Havering Joint Strategic Needs Assessment 2011/12

Smoking

NHS
Outer North East London

Havering
LONDON BOROUGH

Smoking

SUMMARY

What Is The Level of Need in Havering?

- Between 20.6% and 20.8% of the adult population in Havering are estimated to be current smokers, with is similar to the London and England averages
- There are estimated to be wide variations in smoking prevalence within Havering, with this ranging from 10.1% in some small parts of Havering to 36.6% in other small areas
- 13.6% of women in Havering are smokers at the time when they give birth, which is similar to the national average and means around 377 babies a year are born in Havering where the mother has smoked during pregnancy
- The rate of smoking related deaths in Havering is not significantly different from the England average, however around 418 Havering residents a year die from smoking related causes
- There were around 1,128 hospital admissions (per 100,000 population aged 35+) attributable to smoking in Havering in 2009-10. This is a lower admission rate than the national and London averages.

Current Service Provision in Havering

A range of smoking cessation services are available in Havering, including:

- A stop smoking specialist service (Borough wide), which includes stop smoking support to those at Queen's hospital, and targeted stop smoking services aimed at expectant mothers and at cardiac rehabilitation patients
- A stop smoking service is also delivered by specific pharmacies and GP practices directly (GPs and pharmacists can also refer to the specialist stop smoking service)

Trading standards also carry out a range of actions to regulate the sale of tobacco, including:

- A Challenge 21 scheme for tobacco, test purchasing exercises, working with local businesses to remove tobacco vending machines, work to reduce proxy sales of tobacco and regulation of illicit tobacco and tobacco advertising.

Gaps in Knowledge and Service Provision in Havering

- There is currently not a stop smoking champion at Queen's hospital. Stop smoking champions are supported by the British Thoracic Society to take actions such as leading on developing smoking cessation policy in local hospitals
- Currently only a small proportion of women receive carbon monoxide testing as part of their ante-natal appointments
- There are limited initiatives taking place in Havering targeted at preventing children and young people from beginning to smoke e.g. media campaigns or including smoking cessation in the school curriculum (however enforcement action aimed at deterring underage sales of tobacco is taking place)
- There is no smoking cessation strategy in Havering

Smoking: for decision makers and commissioners to consider:

- Develop a local smoking cessation and tobacco control strategy outlining actions partners will take to address these areas (consideration of a sector wide strategy with Borough sections to reflect local delivery arrangements)
- Stop smoking service to deliver further level 1 stop smoking training to health professionals, particularly community midwives and ante-natal workers.
- Increase the proportion of expectant mothers who receive carbon monoxide testing as part of their discussions about tobacco exposure at ante-natal hospital appointments. Identify resources to purchase additional CO monitoring equipment to enable this.
- Trading standards to continue to gather and act on intelligence about illicit tobacco and underage sales, and to continue test purchasing and retailer education
- Trading standards to continue to work with local retailers to implement changes to legislation around tobacco sales including the ban on tobacco vending machines and new legislation on displaying and packaging of tobacco
- Work with Basildon Havering and Redbridge University Trust to identify a stop smoking champion to participate in the British Thoracic Society programme, and promote smoking cessation within Queen's and King George's hospitals
- Identify a forum where local partners can work together to address smoking cessation
- Continue to work with GPs and pharmacists to ensure that local people receive a consistently high level of smoking cessation support from across the Borough (stop smoking team)
- Identify resources with which to work partners to implement interventions to prevent young people from beginning smoking. In line with NICE guidance, such interventions could include ensuring anti-smoking activities and information are part of the school curriculum, and supporting schools to develop anti-smoking policies
- Further work to take place to embed smoking cessation into care pathways so that smoking cessation is discussed at each stage of the patient's journey (this could include reminders to health professionals by electronic prompts etc)
- Consider raising awareness of the smoking cessation support available to young people aged under sixteen in specific hard to reach groups (e.g. young people in care). Consider investigating whether all local pharmacies are aware of the smoking cessation support available to these aged below sixteen.

1. WHAT DO WE KNOW ABOUT SMOKING IN HAVERING?

a) Introduction

Tobacco use is the biggest preventable cause of preventable deaths and early deaths in England and remains a significant public health challenge. Tobacco use is responsible for 18% of all deaths of adults aged 35+ in England, is a major cause of health inequalities and causes a range of illnesses including respiratory, digestive and circulatory diseases and cancers (1).

b) Who is at risk?

Gender

Nationally, prevalence of cigarette smoking continues to be higher among men than women in England in 2011 (2).

Age

Nationally, young people aged between 16-19 and 20-24 reported the highest prevalence of cigarette smoking, with those aged 60+ reporting the lowest prevalence (2).

Socio-demographic status

Nationally, people who were divorced or separated were most likely to smoke (33%). This group were also more likely to be heavy smokers than married/co-habiting or single individuals (2).

A larger proportion of people in routine and manual occupations reported heavy smoking than those in managerial and professional occupations (2).

Pregnant women

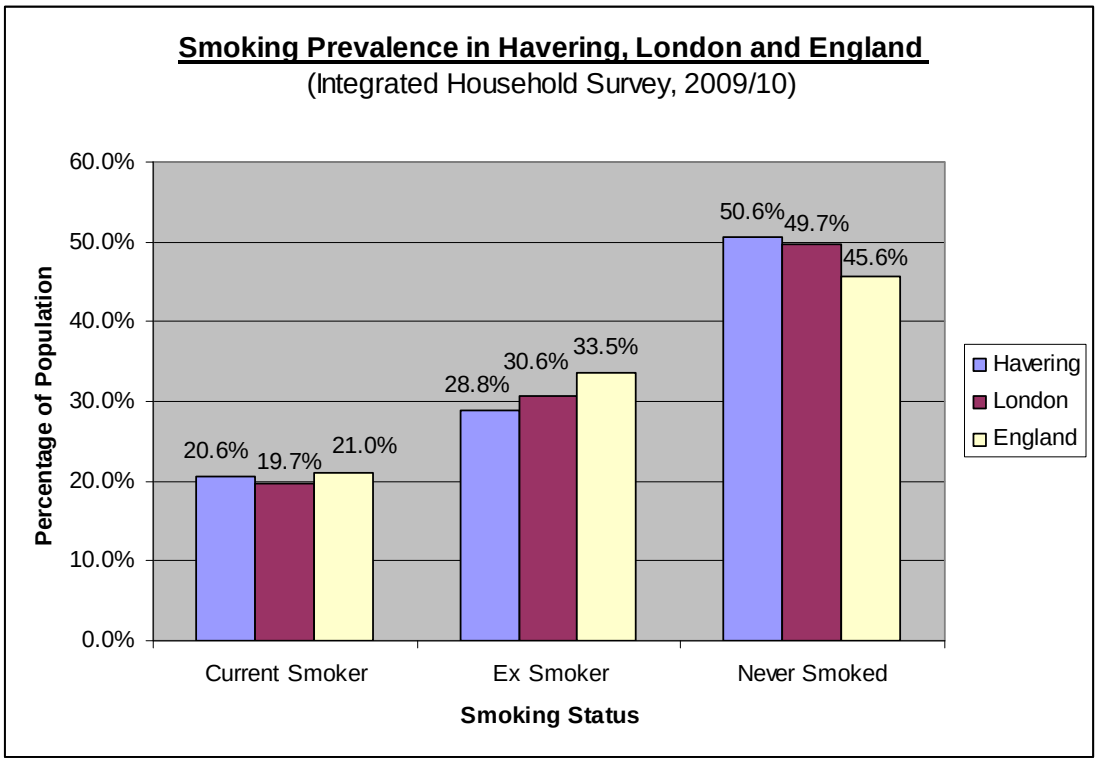
Nationally, just over a quarter (26%) of mothers in England smoked in the 12 months immediately before or during their pregnancy, and over half (55%) gave up before the birth.

c) Smoking prevalence

Between 20.6% and 20.8% of the adult population in Havering are estimated to be current smokers (3). A local Health and Lifestyles Survey undertaken in 2007 found Havering's smoking prevalence to be much lower at 14.4%. However, this was a self report survey and did not cover the whole population, so may not have captured information about all of the smokers in Havering.

The Integrated Household Survey estimates that 20.6% of Havering's adult population (aged 18+) are current smokers, which is similar to the London and England estimates. Fewer adults in Havering are estimated to be ex-smokers than the England average, and it is estimated that a greater proportion of Havering's adults have never smoked than is the average for England overall.

Figure 1: Smoking Prevalence in Havering, London and England. Integrated Household Survey, 2009/10 (3) .



d) Differences within Havering in smoking prevalence

Estimates suggest that there are wide variations in smoking prevalence between different areas of Havering. Modelled estimates indicate that as few as 10.1% of adults in Havering are predicted to smoke in some small areas of Havering (a small area within Squirrel's Heath), whereas as other parts of the Borough as many as 36.6% of adults are predicted to smoke (a small area within Heaton) (4).

e) Smoking and socio-demographic groups in Havering

Nationally, MOSAIC groups O, N, K and I have an above average smoking prevalence. In Havering, these groups make up 17% of the population. These same four groups are also most likely to be heavy smokers.

Figure 2: MOSAIC Groups With Above Average Smoking Propensity. MOSIAC, Experian Ltd, 2011 (5)

MOSAIC Group	Proportion of Havering Households
I - Lower income workers in urban terraces in often diverse areas	3.6%
K - Residents with sufficient incomes in right-to-buy social housing	9.2%
N - Young people renting flats in high density social housing	2.9%
O - Families in low-rise social housing with high levels of benefit need	1.3%

f) Smoking during pregnancy

Smoking during pregnancy can have a number of detrimental effects on the health of the baby, including increasing the risk of miscarriage, still birth, premature birth having a low birth weight baby, and of the baby developing asthma and chest infections as a child.

In Havering, 13.6% of women report that they are smokers at the time when they give birth. This is similar to the national figure of 14%. This equates to around 377 babies born a year where the mother has smoked during pregnancy.

Figure 3: Percentage of mothers in Havering who self report that they are current smokers at time of delivery. Health Profiles, Department of Health, 2006/07 onwards (6) .

Percentage of mothers who are current smokers at time of delivery:	2006/07	2007/08	2008/09	2009/10
Havering	7.1%	10.2%	11.9%	13.6%
England	16.1%	14.7%	14.6%	14%
London	-	7.2%	7.5%	7.4%
Bexley	15.7%	13.7%	15.2%	12.5%
Number of mothers in Havering who are current smokers at time of delivery:				
Havering	204	299	307	377

It should be noted that the number of mothers who are smokers at the time of delivery is based on self report information provided by mothers. As there may be a stigma attached to being a smoker at the time when the baby is born, the figures may be an under estimate of actual smoking prevalence in these mothers. The above figures are also calculated based only on maternities where smoking status is recorded.

Based on maternities where smoking status is recorded in Havering, it appears that the percentage of women who report that they are smokers at the time of delivery has increased between 2006/07 and 2009/10. However, data collection practices for this information have improved locally over the last two years (moving from a manual to an electronic system). Therefore it is possible that this trend reflects more accurate recording of the number of new mothers who smoke rather than an actual increase in prevalence.

Even after this increase, the number of women who smoke at the time of delivery in Havering is similar to the national average.

g) Smoking among young people

Nationally, young adults aged 16-19 and 20-24 report the highest prevalence of cigarette smoking of the whole population, 27% and 28% respectively (2).

For younger people aged 11-15, 27% had tried smoking at least once, and 5% were regular smokers, smoking at least one cigarette a week. In contrast to the adult population, girls were more likely to smoke than boys in this age group. 65% of smokers in England also start smoking before the age of 18 (2).

Although many young people have negative attitudes towards smoking such as believing it can cause lung cancer and heart disease, some positive attitudes towards smoking were also reported. For example, some young people believe smoking can help you to relax if you are nervous (67% believe this), stay slim (23%) and give you confidence (21%) (2). Attitudes may in part explain why young people may begin smoking. Having a parent or sibling that smokes is also strongly associated with smoking uptake (7).

Information from the Tell Us 4 Survey (8) found that 4% of school pupils in Havering were regular or occasional cigarette smokers. This is lower than the national figure of 6%. The Tell Us survey is based on self report questionnaires, and it is not compulsory for schools to take part. Therefore these results are based on a sample of around 3,000 school pupils in Havering and may not reflect the complete smoking prevalence of young people in the Borough overall.

Figure 4: Smoking Prevalence Among School Pupils in Havering and Nationally. Tell Us 4 Survey, Department for Children Schools and Families, 2009 (8).

	Havering (%)	National (%)
Never Smoked	80	77
Tried Smoking Once	10	10
Used to Smoke But Never Smoke Now	3	4
Sometimes Smoke But Not As Many As One Cigarette A Week	1	2
Smoke Between One and Six Cigarettes A Week	1	1
Smoke More Than Six Cigarettes A Week	2	3
Don't Want To Say	4	4

School pupils were also asked in the Tell Us Survey for their views on the information and advice they receive about smoking at school. 69% of Havering pupils stated that they found this information helpful, 16% did not find the information useful and 7% hadn't received any information on this area. This was better than the national figures, where 10% of pupils hadn't received any smoking information and 62% found the information they did receive helpful.

h) Deaths and hospital admissions attributable to smoking in Havering

The rate of smoking related deaths in Havering has remained similar to the England average for the years 2003-2009 (9). This equates to around 418 people a year who die in Havering due to smoking related causes.

Deaths from smoking in Havering reduced between the years 2003 and 2008, but showed a small increase between 2006-08 and 2007-09. The England average followed this same trend.

Figure 5: Number and Rate (per 100,000 population aged 35+) of Smoking Related Deaths. Health Profiles, Department of Health, 2003-05 onwards (9)

	2003-2005	2004-2006	2005-07	2006-08	2007-09
Havering					
Rate of smoking related deaths per 100,000 population aged 35+	246.5	232.6	215.2	212.7	217.7
London					
Rate of smoking related deaths per 100,000 population aged 35+	N/A	207.2	200.3	200.3	207.9
England					
Rate of smoking related deaths per 100,000 population aged 35+	234.4	225.4	210.2	206.8	216.0

Bexley					
Rate of smoking related deaths per 100,000 population aged 35+	218.8	205.7	200.3	203.1	210.9
Number of smoking related deaths per year:					
Havering	460	440	411	409	418
Bexley	364	353	344	342	359

There were around 1,128 hospital admissions (per 100,000 population aged 35+) that were attributable to smoking in Havering in 2009-10. This is a lower admission rate than the national (1417), London (1342) or Bexley (one of Havering's statistical neighbours;1316) figures (10).

2. WHAT SERVICES ARE THERE FOR SMOKING CESSATION IN HAVERING?

a)Smoking cessation services

Stop smoking service – Specialist service

Havering's specialist stop smoking service delivers stop smoking support across the Borough and also co-ordinates the overall stop smoking service. The specialist team provide 1-2-1 intensive behavioural support and pharmacotherapy in Queen's hospital, Harold Wood children's centre, GP surgeries, Romford Town Hall, and other locations across the Borough. The stop smoking support offered by the specialist service is delivered by level 3 trained smoking advisers (stop smoking specialists). Evening out of hours appointments are also available, delivered by level 2 trained stop smoking advisers

Staff trained to Level 1 can provide brief advice and refer to level 2 smoking advisers/specialist clinics. The Level 2 service consists of one to one advice to support smokers in stopping smoking over a 4 week period. In many cases the pharmacist is able to supply pharmacological products directly to the patient using a patient's group direction. Pharmacological products assist the smokers to quit.

Stop smoking service – Delivered by pharmacies
38 of the 47 pharmacies in Havering currently offer a stop smoking service.

The pharmacy smoking cessation service is provided by specially trained community pharmacy staff.

77% (thirty six) pharmacies in Havering provide the level 2 smoking cessation service. These pharmacies accounted for 53% (745) of all the recorded, successful 4 week smoking quitters in Havering during 2009/10 (11).

Stop smoking service – Delivered by GP practices
29 of the 54 GP practices in Havering currently offer an enhanced stop smoking service. This means that staff at these practices are trained to deliver stop smoking advice and support themselves. All of the practices are also able to make referrals to Havering's specialist stop smoking service.

Stop smoking service – Delivered in Queen's hospital
Havering's specialist stop smoking team provide stop smoking support for inpatients, outpatients and staff at Queen's hospital (by offering 1-2-1 intensive behavioural support and

pharmacology). The team also train hospital staff to become level 1 smoking cessation advisers, allowing them to offer brief smoking cessation advice and refer to more intensive smoking cessation services. Specific groups including expectant mothers, those with long term conditions and people in cardiac rehabilitation are particularly targeted by this service.

b) Targeted smoking cessation work
Targeted work has also taken place with the following groups:

Expectant mothers
Stop smoking support targeted specifically at expectant mothers is available at Harold Hill children's centre. Children's centre staff are able to make referrals to the service, where 1-2-1 intensive behavioural support and pharmacotherapy is available.

All expectant mothers are also asked about their smoking status and exposure to smoke when they attend ante-natal appointments at Queen's hospital (this is supported by an electronic prompt on the booking form). All of those who smoke are contacted by the stop smoking service and offered information and support relating to stopping smoking (unless they opt out).

Cardiac Rehabilitation Patients
A was introduced in 2011, where all patients who attend the cardiac rehabilitation services at Queen's hospital are asked about their smoking status by hospital staff who have been trained to give brief smoking cessation advice and referrals.

Individuals who smoke are contacted by the specialist stop smoking team and offered support to stop smoking. Those who do not wish to use this service are followed up after 3 months to see if they would like to consider using the stop smoking service at this time. Evaluation of the pilot is planned to assess outcomes.

c) Stopping young people from starting to smoke

Challenge 21
A "Challenge 21" scheme operates in Havering, for purchasing tobacco as well as for alcohol. Local retailers who are signed up to the scheme are required to ask for proof of age by all of those purchasing tobacco who look younger than 21. Where proof of age cannot then be supplied by the customer, the sale does not go ahead. "Challenge 21" helps to reduce underage sales of cigarettes. 213 retailers in Havering have signed up to the challenge 21 scheme including 38 which have signed up for the all product scheme which is aimed at small newsagents selling just cigarettes. Trading standards also hold training for local retailers about the challenge 21 scheme and the prevention of underage sales.

Test Purchases
Trading standards regularly carry out test purchases to check that local shops are not selling tobacco to underage members of the public. In the period from March 2010 to March 2011, 16 retailers were visited, of which three sold tobacco to the test purchaser. This represents a 19% failure rate. All three retailers were issued with formal warnings/cautions in relation to these sales. Retailers can face fines of up to £2,500 and potentially be banned from selling tobacco products if they make two underage sales in a two year period. To date no retailer in Havering has been banned. One retailer that was generating large numbers of complaints did sign an undertaking during the March 2010/11 period. The undertaking was made under the Enterprise Act 2002 and has resulted in a significant reduction in complaints at their venue.

Removal of tobacco vending machines
From 1st October 2011, legislation came into force prohibiting the sale of tobacco products from vending machines. Trading standards are working with local retailers to ensure that they are aware of the legislation and that they are complying with it. For example, a tobacco control newsletter containing information about the new legislation was distributed to over 200 retailers in the Borough. Tobacco vending machines can make it difficult to regulate whether tobacco is being sold to those who are underage. Removal of tobacco vending machines therefore helps reduce underage tobacco sales and also restricts tobacco availability.

Proxy Sales

In 2011, trading standards took part in a test purchase operation on behalf of the London Trading Standards Authority group (LoTSA) relating to proxy sales. In these purchases, an underage person attempted to purchase tobacco. When the sale was refused, they asked another person in the shop to purchase tobacco on their behalf, whilst still in earshot of the retailer. 7 retailers were visited of which 5 openly made proxy sales of tobacco. Whilst this is currently not illegal, trading standards are working with retailers to reduce proxy sales. Using the results of the London wide survey the Department of Health is seeking a change in the law in relation to proxy sales.

Banning the display of tobacco products
From 6th April 2012, legislation banning the display of tobacco products in large retail premises will come into force. From 6th April 2015, legislation will be extended to apply to all premises. Havering's trading standards team are working with local retailers to ensure that they are all aware of this new legislation and that they are making appropriate preparations to be able to comply with the new legislation when it comes into force. Trading standards also work with local retailers to ensure that they are not displaying tobacco advertising or promotional information.

Illicit Tobacco
Trading standards also use intelligence to seize counterfeit tobacco and tobacco products that are not labelled appropriately. Illicit tobacco is a major issue for many London Boroughs however is a lesser problem within the London Borough of Havering. During the period March 2010 to March 2011 as part of a LoTSA funded London wide survey 50 Havering traders were visited which resulted in seizures at 4 premises within the Borough.

3. WHAT GAPS ARE THERE IN SERVICES OR KNOWLEDGE ABOUT THIS AREA?

a) Stop smoking champions
The British Thoracic Society is working with Acute Trusts to recruit stop smoking champions who carry out duties such as: liaising with consultant and management colleagues to: raise the profile of smoking cessation, take a lead in developing hospital policy on maintenance of the stop smoking environment, develop a CQUIN for incentivising stop smoking at the Trust, access specific hospital requirements and plan appropriately for quit smoking services, audit outcomes annually, provide supervision and support to staff involved in referrals or prescription of smoking cessation medication and provide education and training to front line doctors and staff.

There are 93 stop smoking champions in Acute Trusts across England, and the British Thoracic Society aims to have at least one stop smoking champion in each Acute Trust by the end of 2011. However there is currently not a stop smoking champion at Queen's hospital.

b) Further use of carbon monoxide testing with expectant mothers

In line with NICE guidance, midwives at Queen's hospital offer carbon monoxide testing to expectant mothers attending ante-natal appointments, as part of their discussions about tobacco exposure. However, further work could be done in this area to increase the proportion of women who receive this testing.

One of the reasons why a greater proportion of expectant mothers do not receive this testing is due to a shortage of carbon monoxide testing equipment and mouthpieces among community midwives and other ante-natal workers at Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT). It is estimated that a further 40 carbon monoxide monitors and a greater supply of mouthpieces would be required to enable the ante-natal clinics and the community midwives in BHRUT to undertake carbon monoxide testing with all expectant mothers. Identifying resources to fund this equipment would enable increased carbon monoxide testing in expectant mothers.

CO monitors cost between £30 and £200 each (depending on the type) (12). Therefore providing 40 monitors could cost approximately £1,200 to £8,000.

The midwifery team (community midwives and ante-natal clinic staff) were also keen to undertake further level 1 smoking cessation training to enable them to give brief smoking cessation advice and make referrals. However it was recognised that this may require funding to cover the costs of the staff time whilst attending training.

The acute midwifery team also do not routinely offer nicotine replacement therapy (NRT) to expectant mothers who smoke whilst they are in hospital. NICE evidence about whether NRT is effective in smoking cessation during pregnancy is mixed however (13).

c) Preventing the uptake of smoking in children and young people

Whilst some actions to prevent the uptake of smoking in children and young people are taking place in Havering (for example, enforcement action to reduce the number of underage sales of tobacco), some of the actions recommended by NICE to prevent young people from starting smoking are not currently being carried out.

These include local media campaigns aimed at preventing young people from smoking, and outreach work with schools to ensure information about the health effects of tobacco are included in the curriculum. Both of these interventions are recommended by NICE as being effective in preventing young people from smoking.

Partners at the Children's Trust also noted that anecdotal evidence suggests that children in care who are under the age of sixteen in Havering may face barriers in accessing smoking cessation services. However it was noted that there is no lower age limit for accessing stop smoking support, which is available to anyone at any age. However prescribing of nicotine replacement therapy is only licensed for those aged twelve or older, so pharmacological support would not be available for those under this age. For those aged twelve to fifteen, nicotine replacement therapy can only be prescribed by a GP (although in many pharmacies in Havering, arrangements are in place where young people are able to request this support in a pharmacy, and the pharmacy will then contact the GP on their behalf for a prescription). Therefore, this may not reflect a barrier to accessing stop smoking services for those aged below sixteen, but could instead reflect lack of awareness among young people or pharmacists about the smoking cessation support available to young people.

4. WHAT LOCAL PEOPLE THINK

There is limited information available about the attitudes of local people towards smoking and their use of services. This is particularly the case for those who are not in contact with stop smoking services or who do not use NHS stop smoking services when attempting to quit smoking.

5. EVIDENCE OF WHAT WORKS

a) NICE Guidance

NICE guidance has been issued on a number of different areas relating to smoking. These include:

Preventing the uptake of smoking by children and young people (14)

Key recommendations from this guidance *include:*

- Develop regional or local mass media campaigns to prevent the uptake of smoking in those aged under 18, in partnership with a wide range of organisations (but not the tobacco industry).
- Campaigns messages should be based on research and undergo pre and post campaign testing with the target audience
- Use a range of strategies to contribute towards society's attitude towards tobacco use e.g. press releases, commissioning new research etc
- Local authorities and trading standards bodies to reduce illegal sales of tobacco by retailers e.g. by providing training on avoiding illegal sales and taking enforcement action when legislation is not followed

Cost implications and savings/benefits (15):

- Costs: Costs of media campaigns are variable, but examples could include newspaper adverts starting from £4000 or internet adverts starting from £200. Additional resources may be required at a local level for enforcement action, test purchasing etc
- Savings: Reduction in smoking related respiratory tract infection and wheezing in children and young people, costs between £554 and £625 per emergency admission to hospital, savings in need for smoking cessation service in the future, reducing future healthcare demand e.g. costs £5,500 per year to treat a lung cancer patient

Smoking cessation services (16)

Key recommendations from this guidance *include* (see NICE guidance on smoking cessation services for full recommendations):

- Services to expectant mothers to include: provision of information about risks of smoking to expectant mothers, offer personalised support to quit throughout the pregnancy and beyond
- Healthcare professionals should follow NICE recommendations about prescribing pharmacotherapies, for example: offer NRT, varenicline or bupropion, as appropriate, to people who are planning to stop smoking, combining this with the individual setting a quit date where possible
- Commissioners to take actions such as: ensuring stop smoking services target ethnic minority and socioeconomically disadvantaged groups, ensure adequate staffing levels including a full time co-ordinator

Quitting smoking in pregnancy and following childbirth (17)

Key recommendations from this guidance *include* (see NICE guidance on smoking cessation services for full recommendations):

- Midwives to assess expectant mothers exposure to tobacco using a carbon monoxide test at first maternity appointment, provide information about the risks of tobacco to the baby, and refer smokers to a specialist stop smoking service

- Stop smoking service to consider offering support over the telephone or home visits if the women is unable to attend a stop smoking clinic
- Send information about smoking and pregnancy to those who opt out during the initial phone call, including how to get help at a later date
- Stop smoking services to offer intensive and ongoing support throughout pregnancy and beyond including regular carbon monoxide testing
- Ensure all midwives who are not specialist stop-smoking advisers are trained to assess and record people's smoking status and their readiness to quit.
- Stop smoking services to provide advise about the risks to the baby of passive smoking where others in the household smoke and support in quitting smoking
- Ensure the needs of disadvantaged women who smoke are met e.g. making it clear how non English speakers can access services

Savings: Per 1,000 women, if 9% of these quit smoking, this is estimated to save £17,000 (from reduced complications during pregnancy and reduced costs of treating respiratory illness in infants) (18).

School based interventions to prevent smoking (19)

- Integrate information about the health effects of tobacco use into the curriculum and deliver interventions that prevent the uptake of smoking e.g. during personal social health education
- Consider offering peer led interventions aimed at preventing the uptake of smoking
- Develop school smokefree policies
- Ensure smoking prevention in schools forms part of a local tobacco control strategy

Costs: Estimated that peer support programmes could cost between £3850 and £6000 per 100 pupils. Although savings are difficult to quantify, it is likely to result in savings to the NHS and wider economy (20)

Workplace interventions to promote smoking cessation (21)

Key recommendations from this guidance *include* (see NICE guidance for full recommendations):

- Employers providing information about stop smoking services, having smoking cessation policies and enabling staff to attend smoking cessation services without loss of pay
- NHS stop smoking services offering support to workplaces whose employees want to stop smoking e.g. offering a stop smoking service on site. Focus first on workplaces with a high proportion of heavy smokers, a high proportion of employees on low pay or from disadvantaged backgrounds

Cost implications and savings/benefits (22):

- Savings: 33 hours of work per smoking employee per year estimated to be lost to illness, financial benefits to individual of no longer having to purchase tobacco

Brief interventions and referral for smoking cessation (23)

Key recommendations from this guidance *include* (see NICE guidance for full recommendations):

- Everyone who smokes should be advised to quit unless there are exceptional circumstances, and where they are not ready to quit, they should be asked to consider it in the future
- GPs and nurses in primary and community care should advise patients to quit smoking, and refer to intensive smoking cessation services, or offer pharmacotherapy if patient does not/cannot accept a referral. If a patient is not ready to quit smoking, this should be recorded and reviewed annually. Other health workers e.g.

pharmacists, dentists, and community workers should also refer individuals to intensive stop smoking services
- Smoking cessation advice and support should be available in community, primary and secondary care, targeting hard to reach and deprived communities

Smoking pathway (24) (brings together all NICE guidance related to smoking, including clinical guidelines, public health guidance etc)

b) National and local strategies and actions

Healthy Lives, Healthy People: A Tobacco Control Plan for England (25) was published by the Government in March 2011 and confirms the Government's commitment to reducing smoking prevalence.

The plan outlines the key actions the Government will take over the next five years to reduce smoking prevalence. Key areas of work include:

- stopping the promotion of tobacco e.g. implementing legislation to end tobacco displays in shops
- making tobacco less affordable
- effectively regulating tobacco products
- helping tobacco users to quit e.g. encouraging stop smoking services to be tailored to the needs of their communities and to reach out to groups with higher smoking prevalence, particularly those in routine and manual occupations

6. ACTIONS AND RECOMMENDATIONS

Recommendations for commissioners and decision makers to consider:

- Develop a local smoking cessation and tobacco control strategy outlining actions partners will take to address these areas (consideration of a sector wide strategy with Borough sections to reflect local delivery arrangements)
- Stop smoking service to deliver further level 1 stop smoking training to health professionals, particularly community midwives and ante-natal workers.
- Increase the proportion of expectant mothers who receive carbon monoxide testing as part of their discussions about tobacco exposure at ante-natal hospital appointments. Identify resources to purchase additional CO monitoring equipment to enable this.
- Trading standards to continue to gather and act on intelligence about illicit tobacco and underage sales, and to continue test purchasing and retailer education
- Trading standards to continue to work with local retailers to implement changes to legislation around tobacco sales including the ban on tobacco vending machines and new legislation on displaying and packaging of tobacco
- Work with Basildon Havering and Redbridge University Trust to identify a stop smoking champion to participate in the British Thoracic Society programme, and promote smoking cessation within Queen's and King George's hospitals
- Identify a forum where local partners can work together to address smoking cessation
- Continue to work with GPs and pharmacists to ensure that local people receive a consistently high level of smoking cessation support from across the Borough (stop smoking team)
- Identify resources with which to work partners to implement interventions to prevent young people from beginning smoking. In line with NICE guidance, such interventions could include ensuring anti-smoking activities and information are part of the school curriculum, and supporting schools to develop anti-smoking policies

- Further work to take place to embed smoking cessation into care pathways so that smoking cessation is discussed at each stage of the patient's journey (this could include reminders to health professionals by electronic prompts etc).
- Consider raising awareness of the smoking cessation support available to young people aged under sixteen in specific hard to reach groups (e.g. young people in care). Consider investigating whether all local pharmacies are aware of the smoking cessation support available to these aged below sixteen.

7. FURTHER INFORMATION AND REFERENCES

a) Further Information

- LOTSA (London Trading Standards Authorities) Website: http://www.lotsanew.co.uk/
- British Thoracic Society Website: http://www.brit-thoracic.org.uk/delivery-of-respiratory-care/stop-smoking-champions.aspx

b) References

1. Tobacco Control Plan, Department of Health, 2011. Available online at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124917 (Accessed September 2011).

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