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## HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 7 September 2005.

**PRESENT:** Councillor Dryden (Chair), Councillors Biswas, Lancaster and Mawston,

**OFFICIALS:** C Arbuthnot, J Bennington and J Ord.

**\*\*PRESENT BY INVITATION:** Prof. Peter J Kelly, Director of Health Improvement and Public Health and Sue Barnard, Tobacco Control Lead, Middlesbrough Primary Care Trust.

**\*\*AN APOLOGY FOR ABSENCE** was submitted on behalf of Councillor Mrs H Pearson.

### **\*\* DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

### **\*\* MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 22 July 2005 were submitted and approved.

## **TOBACCO CONTROL SCRUTINY REVIEW – MIDDLESBROUGH PRIMARY CARE TRUST**

The Scrutiny Support Officer submitted an introductory report regarding the PCT's involvement with Tobacco Control projects in the light of the terms of reference for the scrutiny review.

The Chair welcomed the representatives from Middlesbrough PCT to the meeting.

It was acknowledged that smoking was a major cause of ill health and preventable death with the North East of England having the highest smoking rate in the UK.

It was emphasised that Middlesbrough PCT was committed to reducing smoking rates, the associated burden of ill health as well as the harmful effects of second-hand smoke. In pursuance of these objectives the PCT was fully supportive of a complete smoking ban in all enclosed public places and workplaces and believed that this would be an important step in reducing avoidable and premature deaths from smoking in Middlesbrough.

As part of the background information submitted the PCT provided details on the following: -

- PCT's, County Durham and Tees Valley Public Health Network Board and Middlesbrough Executive Partnership Executive responses to the consultation on the smoke-free elements of the Health Improvement and Protection Bill;
- Summary report of PCT's actions to reduce smoking prevalence and the effects of second-hand smoke;
- The State of Smoke-Free New York City-A One Year Review, Executive Summary Report March 2004;
- Smoke-Free Workplaces in Ireland – A One Year Review, Executive Summary Report March 2005.

The Panel focussed on and noted the information provided on the following aspects: -

- a) in February 2004 the PCT presented evidence to support a complete ban of smoking in enclosed workplaces to Middlesbrough Local Strategic Partnership who had agreed to support the proposal for Middlesbrough to adopt a policy of promoting such a ban in order to protect non-smokers from the serious harm caused to their health by second-hand tobacco smoke;

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- b) PCT was continuing to work closely with major local partners and both the Council and Middlesbrough Football Club had now adopted total bans on smoking in all parts of their premises;
  - c) the PCT had worked closely with Middlesbrough Football Club to promote smoke free messages, engage with young people and to promote a smoke-free environment at the football stadium;
  - d) the main reasons for supporting Option 2 of the 4 options outlined in the Health Improvement Protection Bill were identified as follows:
    - it had become increasingly clear that it was the wish of a substantial majority of people, and judging by evidence from other countries it had been accepted by the whole population very quickly;
    - it would help to reduce the burden of death and disability caused by smoking quicker than any of the other options;
    - it would help to reduce health inequalities by supporting those in the lower socio-economic groups to stop smoking in greater numbers;
    - it was considered that Option 2 was most likely to be more cost effective than other options;
  - e) the PCT welcomed the Government target to reduce smoking prevalence to 21% nationally by 2010 which was seen as a major challenge as recent data from the Health Development Agency had estimated smoking prevalence in Middlesbrough at 34% of adults compared to a national figure of 26%;
  - f) reference was made to consultation events, which had been arranged by the Public Health Department of Middlesbrough PCT which had unanimously supported Option 2;
  - g) evidence from the State of Smoke-Free New York City (One Year Review, March 2004) had shown that business receipts for restaurants and bars had increased; employment had risen; air quality in bars and restaurants had improved dramatically; levels of cotinine a by-product of tobacco had decreased by 85% in non-smoking workers in bars and restaurants;
  - h) the PCT was a key partner of the Middlesbrough Tobacco Control Forum (MTCF) which worked closely with the Smoke Free North East campaign and had developed its own action plan based on the Smoke-Free North East regional strategy which included the following work:
    - working closely with Trading Standards to reduce the availability and supply of tobacco products and in particular the number of underage sales;
    - working with the Fire Brigade to target high-risk homes;
    - developing a smoke-free homes strategy;
    - active promotion of the National Clean Air Awards;
    - active campaigning to reduce exposure to second-hand smoke;
    - working with the business and education communities to achieve the National Clean Air Award;
  - i) in aiming to reduce exposure to second –hand smoke, the MTCF was actively promoting the National Clean Air Award, part of the Roy Castle Foundation Charity and towards the award of demonstrating a commitment to change within 12 months the Forum had promoted a local badge called ‘The Mayor’s Commendation Certificate’;
  - j) to date over 60 businesses and workplaces had been awarded the Mayor’s Certificate and 2 businesses had been awarded the National Clean Air Award at silver level;

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- k) details were provided of a Stop Smoking Service for Middlesbrough and Eston delivered by the PCT which involved 10 clinics/drop in sessions five days a week;
  - m) the clinics provided individual advice, support and access to Nicotine Replacement Therapy by means of a nurse prescriber or the pharmacy voucher scheme;
  - n) a core team of 4 specialist stop smoking advisors also worked across specific areas and groups such as pregnant women, young people, workplaces and secondary care;
  - o) pregnant women and young people were referred back to their GP for prescriptions, with the option of continued behavioural and psychological support;
  - p) a steering group had recently been established to develop a youth policy on smoking cessation for the PCT area;
  - q) it was noted that the key findings in respect of the One-Year Review (March 2005) of smoke-free workplaces in Ireland were as follows:-
    - compliance with the smoke-free workplace legislation was very high
    - 92% workplaces and 935 hospitality workplaces after inspection were shown to be smoke free;
    - there was shown to be overwhelming support for the smoke-free law among smokers and non-smokers;
    - air quality in pubs had improved dramatically since the smoke-free law;
    - levels of carbon monoxide had decreased by 45% in non-smoking bar workers.
  - r) reference was made to a report considered by the Executive at its meeting held on 30 August 2005 recommending support to option 2 which in addition to the reasons already identified, supported the Mayor's Reduction Agenda priorities.
  - s) reference was made to a 'Question Time' style public debate at the University of Teesside to be held on 21 September 2005 with representatives of the PCT, Middlesbrough Council and FOREST (Freedom Organisation for the Right to Enjoy Smoking Tobacco) in attendance.

Members supported the principle that people should have a right to smoke when secondary smoke didn't put the health of other people at risk.

In terms of the publicity aspects of the harmful effects of tobacco it was suggested that packaging should include more details of the harmful components of tobacco and that appropriate information boards could be placed in such locations as parks and playgrounds.

**AGREED** that the representatives of the PCT be thanked for the information provided and contribution to the subsequent discussion to be incorporated into the overall review.

## **TOBACCO CONTROL REVIEW – NORTH EAST PUBLIC HEALTH OBSERVATORY**

The Scrutiny Support Officer reported that owing to a change of circumstance the representative from the North East Public Health Observatory (NEPHO) was unable to attend the meeting.

A report of the Scrutiny Support Officer had previously been circulated regarding evidence from NEPHO relating to tobacco consumption rates for the area and other related information which included: -

- i) Tobacco Control within Enclosed Public Places;
- ii) Fact Sheet relating to Health Effects of Exposure to Second-Hand Smoke;
- iii) Paper entitled 'Premature Mortality from Smoking in the North East of England'.

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The concluding statements in a presentation document, a copy of which had been circulated, stated the following: -

- a) reducing exposure to second- hand smoke in public places in Middlesbrough would have significant impact to: -
  - improve the health of the local population;
  - reduce health inequalities;
  - increase economic productivity;
- b) Introducing comprehensive legislation to ban smoking in all public places (with limited exemptions) offered the greatest public health benefit to the North East.

NOTED

### **TEES REVIEW BRIEFING**

In a report of the Scrutiny Support Officer the Panel was advised of the progress of the Tees Review the formal consultation period for which would shortly commence.

In line with directions of the Secretary of State and as the proposals would impact on the residents of more than one Authority, it would be necessary for the affected local authorities to form a Joint Scrutiny Committee.

It was confirmed that regular updates would be provided to the Health Scrutiny Panel on the progress of the Joint Committee. Members emphasised the importance of ensuring that a corporate view on the Middlesbrough perspective of the Tees Review was formulated with appropriate reports being considered by the Health Scrutiny Panel, the Executive and the Council.

NOTED

### **\*\* OVERVIEW AND SCRUTINY BOARD UPDATE**

In a report of the Chair of the Health Scrutiny Panel, Members were advised of the key matters considered and action taken arising from the meetings of the Overview and Scrutiny Board held on 3 and 9 August 2005.

NOTED

### **HEALTH SCRUTINY REVIEWS – RECOMMENDATIONS IMPLEMENTED**

In a report of the Scrutiny Support Officer details were provided of progress achieved on the implementation of agreed actions resulting from the consideration of scrutiny recommendations since the last update to the Panel in April 2005.

Appendix A of the report submitted gave details of the current status of six recommendations, which had not yet been implemented.

NOTED