

**Manchester City Council
Report for Information**

Report to: Health and Wellbeing Board - 6 July 2022

Subject: The Khan Review and Tobacco Control in Manchester

Report of: Director of Public Health

Summary

This report provides a summary of the work of the Manchester Population Health Tobacco Control Programme, including current and proposed projects.

This report has been written at this time specifically, in response to the publication of the Khan Review: Making Smoking Obsolete, on the 9th June 2022. (1)

Recommendations

The Health and Wellbeing Board is recommended to:

- (i) Support the ongoing activity of the Population Health Tobacco Control Programme.
 - (ii) To note the roll out of the CURE programme.
 - (iii) To support the extension of tobacco/smoking cessation provision for all MCC staff in line with latest National Institute for Health and Care Excellence (NICE) (section 5.5).
 - (iv) To support a pilot project around Smoke Free Public Spaces in Manchester (section 7).
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Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

A reduction in smoking will have a significant impact on the polluting effect of cigarette litter (plastics, heavy metals and other toxins) on land and water courses. There would also be a reduction in activity required by Manchester City Council in order to collect and deal with cigarette litter. It is estimated that around 71 tonnes of cigarette butts are dropped on the streets in Greater Manchester every year, and 169 tons of waste created overall, most of which ends up in landfill. We can assume that at least one tenth of this waste will arise in Manchester city.

Creating the conditions for people to live healthier lives will impact not only on individual and population health. The burden on the NHS will be significantly reduced and in turn its huge carbon footprint

Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments

Tobacco use, primarily in the form of smoking cigarettes correlates with deprivation. It adds to and amplifies health inequalities and reduces the life expectancies of smokers and in many cases, the people who live with them. The Manchester tobacco plan implements national, evidence-based recommendations around protected characteristic and groups within our community, such that interventions and services are focused on those groups most likely to smoke and most likely to be severely impacted by tobacco.

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	
A highly skilled city: world class and home grown talent sustaining the city's economic success	Manchester residents are disproportionately affected by smoking related disease and premature mortality related to tobacco. By reducing smoking rates, we will enable Manchester residents to be healthy and well and to achieve their potential.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Manchester residents are disproportionately affected by smoking related disease and premature mortality related to tobacco. By reducing smoking, we will enable Manchester residents to be healthy and well and to achieve their potential. The impact of tobacco related morbidity is felt not just by the smoker, but their children and families in terms of family poverty, ill health, caring responsibilities.
A liveable and low carbon city: a destination of choice to live, visit, work	Cigarette littering is major cause of plastic pollution and contamination of land, water and wildlife. By reducing smoking rates we will improve the appearance and environment in Manchester.
A connected city: world class infrastructure and connectivity to drive growth	

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

Financial Consequences – Capital

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1.0 Introduction

- 1.1 The purpose of this report is to provide a summary of the Khan review and a summary the Tobacco Control Plan in Manchester. The report outlines key projects and workstreams and outlines two new proposed additions to the programme.
- 1.2 The Khan Review is an *independent* review, commissioned by the Secretary of State for Health and Social Care. Its purpose is to inform the government's approach to tackling the wide health disparities associated with tobacco use. The review was published on 9th June 2022 (1) and its recommendations will inform the government's refreshed National Plan for Tobacco Control (2). This in turn, will inform a refresh of the Manchester Plan for Tobacco Control (3)

"In 2019, the government set an objective for England to be smokefree by 2030, meaning only 5% of the population would smoke by then. Without achieving this objective, the government will simply not meet its manifesto commitment "to extend healthy life expectancy by five years by 2035". It will also prevent the government from fulfilling its ambition to save more lives as part of a new 10-Year Cancer Plan.

My review found that without further action, England will miss the smokefree 2030 target by at least 7 years, and the poorest areas in society will not meet it until 2044. To have any chance of hitting the smokefree 2030 target, we need to accelerate the rate of decline of people who smoke, by 40%."

The Rt Hon Sajid Javid, Secretary of State for Health and Social Care

Unfortunately, at the time of writing this report, Manchester, as one of the most deprived cities in England, currently has the highest adult smoking prevalence rates, despite a strong tobacco control programme. These rates are reflected in our rates of smoking attributable morbidity and mortality and will continue to be, unless we can break the intergenerational patterns of smoking and cultural norms in some communities. We can only do so by treating people who suffer from addiction to tobacco * as well as continuing to address the wider determinants of all types of tobacco use. Manchester is some way from achieving 5% smoking prevalence. Strong leadership and continued whole system effort will be needed for years to come.

** Any kind of tobacco use (e.g. cigarettes, shisha or non-smoked tobacco) causes an addiction because it contains nicotine, a highly addictive psychoactive drug. Nicotine itself is harmless physiologically to most people, but the tobacco is highly toxic and carcinogenic. Nicotine Replacement Therapies are used to help people to stop using tobacco.*

2.0 Background

2.1 The Khan Review

The objective of the review was to make a set of focused policy and regulatory recommendations in two areas:

- (i) The most impactful interventions to reduce the uptake of smoking, particularly among young people. Data from University College London and Action on Smoking and Health suggests that smoking rates among young adults may have increased during the pandemic.
- (ii) Best interventions to support smoking cessation, particularly in deprived areas of England where there are significant health disparities.

2.2 Key Conclusion of the Khan Review

England will miss the smoke free 2030 target (i.e. rates of less than 5%) by at least 7 years, with the poorest areas not meeting it until 2044. Dr Khan has called for targets to ensure that every community in every area is below 5% by 2035 and drive a new ambition of making smoking completely obsolete and a thing of the past by 2040.

2.3 Summary Recommendations of the Khan Review

1. **Critical Intervention:** Urgently invest additional £125m per year. Tobacco Industry Levy as preferred option to generate funds.
2. **Critical Intervention:** Raise the age of sale of tobacco from 18, by one year, every year.
3. Substantially raise the cost of tobacco duties for all tobacco products.
4. Introduce a tobacco licence for retailers. Ban supermarkets and online sales of tobacco products.
5. Enhance local illicit tobacco enforcement
6. Reduce the appeal of smoking through how cigarettes sticks and packs look, and tackling portrayals in the media
7. Increase smokefree places to denormalise smoking and protect young people from second-hand smoke
8. **Critical intervention:** Offer vaping as a substitute for smoking. Prevent uptake by young people.
9. Invest an additional £70m per year in stop smoking services. This investment should be ringfenced. Employers should also follow current NICE guidance to support their employees to quit (5)
10. Invest in mass media campaigns and targeted regional media
11. **Critical intervention:** NHS to prioritise further action to stop people smoking, by providing support and treatment across all its services, including primary care
12. Support Pregnant Women to quit
13. Tackle the issue of smoking and mental health
14. Ensure regional and local prioritisation of stop smoking through Integrated Commissioning Services leadership
15. Invest in new research and data

2.4 Conclusion

Findings focus on preventing people from starting smoking, helping smokers and tobacco users to “quit”, increased investment, increased regulation and exploration of a levy on the tobacco industry (polluter pays type model).

Findings from the review will now be considered by government as part of wider plans to improve health of the nation and reduce inequalities through the Health Disparities White Paper.

The Local Government Association has made the following statement in response to the recommendations of the Khan Review:

“Councils want to go faster in improving the health of their communities, including becoming smoke free but this needs to be supported by adequate funding and stronger government policies, including taking forward the recommendations of this review.” (6)

3.0 Smoking and Tobacco Use in Manchester

- 3.1 Despite our comprehensive Tobacco Control Programme, both in Manchester and Greater Manchester, we are one of the areas where smoking and tobacco use is extremely high compared to national averages. The targets set out by Dr Khan will be extremely difficult for us to reach without not only continuing our current tobacco control programme, but by being bold and ambitious in terms of new, innovative initiatives.
- 3.2 The latest data from the Office of National Statistics (ONS) Annual Population Survey (Q2-4, 2020) suggests that smoking prevalence among adults aged 18 and over in Manchester is 20.8% (95% confidence intervals 15.4%-26.2% which is wider than normal.) This compares with 12.1% for England and 14.9% for Greater Manchester (GM.) (Note that due to the Covid-19 pandemic, the data collection methodology for this indicator has significantly changed such that the current figure is not comparable with previously published data, and it isn't possible to determine whether the latest published data represents an increase or decrease on previous years.) Smoking rates are higher in more deprived areas of Manchester and some groups typically experience higher rates of smoking such as people in routine and manual occupations, people with mental health problems, homeless people, the LGBTQ community and some BAME groups. The tobacco plan recommends a targeted approach for these groups and Be Smoke Free is specified to focus on the most deprived areas in the city and the groups mentioned above.
- 3.3 There were an estimated 4,393 hospital admissions attributable to smoking in Manchester residents in 2019/20, a rate of 2,422 admissions per 100,000. This compares with 1,398 per 100,000 for England.
- 3.4 In the 3-year period 2017-2019, there were estimated to be 1,910 deaths attributable to smoking in Manchester residents, an average of 637 per year. This equates to a rate of 388.5 deaths per 100,000 population compared with 202.2 per 100,000 in England.

These statistics can be seen in an infographic format on slides 4 and 5 in Appendix 1.

4.0 Overview of Current Tobacco Control Activity in Manchester

- 4.1 In 2016, the Director of Public Health in Manchester established our first multi-agency, collaborative Tobacco Control Alliance. Since then, we have commissioned new treatment services and our programme has grown significantly. The Tobacco Control programme is strategically positioned within the Manchester Population Health Plan 2018-2027 (4) and the Population Health Recovery Framework. The Tobacco Control Plan spans the pillars of Healthy People, Healthy Places and Health Equity (Appendix 1).
- 4.2 We also recognise that our programme will be affected by new arrangements to integrate commissioning to a Greater Manchester footprint, under Integrated Commissioning arrangements and that NHS Long Term Plan monies will be needed to support some programmes in the long term. Some of the regulatory changes outlined by the Khan Review, will require action at a national level. It is for this reason that we continue to work closely with both local and national teams in relation to tobacco control.
- 4.3 The core elements of the Manchester Tobacco Control Programme are summarised below.

5.0 Treatment Services for Smokers and People Using Tobacco

5.1 Be Smoke Free: Tobacco Addiction Treatment Service

Our “flagship” service is called “Be Smoke Free”. This service is provided by Change, Grow, Live (CGL) and went live in April 2020. Be Smoke Free is an evidence-based service, commissioned in line with NICE guidance, but who’s offer now exceeds the minimum requirements of NICE guidance (5)

The service is a Nurse Led service. Nurses work alongside Community Outreach Workers. The service can work with any smoker aged 12 and over and provides Nicotine Replacement Therapy, Varenicline (although there is a national supply issue at present), Zyban and most recently, we have provided extra funding to provide electronic cigarettes and vaping liquids (which aligns with the findings of the Khan Review and NICE guidance (1) (5).

All medication is free and available for the full twelve weeks of treatment as per NICE guidance. A unique feature of our service is that in response to restrictions during the pandemic, we now offer a free home delivery service for medication.

During the pandemic the service could only see smokers virtually, hence home medication deliveries. In response to client feedback, the service offers a hybrid model, so smokers can choose whether to have “virtual” or face to face appointments.

The service is also carrying out an extensive programme of community outreach work, to engage with and support people and communities where smoking rates are particularly high. Further training and liaison with other

services and teams, to make this work really targeted and culturally appropriate is planned.

Since 2021 additional funding has been given to Be Smoke Free to do targeted work around the use of Shisha and non-smoked tobacco. We are concerned that Shisha smokers and people who may use other forms of tobacco, do not identify as smokers, or having an addiction and do not understand the risks of these forms of tobacco. This means that they may not present to our service for support. Similarly, insight suggests that “stop smoking” professionals may not always ask about Shisha use or whether other forms of tobacco are used. The Commissioner has begun discussions with the Clinical Lead at the National Centre for Smoking Cessation and Training and a meeting between the two and with staff from Be Smoke Free is planned.

The service is working closely with the CURE teams from Manchester University NHS Foundation Trust (MFT) to support existing and future hospital provision.

Further information about the service can be seen in Appendix 2

5.2 The CURE Programme

CURE is also regarded as a “flagship” programme for Greater Manchester (7). This work was initially piloted at Wythenshawe Hospital in 2018 and that work was cited in the NHS Long Term Plan (8). Subsequently, a decision was taken to roll CURE out across Greater Manchester and roll out to Manchester Royal Infirmary and North Manchester General Hospital is now imminent.

Although CURE is an intervention for hospital in-patients, upon leaving hospital, patients are referred to their local stop smoking service, which for Manchester residents is Be Smoke Free (see section 5.1). The Population Health Tobacco Control Lead and Be Smoke Free are part of the implementation group for CURE roll-out.

It is expected that CURE at North Manchester General Hospital will go live in July 2022. The aim will be to target key wards such as the Acute Assessment Unit and respiratory wards, initially with education and support and then try to expand to other admission wards (for surgery) before expanding to the rest of the wards on site. This will pave the way for a full launch in September 2022.

This process will be mirrored at Manchester Royal Infirmary at a slightly later date (to be confirmed).

Ongoing funding arrangements for CURE are the work of the Greater Manchester Health and Social Care Partnership and are complex, involving new Integrated Commissioning arrangements and NHS Long Term Funding. Funding for CURE is beyond the scope of this report.

5.3 Smoking in Pregnancy Service

Smoking whilst pregnant is highly detrimental to both the pregnant person and unborn baby. Smoking at the time of delivery is a Key Performance Indicator. Manchester's SATOD rates are 8.9 %. The national average is 9%. Reducing smoking in pregnancy is a high-level objective for the Manchester Tobacco Control Plan (3) and the Manchester Reducing Infant Mortality Strategy (9).

The Smoking Pregnancy Service in Manchester is delivered in line with the Greater Manchester Stop Smoking Programme. Like Be Smoke Free, the service operates a "one stop shop" style model, which incorporates evidence-based stop smoking treatment into routine maternity care, across all three maternity sites in the city.

At the present time, the Population Health Team pays for all Nicotine Replacement Therapy for pregnant people who are Manchester Residents or who have a Manchester GP.

5.4 General Practice and Community Pharmacy

Smokers can still ask their GP for treatment and support to stop smoking. Indeed, the Khan review recommends that this offer is strengthened.

There are plans to offer a stop smoking service in community pharmacies for CURE patients. This is a national NHS England initiative and Population Health and Medicines Optimisation Colleagues are involved in planning discussions.

5.5 NEW INITIATIVE: Proposal to extend Tobacco Addiction Treatment to Manchester City Council Staff

Recently, funding was secured to offer free treatment to all NHS staff in Manchester. The Population Health Team want to give parity to Manchester City Council staff by offering treatment to our workforce.

Our workforce intersects with all parts of society and some staff will of course be part of "target" groups for our tobacco work, for example, people in Routine and Manual Occupations, people in the LGBT community, some BAME groups and people with mental health problems (1,2,3). It seems both sensible and ethical to support staff to stop smoking and may help to address some causes of sickness absence, whilst improving individual and family finances.

The Khan Review (1) and latest NICE guidance (5), advocate that employers should support their employees to stop smoking. Furthermore, in line with both sets of recommendations, they should differentiate between vaping and smoking in their policies - and support vaping when used to stop smoking.

Currently, any member of staff who lives in Manchester, or has a Manchester GP, can access Be Smoke Free. We now wish to extend the same twelve-

week course of support, with free medication and/ or an electronic vaping device (subject to clinical assessment), to all staff, irrespective of where they live.

We would like support from the Health and Wellbeing Board for this initiative.

6.0 Prevention

- 6.1 The Khan Review and the World Health Organisation model that we use in Manchester (2,3) state the importance of preventing children from starting smoking.

This work starts as early as pregnancy and we hope that people who stop smoking whilst pregnant, will also go on to raise their children in a smoke free home.

We know that Environmental Tobacco Smoke (second-hand smoke) can directly affect the health of children, but that also, children who grow up in homes where adults smoke, are 3-4 times more likely to smoke as adults. Furthermore, around 66% of all smokers become addicted to tobacco by the time they reach eighteen years old (2). Tobacco companies knew this and marketed their products accordingly until plain packaging legislation, also known as standardised packaging, was fully implemented in the UK in May 2017 for factory-made cigarettes and roll-your-own/hand-rolling tobacco. The policy stipulates the removal of all brand images, colours and promotions from tobacco product packaging.

- 6.2 The Manchester Healthy Schools team actively educate children around smoking, vaping and substance misuse (NB. Although vaping is encouraged as a harm reduction intervention for adult smokers, it is illegal for children under 18 to vape or to be sold electronic cigarettes/vaping devices).

To support this work, the Be Smoke Free Service links to this programme and offers treatment to all smokers aged 12 and over.

7.0 NEW INITIATIVE: Smoke Free Public Spaces

The Partnership for Healthy Cities (PHC) is a global network of cities committed to saving lives by preventing some of the most prevalent noncommunicable diseases (NCDs) and injuries around the world. Supported by Bloomberg Philanthropies, in partnership with the World Health Organization (WHO), this initiative enables cities around the world to deliver a high-impact policy, or programmatic intervention, to reduce NCDs and injuries in their communities.

The Making Smoking History Team at Greater Manchester Health and Social Care Partnership have been successful in securing a grant of \$100,000, circa £73,000, from the Partnership for Healthy Cities, to develop and create a number of public outdoor smoke free spaces. They have asked Manchester City Council to be the pilot site for this work and this proposal has been

supported by the Director of Public Health and successive Executive Members for Healthy Manchester and Social Care.

Phase 1 of this pilot and use of the funding above has to be achieved by the 31st of December 2022. Timescales are challenging.

A further challenge is that there are currently no legal powers to enforce smoke free outdoor spaces (unless connected to a “pavement licence”). However, Manchester City Council does issue fines for cigarette littering. We will adopt a “winning hearts and minds” approach when trying to convince stakeholders and the public, that smoke free spaces can work for everyone.

Three city centre sites have been identified as possible test sites for this work. These are:

- (i) The new city centre park at Mayfield
- (ii) St Peters Square
- (iii) Piccadilly Gardens

We do recognise the challenges around these sites. Discussions are underway with the developers of Mayfield Park. The new park is being described as the “green lung” of the city and we think that it is right that this should be a smoke free and cigarette litter free place for everyone to visit.

The Population Health Team and city council teams are working alongside GMHSCP to progress these proposals, which the Health and Wellbeing Board is asked to support.

Please see Appendix 3 for further information.

8.0 ENFORCEMENT

8.1 Illicit tobacco

Manchester City Council has teams who actively and very proactively enforce all tobacco regulation, enforce the Health Protection Act (which prohibits smoking indoors, e.g. in Shisha cafes) and pursues those who sell illicit tobacco.

The sale of tobacco is lucrative, and the Tobacco Industry has exploited addiction to this substance for decades.

Criminal also understand the addictive nature of tobacco and therefore the profits to be made from selling tobacco. Manchester, like most big cities in England, has a major problem around the sale of non-duty paid illicit tobacco and counterfeit tobacco products. The issue around illicit tobacco in public/population health terms, is that it is sold at a much cheaper price than legally purchased tobacco products and so severely undermines strategic attempts to discourage smoking by raising the price of sale.

8.2 The Trading Standards Team

The city council's Trading Standards Team is at the forefront of enforcement activity intended to protect the public and, in particular, young people from tobacco harms. They carry out regular enforcement around underage sales, standardised packaging, non-compliant electronic cigarettes, and liquids and have had a number of successful prosecutions in relation to the sale of illicit tobacco, including a custodial sentence, reflecting the seriousness with which the courts view this activity.

8.3 The Licensing and Out of Hours Team

The Licensing and Out of Hours Team carry out a variety of roles in the city. One of these is enforcement of the Health Act 2006 in Shisha Cafes. Specifically, this means action to stop the widespread practice of smoking shisha indoors, which is illegal under the act. From a Population Health point of view, smoking Shisha is a high-risk activity for individuals, irrespective of the setting. It is thought that one hour of smoking Shisha equates to smoking one hundred cigarettes. However, when smoking takes place indoors in cafes, there is a risk from Environmental Tobacco Smoke (second-hand smoke) for other people in the café and also staff. The revenue generating potential of Shisha cafes has made this enforcement work challenging, but the Licensing and Out of Hours Team have been dedicated to working with partners such as GMP, the Fire and Rescue Service to make these venues safe in all respects, for a number of years now. Population Health has supported this work by providing health promotion materials outlining the risks of smoking Shisha.

In June 2022 there are three premises where seizures of pipes has been carried out. Legal files have been submitted and court dates are pending.

8.4 Licensing / Smoke Free Pavements

Manchester was one of the first local authorities in England to introduce Smoke Free Pavement Licences in March 2021 (10). The context was provision to support "social distancing" by allowing licensed premises to continue trading, by seating some people outside during the pandemic. It was an added benefit that that air quality for all might be improved, and smoke free pavements could contribute to the denormalisation agenda outlined above.

In June 2022, city council Licensing leads report that legislation has been tabled to make the pavement licence regime permanent. It is intended to continue with the smoke free licence condition in Manchester. There has been anecdotal feedback that the licenses can at times be difficult for operators, particularly regarding managing smokers and displacing them on to the highway, but compliance is felt to be generally good.

9.0 Conclusion

The report above outlines, in summary form only, the “headlines” in relation to current, ongoing Tobacco Control activity in Manchester. Each of these areas of activity is worthy of further, detailed discussion.

We believe the Population Health team delivers a strong, comprehensive and innovative Tobacco Control programme alongside the partners of the Manchester Tobacco Control Alliance. Furthermore, we have already implemented, or are working towards, some of the Khan recommendations. We now await the new National Tobacco Control Plan and will develop our programme accordingly.

10.0 Recommendations

- (i) Support the ongoing activity of the Population Health Tobacco Control Programme.
- (ii) To note the roll out of the CURE programme.
- (iii) To support free tobacco/smoking cessation provision for all MCC staff in line with latest National Institute for Health and Care Excellence (NICE) (see section 5.5).
- (iv) To support a pilot project around Smoke Free Public Spaces in Manchester (see section 7).

Appendices:

Appendix 1: Summary of the Manchester Tobacco Control Programme, June 2022

Appendix 2: Be Smoke Free Update, June 2022

Appendix 3: WHO and PHC Smoke Free Cities Pilot Project, June 2022

References:

- (1) <https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete>
- (2) <https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england>
- (3) https://www.manchester.gov.uk/downloads/download/6971/smoke_free_manchester
- (4) https://www.manchester.gov.uk/info/200048/health_wellbeing/5962/population_health_and_wellbeing/2
- (5) <https://www.nice.org.uk/guidance/ng92>
- (6) <https://www.local.gov.uk/about/news/lga-responds-khan-review-tobacco-control>
- (7) <https://thecureproject.co.uk/>
- (8) <https://www.longtermplan.nhs.uk/>
- (9) https://www.manchester.gov.uk/downloads/download/7002/reducing_infant_mortality_strategy

- (10) https://www.manchester.gov.uk/info/200063/licences_and_permissions/7977/terms_and_conditions_of_a_pavement_licence