

The Greater Manchester Health Commission

Tobacco, Health and Health Inequalities

A Manifesto for Action

Background

1. The Greater Manchester Health Commission is one of a number of commissions being established under the city region governance arrangements being developed by the Association of Greater Manchester Authorities.
2. The GM Health Commission is formed by representative councillors from Greater Manchester Authorities, Chairs of Greater Manchester Primary Care Trusts, and representatives from other key GM wide partners
3. The remit of the Health Commission is to explore the key determinants of poor population health and health inequalities in Greater Manchester. Subsequently, through visible political leadership, encouragement, and challenge, the GM Health Commission will hold all GM partners to account for their contribution to a step change in actions to tackle poor health in Greater Manchester, and will also seek the support of the other city region Commissions.
4. The GM Health Commission at its meeting on 4th April 2008 considered the issues of tobacco and tobacco control. The Director of Public Health leading on tobacco in Greater Manchester, and the North West Regional Tobacco control lead delivered a presentation to inform the debate. The Commission subsequently agreed to develop a 'manifesto of commitments' for the benefit of all partners.

Tobacco Control

5. The Commission was advised that Smoking is the single biggest determinant of premature death in Greater Manchester. 5000 people a year die of smoking related illness in GM. A 1% reduction in smoking would save 200 lives and the NHS £3m a year. It would also save employers £3m; people who smoke take on average 5 days off sick more than non-smokers. 5 fires are started each week in the city region due to cigarettes. Tobacco is the only lawful product that kills one in three of those who use it in the way the manufacturer intends. Over 60% of smokers say they want to give up.
6. The Commission was advised that although the 2007 legislation has been helpful in reducing exposure to second hand smoke, the impact on smoking prevalence is unclear and indeed far from smoking 'being solved' it is necessary to maintain the pressure on smoking prevalence.
7. The Commission was also advised that between one quarter and one third of all cigarettes smoked are counterfeit (e.g. not even actual branded cigarettes that are smuggled into the UK). 25% of young people had knowingly bought fake cigarettes. One recent raid in GM found 22m cigarettes which would be sold in our most deprived communities. Many counterfeit cigarettes are polluted with dangerous material. Faecal material is particularly common, including camel dung.

Smoking prevalence in Greater Manchester

8. The GM Public Health Network had commissioned a prevalence survey across Greater Manchester undertaken by the North West Public Health Observatory. The result indicates an adult smoking prevalence of 23.5%. However the commission was advised this masks a variance of between 2% and 48% within boroughs across Greater Manchester. This is significant because smoking is becoming a key indicator of inequalities, as the rate of decline in smoking prevalence is fastest in the most affluent areas. The GM wide survey will be recommissioned in 2 years time.

GM Health Commission Recommendations

9. In recognition of the urgency and significance of smoking in relation to population health and health inequalities, the GM Health Commission will take the following actions
 - a. The GM Health Commission will write to all GM Acute Hospital Trust Chief Executives requesting that Hospital sites are completely smoke free, and that the rules are enforced
 - b. The GM Health Commission will write to all GM PCT Chief Executives requesting that all health care premises and sites for which they are responsible are completely smoke free, with enforcement of the rules, as are sites belonging to independent sector providers from whom PCTs commission services
 - c. The GM Health Commission will ask the AGMA Executive to recommend that all Local Authority buildings and sites are completely smoke free, with enforcement of the rules and this is also required of sites belonging to independent sector providers from whom local authorities commission services
 - d. The GM Health Commission will ask the AGMA Executive to recommend that all local authorities explore the scope for categorising as an 18 any new film depicting smoking. To maximise the pressure on producers of films AGMA should seek support for this policy from other local authorities.
 - e. The GM Health Commission will ask the AGMA Executive to recommend that that a condition against the inclusion of actual smoking should be attached to all AGMA and local authority grants to artistic, cultural or sporting activities
 - f. The GM Health Commission will ask the AGMA Executive to recommend all local authorities to consider using planning legislation to prevent the sale of cigarettes close to check-outs in new retail outlets.
 - g. The GM Health Commission will seek assurance from the GM PCTS on the improved effectiveness of stop smoking services following recent social marketing activity
 - h. The GM Health Commission will strongly endorse any promotional activity across GM aimed at challenging social norms on smoking particularly in relation to smoking at home/around children.
 - i. The GM Health Commission will strongly endorse potentially 'shocking' promotional images where this is based on evidence of effectiveness in relation to the most deprived communities

- j. The GM Health Commission strongly supports the principle of smoke free homes and request the GM PCTs and GM Fire and Rescue Service to produce a written joint action plan for implementation
- k. The GM Health Commission will strongly endorse the proposed North West ASH submission to the national consultation on future legislation due in Summer 2008, including the following propositions
 - i. No smoking in cars with children present
 - ii. No smoking by drivers
 - iii. No smoking at outside tables for eating and drinking unless self-service.
 - iv. No smoking in the outside seats at sporting arenas
 - v. No smoking on stage
 - vi. Abolish VAT on nicotine replacement therapy
 - vii. Nationally set targets for seizing tobacco
 - viii. All films with smoking to be rated as 18
 - ix. No smoking on TV
 - x. Tobacco only to be sold from licensed premises
- l. The GM Health Commission will request that every statutory organisation in GM reviews and updates their own smoke free policies by autumn 2008.
- m. The GM Health Commission will endorse publicising the contamination within counterfeit cigarettes
- n. The GM Health Commission will ask GMAC to ensure the fight against counterfeit and smuggled tobacco is highlighted in the GMAC Strategic Assessment, and informs every GM CDRP
- o. The GM Health Commission will request a detailed action plan from the Community Safety Commission when established on the issue of smuggled and counterfeit tobacco.
- p. The GM Health Commission will wish to see a repeat of the GM wide prevalence survey, to be undertaken in 2010.
- q. The GM Health Commission will press for all partners to sign up to a target average adult smoking prevalence of 10% by 2015, and a target of no more than a 25% gap between the highest and lowest prevalences between wards in any borough. It is recognised that this will require investment in community activities to change social norms.
- r. The GM Health Commission will ask the AGMA Executive to recommend that all local authorities carry out a review of policy regarding 'looked after children' to ensure children in their care are protected from second hand smoke in their home placement environment (if they have not done so already).

10. The GM Health Commission recognises this 'manifesto' as challenging and audacious. But it is committed to the challenge of reducing smoking prevalence particularly in deprived communities and amongst young people if there is to be a dramatic improvement in the health of the population of GM and a reduction in health inequalities.

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