**The case for supra-local, system-wide, tobacco control**

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|  | **Background** |
| **Smoking drives health inequalities**  | Tobacco is the leading cause of premature years of life lost and is responsible for half the difference in life expectancy between the most and least deprived in society. Around 6.1m people still smoke in England. Smoking causes 448,000 hospital admissions and almost 64,000 deaths per year.  |
| **Smoking undermines prosperity and drives poverty** | Smoking is estimated to cost England £17.04bn per year due to health and social care costs, lost earnings and employment, and fire damage. The average smoker now spends £2,500 per year on tobacco, the same as the average energy bill. An estimated 1.64m households containing smokers are in poverty once expenditure on smoking is taken into account. |
| **More action is needed to reach a smokefree 2030**  | * The national ambition to get rates of smoking to less than 5% by 2030 is likely to be missed by 9 years.
* Progress is slowest in the most deprived deciles compared to the least deprived, risking widening inequalities.
* Multi-strand tobacco control strategies at sufficiently large population levels can stimulate quit attempts, support quit success, and prevent uptake above existing activity at place.
* However, local authority spending to reduce smoking has fallen by over 40% nationally due to reductions in the public health grant.
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| **There is public support for action on tobacco** | A representative survey for ASH found that 74% of people support the Smokefree 2030 ambition and there was majority support for all key tobacco control interventions. There was no significant difference in support when it was broken down by party voted for in the 2019 general election.  |
|  | **Evidence for system-wide working**  |
| **System-wide action can speed progress** | Areas with existing system-wide programmes have seen greater reductions in smoking than areas without. The North-East, for example, has had its regional-level programme, Fresh, since 2005. They have had the largest reduction in smoking prevalence in the country, with adult rates reducing from 29% in 2005 to 15.3% in 2019. |
| **System-wide collaboration provides an opportunity to take broader action** | An effective system-wide programme could: * Achieve economies of scale through investment in activity which is less effective or not possible at a local level,
* Add to local action to grow the level of impact across the system,
* Concentrate expertise to provide a hub of support to local policy development,
* Take a targeted approach to reducing health inequalities.
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| **There are key areas that benefit from system-wide collaboration** | An ASH report identified several tobacco control activities that were believed to be best delivered over wider geographies, including:* Mass media and communications,
* Action on illicit tobacco,
* Policy and intervention development,
* Supporting local implementation,
* Making the case for for tobacco control.
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| **Programme success is dependent on several factors**  | The report also found that programme success is dependent on:* Expertise on tobacco control,
* The ability and mandate to lead,
* Effective relationships across the system,
* Having a distinct programme of work.
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|  | **Next steps** |
| **Deciding on a geography**  | The introduction of Integrated Care Systems (ICSs) and Integrated Care Boards (ICBs) provides an opportunity for regional collaboration on tobacco control at that level. However, collaboration over wider geographies (to align with media boundaries) should also be considered.  |
| **Finding the right resources** | A collection of resources is available from ASH to support areas contemplating implementing regional-level tobacco control. These are primarily designed to support ICS-level action but can be adapted to alternative footprints. |
| **Selecting a core team to drive it forward** | Directors of Public Health will be crucial in leading and championing the set up of a systemwide programme of comprehensive tobacco control. Alongside Directors of Public Health, an enthusiastic individual or team will be needed to drive progress forward, secure funding and get the programme off the ground. Once funding is secured, a core team should be recruited to the programme to continue its work.  |
| **Identifying and securing a funding source**  | A potential funding source is the Core20PLUS5 health inequalities funding allocated to Integrated Care Boards. Smoking contributes to all conditions listed in the Core20PLUS5 framework and disproportionately impacts the Core20 population. Alternatively, pooled local authority budgets or a combination of the two could be considered.  |