

Associated guidance for this document can be found [here](#). Each section has a link to the relevant section within the guidance document.

1 Details of the activity (i.e. the policy, strategy, service, project or function)

1.1 Directorate	Health, Housing & Communities
1.2 Service	Public Health & Integrated Commissioning

1.3 Title of the activity (i.e. the policy, strategy, service, project or function):
To obtain Cabinet's approval to support the consultation proposals for Creating a Smokefree Generation and Tackling Youth Vaping.

1.4 Brief description of the activity:
<p>Department of Health and Social Care have presented a policy paper 'Stopping the Start: our new plan to create a smokefree generation' to Parliament which outlines the governments wish to create a smokefree generation unaffected by the extraordinary harms of addiction-driven smoking and tackle youth vaping. A consultation exercise is being carried out which closes on 6th December 2023.</p> <p>Cabinet is requested to authorise the Executive Director of Health, Housing and Communities in consultation with the Portfolio Holder for Health and Social Care in consultation with the Health and Wellbeing Board to respond to Creating a Smokefree Generation and Tackling Youth Vaping consultation on the proposed actions the UK Government will take to reduce smoking and youth vaping.</p>

1.5 If the activity involves working with other directorates, partners or joint commissioning please state who is involved:
<p>The council is working with the following teams and partnership to compile a response:</p> <p>Health, Housing and Communities Directorate Public Health & Integrated Commissioning Starting Well Delivery Board Living Well Delivery Board Sunderland Health and Wellbeing Board Sunderland Smokefree Partnership Fresh North East</p>

1.6 Will all or part of the activity be delivered through a provider external to the Council? If Yes, please refer to the Corporate Procurement Processes
No

1.7 If Yes, please explain what element(s) of the activity will be delivered through an external provider:
N/A

1.8 Which areas of the city will be impacted?	
Whole City	<input checked="" type="checkbox"/>
Coalfield	<input type="checkbox"/>
East	<input type="checkbox"/>
North	<input type="checkbox"/>
Washington	<input type="checkbox"/>
West	<input type="checkbox"/>
Internal Council Activity – Impact on employees	<input type="checkbox"/>

1.9 Is the activity targeted at protected characteristics or any other key groups?	
All of the below	<input type="checkbox"/>
Age (e.g. older people, younger people/children, a specific age group)	<input checked="" type="checkbox"/>
Disability (e.g. mobility, long term health conditions, sensory impairment or loss, learning disability, neurological diversity or mental health)	<input checked="" type="checkbox"/>
Marriage and civil partnership	<input type="checkbox"/>
Pregnancy and maternity (including breastfeeding)	<input checked="" type="checkbox"/>
Race	<input type="checkbox"/>
Religion or belief (including no belief)	<input type="checkbox"/>
Sex	<input type="checkbox"/>
Gender reassignment	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>
Human Rights	<input checked="" type="checkbox"/>
Care Experienced People	<input type="checkbox"/>
Other vulnerable groups and people with complex needs (e.g. veterans, children and young people who are cared for or care experienced, carers, domestic abuse victims and survivors, ex-offenders etc.)	<input type="checkbox"/>
People vulnerable to socio-economic deprivation (e.g. unemployed, low income, living in deprived areas, poor/no accommodation, low skills, low literacy etc.)	<input checked="" type="checkbox"/>

Completed by:	Tammy Smith, Public Health Lead
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Version	Status	Author	Comments	Date Issued
V1	Draft	Tammy Smith		26/10/2023

2 Data and Intelligence

[Guidance for this section](#)

2.1 What data and intelligence has informed the activity?
Sunderland's Joint Strategic Needs Assessment Public Health Burden of Evidence Review Children and Young Peoples Health Related Behaviour Questionnaire Sunderland Tobacco Health Equity Audit Public Health Profiles ASH Up in Smoke report The Khan Review: Making Smoking Obsolete Stopping the Start Policy Paper World Health Organisation Hospital Episodes Statistics NHS Statistics on Tobacco Consultation with key stakeholders including those with lived experience

2.2 Summary of data / intelligence / consultation outcomes to inform understanding of differences in:
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- | |
|--|
| <ul style="list-style-type: none">• the way people use, access or experience your activity;• how the activity may impact; and/or• outcomes for different groups? |
|--|

National data and intelligence tells us that tobacco is the single most important entirely preventable cause of ill health, disability and death in this country, responsible for 64,000 deaths in England a year. No other consumer product kills up to two-thirds of its users. An independent review in 2022 found that, if we do not act, nearly half a million more people will die from smoking by 2030.

Smoking causes harm throughout people's lives. It is a major risk factor for poor maternal and infant outcomes, significantly increasing the chance of stillbirth and can trigger asthma in children. It leads to people needing care and support on average a decade earlier than they would have otherwise, often while still of working age.

Smokers lose an average of ten years of life expectancy, or around one year for every 4 smoking years. Smoking causes around 1 in 4 of all UK cancer deaths and is responsible for the great majority of lung cancer cases. Smoking is also a major cause of premature heart disease, stroke and heart failure and increases the risk of dementia in the elderly. Non-smokers are exposed to second-hand smoke (passive smoking) which means that through no choice of their own many come to harm - in particular children, pregnant women, and their babies.

Smoking puts significant pressure on the NHS. Almost every minute of every day someone is admitted to hospital because of smoking, and up to 75,000 GP appointments could be attributed to smoking each month - equivalent to over 100 appointments every hour.

In Sunderland approximately 34,000 adults continue to smoke; 512 people are estimated to die from smoking every year – for every death it is estimated around 30 smokers are living with a smoking-caused disease and 4,846 people visited hospital as a result of smoking attributed hospital admissions (2019/20).

Those who are unemployed, on low incomes or living in areas of deprivation are far more likely to smoke than the general population. Smoking attributable mortality rates are 2.1 times higher in the most deprived local authorities than in the least deprived.

Smoking has a destructive financial impact on both individuals and the economy and reinforces health inequalities, people living in more deprived areas are more likely to smoke and less likely to quit. Smoking is a very costly addiction that is preventing employment, driving down wages and costing the economy in Sunderland millions.

The average smoker in Sunderland spends around £2,451 a year, a total of £82.2m is spent by the population of Sunderland as a whole annually. Higher smoking rates are linked with virtually every indicator of social and economic disadvantage, those at the sharp end of inequalities are more likely to smoke and suffer significant income loss and harm to health whilst continuing to line the pockets of the tobacco manufacturers. Poverty pressures continue to be a major issue and many households are undoubtedly struggling with the average spend on tobacco which in Sunderland is over £200 per month or £47 a week, this would be enough to cover the energy bill for a typical household in Great Britain. The employment chances and average earnings of a smoker are also damaged by smoking negatively affecting both earnings and employment prospects.

It is estimated that the total costs of smoking in England are over £17 billion. This includes an annual £14 billion loss to productivity, through smoking related lost earnings, unemployment, and early death, as well as costs to the NHS and social care of £3 billion.

Impact on Health and Social Care in Sunderland:

- both current and former smokers require care in later life as a result of a smoking related illnesses costing the local authority an estimated £6.9 million;

- £3.3 million in Residential Care
- £3.6 million in Domiciliary care as a result of smoking-related ill health;
- 6,300 people are currently provided informal social care by friends/ family
- 2,600 people's social care needs are currently being unmet

If these were both replaced with formal paid care, it would cost the social care system in Sunderland an additional £80.3 million. A further £11.9 million is spent on healthcare costs in Sunderland as a result of smoking– related hospital admissions and the cost of treating smoking related illness via primary care services.

Most smokers know about these risks and, because of them, want to quit - but the addictive nature of cigarettes means they cannot. Three-quarters of current smokers would never have started if they had the choice again and on average it takes around 30 quit attempts to succeed.

The majority of smokers start in their youth and are then addicted for life. More than 4 in 5 smokers start before the age of 20. Therefore, it is much easier to prevent people from starting smoking in the first place.

While overall youth smoking rates are at an all-time low, smoking in young people is twice as common in those from disadvantaged backgrounds. Evidence shows that children of smokers are up to three times more likely to smoke themselves meaning that health inequalities can often persist throughout generations.

As smoking remains an addiction which is largely taken up in childhood we know young people become addicted before they fully understand the associated health risks.

The most recent data within the North East showing the proportions of pupils who were current smokers, by region and sex 2021 highlights 4% of boys and girls currently smoke compared to 3% England Average.

There is strong public support for action: 77% of adults in England support government action to limit smoking or think the government should do more.

In the North East over half of the proportion of adults believe the Government could be doing more to limit smoking, with 78% of the public continuing to support the ambition of Smokefree 2030.

Vapes are substantially less harmful than smoking because they do not contain tobacco, and therefore can be an effective tool in supporting smoking cessation. Vaping is already estimated to contribute to an extra 50,000 to 70,000 smoking quits per year in England. Ensuring that vapes continue to be available to current adult smokers is vital to reducing smoking rates.

However, the number of children using vapes has tripled in the past 3 years and a staggering 20.5% of children had tried vaping in March to April 2023. Due to nicotine content and the unknown long-term harms, vaping carries risk of harm and addiction for children.

3 Equality and Human Rights

[Guidance for this section](#)

3.1 Eliminate discrimination, harassment and victimisation

What impact will the activity have?

Not Applicable

Explain how/why:

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3.2 Advance equality of opportunity between people who share a protected characteristic and those who do not

What impact will the activity have?

Positive

Explain how/why:

Restricting the sale of tobacco through raising the age of sale by one year each year for people born in 2009 onwards will stop people from ever starting to smoke and will create the first smokefree generation. This will support a significant reduction in the numbers of young people developing a tobacco dependency at an early age and avoid the poorer health and economic outcomes as a result of this.

3.3 Foster good relations between people who share a protected characteristic and those who do not

What impact will the activity have?

Positive

Explain how/why:

The proposal in relation to disposable vapes will have a universal environmental impact through the reduction of waste and recycling materials. Wider societal benefits from restricting the same of tobacco will be seen through a reduction in demand on health care services following the reduction of those that take up smoking as a young person. Thereby freeing up resources for other health and care priorities.

3.4 Age (older ages, children and young people, middle ages, an age range or a specific age)

What impact will the activity have?

Positive

Explain how/why:

Restricting the sale of tobacco through raising the age of sale by one year each year for people born in 2009 onwards will stop people from ever starting to smoke and will create the first smokefree generation. This will support a significant reduction in the numbers of young people developing a tobacco dependency at an early age and avoid the poorer health and economic outcomes as a result of this.

Restricting vape flavour and regulating packaging and presentation of vapes will reduce the targeting of vapes to children and young people, this will restrict the market and lead to less children and young people taking up vaping.

3.5 Disability (mobility, long-term health conditions, sensory, learning disability, neurological diversity or mental health)
What impact will the activity have?
Positive
Explain how/why:
Reducing the numbers of people who start to smoke will improve long term outcomes for the population of Sunderland, specifically in relation to long-term health conditions. It will also impact upon life expectancy rates and health life expectancy rates.

3.6 Gender reassignment (the process of transitioning from one sex to another)
What impact will the activity have?
Not Applicable
Explain how/why:

3.7 Marriage and Civil Partnership
What impact will the activity have?
Not Applicable
Explain how/why:

3.8 Pregnancy and maternity (including breastfeeding)
What impact will the activity have?
Positive
Explain how/why:
Reducing the uptake of smoking will reduce the number of pregnant smokers of that generation who go on to have children. This increased the outcomes for both the mother and the baby.

3.9 Race (colour, ethnicity, country of origin, culture, etc.)
What impact will the activity have?
Not Applicable
Explain how/why:

3.10 Religion / Belief (including no belief)
What impact will the activity have?
Not Applicable
Explain how/why:

3.11 Sex (male or female)
What impact will the activity have?
Not Applicable
Explain how/why:

3.12 Sexual orientation
What impact will the activity have?
Not Applicable
Explain how/why:

3.13 Will the activity impact on an individual's Human Rights as enshrined in UK law?
What impact will the activity have?
Positive
Explain how/why:
Reducing the uptake of smoking within a generation will lead to more improved health outcomes, reduced demand on health and social care and allow individuals to reach their full potential.

3.14 Other vulnerable groups and people with complex needs (e.g. veterans, children and young people cared for and care experienced, carers, domestic abuse victims and survivors, ex-offenders, homeless or multiple complexities/characteristics)
What impact will the activity have?
Positive
Explain how/why:
See reference to socio-economic deprivation below.

4 Reducing socio-economic and digital inequalities

[Guidance for this section](#)

Will the activity:

4.1 Impact on residents' financial circumstances?	Positive
4.2 Impact on housing, including type, range, affordability, quality and/or condition?	Not Applicable
4.3 Impact on digital inclusion or access?	Not Applicable
4.4 Impact on education, skills and lifelong learning?	Not Applicable
4.5 Impact on employment, including quality and access?	Positive

4.6 Outline the impact your activity will have, including how you propose to mitigate any negative impacts and maximise positive outcomes
The average smoker in Sunderland spends around £2,451 a year, a total of £82.2m is spent by the population of Sunderland as a whole annually. Higher smoking rates are linked with virtually every indicator of social and economic disadvantage, those at the sharp end of inequalities are more likely to smoke and suffer significant income loss and harm to health whilst continuing to line the pockets of the tobacco manufacturers. Poverty

pressures continue to be a major issue and many households are undoubtedly struggling with the average spend on tobacco which in Sunderland is over £200 per month or £47 a week, this would be enough to cover the energy bill for a typical household in Great Britain. The employment chances and average earnings of a smoker are also damaged by smoking negatively affecting both earnings and employment prospects.

It is estimated that the total costs of smoking in England are over £17 billion. This includes an annual £14 billion loss to productivity, through smoking related lost earnings, unemployment, and early death, as well as costs to the NHS and social care of £3 billion.

Including these core details within the consultation feedback will strengthen the case for change.

4.7 Outline how you will measure the anticipated impact(s)

This is a government consultation response which will highlight the key date and intelligence summarised within section 2.2 above. The impact of the work will take place once national policy has been developed following the consultation feedback stage.

5 Improving population health and reducing health inequalities

Guidance for this section

Will the activity:

5.1 Help promote healthy living?	Positive
5.2 Help promote safe and inclusive environments?	Not Applicable
5.3 Impact on children, young people and families?	Positive
5.4 Impact on natural and built surroundings?	Not Applicable
5.5 Impact on accessibility and active travel encouraging active behaviours?	Not Applicable
5.6 Impact on living independently?	Not Applicable

5.7 Outline the impact your activity will have, including how you propose to mitigate any negative impacts and maximise positive outcomes

The reduction of the uptake of smoking will have clear positive outcomes on the resident population of Sunderland which will impact on children and young people and also adult populations as we follow the generation. The regulation of vapes will support the reduction of the uptake of vaping within our children and young people population.

5.8 Outline how you will measure the anticipated impact(s)

This is a government consultation response which will highlight the key date and intelligence summarised within section 2.2 above. The impact of the work will take place once national policy has been developed following the consultation feedback stage.

6 Carbon reduction and sustainability

[Guidance for this section](#)

Will the activity:

6.1 Impact on carbon reduction or the use of renewable energy?	Not Applicable
6.2 Impact on the effects of climate change adaptation?	Not Applicable
6.3 Impact on reducing, re-using and recycling resources?	Positive
6.4 Impact on construction?	Not Applicable

6.5 Outline the impact your activity will have, including how you propose to mitigate any negative impacts and maximise positive outcomes

Disposable vapes have an environmental impact – there is a concern about the threat that single-use disposable products pose to the environment and the large number of children that are using disposable vapes. The government is considering restricting the sale of disposable vapes using powers under section 140 of the Environmental Protection Act 1990.

Other environmental concerns exist in relation to recycling and disposal of vapes and cigarette litter.

6.6 Outline how you will measure the anticipated impact(s)

This is a government consultation response which will highlight the key date and intelligence summarised within section 2.2 above. The impact of the work will take place once national policy has been developed following the consultation feedback stage.

7 Community wealth building

[Guidance for this section](#)

Will the activity:

7.1 Impact on community wealth and social value?	Not Applicable
7.2 Impact on social inclusion, integration, and fostering good relations?	Not Applicable
7.3 Impact on crime reduction, anti-social behaviour and community safety?	Not Applicable
7.4 Impact on access to services?	Not Applicable

7.5 Outline the impact your activity will have, including how you propose to mitigate any negative impacts and maximise positive outcomes

7.6 Outline how you will measure the anticipated impact(s)

8 Key Actions

Any key actions identified throughout the IIA should be recorded here. This will be the action plan linked to your activity and should be implemented to ensure all inequalities or negative impacts are mitigated.

Key Actions	Timescale	Responsible Officer	Review Date
Consultation response submitted by Director of HHC and Health and Wellbeing Board on behalf of the council	Dec-23	Julie Parker Walton	06/12/2023
Continued monitoring of policy and legislative updates as directed by national government	Ongoing	Julie Parker Walton	06/12/2023

Responsible officer sign off:

Name Julie Parker Walton

Job Title Consultant in Public Health

Responsible officer for reviewing actions:

Name Tammy Smith

Job Title Public Health Lead

Once the Integrated Impact Assessment is complete, please send to IIA@sunderland.gov.uk.