

## CABINET ITEM COVERING SHEET PROFORMA

**AGENDA ITEM**

**REPORT TO CABINET**

**11 JULY 2013**

**REPORT OF CORPORATE  
MANAGEMENT TEAM**

### **CABINET DECISION**

**Housing and Community Safety – Lead Cabinet Member – Councillor Nelson**  
**Adult Services and Health – Lead Cabinet Member – Councillor Beall**

Review of Tobacco Control

1. Summary

The report of Stockton Council's Housing and Community Safety Select Committee addresses the issues raised in the review of tobacco control from the two perspectives of regulatory services and public health.

2. Recommendations

1. That Stockton Borough Council approach ANEC and the Northern Group of MPs to lobby for legislation requiring the positive licensing of wholesalers/retailers before they can supply tobacco products and for the licensing regime to allow for the full recovery of costs for the licensing authority.
2. That Stockton Borough Council approach ANEC and the Northern Group of MPs to lobby for legislation to require a no smoking zone around the entrance to all public access buildings and areas – in particular pubs, clubs, hospitals, schools, shopping centres, parks and play areas.
3. That Stockton Borough Council introduce a voluntary code of smokefree practice in and around designated children's play areas.
4. That Stockton Borough Council lobby the Government to reconsider its position and support the introduction of a ban on smoking in cars.
5. That the Smokefree Stockton Alliance explore the development of a local campaign to raise awareness of the dangers of smoking in cars especially the harmful effects on children.
6. That Stockton Borough Council lobby the Government to reconsider its position and support the introduction of plain packaging for tobacco products.
7. Stockton Borough Council support people to stop smoking by distributing a Chronic Obstructive Pulmonary Disease (COPD) screening questionnaire to all staff and councillors and provide a pathway to smoking cessation services if required.
8. Stockton Borough Council encourage staff and Council Members to stop smoking by providing work-time access to smoking cessation services.

9. Nicotine Replacement Treatment be offered routinely to all patients on admission who smoke.
10. The NHS Foundation Trust forms, when recording the smoking status of patients, also record if stop smoking brief intervention is given to smokers and if referral is accepted.
11. Explore improved and increased partnership working with Schools, Colleges, Youth Service and Fire Service to promote the Stop Smoking Service.
12. Explore improved access to workplaces in partnership with the Environmental Health Service to promote the Stop Smoking Service.
13. Explore increased opportunities for brief intervention training with Housing and Social Care staff to promote the Stop Smoking Service.
14. Stockton Borough Council work towards achieving the North East Better Health at Work Gold Award and register the Council's commitment to tobacco control as part of the Public Health Responsibility Deal (H5).
15. Stockton Borough Council ensure the inclusion of publicity for the Stop Smoking Service to the wider community both on its website and in the key public health campaigns planned for this year.
16. Stockton Borough Councillors consider promoting the dates, times and venues of the Stop Smoking Sessions on their web page/website.
17. The smoking status of pregnant women should be recorded when scans are being taken. This will capture smoking status of women not attending the antenatal classes and increase opportunity to offer stop smoking intervention.
18. The Director of Public Health consider an additional 2 days of midwifery time to enable midwives to provide specialist support for those women who declined the stop smoking support and to implement the babyClear project in 2013.
19. The Teesside Pension Fund seek the views of fund members (current, past and retired and including the other local authorities who are part of the fund) on divesting from tobacco.
20. Stockton Council's Director of Public Health to seek and record the views of other Directors of Public Health regarding pension fund investment in tobacco companies.
21. Stockton Council's Chair of the Health and Wellbeing Board work with the ANEC Chairs' of Health and Wellbeing Boards to explore local authority pension fund disinvestment in tobacco companies.

### 3. Reasons for the Recommendations/Decision(s)

1. The Committee was keen to assist those delivering services in Stockton Borough to address smoking which is the single biggest preventable cause of premature death. 18% of deaths in adults over 35 are a result of smoking (approx. 290 deaths per year) and 19.6% of adults (18+) smoke, this equates to approximately 35,000 people. Although there has been a recent reduction in prevalence there are still massive inequalities in smoking prevalence across the wards in Stockton with some of the more deprived wards having a smoking prevalence which is 2 times the Stockton average.
2. There are no robust mechanisms for measuring smoking prevalence of young people. Stockton Social Norms Project provides a proxy and identified that approximately 15% of

college students in a sample of 922 smoked, with 38% taking up smoking at 14 years of age.

3. 18.4% of pregnant mothers in Stockton were reported as smokers at time of delivery. In England 13.5% of pregnant women smoke whilst in the Northeast the figure was 21.1% for quarter four in 2010/11.

#### 4. Members' Interests

Members (including co-opted Members with voting rights) should consider whether they have a personal interest in the item as defined in the Council's code of conduct (**paragraph 8**) and, if so, declare the existence and nature of that interest in accordance with paragraph 9 of the code.

Where a Member regards him/herself as having a personal interest in the item, he/she must then consider whether that interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest (**paragraphs 10 and 11 of the code of conduct**).

A Member with a prejudicial interest in any matter must withdraw from the room where the meeting considering the business is being held -

- in a case where the Member is attending a meeting (including a meeting of a select committee) but only for the purpose of making representations, answering questions or giving evidence, provided the public are also allowed to attend the meeting for the same purpose whether under statutory right or otherwise, immediately after making representations, answering questions or giving evidence as the case may be;
- in any other case, whenever it becomes apparent that the business is being considered at the meeting;

and must not exercise executive functions in relation to the matter and not seek improperly to influence the decision about the matter (**paragraph 12 of the Code**).

**Further to the above, it should be noted that any Member attending a meeting of Cabinet, Select Committee etc; whether or not they are a Member of the Cabinet or Select Committee concerned, must declare any personal interest which they have in the business being considered at the meeting (unless the interest arises solely from the Member's membership of, or position of control or management on any other body to which the Member was appointed or nominated by the Council, or on any other body exercising functions of a public nature, when the interest only needs to be declared if and when the Member speaks on the matter), and if their interest is prejudicial, they must also leave the meeting room, subject to and in accordance with the provisions referred to above.**

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**SUMMARY**

The report of Stockton Council's Housing and Community Safety Select Committee addresses the issues raised in the review of tobacco control from the two perspectives of regulatory services and public health.

**RECOMMENDATIONS**

1. That Stockton Borough Council approach ANEC and the Northern Group of MPs to lobby for legislation requiring the positive licensing of wholesalers/retailers before they can supply tobacco products and for the licensing regime to allow for the full recovery of costs for the licensing authority.
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20. Stockton Council's Director of Public Health to seek and record the views of other Directors of Public Health regarding pension fund investment in tobacco companies.
21. Stockton Council's Chair of the Health and Wellbeing Board work with the ANEC Chairs' of Health and Wellbeing Boards to explore local authority pension fund disinvestment in tobacco companies.

## **DETAIL**

1. The Committee was keen to assist those delivering services in Stockton Borough to address smoking which is the single biggest preventable cause of premature death. 18% of deaths in adults over 35 are a result of smoking (approx. 290 deaths per year) and 19.6% of adults (18+) smoke, this equates to approximately 35,000 people. Although there has been a recent reduction in prevalence there are still massive inequalities in smoking prevalence across the wards in Stockton with some of the more deprived wards having a smoking prevalence which is 2 times the Stockton average.
2. There are no robust mechanisms for measuring smoking prevalence of young people. Stockton Social Norms Project provides a proxy and identified that approximately 15% of college students in a sample of 922 smoked, with 38% taking up smoking at 14 years of age.

3. 18.4% of pregnant mothers in Stockton were reported as smokers at time of delivery. In England 13.5% of pregnant women smoke whilst in the Northeast the figure was 21.1% for quarter four in 2010/11.
4. The Housing and Community Safety Select Committee undertook a review of tobacco control as part of the Scrutiny Work Programme during 2012-13. Carried out in two phases the Committee explored regulatory service issues before commencing examining public health issues. The result was a combined final report with recommendations.
5. The Committee met with officers from Stockton Council's Trading Standards, and Environmental Services as well as HM Revenues and Customs, and FRESH NE the dedicated regional office for tobacco control.
6. The subjects explored included: undertaking regular test purchasing; ensuring retailers comply with relevant legislation; tackling the supply of illicit products i.e. counterfeit/smuggled tobacco; monitoring the supply and use of niche tobacco products; ensuring compliance with tobacco product labelling requirements; monitoring the advertising of tobacco products; and working in partnership with other agencies to tackle tobacco related issues.
7. Noise and litter were both highlighted as secondary issues resulting from Smokefree legislation due to people congregating outside premises such as bars and pubs, increasing noise levels and dropping litter.
8. Legislation was being considered at national level with regard to children's exposure to cigarette smoke in cars and plain packaging of cigarettes during the period of this review. The Committee was disappointed that neither gained the support necessary to be implemented and therefore hope that further lobbying will see the positions reversed.
9. The second phase of the review dealt with public health issues with the Committee meeting the Director of FRESH NE, the Chief Executive of North Tees and Hartlepool NHS Foundation Trust, officers from the Stop Smoking Service, and Stockton Council's Youth Support Service to address known issues including smoking by young people and pregnant women.
10. During the review the issue of Teesside Pension Fund investment in tobacco companies was raised. A referral from Council and then Executive Scrutiny Committee asked the select committee to consider incorporating evidence and recommendations in the scrutiny review final report.
11. A number of recommendations were made regarding the future of pension fund investments and the Committee appreciated the opportunity to meet with the Cabinet Member for Adult Services and Health to learn of the support and actions being taken to address this health issue.

## **FINANCIAL IMPLICATIONS**

12. Financial consideration has been given by the Director of Public Health and necessary monies will be met from the public health budget.

## **LEGAL IMPLICATIONS**

13. None

## RISK ASSESSMENT

14. This review of tobacco control is categorised as low to medium risk. Existing management systems and daily routine activities are sufficient to control and reduce risk.

## SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS

### Healthier Communities and Adults

15. Reduce Health Inequalities - Death rates from coronary heart disease, stroke and cancers are still higher than the national average.

16. Promote healthy living - Levels of smoking in Stockton remain high and work will continue to reduce the numbers of people who start smoking and to ensure that evidence based stop smoking services are available to help support those people who want to stop smoking.

## EQUALITIES IMPACT ASSESSMENT

17. This report is not subject to an Equalities Impact Assessment because its focus is primarily aimed at sources external to Stockton Council.

## CONSULTATION INCLUDING WARD/COUNCILLORS

18. No direct consultation undertaken.

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Education related? No

Background Papers

None

Ward(s) and Ward Councillors:

N/A

Property

N/A