



Making Smoking History in Gateshead

Gateshead Smoke Free Tobacco Alliance Tobacco Control Action Plan

The Vision

Smoking Prevalence of 5% or below in Gateshead by 2025

A 10 Year plan for Tobacco Control 2016 - 2025 Making Smoking History in Gateshead - Executive summary

Introduction: Smoking is the biggest cause of death and disease in Gateshead and there is a clear need to continue the work on reducing smoking prevalence in all age groups with targeted work with those who are most disadvantaged. Our Vision is to reach a Smoking Prevalence of 5% or below in Gateshead by 2025. We have made good progress over the last 10 years, reducing prevalence from 33% in 2006 (2006 Health Profile) to 18.3% in the general population and 25.6% in Routine and Manual groups (2016 PHE Fingertips). However we still have a long way to go to reach our target of 5% by 2025. Delivering evidence based tobacco control requires long term strategic commitment in eight key areas, six as identified by the World Bank www.worldbank.org/ and two others as proposed by Fresh www.freshne.com/, the North East England Regional tobacco control office. These eight areas ensure the mechanisms are in place to drive the agenda forward. This 10 year plan outlines how partners working together can help Gateshead achieve this vision. A snapshot of actions under each area is shown below.

1. Developing infrastructure, skills and capacity at local level and influencing national action.

Alliance overseeing 10 year tobacco plan

Support of Fresh, Regional tobacco control office

2. Reducing exposure to second hand smoke.

Maintain compliance with current smokefree legislation and Increase public support for Smoke Free areas and Homes e.g. Smoke Free Homes focus and Increase in smoke free outdoor zones in public areas across Gateshead.

3. Supporting smokers to stop.

Encourage an environment where more and more smokers decide to quit, regardless of how. Target support to Stop Smoking for disadvantaged groups/communities. Also look to reduce harm through support for evidence based harm reduction.

Stop smoking support to become a key offer across the NHS in Gateshead.

4. Media communications and social marketing.

Support year round media and public relations on tobacco issues and increase stakeholder communications on tobacco issues.

5. Reducing the availability of tobacco products and reducing supply of tobacco.

Deliver an intelligence led and targeted enforcement programme to reduce availability and supply of tobacco products to children.

Support advocacy efforts for licensing for whole tobacco retail and supply chain.

6. Reducing the promotion of tobacco.

Ensure compliance with legislation to reduce tobacco promotion (e.g. Plain packaging) and advocate for further restrictions.

7. Tobacco Regulation.

Ensure partner involvement in lobbying activity when required in response to tobacco and nicotine regulation issues.

8. Research, Monitoring and evaluation

Research into equity of delivery and uptake of Stop Smoking Services

A vision to reduce smoking prevalence in Gateshead to 5% by 2025

Tobacco Control - The Challenge

Smoking is the biggest preventable cause of death globally, killing half of all smokers prematurely. In the 20th century, the tobacco epidemic killed 100 million people worldwide. During the 21st century, it could kill one billion. <http://www.fctc.org/fca-news/general-news/795-what-is-the-death-clock> Smoking causes 50 different conditions and costs the NHS £2.7 billion to treat every year. Tobacco is a leading cause of health inequalities and is responsible for half the difference in life expectancy between rich and poor.

Tobacco is unique. It is the only product that kills when it is used entirely as intended. Tobacco is not abused. It is marketed by the tobacco industry to be smoked and inhaled. In doing this, it kills half of its consumers.

(Tobacco Control Advocacy toolkit – A guide to Planning Advocacy activity to tackle tobacco 2010)

In 2011 the government published the White paper 'Healthy Lives, healthy People: A Tobacco Control Plan for England'

<https://www.gov.uk/government/publications/the-tobacco-control-plan-for-england>. A five year plan which under the leadership of local authorities, the government wanted to encourage the development of partnerships in tobacco control where anyone who can make a contribution is encouraged to get involved. In implementing comprehensive tobacco control in their communities, they encourage local authorities to maximise local involvement by building tobacco control alliances that include civil society. The Government are in the process of writing a new Tobacco Control Plan and this is due to be published in the New Year 2017. Initial indications are there will be a big focus on tackling health inequalities.

While the Public Health Outcomes Framework <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042> will provide the key source of information about progress on reducing tobacco use, the government set three national ambitions to focus tobacco control work across the whole system:

- *Reduce smoking prevalence among adults in England: To reduce (aged 18 or over) smoking prevalence in England to 18.5 % or less by the end of 2015, meaning around 210,000 fewer smokers a year*
 - *Reduce smoking prevalence among young people in England: To reduce rates of regular smoking among 15 year olds in England to 12% or less by end of 2015*
 - *Reduce smoking during pregnancy in England: To reduce rates of smoking throughout pregnancy to 11% or less by the end of 2015*
- (HM Government 2011 Healthy Lives, Healthy People: A Tobacco control Plan for England)*

All three of these targets shown below have been met, building on the progress that has been made in the past 10 years where we have seen smoking prevalence in Gateshead fall from 33% in 2006 to the current 18.3% in 2016. This has been achieved by adopting an

evidence based, comprehensive approach to tobacco control and has been well received by the public. Recent You Gov surveys show there is great support to do more and go further, with policies that protect children and young people particularly popular. There is also strong agreement for banning smoking in hospital grounds.

Smoking and young people

Smoking among young people is associated with a range of factors, operating at individual, social, community and societal levels, which increase children's and young people's risk of becoming smokers. In particular, smoking uptake is linked to disadvantaged social, educational and economic trajectories. Young people are most at risk of becoming smokers if they grow up in families and communities where smoking is the norm and where they have access to cigarettes. Children whose parents and/or siblings smoke are more likely to become smokers.

The most effective way to reduce youth smoking rates is to change the adult world. Smokefree legislation of 2007 has seen a reduction in Adult smoking prevalence and therefore less role models for young people in our communities. Level of smoking amongst young people is at an all-time low with targets to reduce rates of regular smoking among 15 year olds in England to 12% or less by end of 2015 met and surpassed. Our biggest priority over the next 10 years, and most effective way to reduce smoking in young people, is to support more adults to stop smoking.

Exposure to Secondhand smoke

Disadvantaged children, young people and adults are also likely to be exposed to higher levels of second-hand smoke (SHS) than those from more privileged backgrounds. This is due to lower levels of smoking restrictions in the home. More action is needed to protect these vulnerable groups from SHS exposure where they live, in cars and in Public Places. Action is needed to prevent smoking uptake in children, to help vulnerable adults to quit and to protect children and adults from SHS.

Smoking Prevalence in Gateshead

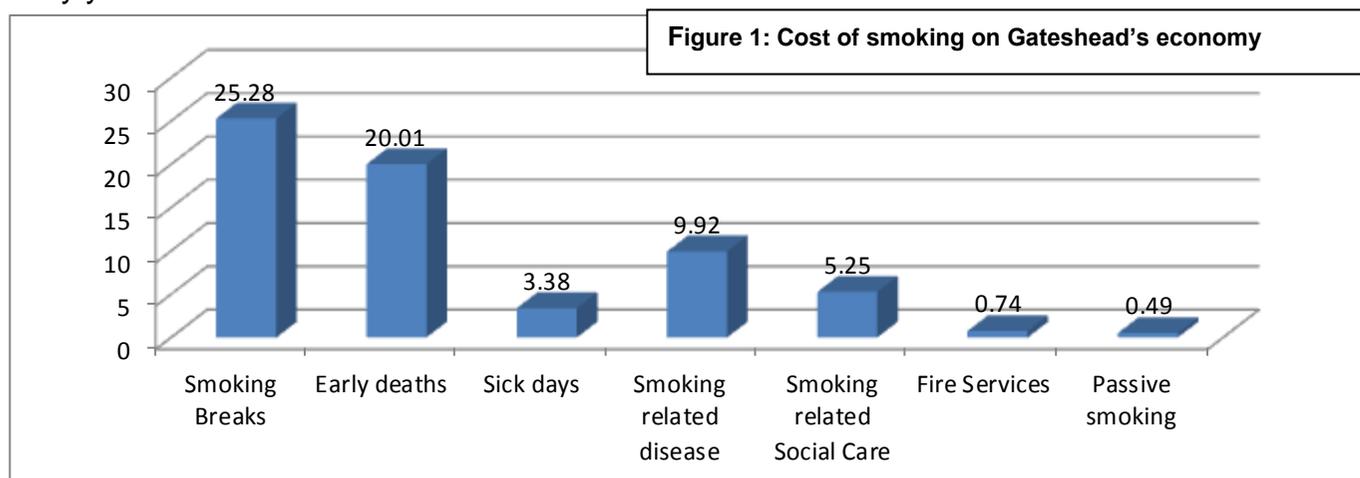
Smoking prevalence in Gateshead in adults aged 18+ years is 18.3% (Tobacco Control Profile <http://www.tobaccoprofiles.info/tobacco-control>). Amongst Routine and Manual Groups this rises to 25.6%. Smoking is far more common among unskilled and low income workers than among professional high earners. The more disadvantaged someone is, the more likely they are to smoke and to suffer from smoking-related disease and premature death. Smoking affects health inequalities across many other axes. The poorer health of people in the north of England compared to the south is in part due to higher rates of smoking in the north. Smoking rates are also higher among people with a mental health condition, prisoners, looked-after children, and LGBT people (ASH, 2016).

Health inequalities will be reduced through measures that have a greater effect on smokers in higher prevalence groups. In practice, this means both prioritising population level interventions which disadvantaged smokers are more sensitive to and targeting interventions on these smokers.

Smoking and impact on Gateshead residents

How much is smoking costing Gateshead

The total annual cost of smoking in Gateshead is £65.1m, that's £1,936 per smoker / year. This is broken down as shown in the graph below. This cost is in comparison to a total contribution in tobacco duty of £34.79m, leaving a shortfall and cost to society of just over £30m every year.



Early deaths due to smoking result in 1,117 years of lost productivity and a cost of £20m in Gateshead. There are also 37,876 days of productivity lost because of smoking related sick days, at a cost of £3m. (ASH: 2015).

23,712 Gateshead households have at least one smoker, 34% of which fall below the poverty line. If smokers stopped and the money was recirculated back into the household budget, it would lift around 2,655 Gateshead homes, 4,434 Gateshead people, out of poverty (ASH Ready Reckoner, 2015).

Illicit tobacco sales account for approximately 5% of sales. This is money going into the hands of criminal gangs, avoiding duty and tax. There is strong Public support to curb the sale of Illicit tobacco.

A person who smokes on average 20 cigarettes a day spends between £2,190 and £3,000 on smoking each year, that's between £10,950 and £15,000 after five years.

The Local Tobacco Control Profiles for England, Public Health England (2016), is a tool that provides a snapshot of the extent of tobacco use, tobacco related harm, and measures being taken to reduce this harm at a local level. These profiles have been designed to help local government and health services to assess the effect of tobacco use on their local populations. They will inform commissioning and planning decisions to tackle tobacco use and improve the health of local communities.

The tool allows local authorities to benchmark against other local authorities in the region and the England average. The table below compares Gateshead with the England average. The red rectangles show where Gateshead is worse than the England average, with Smoking attributable mortality, smoking attributable hospital admissions and smoking at delivery worse than the national averages. However smoking at time of delivery is equal lowest in the Region at 13.2%.

Compared with benchmark

Better

Similar

Worse

Not compared

Table1. Tobacco Control Profiles for England - Gateshead results

Indicator	Period	England	North East region	County Durham	Darlington	Gateshead	Hartlepool	Middlesbrough	Newcastle upon Tyne	North Tyneside	Northumberland	Redcar and Cleveland	South Tyneside	Stockton-on-Tees	Sunderland
Smoking Prevalence in adults - current smokers (APS)	2015	16.9	18.7	19.0	17.9	18.3	22.8	20.8	18.6	18.0	16.6	17.2	17.4	18.4	21.5
Smoking Prevalence in adults in routine and manual occupations - current smokers (APS)	2015	26.5	26.5	24.5	24.5	25.6	28.1	31.1	25.1	26.5	26.7	25.5	24.0	29.3	29.4
Successful quitters at 4 weeks	2015/16	2598	2972	3545	2286	3328	3252	2147	1728	2184	2322	2478	4555	3282	3824
Smoking status at time of delivery	2015/16	10.6*	16.7*	18.1	14.8	13.2*	18.1	19.8	13.2*	13.2	15.0	19.8	21.8	18.1	18.0
Smoking attributable mortality	2012 - 14	274.8	359.1	367.8	311.4	398.2	390.2	410.8	361.8	345.7	300.3	351.7	391.3	319.8	401.7
Smoking attributable hospital admissions	2014/15	1671	2446	2236	1770	2710	2643	2508	2663	2727	2119	2280	2751	2401	2829
Supporting information - Deprivation score (IMD 2015)	2015	21.8	-	25.7	23.6	25.9	33.2	40.2	28.3	21.3	20.5	28.6	30.6	24.6	29.7

Reducing smoking prevalence in Gateshead

The aim of tobacco control is to make smoking less **desirable**, **accessible** and **affordable**. In Gateshead the aim is to improve health and reduce health inequalities by reducing the number of smokers. This will be achieved by preventing the uptake of smoking and assisting those who want to stop.

Delivering evidence based tobacco control requires long term strategic commitment to ensure the mechanisms are in place to drive the agenda forward. The vehicle to deliver this then relies on the commitment of a range of partners understanding and supporting the evidence and coming together in the form of a local tobacco control alliance.

Reducing smoking prevalence and reducing the use of tobacco will help Gateshead to:

- Cut costs to local public services
- Protect children from harm
- Boost the disposable income of the poorest people
- Reduce health inequalities
- Drive real improvement across key measures of population health

As identified by Public Health England (2016) the examples of indicators which would be positively affected include:

- Sickness absence
- The number of children in poverty
- Numbers of low birth-weight babies
- Pregnant women smoking at time of delivery
- Smoking prevalence rates in adults and children
- Infant mortality and all cause preventable mortality
- Mortality from cardiovascular disease
- Mortality from cancer
- Mortality from respiratory disease
- Preventable sight loss

We are already seeing the benefits to the health of Gateshead's population through the reduction in smoking prevalence and the reduction in exposure to secondhand smoke over the past years, especially since smoke free legislation was put in place in 2007.

To continue to reduce smoking prevalence further, there needs to be a long term commitment to achieve a vision of *Making Smoking History*. Making Smoking History in Gateshead means a commitment to improve health, reduce health inequalities by reducing the death, disability and disease caused by smoking.

Smokers that manage to quit reduce their lifetime cost to the NHS and social care providers by 48%. The biggest short-term savings opportunity lies in helping smokers who are in contact with the NHS; the greatest long-term savings would come from preventing people from ever smoking altogether (PHE 2016).

Our Vision is for Smoking Prevalence of 5% or below in Gateshead by 2025

This tobacco action plan therefore supports this vision over a ten year period, 2016 – 2025, and aspires to reducing smoking prevalence to 5% in adults, pregnant women and children and young people by 2025.

According to ASH (2012) effective tobacco control requires three domains; **C**hallenge tobacco control services; **L**ocal leadership and **R**esults demonstrated by outcomes.



Taken from ASH (2012) **CLeaR** Thinking Excellence in local tobacco control

A CLeaR review was initiated in July 2016 with Alliance members working in partnership with H&WB Board members. The CLeaR Self-assessment looked at 11 key areas which are identified to contributing to a successful tobacco alliance and a diagram identifying its strengths and weaknesses is shown in **Appendix 1**. The findings and recommendations of this review were shared in a paper to the H&WB

Board in October 2016 to enable partners to comment on the strengths and areas for improvement for the alliance. The key recommendations identified in the paper were:

1 Continue the excellent work being delivered around Compliance, including initiatives to tackle illegal tobacco, enforcement and compliance with existing legislation such as Plain Packaging and support work at National and Regional level around Licensing of Retailers.

2 Review the impact on Stop Smoking Services with the move from support from external providers via a Hub to support from Council teams. There is a need to identify positive aspects but also be vigilant for any unexpected downturn in trajectories for access and outcomes.

3 Prevalence is at an all-time low but we have still got to achieve a further 13% reduction to hit the Vision and target of 5% smoking prevalence by 2025. This will require targeted work with specific groups with high smoking prevalence rates such as pregnant women, Mental Health issues and low income groups/communities. Support of FRESH at Regional level is an important contribution to achieving this target.

4 Support at Leadership level needs to be enhanced across all partner organisations and there are opportunities to enhance the Gateshead Health and Wellbeing strategy which is currently being refreshed for 2016 – 2019. There is also the potential for getting the issue onto the Health Overview Scrutiny Committee (OSC) forward plan to enable them to scrutinise progress towards the 2025 target.

5 Leadership could also be taken by ensuring that partner organisations work towards the 5% target using their existing commissioning arrangements but also looking at potential innovation. Two examples might be:

5.1 The CCG including implementation of NICE guidelines on Tobacco into all provider contracts e.g. Continuation of Baby Clear model for Midwifery Departments.

5.2 Commissioning secondary care based Stop Smoking Service. This could include the implementation of a “Stop before the Op” intervention.

Case study: a briefing on the short-term benefits of preoperative smoking cessation in London modelled up to 5,300 fewer post op complications, resulting in up to 4,000 bed days saved, £1.1m savings to commissioners and up to £2.8m savings to hospital trusts.

Implementing NICE guidance PH45 within treatment / care pathways is recommended. This supports a programme of harm reduction enabling temporary abstinence or smoking reduction, such as a 'stop before the op' initiative. This improves medical outcomes and reduces complications.

The Gateshead Smokefree Tobacco Control Alliance brings together partners from across the Borough to work together to implement action locally. If we are serious about achieving 5% smoking prevalence by 2025 all partners will need to work together to achieve the end target. The benefits for the health of the Gateshead population are great and will help to improve outcomes in relation to all the indicators identified on page 6 of the report above.

The 10 Year action plan is developed around the World Health Organisations (WHO) key targets from their Framework Convention on Tobacco Control (FCTC) and the seven articles identified below:

- Article 20 – Research, surveillance and exchange of information (Monitoring)
- Article 8 – Protection from exposure to tobacco smoke (Smoke-free environments)
- Article 14 – Demand reduction measures concerning tobacco dependence and cessation (Cessation programmes)
- Article 11 – Packaging and labelling of tobacco products (Warning labels)
- Article 12 – Education, communication, training and public awareness (Mass media)
- Article 13 – Tobacco advertising, promotion and sponsorship (Advertising bans)
- Article 6 – Price and tax measures to reduce the demand for tobacco (Taxation)

The additional strand of developing local infrastructure is added to oversee and drive the agenda at local level and to establish the effectiveness of the work. Action needs to happen in each of these eight strands to give Gateshead every chance of achieving their aim.

The Eight key areas of the 10 year plan are therefore:

1. Developing infrastructure, skills and capacity at local level and influencing national action.
2. Reducing exposure to second hand smoke.
3. Supporting smokers to stop.
4. Media communications and social marketing.
5. Reducing the availability of tobacco products and reducing supply of tobacco.
6. Reducing the promotion of tobacco.
7. Tobacco and Nicotine Regulation.
8. Research, Monitoring and evaluation

Next Steps – Progress to 2025

Although the plan is a 10 year action plan with key activity to get us to 5% prevalence by 2025, it will have an annual refresh in April because as policy changes the plan will have to change with new directions at local, Regional and National level.

The plan will be overseen by the Gateshead Smokefree Tobacco Alliance and will report up to the Gateshead Health and Wellbeing Board on an annual basis and as requested by the Board.

Gateshead 10 Year Tobacco Control Plan
2016 -2025

Area 1: Developing Infrastructure, skills and capacity at local level and influencing national action.					
Objective	Milestone End of Quarter	Performance measure	Lead officer / Delivery partner	Performan ce RAG	Update Reports Quarter One
Develop a sustainable 10 year Tobacco Control Action plan for Gateshead with engagement and representation from key partners. DPH Annual Report 2015/16 Recommendation 2	December 2016 - December 2025	Action Plan developed and signed off by H&WB Board By January 2017	Gateshead Smoke Free Tobacco Control Alliance partners		
<p>Note: The plan will support the Government's 2017 updated Tobacco Control plan DPH Annual Report 2015/16 Recommendation 1</p> Conduct Annual refresh of the plan and report progress up to the Health and Wellbeing Board.	Annual Review in April each year	Plan review conducted and amendments made where identified.	Public Health lead		
The objectives of the plan, by 31 March 2025, are to: Reduce smoking prevalence	18.3% in 2016	5% prevalence by 2025	Public Health		

among adults 18 year + by 1.5% per year to 5% by 2025.	13.8% in 2019 9.3% in 2022 5% in 2025		lead		
Reduce smoking prevalence in routine and manual groups by 2.3% per year to 5% by 2025 DPH Annual Report 2015/16 Recommendation 3	25.6% in 2016 18.7% in 2019 11.8% in 2022 5% in 2025	5% prevalence by 2025	Public Health lead		
Reduce smoking prevalence among young people (15 year olds) by 0.8% per year to 5% by 2025	12.4% in 2016 10% in 2019 7.6% in 2022 5% in 2025	5% prevalence by 2025	Public Health lead		
Reduce smoking during pregnancy by 0.9% per year to 5% by 2025 DPH Annual Report 2015/16 Recommendation 5	13.2% in 2016 10.5% in 2019 7.8% in 2022 5% in 2025	5% prevalence by 2025	Gateshead Health NHS Foundation Trust Public Health		

<p>Show progress in tackling local inequalities in smoking rates on a year by year basis. DPH Annual Report 2015/16 Recommendation 3</p>	<p>Faster decline in smoking rates in Routine and manual groups than the general smoking population (as above)</p>	<p>National data e.g. Annual Population survey (APS) Health Equity Audit</p>	<p>lead Public Health lead and Intelligence team.</p>		
<p>Local Authority budget for wider tobacco control and enforcement activities, including those to tackle underage sales and illicit tobacco, should be protected. DPH Annual Report 2015/16 Recommendation 6</p> <p>Commit to support of evidence based sub national Tobacco Programme. DPH Annual Report 2015/16 Recommendation 13</p>	<p>April 2016 - 2017 and ongoing</p>	<p>Budgets protected at 2016/17 levels.</p> <p>1 year funding commitment 2017/18</p>	<p>Gateshead Council Public Health</p> <p>Gateshead Council Public Health</p>		
<p>Implementation of the findings from 2016 “Clear Thinking: Excellence in</p>	<p>Dec 2016 onwards</p>	<p>Feedback report to H&WB Board.</p>	<p>Gateshead Council, Public Health</p>		

tobacco control" peer Assessment		Review of alliance action plan and dissemination.	Tobacco Alliance lead.		
Link Gateshead Smokefree Tobacco Control Alliance with Regional Networks focussing on specific areas of tobacco control.	Quarterly Forums	Alliance member attendance at Smokefree North East Network meetings, North East Tobacco Regulation Forum and North East Tobacco Commissioners group. Also attendance at the Regional Making Smoking History partnership.	Fresh Gateshead Smokefree tobacco Control Alliance members.		
Ensure regular (as newsworthy issues arise) briefings for the 3 to 4 key people in Gateshead Local Authority area who have been trained in working with the Media so that they are up to date with current tobacco issues. Link to Fresh Media contact and Press Releases from Fresh.	2017/2018 and ongoing.	Number of briefings given to media contacts and outcome of this e.g. Media coverage.	Fresh Gateshead Smoke Free Tobacco Control Alliance partners		
Alliance partner organisations to share Intelligence to support wider	Quarterly	Actions taken on back of intelligence shared by partners or through the	Fresh Gateshead		

tobacco control – see <i>section 5</i> “Reducing the availability of tobacco products and reducing supply of tobacco”.		“Keep it Out” website	Smoke Free Tobacco Control Alliance partners		
Ensure and report delivery on performance through governance framework. e.g. Council Overview and Scrutiny (OSC)	2017/2018	Oversight from OSC	Alliance lead within Public Health		
Lobby/provide support for a Levy on Tobacco companies, based on local sales volumes, to support Tobacco Control activities in Gateshead. DPH Annual Report 2015/16 Recommendation 4	As this becomes a national issue.	Submissions of support to government in support of Tobacco Levy on tobacco companies’ profits.	Gateshead Smoke Free Tobacco Control Alliance partners.		
Supporting the NHS through its local Sustainability and Transformation Plan (STP) to reduce the burden of smoking on the NHS.	2016 onwards	Reducing smoking prevalence a key target in the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan (STP)	Newcastle Gateshead CCG		
Implement Framework Convention for Tobacco Control directive 5.3 (i.e. not	31 March 2017	Partners do not engage / promote tobacco companies in their work.	Gateshead Smoke Free Tobacco		

engaging /promoting tobacco companies in the work of the partners of the Alliance) by March 2017		Gateshead have already signed the local government declaration and NHS Statement of support for tobacco control and these need to be revisit in 2020 and 2025 to look what has been achieved by these.	Control Alliance partners		
Area 2: Reducing exposure to secondhand smoke (SHS)					
Objective	Milestone End of Quarter	Performance measure	Lead officer / Delivery partner	Performance RAG 	Performance
De-normalise smoking by increasing public support for SF areas e.g. Increase in smoke free outdoor zones in public areas across Gateshead including; pubs and restaurants, playgrounds, school gates and workplace grounds from 01 April 2017 baseline. DPH Annual Report 2015/16 Recommendation 10 & 11	April 2017 onwards	Increase in number of smoke free places across Gateshead. Number of awareness campaigns. Public Survey of support.	Gateshead Smoke Free Tobacco Control Alliance partners Fresh Gateshead		

<p>Support Environmental Health colleagues in maintaining compliance with current smokefree legislation including enclosed public places, workplace vehicles and private vehicles carrying children under 18. Link in with North East Tobacco Regulation Forum on smokefree discussions.</p>	<p>April 2017 onwards</p>	<p>Environmental Health representative on Alliance to inform Alliance members of activity where they can support.</p> <p>Alliance partners linking with Council Environmental Health colleagues on Tobacco control initiatives.</p>	<p>Environmental Health representative.</p> <p>Gateshead Smoke Free Tobacco Control Alliance partners.</p>		
<p>Increase the proportion of homes occupied by adult smokers and dependent children that are smokefree to *% by 2020</p> <p>Note: Need baseline.</p> <p>Continue support for the new law which bans smoking in cars that are carrying children.</p> <p>DPH Annual Report 2015/16 Recommendation 8</p>	<p>April 2017 onwards</p>	<p>Percentage of smoke free homes increases year on year.</p>	<p>Gateshead Smoke Free Tobacco Control Alliance partners.</p>		
<p>Continue support for the new law which bans smoking in cars that are carrying children.</p> <p>DPH Annual Report 2015/16 Recommendation 8</p>	<p>April 2017 onwards</p>	<p>Smoking in Cars that are carrying children becomes socially unacceptable</p>	<p>Gateshead Smoke Free Tobacco Control Alliance partners.</p>		
<p>Awareness raising of the harms of SHS led by young people from Gateshead.</p>	<p>April 2017</p>	<p>Issue raised by x number of members to x number</p>	<p>Gateshead Youth Parliament</p>		

		of meetings.	Gateshead Young People		
Develop, Deliver and evaluate a programme of training to deliver brief interventions to all smokers in a full range of settings across Gateshead. Ensure programme includes smoking in homes, smoking in Cars and other closed environments. DPH Annual Report 2015/16 Recommendation 8	April 2017 onwards	Number of people trained in delivering brief advice. Number of people delivering brief interventions as a result of training. Number of people accessing support following a brief intervention.	Gateshead Stop Smoking Service. Making Every Contact Count lead.		
Area 3: Supporting smokers to stop “More Smokers to Quit”					
Objective	Milestone End of Quarter	Performance measure	Lead officer / Delivery partner	Performance RAG 	Update Reports Quarters One
Target Stop Smoking Services to disadvantaged groups/communities e.g. people with Mental Health issues, people who are Homeless and people with Long Term conditions, ensuring that smokers	July 2017 – March 2018	Establish process to capture service access by disadvantaged groups and establish a baseline measure for each. Rates of access and success are better in	Public Health Intelligence Public Health Tobacco lead		

<p>receive stop smoking interventions as a routine part of their care. DPH Annual Report 2015/16 Recommendation 3</p> <p>Evaluate availability and access to Stop Smoking Services to see if offer is equitable.</p>	<p>July 2018 for 2017 / 2018 delivery.</p>	<p>areas of deprivation/ more deprived groups than less deprived areas/groups.</p> <p>Rates of access and success are better in areas of deprivation/ more deprived groups than less deprived areas/groups.</p>	<p>Public Health Intelligence</p> <p>Public Health Tobacco lead</p>		
<p>Encourage and support communities to identify and develop initiatives to address tobacco harm at local level. DPH Annual Report 2015/16 Recommendation 17</p>	<p>2017 onwards</p>	<p>Number of initiatives initiated and outcomes delivered.</p>	<p>Capacity Building Service and Public Health.</p>		
<p>Reduce number of women smoking in pregnancy from 2015/16 baseline to 5% by 2025 (see above). Assess all pregnant women for Carbon Monoxide to identify potential smoking and refer for specialist support. Healthcare professionals screen all pregnant women at antenatal appointments and refer</p>	<p>2016/17</p> <p>13.2% in 2016</p> <p>10.5% in 2019</p> <p>7.8% in 2022</p> <p>5% in 2025</p>	<p>Support of Baby Clear model implementing NICE Guidance on smoking in Pregnancy.</p> <p>Smoking at time of delivery data Baseline for 2015/16=18.6%</p>	<p>Gateshead Health NHS Foundation Trust</p>		

<p>women with elevated levels to specialist services. NICE PH26 DPH Annual Report 2015/16 Recommendation 5</p>					
<p>Newcastle Gateshead CCG to include Stop Smoking support in contracts with secondary care providers and primary care providers Preventing ill health - alcohol and tobacco CQUIN for 2017-19, https://www.england.nhs.uk/wp-content/uploads/2016/12/prevention-cquin-supplmnt-guid.pdf (PHE 2016) DPH Annual Report 2015/16 Recommendation 3</p>	<p>2017/18 onwards</p>	<p>CCG include requirement for stop smoking support in secondary care contracts.</p> <p>Number of smokers successfully supported to stop smoking by QE, NTW staff and Primary Care contractors</p>	<p>Newcastle Gateshead CCG</p>		
<p>Screen and refer smoking patients to stop smoking services in Acute Trusts.</p> <p>Stop smoking support to become a key offer at the Queen Elizabeth hospital in Gateshead including a Stop before the Op Initiative and</p>	<p>2016/17 onwards</p>	<p>Number of smokers successfully supported to stop smoking by QE staff</p>	<p>Gateshead Health NHS Foundation Trust</p> <p>Newcastle Gateshead CCG</p>		

<p>care pathways. Support also available to Gateshead residents in NTW facilities.</p>			NTW		
<ul style="list-style-type: none"> • CCGs commission NHS trusts to integrate NICE guidance PH48 on smoking cessation into all secondary care pathways. DPH Annual Report 2015/16 Recommendation 14 	01 April 2017 onwards	Number of smokers successfully supported to stop smoking by QE staff.	Gateshead Health NHS Foundation Trust Newcastle Gateshead CCG		
<ul style="list-style-type: none"> • Trusts to implement NICE guidance PH45 “Smoking: Harm reduction” and provide support for temporary abstinence for smokers unready to stop smoking completely or permanently. 	01 April 2017 onwards.	Number of smokers successfully supported to stop smoking by QE and NTW staff.	Gateshead Health NHS Foundation Trust. NTW NHS Foundation Trust		
<ul style="list-style-type: none"> • All patients in secondary care are screened so people who smoke are identified at each episode of treatment and offered advice and referral. Ensure that the care plan at discharge of patients who smoke addresses their tobacco dependence Making Every Contact Count 	01 April 2017 onwards.	Number of smokers successfully supported to stop smoking by QE and NTW staff.	Gateshead Health NHS Foundation Trust. NTW NHS Foundation Trust		

<p>requirement SC8 in the NHS Standard Contract DPH Annual Report 2015/16 Recommendation 14 &16</p> <ul style="list-style-type: none"> Trust staff can use an electronic referral system, to provide automatic referral to local Stop Smoking Services. DPH Annual Report 2015/16 Recommendation 3 Local Authorities commission local Stop Smoking Services to provide high-quality smoking cessation support to referred patients. DPH Annual Report 2015/16 Recommendation 12 	<p>01 April 2017 onwards.</p> <p>01 April 2017 onwards.</p>	<p>Number of smokers successfully supported to stop smoking by QE staff.</p> <p>Stop smoking services available to local smoking population.</p>	<p>Gateshead Health NHS Foundation Trust.</p> <p>Public Health</p>		
<p>SmokeFree NHS Premises</p> <p>CCGs require acute trusts to implement smokefree policies on estate grounds and support staff to encourage compliance with the policy with staff trained to facilitate smoking cessation.</p>	<p>2017 onwards</p>	<p>No smoking on NHS Trust grounds</p>	<p>Newcastle Gateshead CCG</p>		

Reduce rates of smoking in those people with a Serious Mental Illness (SMI) • Smoke Free premises and grounds	April 2017 onwards	Reduction in the number / percentage of people with a SMI that smoke.	Northumberland, Tyne and Wear NHS Foundation Trust.		
Review any medicinally licensed novel nicotine products and make them available to smokers looking to quit, dependant on efficacy and cost.	December 2016 onwards	Reviews conducted and recommendations made on availability to smokers in Gateshead.	Tobacco commissioning lead in Public Health		
Ensure that key health professionals are equipped to provide accurate, high quality information and advice to smokers about the relative risks of nicotine and all nicotine containing products. DPH Annual Report 2015/16 Recommendation 16	December 2016 onwards • 2 training courses delivered over a calendar year.	Training provision to Active Intervention providers on nicotine containing products.	Tobacco commissioning lead in Public Health		
Consider offering harm reduction approaches to smokers who don't feel able/ready to quit abruptly, following the 4-week quit model. Develop local commissioning metrics for evaluating SSS activity	April 2018	Harm reduction approaches offered to a small number of smokers unable to stop smoking but where benefit outweighs costs.	Tobacco commissioning lead in Public Health		

which falls under this harm reduction approach. NICE Guidance PH45					
Deliver a programme of training in Stop Smoking to a range of professional and community based organisations across Gateshead. DPH Annual Report 2015/16 Recommendation 16	April 2017 onwards	Number of people trained. Number of people referring members of the public for support.	Public Health		
Local Authority budget for Stop Smoking service provision should be protected and services should be provided in a range of settings accessed by those at greatest risk. DPH Annual Report 2015/16 Recommendation 12	April 2017 onwards	Budget protected at 206/17 levels	Director of Public Health		
Ensure that action on smoking is embedded in all other relevant plans e.g. Cancer and Long Term Conditions strategy. DPH Annual Report 2015/16 Recommendation 15	April 2017 onwards	Relevant pathways to include action on smoking.	HWB members. Newcastle Gateshead CCG		
Embed NICE Guidance PH23 "Smoking Prevention	April 2017 onwards	Gateshead schools compliant with NICE	Public Health Team		

<p>in Schools” across all Gateshead schools DPH Annual Report 2015/16 Recommendation 9</p>		<p>Guidelines PH23.</p>			
<p>Partner organisations on the Gateshead Health and Wellbeing Board should act as exemplars and offer their staff opportunities to access support to stop smoking services, including time to attend appointments.</p>	<p>April 2017 onwards</p>	<p>Numbers of employees in partner organisation that access stop smoking services increases.</p>	<p>HWB Partners</p>		
<p>Area 4: Media, communications and social marketing</p>					
<p>Objective</p>	<p>Milestone End of Quarter</p>	<p>Performance measure</p>	<p>Lead officer / Delivery partner</p>	<p>Performance RAG</p> 	<p>Update Reports Quarter One</p>

<p>Support all national and regional media and PR activities relating to tobacco control. e.g. <i>Don't be the 1</i>, <i>Smokefree play areas</i>, <i>Smokefree cars</i>, <i>Stoptober</i>, <i>No Smoking Day</i>. DPH Annual Report 2015/16 Recommendation 13</p>	<p>Continued support of Fresh, tobacco control office for the North East.</p>	<p>No. of Campaigns supported. Media articles achieved.</p>	<p>Fresh</p>		
<p>Involve young people in tobacco campaigns via youth projects e.g. Promote the adverse effects of illicit tobacco giving young people an easier and cheaper route into addiction, Raise awareness of the promotion of smoking in films and Link campaigns with existing youth and community work and social media.</p>	<p>March 2016</p>	<p>Campaign involvement</p>	<p>Gateshead Youth and Community Service</p>		
<p>Partners of the Health and Wellbeing Board and Gateshead Smokefree Tobacco Alliance to offer advice and opportunities for members of the public to</p>	<p>April 2017 onwards</p>	<p>Stop Smoking support offered in all communications with the public when accessing health related appointments.</p>	<p>Gateshead Smokefree tobacco alliance Gateshead</p>		

stop smoking in stakeholder communication where relevant. E.g. Any health related appointment or communication.			Health and Wellbeing Board.		
Review of stop smoking service communications plan and develop robust marketing plan in partnership with Fresh.	June 2017 onwards	New communications plan developed	Public Health, Stop Smoking Lead, Gateshead Council Fresh		
Ensure implementation of NICE Guidance on smoking prevention and preventing uptake of smoking	March 2017	NICE Guidance being implemented.	Public Health Tobacco Lead		
Develop a bank of client case studies for media purposes	Ongoing	No. of case studies used	Local Gateshead Stop Smoking Services.		
Area 5: Reducing availability of tobacco products and reducing the supply of tobacco “Enforcement”					
Objective	Milestone End of Quarter	Performance measure	Lead officer / Delivery partner	Performance RAG 	Update Reports Quarters One
Deliver an intelligence led	Enforcement	% failure in test	Trading		

and targeted enforcement programme to reduce availability and supply of tobacco products to children DPH Annual Report 2015/16 Recommendation 7	programme conducted	purchasing. No of complaints No of enforcement actions	Standards, Gateshead Council		
Working in partnership and using local, regional and national intelligence sources to plan and deliver special operations and targeted interventions tackling illicit, counterfeit, bootlegged and smuggled tobacco products. DPH Annual Report 2015/16 Recommendation 7	Annual enforcement programme	No of enforcement actions and quantity of tobacco products seized.	Regional Office of Tobacco Control Trading Standards		
Ensure representation on North East Tobacco Regulation Forum.	Quarterly	Feedback to the Alliance	Trading Standards lead Gateshead Council		
Support National moves / lobbying to introduce a licensing regime to cover the whole tobacco supply chain including manufacturers, distributors and retailers with a bill of responsibility lying on the tobacco	When Fresh / ASH communicate/r equest requirement for action.	Peter Wright Catherine Taylor	Trading Standards lead Gateshead Council. Gateshead Smokefree		

<p>multinationals DPH Annual Report 2015/16 Recommendation 7</p>			<p>tobacco alliance</p>		
<p>Alliance partner organisations to share Intelligence to support wider tobacco control e.g. Tab houses, Proxy sales, Non-compliance with Smokefree (SF) law, Non-compliance with local policies. Trading Standards to communicate ways to share information.</p> <p>Support the Illicit Tobacco Partnership see www.illicit-tobacco.co.uk</p> <p>Promote the Illicit Tobacco reporting line (0300 999 0000)</p> <p>Promote the website/ initiative to tackle Illicit tobacco www.keep-it-out.co.uk</p>	<p>As and when information becomes available.</p> <p>April 2017 ongoing</p> <p>April 2017 onwards.</p> <p>April 2017 onwards</p>	<p>Number of reports shared by Alliance partners with Council Trading Standards / Environmental Health Team.</p> <p>Attendance at the partnership by member(s) of Gateshead Smoke Free tobacco alliance.</p> <p>Examples of promotion recorded.</p> <p>Examples of promotion recorded.</p>	<p>Gateshead Smokefree tobacco alliance members.</p> <p>Gateshead Smoke Free tobacco alliance members.</p> <p>Gateshead Smoke Free tobacco alliance members.</p> <p>Gateshead Smoke Free tobacco alliance</p>		

			members.		
Deliver a programme of intelligence led and targeted interventions to ensure compliance with legislation e.g. Standardised packaging. DPH Annual Report 2015/16 Recommendation 7	April 2017 onwards	No. of awareness campaigns, visits and enforcement actions.	Trading Standards Gateshead Council. Fresh		
Area 6: Reducing the promotion of tobacco					
Objective	Milestone End of Quarter	Performance measure	Lead officer / Delivery partner	Performance RAG 	Update Reports Quarters One
Ensure partner involvement in lobbying activity in response to tobacco promotion issues at local, Regional and National level. DPH Annual Report 2015/16 Recommendation 2	March 2017 March 2018 March 2019 March 2020	Submissions from Smokefree Gateshead Tobacco Alliance to all national consultations relating to tobacco.	Smokefree Gateshead Tobacco Alliance Chair		
Exposure of the Tobacco Industry tactics, how they		No. of training sessions offered	All Partners		

promote to young people Use local networks/media/ training opportunities					
Prevent the tobacco industry targeting young people Ensure compliance with tobacco promotions in pubs and clubs - Work with schools	March 2016 onwards	Reporting of any non- compliance	Public Health		
Area 7: Tobacco Regulation					
Objective	Milestone End of Quarter	Performance measure	Lead officer / Delivery partner	Performan ce RAG 	Update Reports Quarters One
Actions to Support Tobacco Regulation Ensure partner involvement in lobbying activity when required in response to tobacco regulation issues <ul style="list-style-type: none"> Support for licensing of tobacco sales (see above) Tobacco Taxation 	Response submitted to each issue which is brought forward by MP's,	Response submitted to each issue which is brought forward by MP's, following ASH'S LEAD Nationally and Fresh's lead Regionally	Smokefree Gateshead Tobacco Alliance Chair.		

<p>above rate of inflation (Annual duty escalator)</p> <ul style="list-style-type: none"> Tobacco Levy to support local and Regional Tobacco Control work. (see earlier) 					
Area 8: Research Monitoring and evaluation					
Objective	Milestone End of Quarter	Performance measure	Lead officer / Delivery partner	Performan ce RAG	Update Reports Quarters One
					
Research into equity of delivery and uptake of Stop Smoking Services (see above).	2017 / 2018	Health Equity audit conducted of access to stop smoking services and outcomes.	Public Health, Stop Smoking Lead, Gateshead Council Public health Intelligence.		
Track smoking prevalence of adults, smoking at time of delivery (SATOD) rates	2017 / 2018	Public Health Outcomes Framework.	Public Health, Stop Smoking Lead,		

along with youth rates (15 year olds) - No Young People starting to smoke.		'What about YOUTH' survey (Health and Social Care Information Centre)	Gateshead Council Public health Intelligence.		
Monitor any increase in uptake of stop smoking support in secondary care (see above) and Monitor referrals Baseline 2016/17	March 2017 Sept 2017 Dec 2017 March 2018	Number of smokers referred and proportion that go on to set a quit date	Public Health, Stop Smoking Lead, Gateshead Council Public health Intelligence.		

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