

# Tobacco Control Strategy

Amy Endacott – Tobacco Control Lead

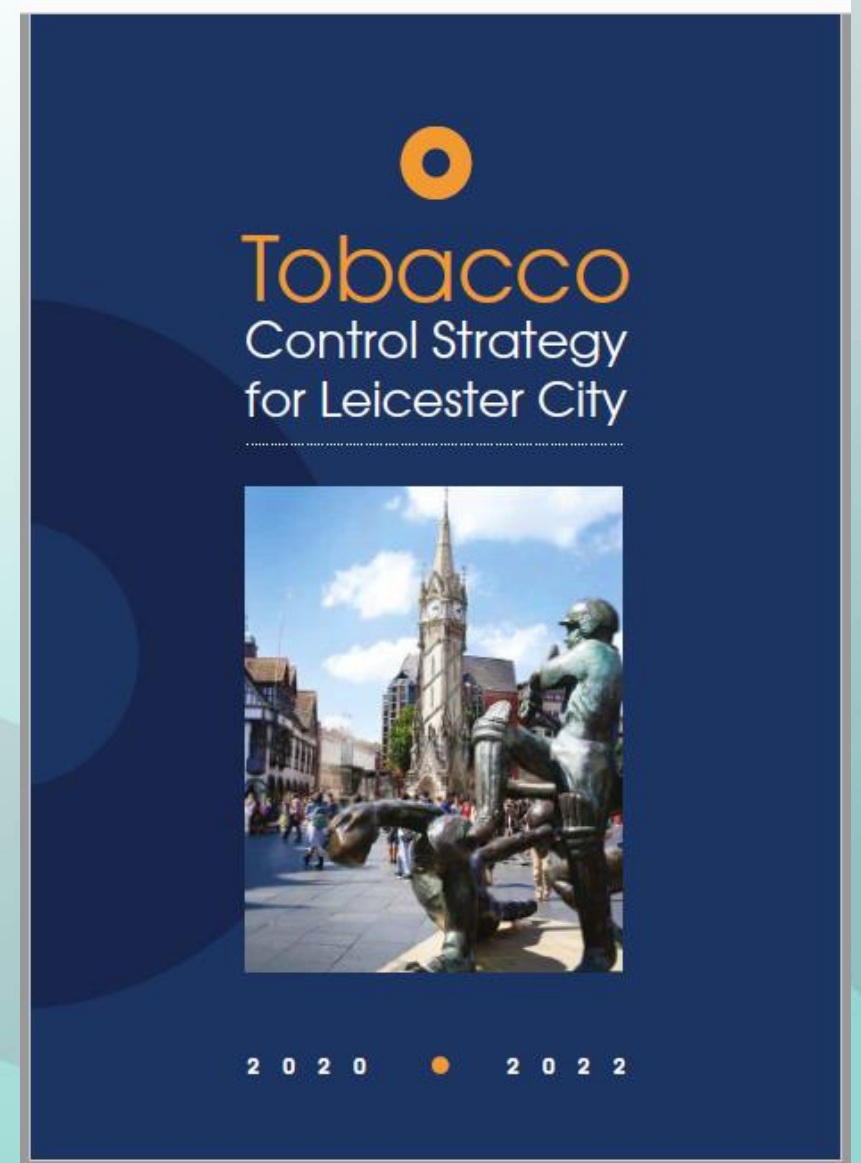
Public Health Team – Leicester City Council



Leicester  
City Council

# Tobacco Control Strategy for Leicester City – 2020-2022

- Published in March 2021
- Initially developed for 2020-2022 to align with the National Tobacco Control Strategy for England 2017-2022.
- Reflective of the 4 key ambitions laid out in the national plan, with a focus on our local priorities.



# Summary of contents

---

Local data to support a need for tobacco control

---

Achievements to date

---

Alignment with national policy and other local policies

---

Governance and partnership working

---

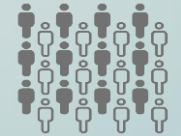
Vision and aims, and current progress against these

---

Action plan to inform future TC progress

# Local data

Local survey data shows that the following groups are more likely to smoke; males, those aged 20-34, White British and Other White communities, the unemployed and long term sick.



Children are three times more likely to smoke if they have a parent who smokes. A third of young people surveyed in the Leicester young people's health and wellbeing survey (2018) reported having a parent or carer who smokes,

Rates of smoking differ across the city with those living in the west of the city and those in our most deprived areas more likely to smoke.



Smoking in pregnancy is still a major concern in Leicester with 10.2% of women still recorded as smoking at time of delivery (SATOD) in 2020/21. Being exposed to tobacco smoke in the womb is responsible for a range of serious health and behavioural issues.

Approximately 400 lives are lost each year through smoking related illness and many more Leicester City residents spend years of their life in poor health from smoking attributable illness.



The number of Leicester City residents who have a poor mental health and wellbeing score has increased since 2015. Nearly a third of adults with poor mental wellbeing report being a smoker.

## Vision

**“To make Leicester a smoke free city by the end of 2030”**

- Aligns with the national ambition set out in the Government’s Prevention Green Paper (2019).
- In working towards this ambition consideration should be given to the wide disparity in smoking rates across different populations of our city, so efforts will need to be proportionate to those in greatest need, particularly those in routine and manual occupations, and those with mental health conditions.

# Key aims

- **Partnership working to address tobacco control within Leicester City**
- **Achieving a smoke free generation**
- **Smoke free pregnancy for all**
- **Reducing the inequality gap for those with mental ill-health**

# Why is mental health a key focus area?

- MH is so widespread in the UK – 1 in 4 adults
- MH accounts for 1/3 of all cigarettes smoked in the UK
- Prevalence is significantly higher in this group
- Average life expectancy of people with poor mental health is 10-20 years earlier than the general population – **smoking** is the single largest contributor to this life expectancy gap.
- MH smokers smoke more, and have greater nicotine dependence than other smokers

**Smokers with mental health conditions are no less likely to express a desire to stop – and they have an equal right to be supported with this**

# What is happening currently:

- CURE/NHS Long Term Plan implementation –
  - Acute
  - Maternity
  - LPT all included in this.
- Community mental health support proposals
- Live Well smoking cessation provision to all smokers wishing to quit – innovation
- Tobacco Control Alliance



# Governance and key partners

- Overseen by the joint City/County Tobacco Control Alliance to ensure no opportunity to address tobacco control is missed.
- Governed by the Leicester City Health and Wellbeing board.
- Clear links with each area of the existing HWB strategy.



# What are we anticipating from the new national tobacco control strategy?

The All Party Parliamentary Group published a report in June 2021 which provides recommendations to the Government and hints at what the new strategy should include.

It is likely to focus on how to achieve the 2030 'smoke free generation' target.

- Recommendation 4: Deliver anti-smoking behaviour change campaigns targeted at routine and manual and unemployed smokers.
- Recommendation 5: Ensure all smokers are advised to quit at least annually and given opt-out referral to Stop Smoking Services.
- Recommendation 6: Target support to give additional help to those living in social housing or with mental health conditions, who have high rates of smoking.
- Recommendation 7: Ensure all pregnant smokers are given financial incentives to quit in addition to smoking cessation support.

# “Asks” from the Health and Wellbeing Board

1. Support the actions arising from the Tobacco Control Alliance (TCA) through: promotion, sharing key communications, partnership working to achieve the goals and encouragement of staff to attend relevant training.
2. Provide representation on the TCA on an ongoing basis
3. Support the development of a robust approach to helping smokers who have mental health conditions to quit which is empathetic to their unique needs:
  - LPT have recruited a smoke free lead to progress this work within inpatient settings but it is not funded to extend into the community
  - Could the CCG consider investing in the work proposed for the community?
4. Embed tobacco control in COVID recovery work – protecting the most vulnerable in our society from the impacts of COVID, keeping people out of hospitals etc

Questions?

