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**Meeting** Health and Well-Being Board

**Date** 31 January 2013

**Subject** **Smoking cessation/tobacco control**

**Report of** Joint Director of Public Health, Barnet and Harrow

**Summary of item and decision being sought** This paper outlines public health intentions to ensure that smoking cessation targets continue to be met in Barnet, that smoking in pregnancy is reduced in line with a commitment in the joint health and wellbeing strategy and that a school based programme is initiated to support young people to avoid smoking. A review of tobacco control measures is also proposed.

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**Reason for Report** This report is a follow up to the Annual Report of the former Director of Public Health in May 2012. It updates the Board on action to address priorities identified in that report.

**Partnership flexibility being exercised** NA

**Wards Affected** The health consequences of smoking affects all wards.

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## **1. RECOMMENDATION**

- 1.1 To support the recommended actions to ensure continued performance of smoking cessation services with further targeted investment to reduce smoking in pregnancy and uptake of smoking amongst children.

## **2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD**

- 2.1 The Annual Report of the Director of Public Health 2012-13 was approved by the Board on 31 May 2012. It examined health burden of smoking in Barnet and identified the following priorities:

- To reduce the number of young people taking up smoking each year;
- To encourage and enable smokers to quit;
- To contribute to protecting families and communities from second-hand smoke

## **3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)**

- 3.1 Targets set by Barnet Health and Well Being Strategy 2012-15 include:

- Meet the London target of reduction of 20% in the number of people smoking by 2016
- Reduce the smoking in pregnancy rate from 10% to below the London average of 7.5%.

- 3.2 The strategy also prioritises action to:-

- Discourage uptake of smoking in children by working with partners in education and community groups and to increase the range of people within the public and private sector trained to provide smoking cessation advice.

## **4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS**

- 4.1 Smoking is estimated to result in 353 deaths each year in Barnet. Smoking related mortality and morbidity are the major driver of health inequalities.

## **5. RISK MANAGEMENT**

- 5.1 Smoking cessation performance is incorporated in public health key performance indicators and any risks in achievement of targets would be registered.

## **6. LEGAL POWERS AND IMPLICATIONS**

- 6.1 Section 12 of the Health and Social Care Act 2012 introduces section 2B to the NHS Act 2006. This imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area. Steps that may be taken include providing information and advice, providing services or facilities designed to promote healthy living, providing services for the prevention, diagnosis or treatment of illness, providing financial incentives to encourage individuals to adopt healthier lifestyles, providing assistance (including financial) to help individuals to minimise any risks to health arising from their accommodation or environment, providing or participating in the provision of training for persons working or seeking to work in the field of health improvement, making available the services of any person or any facilities.

- 6.2 The Health and Social Care Act 2006 transfers from PCTs to local authorities the responsibility for smoking cessation services and tobacco control.

- 6.3 Enforcement of the law and trading standards concerning tobacco sale, tobacco use and shisha smoke would contribute to local tobacco control.

## **7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC**

- 7.1 Additional smoking cessation investments will be made from and contained within the ring fenced public health allocated budget. The exact details are currently under review but are estimated to be approx £50,000. Following the announcement of the public health grant allocation, the public health commissioning intentions will look at how available resources will be prioritised to support them.

## **8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS**

- 8.1 Smoking cessation services routinely collect feedback from service users to inform service development.

## **9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS**

- 9.1 Potential delivery options are being explored with providers.

## **10. DETAILS**

- 10.1 Over the last few years, Barnet has consistently exceeded its NHS smoking cessation target. Last financial year 2,290 smokers managed to quit through Barnet Stop Smoking Services (Our target was 2,228). Smoking prevalence in Barnet is estimated at 16.6% which is below the London average of 19%. With current performance of Barnet Stop Smoking Services, it will be in line with the London target of reduction of 20% in the number of people smoking by 2016 (measure set by Barnet Health and Well Being Strategy 2012-15).

- 10.2 In order to maintain this performance training and encouraging all front-line NHS and local authority personnel in brief intervention (level 1) is required. This training encourages sign-posting to smoking cessation services and evidence suggests that training of front line staff in brief intervention contributes to an increase in the uptake of services and number of successful quits. Currently most of the front line hospital and GP Practice staff are trained in level 1 and level 2. We would like to extend this further by integrating the training into core induction programme for all health and social care staff.

- 10.3 Barnet Health and Well Being Strategy (2012-15) set the priority to reduce the smoking in pregnancy rate from 10% to below the London average of 7.5%. We had 551 pregnant smokers from among 5529 pregnancies in 2011 which is just under 10%. NICE recommendations emphasise training of all midwives and health care workers who are in contact with pregnant women to get trained in level 1, level 2 and level 3 smoking cessation to provide intensive, flexible, tailor made support to pregnant smokers.

In order to meet the 7.5% target we need an additional 136 long term quitters which requires approximately 350 four week quitters. We are currently conducting an options appraisal and business case will follow.

- 10.4 Supporting young people to avoid initiating smoking is particularly important because the perpetuation of tobacco use through successive generations is one of the major causes

of health inequality. Currently we are conducting an options appraisal for the delivery of a school based programme and a business case will follow.

- 10.5 NICE guidelines recommend that smoking prevention programmes targeting children and young people should be embedded into the school curriculum and help contribute into decision making by young people. Anti-smoking activities should be delivered as part of PSHE programmes and be entertaining, factual and interactive. Consider offering evidence-based, peer-led interventions aimed at preventing the uptake of smoking such as the ASSIST (A Stop Smoking in School Trial<sup>[1]</sup>) programme. They should:
- link to relevant PSHE activities
  - be delivered both in class and informally, outside the classroom
  - be led by young people nominated by the students themselves (the peer leaders could be the same age or older)
  - ensure the peer leaders are trained outside school by adults who have the appropriate expertise
  - ensure peer leaders receive support from these experts during the course of the programme
- ensure young people can consider and, if necessary, challenge peer and family norms on smoking, discuss the risks associated with it and the benefits of not smoking.
- 10.6 There are some examples of practice elsewhere to inform us. Harrow has previously commissioned a mentoring support project to help young smokers to quit. Hammersmith and Fulham SSS produced online educational material Operation Smoke Storm ([www.operationsmokestorm.com](http://www.operationsmokestorm.com)). It has been shown to improve student attitudes and misconceptions held about smoking and the model is now being used across London.
- 10.7 In order to ensure appropriate measures to protect families and communities from second-hand smoke and regulation of tobacco sales and shisha bars, a review of tobacco control measures and partnership is intended. Proposals for action that could include action to discouraging smoking in homes/cars, regulation of advertising, tobacco sales and shisha bars and control of smuggled and counterfeit tobacco can be reported to the board at a later date.

## **11 BACKGROUND PAPERS**

### 11.1 None

Legal – HP

CFO – JH