Engaging Local Government with cancer prevention and tobacco control in Greater Manchester

Stacey Arnold, Cancer Research UK
We engage with Local Government in order to create the political will to tackle local cancer priorities.

By working at the point where decisions are made, we will beat cancer sooner.
Why influence locally?

The Health and Social Care Act 2012: led to significant changes to the NHS, with local authorities now taking the lead on public health.

Devolution: Health devolution is transferring power from central to local government – the rationale being that local areas are best-placed to make decisions based on local needs.

Sustainability and Transformation Plans: closer integration NHS and local councils in 44 areas with the aim of improving health and care

Cancer Alliances: bringing together clinicians and decision-makers for the whole cancer patient pathway in an area - to deliver the Independent Cancer Taskforce’s ambitions.
The pathway meets public health...

4 IN 10 CANCERS CAN BE PREVENTED

These are proven ways to reduce the risk of cancer. Percentages and circle sizes show the maximum proportion of cancer cases that could be prevented each year in the UK. Percentages shown are based on UK prevalence of risk factors and incidence of cancer types, they are not Greater Manchester-specific.

LIFESTYLE
- KEEP A HEALTHY WEIGHT (5%)
- BE SMOKE FREE (19%)
- EAT FRUIT & VEG (5%)
- DRINK LESS ALCOHOL (4%)
- MINIMISE CERTAIN INFECTIONS (3%)
- MINIMISE RISKS AT WORK (4%)
- BREASTFEED (1%)
- BE SUNSMART (3%)

OTHER
- MINIMISE OBESITY (3%)
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CANCER RESEARCH UK
Local Government

Two tier councils:
Consist of one County council (upper tier) and lots of District councils (lower tier). County councils are responsible for 80% of services including health.

Unitary authorities:
Consist of one upper tier council with responsibility for all services, including London boroughs and Metropolitan districts.

District councils:
Cover a smaller area and provide more localised services (e.g. housing). They can be called district, borough or city councils.
Why Greater Manchester?

SMOKING RATES IN GM

ADULT SMOKING RATE\(^1\) 19.9%

The percentage of adults over 18 currently smoking cigarettes in Greater Manchester is higher than the England average of 16.9%.

ROUTINE AND MANUAL SMOKING RATES\(^2\) 29.8%

The percentage of routine and manual workers smoking in Greater Manchester is higher than the England average of 26.5%.

SMOKING RATE IN CHILDREN\(^3\) 3.3%

The percentage of children aged 11 - 15 who are regular smokers in Greater Manchester is higher than the England average of 3.1%.

Lung cancer is the number one cause of cancer death in Greater Manchester.

LUNG CANCER INCIDENCE IN GM\(^12\)

A map ranking the average lung cancer incidence at local authority level in Greater Manchester.

More than 8 in 10 lung cancer cases are caused by tobacco.
Survival is not equal across cancer types...
More than 4 in 5 UK lung cancers are caused by smoking...
Taking a reading: Greater Manchester

Smoking not only costs lives in GM, it costs money

- Each year the cost of smoking to society is £772,546,208
- The cost of smoking to the NHS each year is £106,688,456
- The cost of early deaths caused by smoking is £201,365,519
- The total additional spending on social care, as a result of smoking, for adults aged 50 and over (2015/16) was approximately £76,585,502

Smoking is a major factor behind health inequalities

87,782 households in Greater Manchester with a smoker fall below the poverty line. If these smokers were to quit, 34,131 households would be elevated out of poverty.
SMOKING RATES DECLINE WITH ACTION

1952: CR-UK part-funded British Doctors Study is first to demonstrate smoking link to lung cancer

1965: Advertising of tobacco on TV ends in the UK

1980s: Tax rises for tobacco products

2000s: Media campaigns and services to help people quit

2002: Larger health warnings

2003: Billboard and print ads prohibited

2007: Smokefree policies introduced across the UK

2012: Point of sale displays removed in large shops

2015: Small displays removed

2015: Ban on smoking in cars with children, England & Wales

2016: EU Tobacco Products Directive (TPD) implemented

2017: All packs standardised and new tax measures

SMOKING RATES DON'T COME DOWN ON THEIR OWN
During the 1990s, there were periods when smoking rates stopped declining
Our Target Audiences

Politicians: Leaders, Portfolio Holders for Health, Chairs of Health and Wellbeing Boards, Health Scrutiny, GMCA and the GM Mayor

Officers: Directors of Public Health
Public Health tobacco control leads

Health decision-makers: GM Health and Social Care Partnership,
GM Cancer Vanguard
CCGs
Public Health England NW

Action on Smoking and Health (ASH)
Smokefree Action Coalition
Public Health England
Local Government Association
Healthier Futures and Fresh NE
Our aims in Greater Manchester

1. In the context of devolution, build the political will to support comprehensive tobacco control initiatives across Greater Manchester and accelerate improvement in smoking rates - bringing Greater Manchester closer to the England average.

2. Work locally to protect specialist Stop Smoking Services across Greater Manchester - as the best way to help smokers quit successfully.

3. Support public health teams to develop comprehensive tobacco control plans and deliver effective interventions for their borough/population.

4. Shape and support the Greater Manchester Cancer Plan and emerging Tobacco Control Plan – particularly in relation to prevention and early diagnosis.

CRUK ambition: To become a smokefree UK by 2035, where less than 5% of the adult population smokes.
How we engage...

- Meetings with key decision-makers and politicians
- Support for public health team and tobacco leads
- Providing local statistics and evidence – e.g. JSNAs
- Joining Tobacco Control Alliances and other groups e.g. VCSE Advisory Group to the GM Cancer Board
- Presentations at full council meetings, Health and Wellbeing Boards and other groups
- Events: including Lab Tours, which allow us to present our research work together with the need for local political action
- Providing draft papers, speech notes and notices of motion
- Formally responding to consultations
- PR opportunities – e.g. World Cancer Day
- CRUK campaigns activity – Don’t Quit on Us
It pays to quit

- Giving up smoking is the best thing a person can do for their health.
- Smokers are around three times more likely to quit with specialist support and medication.
- Every £1 spent on smoking cessation saves around £10 in health costs and gains.
- Evidence-based tobacco control measures include:
  - specialist Stop Smoking Services
  - mass media campaigns to inspire quits
  - measures to target illicit tobacco

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**WHAT'S THE MOST SUCCESSFUL WAY TO STOP SMOKING?**
SUCCESS OF POPULAR METHODS COMPARED WITH GOING COLD TURKEY

<table>
<thead>
<tr>
<th>Method</th>
<th>Success Rate</th>
</tr>
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<tbody>
<tr>
<td>Cold Turkey</td>
<td>40%</td>
</tr>
<tr>
<td>NRT</td>
<td>60%</td>
</tr>
<tr>
<td>E-Cigarettes</td>
<td>65%</td>
</tr>
<tr>
<td>Combined specialist support and prescription medication*</td>
<td>225% More Successful</td>
</tr>
</tbody>
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*Combined specialist support and prescription medication is the most successful way to stop smoking.*
COMPREHENSIVE TOBACCO CONTROL
BUILDING POLITICAL WILL

NHS Statement of Support for Tobacco Control
Local Government Declaration on Tobacco Control
CLeaR assessment
Tobacco Control Alliance
WHO Framework Convention on Tobacco Control
Smokefree site: policy into practice
STOPPING CANCER IN ITS TRACKS IN GREATER MANCHESTER

Boosting cancer prevention and early diagnosis
WILL YOU JOIN THE 780+ COUNCILLORS WHO’VE ADDED THEIR SUPPORT?

Don’t Quit on Us

We’re calling on the Chancellor to put Public Health funding on a sustainable footing to protect Stop Smoking Services and mass media campaigns which are effective at helping smokers beat their addiction.

www.cancerresearchuk.org/dontquitonus
It’s not all rosy...

Public Health budgets are to be reduced by average of 3.9% p/a until 2020.

Cuts continue to bite
➢ 60% of councils cutting Stop Smoking Services, despite broad support for them

Public health funded through local business rates retention – GM pilot

Funding crisis for NHS and social care

STPs and Devo:
Disruption, Disharmony, Delays

The long wait for the Government’s Tobacco Control Strategy
Conclusion

Local work will become more important than ever as areas consolidate their STP arrangements and more areas secure devolution deals on health.

Cancer Research UK will continue to be a voice standing up for public health funding for prevention, and for vital health services.
CRUK in Greater Manchester

- Funding life-saving research locally, including our role as a lung cancer centre of excellence.
- Raising public awareness via the Cancer Awareness Roadshow
- ‘Be Clear on Cancer’ bowel cancer campaign
- ACE programme: exploring alternative approaches to cancer diagnosis and care pathways
- Providing practical support for primary care professionals, including workshops and the funding of strategic GP leads
Who we are

We are the Cancer Research UK Facilitators.

We are working directly with the health system to drive improvement in cancer prevention and diagnosis.
How we do it

We provide support in many ways, including:

- We help health professionals to understand their cancer data
- We provide training and tools on key topics such as screening programmes and referral guidelines
- We support local organisations to action plan together
- We influence the strategic planning of health services
Who we work with

- GP practices, dentists, pharmacists and public health
- Hospitals and organisations delivering diagnostic services
- Commissioners and planners of cancer care
Where we work

Our programme covers England, Wales and Scotland.

<table>
<thead>
<tr>
<th>Location</th>
<th>Contact Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bury, HMR, Bolton</td>
<td><a href="mailto:Nicola.Harrison@cancer.org.uk">Nicola.Harrison@cancer.org.uk</a></td>
</tr>
<tr>
<td>Manchester, Stockport</td>
<td><a href="mailto:Steve.Jones@cancer.org.uk">Steve.Jones@cancer.org.uk</a></td>
</tr>
<tr>
<td>Oldham, Tameside &amp; Glossop</td>
<td><a href="mailto:Azra.Zia@cancer.org.uk">Azra.Zia@cancer.org.uk</a></td>
</tr>
<tr>
<td>Trafford, Salford, Wigan &amp; E. Cheshire</td>
<td><a href="mailto:Dan.Clark@cancer.org.uk">Dan.Clark@cancer.org.uk</a></td>
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Our ambition

Our goal is to have real impact on people’s lives by helping the health system provide better cancer care.

By 2034 we want to have 3 in 4 people surviving a cancer diagnosis and fewer cancers occurring.
THANK YOU

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