoprofiles.info](http://www.tobaccoprofiles.info).
- Tie in signing the Declaration with a national event or campaign such as No Smoking Day or World No Tobacco Day. See Knowsley Council for an example.

# NHS Statement of Support for Tobacco Control

## Frequently Asked Questions

### 1. What is the NHS Statement of Support?

The Statement has been developed to enable the health community to support colleagues in local government in their tobacco control work. Aimed at local NHS organisations, including trusts and CCGs, the Statement is a public commitment to work towards further reducing smoking prevalence; to demonstrate a commitment to take action; and to publicise the NHS's dedication to protect local communities from the harm caused by smoking. It also reinforces the signatory's commitment to protect tobacco control work from the vested interests of the tobacco industry.

The NHS Statement of Support was developed as an auxiliary to the Local Government Declaration on Tobacco Control which commits local authorities to take comprehensive action to address the harms caused by smoking. As of August 2014, the Declaration had been signed by over one third of top tier councils across the country.

The Statement includes a number of specific commitments to enable the health community to play a key role in tackling the harm caused by tobacco

- Actively support local work to reduce smoking prevalence and health inequalities;
- Develop plans with partners and local communities;
- Play a role in tackling smoking through appropriate interventions such as 'Make Every Contact Count';
- Protect tobacco control work from the commercial and vested interests of the tobacco industry;
- Support Government action at national level;
- Participate in local and regional networks for support;

- Join the Smokefree Action Coalition (SFAC).

## 2. Why does it matter?

Every year 80,000 people in England die from smoking related illness, making smoking the single biggest cause of preventable death. Not only does smoking cut lives short, it damages local communities and economies. It takes money out of the pockets of those who cannot afford it and causes half the difference in life expectancy between the richest and the poorest.

The Local Government Declaration on Tobacco Control and the NHS Statement of Support are responses to the enormous and ongoing damage smoking does to our communities. The Statement commits local NHS organisations to take action and it is a public pledge to work with local authorities to protect the local community from the harm caused by smoking.

## 3. How would we implement the Statement of Support?

To some extent this depends on local practice. For some organisations it would be an acknowledgment of ongoing best practice activities. For others, there may be areas where further action is needed.

Areas for action might include:

- Implementing NICE guidance to ensure there is a joined up local approach to tobacco control. NICE guidance states that all areas should have a comprehensive tobacco control strategy in which all relevant stakeholders contribute, including CCGs. Many local areas also have local tobacco alliances which can provide a further forum for sharing information and improving how services are joined up;
- Ensuring that appropriate levels of high quality stop smoking services are commissioned in acute, mental health and maternity care;
- Introducing policies to reflect the principles of the Statement, for example smokefree hospital grounds;
- Joining the Smokefree Action Coalition to add your local voice to national campaigns.

## 4. Is it really necessary to protect local health policy from the tobacco industry?

Yes. Tobacco companies have a long record of attempting to influence policy. In England they have;

- Sponsored schools and museums
- Paid for industry branded smoking shelters on council property
- Provided staff, funding and sniffer dogs for joint work on illicit tobacco. These campaigns have focussed on counterfeit and “cheap white” brands rather than mainstream branded products sold without tax.
- In the past they have worked through campaigns such as “Love where you live”. This was a way of distributing industry branded giveaways, such as portable ash trays. Since the publication of the Local Government Declaration on Tobacco Control, Keep Britain Tidy, which runs the campaign, has ended its relationship with the tobacco industry and this campaign is now independently funded.
- Nicoventures, a wholly owned subsidiary of British American Tobacco (BAT), has offered to meet council officers and NHS staff to discuss: *“Analysis of smoking prevalence within your local authority... [and] the opportunity to reduce smoking prevalence through Tobacco Harm Reduction strategies”*. There is no role for tobacco companies in discussing these policy issues with local government or local health organisations, although they may provide factual information about licenced products.

Tobacco companies have shown that when they cannot divert local policies in their favour they will seek to delay and dilute their implementation. Previously secret industry papers released in court talk of “throwing sand in the gears” of health policy.

Under the World Health Organisation Framework Convention on Tobacco Control, to which the UK is a signatory, countries have pledge to protect health policy from the commercial interests of the tobacco industry and this applies to all parts of government. By signing the Statement of Support organisations are reaffirming their support to the local authority and sending a message that they will protect local health policy from tobacco industry lobbying.

## 5. How can NHS organisations protect health policies from the tobacco industry?

Where NHS organisations want to take a best practice approach, they should look to develop and implement a local policy for protecting health policy from the influence of the tobacco industry. The policy would ensure they were fulfilling their commitments under Article 5.3 of the World Health Organization Framework Convention on Tobacco control.

As the Statement says, the policy should include: *“not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees”*. Such a policy should be developed with all relevant partners and implemented among all staff that might have contact with the tobacco industry.

There is potential for licensed harm reduction products owned and developed by the tobacco industry to appear on the market as medicines in the future. Whilst discussing your harm reduction policy with the tobacco industry is not appropriate, prescribing a tobacco-industry owned product would not contravene Article 5.3 where it has been

shown to be the most effective and appropriate treatment method.

If you have any questions on how to write a policy please contact [admin@smokefreeaction.org.uk](mailto:admin@smokefreeaction.org.uk).

## **6. How does signing the Statement impact on our ability to prescribe licensed medicines owned by the tobacco industry?**

Health professionals have a duty to prescribe whatever product is best for their patients. This includes tobacco-industry owned harm reduction products if they have been shown to be the most efficacious.

## **7. We already have a strong approach to tackling smoking, do we need to sign?**

Many of the early signatories will already be leaders in the field. Early signatories are not only sending a message of their commitment to their local community but also to other trusts and CCGs whose councils may need to make further progress.

As with the Local Government Declaration on Tobacco Control, early adopters of the Statement will lead the way for other trusts and CCGs and set the standards for supporting tobacco control.

## **8. Can we add to the NHS Statement of Support or change some of the wording?**

No but you can commit to go further. The Statement of Support contains overarching principles not policies. It is for NHS organisations to decide on the policies which are relevant to them. For the Statement to have meaning at a national level it needs to be signed up to as is. The goal of the Statement is both to commit NHS organisations, as partners of local authorities, to support an effective local approach to tobacco control in line with NICE guidance and to make a collective statement about the importance of this issue. Having multiple versions of the statement could weaken this collective statement.

That does not mean that trusts and CCGs can't choose to go further or focus their energy on a specific set of issues.

## **11. Who needs to sign the Statement?**

The Statement should be approved and signed by the Director of Public Health, the Chair of the Health and Wellbeing Board and the local NHS leader, for example the Chief Executive of a trust or the Clinical Lead at a CCG.

## **10. What does it mean to be a member of the Smokefree Action Coalition?**

Membership of the Smokefree Action Coalition (SFAC) is a further demonstration of commitment to tobacco control.

The SFAC is a coalition of over 250 local and national organisations and has wide membership among the Royal Colleges, the public health professional bodies, local councils and health charities. It campaigns for tobacco control at a national level and provides a network of support and advice to local public health professionals.

Membership of the SFAC gives NHS organisations a platform to make the case for Central Government action. Some of the most effective interventions take place at a national level and CCGs and trusts can be a voice for the health of local people. However, no member is required to agree with every policy position

and all members would be contacted ahead of their name being put to a specific public statement (e.g. a briefing on a particular issue).