

REPORT TO: Safer Halton Policy
& Performance Board

DATE: 19 June 2007

REPORTING OFFICER: Strategic Director Environment

SUBJECT: Progress on Implementing the Smokefree
Legislation

WARDS: Boroughwide

1.0 PURPOSE OF THE REPORT

- To inform members of the progress of the smoke free campaign in the run up to the introduction of smoke free legislation on July 1st 2007
- To inform members of the appointment of smoke free enforcement officers
- To inform members of the joint Environmental Health and Primary Care Trust Smoke Free Project within the *Communities for Health* project

2.0 RECOMMENDATIONS: That:

The report is noted and that further update reports are brought to the board as the project progresses.

3.0 SUPPORTING INFORMATION

3.1 The Legislation

3.1.1 From 1st July 2007 all 'enclosed' and 'substantially enclosed' premises and vehicles where people work or members of the public may be, must be smoke free.

3.1.2 The new regulations are very comprehensive and will apply to premises such as pubs, restaurants, private clubs, offices shops, factories, buses, taxis and work vehicles. Smoking will be banned entirely inside these premises/vehicles. Neither smoking rooms nor smoking areas will be allowed in these places.

3.1.3 There are a small number of exemptions: homes, adult hospices, prisons and long stay residential care establishments.

3.1.4 Fixed penalty notices will be available for

- Failing to display warning notices in no smoking premises or vehicles (£200)
- Smoking in no smoking premises or vehicles (£50)

3.1.5 Managers or persons in control of premises allowing smoking in no smoking premises or vehicles face a maximum fine of £2,500

3.2 Enforcement

3.2.1 The Environmental Health Section currently inspects a total of 1,450 premises in Halton for the purposes of food and health safety. Officers will be required to enforce the smoke free legislation in all these premises. But in addition, the Section must take on an additional 1,000 premises currently inspected by the Health & Safety Executive (HSE) for health & safety. This is an estimate as the HSE have stated that they do not have reliable databases that can be accessed by local authorities.

3.2.2 Environmental Health will also be enforcing the legislation in all (about 100) Council premises.

3.2.3 This represents an estimated total of 1,100 additional visits or additional time within visits to incorporate smoke-free advice or enforcement. A substantial number of these visits will need to be made out-of-hours in for example licensed premises or businesses incorporating evening services.

3.2.4 Enforcement will be required on all license hire vehicles, public coaches and buses and any commercial vehicles within or entering the Borough. This will represent a substantial additional burden on the service.

3.2.5 The existing database of commercial premises must be updated to encompass all new premises and vehicles in order that a risk based inspections programme be prepared.

3.2.6 The Government guidance is for all premises to be visited and informed of the legislation with inspections of all high-risk premises. In the period immediately following 1st July staff across the Environmental Health Section will be mobilised to carry out only smokefree visits for a number of months, at the expense of food safety, health & safety and environmental protection visits.

3.2.7 Government advice is for non-confrontational enforcement with focus on raising awareness and understanding compliance, particularly in the run up to the 1st July. Enforcement officers will need to work closely with businesses to build compliance without applying unnecessary additional burdens on businesses.

- 3.2.8** Experience from Ireland and Scotland, where similar legislation already exists, has shown that robust enforcement in the initial 24 months is essential in order to ensure that the ban becomes largely self-enforcing in the periods following. Effective enforcement is also essential in order to ensure a level playing field for all businesses. This principle of consistency is already incorporated in the Section's enforcement policy.
- 3.2.9** In summary, smokefree enforcement activity will therefore encompass visits to a total of 2,550 premises, inspections of vehicles associated with businesses, public transport, investigation of complaints received via the national complaint telephone line or local HDL call centres, issuing fixed penalty notices or carrying out prosecutions for non-payment. **Appendix 1** summarises the work already carried out and planned in the period up to July 1st.

3.3 Appointment of Smoke Free Enforcement Officers

- 3.3.1** The Department of Health allocated fixed term funding in this financial year by way of a grant , to Halton Borough Council in recognition of the additional burden of the enforcement of the smoke free legislation. Utilising this funding two officers have now been appointed to commence work on June 4th 2007 on a temporary fixed term contract of at least six months, with a review thereafter. It is likely that the contract will be extended to cover the period around Christmas as in Scotland some problems did occur during the period of cold weather. The relatively late appointment of these officers has meant that the Food Safety and Health & Safety team in environmental has carried much of the groundwork in the period up till July 1st out.
- 3.3.2** The two appointed officers have extensive enforcement experience in the service of fixed notices, excellent communication skills and some local knowledge of the Halton area.

3.5 Communities for Health: Smokefree Project

- 3.5.1** The introduction of smoke free legislation on July 1st 2007 is potentially one of the most significant public health actions this century.
- 3.5.2** The driving rationale for the smoke free regulations has been the aim to protect workers from the negative effects to health from second hand smoke. However this is also a 'golden moment' when many smokers will be encouraged and compelled to give up smoking in the face of legislative restrictions in their working or social lives. Or indeed discouraged from taking up the practice, from the start. Experience from Ireland & Scotland has shown that the uptake of smoking cessation services surged in the period around and after introduction of smoke free legislation.

- 3.5.3 Smoking is the largest preventable cause of premature death in UK. Around 114,000 people are killed by smoking each year.
- 3.5.4 The health impact of second hand smoking is substantial: 2,700 deaths (aged 25-64years) and a further 8,000 for persons aged 65 years or older.
- 3.5.5 Each year 34 million days are lost in England & Wales through sickness absence caused by smoking. Smoking costs the NHS approximately £1.5 billion a year for treating diseases caused by smoking.
- 3.5.6 While the national smoking rate in UK is 25% for men and 23% for women, in Halton the rate is 28% (men) and 31% (women). However in certain parts of the Borough this rate is 43% (Windmill Hill). The gap between national life expectancy and that of men in Halton is 2.15years and 2.81 years for women.
- 3.5.7 Smoking contributes directly to the health inequalities between different socio-economic groups. People from lower socio-economic groups find it harder to give up (although the % of persons within the groups wanting to give up are similar to other socio-economic groups) and spend a disproportional part of their income on tobacco.
- 3.5.8 The Environmental Health Dept and the Halton and St Helens PCT have collaborated to produce plans for a smokefree project that will fulfil the strategic aims of Communities for Health, in order to reduce smoking take up and smoking rates at both work and social community levels, for targeted groups, in areas identified as having the highest smoking rates within Halton. A detailed report of the project is in **Appendix 2**.
- 3.5.9 This project will rely substantially on the two members of staff appointed to carry out smokefree enforcement within the Borough, to work in close collaboration with other appointed PCT staff. They will need to utilise their specialised knowledge of local community intelligence in order to identify community leaders or mentors. They may also carry out necessary cessation advice and training that may be cascaded on.
- 3.5.10 Whilst the substantial smokefree enforcement activity carried out by the appointed officers will be measured against the requirements of the legislation and will necessarily be reported to the Department of Health, the officers also have a valuable contribution to make towards the Smokefree project that cannot be delivered more expediently by other officers, at a very significant moment in time for smokers.

3.6 Implications for Other Departments

3.6.1 The experience of Ireland and Scotland has shown that the legislation also has potential additional burden on associated services:

- Increase in applications for planning permission for external structures/shelters for smokers.
- Increase in noise complaints received when smokers are compelled to smoke out of doors near residential areas.
- Increased litter in and around external areas where smoking occurs.
- There will be an additional burden on Legal Services with regards to the pursuit of unpaid fixed penalty fines.

3.6.2 Personnel are currently reviewing the Council's existing Smoke free Policy in conjunction with Environmental Health & the Unions. It will be paramount that all staff be aware of the policy by July 1st as thereafter the Environmental Health Section will have powers to take action against the Council in the event of complaints received about contraventions.

4.0 FINANCIAL ISSUES

4.1 Substantial preparatory work for the legislation has already been carried out and will continue with funding from existing resources. The Government has allocated extra funding for the period 2007/8, £11,951 and £58,338 for 2007/8, a total grant of £70,289. No further additional funding will be available. Ongoing enforcement will thereafter be funded from existing budgets. There will be no additional income arising from smokefree fixed penalty notices (as is the case with fines for litter or dog fouling)

5.0 OTHER IMPLICATIONS

5.1 .The Environmental Health Section enforcing the legislation will have powers to enforce on local authority premises, something they do not currently do. (HSE enforce health & safety on Council premises). Potentially, this would mean enforcement by the council against the council presenting a legal conundrum. This can be addressed with an internal enforcement policy but it is essential that the Council ensure staff and management are aware of the implications, well before 1st July.

6.0 EQUALITY AND DIVERSITY ISSUES

7.1 The enforcement concordat and existing enforcement policies have been subject to an equality impact assessment and if applied correctly and monitored should not have nor are intended to have any differential effects.

7.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

11.1 There are no background papers within the meaning of the Act

Summary assessment of Implications:

This is a 'golden moment' when many smokers will be encouraged and compelled to give up smoking in the face of legislative restrictions in their working or social lives. The Environmental Health Section of Halton BC and the Halton and St Helens PCT have collaborated to produce plans for a smokefree project that will fulfil the strategic aims of *Communities for Health*, in order to reduce smoking take up and smoking rates at both work and social community levels, for targeted groups, in areas identified as having the highest smoking rates within Halton. This will contribute to one of the Council's five strategic priorities of improving health standards through partnership working with local people to create a healthier environment. Additionally smoking prevalence is highest in Halton's SOA areas. In 1994 Marsh & McKay demonstrated that the single most effective measure to reduce hardship amongst low-income people in the UK would be to free them from their smoking habit.

Appendix 1

Halton BC Environmental Health Smokefree Legislation Action Plan 2006-7

Action	Delivery Setting	By When	Responsibility	Outputs
Initiate Review of Council Smoking Policy and directorate action plans	Directorate Working Party set up lead by Personnel	From Nov 2006 Completed by June 2007	Lead by Personnel services. Individual directorates.	-Review Smoking Policy -Staff informed -Signs posted -smoking rooms removed
Local publicity at strategic dates.	Local radio Local press Council info to residents. Council website	Rolling programme Nov 06- Nov 07	Env.Health & Council's Corporate Communications team	Press coverage in local media. No.hits on website
Dissemination of local Leaflets, posters and smokefree information packs for public & businesses. Smokefree signed tax disc holders, pencils, balloons.	Disseminated to businesses as officers inspect premises and on request. Resources for smokefree events Mail shot to all businesses in data base	From Jan 2007	Food & H&S team. PH technician. Town Centre Manager. Trading Standards.	Number leaflets & posters & other resources disseminated
6 Free breakfast presentations to businesses held in Widnes & Runcorn. Information packs supplied	Different locations: business centres, public house, training centres, hotel.	March 2007	Food and Health & Safety team	Number of businesses attending.

Production & introduction of <i>Proud to be Smokefree</i> banners for schools in Halton	Schools in Halton	Nov-March 2007	PH technician	Number of schools discussing introduction of Smokefree & displaying banners
Presentation to managers of licensed premises.	PubWatch meetings in Runcorn & Widnes	Feb-March 2007	Food & H&S team	Number of licensed premises informed and advised.
Publicity Event to mark 100 day, 50 day and 10 day Countdown to July 1st	Different public settings: local schools, Victoria Square, Runcorn Town Hall.	March-July 2007	PH technician & H&S team	Press coverage & raised awareness of pending date
	Launch of legislation at Halton Stadium. Stubby the cigarette will be thrown out by a Viking	July 1 st	In conjunction with PCT	
	Banners on key Council buildings	May 2007	“ “	
	“Ad Van” tours Halton, major events including . Creamfields, special & sporting events.	From May till Sept	“ “	
	Sponsorship on The Big Stick Up with Wire Fm radio. Guaranteed air coverage, interviews and info on car stickers. Available from major supermarkets.	7 weeks from May till July 1st	“ “	

Free presentations to Halton voluntary organisations	Local community venues	April 2007	PH technician H&S team	Number charities & voluntary groups attending
Inform businesses of pending legislation During ALL routine inspections & visits	Businesses & workplaces	March 2007 ongoing	Environmental Health (including appointed smokefree officers) Town Centre Manager Trading Standards	Number of workplaces & businesses visited
Visit all high risk premises to advise and enforce regs. Respond to complaints	Businesses & workplaces	July 1 st - ongoing	Appointed smokefree officers Authorised officers Environmental Health	Number of Businesses & workplaces visited
Supporting environment directorate on consequential litter, planning issues, town centre management and legal services in licensing issues etc	Joint projects as required	Rolling programme Nov 06- Nov 07	Environmental health staff	Minimising negative consequential impacts on the borough and the community

Appendix 2

Proposal for Healthy Communities Funding

Smoke Free Halton Programme

1.0 Strategic overview

1.1 Smoke Free Halton is a programme that links communities with high levels of health inequalities into key local and government priorities around smoking cessation and tobacco control, namely, Choosing Health 2004, Smoking Kills 1998, Local Area Agreements 2007, The NHS Priorities for 2007 – the “Selbie 6”, HBC Corporate Plan & Community Strategy 2006, Health Partnership Strategy & action plan, National Service Framework for Coronary Heart Disease 2000, the NHS Cancer Plan 2000, Halton and St Helens PCT Local delivery Plan 2007.

2.0 Programme aims and objectives

2.1 The aim of this programme is to reduce health inequalities in Halton by taking advantage of the July 1st 2007 *Smoke Free England “ban”*, and the predicted increase of 1,500 extra local residents wanting to quit, in three ways.

- Firstly, to engage communities in areas with high levels of deprivation and smoking rates in their own health by developing their capacity to advise local residents on the benefits of quitting in a motivational manner and signpost them to smoking cessation services.
- Secondly, to encourage self-compliance with the forthcoming legislation for workplaces, pubs, clubs and bars and signpost people from these venues to smoking cessation services.
- Thirdly, to implement education packages that engage children and young people in school and at college and enable those in areas of deprivation to mentor their peers at school and college and support them in resisting peer pressure to start smoking.

3.0 Evidence base

3.1 Smoking is the principal avoidable cause of premature death in Britain. Smoking related illness accounts for one fifth of all deaths. Smoking causes 80% of all deaths from lung cancer and bronchitis and 17% of all deaths from heart disease. 30% of all cancer deaths can be attributed to smoking. Smoking during pregnancy leads to increased risk of miscarriage, premature birth, low birth weight. Passive smoking contributes significantly to heart disease, bronchitis, lung cancer and Sudden Infant Death Syndrome.

3.2 Overall, 25.6% of Halton residents currently smoke; this suggests that there are approximately 24,500 adult smokers in the borough. Amongst the younger age groups, a higher percentage of females; 27.7%, smoke in Halton compared with 24.4% in the UK overall. Smoking prevalence is highest in Halton’s most deprived SOA’s. In 1994 Marsh & McKay demonstrated that the

single most effective measure to reduce hardship amongst low income people in the UK would be to free them from their smoking habit.

4.0 Programme implementation and evaluation

4.1 The programme will be implemented through an integrated service plan including: Halton Borough Council's environmental health team, trading standards, community development team and communications service, Age Concern's information service, Halton & St Helens PCT's tobacco control service, smoking cessation and training service and the Healthy Schools Programme.

4.2 The programme will employ 3-tobacco control/smoking cessation advisors employed by the PCT and utilise the services of (2) Smokefree Enforcement staff employed by Environmental Health to work in communities with high levels of deprivation and smoking rates.

4.3 Using a community development approach two tobacco control/smoking cessation advisors will train up locally identified community members in basic motivational, behaviour change techniques in how to offer advice on the benefits of quitting smoking and how to signpost to smoking cessation services. The trained community members will work with local community groups and small local businesses. Once tobacco control/smoking cessation advisors have trained people they will offer ongoing support to their trainees and specialist smoking cessation advice and support in the community to people who wish to quit.

4.4 One tobacco control/smoking cessation advisor will implement education packages that engage children and young people in school and at college and enable those in areas of deprivation to mentor their peers at school and college and support them in resisting peer pressure to start smoking. They will also offer specialist smoking cessation advice to young people who want to quit. They will organise this in tandem with the Healthy Schools Programme.

4.5 Two enforcement officers with skills in community enforcement and liaison will be appointed by Environmental Health to work with local workplaces, pubs, clubs and bars to encourage self compliance with the forthcoming legislation. They will also offer advice on signposting to smoking cessation services. This will work in tandem with Age Concern's information service and Halton & St Helen's Smoking Cessation Service.

4.6 A social marketing campaign targeted at communities with the highest levels of smoking will be implemented emphasising the benefits to them of a *Smoke Free Halton* and how people can get help to quit. The campaign will be planned and supervised by the whole Programme team with assistance and guidance from Halton Borough Council's Communications team.

4.7 The service will be monitored via service level agreements with set targets and evaluated for long-term outcomes by Halton & St Helens Research and Development Unit.

5.0 Outputs

- 10 children trained as peer health mentors per high school
- One education programme per high school
- 100 pubs, clubs, bars visited
- 2000 workplaces
- 1000 smokers signposted into services
- 800 smokers access service
- 400 extra smokers quit.
- 30 Peer health mentors trained

6.0 Outcomes

- Reduced levels of heart disease: one year after stopping, the risk of a heart attack per quitter falls to about half that of a smoker and within five years falls to a level similar to that of a non-smoker.
- Reduced level of lung cancer: within 10-15 years of quitting, an ex-smoker's risk of developing lung cancer is only slightly greater than that of a non-smoker.
- All local businesses, workplaces, pubs, clubs and bars self-compliant with smoking ban in enclosed spaces.
- Passive smoking will be avoided by people as well as people in the workplace and customers using leisure & commercial services