

**Scrutiny Reducing Health Inequalities Task and Finish Group (TFG)  
Recommendations Regarding Smoking Prevalence (Dec 2013) and Updated  
Responses from the Council's Public Health (PH) Department (February 2015)**

**1.0 TFG Recommendation 1**

**That more work needs to be done to understand why smoking prevalence has not been reduced in Barnsley. The Task & Finish Group recommends that Public Health (PH) undertake further research and analysis to determine the reasons why smoking prevalence is so high and that the findings from the CLear process and the review of Public Health services be fully considered in this evaluation.**

**1.1 PH Response Feb 15**

PH did not support this recommendation as local data has been analysed and the reasons for the current prevalence level are known. The CLear process findings are being taken into account with the Tobacco Control Strategy and action plan development.

**2.0 TFG Recommendation 2**

**That Overview & Scrutiny Committee considers and reviews the outcome and findings from the Public Health review of its services and budget, to ensure that action has been taken on tangible evidence so that future services and plans can deliver real improvements on tobacco control.**

**2.1 PH Response Feb 15**

The budget for the new Be Well Barnsley Integrated Wellness Service has been reduced by 41%, from £1.7m to £1m; this will undoubtedly affect the reach and scope of the new service. The Stop Smoking Service is experiencing a national downturn in activity that has been blamed primarily on the emergence and popularity of e-cigarettes and a reduction in national promotions by the Department of Health. Taking both of these issues into consideration and the need to continue supporting people to quit, Public Health are currently identifying a range of indicators to set and manage the provider of the new service.

**3.0 TFG Recommendation 3**

**That there should be more joined up and collaborative working between partners, particularly through the Smoke-free Barnsley Tobacco Control Alliance (TCA) if smoking prevalence rates are to be successfully reduced. The Task & Finish Group believes that in order for this to happen, a comprehensive evidence based strategic tobacco control plan needs to be developed, which would outline a borough wide approach to achieve the priority of reducing smoking prevalence in Barnsley.**

### 3.1 PH Response Feb 15

The TCA is chaired by Cllr Andrews, the Deputy Leader. The Terms of Reference for the TCA have been updated since the Scrutiny review, the membership has been reviewed and two new representatives are being invited one from the CCG (Clinical Commissioning Group) and one from the Local Pharmacy Committee.

A subgroup of members of the TCA was formed to jointly organise a conference in November 2014 called 'Creating a Smoke-Free generation in Barnsley'. The programme was very varied with a live theatre production covering smoking in pregnancy and illicit tobacco sales. There were interactive workshops, presentations and a live social norms exercise. The event was very well received by participants and the theatre piece will be shown to Barnsley Council Elected Members in February 2015.

The Stop Smoking Service (SSS) and Stop Smoking Midwifery Service are working very well together in partnership; with the Midwifery service allocating pregnant smokers between their service and the SSS to best suit the woman's needs.

A comprehensive Strategic Tobacco Control Plan with an action plan will be developed in quarter 4 when the overall structure and type of strategic plan is agreed by the incoming Director of Public Health.

### 4.0 TFG Recommendation 4

**The Task & Finish Group also recommends that further research and analysis needs to be done to identify how many returners there are coming back to the Barnsley Stop Smoking Service. It was felt that more understanding of the scale of this issue needs to take place in order for a more tailored approach to be developed to support those who are experiencing difficulties in quitting. Further to this, the Group felt that further information and advice on e-cigarettes need to be sought following their regulation in 2016, and that guidance on their usage be incorporated in future strategies and plans.**

### 4.1 PH Response Feb 15

Further research and analysis regarding returners to the SSS has been carried out by the Public Health - Health Intelligence Team. This confirmed that people do return to the service for support in quitting. Unfortunately, the nature of behaviour change linked to quitting smoking is not a one-time event and repeat quit attempts are a necessary part of the quitting process with most people needing to attempt to quit on average 5 times before they become a non-smoker. The work done by the Health Intelligence Team only reinforces the cyclical nature of prospective quitters needing to access the service on several occasions for support.

The emerging issue of e-cigarettes is being closely monitored by Public Health with much interest. Public Health work closely with a range of regional and national

services/agencies that are monitoring the situation closely and advising Public Health as the situation continues to evolve. In turn, Public Health continues to work closely with BMBC's Regulatory Services Department and disseminate information on the emergence and risks of e-cigarettes. The need for the SSS to support people trying to quit e-cigarettes is currently being reviewed as we develop the Service Specification for the new Be Well Barnsley Service.

## **5.0 TFG Recommendation 5**

**The Task & Finish Group believe that the SSS needs to explore how it could further develop its partnership working, particularly with partner agencies such as the Credit Union or even with programmes such as Sure Start and Home Start to provide further opportunities of advice and support. Although there is evidence of good practice taking place across the Borough, the Task & Finish Group felt that more could be done to improve linkages between service providers in order to provide a more continuous and holistic service.**

### **5.1 PH Response Feb 15**

The SSS has continued to strengthen its partnership working across the Borough with new partners and existing lifestyle services/agencies. The SSS is currently:

- Working with the Health Trainer Service to deliver a more holistic support pathway.
- Developing partnerships with Dentists, Pharmacists, Opticians and related health professionals.
- Working in partnership with the Care Navigation Team to support quitting amongst people with long term conditions.
- Implementing a new 'Local Enhanced Service Agreement' with GP's and Pharmacists.
- Working with partners to enhance data collection.
- Continue to work with Barnsley Premier Leisure to support relapse prevention.
- Re-establish their links with the School Nursing Service.
- Train Parent Support Advisors in Children's Centres to deliver Brief Advice and signpost customers.
- Entered into a partnership with Barnsley Football Club to promote its new branding and telephone support service.
- Continues to increase promotion through workplaces.
- Disseminated an e-cigarette fact-sheet amongst partners.
- Their Specialist Advisors are increasing their work with key priority groups.

## **6.0 TFG Recommendation 6**

**The Task & Finish Group did not feel that there was a sufficient spread of services across the Borough to help people give up smoking, particularly within communities. Members would like to increase the number of locations within communities where further advice and support could be provided such**

**as in community centres, local shops or even food banks. They also felt that further consideration should be given as to how engagement with young people and pregnant women could be improved to increase access to stop smoking services for these harder to reach groups.**

#### **6.1 PH Response Feb 15**

Public Health acknowledge the concerns raised by Members; currently the SSS links directly with schools and Barnsley College and delivers both health promotional sessions and stop smoking sessions in schools and in Barnsley College through their Health and Wellbeing Service. The service has open access for Children and Young People across the Borough and will be re-engaging with the School Nursing Service to increase referrals. The service also has a base in the town centre and Barnsley Hospital. The service is also accessible at the majority of GP Practices across Barnsley. The service is flexible and will as far as possible deliver sessions at venues requested by young people, teachers and associated workers.

That said, the service has experienced very low numbers of young people accessing the service this year, again, this has been associated to the emerging popularity of e-cigarettes amongst younger tobacco users. Public Health asked the Stop Smoking Service to develop a series of new initiatives to increase the numbers of young quitters as part of a Stop Smoking Recovery Plan.

The Health Trainer Service also support adults to stop smoking and are accessible at a range of venues including: 20 GP Practices, 11 Children's Centres, 4 Libraries, 14 Schools/Colleges, 36 Community Venues, 2 Workplaces and 4 Churches. The Stop Smoking Midwifery service supports women mostly in their own home. The SSS can also offer pregnancy support at their town centre base as well as the other venues mentioned above.

#### **7.0 TFG Recommendation 7**

**Further to this, the Task & Finish Group believe that developing capacity through training volunteers to work in communities that could provide advice and support would also further improve access and present more opportunities to promote the benefits of not smoking. Members were encouraged to hear that the Fitmums project were currently looking at training volunteers to work in communities and felt that this approach could bring real benefits, particularly with young people and young pregnant women.**

#### **7.1 PH Response Feb 15**

The smoking element of the Fitmums Project was decommissioned by Public Health in September 2014. Whilst the overall generic programme was delivering a range of positive outcomes, the numbers of young mums quitting was very low. It was decided that a cost of approximately £1k per quitter was simply unsustainable.

SWYFT as a provider currently have approximately 65 Health Champions (volunteers) working within the Altogether Better Programme, plus an additional 25 within the Stop Smoking and Weight Management Services that have all received Brief Intervention Training. The service has highlighted within their Recovery Plan the intention to use all volunteers to increase opportunities to promote not smoking. The service continues to increase the numbers of people trained across the Borough in a range of services/agencies and settings. As part of the Recovery Plan, Brief Intervention Training provision will be increased within the priority groups e.g. mental health, learning disabilities, carers etc.

#### **8.0 TFG Recommendation 8**

**That the Council and its partners should develop a multi-agency approach to tackling the supply of illicit tobacco in a co-ordinated way by working in partnership with the Police, Safer Neighbourhood Teams, Trading Standards, and local businesses to generate and share intelligence on illicit tobacco, targeting hotspots of illegal trade and reducing underage sales. The Task & Finish Group also recommends that there should be a direct line for both elected members and for members of the public to report incidents of underage sales or illicit/counterfeit cigarettes.**

#### **8.1 PH Response Feb 15**

The Illicit Tobacco Control Officer has networked widely since starting in post with a very wide variety of partners including P.A.C.T (Partners And Communities Together) M.A.A.G (Multi Agency Advice Group) Safer Neighbourhood Teams, Businesses, Schools, HMRC (Her Majesty's Revenue and Customs), Fire Service, BMBC staff, NHS, neighbouring authorities and voluntary sector staff to generate intelligence for targeted inspection and enforcement visits. The Officer also works very closely with South Yorkshire Police who support his enforcement visits.

The Officer ran a workshop at the 'Creating a Smoke-Free generation in Barnsley' event to engage with health professionals and other stakeholders and involve them in the intelligence gathering process. Also, the Officer continues to look for opportunities to increase awareness of illicit tobacco and how to report its sale across partners in Barnsley.

There is a direct line for elected members and the public to report incidents of illicit/counterfeit cigarettes on 01226 772468 or [RegulatoryServices@barnsley.gov.uk](mailto:RegulatoryServices@barnsley.gov.uk).

#### **9.0 TFG Recommendation 9**

**The Task & Finish Group believes that a lot of good work has taken place across the Borough to help pregnant women to stop smoking, particularly through recent developments to the service. However, to ensure that these services are delivering real outcomes and delivering a comprehensive service,**

**the Task & Finish Group recommends that continued monitoring of the new systems needs to take place in order to evaluate the impact of the developments before any further investment is considered.**

### **9.1 PH Response Feb 15**

The Stop Smoking Midwifery Service is performing well and has already delivered above its targets. Quarterly formal monitoring meetings are taking place. More regular feedback takes place in other partnership group meetings. In the first three quarters of 2014 the service supported 48 women (plus 5 partners/family members) to quit smoking. In 2013 – 2014 717 pregnant women were smokers at booking. 159 staff across Maternity Services completed the smoking in pregnancy training over the last year, offered by the Stop Smoking Midwifery Service; those trained include Midwives and auxiliary staff.

SWYPFT's (South West Yorkshire Partnership NHS Foundation Trust) SSS also provide stop smoking support for pregnant women. Pregnant women at booking are divided between the Stop Smoking Midwifery Service and the SSS. The SWYPFT contract is also formally monitored quarterly. Between April 2014 and November 2014 the SSS had supported 42 women to quit smoking during pregnancy.

The first two quarters' Smoking at Time of Delivery Data, which is how smoking in pregnancy is monitored nationally, are showing a lower percentage of women smoking at delivery than they have for the last 6 years, quarter 1 was 21.2% and quarter 2 was 20%. We need to maintain this lower percentage for the full year as figures can fluctuate across the quarters.

Pregnancy is known to be a difficult time to quit for some smokers. Pregnancy may be the first time the woman has considered quitting smoking and many of her friends and family may smoke. Smoking in pregnancy is a major PH concern increasing health risks to both mother and baby. More than anything else, stopping smoking during pregnancy can reduce complications during pregnancy, the risk of miscarriage, premature birth, still birth and low birth weight. In addition children exposed to tobacco smoke in the womb are more likely to suffer from breathing problems, ear, nose and throat infections, psychological problems such as hyperactivity and it can have a negative effect on the child's educational performance. So benefits above and beyond the pregnant women's health can be gained from a woman quitting during pregnancy.

### **10.0 TFG Recommendation 10**

**Further to this, it was noted that a priority area for improvement would be around the services and support to help women to stop smoking once they have given birth. The Task & Finish Group recommends that the Council and its partners should liaise to collectively identify further ways in which they**

**could work together to develop appropriate support and services for new mothers.**

#### **10.1 PH Response Feb 15**

The Stop Smoking Service has and continues to provide training for Health Visitors across the Borough, so women can be supported post birth. If a woman gives birth during a quit attempt a post birth courtesy phone-call takes place and a home visit is offered if the woman can't easily attend her next appointment. If the SSS lose contact with the woman after 3 contact attempts, they will receive call backs monthly. In addition a yearly follow up routine call will be made to offer further support if the woman has started smoking again or to congratulate women who have remained quit.

Post natal women are usually referred to the SS Midwifery service via the post natal ward or Community Midwife. They see these women in their service for the 12 week programme. If women were referred via a Health Visitor, GP or other health professional they would be seen by the Stop Smoking Service.

#### **11.0 TFG Recommendation 11**

**The Task & Finish Group recommends that a joint social marketing campaign be developed between the Council and its partners to provide a co-ordinated approach to promote positive messages on smoke free homes and cars. Members believe that not only would this help to reduce prevalence of adult smoking but it would also encourage less children to smoke through reinforcing positive messages of having a non-smoking environment.**

#### **11.1 PH Response Feb 15**

Smoke-free homes are currently supported by the Stop Smoking Midwifery Service and the Stop Smoking Service. The SS Midwifery service successfully applied for a South Yorkshire Fire and Rescue service grant to have room thermometer cards produced to give out to pregnant women. They contain smoke free homes and safer sleep for babies information.

This financial year Public Health has funded a social marketing/social norms campaign across Secondary Schools. 6 schools agreed for their Year 9 pupils to take part in Barnsley. The idea behind the social norms approach is to de-normalise a behaviour e.g. smoking to demonstrate to Young People that not many of them smoke compared to their perception of smoking prevalence in their peers. An initial lifestyle survey including smoking related questions has been conducted to find out how many pupils smoke. The collated results across the 6 secondary schools found that pupil's perception was that 55% of their peers didn't smoke, whereas 89% of students never smoke.

Following on from this a selection of interventions can be chosen by the school to feedback their results to the pupils e.g. posters on billboards, apps for smart phones. Some of the feedback chosen may well be about smoking prevalence.

There will be a survey at the end of the programme across all schools to see if the intervention has changed pupil perception of Smoking prevalence in their peers.

A business case was written for a smoke-free homes and cars co-ordinated project across Barnsley but this was not funded by the PH Senior Management team in 2014.

## **12.0 TFG Recommendation 12**

**The Task & Finish Group recommends that Area Councils and Ward Alliances should look at smoking in their areas particularly amongst young people and that the findings from any investigation should be considered by the OSC. For this to happen, Public Health would need to provide the relevant performance data to establish the areas where smoking prevalence is high in order for the appropriate interventions to be developed.**

### **12.1 PH Response Feb 15**

All of the Area Council and Ward Alliances have received both the Health Inequality Health Profiles and Child Health Profiles to help inform them of the importance of increasing health and wellbeing initiatives in their areas. Some Public Health engagement has taken place. Unfortunately, only three of the Area Councils: Central, North and North East have identified health & wellbeing, health eating and healthy lifestyles as priorities. Further engagement will occur as Be Well Barnsley transfers into the Stronger, Safer, Healthier Communities Directorate.

## **13.0 TFG Recommendation 13**

**It is also recommended that a dialogue be initiated between Head Teachers/ Governors and elected members to identify how they can work proactively together to address the issue of smoking and young people. It was felt that elected members would have an important role to play in working closely with schools/academies to look at ways they could encourage schools to further incorporate education around smoking prevention.**

### **13.1 PH Response Feb 15**

Public Health acknowledged the important part and influence Elected Members would have engaging with schools at a local level. The Barnsley Tobacco Control Alliance needs to identify a representative who could support in taking this work forward with Elected Members.



#### **14.0 TFG Recommendation 14**

**Finally, the Task & Finish Group recommends that more needs to be done to engage young people in understanding the benefits of not smoking by utilising different technologies more. They believe that by engaging this particular group through social media sites, websites and applications on smart phones could be more effective. Further to this, it was felt that more research and consultation needs to take place with young people to understand their reasons for smoking. The Task and Finish Group recommends that there should be an additional question incorporated within the next 'Year 10' survey which asks the reasons why young people start smoking.**

#### **14.1 PH Response Feb 15**

Different technologies have been and will be used in 6 Secondary Schools for the “RU Different?” project. A “Who wants to be a millionaire” style survey was carried out as outlined above and for feeding back the results interactive technologies can be chosen such as apps and QR Codes (which are scanned into smart phones and take you to a webpage) on posters among other options to feedback the information to the pupils. At this time we don't know which technologies individual schools will choose. The “RU Different” project approach is under consideration for the next school year.

Public Health did not conduct a ‘Year 10 Health and Lifestyle survey in 2014 and there are no plans to conduct one in 2015. The “RU different?” work outlined above has been carried out in place of this work.