ITEM NO: 4(b)

Report To:	**OVERVIEW (AUDIT) PANEL**
Date:	27 July 2015
Reporting Scrutiny Panel:	Health and Wellbeing Improvement Scrutiny Panel
Subject:	**REVIEW OF SMOKING IN TAMESIDE**
Report Summary:	This Review has considered the effect of smoking on Tameside residents and the effectiveness of services that assist residents to stop smoking
Recommendations:	That the Overview (Audit) Panel note the recommendations detailed in section 9 of the report.
Links to Community Strategy:	This review supports the Community Strategy priorities relating to 'Supportive Tameside' and 'Healthy Tameside'
Policy Implications:	The review itself has no specific policy implications. Should the recommendations of this report be accepted by the Tameside Council's Executive, the relevant services will need to assess the policy implications of putting individual recommendations in place.
Financial Implications: (Authorised by the Borough Treasurer)	All related expenditure will be financed from within the existing Public Health revenue funding envelope of £17.2m in 2015/16. The related budget for Stop Smoking Services and Interventions within 2015/16 is £ 0.667m. It is essential that the funding allocated is appropriately monitored to ensure expected outcomes are achieved within desired timescales. Relevant strategies should be in place where reduced outcome levels are predicted to occur.
Legal Implications: **(Authorised by the Borough Solicitor)**	This report supports the work being undertaken by the Health and Wellbeing Board to ensure consistency across all public bodies in their approach.
Risk Management:	Reports of Scrutiny Panels are integral to processes which exist to hold the Executive of the authority to account.
Access to Information:	The background papers relating to this report can be inspected by contacting Paul Radcliffe Scrutiny & Member Services Manager by: Telephone: 0161 342 2199 e-mail: paul.radcliffe@tameside.gov.uk

1. INTRODUCTION BY THE CHAIR OF THE HEALTH AND WELLBEING IMPROVEMENT SCRUTINY PANEL

1.1 I am very pleased to present this report of a review undertaken by the Health and Wellbeing Improvement Scrutiny Panel of Smoking in Tameside.

1.2 Tobacco smoking is one of the leading causes of preventable ill health and premature death in Tameside. There is a large difference between the Tameside and the England average for smoking prevalence - 12,000 Tameside residents would need to stop smoking in order to match the England average.

1.3 Smoking rates are much higher in some social groups, including those with the lowest incomes. These groups suffer the highest burden of smoking-related illness and death. Smoking is the single biggest cause of inequalities in death rates between the richest and poorest in our communities.

1.4 Action on Smoking and Health estimate that each year smoking costs Tameside society £68 million including costs from early deaths, lost productivity from smoking breaks and sick days, NHS treatment costs, smoking related fires and cleaning smoking related litter.

1.5 Tameside has the highest rate of smoking in pregnancy in Greater Manchester and a significantly higher rate than England. The proportion of young people aged 14-17 that smoke is declining, with 13% of this age group currently smoking. This is attributed to the impact of smoke free legislation.

1.6 Child and adolescent smoking causes serious risks to respiratory health both in the short and long term. The younger the age of uptake of smoking, the greater the harm is likely to be. Early uptake is also associated with subsequent heavier smoking, higher levels of dependency, a lower chance of quitting and higher mortality.

1.7 The increase in availability and use of electronic cigarettes in the UK has prompted considerable public interest in their safety, regulation and impact on others. E-cigarettes do not contain tobacco and so are not covered by existing tobacco control legislation. There are currently no regulations around electronic cigarettes.

1.8 On behalf of the Health and Wellbeing Improvement Scrutiny Panel, I would like to thank all those who have participated in this review.

Councillor John Sullivan
Chair of the Health and Wellbeing Improvement Scrutiny Panel

2. SUMMARY

2.1 There are higher rates of tobacco use in Tameside than the regional and England average. One quarter of Tameside adults smoke which is significantly higher than the national rate of just under one in five (19.5%).

2.2 Tameside has the highest rate of smoking in pregnancy in Greater Manchester. Smoking during pregnancy can cause serious pregnancy-related health problems such as complications during labour, an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy.

2.3 Existing Public Health commissioned services relating to tobacco include the Stop Smoking Service, Pennine Care; addressing of illicit and illegal tobacco, Trading Standards, Tameside MBC; workplace smoking cessation support, Environmental Health, Tameside MBC and Stop Smoking in Pregnancy Midwife, Tameside Hospital, NHS Foundation Trust.

2.4 The Panel were pleased to meet with the above named organisations in addition to staff from the School Health Service, Stockport NHS Foundation Trust, and encouraged to hear about the hard work they are doing to reduce the smoking rate in Tameside and educate our residents.

2.5 There are growing concerns around the increased use of electronic cigarettes. Since e-cigarettes have been available new information, research and experiences are emerging. It is estimated there are currently 1.3 million e-cigarette users in the UK and that the percentage of people who had ever tried one increased from 9% in 2010 to 35% in 2013.

3. MEMBERSHIP OF THE PANEL – 2014/15

Councillor J Sullivan (Chair), Councillor Y Cartey (Deputy Chair), Councillors Bailey, Ballagher, Bell, Bowden, Bowerman, Downs, Francis, Jackson, R Miah, Middleton, Reynolds and Whitley

4. TERMS OF REFERENCE

Aim of the Review

4.1 To explore the effects of smoking on Tameside residents and the effectiveness of services that assist residents to stop smoking therefore improving residents health, overall quality of life and increase the life expectancy of the borough

Objectives

4.2 1) To explore the health risks of smoking, in particular smoking in pregnancy

2) To examine existing strategies that educate and raise awareness of the dangers of smoking

3) To consider the Council's smoking policy

4) To investigate the growing use of electronic cigarettes

5) To explore the promotion of smoking cessation

6) To examine the effectiveness of services targeted at the prevention of smoking

7) To produce workable recommendations for the Council and partners

Value for Money/Use of Resources

4.3 Data shows that Tameside is significantly worse than the England average for smoking rates, smoking in pregnancy and smoking related deaths. Research also suggests that people living in deprived areas are more likely to take up smoking, start smoking at a younger age, more likely to smoke heavily and are less likely to quit smoking. All these factors combined are thought to increase the burden of smoking related disease on the health service locally.

Equalities Issues

4.4 There have been a number of changes in smoking habits and attitudes to smoking including the increased usage of electronic cigarettes therefore it is important for a review to look at the strategies that are in place to raise awareness, tackle the impacts and reduce the number of people that choose to smoke in the first instance. Smoking remains the leading cause of preventable death in the UK and the benefits of cessation outweigh any health intervention, can increase life expectancy and improve resident's health and quality of life.

People and Place Scorecard

4.5 The following targets from the People and Place Scorecard relate to the Smoking in Tameside review.

Health	• All age cause mortality MALE • All age cause mortality FEMALE • Premature mortality MALE • Premature mortality FEMALE

5. METHODOLOGY

5.1 The working group met with Gideon Smith, Consultant in Public Health Medicine to receive information on smoking in Tameside, the associated health risks of smoking and electronic cigarettes.

5.2 The working group met with Liz Harris, Programme Manager, Public Health to learn what services are in place targeted at the prevention of smoking and initiatives around education on the health risks of smoking.

5.3 The working group met with Linda Dunn, Karen Simpson and Happe Hoque, Stop Smoking Service, Pennine Care NHS Foundation Trust to receive information on services aimed at supporting smokers to quit and reducing harm to others through supporting campaigns for smoke free places.

5.4 The working group met with Lesley Tones and Chris Bassett, Maternity services, Tameside Hospital NHS Foundation Trust to understand the effects of smoking in pregnancy and what services are offered to help expectant Mothers stop smoking.

5.5 The working group met with Sharon Smith, Head of Environmental Services (Public Protection) and Carl Jones, Trading Standards, Tameside MBC to receive information on illegal cigarettes, underage smoking and electronic cigarettes.

5.6 The working group met with Penny King and Paula Hoyles, Community Healthcare Tameside, Glossop and Stockport - Stockport NHS Foundation Trust to learn initiatives around educating school children on the dangers of smoking.

6. BACKGROUND TO THE REVIEW

6.1 Tobacco use is the single biggest preventable cause of ill health and premature death in England and Tameside. In England, deaths from smoking are more numerous than the next six most common causes of preventable death combined (i.e. drug use, road accidents, other accidents and falls, preventable diabetes, suicide and alcohol abuse).

6.2 Smoking is the primary cause of avoidable morbidity accounting for 81,400 deaths in England in 2009. One in two smokers will die from a smoking related disease. The most effective way to improve life expectancy is to reduce smoking prevalence.

6.3 There is inequality between the Tameside and England average for smoking. One in four of Tameside adults smoke which is significantly higher than the national rate of just under one in five (19.5%). We need 12,000 Tameside residents to quit if we are to match the England average.

6.4 The increase in availability and use of electronic cigarettes in the UK has prompted considerable public interest in their safety, regulation and impact on others. There are currently no regulations around electronic cigarettes and until their safety and effectiveness are understood it is difficult to develop appropriate policy, legislation and enforcement.

6.5 Tameside has the highest rate of smoking in pregnancy in Greater Manchester and a significantly higher rate than England. Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy.

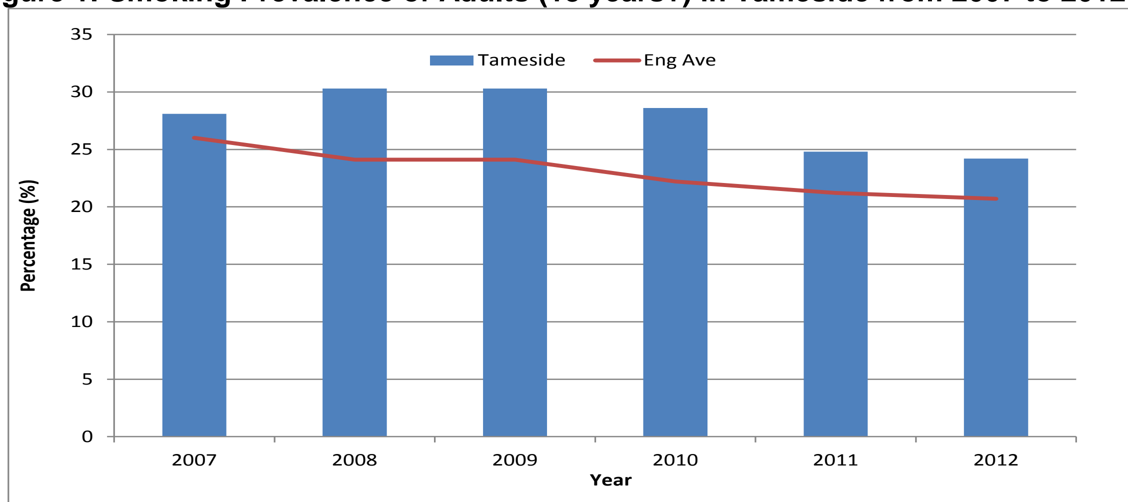
7. REVIEW FINDINGS

Smoking in Tameside

7.1 In Tameside 24% of adults smoke (approximately 54,000 residents); this is higher than the North West and England averages which are 22% and 20% respectively. About two thirds of adult smokers report that they started smoking before the age of 18; almost 40% were regular smokers before the age of 16 and over 80% before the age of 20.

7.2 It would take approximately 12,000 residents to quit to reduce the smoking rate in Tameside to the national average. Smoking prevalence has been static recently in Tameside and is consistently higher than England.

7.3 **Figure 1: Smoking Prevalence of Adults (18 years+) in Tameside from 2007 to 2012**

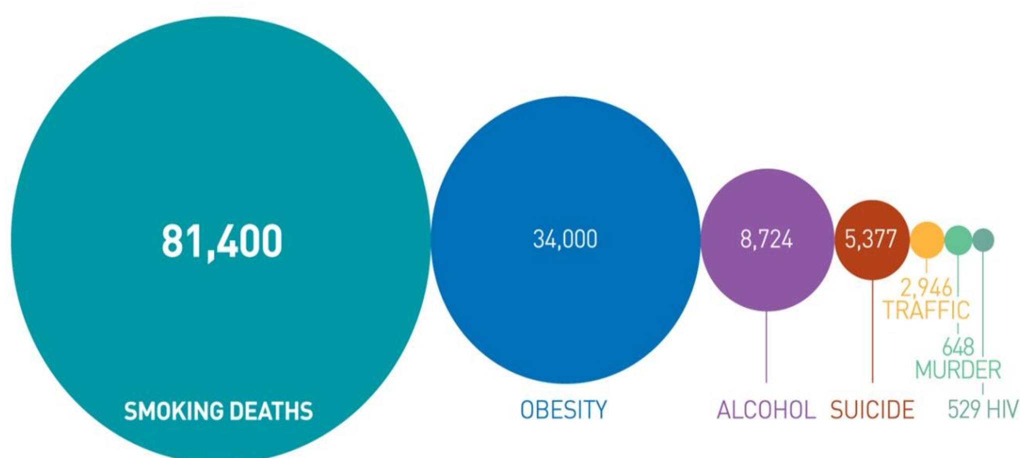


7.4 The table above shows the levels of smoking in Tameside compared to the national average. While the percentage of residents that smoke has reduced from 30% in 2009 to 24% in 2012, the gap between Tameside and the National average remains higher than 2007.

7.5 The people that are most affected by tobacco include those in low socio-economic groups, employed in routine and manual work and people with existing health related conditions. Reducing smoking prevalence has the ability to improve life expectancy, reduce smoking related deaths and early deaths from strokes, heart disease, lung cancer and Chronic Obstructive Pulmonary Disease (COPD).

7.6 There are over 80,000 smoking related deaths in England each year. Deaths from smoking are greater than the combined total of the six next greatest causes of preventable deaths (Preventable Diabetes, Alcohol Abuse, Drug Misuse, Suicide, Road Traffic Accidents, Other Accidents and falls).

7.7 **Figure 2: Major Causes of Death in England in 2011**



7.8 The figure above shows the number of national deaths due to tobacco use compared to other causes of preventable deaths.

7.9 There are higher levels of premature death in Tameside than would be expected when taking into consideration the age and gender profile of the local population. This leads to lower life expectancy in Tameside in comparison to England. A large proportion of these deaths are caused by smoking and it has been estimated that every year around 376 deaths in Tameside are due to smoking.

7.10 Areas with higher levels of deprivation generally have a greater prevalence of smoking and health inequalities due to smoking related illness. Research also shows that people living in areas of higher deprivation spend a disproportionately larger share of household income on cigarettes: the poorest tenth of the population spend around 15% of weekly income on cigarettes, compared to an average of 2%.

7.11 Smoking costs Tameside approximately £68 million per year and continues to rise. These costs include an estimated £20 million from lost output from early deaths, £14 million from lost productivity due to smoking breaks and £13 million cost to the NHS.

7.12 As the lead commissioning body for tobacco control, Public Health invests in a range of initiatives including Stop Smoking Services and control of illegal tobacco. Public Health co-ordinates the delivery of the Tameside Tobacco Strategy via the Tameside Tobacco Alliance partnership.

7.13 The Tameside Tobacco Alliance is the partnership group which is responsible for addressing tobacco issues in the borough. The partnership is made up of staff from Public Health, Tameside MBC, Community for Voluntary Action Tameside, Pennine Care NHS Foundation Trust, Stockport NHS Foundation Trust, NHS Tameside and Glossop CCG and Greater Manchester Fire and Rescue Service.

7.14 Initiatives have included a pilot smoke free playground campaign which has proved very successful and effective. It would be highly beneficial to extend the scheme to include parks and other areas where children congregate which would assist with the campaign of "Make Smoking History for Children".

7.15 There is an aim to gradually change the culture of smoking in a supportive way and to influence communities and organisations to move into a smoke free attitude and environment. This in turn will improve people's quality of life and increase the life expectancy of the borough.

Conclusions

1. In Tameside 24% of adults smoke (approximately 54,000 people); this is higher than the North West and England averages which are 22% and 20% respectively.

2. There are higher levels of premature deaths in Tameside than would be expected with an estimated 376 deaths in Tameside due to smoking every year.

Recommendations

1. That work is undertaken to further strengthen the membership of the Tameside Tobacco Alliance by extending invitations to additional key partners such as Healthwatch.

2. The smoke free playground campaign be utilised by all schools with the possibility of extending the scheme beyond the school gates into other public areas such as parks and greenspaces.

Electronic Cigarettes

7.16 Electronic cigarettes (e-cigarettes) were first introduced to Europe in 2005 and since that date their use and availability has grown rapidly. This has coincided with the prohibition on smoking tobacco products in public places in the United Kingdom.

7.17 It is currently estimated that there are approximately 2.1 million e-cigarette users in the UK which is a significant increase compared to 2013 where there were approximately 1.3 million e-cigarette users.

7.18 It has been suggested that e-cigarettes may tempt those who previously smoked to return to nicotine dependence, reintroduce smoking behaviour to smoke free environments and may encourage initiation among young people.

7.19 E-cigarettes are designed to replicate smoking behaviour and are often used as a substitute for tobacco products. Some look like conventional cigarettes, while others appear more like an electronic device. They contain a battery, an atomiser and a cartridge containing liquid nicotine with differing nicotine levels between different types of products. When 'smoked' the liquid evaporates to form a vapour.

7.20 The vapours from e-cigarettes are a complex mixture of chemicals. It is unknown whether this mixture is safe and as yet there is no evidence that e-cigarettes are effective as treatment for nicotine addiction, therefore they are not approved as stop smoking aids.

7.21 Due to the newness of the products there is a lack of scientific research into the possible risks, benefits and trends of e-cigarettes. However, it is estimated that the percentage of people who had ever tried using an e-cigarette has increased from 9% in 2010 to 35% in 2013.

7.22 There is also a lack of medical evidence on the health impact of e-cigarettes and although using e-cigarettes may be less harmful than smoking tobacco there are concerns that a proportion of young people are accessing these products and may therefore develop a nicotine addiction.

7.23 Other areas of concern surrounding e-cigarettes include regulation, safety, normalisation, use as a nicotine replacement, promotion and the impact on smoking. There has been little comparison between e-cigarettes and cigarettes or the effectiveness of e-cigarettes as an aid to quitting smoking or comparable data to other stopping smoking aids.

7.24 E-cigarettes may have considerable potential for the reduction in harm to smokers and bystanders from the use of tobacco. However, until the safety and effectiveness is understood it is difficult to develop appropriate policy, legislation and enforcement.

7.25 There is growing concern that e-cigarettes may encourage young people and non-smokers to take up the habit by glamorising the products and that the tobacco industry may be using e-cigarettes to promote traditional cigarettes.

7.26 In June 2013 the Medicines and Healthcare Products Regulatory Agency (MHRA) announced it will regulate electronic cigarettes and other nicotine containing products as medicines. Regulation would mean safer products and be more effective to reduce the harms of smoking.

7.27 It would be beneficial for emerging evidence to be monitored and for key partners to gather information on the use of e-cigarettes in order to obtain useful data on any possible trends with a common approach to e-cigarettes across all public services.

Conclusions

3. It is estimated there are currently 2.1 million e-cigarette users in the UK and that the percentage of people who had ever tried one increased from 9% in 2010 to 35% in 2013.

4. It has been suggested that e-cigarettes may tempt those who previously smoked to return to nicotine dependence, reintroduce smoking behaviour to smoke free environments and may encourage initiation among young people.

Recommendations

3. That emerging evidence surrounding e-cigarettes be monitored and data gathered at a local level on the use of e-cigarettes in order to identify possible trends.

4. A common approach towards e-cigarettes be adopted across public services with regular sharing of information between key partners.

Pennine Care NHS Foundation Trust Stop Smoking Service

7.28 Pennine Care NHS Foundation Trust is commissioned to deliver a Stop Smoking Service for Tameside and Glossop through a ‘core’ team of specialist Stop Smoking Advisors, who form part of a wider Health Improvement team.

7.29 This core team delivers face to face and telephone support to help people quit smoking. They also train and support a network of ‘intermediate’ advisors, mainly based in GP

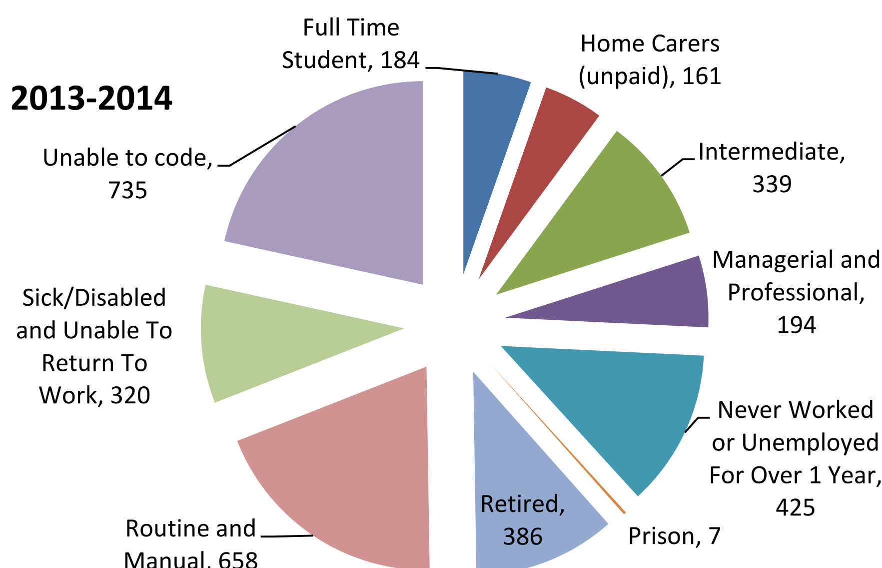
practices and pharmacies. In Tameside and Glossop 35 out of 43 GP practices have trained smoking advisors.

7.30 There are 15 drop-in sessions per week, located where there is a high demographic of smokers, with ten being held in the evenings and one on a Saturday morning. There are also 20 one-to-one appointment sessions of which three are in the evening and eight are in GP practices.

7.31 The core Stop Smoking team in Tameside has a specialist advisor to support people with long term conditions, currently focusing on Chronic Obstructive Pulmonary Disease (COPD). A specialist post focused on supporting pregnant women to quit is separately funded and based at the hospital but works very closely with the core team.

7.32 Stop Smoking Services in Tameside supported 1,276 residents (1165 in Tameside and 111 in Glossop) to achieve a 4-week quit during 2013-14.

7.33 **Figure 3: Occupations of Tameside Residents who registered with the Stop Smoking Service, 2013-2014**



7.34 The graph above shows the occupations of those who registered with the Stop Smoking Service during 2013-2014. From the codes that were identified the highest numbers of those who registered with the service were those who worked in manual professions or were out of work.

7.35 For every 10 people that quit smoking (at 4 weeks) it is estimated that one stroke will be prevented over the next 10 years, and for every 8 people who quit (at 4 weeks) one heart attack will be prevented over the next 10 years. One in eight deaths from cardiovascular disease can be attributed to smoking.

7.36 In 2013-14 a sharp decline in people accessing the service resulted in a subsequent drop in the numbers quitting tobacco, this follows a national trend which is believed to be explained by a corresponding rise in the marketing and use of e-cigarettes.

7.37 It has been observed that many smokers appear to be using e-cigarettes to cut down or quit smoking, although they are not currently regulated as a medicine, or an aid to quitting smoking. Changes in legislation coming into effect in 2016 will see e-cigarettes classified as medicines which will result in their availability on prescription.

7.38 **Figure 4: Tameside Performance results for Stop Smoking**

	2012 - 2013			2013 - 2014	
Key Performance Indicators	**Target**	**Actual**		**Target**	**Actual**
No. of 4 week Quits	2100	2107		2100	1258
No. of people registering with the service	4000	5309		4000	3380
% of routine and manual setting a quit date	27%	23%		27%	19%
% of 4 week quitters from 10% most deprived wards)	25%	30%		25%	29%
% quitters followed up at 12 weeks (core service only)	30%	86%		30%	69%

7.39 The table above shows performance figures for Stop Smoking in Tameside. It also shows the percentage of residents who smoke from the most deprived wards in the borough and those in routine and manual occupations. Smoking prevalence in both these population groups is known to be higher than in the general population, and therefore a national target for Stop Smoking Services.

7.40 In conjunction with Public Health, the service is running a pilot scheme offering Nicotine Replacement Therapy and support to people who have switched to using e-cigarettes instead of smoking cigarettes. This pilot will contribute to the development of a local evidence base on the role of e-cigarettes in quitting tobacco use.

7.41 The Service has recently signed a partnership agreement with Greater Manchester Fire and Rescue Service (GMFRS) to reciprocally refer smokers towards Stop Smoking Services and fire safety interventions.

7.42 Seminars aimed at young people (to include facts about shisha, paan and e-cigarettes) are being developed and will be delivered in local colleges as part of an effort to engage more widely with communities and raise awareness of the support available to quit.

7.43 Marketing materials are being redesigned to encourage people using e-cigarettes to access the service for support, as well as smokers. There are also plans to establish an 'Opt Out' service at Tameside General Hospital's A&E department, similar to the one already in place in the Maternity Department.

Conclusions

5. Stop Smoking Services in Tameside supported 1,276 residents (1165 in Tameside and 111 in Glossop) to achieve a 4-week quit during 2013-14 meaning there will be fewer residents suffering heart attacks and strokes.

6. In 2013-14 a sharp decline in people accessing the service resulted in a subsequent drop in the numbers quitting tobacco, this follows a national trend which is believed to be partly explained by a corresponding rise in the marketing and use of e-cigarettes.

Recommendations

5. Increase the profile of the Stop Smoking Service through greater promotion of the service at a community grass roots level with the possibility of attendance at District Assemblies.

6. That the Stop Smoking Service looks to extend the college seminars to schools via collaborative work with the School Health Service.

Tameside Hospital NHS Maternity services

7.44 Smoking is the single most modifiable risk factor for adverse outcomes in pregnancy contributing to 40% of all infant deaths and a 12.5% increased risk of premature birth. Nationally 20-25% of neonatal admissions are estimated to be primarily as a result of smoking during pregnancy with this figure rising to 30% in Tameside.

7.45 Pregnant women are one of the most hard to reach groups of society in terms of stopping smoking. It is reported that 26% of mothers in England smoked before pregnancy, 55% gave up at some point during pregnancy with 31% smoking again within a year.

7.46 The national annual rate for Smoking at the Time of Delivery has fallen since 2006/07 from 15.1% to 12.6% for 2012/13. However, in Tameside and Glossop the rate has fallen from 24.6% in 2006/07 to 19% for 2013/14. Although the rate in Tameside and Glossop is falling it is still far higher than the national rate.

7.47 **Figure 5: Tameside Smoking at the Time of Delivery Return Figures**

Time Period	Number of Maternities	Smoking at Delivery	Not Smoking at Delivery	% Smoking at Delivery
2011/2012	2770	634	2136	23%
2012/2013	2726	623	2100	23%
2013/2014	2509	481	2027	19%

7.48 The table above shows the number of maternities, the numbers of those smoking and not smoking at the time of delivery and the total percentage of those smoking at delivery over the last three years in Tameside.

7.49 As well as the health impact for mothers, it is well established that there is a detrimental effect on the growth and development of babies whose mothers smoke whilst pregnant. There are more cases of complications during pregnancy and labour when the mother smokes, including bleeding during pregnancy, ectopic pregnancies and low birth weight.

7.50 There is a 26% greater risk of miscarriage or stillbirth and premature birth is twice as likely. Smoking during pregnancy also increases the risks of infant mortality, impaired lung function, asthma and cardio vascular damage. Additionally mothers who smoke are less likely to start breast feeding and breast feed for a shorter time.

7.51 If women can be encouraged to stop smoking during pregnancy, this may help them to stop permanently; which in turn will provide other health benefits for the mother and reduce the risk of exposure to second hand smoke for the baby.

7.52 Implementing cessation programmes in all maternity care settings as a routine part of antenatal care, including carbon monoxide (CO) monitoring of all pregnant women at booking and the automatic opt-out referral to NHS specialist stop smoking support, has proved to be very effective.

7.53 All women who smoke are referred to the Stop Smoking Service and offered an appointment with a stop smoking advisor where up to two nicotine replacement therapies are offered. Those who are less engaging are offered one-to-one care in their own homes with the Stop Smoking Midwife.

7.54 In 2013-14, significant progress was made in the number of pregnant women accessing the service. In total 87 pregnant women were supported to stop smoking in pregnancy which is a 30% increase compared to the previous year. This is attributed to the work undertaken by the Stop Smoking Midwife who has been in post since May 2013.

7.55 The unique approach and support offered by the Stop Smoking Midwife to both expectant mothers and her family has been extremely effective. Within approximately nine months 62% of pregnant women had achieved a 4 week quit.

7.56 A regional meeting for smoking cessation was held at Tameside Hospital with other commissioning groups across the North West. The group consists of Stop Smoking Midwives and advisors from across the North West and was chaired by the Stop Smoking Midwife. Meetings will continue throughout the region to share information and best practice and processes used to capture data.

Conclusions

7. In Tameside the annual rate for Smoking at the Time of Delivery has fallen from 24.6% in 2006/07 to 19% for 2013/14.

8. In 2013-14, significant progress was made in the number of pregnant women accessing the Stop Smoking Service. In total 87 pregnant women were supported to stop smoking in pregnancy which is a 30% increase compared to the previous year.

Recommendations

7. That Tameside Hospital NHS Maternity services explore possible improvements to data collection of smoking at the time of delivery and monitoring information throughout pregnancy.

8. To fully utilise local and social media to promote Stop Smoking Services to residents of Tameside, with particular emphasis on smoking in pregnancy.

Environmental Services and Trading Standards, Tameside MBC

7.57 Trading Standards continued to identify and stop trading in illicit and illegal tobacco during 2013-14. Key achievements during this year included seizures of illicit and counterfeit tobacco, reviews of Premise Licences where illicit tobacco was found and test purchasing for under age sales.

7.58 It is estimated that illegal tobacco is responsible for four times as many deaths as illicit drugs with a projection of 4,000 fewer deaths each year from smoking-related illnesses in the UK if tobacco smuggling were wiped out.

7.59 Approximately 10% of all cigarettes and 46% of hand rolling tobacco smoked is illicit. Illegal tobacco undermines tobacco control initiatives (for example reducing under age sales) and preserves health inequalities. Underage smokers are more than twice as likely as their adult counterparts to be offered to purchase illegal tobacco.

7.60 A 2013 North West Trading Standards Survey of 692 of Tameside's young people aged 14 to 17 showed that the percentage of the borough's young people who were non-smokers was 87% and 59% had never smoked. These figures have been steadily improving since the 2007 survey when the reported percentages were 66% and 31% respectively.

7.61 There has been huge growth in the use of e-cigarettes with an estimated 2.1 million e-cigarette users in the UK in 2014. This growth has been mirrored by the increase in retailers selling the products.

7.62 Business Compliance estimates that approximately 70% of retail premises in Tameside sell e-cigarettes. Typical premises include market stalls, chemists, convenience stores, petrol stations, supermarkets and department stores.

7.63 There is a wide range of products available ranging from budget models to specialist handmade models. There is growing concern that products are being marketed towards teenagers. A Trading Standards North West e-cigarette underage sales survey undertaken in March 2014 showed that 35% of sellers sold e-cigarettes to young people under 18.

7.64 E-cigarettes are currently regulated as general consumer products and are covered by various legislation including The Chemical (Hazard Information and Packaging for Supply) Regulations 2009, Consumer Protection from Unfair Trading Regulations 2008 and the General Product Safety Regulations 2005.

7.65 This legislation only covers the electrical safety, the obligatory declarations on refills, the amount of nicotine and the description of the e-cigarette. Therefore e-cigarettes currently do not meet appropriate standards of safety, quality & efficacy.

7.66 Users of e-cigarettes are being warned of the potential danger of the devices exploding while charging following several minor fires across the UK. Due to increasing cases of near fatal incidences from fires caused by e-cigarettes safety aspects have been raised by Fire Services as a result of e-cigarettes being left on charge overnight via USB connectors.

7.67 Other areas of concern are risk of oral and throat burns from leaking of the liquid from the cartridge and a lack of the correct safety labelling on e-cigarette refills. Trading standards have notified traders over the safety issues of certain types of e-cigarettes with raised awareness through a large amount of publicity in the media.

7.68 There is an increasing amount of counterfeit e-cigarettes in the market place however, due to the products infancy, Manufacturers have not trade marked their products meaning obtaining evidence is also problematic.

7.69 A new regulatory framework is being introduced by the revised Tobacco Products directive which will set out safety and quality criteria for e-cigarettes. The Trading Standards Institute is lobbying Parliament for legislation relating to a restriction on the age of sale and proxy purchase of e-cigarettes.

7.70 Due to a number of changes in smoking habits and attitudes to smoking, the Council's smoking policy is due to be amended to include e-cigarettes. E-cigarettes will be treated the same way as tobacco cigarettes and their use prohibited in public buildings. The revised policy has been consulted upon and will be presented to the Health and Wellbeing Board in December 2014 for approval prior to implementation.

Conclusions

9. A 2013 North West Trading Standards Survey of 692 of Tameside's young people aged 14 to 17 showed that the percentage of the borough's young people who were non-smokers was 87% and 59% had never smoked.

10. Due to a number of changes in smoking habits and attitudes to smoking, the Council's smoking policy is due to be amended to include e-cigarettes. E-cigarettes will be treated the same way as cigarettes and their use prohibited in public buildings.

Recommendations

9. That the Council look to promote responsible practice and compliance by including vendors of e-cigarettes in the Responsible Retailer Award.

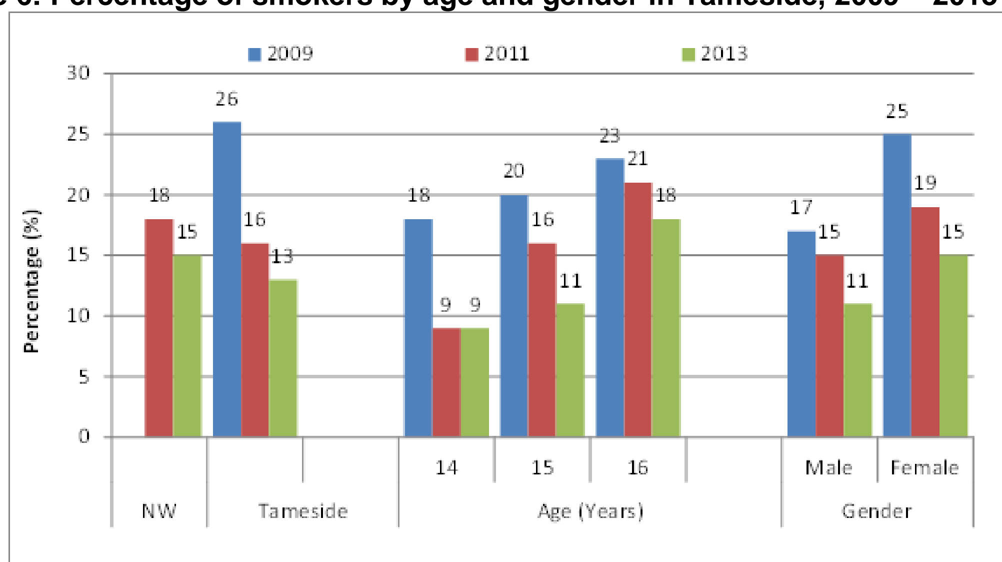
10. That the Council widen the advertisement and publicity of the revised Council's Smoking Policy to encourage Council partners and large organisations to adopt a similar approach.

Community Healthcare Tameside, Glossop and Stockport - Stockport NHS Foundation Trust

7.71 The latest results from the North West Trading Standards Survey 2013 suggest that young people in Tameside are starting to smoke at a later age. There were falls in the percentages claiming to have started smoking at the age of 11 or less with most claiming to start at 13 or 14; the largest decrease is amongst females and 14 year olds.

7.72 Locally 13% of children and young people smoke. Estimates for the population of Tameside between the ages of 11 and 15 years show 664 local children in the area smoke on a regular basis. The percentage of children who have never tried smoking has risen to 59%.

7.73 **Figure 6: Percentage of smokers by age and gender in Tameside, 2009 – 2013**



7.74 The table above shows the percentage of smokers in Tameside by age and gender from 2009 to 2013.

7.75 Figures show that 90% of smokers start at or before the age of 18. Children who live with parents or siblings who smoke are up to 3 times more likely to become smokers themselves than children of non-smoking households.

7.76 The younger the age of uptake of tobacco use the greater the harm is likely to be. Early uptake is associated with subsequent heavier use, higher levels of dependency, a lower chance of quitting and higher mortality.

7.77 Child and adolescent smoking causes serious risks to respiratory health both in the short and long term. Children who smoke are more susceptible to coughs and increased phlegm, wheeziness and shortness of breath than those who do not smoke.

7.78 Smoking impairs lung growth and initiates premature lung function decline which may lead to an increased risk of chronic obstructive lung disease later in life. The earlier children become regular smokers and persist in the habit as adults, the greater the risk of developing lung cancer or heart disease.

7.79 The Children, Young People and Family Services, Tameside and Glossop Community Healthcare Business Group offer advice and support for smoking at 17 clinics in 24 locations. The majority of staff (90.7%) have been trained in smoking Brief Intervention.

7.80 During 2013/14 16,962 assessments were carried out by Health Visitors with 708 families receiving advice and support from Health Visiting Teams including the “7 Steps” initiative.

7.81 Pathways available to school children once they have been identified as a smoker include referral to the School Health Service for advice or one-to-one support, referral to the Family Health Mentor Service for a six week Brief Intervention or referral to the Stop Smoking Service.

7.82 The Family Health Mentor service provides Brief Intervention with children, young people and their families which involve one-to-one and small group behaviour change intervention. An agreed health plan, tailored to the needs of the child or young person, is agreed which is reviewed at three and six month intervals.

7.83 The School Health Service has been conducting a pilot study with one school in Tameside whereby young people found smoking are referred to the School Nurse. Latest reports indicate that 80% of young people referred have taken up a voluntary smoking cessation course following on from the compulsory process.

7.84 In a school environment 84 young people received a 6 week Brief Intervention from Family Health Mentors around smoking and 52 young people received smoking support from a School Nurse.

Conclusions

11. Figures show that 90% of smokers start at or before the age of 18. Children who live with parents or siblings who smoke are up to 3 times more likely to become smokers.

12. Pathways are available to school children who have been identified as a smoker.

Recommendations

11. That joint working is further developed between the Council's Public Health team and Stockport NHS Foundation Trust to share information and to explore future options for collaborative work.

12. The Council to work closely with partners to reinforce key messages of Smoke Free Homes and Cars in order to reduce second-hand smoke exposure.

8. CONCLUSIONS

8.1 In Tameside 24% of adults smoke (approximately 54,000 people); this is higher than the North West and England averages which are 22% and 20% respectively.

8.2 There are higher levels of premature deaths in Tameside than would be expected with an estimated 376 deaths in Tameside due to smoking every year.

8.3 It is estimated there are currently 2.1 million e-cigarette users in the UK and that the percentage of people who had ever tried one increased from 9% in 2010 to 35% in 2013.

8.4 It has been suggested that e-cigarettes may tempt those who previously smoked to return to nicotine dependence, reintroduce smoking behaviour to smoke free environments and may encourage initiation among young people.

8.5 Stop Smoking Services in Tameside supported 1,276 residents (1165 in Tameside and 111 in Glossop) to achieve a 4-week quit during 2013-14 meaning there will be fewer residents suffering heart attacks and strokes.

8.6 In 2013-14 a sharp decline in people accessing the service resulted in a subsequent drop in the numbers quitting tobacco, this follows a national trend which is believed to be partly explained by a corresponding rise in the marketing and use of e-cigarettes.

8.7 In Tameside the annual rate for Smoking at the Time of Delivery has fallen from 24.6% in 2006/07 to 19% for 2013/14.

8.8 In 2013-14, significant progress was made in the number of pregnant women accessing the Stop Smoking Service. In total 87 pregnant women were supported to stop smoking in pregnancy which is a 30% increase compared to the previous year.

8.9 A 2013 North West Trading Standards Survey of 692 of Tameside's young people aged 14 to 17 showed that the percentage of the borough's young people who were non-smokers was 87% and 59% had never smoked.

8.10 Due to a number of changes in smoking habits and attitudes to smoking, the Council's smoking policy is due to be amended to include e-cigarettes. E-cigarettes will be treated the same way as cigarettes and their use prohibited in public buildings.

8.11 Figures show that 90% of smokers start before the age of 19. Children who live with parents or siblings who smoke are up to 3 times more likely to become smokers.

8.12 Pathways are available to school children who have been identified as a smoker.

9. RECOMMENDATIONS

9.1 That work is undertaken to further strengthen the membership of the Tameside Tobacco Alliance by extending invitations to additional key partners such as Healthwatch.

9.2 The smoke free playground campaign be utilised by all schools with the possibility of extending the scheme beyond the school gates into other public areas such as parks and greenspaces.

9.3 That emerging evidence surrounding e-cigarettes be monitored and data gathered at a local level on the use of e-cigarettes in order to identify possible trends.

9.4 A common approach towards e-cigarettes be adopted across public services with regular sharing of information between key partners.

9.5 Increase the profile of the Stop Smoking Service through greater promotion of the service at a community grass roots level with the possibility of attendance at District Assemblies.

9.6 That the Stop Smoking Service looks to extend the college seminars to schools via collaborative work with the School Health Service.

9.7 That Tameside Hospital NHS Maternity services explore possible improvements to data collection of smoking at the time of delivery and monitoring information throughout pregnancy.

9.8 To fully utilise local and social media to promote Stop Smoking Services to residents of Tameside, with particular emphasis on smoking in pregnancy.

9.9 That the Council look to promote responsible practice and compliance by including vendors of e-cigarettes in the Responsible Retailer Award.

9.10 That the Council widen the advertisement and publicity of the revised Council's Smoking Policy to encourage Council partners and large organisations to adopt a similar approach.

9.11 That joint working is further developed between the Council's Public Health team and Stockport NHS Foundation Trust to share information and to explore future options for collaborative work.

9.12 The Council to work closely with partners to reinforce key messages of Smoke Free Homes and Cars in order to reduce second-hand smoke exposure.

Post Scrutiny - Executive Response

In Respect of: Review of Smoking in Tameside

Date: 20 March 2015

Cabinet Deputy: Councillor Lynn Travis (Health and Neighbourhoods)

Coordinating Officer: Gideon Smith, Consultant in Public Health Medicine

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
1. That work is undertaken to further strengthen the membership of the Tameside Tobacco Alliance by extending invitations to additional key partners such as Healthwatch.	Accepted	The membership of Tameside Tobacco Alliance will be reviewed and revised following the current CLeaR assessment.	Gideon Smith	June 2015
2. The smoke free playground campaign be utilised by all schools with the possibility of extending the scheme beyond the school gates into other public areas such as parks and greenspaces.	Accepted	The smoke free playground approach will be developed within the 5-19 Health and Wellbeing Offer, and progress reviewed after 12 months.	Gideon Smith Debbie Watson Kate Benson Liz Harris	June 2016
3. That emerging evidence surrounding e-cigarettes be monitored and data gathered at a local level on the use of e-cigarettes in order to identify possible trends.	Accepted	Public Health, Trading Standards and the Tameside Tobacco Alliance will review new evidence as it becomes available and develop and implement local policy as appropriate.	Gideon Smith Sharon Smith	In place
4. A common approach towards e-cigarettes be adopted across public services with regular sharing of information between key partners.	Accepted	Tameside Tobacco Alliance will continue to coordinate a common local approach, and work with other Greater Manchester authorities to ensure effective collaboration.	Gideon Smith Liz Harris Sharon Smith	Ongoing

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
5. Increase the profile of the Stop Smoking Service through greater promotion of the service at a community grass roots level with the possibility of attendance at District Assemblies.	Accepted	Tameside Tobacco Alliance will promote and support new initiatives. Stop Smoking Service will increase promotion of its service supported by the Alliance.	Liz Harris Linda Dunn	December 2015
6. That the Stop Smoking Service looks to extend the college seminars to schools via collaborative work with the School Health Service.	Accepted	Commissioning of services by Public Health will support and encourage engagement and prevention with young people.	Debbie Watson Kate Benson	October 2015
7. That Tameside Hospital NHS Maternity services explore possible improvements to data collection of smoking at the time of delivery and monitoring information throughout pregnancy.	Accepted	Public Health will work closely with Tameside and Glossop CCG and Tameside Hospital to optimise data collection. This will be further enhanced by the 0-5 Healthy Child Programme and the 5-19 Health and Wellbeing Offer.	Liz Harris Alan Ford Lesley Tones	October 2015
8. To fully utilise local and social media to promote Stop Smoking Services to residents of Tameside, with particular emphasis on smoking in pregnancy.	Accepted	Tameside Tobacco Alliance will promote and support new initiatives along with the new Wellbeing Service and HWBB.	Liz Harris Linda Dunn	December 2015
9. That the Council look to promote responsible practice and compliance by including vendors of e-cigarettes in the Responsible Retailer Award.	Accepted	Trading Standards will develop and implement a local approach.	Sharon Smith	June 2015
10. That the Council widen the advertisement and publicity of the revised Council's Smoking Policy to encourage Council partners and large organisations to adopt a similar approach.	Accepted	Following discussion and agreement at the Health and Wellbeing Board in January 2015, Tameside Tobacco Alliance will promote and monitor progress and report to HWBB.	Gideon Smith Liz Harris	December 2015
11. That joint working is further developed between the Council's Public Health team and Stockport NHS Foundation Trust to share information and to explore future options for collaborative work.	Accepted	The development and implementation of the 0-5 Healthy Child Programme, School Nursing and the 5-19 Health and Wellbeing Offer requires close working between Public Health and Stockport FT.	Debbie Watson Kate Benson Gideon Smith Liz Harris	Current

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
12. The Council to work closely with partners to reinforce key messages of Smoke Free Homes and Cars in order to reduce second-hand smoke exposure.	Accepted	Tameside Tobacco Alliance will promote and support initiatives along with Tobacco Free Futures, the new Wellbeing Service and HWBB.	Gideon Smith Liz Harris	Current