



Smoking Cessation Scrutiny

Lead Member Foreword



Barking and Dagenham has the third highest rate of smokers in London and the eighth highest in England. In more real terms, in our community one person dies every day from a smoking related disease and of all deaths in the Borough, a fifth has causes linked to the harmful effects of smoking. Yet, despite the above, people continue to smoke, seemingly without regard to their potential long term health problems.

At the beginning of this process the Select Committee reviewed all of the work already taking place within the Borough and was pleased to note that the Partnership has already made a positive start towards tackling these issues with particular emphasis on the implementation of its Tobacco Strategy, in partnership with agencies such as the NHS Barking and Dagenham, the Stop Smoking Service and the Council for Voluntary Services.

This has enabled the Partnership to make inroads into this most difficult of areas and we are slowly beginning to see examples of genuine improvement, whilst however acknowledging that there is still a very long way to go to reduce levels to the national average and below.

The Select Committee was particularly happy to see very clear targets in relation to reducing smoking amongst the younger members of our population. The feeling of the Members is that targeting young people is vital to reducing smoking prevalence as this will then reduce the levels of adults smoking. Although there is very little evidence relating to smoking by young people, some pieces of work estimate that up to 27% of young people may smoke regularly within the Borough. To this end, several recommendations relate specifically to young people, but we hope that all of the recommendations will build upon the positive work already being undertaken.

I could not finish without mention of the very real issue of the severe financial restraints that we will be facing over the next four years. The Select Committee has some concerns with future funding streams and will continue to monitor this situation over the coming year.

Finally, on behalf of the Health and Adult Services Committee, I would like to thank everyone who participated in this review and give particular thanks to the Scrutiny Team who helped to pull everything together.

Councillor Dominic Twomey

Lead Member, Health and Adult Services Select Committee

1. Introduction

“Local smoking prevalence is the highest in London and the eighth highest in England, and as such it has a worse impact on health in this Borough than elsewhere in London. Much of the poor health of the population of Barking and Dagenham can be directly attributed to diseases caused by smoking. Over a third of the local population smokes, compared to the one-fifth of people across England. In certain wards, this estimate rises as high as 38%.”

(Barking and Dagenham Tobacco Control Strategy 2010–2014)

Smoking is the single biggest public health issue for Barking and Dagenham and a major contributor to deaths and ill health amongst local people. A significant portion of the Borough’s residents, as smokers, are more susceptible to lung cancer, heart disease, stroke and chronic lung disease (COPD) as well as countless other health implications. The challenge for the Partnership is clear: to see tangible changes in the life expectancy inequalities gap, the Borough needs roughly 7,000 quitters each year – currently there are 1,300 and rising.

The purpose of this review was to see that there are strategies, activities, and interventions in place to make this change. The Health and Adult Services Select Committee (HASSC) also wanted to ensure that future generations of residents were being deterred, and protected, from smoking in order to break the engrained culture of smoking in the Borough.

2. Membership of the HASSC

The HASSC consisted of nine Councillors, plus one co-opted member, in the 2010-2011 municipal year:

- Councillor D Twomey (Lead Member)
- Councillor S Ashraf (Deputy Lead Member)
- Councillor S Alasia
- Councillor A Gafoor Aziz
- Councillor J Clee
- Councillor H S Rai
- Councillor C Rice
- Councillor A Salam
- Councillor J Wade
- Sky Young (Co-opted member, B&D LINK)

Glen Oldfield, Overview and Scrutiny Officer, supported the Select Committee.

3. Choosing an Area for Review

The HASSC began its scrutiny review on 14 July 2010 and chose to investigate smoking cessation with a particular focus on preventing young people from smoking and helping them to quit.

This topic was chosen as an area for scrutiny for the following reasons:

1. Local smoking prevalence was the highest in London and the eighth highest in England
2. One person in Barking and Dagenham dies each day from a smoking related disease
3. Tackling this issue will contribute towards realising our vision to create a healthy borough, where health inequalities are reduced.
4. Each week smoking accounts for (nationally) an estimated £20 million expenditure on hospital admissions, £4 million on outpatients, £10 million on GP consultations, £1 million on practice nurse consultations and £17 million in prescription costs.¹
5. This issue is identified as one of the 10 priorities for the Barking and Dagenham Partnership's (the Partnership) Health and Wellbeing Strategy.

4. Methodology

Terms of Reference (see Appendix 1) were agreed at the 14 July 2010 meeting and evidence gathering was completed on 26 January 2011.

Anne Bristow, Corporate Director of Adult and Community Services, nominated as the HASSC Scrutiny Champion, supported the Select Committee throughout the review and helped oversee the delivery of the project in collaboration with Councillor Twomey, the Lead Member and Glen Oldfield, Overview and Scrutiny Officer.

The Select Committee met on a six weekly basis and, over the course of five formal meetings, the HASSC heard evidence from senior officers and professional experts. After the January 2011 meeting the HASSC brought together its findings and started to prepare the final report. The scrutiny review concluded on 09 March 2011 when this report and its recommendations were agreed by the HASSC.

5. What Happens Next?

The report will be presented to the Cabinet on 15 March 2011 for comment and then for consideration by the Assembly on 30 March 2011.

¹ ASH, 2008

If agreed, an action plan (with responsible officers and timescales) outlining the implementation of the recommendations will be drawn up and progress will be monitored. The first monitoring update will be received by the HASSC in approximately six months' time.

When finalised and agreed, the findings of this report are to be publicised in the following ways;

- A downloadable copy will be made available from www.lbbd.gov.uk/scrutiny
- A press release will be sent to local newspapers.
- A comprehensive summary of the report's findings will be sent to interested parties and relevant voluntary organisations.
- A downloadable copy will be made available from the 'Centre for Public Scrutiny' website.

6. Background Papers

(See Appendix 3)

7. Local Policy Context

Barking and Dagenham Health and Wellbeing Strategy 2010/2012

The Health and Wellbeing Strategy was published on 03 February 2010 to direct the Partnership's efforts to reducing health inequalities. The strategy is intimately linked with the overall community strategy that sets out 10 health and wellbeing priorities for the Partnership to focus its efforts around.

Smoking is one of these 10 priorities and the Partnership aims to reduce smoking prevalence by 3% over three years through prevention, improved access to smoking cessation services and better enforcement to control illicit tobacco.

Barking and Dagenham Tobacco Control Strategy 2010/2014

On 20 July 2010 the Health and Wellbeing Partnership Board approved a four year multi-agency Tobacco Control Strategy for the Borough. The strategy closely follows the instructions outlined in the most recent national policy document, 'A Smokefree Future' (2010). There are three key aims of the strategy:

- Stop the inflow of young people recruited as smokers
- Motivate and assist every smoker to quit
- Protect families and communities from tobacco-related harm

The Select Committee was impressed by the comprehensiveness of the Tobacco Strategy and especially pleased with its commitments to stop young people from smoking. To achieve the scale of change required, the Partnership needs to tackle the problem at source. The HASSC has reviewed the strategy and is confident that a clear path towards reduced smoking prevalence and creating a different attitude to smoking among the community has been mapped.

8 Findings and Recommendations

In compiling the findings, the evidence gathered by the Select Committee has been grouped into key themes, and recommendations are presented with the relevant themes to provide context. For ease of reference, the recommendations can also be viewed as a list in Appendix 2.

8.1 Best Practice: Fresh North East

'Fresh North East' (Fresh) was set up in 2005 to tackle the high toll of death and disease caused by smoking in what became England's first dedicated regional office for tobacco control. Fresh involves key partners including the Association of North East Councils, all 12 Primary Care Trusts, the Strategic Health Authority and all local authorities. The vision Fresh works towards is to change the social norms around smoking to make it less desirable, less acceptable and less accessible.

In 2009 Fresh was awarded the Chief Medical Officer's Gold Award for Public Health for contributions to the health of the North East. The achievements of Fresh are quite remarkable, adult smoking rates have fallen to an all time low at 21% of the North East. The region now has higher support for action to reduce smoking than anywhere else in England.

Bearing in mind the socio-economic similarities between our population and those in the North East of England the Partnership should be encouraged that the Barking and Dagenham Tobacco Alliance can achieve just as much. The Select Committee can see that certain elements of Fresh's work are already in place here and it is good to see best practice being adopted.

Given that smoking prevalence is so high across North East London and there are established Tobacco Alliances in neighbouring boroughs, the Select Committee questions, in light of increasing cross-borough working and taking Fresh as an example, whether there is scope to form a regional tobacco alliance or network to share good practice and perhaps even achieve economies of scale with smoking cessation activity.

Recommendation 1:

The HASSC recommends that the Barking and Dagenham Tobacco Alliance explores the possibility of forming a regional tobacco alliance or network to share good practice.

8.2 Membership of Barking and Dagenham Tobacco Alliance

The Tobacco Alliance was formed in July 2009. It is responsible for ensuring the Tobacco Strategy is delivered by routinely monitoring progress against action plans and co-ordinating smoking cessation activity. The Tobacco Alliance is chaired by Darren Henaghan (Corporate Director, Customer Services) and has member representation from Councillor Vincent (Cabinet Member for Environment) and Councillor Reason (Cabinet Member for Health and Adult Services). Wider membership of the Alliance is comprised of partners from:

- a) the Local Authority, including:
 - Trading Standards, Community Safety, Environmental Health, Human Resources and School Improvement;
- b) the NHS, including:
 - Commissioning, Marketing, Public health and health improvement, and the Stop Smoking Service;
- c) the Council for Voluntary Services.

The Select Committee is pleased that there is a multi-agency co-ordinated effort to reduce smoking prevalence. The Tobacco Alliance epitomises the benefits of partnership working and Members are confident that important stakeholders are strategically working together and sharing intelligence to see that the services and interventions available are effective and represent good value for money.

The Select Committee is aware that an objective of the Tobacco Alliance is to add to its membership representation from Trade Union representatives. Routine and manual workers are a difficult group to reach but also one of the most important. The Select Committee feels that the work of the Alliance can be maximised if it can get regular input and buy-in from Trade Unions as these organisations have a unique relationship and influence with routine and manual workers.

Therefore the Select Committee would like to see Trade Union representation on the Tobacco Alliance established as soon as possible and Members of this Select Committee are happy to use their position and standing with Trade Unions to help make this happen so that the Alliance can move forward this agenda.

Recommendation 2:

The HASSC recommends that the Tobacco Alliance should secure membership of Trade Union representatives on the tobacco alliance to help reach and influence routine and manual workers with smoking cessation interventions.

8.2.1 Funding the Tobacco Alliance

Funding for the Tobacco Alliance has previously come from a grant from the Department of Health as part of the 'Reducing Health Inequalities through Tobacco Control' programme for which 25 local authorities were selected. The funding (£100k per annum for 2 years, plus a further £112k from NHS Barking and Dagenham) is used to finance the Tobacco Enforcement Officer post and Tobacco Control Co-ordinator post, as well as other programme delivery costs.

The Select Committee understands that funding for the Tobacco Alliance is only guaranteed until March 2011 and would be disappointed to see such an important work stream undermined by lack of resource especially after so much excellent work has been done.

Recommendation 3:

The HASSC recommends that the Partnership should give commitment to funding the posts of Tobacco Control Co-ordinator and Tobacco Enforcement Officer as well as other related tobacco programme costs to mitigate risk of not reaching strategy targets.

8.3 The Role of GPs and Health Professionals in Smoking Cessation

Smokers are much more likely to act on the advice of their GP than anyone else because their opinion is highly valued. Wherever possible GPs should offer advice to patients and encourage them to quit smoking. However GPs only have on average seven minutes for each consultation so there is little time to address a person's smoking habit. The Select Committee would like GPs to give stop smoking support in every appointment that involves a smoker. Currently only 20 of 41 GP practices in the Borough provide stop smoking services. Given the influence GPs have, it seems a shame that not all of them are contributing as much as possible to the smoking cessation agenda.

Recommendation 4:

The HASSC recommends that commissioners encourage more GPs to provide stop smoking services and that the emerging GP consortia give early consideration to this area of activity.

While GPs have an important role to play in reaching potential quitters, health professionals from other disciplines can use their position to influence smokers too. Dentists, pharmacists, midwives, and opticians, as well as many other health professionals, have opportunities to advise people on aspects of their health and lifestyle. Health professionals across the board should champion smoking cessation and raise awareness of stop smoking services to all smokers they encounter.

Recommendation 5:

The HASSC recommends that the Tobacco Alliance should encourage more frontline health workers (dentists, pharmacists, midwives, and opticians etc) to prioritize the delivery of smoking cessation interventions.

8.4 Smoking and Young People

NHS Barking and Dagenham commissioned scoping work in late 2009 to profile the issue of smoking amongst local young people. The research found that:

- between 9% and 27% of local young people (aged 11-19) smoke regularly.
- a further 17% of respondents preferred not to disclose their smoking habits, which suggests the proportion is likely to be towards the higher end of this range.
- approximately 20% of young people stated that they had smoked in the past. The most common reasons for starting smoking were given as peer pressure, stress relief or “because everyone else (family and friends) does it”.
- young people were most likely to start smoking at age 13 or 14, and 90% had started by the time they were 15.

8.4.1 Tobacco Education in Schools

The Select Committee sees tobacco education in schools as integral to dissuading young people from smoking and for this reason scrutinised the education programme as part of its review. The HASSC is pleased to report that all schools in the Borough have ‘Healthy School status’; meaning LBBB schools deliver non-statutory Personal, Social, Health and Economic Education (PSHE) lessons. These lessons take a balanced approach to tobacco education by emphasising the harmful effects of tobacco along with the development of the necessary personal and social skills to resist peer and family pressure to use tobacco.

The Select Committee was disappointed that relatively little time was dedicated to tobacco education (only 2 hours in a year) but appreciates that the curriculum is already crammed and something beyond the Council’s influence to change.

8.4.2 New Approaches to Tobacco Education

The HASSC's first impression of the tobacco education programme was that it lacked punch and this was epitomised by a demonstration of a smoking puppet which seemed to make light of the issue. Members were surprised, and not totally convinced, by this approach and thought that more hard-hitting graphic imagery would make more of an impression. However, evidence shows that less traditional approaches work better, especially on younger children, as stronger methods can result in de-sensitisation to the subject.

The delivery of tobacco education is constantly evolving, guidance is developing all the time and new styles and technologies can be employed to illustrate the harmful impact of smoking on health. A fine example of how things have moved on is the innovative use of ageing software to change young people's attitudes to smoking. This is a powerful way to show the impact of smoking on physical appearance – something that teenagers can be preoccupied with! The 'Save your Skin' campaign has been used in local secondary schools and has been particularly effective at discouraging girls from smoking.

Health professionals are also coming into schools to speak directly with young people as a way to freshen up tobacco education and make it appear different from a standard school lesson. Another new approach, yet to be developed in Barking and Dagenham, is to use peer-led interventions in schools. The Select Committee is particularly interested in this idea and feels that peer-led interventions could provide a counter to peer pressure as well as contribute in a new way towards changing young people's perceptions of tobacco.

Recommendation 6:

The HASSC recommends that the Council develops a range of interventions including peer-led interventions in schools.

8.4.3 Evaluating the Education Programme

Ultimately it is the opinion of young people on the effectiveness of tobacco education that matters and the feedback is good. The views of young people were gathered through annual Ofsted Tell Us surveys. In 2009 the Council's Tell Us survey reported that 66% of our young people find the information and guidance on tobacco they receive in school to be useful - this compares favourably to the national figure of 62%.

A new young people's school drug survey was developed in 2010 to enable schools to judge the impact of drug education programmes and to gather information on young people's perceptions of drugs, including tobacco. The Select Committee is pleased that schools are gathering wider intelligence from young people on smoking as this can only help to better understand the reasons why young people take up, and continue to smoke. It is also pleasing that the results of this survey will be used to inform the planning of teaching programmes, as this shows the commitment our schools have to continuous improvement.

When it comes to evaluating tobacco education in schools, the Select Committee suggests that Members serving on school governing bodies take an active interest to ensure that good quality tobacco education is given a high priority.

Recommendation 7:

The HASSC suggests that Members serving on school governing bodies take an active interest to ensure that good quality tobacco education is given a high priority.

8.4.4 Establishing a Youth Stop Smoking Service

Young people require a different type of support from adults to stop smoking and currently there is no tailored approach that caters to the needs of young people. Their understanding of dependence, addiction and cessation is naturally different, this being the case it is especially important that young people have a stop smoking service that responds to these factors. The vast majority of people start smoking before they turn 18 years old and therefore it seems obvious to create bespoke stop smoking services for young people.

NHS Barking and Dagenham has been working to address this gap in service provision and recently a scoping exercise has been completed to lay the plans for a Youth Stop Smoking Service; co-owned and co-designed with local young people. The idea for this service has a strong evidence base and rationale behind it, the proposed service fits perfectly with NICE guidance, whilst the Department of Health recommends that smoking services for young people should be “on a par” with that for adults.

If implemented it is hoped that the Youth Stop Smoking Service will:

- Offer smoking prevention and cessation services tailored to the specific needs of young people, delivered in an appropriate environment and tone and through trusted relationships
- Provide multiple entry points in order to ensure accessibility to local young people
- Build on existing best practice by taking a participatory approach to the development and delivery of the service, working directly with young people throughout.
- Be co-owned by young people in order to maximise engagement and ensure young people act as strong ambassadors to their peers
- Maximise existing relations with professionals and other people that come into contact with young people (teachers, youth workers, pharmacists, extended family, PSHE teachers, school nurses, youth clubs) to act as the service ‘nodes’.

This type of tailored, targeted intervention is just what is needed to reduce prevalence and improve quit rates amongst 11-18 year olds. The business case for this scheme is

very convincing, the Select Committee would like to endorse the plans and hopes that all Councillors and relevant decision makers will too.

Recommendation 8:

The HASSC recommends that decision makers Implement the recommendations for a Youth Stop Smoking Service

8.5 Access to Tobacco

The key to stopping young people from smoking is denying them access to tobacco products. Legislation has developed to a point where the minimum age for purchasing tobacco is now 18 but there is still more that could be done to deny young people access to cigarettes.

8.5.1 Vending Machines

Vending machines are an unrestricted and easy source of tobacco for young people. Test purchasing results found that buying from vending machines was twice as successful as going to newsagents, off-licences or petrol station kiosks.²

The sale of cigarettes from vending machines totally undermines the hard work of responsible retailers, enforcement measures, and trading standards. Other age restricted goods are not as easy to purchase – there would be outrage if knives and fireworks were available from vending machines, but cigarettes seem acceptable.

It is hoped that legislation banning tobacco vending machines will come into effect soon but in the meantime the Select Committee wonders whether local vendors could take the initiative by removing vending machines from their premises. At the very least, places with vending machines should use a token system as a means of restricting access.

In any case, because public spaces are now under the smoking ban and vending machines constitute an insignificant funding stream³, the necessity for them to be in establishments seems questionable.

Recommendation 9:

The HASSC recommends that local proprietors are encouraged to remove tobacco vending machines from their premises ahead of forthcoming legislation. Consideration should be given to prohibiting tobacco vending machines as a condition of premises licences.

²

Smokefree Action Coalition Briefing: Putting Tobacco Out of Sight and Out of Reach

³

http://www.legislation.gov.uk/ukxi/2010/864/pdfs/ukxiem_20100864_en.pdf

8.5.2 Proxy purchasing

To achieve the scale of change required to reduce smoking prevalence it is important that the engrained culture of smoking is dispelled. Legislation and policy can only do so much but to make a real difference individuals and communities need to act responsibly.

How many times do we see young people hanging outside tobacco vendors approaching adults to buy cigarettes for them? And more worryingly, how many times do we see adults go through with the request!?

Proxy purchasing is unacceptable, adults should not assist young people to cheat the system but instead uphold the principle of age restriction with regard to tobacco. It is not just an adult stranger buying tobacco for a young person that is a problem, adult friends and relatives also need to help to protect young people from the effects of smoking to break the generational cycle of whole families smoking.

The Tobacco Alliance has produced some powerful social marketing campaigns targeted at young people and routine manual workers to influence their choices around smoking and quitting. The Select Committee thinks that it would be worthwhile for there to be a campaign to prick the conscience of adults about proxy purchasing highlighting how a seemingly small action can have a profound effect on a young person's health in adulthood.

Recommendation 10:

The HASSC recommends that the Tobacco Control Alliance should develop a campaign to discourage adult proxy purchasing from strangers, friends and relatives.

8.5.3 Illicit Tobacco

Young people also have access to tobacco through unscrupulous sellers of illicit tobacco who are not subject to any kind of regulation and use their illegitimate position to exploit this section of their market. Not only is illicit tobacco beyond compliance with age restriction but it is also more affordable, making it an attractive source for young people with a limited supply of money.

Recent local research indicates how readily illicit tobacco is available. Intelligence revealed that there was a local supplier of singular cigarettes in a neighbouring borough that 'everyone knows' and it was possible to buy two packets of cigarettes on the street for £10 in many places.⁴

There is evidence to suggest that certain types of illicit tobacco can be more harmful than duty bound products as it has a higher content of carcinogens. The HASSC feels it is important this source of tobacco is denied to children and Members are pleased that there is a high volume of enforcement activity with prosecutions being issued -

⁴ B&D Tobacco strategy

some of this enforcement work is actually carried out by young people through test purchasing exercises.

Recommendation 11:

The HASSC recommends that high profile prosecutions related to tobacco control enforcement are publicised in the local media to deter sellers of illicit tobacco products.

Tackling demand for, and supply of, counterfeit and illicit tobacco is a priority identified in the Tobacco Strategy. Counterfeit and illicit tobacco has strong links to wider criminal activity, and the trade perpetuates health inequalities amongst lower socioeconomic groups by enabling people to continue to smoke at a significantly reduced cost. For these reasons it is important that routine and manual workers do not have easy access to illicit tobacco. However, evidence suggests the illicit market is used by as much as 40% of male routine and manual smokers⁵. Many employers probably turn a blind eye to the sale of illicit tobacco on their premises thinking that it is a victimless crime and the Tobacco Alliance must work to change this perception. If the Partnership is to succeed in improving quit rates among routine and manual workers it cannot be undermined by the trade of illicit tobacco that makes it easier to feed people's addictions. Therefore in conjunction with enforcement activity there must be support for people to stop smoking otherwise the allure of counterfeit tobacco will become difficult to resist when household incomes are stretched.

Recommendation 12:

The HASSC recommends that the Tobacco Alliance encourages local businesses to address the sale of illicit tobacco in the workplace.

8.6 Local Businesses

Local businesses must understand their responsibility as employers to protect their employees from smoking because they have an important part to play in realising the targets set out in the Tobacco Strategy.

There are obvious benefits for employers who adopt progressive smoking policies as it saves money through reduced staff sickness levels and improved productivity. Therefore, the Tobacco Alliance must reach as many local businesses as possible to spread this message and, in the process, explain the benefits employers can enjoy from robust smokefree policies and stop smoking support. Some large local businesses, such as Coral and the Bus Depot, have worked with NHS Barking and Dagenham to reach out to their employees and offer support to quit smoking.

⁵ B&D Tobacco strategy

Recommendation 13:

The HASSC recommends that the Tobacco Alliance should encourage local businesses to provide more support to help staff quit.

8.6.1 Smoke Free Awards Scheme

The London Borough of Tower Hamlets was awarded for its Tobacco Alliance work in developing an awards scheme that rewards employers who implement effective workplace smokefree policies.⁶ As a result of the scheme 98 local businesses have been recognized with more than 12,000 employees covered by best practice smoke-free policy. Of these 12,000, over 1,000 smokers have received support to quit smoking.

The Select Committee is very interested by this scheme and would like to see if Barking and Dagenham could emulate a similar scheme. The HASSC appreciate that it would take significant resources to implement an awards scheme of this type and the Tobacco Alliance undoubtedly has other priorities for its budgets, but this seems to be the type of scheme that encourages local businesses to change their policies/practices. The Select Committee would like the Alliance to look at this if there is underspend of their budget at the end of a financial year.

Recommendation 14:

The HASSC recommends that the Tobacco Alliance explores the possibility of implementing a smokefree award scheme for local businesses that adopt good smoking cessation practices.

8.7 LBBD Setting an Example

The Tobacco Control Strategy and the work of the Alliance are centred on involving local businesses and encouraging them to adopt better smoking policies and work-based interventions. As a leading member of the Partnership and substantial employer of Barking and Dagenham residents, it is up to the Council to lead for others to follow. It is important that if the Council are asking Partners and local businesses to do more about smoking that it is doing everything in its power to do the same; otherwise the message will not be taken seriously.

8.7.1 Supporting Staff Through Tough Times

In the current climate of budget cuts and potential redundancies, local government staff may be stressed and anxious about their futures, as well as under pressure from cuts to services and efficiency savings. The Select Committee feels it is important that

⁶ Local Innovation Awards Scheme

during these difficult times that the organisation has good health and wellbeing support on offer to staff thinking about resuming smoking or wanting to quit.

8.7.2 Employee Health Checks

Health Checks are available to local authority staff and are provided by Occupational Health Advisers that have been trained to give level 2 stop smoking support. Employees who smoke are always offered stop smoking services as part of the health check consultation. Over half of the smokers who went for a health check last year decided to quit.

The HASSC is pleased that as employers LBBD takes an interest in the overall health of its employees. Health Checks are a particularly effective work-based smoking intervention and powerful because people are more inclined to change their behaviour if there is medical evidence that proves smoking is impacting on their health. Furthermore, not everybody sees their GP (or other Health Professionals) regularly (if at all), therefore, it is important employees can access health advice through their place of work.

If providing health checks to employees becomes financially unviable efforts should be made by LBBD to make staff aware that if they live in the Borough, and are aged 35 and over, they can receive a vascular risk assessment from their GP every five years.

8.7.3 Impact of Human Resources Measures

The effort to reduce smoking prevalence among employees has contributed to an overall reduction in sickness absence from 10.27 days per person (higher than public and private sector averages) in November 2009 to 9.4 days on November 2010. It is not yet quantifiable exactly how much impact was made through smoking policies. When this data is available it can be shared with local businesses to encourage them to adopt better practices that may lead to change.

The Select Committee is pleased with the support offered by the Local Authority to stop its workers from smoking and should continue to offer this level of support as well as updating good Human Resource practice with regard to smoking. It is hoped that the Local Authority can hold itself up as an example to local businesses so that they can adopt similar policies/practices to improve the health of their employees.

Recommendation 15:

The HASSC recommends that the Council becomes an exemplar organisation for stop smoking interventions in the workplace and uses LBBD achievements to encourage local businesses to adopt better smoking policies/practices.

8.7.4 Ethical Investments

If the Council is going to set an example for other local businesses to follow on smoking cessation in the workplace it must do so without hypocrisy. Reports in the Evening Standard revealed that a number of local authorities in London have investments in the tobacco industry.⁷ Barking and Dagenham was named and shamed in this report and was claimed to have £5.4 million worth of investment in tobacco companies.

In Barking and Dagenham it is unacceptable that the Council is bankrolling an industry that kills our residents prematurely. In light of the Evening Standard investigation some local authorities have woken up to the unethical nature of their investments and switched them accordingly. The HASSC accepts that these investments may be profitable but there must be equally profitable alternatives. Therefore, it is the Select Committee's opinion that the Local Authority should not be affiliated in any way with an industry that has such a negative impact on its own community.

Recommendation 16:

The HASSC recommends that the Local Authority reconsiders its pension investment strategy to reflect the Council's social responsibility whilst ensuring a focus on optimal investment.

9. Conclusion

It is possible to transform people's lives by helping them to quit smoking. The Partnership is in a position to begin to challenge the engrained culture of smoking to give future generations a better start in life. The structures are now in place to make a sizeable difference and it is just a matter of time until smoking prevalence is markedly down and quit rates on the up. The HASSC must point out that the smoking prevention/cessation activity referenced in this report is only the tip of the iceberg. The Select Committee has been impressed with the energy and enthusiasm of officers involved in the tobacco programme and is satisfied that the programme is moving in the right direction.

Reducing smoking prevalence is not a job for Councillors to sit back and let officers get on with. Councillors have an important role to play in helping the Borough achieve its aims with smoking cessation. As policy setters, school governors, and community leaders, Councillors are in a strong position to influence in many different ways. Councillors must be reminded of their responsibility in this regard and should promote anti-smoking messages when taking decisions.

⁷ <http://www.thisislondon.co.uk/standard/article-23880876-town-halls-to-re-think-policy-on-investing-in-tobacco-firms>

Terms of Reference

- To investigate what is being done to help smokers quit and prevent young people from smoking.
- To scrutinise the impact of support, treatments, and alternative therapies provided by the NHS.
- To involve the community (especially service users and carers) in the scrutiny process, provide them with opportunities to give evidence and inform the review.
- To investigate whether services have equal access and equal outcomes across the Borough and address inequalities.
- To collaborate with partner organisations to identify opportunities where partner working could benefit the service user's experience and to ensure that the partnership is working together strategically to achieve smoking cessation objectives.
- To consider the overall delivery of services, with an aim to improve poor performance and address any gaps in service
- To review best practice in other local authorities and to see where Barking and Dagenham can emulate or learn from these initiatives to achieve the scale of change needed for this Borough.
- To produce a final report with findings and recommendations for future policy and/or practice.

List of Recommendations

The following recommendations are set out here as a list, for ease of reference.

Recommendation 1:

The HASSC recommends that the Barking and Dagenham Tobacco Alliance explores the possibility of forming a regional tobacco alliance or network to share good practice.

Recommendation 2:

The HASSC recommends that the Tobacco Alliance should secure membership of Trade Union representatives on the tobacco alliance to help reach and influence routine and manual workers with smoking cessation interventions.

Recommendation 3:

The HASSC recommends that the Partnership should give commitment to funding the posts of tobacco control co-ordinator and Tobacco Enforcement Officer as well as other related tobacco programme costs to mitigate risk of not reaching strategy targets.

Recommendation 4:

The HASSC recommends that commissioners encourage more GPs to provide stop smoking services and that the emerging GP consortia give early consideration to this area of activity.

Recommendation 5:

The HASSC recommends that the Tobacco Alliance should encourage more frontline health workers (dentists, pharmacists, midwives, and opticians etc) to prioritize the delivery of smoking cessation interventions.

Recommendation 6:

The HASSC recommends that the Council develops a range of interventions including peer-led interventions in schools.

Recommendation 7:

The HASSC suggests that Members serving on school governing bodies take an active interest to ensure that good quality tobacco education is given a high priority.

Recommendation 8:

The HASSC recommends that decision makers Implement the recommendations for a Youth Stop Smoking Service

Recommendation 9:

The HASSC recommends that local proprietors are encouraged to remove tobacco vending machines from their premises ahead of forthcoming legislation. Consideration should be given to prohibiting tobacco vending machines as a condition of premises licences.

Recommendation 10:

The HASSC recommends that the Tobacco Control Alliance should develop a campaign to discourage adult proxy purchasing from strangers, friends and relatives.

Recommendation 11:

The HASSC recommends that high profile prosecutions related to tobacco control enforcement are publicised in the local media to deter sellers of illicit tobacco products.

Recommendation 12:

The HASSC recommends that the Tobacco Alliance encourages local businesses to address the sale of illicit tobacco in the workplace.

Recommendation 13:

The HASSC recommends that the Tobacco Alliance should encourage local businesses to provide more support to help staff quit.

Recommendation 14:

The HASSC recommends that the Tobacco Alliance explores the possibility of implementing a smokefree award scheme for local businesses that adopt good smoking cessation practices.

Recommendation 15:

The HASSC recommends that the Council becomes an exemplar organisation for stop smoking interventions in the workplace and uses LBBB achievements to encourage local businesses to adopt better smoking policies/practices.

Recommendation 16:

The HASSC recommends that the Local Authority reconsiders its pension investment strategy to reflect the Council's social responsibility whilst ensuring a focus on optimal investment.

APPENDIX 3

Background Papers

| Author: | Title: | Date: |
|------------------|--|---------------|
| ASH | Beyond Smoking Kills | October 2008 |
| ASH | The Cost of Smoking to the NHS | October 2008 |
| ASH | Tobacco Advertising at Point of Sale | August 2008 |
| DH | A Smokefree Future | February 2010 |
| DH | Excellence in tobacco control: 10 High Impact Changes to achieve tobacco control | May 2008 |
| DH | Smoking Kills | January 1998 |
| HASSC | Agendas and Minutes | 2010 - 2011 |
| IDEA | Tobacco Control – the story so far | July 2010 |
| IDEA | Tobacco Control Survey: England 2009-10 | July 2010 |
| LBBB | Statement of Investment Principles | 2008/09 |
| LBBB | Tobacco Control Strategy 2010/2014 | July 2010 |
| NHS B&D | Insight into smoking in routine and manual workers | March 2010 |
| NICE | School-based Interventions to Prevent the Uptake of Smoking Among Children and Young People | February 2010 |
| Tobacco Alliance | Business case for the development of a youth stop smoking service for 8-18 year olds in Barking and Dagenham | November 2010 |
| Tribal | Barking and Dagenham Joint Strategic Needs Assessment | May 2009 |

List of Contributors and Site Visits

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Site Visits:

No site visits were undertaken by the Select Committee for this review.