



North Tyneside Council

# Health and Wellbeing Board

29 June 2022

Dear Board Member,

I now attach for your consideration at the Board meeting to be held on 30 June 2022 a supplementary report in relation to the following item:

Agenda Item	Page(s)
10. <b>The Khan Review- Making Smoking Obsolete</b> To receive an overview of The Khan Review - Making Smoking Obsolete published on 9 June 2022 and to consider the implications for the work being undertaken in borough led by the North Tyneside Smokefree Alliance.	3 - 6

Members of the public are welcome to attend this meeting and receive information about it.

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For further information about the meeting please call (0191) 643 5359.

**Members of the Health and Wellbeing Board:-**

Councillor C Burdis

Councillor K Clark (Chair)

Councillor J Kirwin

Councillor J O'Shea (Deputy Chair)

Councillor P Richardson

Wendy Burke, Director of Public Health

Jacqui Old, Director of Children's and Adult Services

Richard Scott, North Tyneside NHS Clinical Commissioning Group

Lesley Young-Murphy, North Tyneside NHS Clinical Commissioning Group

Julia Charlton, Healthwatch North Tyneside

Paul Jones, Healthwatch North Tyneside

Christine Briggs, NHS England

Helen Steadman, Newcastle Hospitals NHS Foundation Trust

Birju Bartoli, Northumbria Healthcare NHS Foundation Trust

Kedar Kale, Northumberland, Tyne & Wear NHS Foundation Trust

Patricia Whelan-Moss, TyneHealth

Craig Armstrong, North East Ambulance Service

Steven Thomas, Tyne & Wear Fire & Rescue Service

Mark Hall/Claire Wheatley, Northumbria Police

Dawn McNally, Age UK North Tyneside

Vacancy, North Tyne Pharmaceutical Committee

Cheryl Gavin, Voluntary and Community Sector Chief Officer Group

Dean Titterton, YMCA North Tyneside

**Title: The Khan Review:  
making smoking obsolete**

## **North Tyneside Health & Wellbeing Board Report Date: 30 June 2022**

**Report from:** North Tyneside Council

**Report Author:** Chris Woodcock, Senior Public Health Manager

**Relevant Partnership Board:** North Tyneside Smokefree Alliance.

### **1. Purpose:**

To provide an overview of *The Khan Review- Making Smoking Obsolete* published on 9 June 2022 including the key recommendations for national action.

### **2. Recommendations:**

The Board is recommended to:-

- a) Endorse the recommendations made within the Khan review; and
- b) Support local efforts to implement evidence-based recommendations where practical in North Tyneside.

### **3. Policy Framework**

This item relates to Section 8 of the Joint Health and Wellbeing Strategy, “Equally Well: A healthier, fairer future for North Tyneside 2021- 2025”. This item relates to smoking, a key health behaviour where the harms follow the social gradient.

### **4. Information:**

#### **4.1 Background**

Smoking remains the single biggest cause of illness and death. In 2019 the Government set an objective for England to be Smokefree by 2030 meaning only 5% of the population would smoke by then. The Khan review (9 June 2022) found that England would miss that target by at least 7 years with the poorest areas not meeting it until 2044. To have any change of hitting the smokefree target, nationally there is a need to accelerate the rate of decline. The review looked at best international evidence and current national policies and concluded that 15 national recommendations were required.

## 4.2 Continued harms

The Khan Review makes it clear that change needs to occur as we cannot accept the current levels of harm. Not even smokers like smoking. Most smokers say they want to quit.

- The proportion of young adults (18- to 24-year-olds) who have smoked rose during the COVID-19 pandemic, from a quarter to a third
- People with long-term mental health conditions are much more likely to smoke at 26%. There is a myth that smoking is a relaxant, when in fact it increases anxiety.
- Nearly 10% of pregnant women smoke at the time of giving birth, something which increases the risk of stillbirth, miscarriage and sudden infant death syndrome. Children of parents who smoke are almost 3 times as likely to take up smoking
- People in routine and manual occupations are 2.5 times more likely to smoke than people in other occupations
- People living in social housing are 3 times as likely to be smokers than those who have a mortgage
- Nationally there is a 'cost of living' crisis that will hit the poorest hardest. Often it is those who can afford it the least who spend the most on their smoking addiction. Nearly all this money goes straight out of the local economy as tobacco industry profits or tax.

## 4.3 Khan Review recommendations

The review makes 15 recommendations which present a wide-ranging approach to delivering smokefree 2030. They are direct asks of Government with regarding to funding, legislation and policy.

- Recommendation 1. Urgently invest £125 million per year in interventions to reach smokefree 2030
- Recommendation 2. Raise the age of sale of tobacco from 18, by one year, every year
- Recommendation 3. Substantially raise the cost of tobacco duties (more than 30%) across all tobacco products, immediately
- Recommendation 4. Introduce a tobacco licence for retailers to limit where tobacco is available
- Recommendation 5. Enhance local illicit tobacco enforcement by investing additional funding of £15 million per year to local trading standards
- Recommendation 6. Reduce the appeal of smoking
- Recommendation 7. Increase smokefree places to de-normalise smoking and protect young people from second-hand smoke
- Recommendation 8. Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals
- Recommendation 9. Invest an additional £70 million per year into stop smoking services, ringfenced for this purpose
- Recommendation 10. Invest £15 million per year in a well-designed national mass media campaign, supported by targeted regional media.
- Recommendation 11. The NHS needs to prioritise prevention, with further action to stop people smoking, providing support and treatment across all its services, including primary care
- Recommendation 12. Invest £15 million per year to support pregnant women to quit smoking in all parts of the country
- Recommendation 13. Tackle the issue of smoking and mental health
- Recommendation 14. Invest £8 million to ensure regional and local prioritisation of stop smoking interventions through ICS leadership
- Recommendation 15. Invest £2 million per year in new research and data

### **4.3 Local Implementation**

Although the review is centred around national recommendations, the evidence and policy which underpins those recommendations may be the most impactful approaches available to help tackle smoking. Whilst the review often requests resources or legislation, consideration could be given at a local level of the evidence-based measures which would still contribute towards the overall ambition of Smokefree 2030.

The North Tyneside Smokefree Alliance will consider in detail the Khan Review and develop a set of local actions to be delivered. The Khan Review is very clear that if significant change does not occur, harm will continue to disproportionately spread across our communities. Locally the smokefree alliance will challenge all stakeholders to do more and go further to achieve the Smokefree ambition.

### **5. Decision options:**

The Board may either:

- a) endorse the recommendations through relevant local stakeholders and local media. Board members may also wish to do this as individual agencies and support the North Tyneside Tobacco Alliance in its efforts to adapt the evidence-based recommendations for local action; or
- b) not endorse the recommendations made within the Khan Review.

### **6. Reasons for recommended option:**

Option a) above is recommended because smoking remains the single largest cause of preventable deaths in England. Despite reductions in prevalence, there are still approximately 7.3 million adult smokers and more than 200 people a day die from smoking related illness, which could have been prevented.

Recent studies highlighted that smoking killed nearly 8 million people over the last 50 years with an estimated 2 million more expected to die in the next 20 years without radical changes to smoking rates.

Endorsing the recommendations in the review may provide the required professional and public support to impact policy.

### **7. Appendices:**

The following background document has been used in the compilation of this report and is available from the author:

The Khan Review: making smoking obsolete

### **8. Contact officers:**

Chris Woodcock, Senior Public Health Manager, North Tyneside Council

## **9. Background information:**

The Khan review: making smoking obsolete

## **COMPLIANCE WITH PRINCIPLES OF DECISION MAKING**

### **10 Finance and other resources**

At this stage, there are no financial implications arising from this report. Actions may be identified by the Smokefree Alliance in future which may require a financial commitment from some partners, but there is no work currently ongoing that is beyond the remit of partners' usual activity.

### **11 Legal**

The Board has a duty under Section 195 of the Health & Social Care Act 2012 to encourage partners to work closely together and in an integrated manner for the purpose of advancing the health and wellbeing of the people in the area.

### **12 Consultation/community engagement**

The Khan Review was produced after an extensive national engagement and consultation process and the contributor's included experts from the North East.

### **13 Human rights**

There are no human rights implications directly arising from this report.

### **14 Equalities and diversity**

Smoking is significant contributor to health inequalities. The report highlights the unequal harm caused across our communities and in achieving the vision, it will also help tackle health inequalities

There are no equalities and diversity implications directly arising from this report.

### **15 Risk management**

No risk assessment has taken place. Any risks identified can be managed following the Council and partners' existing risk processes.

### **16 Crime and disorder**

There are no crime and disorder implications directly arising from this report.