7.9 Smoking

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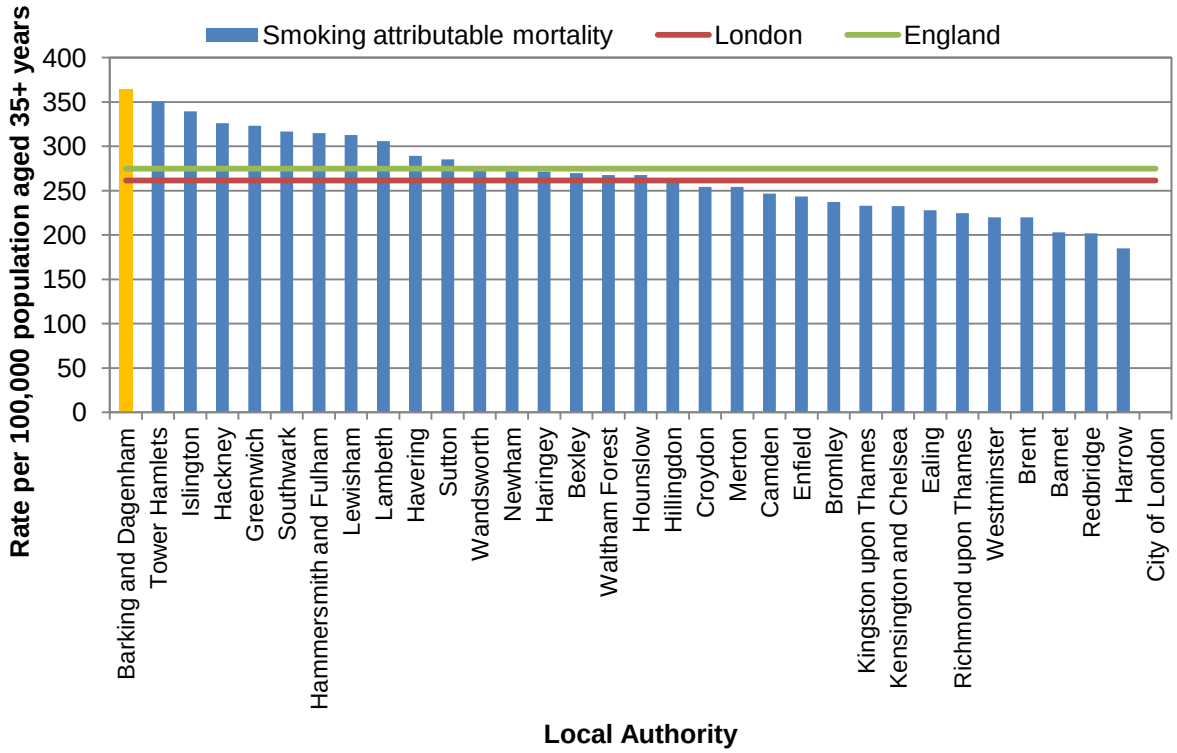
Smoking is the main cause of preventable death in most industrialised countries. A report based on a simple economic model suggests greater improvement in life expectancy is expected with complete cessation of smoking than approximately £50 billion increase to the National Health System (NHS) budget. About a third of all deaths from cancer can be attributed to smoking, and at least 90% of deaths from lung cancer are caused by smoking.

While the number of people aged less than 75 years who die from cancer is falling in Barking and Dagenham, the mortality rate per 100,000 due to cancer remain higher in the borough than the national average. Smoking is also responsible for about 17% of deaths from heart disease, and 80% of deaths from chronic lung diseases such as bronchitis and emphysema, so it is a major contributor to high premature mortality and decreased life expectancy in Barking and Dagenham.

Mortality in Barking and Dagenham from smoking in people aged over 35 years was the highest in London over the three years 2012-14 (Figure 7.9.1). The directly age-sex standardised mortality rate from smoking in people aged over 35 years was 365.0 per 100,000 people, compared to 261.4 in London and 274.8 in England.

Figure 7.9.1: Estimated deaths attributable to smoking, directly age-sex standardised rate per 100,000 population aged 35+ years, London Boroughs, London and England, 2012-2014



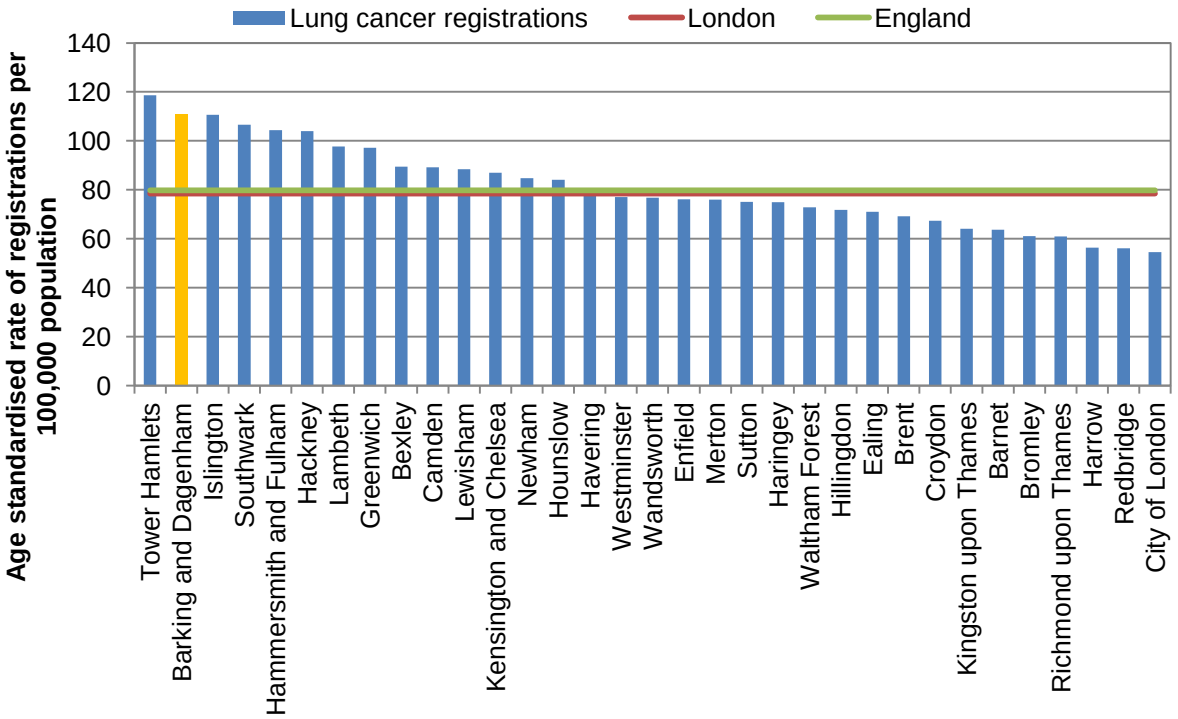
Source: Office for National Statistics

Nine out of every ten deaths from lung cancer can be attributed to smoking. The incidence of lung cancer in Barking and Dagenham is significantly higher than the

averages in both London and England (Figure 7.9.2), suggesting higher rates of smoking by local people.

Smoking is also linked to a greater risk of birth defects[1], male impotence and sperm abnormalities, early menopause, asthma and an increased risk of cot death in babies who are exposed to second hand smoke.

Figure 7.9.2: Age-standardised registration rate for lung cancer per 100,000 population, London Boroughs, London and England, 2012-14



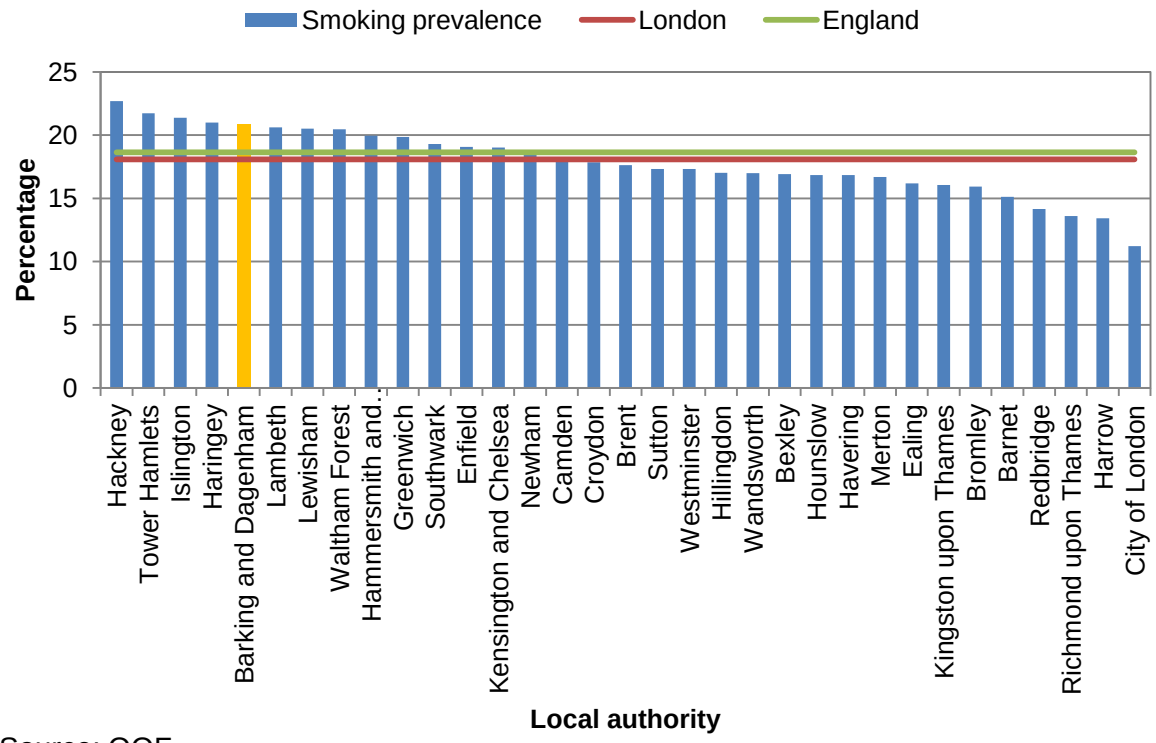
Source: PHE

Who smokes?

There is not any reliable method for establishing the actual prevalence of smoking, so the only ways of finding an estimate of smoking prevalence is through national surveys or through GP data reported by QOF (Quality and Outcomes Framework). In 2009 modelled smoking prevalence in Barking and Dagenham from the HIS (Integrated Household Survey) was the highest in London at 32%, and 8th highest in England. By 2014 it was estimated that local prevalence had declined to 21.7%, which is the fourth highest in London. QOF figures for 2014/15 show Barking and Dagenham to have the fifth highest prevalence in London, significantly higher than national and regional rates (Figure 7.9.3); however, these figures are based on responses to a national survey (for the HIS) and data that is often either incomplete or out of date (GP figures), and should be treated with caution, particularly in relation to changes and trends.

Figure 7.9.3: Smoking prevalence, %, London Boroughs, London and England, 2014/15

[1] Hackshaw, A., Rodeck, C., Boniface, S. (2011) "Maternal smoking in pregnancy and birth defects: a systematic review based on 173 687 malformed cases and 11.7 million controls" Human Reproduction Update, July 2011, pp. 1–16 10.1093/humupd/dmr022



Source: QOF

There is a social class gradient in smoking, with people in routine and manual classes most likely to smoke (The Marmot Review: Fair Society, Healthy Lives, 2010).

Smoking in pregnancy

In some circumstances actual information on smoking in small sections of the population is gathered. All women from Barking and Dagenham who have a baby are asked whether they are smokers at the time they deliver the baby (Figure 7.9.4): 8.6% of local women who had a baby in 2015/16 were smokers[2]. Over the last three years, significant improvement has been seen in Barking and Dagenham though, with only 8.6% of women smoking at the time of delivery in 2015/16, an improvement of more than four percentage points since 2012/13. Although this is still significantly higher than the London average, it is significantly lower than the national average, as well as now only being the second worst performing London borough.

BabyClear - smoking in pregnancy

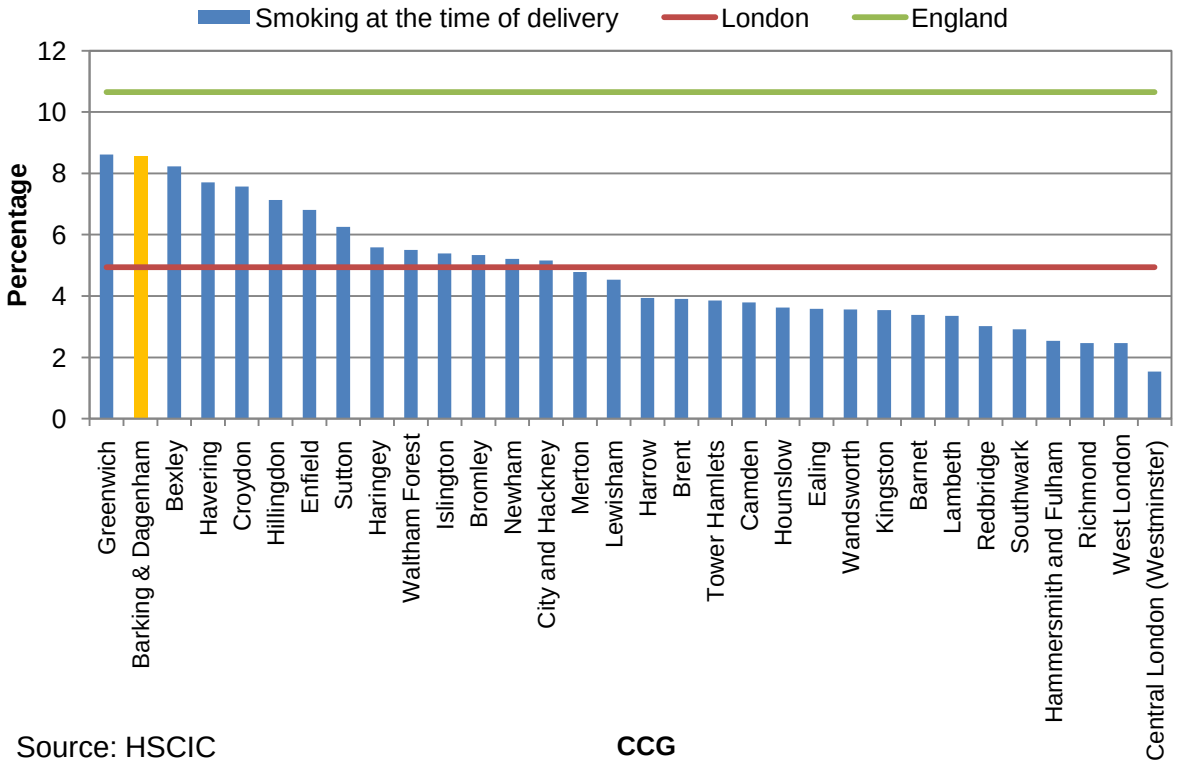
Barking and Dagenham are working in partnership with local stakeholders, to implement the babyclear within Barking, Havering, and Redbridge University Hospitals NHS Trust. BabyClear is an evidenced-based programme that aims to reduce the prevalence of smoking in pregnancy, and increase smoking cessation referrals. BabyClear © aims to reduce smoking in pregnancy through a systematic approach that identifies pregnant smokers, and supports the process of smoking cessation referrals. All pregnant women are offered a carbon monoxide (CO)

[2] http://digital.nhs.uk/datacollections/ssatod

screening, and specialist training is provided to both clinical and non-clinical staff that engage with pregnant smokers, across maternity and stop smoking services.

The babyClear programme is being implemented in partnership with Barking and Dagenham Clinical Commissioning Group, BHRUT Maternity Services, Public Health with the London Boroughs' of Havering, and Redbridge, North East London Foundation Trust Stop smoking Services, and Barking and Dagenham Specialist Stop Smoking Service. The babyClear © programme was co-funded by Public Health England, and will be delivered by the Tobacco Control Collaborating Centre.

Figure 7.9.4: Percentage of women recorded as being smokers at time of delivery, 2015/16



Source: HSCIC

Nationally, there is a social gradient in smoking by pregnant women, with women from poorer socio-economic groups being much more likely to smoke than those from more affluent socio-economic groups. There is also an age gradient, with pregnant mothers aged 20 or under being three times more likely to smoke before or during pregnancy as mothers aged 35 or over, and also being less likely to quit. In addition, mothers in routine and manual occupations were over four times as likely as those in managerial and professional occupations to have reported that they smoked throughout pregnancy - 29% and 7% respectively (NICE, 2010). Specific guidance on stopping smoking during pregnancy and following childbirth has been published.[3]

The last *'Tell Us'* Survey (2009) indicates that nationally 18% of young people under the age of 16 either have smoked, or currently smoke tobacco and that at least another 2% smoke more than six cigarettes per week. It is estimated that up to 27% of local young people between the ages of 11 and 19 regularly smoke, the greater

[3] How to stop smoking in pregnancy and during childbirth.. National Institute of Health and Clinical Excellence (NICE) Public Health guidance. 2010. http://www.nice.org.uk/nicemedia/live/13023/49345/49345.pdf

proportion being in the older age group. Research supported by the Barking and Dagenham Tobacco Alliance in 2010 looked at smoking by local young people, and how they could best be supported not to start smoking or to stop if they had started. This study concluded that youth specific smoking support is needed in Barking and Dagenham, with further research into the prevalence and patterns of youth smoking behaviour in the borough.

Men are more likely to smoke than women, and although female smoking prevalence is lower than male prevalence in Barking and Dagenham, the proportion of women who smoke is higher than the average for England or London. Women are more likely to access Stop Smoking services than men in London[4]. Of smokers who set a quit date, there were 67 women per 1,000 estimated smokers compared with 44 men in 2008/09. Women also had higher successful quit rates than men overall; 33 per 1,000 female smokers compared to 22 per 1,000 male smokers.

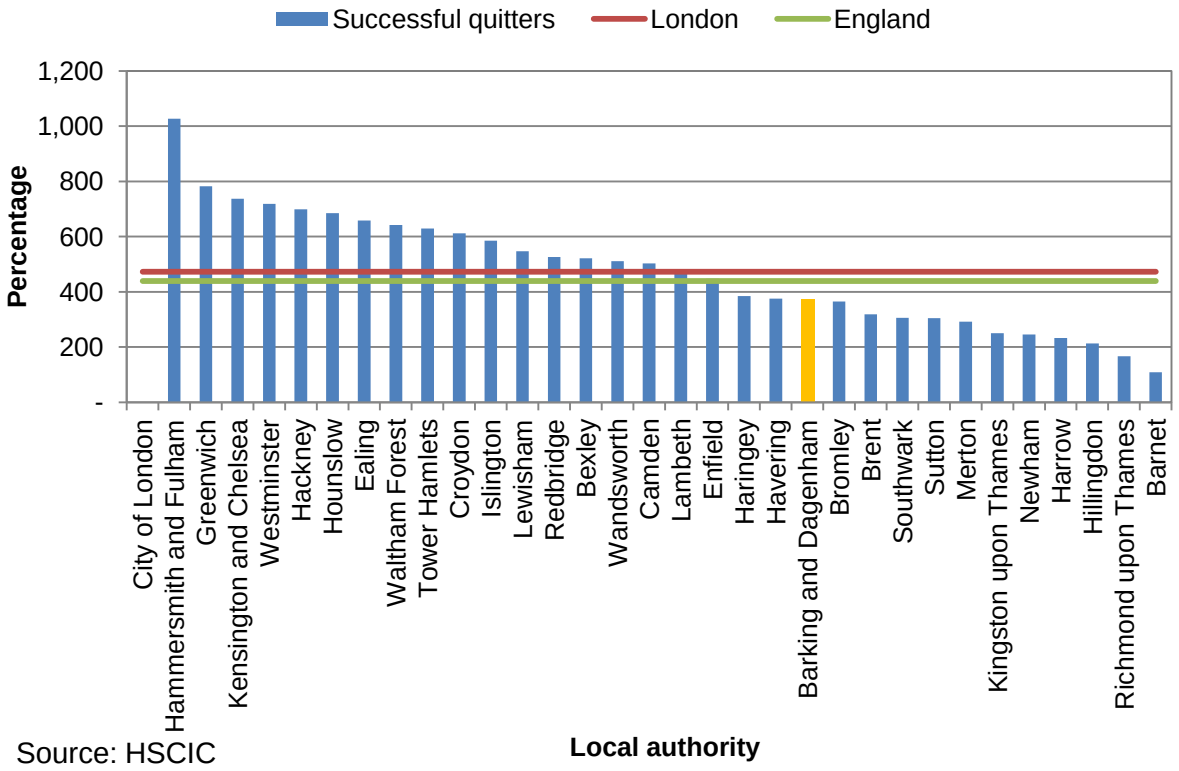
Nationally a number of groups have been identified as being at a greater risk of smoking, and thus at greater risk of dying from a smoking related disease. Prevalence is higher in these groups, and it is also suggested they find it more difficult to quit, even with support. These include some BME communities such as Bangladeshi men (40% smoking prevalence according to the 2004 Health Survey for England), and people in poorer socio-economic groups such as those who are 'routine and manual' workers (in 2007 prevalence in this group was 26% against a prevalence of 15% in professional and managerial groups). Poorer smokers smoke more cigarettes and obtain a higher dose of toxins when they smoke. People with mental health problems also have a high smoking prevalence. Stop Smoking Services have been asked to actively target people in these groups for support, and to monitor uptake.

Supporting smokers to quit

Stop smoking services are commissioned to support local people and an annual target for smoking quitters in each borough in England is set to reduce overall smoking prevalence. Stop Smoking Services are commissioned to provide support to people who would like to stop smoking, through groups, one-to-one counselling and medications. A substantial proportion (about 40%) of these quitters will relapse and quit again, however some will continue to abstain from smoking (Figure 7.9.5).

[4] London Health Observatory (September 2009) "Commissioning For Equity: Stop Gaps; Equity of access to London's stop smoking services"

Figure 7.9.5: Number of people setting a quite date who successfully quit in London Boroughs, London and England, rate per 100,000 population, 2015/16



Source: HSCIC

Table 7.9.1: Stop Smoking Services in Barking and Dagenham, statistical neighbours, London & England, people attempting and successfully quitting smoking 2015/16

Local Authority	Number setting a quit date	Number of successful quitters	Percentage who successfully quit
Barking & Dagenham	1,206	547	45.4%
Greenwich	3,384	1,681	49.7%
Lewisham	2,907	1,291	44.4%
Blackburn with Darwen	2,119	1,001	47.2%
London	66,605	32,685	49.1%
England	382,500	195,170	51.0%

Source: HSCIC : http://www.hscic.gov.uk/

The effectiveness of Stop Smoking Services is monitored by NHS England, who regularly publishes information such as Table 7.9.1, which shows the number of people who set a quit date with the Stop Smoking Service and the proportion of those who successfully quit. The uptake of the services by people from a black and minority ethnic (BME) background, and by those who are in the socio-economic class of 'routine and manual workers', is also monitored. Approximately 24% of successful quitters in Barking and Dagenham in 2015/16 were from routine and manual occupations.

Supporting people to quit is just one strand in the approach to reduce smoking prevalence. It is also important to prevent people starting smoking in the first place and to control tobacco availability. Prevention and health promotion is part of the work undertaken by the commissioned Stop Smoking Service, supporting campaigns at New Year and on National No Smoking Day, as well as for recruitment of people into the services.

Review of smoking cessation in Barking and Dagenham

In January 2011 an independent review of smoking cessation activity[5] was carried out on behalf of NHS Barking and Dagenham. This resulted in a number of recommendations that have been incorporated into the recommendations for commissioners below. The review concluded that the comprehensive Tobacco Strategy which was developed by the local Tobacco Alliance should align with a commitment by each organisation in the Partnership to a smokefree borough, with Board level agreement to the contribution of each organisation, and active implementation.

The review also recommended that the Tobacco Alliance should:

"Have more direct influence over the smoking cessation support that is commissioned, ensuring that the service specification sets out in detail the expectations and deliverables for service delivery. Much greater emphasis needs to be given to the potential role of front line staff employed by all members of the Partnership in encouraging and supporting clients and patients to stop smoking, with widespread provision and uptake of Level 1 training.

The Stop Smoking Service that is currently commissioned delivers good outcomes in terms of four week quitters, but with very high service costs and therefore does not represent value for money.

Given that the number of quitters needed to make an impact on health inequalities and premature mortality is at least five times the currently recorded number, investment needs to be maintained and productivity dramatically improved.

Much greater emphasis should be given to the role of primary care practitioners, particularly pharmacists, in supporting people to stop smoking. The primary role of the commissioned service should be in co-ordination of an extensive network of Level 2 trained personnel, encouraging their delivery of support to clients, assessing their service quality and managing performance. Although training could be provided by the commissioned service, it could also be sub-contracted, and value for money assessment of training provision should be undertaken".

Health and adult services select committee scrutiny of smoking cessation

As well as the independent NHS review of smoking cessation, the London Borough of Barking and Dagenham's Health and Adult Services Select Committee (HASSC)

[5] Dr.Val Day (2011) "Review Of Smoking Cessation In Barking And Dagenham" NHS Barking & Dagenham (unpublished).

undertook a scrutiny of smoking cessation which reported in March 2011[6]. The HASSC recommendations were accepted by the Council.

The HASCC Scrutiny Report reviewed all of the work already taking place within the Borough and reported that they were *"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 Service."*

It should be noted that the Scrutiny Report in March pre-dated a decision by NHS commissioners to remove the funding for the post of Tobacco Control Co-ordinator, whose input was vital to the success of the Tobacco Alliance. In addition, the NHS commissioned work with the Council for Voluntary Services to provide a public health network amongst local community representatives also ended in March 2011.

The HASSC Report commended the work that had gone into focusing attention on preventing young people from taking up smoking, and several of the recommendations arising from the Scrutiny report related to young people. While the work of the local authority in schools and non-school settings is reported below, the NHS has not been able to fund any of the planned initiatives aimed specifically at young people.

Children and young people

The council invests to try to prevent children and young people taking up smoking. Tobacco education is delivered during Science and Personal, Social, Health and Economic Education (PSHEe) lessons in local schools. Despite the non-statutory status of PSHEe, all schools in the borough recognise the importance and relevance of the subject to children and young people and deliver teaching programmes that include tobacco education. Schools 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. Children and young people are also taught about tobacco and the law.

Typically each young person receives six lessons about drugs, alcohol and tobacco each school year from the age of 5 years. Tobacco education becomes more prominent as the children get older. The School Improvement Service provides guidance to schools in the form of minimum expected year group standards for PSHEe. These are year on year learning outcomes which identify the relevant knowledge and skills for drug, alcohol and tobacco education.

The Council also works with children and young people outside school settings. The local young people's drug and alcohol support service, CRI Subwize, offers level one smoking cessation support to children and young people. This involves appropriately signposting and referring young people to the local Stop Smoking Service. Subwize staff have received training to provide this support and do so from both schools and children's centres.

[6] http://moderngov.barking-dagenham.gov.uk/mgConvert2PDF.aspx?ID=29683

Tobacco control

The Barking and Dagenham Tobacco Alliance was reformed in 2015, bring together partners from a number of agencies including the voluntary and private sector, with the stated aim of *"taking a multi-agency approach to improve the health of the local population through a reduction in smoking prevalence in Barking and Dagenham".*

The Alliance leads on a local strategy and action plan to address the harm caused by smoking in Barking and Dagenham. This included additional investment and time spent on enforcement and test purchasing, to ensure that young people under the age of 18 were not being sold tobacco or tobacco products locally, that any tobacco products being sold to anyone locally were not illegally imported or illicit products, and that the national smoke free legislation was being adhered to. Although enforcement work undertaken by the council will continue, the discontinuation of the tobacco coordinator post will compromise the effectiveness of the Alliance.

Recommendations for Commissioners

The recommendations below incorporate some of those recommendations arising out of the external review of smoking cessation carried out in January 2011, as well as the recommendations of the Inquiry into smoking carried out by the Barking and Dagenham Health and Adult Services Select Committee in 2010/11.

The Tobacco Strategy agreed by the Tobacco Alliance should be resourced and implemented.

There should be clear outcomes built into specifications and contracts with anyone providing smoking cessation services or advice.

All front line health and social care staff should be trained to provide Level 1 advice on smoking cessation.

There should be investment and a significant increase in the number of local health and social care staff, including primary care staff, who can provide Level 2 smoking cessation services.

Stop Smoking Services should be commissioned which are effective, evidence-based and value for money, delivering a service that meets Department of Health requirements on targeting, monitoring and quality.

Commissioned services should be responsive to local need, i.e. delivered in a range of accessible venues, and available at evenings and weekends.

There should be staff trained to provide at least Level 1 advice in all local NHS opticians and dental practices.

The commissioned service should provide training and support to all local GP practices and pharmacies to ensure that Level 2 support for smoking cessation is available from every site.

Services should be commissioned to deliver at least 3,000 quitters in order to achieve a reduction in smoking prevalence that will impact on the very high levels of morbidity and premature mortality in Barking and Dagenham.

Investment is needed to appoint a post at a senior level in Barking and Dagenham who can oversee tobacco control initiatives, marketing campaigns and performance management of commissioned services.

There should be additional investment in local enforcement activities to support the aspiration to reduce smoking prevalence

There should be significant investment in prevention initiatives and health promotion, aimed at both preventing people from taking up smoking, and at encouraging smokers to quit.

An evidence-based service should be commissioned specifically aimed at young people, with the aspiration of encouraging young people to quit smoking, or not to start smoking.

All service contracts let by members of the Barking and Dagenham Partnership should address smoking, both by staff and patients or clients. This principle should not only be applied in the obvious contracts for healthcare services, such as those with Barking, Havering and Redbridge University Hospitals Trust, but also to the wide range of general service contracts, where the provider should provide a statement of commitment to reducing smoking prevalence.

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.

Local Councillors have made a recommendation 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.

More should be done to publicise high profile prosecutions that are related to tobacco control enforcement in the local media to deter sellers of illicit tobacco products.

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