

DERBYSHIRE COUNTY COUNCIL

MEETING WITH CABINET MEMBER, HEALTH AND COMMUNITIES

18 February 2016

Report of the Director of Public Health

TOBACCO CONTROL BUDGET EXPENDITURE

1. Purpose of the report:

To request approval for funding allocation to projects associated with reducing the harm caused by tobacco.

2. Information and analysis:

Smoking is the main cause of preventable illness, disability and premature death in England. In Derbyshire it is a key issue with 19.9% of adults smoking compared to the England average of 18% and 15.1% of pregnant women smoking at time of delivery compared to the England average of 11.4%. In Derbyshire during 2014-15 there were 8562 smoking attributable hospital admissions and between 2012-14 the number of deaths estimated to be attributable to smoking were 3853.

The Derbyshire Tobacco Control Alliance is made up of a range of partners working together to tackle the harm caused by tobacco in Derbyshire. It is responsible for overseeing the delivery of the tobacco control action plan which identifies actions across the six strands of tobacco which are: stopping the promotion of tobacco, making tobacco less affordable, effective regulation of tobacco products, helping tobacco users to quit, reducing exposure to secondhand smoke and effective communications for tobacco control.

Two of the areas covered in the action plan include smokefree play areas and activities to reduce the number of pregnant women smoking at time of delivery.

Smokefree Play Areas Initiative

Supporting and encouraging smokefree environments is an important tobacco control activity as not only does it help protect people from the harmful effects of secondhand smoke but it also helps to establish smokefree as the norm.

Establishing smokefree as the norm is an important initiative to support the reduction of smoking prevalence by helping prevent children from starting smoking. This is because children who see smoking as the norm are more likely to become smokers themselves. This is illustrated by

those children who live with parents who smoke are up to three times more likely to become smokers themselves than children of non-smoking households¹. By supporting smokefree environments we will be reducing the chances children see smoking as part of everyday life and increasing the chances of smokefree being seen as the norm.

The benefits of smokefree play areas were identified by the UK Healthy Cities Network as:

- To support the de-normalisation of smoking
- To reduce the risk of exposure to second-hand smoke
- To reduce smoking-related litter and the threat of cigarette butts, which are non-bio-degradable and toxic to children, wildlife and the environment
- To reduce the risk of fire
- To offer the potential for increased use of parks and recreation areas

At a recent tobacco control alliance meeting, partners were presented with details on the current position of smokefree play areas in Derbyshire, examples of best practice, guidance on how to implement smokefree play areas and potential costs of implementation. Best practice examples include ensuring dedicated signage, designed by young people themselves is displayed. The Alliance agreed smokefree play areas are an important tobacco control initiative and recommend that the project should be taken forward.

It is proposed a proportion of the tobacco control budget is used to grant fund the boroughs/districts to support them to implement smokefree play areas. Funding would be available for the production of signage as per the best practice guidance which would be provided to the district and boroughs.

Smoking in Pregnancy

Smoking during pregnancy increases the risk of premature birth, low birth weight and miscarriage. The percentage of pregnant women smoking at time of delivery is significantly higher in Derbyshire (15.1%) than the England average (11.4%). Tackling smoking in pregnancy is a key priority; the tobacco control plan contains a number of actions to address this issue and the commissioned Stop Smoking Service provides specialist support for pregnant women including a financial incentive scheme which was piloted at Chesterfield Royal.

National guidance on smoking in pregnancy highlights the importance of asking about smoking status, discussing the benefits of quitting and undertaking a carbon monoxide test at the booking appointment which is undertaken by midwives. It also recommends the delivery of an opt-out

¹ ASH, Young people & Smoking http://www.ash.org.uk/files/documents/ASH_108.pdf

referral scheme into the local stop smoking service for all pregnant smokers.

It is imperative midwives are provided with the necessary skills and knowledge to be able to establish smoking status, undertake CO monitoring and refer into the local stop smoking service. It is also important the necessary systems are in place to enable smokers to be referred into the local stop smoking service. This can be achieved through the following:

1. Training

Babyclear training is a specific training programme for midwives to support them to be able to identify pregnant smokers, undertake CO monitoring and to be able to refer smokers using an opt-out approach. The training also covers the impact of smoking on foetal and child health and local and national prevalence rates.

2. Co Monitoring

Provision of CO monitors to allow testing to take place at the booking appointment. NICE guidance recommends the use of carbon monoxide testing at booking appointment, as it highlights the dangers of smoking and also helps to motivate quit attempts.

3. Referral pathways

Establishing an effective and efficient referral process is vital in ensuring pregnant smokers are provided stop smoking support quickly after a referral has been made. An electronic referral system allows for referrals to be dealt with quickly and efficiently, reducing paper and postage costs and reducing the time pregnant smokers wait to be contacted by the stop smoking service.

It is proposed funds from the tobacco control budget are used to provide the Babyclear training and CO monitors to community midwives at Chesterfield Royal and an electronic referral system is established to ensure an effective and efficient referral system is in place. Procurement of these resources would be using protocol 8 (Sole Supplier) of the Council's financial regulations, due to the unique nature of the products and services required. The Babyclear training was developed by the Tobacco Control Collaborating Centre, the centre now provide the training to midwives and has been delivered across the country. The CO monitors required to undertake the CO testing at booking appointment are a specific monitor designed for use with pregnant women. The monitor is called the piCObaby and is produced by Bedfont Scientific. The electronic referral system is called the smoking cessation national referral system which has already been developed. This system automatically refers smokers to their local stop smoking service. This system was developed in 2012 by a company called North 51.

Community Midwives from Royal Derby and those working in the High Peak area have recently received the Babyclear training and are already implementing an opt-out approach to referrals. Providing this training to community midwives at Chesterfield Royal would ensure a consistent approach and messages are provided across the county.

3. Financial Considerations:

Smokefree Play areas initiative

£32,000 in total, which provides a grant allocation of £4,000 per borough/district council.

Smoking in Pregnancy

£23,000 in total, this will provide funding for carbon monoxide monitors (£7000), training and resources (£3000) and the implementation of an electronic referral pathway (£13,000). Procurement will be using Protocol 8 (Sole Supplier) of the DCC financial regulations.

There remains sufficient resource within the Tobacco Control budget for this expenditure.

4. Other considerations:

In preparing this report the relevance of the following factors has been considered: financial, legal, prevention of crime and disorder, equality of opportunity, human resources, environmental, health, property and transport considerations.

5. Background papers:

Derbyshire Tobacco Control Action Plan

6. Key Decision:

No

7. Call-in:

Is it required that call-in be waived for any decision on this report? No

8. Officer's recommendation:

To approve funding for the Smokefree Play areas initiative and Smoking in Pregnancy activities as outlined in the report.

Maureen Whittaker
Interim Director of Public Health