GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester

Health and Social Care Partnership

Making Smoking History

A Tobacco Free Greater Manchester

Taking charge

in Greater Manchester

2017-2021

Contents

1. Our Greater Manchester Ambition

Greater Manchester is leading the way for tobacco control in the UK, by setting an unprecedented ambition to reduce smoking prevalence levels at a pace and scale greater than any other major global city. If we can reduce smoking by a third by the end of 2020, overall adult smoking prevalence will be 13%.

This is a key part of delivering our Taking Charge commitment to achieving the greatest and fastest improvement to the health, wealth and wellbeing of the 2.8 million people who live here. Achieving this in Greater Manchester would mean 115,000 fewer smokers by the end of 2020 as shown in infographic 1 right.

There has been some excellent local delivery in recent years within the boroughs across our city region where overall prevalence rates have fallen significantly. In spite of this, many localities and Greater Manchester as a whole, still has much higher smoking rates than the England average. There are 4,500 smoking attributable deaths a year in Greater Manchester amongst those aged over 35[1]. That's almost 13 people dying early every day, around half in middle age. **And while smoking uptake amongst the young has fallen markedly, it is estimated that every hour in Greater Manchester another child starts to smoke, equating to another classroom of smokers per day[2].** It is time we turned off the tap of new young smokers once and for all.

Infographic 1. Number of quits needed to achieve 13% prevalence

Current adult smokers in Greater Manchester

393,000

Adult smokers who must quit by 2020 to achieve 13%

115,000

1.1 Our single greatest opportunity to close the gap in health outcomes

The Greater Manchester Population Health Plan, published in January 2017, set out our approach to delivering a radical upgrade in the health and wellbeing of our communities. It includes a focus on developing local and Greater Manchester-wide whole system and innovative approaches to major health risks such as smoking, and in ways that fully harness the talents and assets of our citizens, of local government, the NHS, public, private and voluntary sector partners and employers.

Smoking is still by far the greatest cause of ill-health and early death in Greater Manchester. Despite good progress made in recent years there are still 393,000 adult smokers amongst the city region's 2.8m population.[3] **This equates to 62,500 more smokers than if Greater Manchester prevalence was at England average**.

Currently, 18.4% of the adult population in Greater Manchester smokes compared to 15.5% nationally.[3]

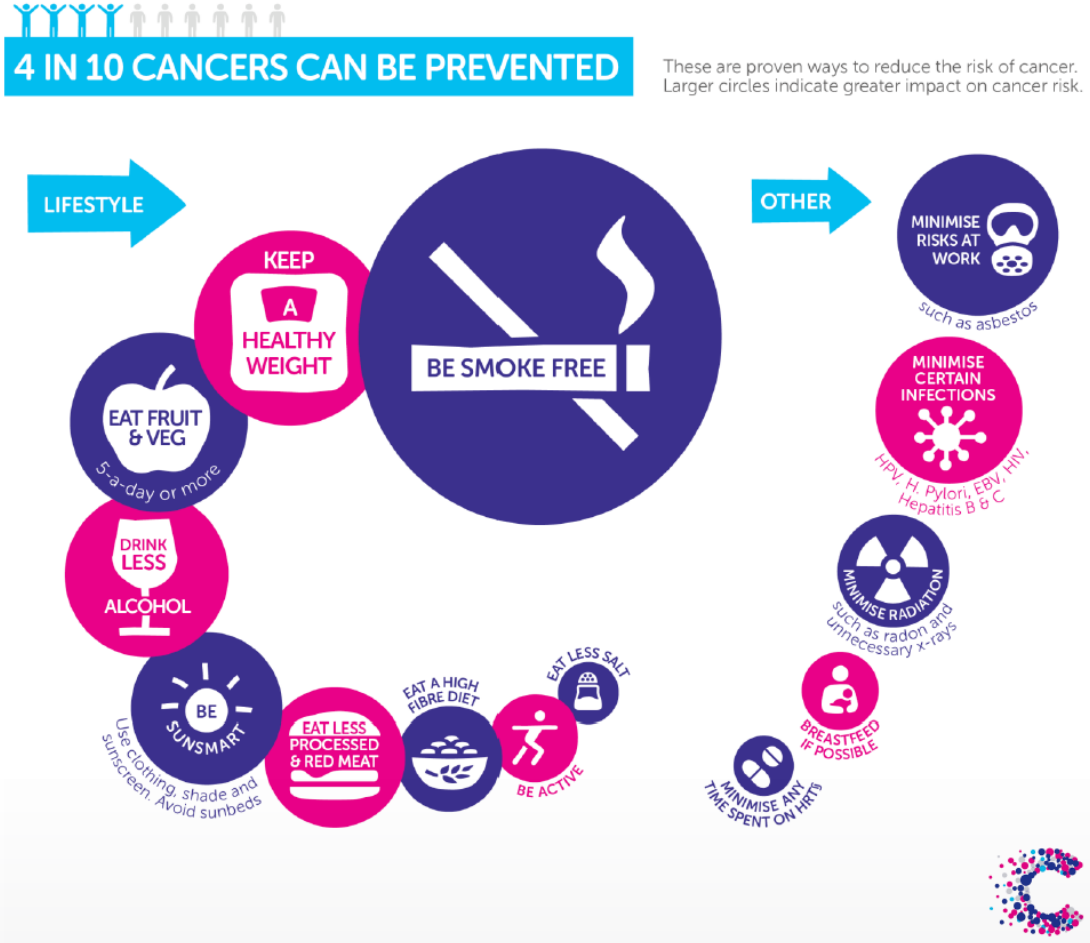
Significantly reducing smoking prevalence at a far faster rate than at present will: improve health outcomes, support poverty reduction, deliver higher productivity, give babies and children a better start in life, reduce health and social care costs and cut crime by dealing with the illegal tobacco trade.

For many people smoking is a chronic and relapsing addiction, which generally begins in childhood, and is not a lifestyle choice. **We have an opportunity to break an inter-generational cycle of tobacco harm in our poorest communities in every borough of Greater Manchester and deliver a tobacco free generation**.

Devolution has provided a unique and extraordinary chance to deliver sustainable change. The ability to reform our public services, create a new sustainable health and social care system, to broker a new relationship with the public, use community assets, engage both commercial and VCSE (voluntary, community and social enterprise) sector partners and to combine our investment and commissioning capability creates a basis for fresh thinking and new ways of tackling complex entrenched health and social problems. **Setting an ambitious target makes sense and provides extra focus and stretch for our evidence-based approach across a wide range of partners who have been involved in the development of this strategy**.

Reducing smoking rates will not only reduce the rates of cancer in our population[4] (as illustrated in the Cancer Research UK Infographic 2 opposite), it will reduce cardiovascular disease, respiratory disease and dementia too. There is also evidence to show that quitting smoking can improve mental health. This is critical given the very high rates of smoking in those with mental health conditions. Our Tobacco Free Greater

Infographic 2: Cancer Research UK. Lifestyle changes to reduce cancer risks[4]



Manchester Strategy links to a wide range of local and region-wide strategic programmes of work, with which it will be fully integrated at delivery level.

Tackling tobacco harm works. It is a cost effective evidenced based approach which will reduce smoking rates and saves local lives. This strategy describes our vision, and sets new compelling targets, and challenges all stakeholders in tobacco control to increase their efforts and accelerate the rate of decline of smoking prevalence within the next four years and over the longer term.

Our Greater Manchester vision is for a tobacco free future where together we make smoking history for all our children. Our transformation programme delivered in collaboration with all partners will include a range of innovative and evidence based interventions delivered at scale:

A public conversation with the whole population on smoking and health and measures that will bring about this change with the Greater Manchester Mayor and Local Authority Leaders

Local insight to drive targeted campaigns and communications at community level and region-wide

STOPTOBER

Advancing a fully Smokefree NHS including standardised primary and secondary care stop smoking journeys for all smokers

NHS

Extending Smokefree Spaces across the city-region to create family friendly spaces to help make everyone healthier

A new Smokefree Pregnancy programme that transforms whole system support for interventions to support quitting and keeps mums and babies smokefree, including those women identified as most vulnerable to relapse to smoking

A crackdown on illegal tobacco will tackle demand and supply safeguarding children and tackling crime

State of the art stop smoking support for every smoker to quit including a new local digital offer and telephone support

Innovative E-cigarette friendly policies, services and offers

Partnerships with social housing providers and their tenants for support to quit innovations, smokefree homes and tenancies

1.2 New ambitions for a tobacco free Greater Manchester

We hold and believe in our target of bringing down adult smoking prevalence by around a third, from the current 18.4% to 13% by the end of 2020, and to 5% by 2035. These are in line with targets set out both in the national 'Achieving World Class Cancer Outcomes'[5] strategy and the Action on Smoking and Health 'Smoking Still Kills'[6] report. Achieving this in Greater Manchester would mean 115,000 fewer smokers by the end of 2020 as noted above. On current trajectories achieving this level of quits would close the gap in prevalence between Greater Manchester and the England average by the end of 2020, and lead to fundamental improvements to the health and wellbeing of some of the poorest residents.

Other Greater Manchester proposed targets to contribute to achieving a Tobacco Free Greater Manchester will include:

- Reducing smoking rates in routine and manual workers to 21% by 2020 (now 27.5%).
- Reducing smoking rates in pregnancy to 6% by 2021 (now 12.8%).
- Reducing regular and occasional smoking in 15 year olds to 3% by 2021 (now 8%).
- Increasing stop smoking attempts to 40% (now 30%).
- Sustaining short-term quit success at 20%.
- The Greater Manchester Combined Authority's (GMCA) leadership, including the Mayor, considering actions to work towards a 'Tobacco Free Greater Manchester', including options for extending smokefree proposals to make parks and other family friendly public spaces smoke-free and banning smoking around public building entrances; supporting quitting by providing fewer opportunities for people to smoke; less litter; greener and more pleasant places for us to come together for better health.

1.3 Achieving the ambitions

Reducing smoking prevalence at this pace and scale is unprecedented in the UK but expert analysis demonstrates that it is achievable with sufficient focus, resource and funding. It requires a tripling of the longer term trend reduction of 0.5% a year – in other words smoking in Greater Manchester needs to fall by at least 1.5 percentage points every year to stay on track towards the 13% overarching prevalence target.

More recently, some localities appear to have been reducing smoking at a greater rate than the longer term Greater Manchester average according to Annual Population Survey data trends. The four year trend indicated by the overall percentage change between 2012 and 2016 in the data set in Table 1 below demonstrates that the

vast majority of localities have more recently accelerated the pace of smoking prevalence reduction, with some correlation with levels of investment. Bolton, Oldham, Salford, Trafford and Wigan saw the greatest overall change and we will learn from what has worked well in reducing smoking prevalence in these localities. This period also saw intense national tobacco control policy and regulatory activity. This included display legislation, widespread consultation and engagement on standardised packaging and renewed health harms mass media campaigns.

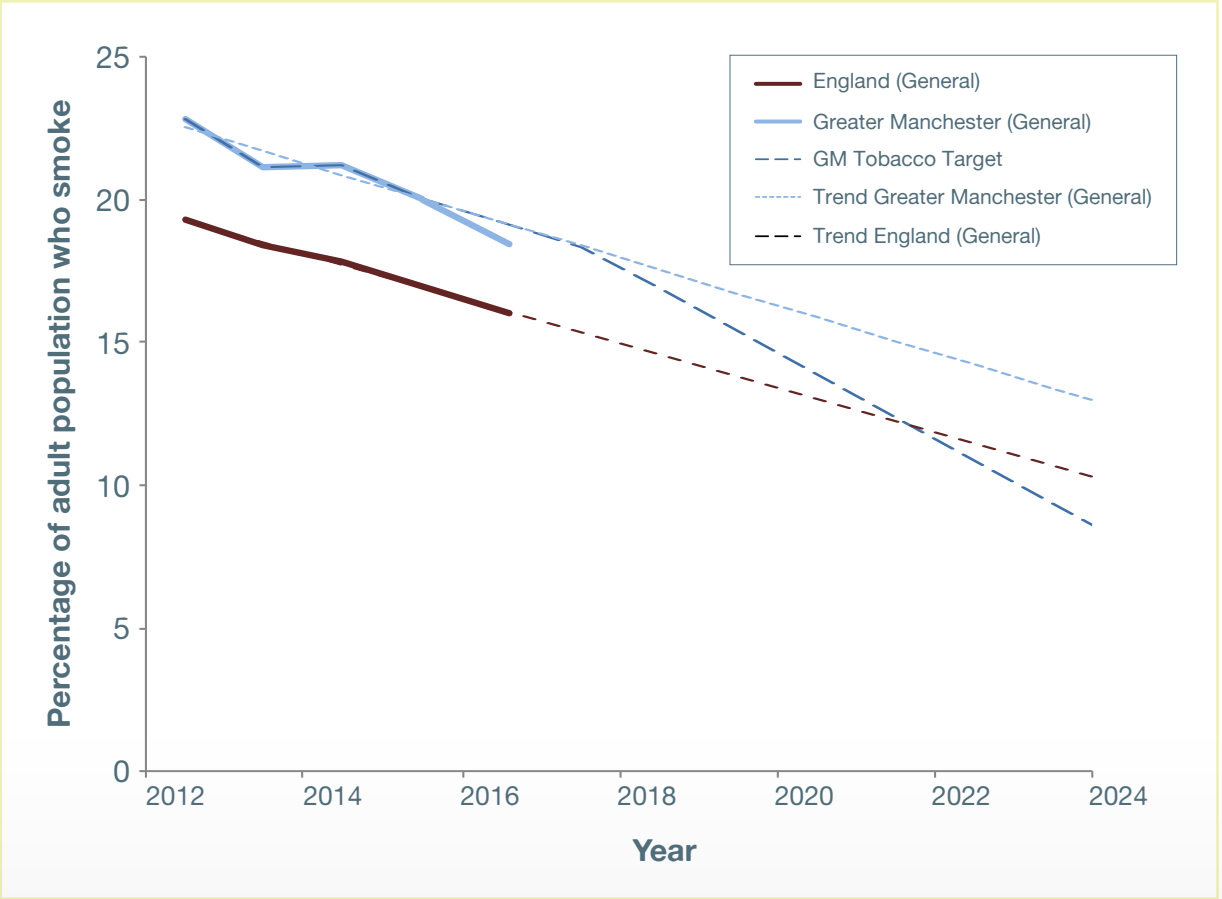
Table 1: Adult Population Survey Smoking prevalence by locality 2012 - 2016[1]

Locality	2012	2013	2014	2015	2016	Percentage Point Change (%)	Overall Percentage Change (2012 - 2016) (%)
Bolton	22.8	22.7	21.6	18.5	17.9	-4.9	21.5
Bury	20.8	18.6	19	19.5	19.1	-1.7	8.2
Manchester	24.4	23.8	25.5	22.7	21.7	-2.7	11.1
Oldham	24.2	21	19.3	22.2	18.8	-5.4	22.3
Rochdale	24.4	21.6	22.5	22	19.4	-5	20.5
Salford	27.5	24	24.5	22.3	20.3	-7.2	26.2
Stockport	15.9	14.5	15.9	15.1	12.2	-3.7	23.3
Tameside	25.7	24	22.8	21.7	22.1	-3.6	14.0
Trafford	19.2	19.2	15.8	16.4	12.6	-6.6	34.4
Wigan	22.7	20.1	20.7	18.7	17.7	-5	22.0
North West	21.1	20	19.6	18.6	16.8	-4.3	20.4
England	19.3	18.4	17.8	16.9	15.5	-3.8	19.7

However Figure 1 opposite which compares the APS data for England and Greater Manchester as a whole and projects the current trends forward demonstrates that at the current rate of decline we will not close the gap with England until beyond 2036. Our new strategy should allow us to close the gap by 2021.

We will learn from what's working well in these boroughs and other areas in Greater Manchester, the UK and globally to bring the very best evidence and innovation to our delivery challenge.

Figure 1: Smoking Prevalence (%) in Adults 2012-16 (APS) and projection to 2024 for the general population of England and Greater Manchester



Case Study

Making Smoking History through our Tameside Tobacco Alliance

Tameside has seen a decline in smoking in adults and in pregnant women. Whilst smoking rates remain higher than the England average, the Borough has a proactive and collaborative partnership that is working to reduce the biggest cause of ill health and early death in Tameside.

The Tameside Tobacco Alliance is led by public health and its diverse membership includes Be Well Tameside, local NHS partners, regulatory services, New Charter Homes, Greater Manchester Fire and Rescue Service, and HealthWatch. Members' work includes supporting adults, pregnant women and young people to quit, tackling illegal tobacco, promoting Stoptober, championing smokefree events, supporting workplaces on tobacco policies and interventions and encouraging residents to sign up to a '7 Steps Out' smokefree homes pledge. This year the Alliance wants to ensure that services are accessible and acceptable to our LGBT population and have an even greater focus on prevention in young people.

An ethos of continuous improvement and self-challenge has the Alliance to identify areas for development through self and peer-assessment processes. Members recognise the synergy between different programmes and organisations that the partnership brings, and value that 'the whole is greater than the sum of its parts'.

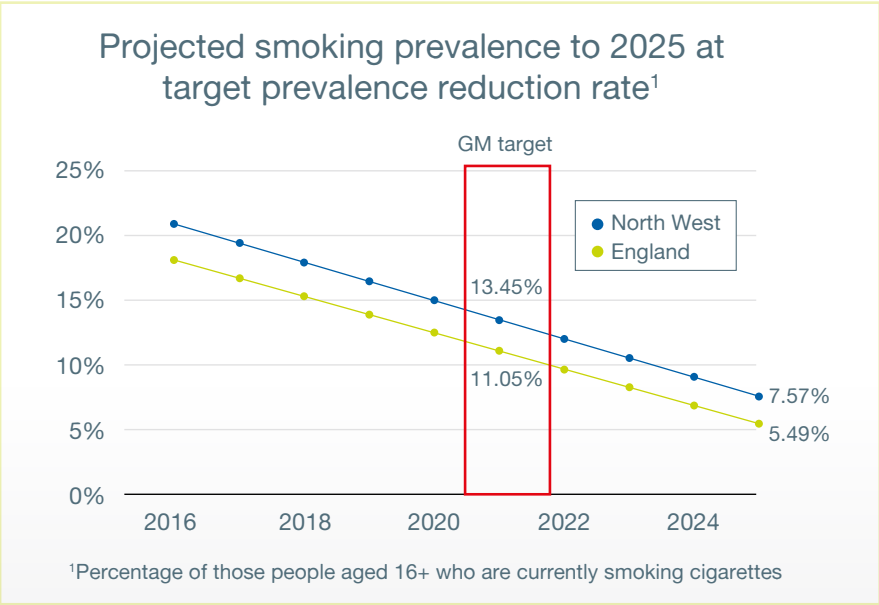
By working collaboratively with partners and communities, the Alliance, together with senior level support from the Health and Wellbeing Board, is looking forward to seeing further health gains for local residents by working towards a Tobacco Free Tameside and making smoking history for children.

> “Smoking kills 1 in 2 long term smokers. Around 4,500 people are currently dying each year in Greater Manchester from smoking related illnesses. Stopping smoking is the single best thing a smoker can do for their health.”

Local goals will be agreed to reflect contributions to be made by every locality to reducing smoking related health inequalities. The improvement journey will be evaluated and assessed in real time to ensure that actions are delivering against targets and amended if necessary during implementation.

Modelling by Professor Robert West from University College London, a world-expert in stopping smoking, plots the projected progress using the Smoking Toolkit Study[7] North West data as a proxy for Greater Manchester (Figure 2 below). A monthly boosted Greater Manchester sample for the Smoking Toolkit will support tracking of actual progress alongside other data sets including the Annual Population Survey (APS).

Figure 2: estimated reduction in smoking prevalence (from smoking toolkit survey data) to 2025



[1]Percentage of those people aged 16+ who are currently smoking cigarettes

Analysis by Professor West from many years of studying smoking behaviour sets out key actions that will drive prevalence reduction detailed in in Table 2 right.

Table 2: Key actions needed to achieve faster reduction in prevalence

Increasing quitting and reducing uptake

Policy	Potential constribution to prevelence reduction[1]	Comment
Increase real cost of tobacco	↓0.2	Amplify tax increases via targeted localised communications, tackle illicit supply and demand
Run regional mass media campaigns	↓0.2%	Amplify national campaigns and run campaigns at Greater Manchester and targeted borough level.
Implement Very Brief Advice in Primary Care	↓0.2%	Offer support to 50% of smokers
Introduce Stop-Smoking+ model of support, and extend Secondary care provision	↓0.2%	Ensure that all smokers have access to appropriate support to stop smoking
Reduce access to tobacco	↓0.1	Restricting outlets, extending smoke-free, age of sale

[1]Over and above the existing 0.5%pa prevalence reduction

2. The smoking context in Greater Manchester

2.1 The impact of smoking on our people and our city region

There is a downward trend in smoking prevalence across most of Greater Manchester. The difference of nearly 8% between the borough with the highest prevalence (Manchester: 21.7%) and lowest smoking rate (Stockport: 12.2%) masks the fact that smoking related inequalities impact every borough. Smoking is the biggest single driver of health inequalities and disproportionately affects poorer communities[8]. Those on low income, with mental health conditions, in social isolation, in the criminal justice system, looked after children and LGBT groups are far more likely to smoke than the general population so efforts to reduce smoking need to be targeted.

In Greater Manchester, for example, 27.5% of routine and manual (R&M) workers currently smoke compared to 26.5%[3] in the country as a whole so R&M groups need particular focus. However, as we target these groups we need to take great care not to stigmatise people who smoke and recognise that smoking is an addiction and not a lifestyle choice.

We understand the drivers of smoking are complex and need multi-faceted approaches, including recognition in and cross-references to strategies to reduce poverty and worklessness and improve mental health. Focus, though still needs to be maintained on tobacco control and smoking cessation as stated in a recent Action on Smoking and Health briefing on the relationship with health inequalities[8]: 'Improving social conditions is not a sufficient strategy to reduce smoking prevalence in more disadvantaged groups. The specific drivers of smoking uptake and tobacco addiction must also be addressed'.

There is scope to include measures to tackle tobacco harms in locality work on, for instance, health and social inclusion policies. In Salford the local authority policy states that building and planning control should 'avoid possible adverse impacts on health' including 'facilities that could encourage smoking'.

Digital support as part of a new Greater Manchester-wide stop smoking offer to empower people to quit will sit as part of a locality health and wellbeing offer which recognises the complexity of people's lives and their wider needs within local communities. These could be, for instance, advice around debt management or accessing mental health services or housing support.

Youth smoking rates are now at national average prevalence for Greater Manchester as a whole reflecting changing social norms driven by tobacco policy and legislation. Over the last decade a range of measures have reduced youth smoking rates nationally and in Greater Manchester. These include

a raised age of sale, graphic health warnings, proxy purchase regulations, and bans on cigarette vending machines and displays, smoking in public places and cars with children. The introduction of standardised packaging in May this year which was championed by Greater Manchester Combined Authority and local communities will further drive down rates over time.

Beyond such measures, sustained reductions in youth smoking will be delivered by tackling adult smoking because children who live with smokers are between three to four times more likely to become smokers themselves than children of non-smoking households[9]. Opportunities also exist to work with local schools and colleges to engage young people as part of an integrated school and community approach.

The estimated numbers and percentages of smokers across the 10 Greater Manchester conurbations are highlighted right. (NB: minor variations with other data sets reflect sample sizes, confidence intervals, roundings etc.)[3]

Table 3: Number and % of smokers by borough (Annual Population Survey 2016 data)

Local authority	Estimated numbers of smokers (age 18+)	% of smokers (age 18+)	% of Routine & Manual smokers (age 18+)
Bolton	38,699	17.9	25.3
Bury	27,846	19.1	29.9
Manchester	91,452	21.7	28.7
Oldham	32,697	18.8	27.4
Rochdale	31,952	19.4	32.1
Salford	39,351	20.3	31.0
Stockport	27,839	12.2	22.4
Tameside	38,419	22.1	35.6
Trafford	22,645	12.6	28.0
Wigan	45,175	17.7	26.3
Greater Manchester	**396,127**	**18.4**	**27.5**

Sources: Annual Population Survey 2016 and ONS Single Year Mid Year Population Estimates 2016

To address the health of the poorest fastest routine and manual groups will need greater focus. There is wide variation in the city-region with Tameside at 35.6% and Stockport 22.4% R&M smoking rates, however all localities face wide local gradients in smoking rates across social class.

2.2 Tackling inequality

Cutting smoking rates also has the potential to financially aid some of Greater Manchester's poorest families. The Institute of Fiscal Studies has estimated that people in the lowest income group spend almost twice as much of their income on tobacco and alcohol than those in the richest.[10] The Institute of Economic Affairs estimates that the average smoker from the poorest fifth of households spends between 18 and 22 per cent of their disposable income on cigarettes.[11]

Research by ASH indicates that there are 87,782 Greater Manchester households which include a smoker that fall below the poverty line. If these smokers were empowered to quit, 34,131 households and 62,133 people, could be lifted out of poverty if the costs of smoking were taken out of the household budget as shown in infographic 3. **Importantly this would include 21,110 children.[12]**

Infographic 3: Smoking and poverty

Demonstrating the economic benefits of stopping smoking at an individual and family level needs to be connected to broader work to reduce poverty and the burdens of debt throughout Greater Manchester. **This could be through third sector activity such as that being undertaken by the Citizens Advice organisations or asset based community development initiatives such as those led through social housing providers to help tenants with issues like food poverty that impact family health and wellbeing.**

2.3 Costs to the Greater Manchester economy

Smoking costs the Greater Manchester economy an estimated **£760m - £785m** (equating to £1,800 every year for each person who smokes).[13] This includes increased costs of health and social care, lost productivity, and house fires caused by cigarettes, as illustrated in infographic 4.

Infographic 4: Estimated system costs of smoking in GM

2.4 An opportunity to save lives and money

More than half of smokers (54%) in Greater Manchester want to quit their addiction and only 5% say they don't want to stop smoking.[14] Swift action to support far more of those who would like to stop would not only close the gap with England prevalence but also result in significant system wide cost saving benefits in Greater Manchester as shown below.[13]

Based on the current smoking trends Greater Manchester will fail to close the gap with the England average until 2036 if significant and sustained investment into an ambitious and comprehensive tobacco control programme is not implemented. A radical new approach to tobacco control,

Table 4: Estimated systems cost savings by reducing prevalence

Estimated prevalence	Estimated number smokers	System cost*	Cost difference
Current Greater Manchester prevalence (18.4%) #	c393,000	£703,000,000	
England prevalence (15.5%) #	c331,000	£592,000,000	£111,000,000
13%	c277,000	£496,000,000	£206,000,000
5%	c107,000	£191,000,000	£512,000,000

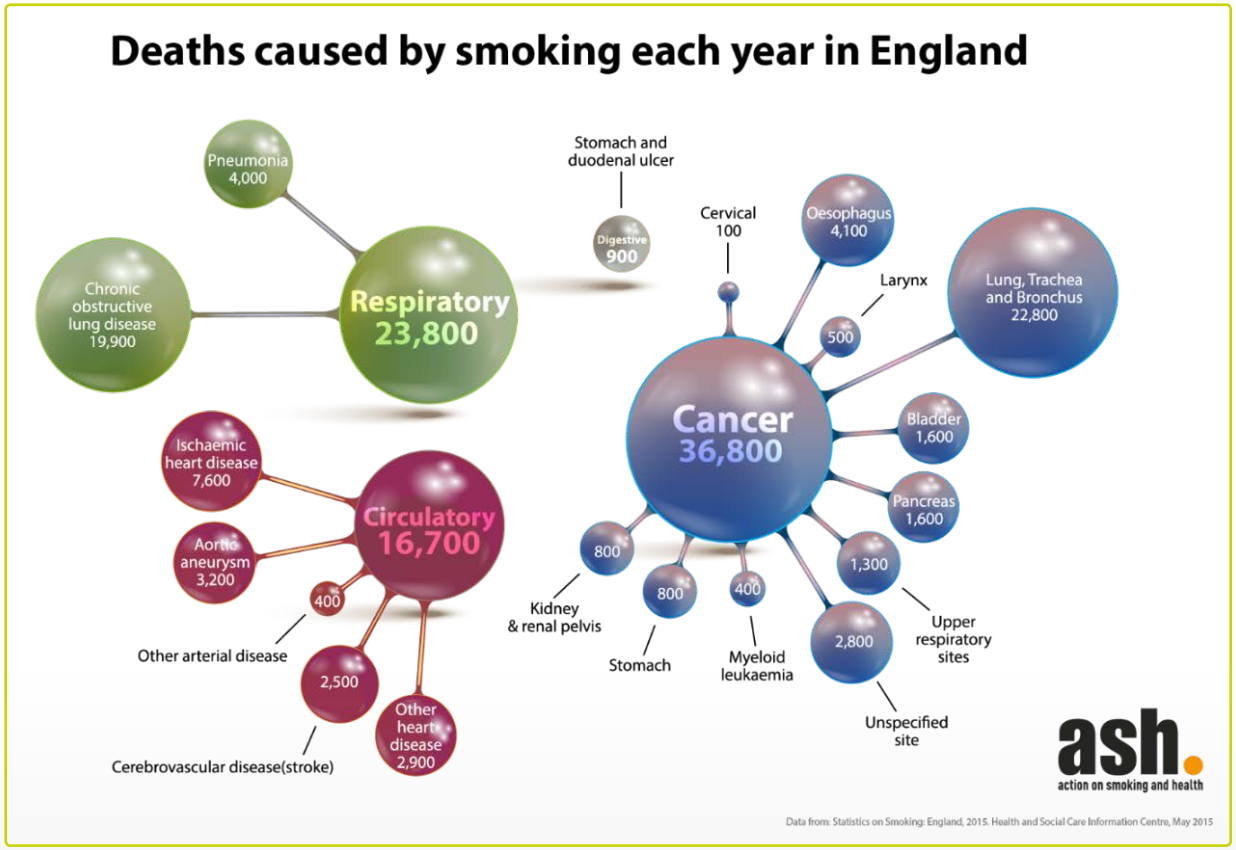
based on APS estimates
* based on estimated £1,789 system cost per smoker (ASH Ready Reckoner)

with commensurate levels of funding, will have the greatest impact on health inequalities, saving lives and reducing systems costs.

An estimated 4,500 people in Greater Manchester die from a smoking-related illness each year. That equates to nearly 13 deaths every single day. Many, many more are living with debilitating ill-health caused by their addiction. Improving quit rates and encouraging people not to start smoking has a major impact on keeping people healthy, and improving the health of current 'sick smokers' such as those with some long term conditions (LTCs). A focussed approach to known smokers with LTCs through primary care would significantly reduce demand for primary care appointments, medications, home visits and secondary care interventions.

Reducing smoking also contributes greatly to achieving health improvements such as reducing the incidence of a wide range of cancers, vascular dementia and stroke, the risks of cardiovascular and respiratory disease and levels of stillbirth. Infographic 5 below, produced by ASH, is a stark reminder of the health impacts.

Infographic 5: Mortality impacts of smoking



3. Benefits of a comprehensive evidenced based programme for a Tobacco Free Greater Manchester

A coordinated and comprehensive approach to tobacco control locally and across Greater Manchester will make smoking less accessible, acceptable and desirable, empowering successful quitting and stopping young people starting to smoke.

This will:

- Cut costs to local businesses, healthcare and public services, delivering a significant return on investment
- Support the delivery of the 10 Locality Plans as part of the wider Taking Charge plan to transform our health and social care systems
- Assist diverse public service reform agendas such as employment and economic growth and service reconfiguration
- Protect children and young people from multiple harms giving them the best start
- Boost the disposable income of the poorest in Greater Manchester and return investment into local economies
- Drive a radical upgrade in population health prevention as set out in the Greater Manchester Population Health Plan

The delivery of a broad package of measures will require the involvement of multiple stakeholders including local authorities, the NHS, housing, voluntary, community, social enterprise sectors and others. A commitment from stakeholders to take ownership of different elements of the programme to support and engage those who smoke to quit, stop young people and adults starting and change social norms around smoking is paramount to the success of achieving a smoking prevalence of 13% by the end of 2020.

Multi-sector and focussed support for delivery of a new strategy would make possible the significant increase needed from the current c0.5% p.a. long-term prevalence reduction rate.

Reaching 13% prevalence by the end of 2020 can be achieved by:

- Increasing the quit attempt rate from 30% to 40%
- Sustaining short-term quit success rates at 20%
- Reducing uptake of cigarette smoking from 0.4% to 0.3%

This would achieve a year on year 1.47% prevalence reduction. The actions needed by partners are outlined in the next section.

4. The GMPOWER model – an evidence based framework for delivering a Tobacco Free Greater Manchester

Our Tobacco Free Greater Manchester Strategy sets out a vision that is grounded in an innovative international evidence based framework, our GMPOWER model. This is based on the World Health Organisation (WHO) multi component MPOWER model introduced globally in 2008, endorsed by the World Bank and UK Government[15]. This approach advocates a comprehensive, multi component approach to tackling tobacco. Our Greater Manchester communities offer us a unique opportunity to add a seventh component to the original model to capitalise on coproduction and citizen engagement.

This will build on local and Greater Manchester wide work engaging young people, families and communities to make smoking history for children and take a stand against the tobacco industry whose products kill at least 1 in 2 long term smokers. The seven components of our GMPOWER model are:

- **G** row a social movement for a Tobacco Free Greater Manchester
- **M** onitor tobacco use and prevention policies
- **P** rotect people from tobacco smoke
- **O** ffer help to quit
- **W** arn about the dangers of tobacco
- **E** nforce tobacco regulation
- **R** aise the real price of tobacco

The following section examines the elements of the GMPOWER model, which will deliver the pace and scale of change needed in Greater Manchester. A more detailed delivery plan will be published. In the meantime this strategy outlines key actions to be delivered against each component in the first two years of the strategy's delivery.

4.1 Growing a social movement for a Tobacco Free Greater Manchester

Our approach to tobacco control will be badged **G-MPOWER**, with the **G** standing for Growing a social movement for a Tobacco Free Greater Manchester. Achieving a reduction in smoking in Greater Manchester at the pace and scale set out in this strategy will require a wide range of actions, not least widespread public support and engagement and the mobilisation of a social movement for change. As the Greater Manchester Population Health Plan states: 'Social movements happen when people come together to fight for their rights, solve problems, shift how people think, support each other and demand what they need'.

In Greater Manchester we already have some good examples of harnessing community engagement and involvement in change programmes including 'The Wigan Deal' and 'People Powered Health' in Stockport. More recently an NHS exemplar social movement programme linked to the Greater Manchester Cancer Plan work has been launched. This involves close working with the Voluntary Community and Social Enterprise (VCSE) sector and a key aim is to enrol 20,000 'cancer champions' who will 'use their experience, knowledge and passion to support those at risk of developing cancer and those recently diagnosed with the disease'[16]. The Greater Manchester Cancer Board has a VCSE reference group with wide representation and this, along with other VCSE networks and partners such as Cancer Research UK, ASH and Macmillan Cancer Support could play a vital part in designing, promoting and facilitating engagement and advocacy activities to help to grow social engagement.

What and when

In 2017 and 2018 we will:

- ✓ Build links with the Cancer Champions social movement to enlist their support
- ✓ Develop a public conversation led by Greater Manchester Leaders and the Greater Manchester Mayor. Early activity will utilise an effective digital and local social engagement strategy to consider people's views on issues such as smokefree spaces, licensing of tobacco retailers, raising the age of sale of tobacco and a crackdown on illegal tobacco

4.2 Monitor tobacco use and prevention policies

Strategic intelligence and performance data are necessary to implement and evaluate effective tobacco control policies. **Regular monitoring and evaluation at local and city region levels, as appropriate, will be a critical factor that influences the success of the other GMPOWER measures and support the ambitions of the tobacco control strategy and its links to wider public service reform agendas.**

Proposed measures include: prevalence (including within specific groups); quitting behaviours; e-cigarette use; Shisha (water pipes) and other niche tobacco; low birthweight for gestational age babies; deaths and disease caused by smoking; household spend on tobacco; stop smoking medication prescribing.

A monthly boost to the Smoking Toolkit Study will be commissioned from University College London. As we develop our digital wellness offer for Greater Manchester there is an opportunity to significantly improve data collection and collation about smoking quits. It has the potential to revolutionise the way we engage and connect with communities and provide a new 'front door' to health and well-being services as people increasingly use their smart phones, wearable technology and other digital devices to keep themselves on track.

What and when

In 2017 and 2018 we will:

- ✓ Develop and maintain a robust data set on smoking prevalence, attitudes and behaviours
- ✓ Commission a boosted sample for the Smoking Toolkit Study to track Greater Manchester smoking prevalence and quitting behaviours

4.3 Protect people from tobacco smoke

There is no safe level of exposure to secondhand smoke. Effectively enforced smokefree legislation has been shown to reduce the prevalence of smoking amongst young people and increase the probability of quit attempts among adults. The successful introduction of smokefree legislation in 2007 led to immediate improvements in population health. National evidence subsequently demonstrated a 2.4% reduction in hospital admissions due to heart attacks. Going smokefree saves lives and reduces smoking rates. Compliance with the legislation has been high and public support increased from 72% of adults in 2007 to 83% in 2014. Crucially, there is now majority support for smokefree among people who smoke[6]. Moreover, there is emerging evidence that smokefree laws lead to reductions of smoking in homes, including homes with children.[6]

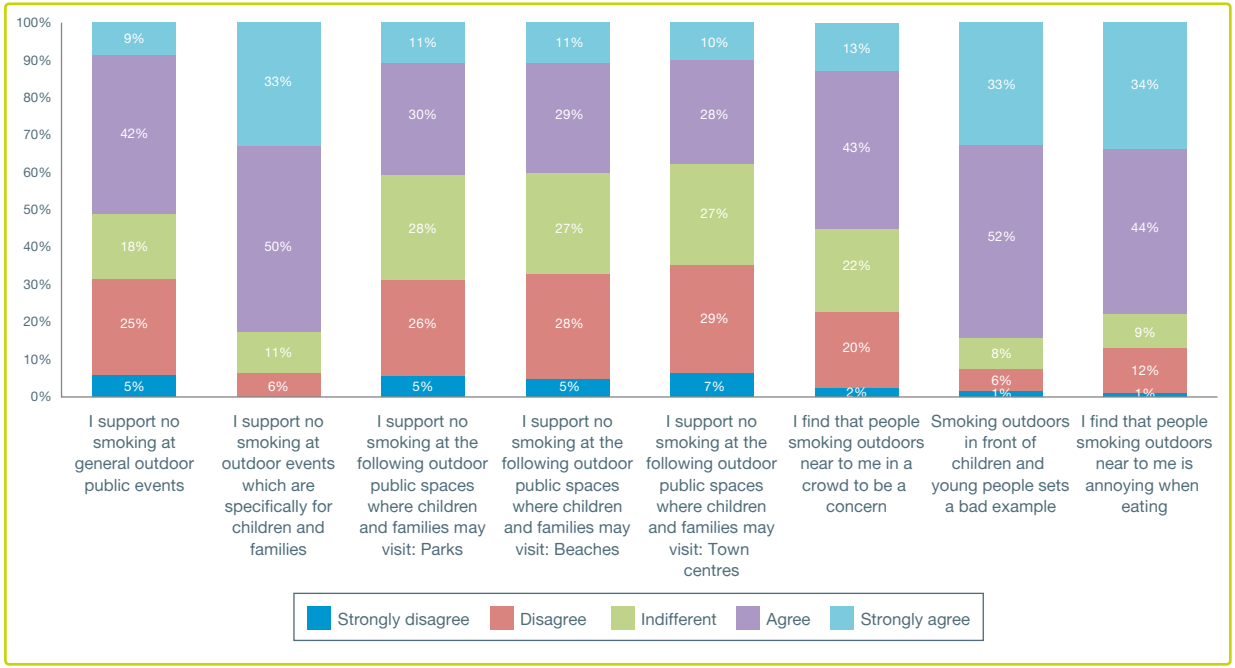
In the UK it is not illegal to use e-cigarettes in enclosed public spaces and Public Health England evidence reviews indicate that using an e-cigarette is around 95% safer than smoking[17] PHE guidance advises making a clear distinction between smoking and vaping, protecting young people while supporting smokers to stop smoking completely. **We believe that e-cigarettes have the potential to make a significant contribution to the achievement of our ambitious smoking prevalence target. Realising this potential depends on fostering an environment in which e-cigarettes can provide a route out of smoking without providing a route into smoking for children or non-smokers.**

Given the popularity of the 2007 laws there is now scope to extend smokefree environments further with many local authorities, including some in Greater Manchester, having already introduced voluntary smokefree places in parks and playgrounds.

Local Authority leadership, including the new Greater Manchester Mayor, could lead the way on smokefree public spaces through new byelaws for smokefree parks, entrances to public buildings, and family friendly spaces to create a healthier city region. Survey work in Greater Manchester in 2015 by Healthier Futures showed there was good public support for such changes, as shown in Table 7 on the next page.

The NHS should be an exemplar of smokefree policy yet many hospitals continue to see smoking within their grounds. NICE guidance on smoking cessation in secondary care recommends 'strong leadership and management to ensure secondary care premises remain smokefree – to help to promote non-smoking as the norm for people using these services'. Creating social and environmental

Table 7: Levels of support in Greater Manchester for extending smokefree spaces



smokefree spaces reduce the chances of young people viewing smoking as a normal thing to do and taking it up and protects people from tobacco smoke.

Given that between 20% and 25% of households in Greater Manchester are in the social housing sector there is also scope to explore opportunities with providers to increase the number of smokefree homes and spaces through the Housing and Health workstream of 'Taking Charge'. Work needs to happen in partnership with tenants to understand motivations to go smokefree and, as experience shows, this will increase the chances of more successful quits.

Involving young people, schools and colleges in messaging around the benefits of smokefree environments, not starting to smoke and quitting brings opportunities to contribute to the achievement of the 13% prevalence target. Smoking at age 15 in Greater Manchester has fallen to c8%, and young people can be powerful ambassadors if they are equipped with the confidence to address smoking in their families and social circles. Healthy schools programmes and the work of the newly created Greater Manchester Children's Health and Wellbeing Board could help to bring a more unified approach involving young people across the 10 localities.

Helping people to stop smoking also protects them from fire risk in their homes. **Greater Manchester Fire and Rescue Service (GMFRS) estimates that**

Case Study

Smokefree Sports in Bury

A pilot campaign at Manchester Maccabi Sport and Community Club in Bury in late 2016 aimed to denormalise smoking around children and young people, break any association of smoking with sport and support the club to move towards becoming completely smokefree.

It was able to galvanise parental and club support for smokefree sporting spaces and touchlines by building on existing momentum for a wider social movement of denormalising smoking in public places.

Clear Smokefree Sports signage, a policy and guidance created for sports club to adopt supported a successful campaign. Signage was highly effective in deterring people from smoking. Sports staff were engaged and felt confident to approach parents and adult spectators smoking to remind them that the club is smoke free. Parents responded very positively.

As the programme is rolled out, consideration is being given to delivering Very Brief Advice (VBA) training for key sports club staff to equip them with the skills, confidence and knowledge to deliver brief smoking interventions. Further engagement work with local and regional media will galvanise support and coverage.

carelessly discarded smoking materials cause almost 40% of accidental fire deaths. GMFRS staff have a key role in promoting positive quit messages during home and workplace safety checks, and signposting people to stop smoking support. **Reducing fire risks also brings significant economic benefits, with smoking-related fires estimated to cost c£20m p.a. in Greater Manchester** (see infographic 3 on p16).

What and when

In 2017 and 2018 we will:

- ✓ NHS Provider leaders across all Greater Manchester Trusts will fully mobilise delivering a truly 'smokefree NHS' including the integration of primary and secondary care support for quitting as set out in NICE Guidance PH48 (Smoking: acute, maternity and mental health services)[18]
- ✓ Social housing providers will work with residents to identify opportunities to make more of their estates smokefree, including schemes for smokefree homes, supporting and incentivising quitting and smokefree outdoor spaces for children
- ✓ Scope a smokefree homes campaign to protect children and families
- ✓ Support prisoners and prison staff to quit as part of a move towards a smokefree prison estate
- ✓ Ensure local authority regulatory and other enforcement agencies have sufficient resource to ensure high levels of compliance with smokefree legislation, including cars
- ✓ Scope extension of smokefree spaces as potential action for GMCA and the new Greater Manchester Mayor
- ✓ Work with Transport for Greater Manchester (TFGM) to launch a campaign on smokefree spaces as part of a public engagement process
- ✓ Continue to work with Greater Manchester Fire and Rescue Service (GMFRS) to promote smokefree homes and quit support
- ✓ Develop guidance for GMHSC Partnership member organisations to promote the use of e-cigarettes and other vaping devices
- ✓ Work with the new Greater Manchester Children's Health and Wellbeing Board to scope a more uniform approach to involving young people across all localities in smokefree initiatives

4.4 Offer help to quit

For the NHS and wider public services the lifetime value of a person stopping smoking is huge so across Greater Manchester we will to continue to invest in and support stop smoking services. They are proven to be a cost effective and key component of tobacco control strategies because they offer smokers their best chance of quitting.[6] Most tobacco users want to quit, however 90% do so without specialist help or support.

Good quality evidenced based stop smoking services accessible to all smokers, particularly those from lower socio economic and priority groups, are essential because people are much more likely to quit long term with the right information and advice. **A new support offer is needed to help the great majority of smokers who want to quit but do not want to access a specialist face to face service. Many people would benefit from information and guidance through digital and other self-support channels with the option to self-refer into more specialist brief or intensive support if required**.

A re-designed wider range of support available 24/7 would allow people to receive help appropriate to their needs. **A Greater Manchester standardised specification for local specialist stop smoking support will be agreed as part of wider work on common standards across Greater Manchester.** Sufficient capacity needs to be commissioned locally to support targeted priority groups as part of the new stop smoking service offer. This will include a digital and telephone support Greater Manchester wide to empower and equip people with information on how to quit. All stop smoking support will be e-cigarette friendly.

Programmes to treat tobacco addiction including advice and medication will be incorporated into primary and secondary care healthcare services so that patients with mental health conditions, pregnant women, smokers with long term conditions and others receive stop smoking interventions as a routine part of treatment pathways.

Evidence to date indicates e-cigarettes are far safer than tobacco given that tobacco is associated with more than one in four cancer deaths in the UK[19]. **There is also growing evidence to suggest that e-cigarettes can work successfully as an aid to smoking cessation**. Recent analysis suggested that e-cigarettes may have contributed to an additional 18,000 long-term ex-smokers in England in 2015[20]. There is therefore scope to pilot some bold approaches to the use of e-cigarettes for those smokers who have tried other quitting methods unsuccessfully.

Nationally it is estimated that 25% of patients in acute hospitals are smokers – a far higher rate than national average.[21] **For people accessing secondary**

care services there are additional advantages of quitting, including shorter hospital stays, lower drug doses, fewer complications, higher survival rates, decreased infections and fewer readmissions after surgery. Addressing patients' smoking needs to be a routine part of their treatment plan.

In secondary care, therefore, there are opportunities to contribute to achieving the overall 13% target including:

- The introduction systematic identification and support for all smokers attending secondary care and throughout the patient journey
- Smoking cessation training included within mandatory training
- A 'zero tolerance' approach to create a truly 'smokefree NHS estate'

Primary care providers are responsible for around 90% of people's contacts with the NHS[22] so there is scope to review and improve how smoking cessation is woven into patient pathways and these millions of conversations in Greater Manchester. As well as non-routine and routine (e.g. health checks) appointments, known smokers with long term conditions and a diverse range of priority groups with high smoking rates will be targeted with offers of quit support.

Many primary care clinicians show patients how their risk of cardiovascular risk can be reduced by showing them the calculation produced. Similar risk profiling systems for cancer could be used to explain how patients can reduce their risk by quitting smoking.[23]

Smoking in pregnancy has major health impacts on two people - the mother and the baby. The present practice of assessing smoking status by measuring the CO of all women attending ante-natal care and having an opt-out approach to referral for smoking cessation will be augmented by Greater Manchester wide adoption of an evidence based smokefree pregnancy programme including babyClear and an incentivisation scheme for those pregnant women most vulnerable to relapse to smoking. This area of activity is already under development as part of an early years workstream.

There are also opportunities to scope what other incentive schemes could be amplified or rolled out in Greater Manchester. **Work is already planned to test out the role of incentives in behaviour change as part of the emerging Greater Manchester Lifestyle and Wellness Hub**. In addition there is also opportunity to work with social housing providers to explore learnings from incentive schemes which have reduced rent arrears or encouraged other mutually beneficial behaviour changes,

Work also needs to take place with the GM drugs and alcohol commissioners through the refresh of the **GM Substance Misuse Strategy** to ensure that drug and alcohol services are aware that quitting smoking

Case Study

Empowering Smokefree Pregnancy in Stockport

In Stockport we have been delivering babyClear, an evidence based intervention to help professionals to deliver a whole system programme for smokefree pregnancy since January 2016.

At the booking visit every woman is carbon monoxide (CO) verified, and if the CO reading is high and associated with smoking, a referral into the specialist service for smoking cessation is made. The programme also gives opportunities at every antenatal intervention for CO verification and re-referral which becomes part of routine care.

We also offer those mums we identify as most at risk of relapse to smoking during their pregnancy an opportunity to be referred into an incentive scheme which brings self-empowerment, access to additional information and support and improves women's chances of a safer delivery with minimal complications.

As this work has embedded into practice, we promote quitting and minimise the risks associated with smoking, to mums and their unborn baby... for pregnancy, birth and life.

Once baby has been born you can see how proud mums are and there is a sense of self achievement.

does not reduce the chance of recovery from drug and alcohol misuse and may improve it[24]. Contracts with drug and alcohol services should include the provision of smoking cessation support.

There is potential to better promote the benefits of stopping smoking to workplaces and the development of organisational and employee incentives such as additional leave to reward reduced sickness absence. This needs to be aligned to Greater Manchester's emerging work and health programme and workforce strategy.

What and when

During 2017 and 2018 we will:

- Implement a Greater Manchester wide evidenced based stop smoking framework and standards which provides brief and self-support options, including a digital platform as part of a wider well-being offer, accessible to all smokers, particularly those from routine and manual groups and other priority groups. The self-support offer will also signpost access to a standardised locality stop smoking support offer to be delivered in a range of settings building on existing local good practice and making best use of local assets. Services need to include harm reduction approaches and be e-cigarette friendly
- Work with NHS Providers to carry out a cost-benefit analysis for hospital-based stop smoking services, to inform an investment proposal
- Work with specialists such as National Centre for Smoking Cessation Training to scope and implement improvements to Very Brief Advice delivery across Greater Manchester
- Explore opportunities to better promote to employers the benefits of encouraging their workforce to stop smoking
- Explore what measures could be included in provider contracts to incentivise contributions towards achieving the prevalence reduction targets

4.5 Warn about the dangers of tobacco

In Greater Manchester we plan to pioneer our own localised tailored and region-wide communications using integrated mass media alongside the latest digital developments and social engagement innovations.

Mass media and social marketing campaigns are known to be a cost effective way of reaching large population groups about the harms of smoking, changing attitudes and beliefs, increasing quit attempts, and reducing both adult and youth smoking prevalence. They should be targeted on lower socio economic groups and disadvantaged populations, and provide adequate resources to ensure that reach, duration and frequency are in line with best practice. They can also signpost stop smoking support and promote the benefits of enlisting help as smokers are far more likely to succeed armed with the right information and support.

Tailored communications need to be developed to reach groups of smokers with specific social or life-stage circumstances or cultural needs. This includes pregnant women (a separate workstream covering smoking in pregnancy is in development), LGBT groups and BME communities.

In some areas campaigns need to be developed to address particular harm issues. For instance, evidence suggests the use of shisha (waterpipes) is relatively low among adults and appears to be more popular among young people and localities with a higher demographic of Asian, mixed and black ethnicities.[25]

In addition to the approaches that work in adults there are measures that reduce smoking in young people such as peer education and appearance based messages. Secondary schools, sixth form colleges and further education establishments could be given access to more resources to support work in reducing the uptake of smoking, as well as being encouraged to use existing materials.

What and when

In 2017 and 2018 we will:

- Implement multi-channel mass media and social marketing campaigns to drive quits and denormalise tobacco, with a focus on lower socio economic and other priority groups, and amplify national PHE campaigns e.g. Stoptober / New Year Health Harms / No Smoking Day to increase penetration
- Develop proactive year round PR and social media activity
- Scope needs of specific groups and communities e.g. learning from the recent 'Proud2BSmokefree' research carried out on smoking amongst LGBT in Greater Manchester
- Tackle shisha (waterpipes) and niche products in localities to educate and inform smokers and businesses
- Engage advocates and champions amongst residents and cross sector professionals to build support for 'Smokefree Greater Manchester', building on existing local community assets
- Secure partner sign-up to a new Greater Manchester Declaration on tobacco control
- Support education establishments to reduce the uptake of smoking and support existing young smokers to quit

4.6 Enforce tobacco regulation

Despite killing 1 in 2 consumers, tobacco products can be sold by anyone in England. Local authorities have powers, known as 'negative licensing', to shut down a tobacco retailer. However this requires the local authority to take legal action against the retailer, which is time consuming and resource intensive. A positive licensing scheme would enable local authorities across Greater Manchester to build more proactive relationships with retailers, promoting good practice and making it much easier for local authorities to stop retailers from selling tobacco if they find evidence of underage or illicit tobacco sales on the premises. There is public support for a new tobacco licensing scheme with 84% of adults, including 71% of smokers, agreeing that businesses should have a valid license to sell tobacco which can be removed if they are caught more than once selling to underage smokers.[6]

Each year, the tobacco industry internationally spends £ billions to market its products using sophisticated and covert forms of tobacco advertising, promotion and sponsorship (TAPS). In May 2017 standardised packaging legislation was fully-implemented, preventing tobacco companies from aggressively marketing their tobacco products to children and young people using graphics and clever gimmicks to initiate and maintain addiction.

Whilst most other forms of UK tobacco advertising are banned tobacco is still more subtly promoted across the entertainment media sector - TV, films, music videos, video games, the internet, music videos and sporting events – with glamourous and provocative tobacco imagery. **There is a growing body of evidence that the representation of smoking in films contributes to smoking uptake among young people.[26] Evidence for music videos and video games also suggests a clear dose response relationship: the more exposure young people have to smoking on screen, the more likely they are to smoke.**[27,28] Despite numerous efforts to engage the British Board of Film Classification and Ofcom there is little evidence that the issue is taken seriously and public awareness of the impact on the behaviour of young people is low. Anti-tobacco campaigners in the US have been particularly proactive on the issue for several years yet the film industry remains largely unaffected.[29] In order to develop effective policy measures in this area, we need a clear strategy around how this exposure can be reduced or mitigated.

Greater Manchester could also take a lead on banning smoking on stage in theatres. This is currently allowed as an exemption in England under the 2007 smokefree legislation if it is considered to

be necessary for artistic purposes. However fake cigarettes are a viable alternative if a smoking scene is judged to be needed for reasons of dramatic value or historical accuracy.

What and when

In 2017 and 2018 we will:

- Enforce high levels of compliance with regulations relating to standardised tobacco packaging; point of sale; age restrictions on sales
- Consider options for introducing a positive licensing for Greater Manchester tobacco retailers and wholesalers. This could be an early action for GMCA leadership/ Greater Manchester Mayor
- Consider whether a licensing scheme may ultimately allow Greater Manchester to move towards raising the age of sale for tobacco from 18 to 21, and what other powers could be adopted, such as a tobacco industry levy or reducing the number of point of sale displays in retail outlets
- From 2017/18: Consult and engage on ways to introduce anti-smoking inoculation adverts to be shown in Greater Manchester cinemas before films with smoking imagery are viewed by under 18s unless warranted (e.g. historical accuracy)
- Advocate nationally for this be extended to be TV programmes, music videos, video games and internet. Consideration should also be given to banning the use of real cigarettes during theatrical productions

4.7 Raise the real price of tobacco

Increasing the price of tobacco through taxation remains the single most effective way of reducing smoking prevalence. As poorer and younger smokers are more sensitive to price increases than wealthier smokers, this fiscal intervention can also help to reduce inequalities in smoking prevalence.[6]

Sustained action is needed to reduce the supply of and demand for illegal tobacco, which is cheap and unregulated. Its low price undermines high taxation which is key to encouraging cut-downs and quits (the World Bank estimates a 10% price rise leads to c4% less consumption). The trade also makes it easier for children to start and keep on smoking, and is linked to low level and organised crime. Public spending on tackling illicit tobacco shows a return on investment of about 10 to one[6] The North West, working with the North East and Yorkshire & The Humber, spearheaded the world's first co-ordinated regional programme to tackle illegal tobacco. The North of England Tackling Illicit Tobacco Programme, made up of a range of activities to address supply and demand, saw a fall of 23% over two years in the trade in the North West.[30] Investment in a new programme is needed to continue this groundbreaking work.

The new Mayor could play a major role by convening a group including local authorities, Greater Manchester Police, HMRC, GMFRS, PHE, GMCA, GMHSC Partnership to coordinate action, map activity and share information.

The profits made by the industry are huge. It is reasonable therefore, to insist that the industry meets the costs of the damage it causes – 'make the polluter pay'. The money could be used to help smokers quit and to discourage young people from starting to smoke. Its purpose is not to pay for the current healthcare costs of past smoking behaviour, but to drive down smoking prevalence. Nearly two thirds (63%) of adults support a policy of putting an additional 25% on a packet of cigarettes with the money being used to help smokers quit and discourage young people from taking up smoking.[6] While the idea of an Industry levy has been proposed nationally, the North/South divide in smoking prevalence supports the case for consideration of a North of England approach and Greater Manchester's pioneering devolution position suggests it should spearhead this amongst its Northern Powerhouse allies.

Given the power of price on smoking behaviour, there is a strong case for the tobacco duty escalator to be increased. This would ensure that cigarettes are increasingly perceived to be an unaffordable personal cost. Over the last fifteen years, as prices have risen, there has been a steady increase in the market share of hand rolled tobacco as it is a cheaper product than

manufactured cigarettes. This switching is incentivised by the tax differential between the two products as hand rolled tobacco attracts a lower rate of duty. The removal of this tax differential would eliminate the incentive.[6]

What and when

In 2017 and 2018 we will:

- ✓ Spearhead a crackdown on the trafficking and selling of illegal tobacco. Develop campaigns to reduce demand, with focus on harms to children and links to wider crime
- ✓ Work alongside Greater Manchester communities, the Smokefree Action Coalition and the UK Centre for Tobacco and Alcohol Studies and through Greater Manchester Combined Authority structures to ask government to raise the price of tobacco
- ✓ We will also press government to introduce a new annual national levy on tobacco industry profits to raise money to help smokers quit and discourage youth smoking
- ✓ Greater Manchester will also investigate the option to pursue its own levy for the same purpose

6. Next steps

The changes underway within Taking Charge create a golden opportunity for a new and focussed approach to tackling tobacco harms across our city region. This document graphically illustrates the human and financial costs incurred by a product which kills half of long-term users and debilitates many more.

A new tobacco control programme supports the aims of the Population Health Plan, as well as contributing to the Greater Manchester Cancer Plan and the wider public service reform agendas such as creating a wealthier and healthier Greater Manchester.

Achieving 13% smoking prevalence by the end of 2020 is hugely ambitious. But with the right range of actions by all partners at pace and scale not seen in the UK before Greater Manchester can bring about a massive shift which brings with it many social and economic benefits.

To turn this strategy into action, the potential initiatives outlined in section 4.1 to 4.7 will be developed in sufficient detail to enable a stakeholder supported and implementable programme of work.

6.1 Developing this plan

This document has been developed under the sponsorship of the Greater Manchester Cancer Board following on from work undertaken with the Greater Manchester Tobacco Control Leaders' Network, starting in December 2015. It has been subject to a more recent consultation and engagement period running from late November 2016 to March 2017. The following groups and bodies have been involved in its development:

- Action on Smoking and Health
- Association Governing Group of CCGs
- Directors of Public Health Group
- Cancer Education Manchester
- Cancer Research UK
- Fresh Smokefree North East
- Greater Manchester Combined Authority Executive
- Greater Manchester Cancer VCSE Advisory Group
- Greater Manchester Fire and Rescue Service
- Greater Manchester VCSE Devolution Reference Group
- Greater Manchester LGBT Foundation
- Greater Manchester Health & Social Care Partnership
- Greater Manchester Population Health Programme Board
- Greater Manchester Tobacco Control Commissioners Group
- HMRC
- Healthier Futures CIC
- Joint Commissioning Board
- Joint Commissioning Board Executive
- Public Health England
- Trading Standards North West

6.2 Implementation

Subject to approval by the Strategic Partnership Board of Greater Manchester Health and Social Care Partnership this plan will be published in July 2017. It will be published alongside a shorter more accessible version so that the people of Greater Manchester know how we plan to achieve our targets, empower and support every smoker who wants to quit, and deliver a tobacco free generation who never start smoking. A detailed implementation plan will be published in autumn 2017 following stakeholder and public engagement.

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