

South of Tyne and Wear

Director of Public Health Annual Report for South Tyneside 2009/10



*Working together to make
South of Tyne and Wear healthy for you*

Foreword

The focus of my annual report for 2009-10 is on smoking and tobacco control.

Tobacco control is central to any strategy to tackle health inequalities as smoking accounts for approximately half of the difference in life expectancy between the lowest and highest income groups. Smoking-related death rates are two to three times higher in low-income groups than in wealthier social groups¹.

Smoking remains the single greatest cause of preventable illness and premature death in England, killing around 87,000 people each year and approximately 300 people each day. This equates to almost one in five deaths being caused by smoking. It is the biggest single cause of preventable illness and premature death in the UK, with half of all smokers dying early as a result of their tobacco use. Smoking is linked to a range of chronic and debilitating conditions, such as cancers, heart disease and respiratory problems, and places a considerable burden on the NHS and social care services.

Over the past few years we have seen the introduction of comprehensive smoke free legislation, the raising of the age of sale of tobacco from 16 to 18 years, improved accessibility to NHS Stop Smoking Services and effective national and local marketing campaigns. However, there is still more to do in terms of preventing young people taking up smoking, reducing the numbers of people who still smoke and reducing the impact of smoking on others.

In Fair Society Healthy Lives¹ Marmot states that while there have been improvements in understanding how to improve smoking cessation interventions, there are still substantial gaps in understanding the effectiveness across the social gradient.

Marmot goes on to recommend that 'at local levels, greater emphasis in smoking cessation initiatives on the psychosocial reasons for smoking and prioritising deprived and marginalised groups is required, focused particularly on routine and manual socioeconomic groups, and people with mental health problems¹.

At the time of writing this report there were two Public Service Agreement targets relating to smoking prevalence:

- To reduce prevalence among the general population to 21% or less by 2010.
- To reduce smoking prevalence in the Routine and Manual group to 26% or less by 2010.

According to the National Support Team for Tobacco Control 'Smoking prevalence must be reduced and this will only be achieved through

¹ Fair Society, Healthy Lives Strategic Review of Health Inequalities in England Post-2010 Marmot 2010

comprehensive approach to tobacco control. Tobacco control...has enormous potential to tackle health inequalities and the ongoing burden of disease caused by smoking'².

In 2007 the Department of Health identified six areas for action:

- reducing exposure to secondhand smoke
- education
- reducing availability of tobacco products and regulating supply
- help for the individual to stop smoking
- reducing tobacco advertising and promotion
- regulating tobacco products

In 2008 the Tobacco Control National Support Team identified three key principles that underpin efforts to tackle the tobacco epidemic – a genuinely strategic approach to tobacco control, effective partnership working and a focus on denormalising smoking.

The National Institute for Clinical Excellence (NICE) is clear that tackling smoking, as they recommend, should make a significant contribution to reducing health inequalities.

The Local Strategic Partnership in South Tyneside has recognised tobacco control as a top priority and has taken a keen interest and pushed forward on actions to address illicit tobacco and underage sales for example.

Smoking prevalence is therefore a key indicator not just for smoking-related diseases but also in relation to addressing health inequalities. Smoking prevalence is a major factor in future disease and premature death and is also closely correlated with lower socioeconomic status. The odds and impact of being a smoker are increased in routine and manual workers, and substantially increased in the most disadvantaged for example those living in rented housing, without access to a car, live in crowded accommodation, who are unemployed, single parents on benefit, or have mental health problems³.

Smoking prevalence is gradually reducing in South Tyneside; local surveys suggest that our smoking prevalence between 2006 and 2008 was 28% compared with an England average of 22%, however full year data for 2009-10 has indicated a prevalence of 22.5% compared with an England average of 21.2% which is a huge improvement and very encouraging.⁴

In terms of progress locally we are making good progress in a number of areas; for example, strengthening the Tobacco Alliance, increasing the number of people accessing NHS Stop Smoking Services and successfully quitting, tackling illegal sales, enforcing smoke free legislation and illicit

² Excellence in tobacco control: 10 High Impact Changes to achieve tobacco control. Tobacco Control National Support Team, May 2008

³ Social patterning of individual health behaviours: the case of cigarette smoking. Jarvis, M. and Wardle, J. In: Marmot M, Wilkinson RG (Eds) Social Determinants of Health, 2nd Edition OUP 2005

⁴ Integrated Household Survey

tobacco issues and engaging local communities around stopping smoking. However we need further focussed effort in a number of areas, for example; supporting pregnant women to quit and reducing the number of young people taking up the smoking habit.

In my report I will be considering in detail, the progress that we have made in South Tyneside in relation to our approach to tobacco control and smoking cessation. I will be briefly reviewing some of the evidence around what works and will be assessing where we are in relation to this evidence.

I will also be reviewing progress in relation to our visit and recommendations from the Tobacco Control National Support Team in the autumn of 2008. Details of this progress can be found in **Appendix One**.

Finally I will be making a number of recommendations in relation to further developments which will impact on local smoking prevalence and contribute to a reduction in health inequalities in South Tyneside.

Marietta Evans
Director of Public Health
South Tyneside PCT

**Progress in relation to the Director of Public Health Annual
Report Recommendations 2008-9**

Recommendation	Progress
Maternal and Newborn	
<ul style="list-style-type: none"> To establish a baseline in relation to the number of pregnant women who are overweight and obese at time of booking. 	<ul style="list-style-type: none"> Work to be completed during 2010-11
<ul style="list-style-type: none"> Develop clinical guidelines for the management of obesity during pregnancy (in line with national guidance). 	<ul style="list-style-type: none"> Work to be completed during 2010-11
<ul style="list-style-type: none"> Develop an agreed pathway for the management and referral of obese pregnant women. 	<ul style="list-style-type: none"> Work to be completed during 2010-11
<ul style="list-style-type: none"> To review the referral pathway for pregnant women who are overweight or obese. 	<ul style="list-style-type: none"> Work to be completed during 2010-11
<ul style="list-style-type: none"> To establish the number of pregnant women consuming alcohol during pregnancy and taking illegal drugs. 	<ul style="list-style-type: none"> Work to be completed during 2010-11
<ul style="list-style-type: none"> To review the referral pathway for pregnant women who use alcohol and/or drugs. 	<ul style="list-style-type: none"> Work to be completed during 2010-11
<ul style="list-style-type: none"> To review the current pathway and support for pregnant smokers. 	<ul style="list-style-type: none"> Completed using NICE guidance
<ul style="list-style-type: none"> Complete a maternal mental health needs assessment. 	<ul style="list-style-type: none"> Completed
<ul style="list-style-type: none"> Increase the number of women initiating and continuing breastfeeding – especially in more deprived areas. 	<ul style="list-style-type: none"> End of year performance data for 2008-9 demonstrated that the PCT met the target for breastfeeding initiation and prevalence of breastfeeding
Be Healthy	
<ul style="list-style-type: none"> Continue to increase/improve the number of 15-24 year olds screened for Chlamydia. 	<ul style="list-style-type: none"> The Chlamydia screening target was achieved for 2008-9
<ul style="list-style-type: none"> Strengthen tier 2 and tier 3 obesity services for children and young people. 	<ul style="list-style-type: none"> Further funding identified to extend provision of services based on National Support Team recommendations
<ul style="list-style-type: none"> Complete a needs assessment for child and adolescent mental health. 	<ul style="list-style-type: none"> Completed
<ul style="list-style-type: none"> Extend the Emotional Resilience Programme to include/target vulnerable young people. 	<ul style="list-style-type: none"> Vulnerable young people and workers who engage with them are now part of this programme/training
<ul style="list-style-type: none"> Carry out needs assessment for children with disabilities. 	<ul style="list-style-type: none"> Completed
<ul style="list-style-type: none"> Carry out further analysis to clarify areas of low immunisation uptake. 	<ul style="list-style-type: none"> Completed - identified specific geographical areas – action plan in place to address low uptake and catch up for children who miss immunisations
<ul style="list-style-type: none"> Carry out further analysis to identify which schools or geographical areas children and young people with poorer diets come from. 	<ul style="list-style-type: none"> To be completed during 2010-11
<ul style="list-style-type: none"> Further analysis is required to identify areas or groups of children and young people in the borough where uptake of PE and Sport is lower. 	<ul style="list-style-type: none"> To be completed during 2010-11
<ul style="list-style-type: none"> Further analysis is required to understand 	<ul style="list-style-type: none"> To be completed during 2010-11

the increase in the DMFT rate in under 5's and recommend interventions.	
<ul style="list-style-type: none"> Carry out a survey to understand young people's alcohol and drug use. 	<ul style="list-style-type: none"> To be completed during 2010-11
Stay Safe	
<ul style="list-style-type: none"> Carry out further assessment to understand why the number of children subject to a child protection plan is so high and what more can be done from all relevant partners to intervene earlier to prevent this. 	<ul style="list-style-type: none"> Analysis completed and presented to LSCB. Number of children with child protection plan has now reduced
<ul style="list-style-type: none"> Carry out further analysis to understand the trend of accidents in South Tyneside in relation to children's age groups, sex and geographical location. 	<ul style="list-style-type: none"> Analysis completed and presented to LSCB
<ul style="list-style-type: none"> Complete more detailed analysis of emergency hospital admissions. 	<ul style="list-style-type: none"> Analysis completed. Work on-going with 3 GP practices to understand differences in rates of admissions and work on solutions to address this
<ul style="list-style-type: none"> Carry out further analysis and monitoring of adult substance misuse, domestic violence and mental health services to understand the true impact on children. 	<ul style="list-style-type: none"> Some analysis completed during 2008-9 however further joint adults and children's work needs to be developed around the 'Think Family' approach
Economic Wellbeing	
<ul style="list-style-type: none"> Reduce the proportion of children living in low income families. 	<ul style="list-style-type: none"> Between 2003 and 2008 there has been a 23% reduction in the proportion of children living in families dependent on income support in South Tyneside.
Enjoy and Achieve	
<ul style="list-style-type: none"> Provide extra support to pupils from less privileged families - the goal should be that educational achievements do not differ due to socioeconomic background. 	<ul style="list-style-type: none"> The gap for %5+ A* - C is 28% nationally. In South Tyneside the gap narrowed in 2010 to 29.2% from 29.6% in 2009, but remains higher than the national percentage.
<ul style="list-style-type: none"> Narrow the gap in attainment for vulnerable children and young people. 	<ul style="list-style-type: none"> 48% of looked after children achieved 5 GCSEs grade A-G during 2008-9
<ul style="list-style-type: none"> Continue to reduce the number of young people not in education, employment or training. 	<ul style="list-style-type: none"> Number of young people not in education, employment or training has reduced from 10.2% in 2009 to 9.0% in 2020.
Positive Contribution	
<ul style="list-style-type: none"> Carry out further analysis to assess the health needs of young offenders in order to accurately judge whether their health needs are being met. 	<ul style="list-style-type: none"> Initial health needs analysis completed
<ul style="list-style-type: none"> Review effectiveness of current service provision and interventions in relation to under 18 conceptions. 	<ul style="list-style-type: none"> Review completed. Redesign of provision underway to strengthen risk and resilience approach of front line staff and more specialist staff

Overview of South Tyneside Position

In South Tyneside we have key objectives in relation to smoking cessation and tobacco control; these are objectives that we have set ourselves locally based on national priorities and local data and research;

- To stop young people taking up the smoking habit
- To motivate and assist every smoker to quit
- Targeting specific groups and communities where smoking prevalence is high or not reducing
- To protect families and communities from tobacco-related harm

To enable us to achieve our objectives we rely on national measures, for example changes in the law, to impact on the availability of tobacco products or to restrict when and where people are allowed to smoke and protect others from second hand smoke.

With regard to tobacco control, 2007 was a significant year in terms of changes in the law which aimed to have a significant impact on smoking behaviour and smoking prevalence.

On July 1st 2007, England introduced a new law to make virtually all enclosed public places and workplaces in England smoke free. This included;

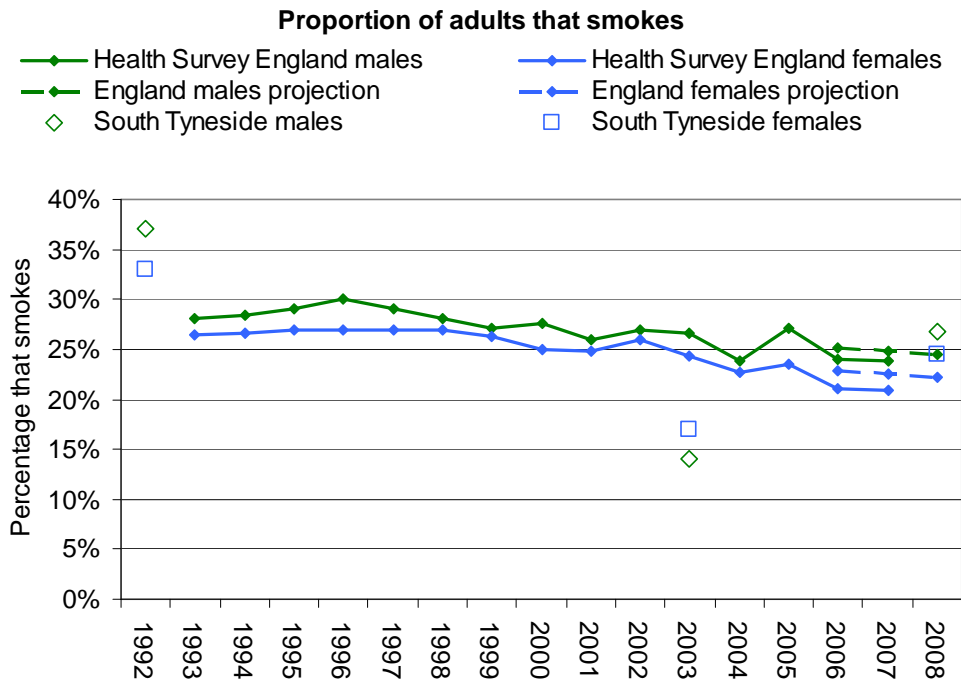
- Public transport and work vehicles used by more than one person to be smoke free at all times.
- No-smoking signs to be displayed in all smoke free premises and vehicles.
- Staff smoking rooms and indoor smoking areas no longer allowed, so anyone who wants to smoke has to go outside
- Managers of smoke free premises and vehicles have legal responsibilities to prevent people from smoking.

The 2006 Health Act included a power to change the age of sale of tobacco from 16 to 18 years. This came into effect on 1st October 2007, when it became illegal to sell tobacco products to anyone under the age of 18. This includes cigarettes, cigars, tobacco for roll your own and pipes as well as rolling papers. This applies both to over the counter and vending machine sales. Local enforcement of these laws is undertaken by environmental health and trading standards departments.

The other key areas of support come from the Department of Health; in the form of national campaigns to reduce smoking prevalence, guidance and support for commissioners and guidance for service providers and from FRESH, the North East Regional Office for Tobacco Control which provides a comprehensive programme to support people to stop smoking, reduce the availability of tobacco and support local developments for example.

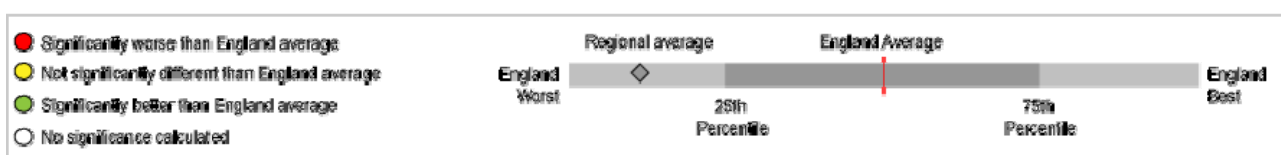
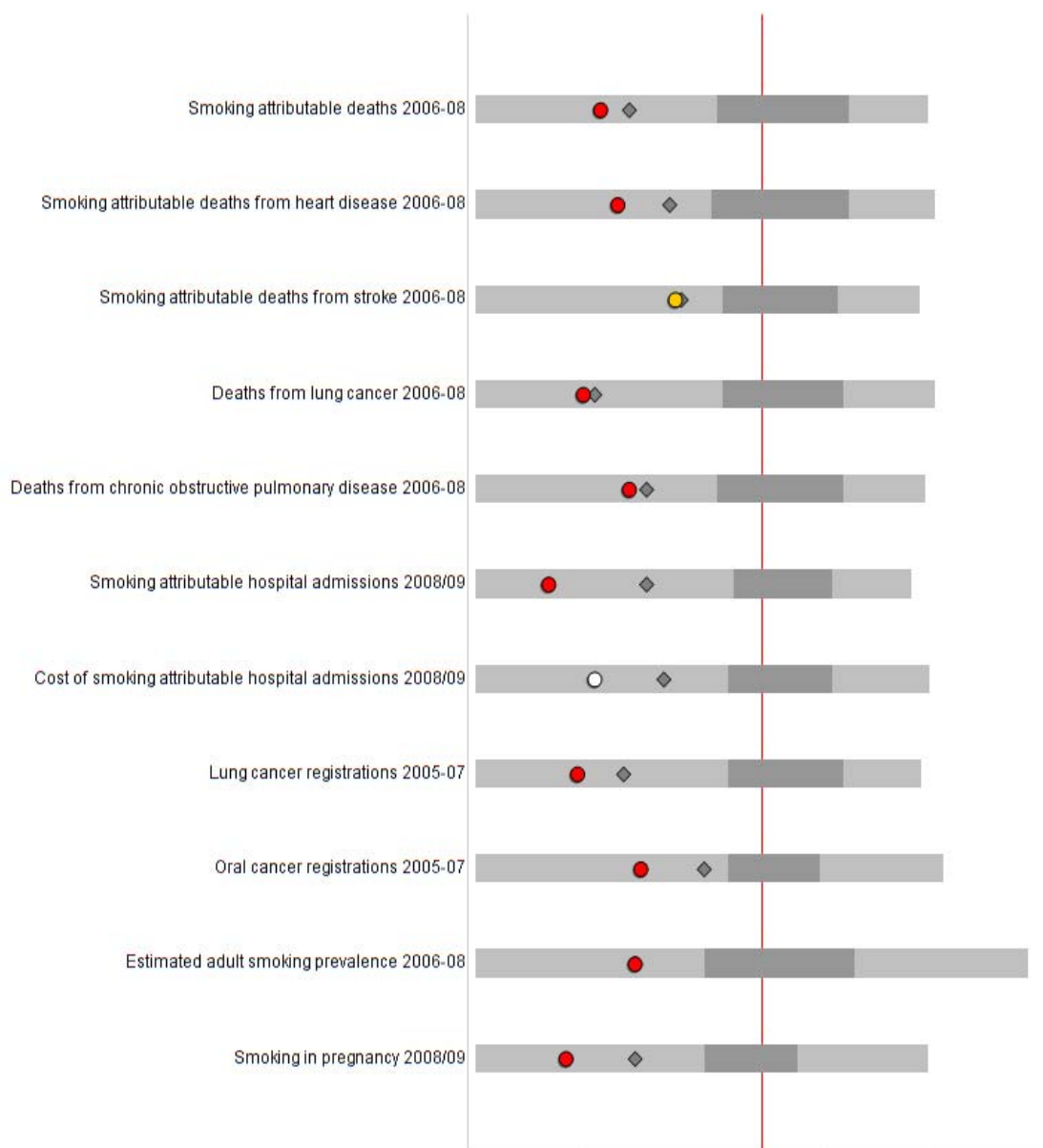
The main measure that is used in the population to monitor progress in relation to reducing the numbers of people smoking is smoking prevalence in the whole population. The 2007 Health Survey for England indicated that 22% of all adults smoke in South Tyneside (males 24%, females 21%). Results

from the survey show that the proportion of people smoking in South Tyneside has generally fallen significantly over the past 10-15 years. However for men aged 25-34, 34% were smoking in 2007, which is the same as the survey results for 1993. For women aged 16-24 years the results have been variable with the 1993 survey results showing a percentage of 32%, for 1998 a percentage of 38%, and for 2007 a percentage of 26%. The general trend for adults can be seen in the graph below;



In addition to smoking prevalence the London Public Health Observatory has produced performance data on a range of smoking related indicators including smoking attributable deaths and hospital admissions for example, which provide a more detailed picture of local performance and areas for improvement.

The spine chart below shows where South Tyneside performs in relation to these indicators. It can be seen from the chart that apart from smoking attributable deaths from stroke that South Tyneside performs significantly worse than average in all other indicators.

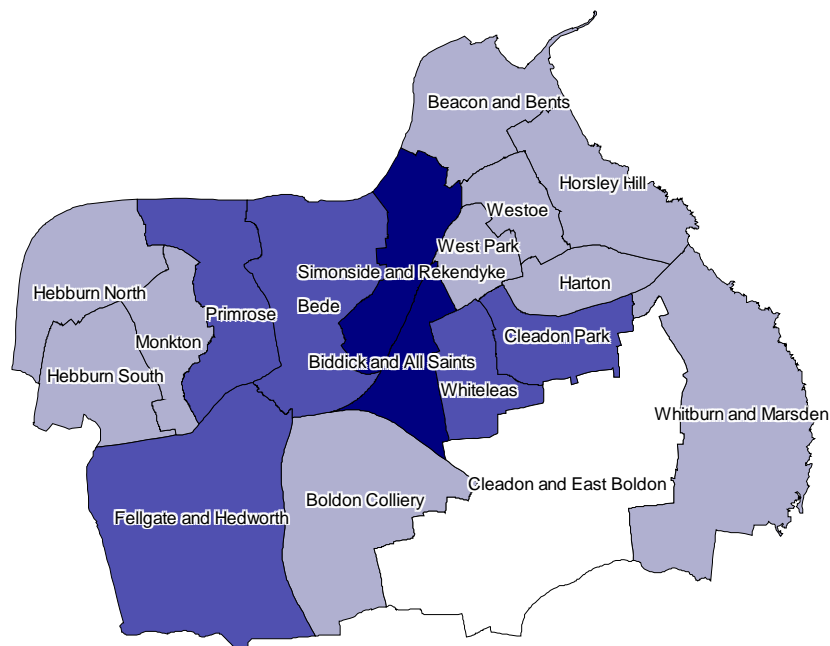


Source: London Public Health Observatory 2010

The areas where South Tyneside performs significantly worse than the regional and national average include; smoking attributable deaths, smoking attributable hospital admissions, cost of smoking attributable hospital admissions, lung cancer registrations and smoking in pregnancy. Detailed data and an explanation of each indicator is provided in the table in **Appendix Two**;

Smoking and deprivation

Smoking prevalence is a major factor in future disease and premature death and is also closely correlated with lower socioeconomic status. 'Routine and manual' households, which contain the most committed smokers, are disproportionately represented in deprived areas. The map below shows the prevalence of smoking by ward based on the 2008 South of Tyne and Wear Lifestyle Survey results. The proportion of adults that smoke is significantly high in Rekendyke and Simonside and Biddick and All Saints wards and is higher than average in Primrose, Bede, Fellgate and Hedworth, Whiteleas and Cleadon Park.



Prevalence of smoking by ward, 2008

	Significantly higher than South Tyneside average (36%+)	(2)
	Higher than South Tyneside average (26% to <36%)	(5)
	Lower than South Tyneside average (18% to <26%)	(10)
	Significantly lower than South Tyneside average (<18%)	(1)

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The following table provides details of the percentage of adults smoking in each ward. The table indicates which wards have a significantly higher smoking prevalence than the average for the borough and which wards have a significantly lower prevalence;

Proportion of Adults 18 years and over in South Tyneside that Smokes by Ward

Ward	Persons % who smoke	Persons Total Responding	Significance*
Beacon and Bents	24.1%	133	-
Bede	30.1%	133	-
Biddick and All Saints	38.5%	161	H
Boldon Colliery	22.1%	140	-
Cleadon and East Boldon	12.3%	122	L
Cleadon Park	33.3%	102	-
Fellgate and Hedworth	32.9%	140	-
Harton	20.5%	161	-
Hebburn North	25.4%	114	-
Hebburn South	20.2%	119	-
Horsley Hill	24.8%	141	-
Monkton	25.5%	106	-
Primrose	32.8%	116	-
Simonside and Rekendyke	36.1%	144	H
Westoe	21.4%	117	-
West Park	18.8%	117	-
Whitburn and Marsden	19.0%	126	-
Whiteleas	28.1%	146	-
Unknown ward	15.4%	13	-
South Tyneside	26.0%	2351	

Source: 2008 South of Tyne and Wear Lifestyle Survey, NHS South of Tyne and Wear

* H = significantly higher than South Tyneside average at 95% level of confidence, L = significantly lower, - = not significantly different

The above chart shows the range of self reported smoking prevalence which is as high as 38.5% and an average prevalence of 26% for 2008.

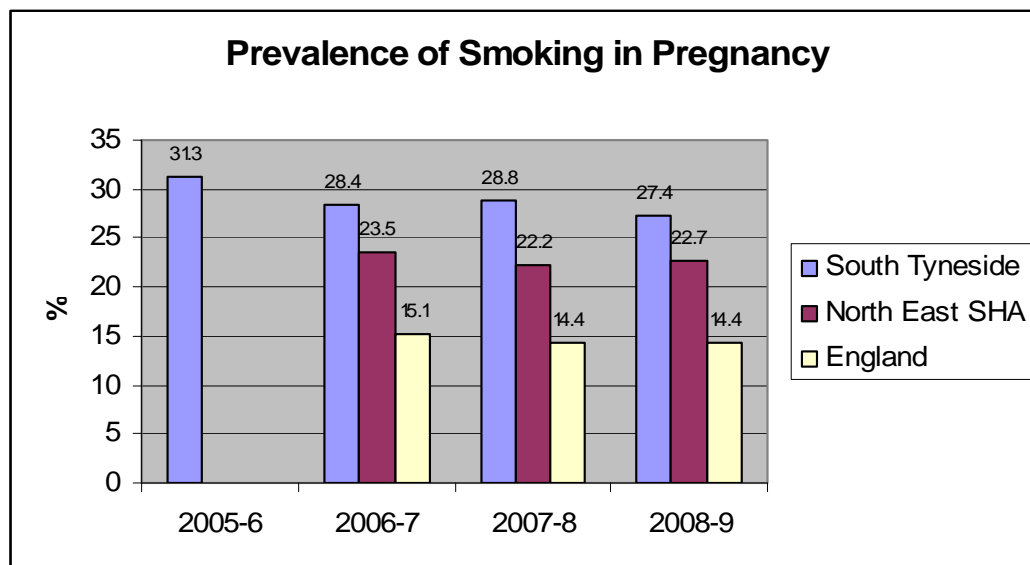
Prevalence of smoking summary

- In 2008 the local Health and Lifestyle Survey indicated that 26% of all adults in South Tyneside, 27% of adult males and 25% of adult females reported that they smoked. Comparable figures for England in 2008, projected from Health Survey for England data, are 23% of all adults, 25% of adult males and 22% of adult females
- The Integrated Household Survey full year data for 2009-10 has indicated a local smoking prevalence of 22.5% compared with an England average of 21.2% which is a huge improvement and very encouraging.
- 49% of smokers in 2008 were either trying to give up or were thinking about giving up, compared to 45% in 2003.

- The prevalence of smoking among adults from Black and Ethnic Minority groups in 2008 was 29% which is higher than the prevalence among the White British population which was 26% but the difference is not statistically significant.

Smoking in Pregnancy

In relation to smoking in pregnancy, South Tyneside has a higher proportion of women smoking at time of delivery compared with the England average. During 2008-9, 27.4% of women in South Tyneside were smoking at time of delivery. This is nearly double the average for England which was 14.4% and significantly higher than the average for the North East. The graph below shows that while smoking in pregnancy is gradually reducing in South Tyneside, it is still unacceptably high compared with other North East districts and England as a whole.

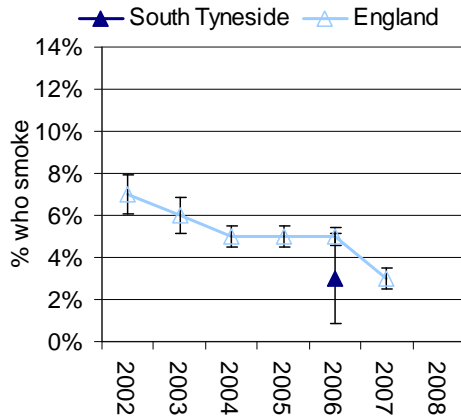


Source: Child and Maternal Health Observatory

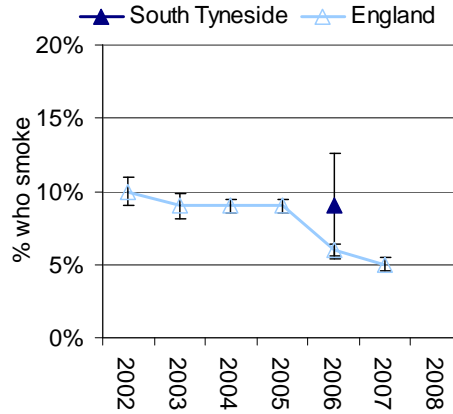
Young People' Smoking Behaviour

The main method of monitoring young people's smoking behaviour in South Tyneside is via a health and lifestyle survey which is carried out in a sample of local schools every two or three years. Pupils complete detailed questionnaire which includes questions on smoking. The most recent survey was carried out in South Tyneside schools in 2007 and the results for Year 8 and Year 10 pupils are shown in the graphs below;

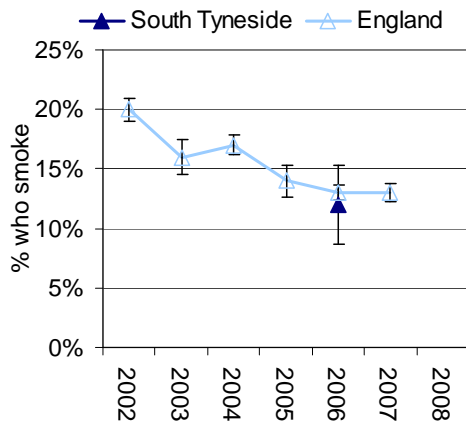
Proportion of year 8 boys (12 or 13 years) who smoke



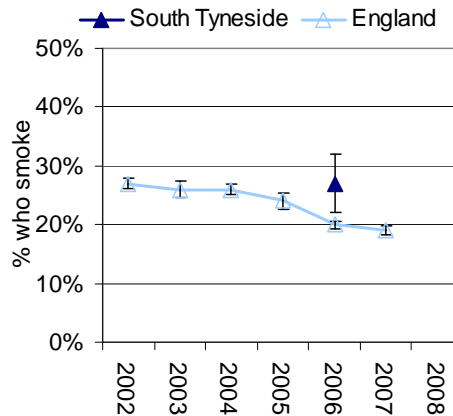
Proportion of year 8 girls (12 or 13 years) who smoke



Proportion of year 10 boys (14 or 15 years) who smoke



Proportion of year 10 girls (14 or 15 years) who smoke



It can be seen that for year 8 pupils 5% of girls were self reporting as smokers in 2007 compared with 3% of boys. It can be seen from the graphs that there is a significant increase in smoking behaviour for both boys and girls as they move into the 14 – 15 year old age range with approximately 12.5% of boys reporting that they smoke and around 19% of girls.

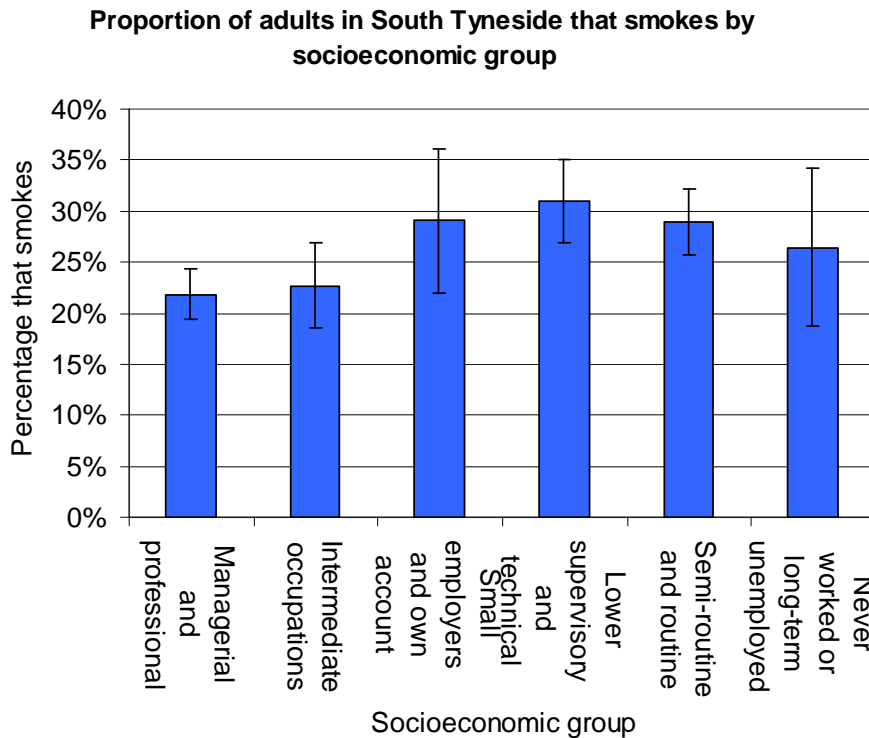
A further health and lifestyle survey with young people is due to be carried out in 2011-12.

Smoking by Socioeconomic Group

In 2004 the Department of Health set a target to: reduce adult smoking rates to 21% or less by 2010, with a reduction in prevalence among routine and manual groups to 26% or less. Current average prevalence of smoking in routine and manual groups in South Tyneside is estimated to be 29.5%⁵

⁵ Household Survey 2009-10

but will be considerably higher in some geographical areas and communities. The graph below shows the proportion of adults who smoke broken down by socioeconomic group. It can be seen that the highest proportion of smokers is in semi-routine and routine, lower supervisory and technical and small employers and own account⁶ occupations.



Understanding which socioeconomic groups are most likely to be smokers assists with targeting of workplaces and workers for support in quitting smoking.

Smoking and Primary Care Data Collection and Referral

The PSA target for smoking requires a reduction in adult smoking rates to 21% or less by 2010. Collection of GP data provides the only universal source of information about smoking prevalence at a local level until results from the Integrated Household Survey are available in 2010. Collection of smoking status data for patients provides an invaluable prompt for GPs to identify lifestyle risks and intervene. The volume of referrals from primary care to NHS Stop Smoking Services is currently low nationally.

It is expected that there will be an increase in the recording of smoking status over time and for those who have a smoking status recorded, the proportion of patients recorded as smokers should decrease over time as more smokers quit.

⁶ Self-employed positions in which the persons involved are engaged in any (non-professional) trade, personal service, semi-routine, routine or other occupation.

The Quality and Outcomes Framework (QOF) is a reward and incentive programme for all GP practices in England, detailing practice achievement results. There are a set of achievement measures, known as indicators, against which practices score points according to their level of achievement. The Quality and Outcomes Framework for 2009-10 required GPs to record and number of indicators in relation smoking. These include;

- The percentage of patients aged over 15 years whose notes record smoking status in the past 27 months
- The percentage of patients with any or any combination of the following conditions: coronary heart disease, stroke or Transient Ischaemic Attack, hypertension, diabetes, Chronic Obstructive Pulmonary Disease, Chronic Kidney Disease, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the previous 15 months
- As above and whose notes contain a record that smoking cessation advice or referral to a specialist service, where available, has been offered within the previous 15 months

For the whole indicator group the majority of GP practices in South Tyneside scored the maximum points which means that patients who are smokers and in particular those with a smoking related disease, are being identified and referred to stop smoking services.

Stop Smoking Service PCT Performance Data

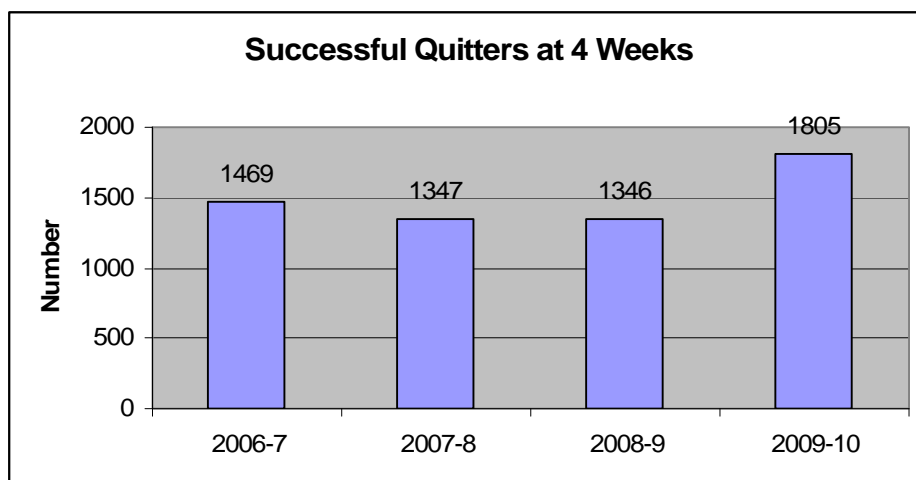
For 2009-10 the main performance measure for PCTs in relation to smoking is related to the number of four week quitters. This measures the number of people who have accessed an NHS Stop Smoking Service and remain successfully quit at 4 weeks.

The table below shows performance for the 3 PCTs South of Tyne and Wear for the end of year 2009-10;

	Four Week Smoking Quitters			
	VS Target 09/10	YTD Q4 Target	YTD Q4 Quitters	% from EOY Target
Gateshead PCT	1970	1970	1780	9.6%
South Tyneside PCT	1753	1753	1805	Achieved
Sunderland TPCT	3305	3305	2981	9.8%

This table shows that South Tyneside PCT exceeded its performance target for 2009-10 and 1,805 smokers successfully quit smoking for at least four weeks.

The graph below shows performance data for South Tyneside PCT for the past 4 years;



It can be seen that there has been a significant increase in quitters in 2009-10. This has been in part due to the increased efforts to engage smokers in the community and also due to the strengthening of Tier 2 services.

There is on-going work to strengthen the commissioning and provision of services and to target groups who do not access services.

Access to Services

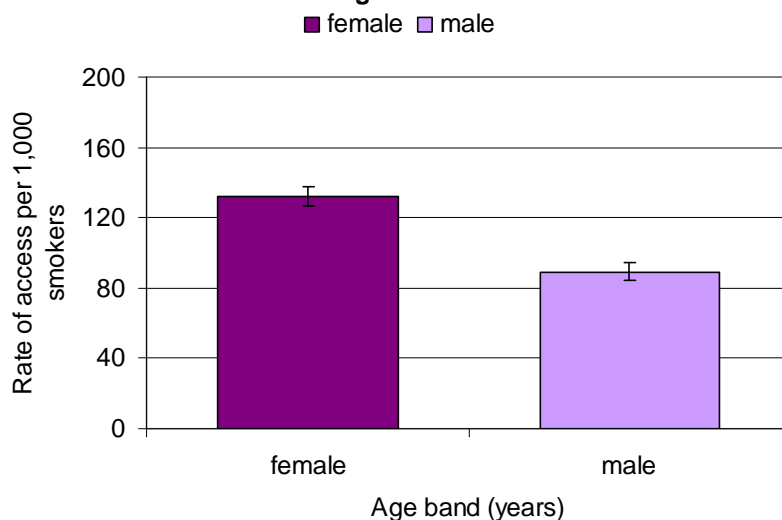
In 2008 a Healthy Equity Audit was carried out in South Tyneside to assess access to stop smoking services for a range of groups and considered the following aspects;

- Rate of access, service users setting a quit date per 1,000 smokers
- Percentage of service users who set a quit date successfully quitting at 4 weeks
- Percentage of service users who set a quit date who are lost to follow-up

The following graphs show access to stop smoking services by gender, by age and gender, ethnic group and socio-economic group.

Access to services by gender

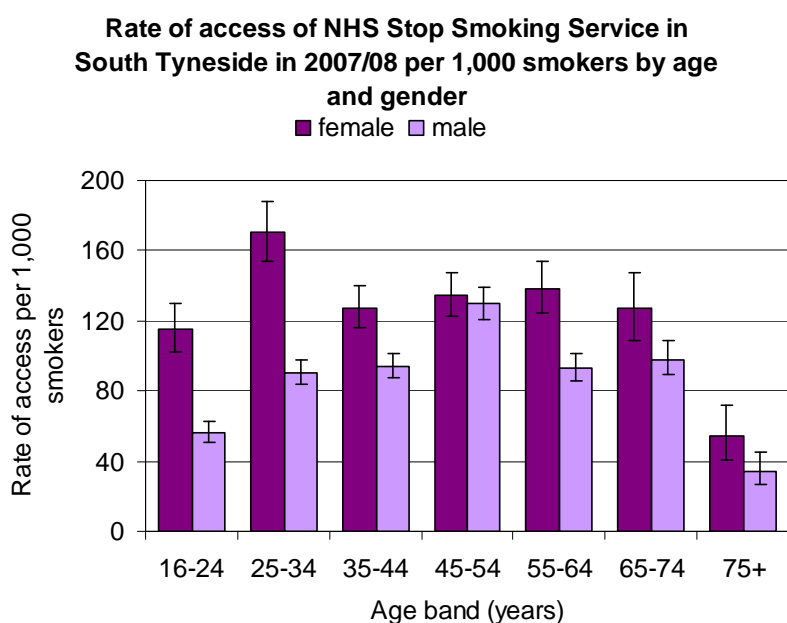
Rate of access of NHS Stop Smoking Service in South Tyneside in 2007/08 per 1,000 smokers by gender



The graph above shows that considerably more women than men access stop smoking services in South Tyneside. With a rate of approximately 85 per 1,000 smokers for males compared with approximately 130 per 1,000 smokers for females. This may mean that women are more likely to access services than men and that men maybe stop smoking without support however it requires further investigation.

If age is considered alongside gender it can be seen in the graph below that there are variations in gender and age with women more likely to access services overall. The biggest differences in access can be seen in younger men and women with around twice as many women in the 25 – 34 year age group likely access services than men in the same age group.

Access to services by age and gender

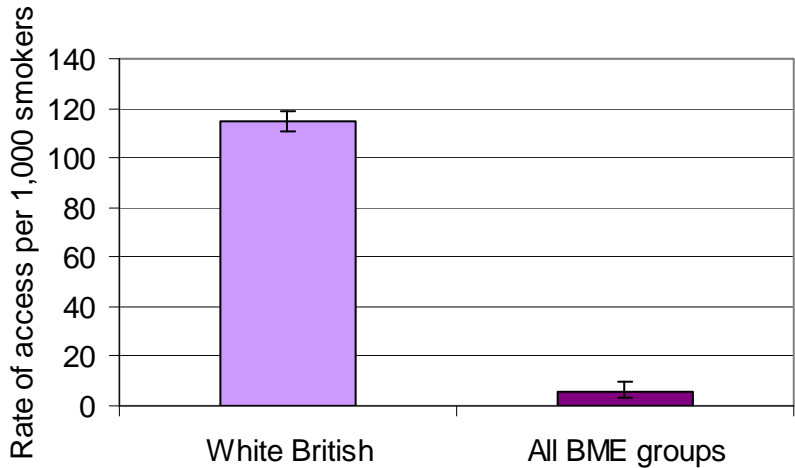


Access for Black and Ethnic Minority communities

In relation to ethnic group the graph below shows that a very low proportion of clients attending stop smoking services in South Tyneside are from a Black or Ethnic Minority group. The data suggests that the rate of attendance is only around 5 per 1,000 smokers compared with approximately 115 per 1,000 smokers in the White British group.

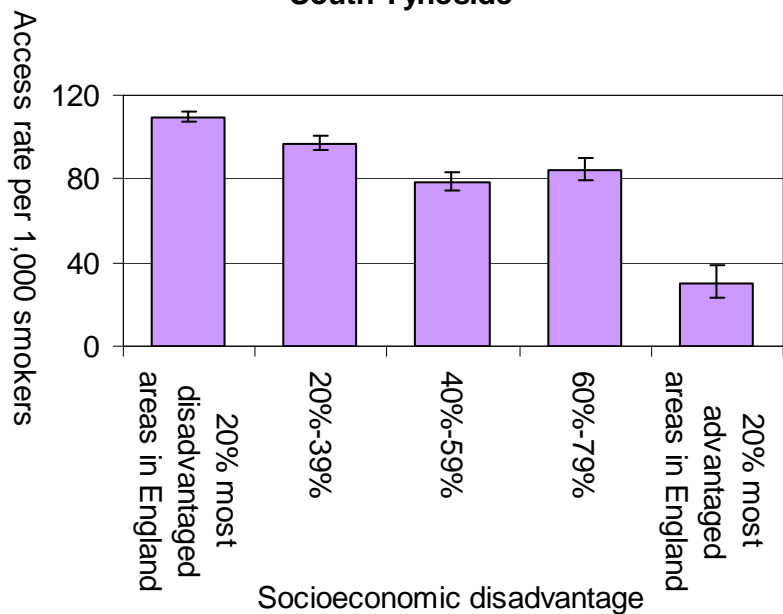
More research is needed to understand the reasons why people from black and ethnic minority groups do not attend services and what can be done to support them to quit.

Rate of access of Stop Smoking Services in South Tyneside in 2007/08 per 1,000 smokers by broad ethnic group



In relation to social economic group the graph below shows that access to services for people living in the most disadvantaged areas of South Tyneside is higher than for more affluent groups. This is likely to be due to the fact that services are targeted in less affluent areas and maybe also that the service, including nicotine replacement therapy is completely free.

Rate of access of Stop Smoking Services per 1,000 smokers by socioeconomic group, South Tyneside



Pregnant women

Out of an estimated 460 pregnant women who were smokers during 2007-8 118 set a quit date. This means that approximately a quarter of pregnant women who smoke access stop smoking services.

Further research and engagement is required to understand why more pregnant women do not set a quit date and what the barriers are to them stopping smoking.

Summary of Evidence Base in relation to Smoking

Young People

The adolescent years are extremely important in establishing an individual's lifetime smoking or non-smoking behaviour. Factors that encourage children to smoke include having parents, siblings and peers who smoke; being in a one-parent family; having a poor academic record and being exposed to tobacco advertising⁷.

Pregnant Women

Babies of mothers who smoke during pregnancy are more likely to be born prematurely and are twice as likely to have a low birth weight. Smoking in pregnancy is also associated with increased infant mortality. The target set in the White Paper *Smoking Kills* for reducing the percentage of women smoking during pregnancy to 15% national has been achieved, but remains a challenge for many areas in the North East including South Tyneside where the percentage of women smoking during pregnancy is currently around 27% and has remained at a similar level for a number of years with only a small decrease.

Reducing smoking during pregnancy by one percentage point a year has been a key deliverable in the Public Service Agreements (PSA) Delivery Agreement 18: *Promote better health and wellbeing for all*.

Research suggests that up to 70% of pregnant women who quit smoking during pregnancy relapse within one year after the birth of their baby. A number of studies suggest that incentive schemes like 'voucher based reinforcement therapy' (VBRT), in which women earn retail vouchers in exchange for a sustained quit attempt (verified by carbon monoxide readings), may be successful in supporting positive changes in behaviour.

Routine and Manual Workers

Reducing the prevalence of smoking among people in routine and manual groups and other disadvantaged communities will help reduce health inequalities more than any other measure to improve the public's health. Although NHS Stop Smoking Services have helped large numbers of people to quit smoking, smoking cessation rates are still lower among people in

⁷ Cancer Research UK

routine and manual groups compared with those in higher socioeconomic groups.

According to the Department of Health, research suggests that, while Routine and Manual smokers may find it harder to convert into non-smokers, they are not 'hard to reach' in terms of wanting to quit⁸.

The Department of Health acknowledges that stop smoking services will play a prominent part in supporting smokers in the Routine and Manual Workers group to quit. However, it advocates placing stop smoking services in the correct context as part of an overall approach to tobacco control.

Black & Minority Ethnic Communities

Smoking rates vary considerably between ethnic groups and between men and women within those groups. National research has found that in men, smoking rates range from 20% (Indian) to 40% (Bangladeshi) compared with the national average of 24%. In women the rates range from 2% (Bangladeshi) to 26% (Irish) compared with the national average of 23%⁹.

Local research commissioned in 2008¹⁰ has shown that members of Black and Ethnic Minority (BEM) communities are on the whole aware of the dangers of smoking and are willing to quit but have not found it easy to access services. Many of those interviewed attempted to quit alone without accessing services. This would reflect the 2008 Healthy Equity Audit findings which show a low attendance at services. Further findings from the local research suggest that members of BEM communities are not fully aware of the dangers of using smokeless tobacco products.

People with Mental Health Problems

Smoking rates for people from this group tend to be, on average, twice as high as those for the general public. Smokers with a mental health problem also tend to smoke more heavily and be more dependent than smokers without mental health problems.

Smoking related diseases are also more likely among individuals experiencing mental health problems than amongst the general public. A study in Finland found that having a mental health disorder predicted a higher risk of cardiovascular disease, coronary heart disease and respiratory disease¹¹. It also found that individuals with schizophrenia were almost ten times more at risk of dying of a respiratory disease than other participants.

⁸ Tackling health inequalities; targeting routine and manual smokers in support of the public service agreement smoking prevalence and health inequality targets Department of Health June 2009

⁹ National Statistics, Health Survey for England 2004. The health of minority ethnic groups. 2006

¹¹ Smoking and patients with mental health problems, McNeill, A. Health Department Agency 2004

Benchmarking against National Guidance

During 2009-10 benchmarking was carried out in relation to key target groups for smoking cessation in South Tyneside; routine and manual workers and pregnant women. The Tobacco Control Alliance members carried out a joint exercise benchmarking service provision and activity against NICE recommendations. Work is on-going to address areas where further developments are needed in relation to the guidance.

Protecting Children and Young People from Second-hand Smoke

Exposure to smoke in the home results in over 300,000 children needing GP attention and 9,500 children being admitted to hospital every year nationally¹². Children who smoke are more likely to develop health problems, a cough, wheeziness and shortness of breath. Research has suggested that children living in homes where there are two or more smokers are 30% more likely to be admitted to hospital¹³. Children of smokers are also more likely to start smoking themselves and the earlier they start, the more likely they are to carry the habit into adulthood, putting themselves at risk of smoking related diseases later in life. Locally respiratory disorders are one of the two most common reasons for emergency admissions to hospital in under 18s.

In relation to Sudden and Unexpected Infant Death (SUDI) analysis of local deaths revealed that 80% involved one parent smoking.

Helping People to Stop Smoking

Strengthening Stop Smoking Services

A range of measures have been put in place and are on-going in relation to strengthening current services to help people quit. These include;

- NHS Stop Smoking Services won “Best use of healthcare setting” for No Smoking Day 2010 in terms of their hospital engagement work.
- Mentor support and training for Tier 2 providers to help improve conversion rates
- Review and revision of the secondary care pathway to a more integrated approach – including automatic referral
- Children’s Centres are providing weekly smoking cessations sessions
- Brief advice training for a range of front line staff including South Tyneside Homes, Making Headway and Family Support Workers (Fire and Rescue Services staff to attend training in 20020-11)
- Fire & Rescue Service provides stop smoking related information as part of Home Safety Checks
- Street marketing was undertaken by EMO Marketing Consultancy and generated 80 leads for Stop Smoking Services to follow up

¹² Passive Smoking and Children, Tobacco Advisory Group of the Royal College of Physicians, March 2010.

¹³ Action on Smoking and Health 2006

Supporting members of Black and Ethnic Minority communities to quit

Specific research has been carried out in South Tyneside during 2008-9. A key recommendation included targeted work to support members of Black and Ethnic Minority communities into accessing Stop Smoking Services. One to one and also group work was recommended – particularly with younger age groups.

Supporting pregnant women to quit

There has been a considerable amount of focus in relation to supporting more pregnant women to stop smoking. Benchmarking has been carried out in relation to the NICE guidance around supporting pregnant women to quit and a number of developments have resulted from this including;

- Reinforcement of stop smoking support during pregnancy with opt out arrangement in terms of referrals and additional opportunities created antenatally to access Stop Smoking Services
- Agreement to purchase additional carbon monoxide monitors to ensure that all pregnant women are tested during pregnancy and are aware of effects on unborn baby
- Refresh stop smoking training for all midwives and healthcare assistants
- Appointment of Maternity Lifestyle Support Officers to help pregnant women quit smoking and lose weight

Supporting people with mental health problems to quit

According to Action on Smoking and Health (ASH) Smoking prevalence is significantly higher in people with mental health problems than among the general population. People with psychotic disorders who live in institutions are particularly vulnerable: over 70% of this group smoke including 52% who are heavy smokers. A significant proportion of people with schizophrenia recognise that smoking is a problem, want to quit and will attend smoking cessation therapy. More than half (52%) of schizophrenic smokers living in institutions wanted to give up smoking.

At a local level further research is required with people with mental health problems – both those living in the community and people who are inpatients – to understand their smoking behaviour and their desire and or motivation to quit.

This is an area for development for 2010-11.

Supporting Routine and Manual Workers to quit

The Workplace Health Alliance carried out needs assessment during 2009-10 which included an assessment of which workplaces required stop smoking support for their workforce. A range of measures have been put in place including;

- Stop Smoking Service workplace clinics at 6 sites.
- Range of activities delivered in conjunction with No Smoking Day including support for taxi drivers to quit

- Credit Union strengthened links into a number of workplace and using stopping smoking in publicity materials as a reason to save money
- On-going joint work between Tier 3 services, Environmental Health and Public Health to strengthen joint working and maximise opportunities to support workplaces

Supporting young people to quit

Uptake of NHS Stop Smoking Services by young people is traditionally low. Local research through the youth advocacy work that has been developing indicates that many young people would like to stop smoking. Further work is required during 2010-11 to develop better support for these young people.

Supporting people with long terms conditions to quit

In terms of NHS Health Checks for 40 – 74 year olds all GP practices are now signed up to offer these checks. The check includes questioning around smoking and referral to services where appropriate. Nine pharmacies so far are offering NHS Health Checks with more pharmacies likely to provide this service.

Between 1st October 2009 and 30th September 2010 5126 eligible health checks have been carried out. In addition 262 health checks have been carried out by the Community Delivery Team, working jointly with Health Trainers.

Apna Ghar, South Tyneside Carers Association, Age UK, Stroke Association and Bliss=Ability have been commissioned to signpost their clients into NHS Health Checks.

Three Chronic Obstructive Pulmonary Disorder awareness raising sessions were held for members of the public during 2009-10 in Morrisons, Asda and Majestic Bingo to make them more aware of the symptoms of respiratory disease and to provide spirometry testing to measure lung function. Smoking cessation advice was provided at each event and a number of referrals were made to smoking cessation services.

In terms of lung cancer awareness the Healthy Community Collaborative for Cancer has been carrying out community engagement work using trained volunteers to raise public awareness in relation to cancer symptoms. Specific awareness work around cancer symptoms has been undertaken. This will be developed further during 2011-12

Engaging with Young People

A number of activities have taken place during 2009 -10 to engage with young people around smoking and tobacco related issues. These activities have been co-ordinated under the banner of developing a youth advocacy approach to stopping smoking and have included;

- Dissemination of a DVD made by young people discussing issues including tobacco advertising and branding

- Development of awareness raising films: The Bad, Sad or just plain Mad

Improving Awareness of the Dangers of Second Hand Smoke

In response to this and supported by FRESH we have been taking part in and cascading a programme of second hand smoke training to front line staff. We have increased the number of second hand smoke trainers and achieved the aim of delivering a minimum of 4 second hand smoke sessions to frontline staff during 2008-9. A total of 34 staff have been trained in relation to second hand smoke to date.

This training has resulted in a number of developments locally;

- South Tyneside College is now including second hand smoke training within Continuing Professional Development (CPD) for staff in the Faculty of Health Care and Early Years who then cascade to students during tutorials
- Health Trainers are raising awareness of second hand smoke with all clients who are parents and guardians
- In Children's Centres 11 staff have been trained in second hand smoke and work is on-going in relation to the development of an outreach model across all Children's Centres
- 4,500 second hand smoke leaflets have been included in all Bookstart packs for new parents
- A briefing on second hand smoke has been delivered to representatives of 12 schools and included an update on evidence (NICE guidelines and Royal College of Physicians passive smoking report).

FRESH, in conjunction with Smoke free North West, also launched the '7 Steps Outside' campaign during 2008-9 aimed at raising awareness about second hand smoke. Campaign objectives and materials have been widely disseminated across South Tyneside.

Strengthening the Tobacco Alliance

A number of activities have been undertaken during 2009-10 to strengthen the profile and the role of the Tobacco Alliance in South Tyneside. These have included;

- Recruitment of a Tobacco Alliance Co-ordinator in April 2009
- Review and strengthening of membership to be more representative in terms of development areas
- Themed meetings in relation to development areas
- Regular briefings to members
- Strong links with FRESH
- Creative thinking workshop for wider members
- Creating of a Tobacco Control Network with over 85 members

Enforcing Smokefree Legislation

On 1 July 2007 enclosed public places and workplaces in England became smokefree; this made it illegal to smoke in pubs, bars, nightclubs, cafés, restaurants, shopping centres and other public places. Legislation also made it illegal to smoke on public transport and in work vehicles. The law was introduced not only to protect smokers, but also those who are breathing in second hand smoke and are at risk of developing respiratory conditions, lung cancer and heart disease.

Since the law came into force the Environmental Health Department at South Tyneside Council have responded to a number of calls from the public and have a programme of smokefree compliance checks in place. The team continues to provide advice, support and targeted investigations with businesses to ensure compliance with smokefree compliance. During 2009-10 smokefree compliance checks of businesses have been completed - up to 30 December 2010, 230 inspections carried out.

Illicit Tobacco and Underage Availability

Illicit tobacco

A significant amount of tobacco worldwide is sold illegally avoiding tax. The result is a continuing supply of very cheap cigarettes and tobacco, which undermines the benefits of high taxation and presents a significant threat to public health in our most deprived communities in the UK.

The criminal activities of smuggling, and increasingly, counterfeiting, lead to the availability of tobacco at less than half the tax-paid price in many deprived areas. This maintains smokers in their habit and encourages young people to start smoking.

Governments use tax to ensure that the price to the customer is and remains high. The UK tax on tobacco products is the highest in the European Union.

South Tyneside is signed up and committed to the North of England *'Tackling Illicit Tobacco for Better Health'* Programme Action Plan (2009-2012)

South Tyneside Council Trading Standards Department gives tobacco control a high priority and has developed the following interventions and schemes to strengthen local action;

- Developed a Safe Trader Scheme encompassing the Fair Trading Award for retailers dealing in age restricted products
- All major employers in the Borough have been or are being contacted to ensure policies in place to deal with sales of illicit tobacco within the workplace
- Increasing intelligence in relation to the availability of illicit tobacco working with Her Majesty's Revenue and Customs and FRESH

Further capacity within the Trading Standards Department is planned for 2010-11 to support illicit tobacco activities.

Underage availability

The 2006 Health Act included a power to change the age of sale of tobacco from 16 to 18 years. This came into effect on 1st October 2007, when it became illegal to sell tobacco products to anyone under the age of 18. It is also an offence to sell cigarettes unless they are in quantities of 10 or more and in their original packaging.

There is an on-going programme of checks and enforcement in South Tyneside. The Trading Standards Department at South Tyneside Council carried out 20 test purchase attempts during summer 2010. 2 of these failed and accepted a formal caution. This work is on-going.

Conclusions

There have been a number of key developments in South Tyneside in relation to supporting people to stop smoking and around tobacco control measures to reduce the supply of tobacco products.

As the data shows we are making some progress in relation to reducing smoking prevalence overall which is encouraging however we need to do more to target specific groups who may find it difficult to stop smoking but would benefit in terms of both their health their families' health and their finances.

Although will not to see the impact of this progress on smoking related deaths and disease for a number of years (up to 10 years) it is important that we continue to prioritise smoking cessation and tobacco control in the borough as we know that smoking remains the single greatest cause of preventable illness and premature death.

We need to strengthen our approach to pregnant women and young people in particular to reduce the likelihood of a new generation taking up the smoking habit.

We have made excellent progress in relation to the National Support Team for Tobacco control recommendations in 2008 and these are shown in **Appendix Two**

There a number of key recommendations in relation to making further progress as follows;

Director of Public Health Annual Report Recommendations 2009/10

1. Carry out a targeted social marketing stop smoking campaign focusing on smokers within the 20% most deprived areas of South Tyneside
2. Carry out social marketing with pregnant women to explore the reasons and barriers in terms of stopping smoking
3. Benchmark current smoking in pregnancy interventions and support against NICE recommendations
4. Review the pathway to support pregnant women to stop smoking
5. Brief front line staff in relation to the links between smoking and children's health including the increased risk of Sudden Unexpected Infant Death
6. Pilot a Voucher Based Reinforcement Therapy (VBRT) scheme in South Tyneside with pregnant smokers
7. Extend the use of Carbon Monoxide Monitors to motivate pregnant women to quit
8. Extend the training of Children's Centre staff in both second hand smoke education and Tier 2 Stop Smoking Support
9. Strengthen current smoking prevention activities with young people
10. Provide specific targeted stop smoking support for young people including young offenders, looked after children and those who misuse drugs and alcohol
11. Strengthen targeting of people with smoking related diseases to support them to quit
12. Target and support men to attend stop smoking services to increase their chances of quitting successfully
13. Carry out targeted engagement activities with members of Black and Ethnic Minority Communities in relation to accessing Stop Smoking Services and the dangers of smokeless tobacco products
14. Establish how many people with a diagnosed mental health illness are smokers, how many are accessing stop smoking services and improve their stop smoking support
15. Carry out further engagement in workplaces and in the community in order to support routine and manual workers to quit smoking
16. Maintain focus on tobacco control measures in the borough as a key priority

Progress against NST Recommendations

In October 2008 the Department of Health's Tobacco Control National Support Team visited Gateshead, South Tyneside and Sunderland to review progress in relation to tobacco control with a wide range of partners and to make recommendations to support further development.

Key themes covered by the National Support Team are;

- Multi-agency Partnership Working
- Planning & Commissioning
- Communication
- Normalising Smoke Free Lifestyles
- Monitoring, Evaluation and Response
- Tackling Illegal and Underage Availability
- Making it Easier to Stop Smoking

The tables below provide a detailed update of benchmarking carried out in 2010 against NST recommendations

Multi Agency Partnership Working – Key Recommendations

1. Develop a strategic approach to Tobacco Control

Progress

- Tobacco Action Plan in place, monitored and update to FRESH quarterly.
- Key actions on tobacco included in high level plans (e.g. illicit tobacco included in Violent Crime Theme Plan; actions in Children and Young People's Plan. Smoking cessation in Independent & Healthy Lives Theme Plan
- Illicit tobacco report at Children & Young People's and Independent & Healthy Lives (I&HL) Select Committee
- Regular Lead Member briefings

2. Maximise opportunities to work with the Third Sector, including becoming market aware

Progress

- Clause included in all future third sector contracts on smokefree – includes having a workplace smokefree policy, brief intervention training, and ask, assess, act with clients where possible

3. Continue to re-invigorate Tobacco Control Alliances

Progress

- Tobacco Alliance strong with multi-agency attendance
- Quarterly alliance meetings chaired by Director of Public Health
- IDeA peer support session "Where next for tobacco control" generated wider network interested in playing a role and generating ideas. Tobacco Control Network currently has 83 individuals/organisations represented.

4. Tobacco Control Alliances need to: have a mandate from the LSP, be high profile, link into commissioning with the PCT and the Local Authority, involve the third sector and the full breadth of the public sector, have consistent senior chairing, be supported by a designated co-ordinator

Progress

- LSP recognition of importance of tobacco – smoking (with a particular focus on routine & manual workers is a top ten must shift. Actions included in LSP theme groups plans.
- Tobacco Control update and discussion at I&HL (health theme group) – recommendations followed up.
- South Tyneside was 1/8 councils invited to present and deliver a workshop on the innovation and creative thinking session
- South Tyneside was 1/10 councils included as a case study for LGI&D publication – Tobacco Control – the story so far
- Tobacco Control Manager in post since April 10.

5. Develop clear and streamlined relationship between Tobacco Control Alliances and Health and Wellbeing Partnerships**Progress**

- Tobacco Control Alliance linked closely with Children’s Alliance, Independent & Healthy Lives Group and Safer and Stronger Communities Group. Working on future links with Health & Wellbeing Board

Planning and Commissioning - Key Recommendations**6. Develop a strategic commissioning framework for all aspects of Tobacco Control.****Progress**

- Commissioning now undertaken through Prevention and Staying Healthy Commissioning Board which has the mandate to make commissioning decisions relating to stop smoking services.

7. Develop an integrated model for Stop Smoking Services.**Progress**

- Mentor support now available for T2 providers to help improve conversion rates.
- New training in place including refresher training for all existing advisors.
- Tier 3 contract is being refocused and clear pathways implemented between Tiers 2 and 3.
- Access to medications has been improved through the Nicotine Replacement Therapy (NRT) voucher scheme and the development of the Tier 2 LES to cover additional services provided to patients requiring NRT.

Monitoring, Evaluation and Response - Key Recommendations

8. Develop a partnership led monitoring and evaluation framework as part of the full range of tobacco control activity, ensuring clear lines of accountability and reporting

Progress

- Currently use tobacco control alliance members and action plan to monitor activity as well as regular reports to FRESH Regional Advisory Group.

9. Evaluate the impact of all interventions

Progress

- The introduction of a new web based performance system will allow the accurate collection of real time data to evaluate performance of Tier 2 and inform all future commissioning decisions.
- Work to be undertaken to evaluate service user experience and feedback of all levels of intervention.

10. Stop Smoking Service - Develop a robust, transparent and auditable monitoring system that allows for the monitoring of the effectiveness of the overall programme - Ensure all services adhere to DH monitoring guidance - Evaluate the impact of all interventions and respond accordingly - Ensure maternity service databases capture data adequately - making smoking status field mandatory on electronic systems

Progress

- New web data base currently being rolled out to T2 providers to provide real time activity and performance data, this reinforces the collection of occupational data and is based upon the gold standard monitoring form.
- The new system also allows providers to generate their own performance report at any time.
- New training courses are emphasising the need for CO validation of quits and mentors are reinforcing this in the community.
- The Tier 2 service Level Agreement has been updated and highlights the requirement of face to face support for 4 weeks minimum. Liaison is taking place with maternity departments.

Normalising Smoke Free Lifestyles– Key Recommendations

11. Ensure that the work on smoke-free compliance is maintained within work programmes

Progress

- Ongoing smokefree compliance checks carried out.

12. Clarify NHS policy and alignment with the law in relation to smoke-free grounds

Progress

- Foundation Trust currently revising smokefree policy and reintroducing smoking shelters within hospital boundary.

13. Challenge social norms and tackle R&M smoking by taking action in the public sector workforce

Progress

- South Tyneside Homes have had SSS workplace clinics for staff.
- Council conducted Health and Wellbeing staff survey – smoking not highlighted as a priority issue. Previous attempts have not been well attended. Occupational health is trained to provide level 2 advice.

14. Policies to protect workers from second hand smoke during home visits should be reviewed for consistency and effectiveness. Explore the future potential of youth advocacy using youth health workers to inform development of a strategic approach

Progress

- Currently reviewing council policy.
- Youth advocacy developments include DVD with views of young smokers. Further developments to include theatre work to engage with young people

15. Develop an awareness of the exposure to second-hand smoke within the home and cars

Progress

- 7 steps out campaign – 4,500 leaflets included in Bookstart packs, info distributed to key community venues. Promoted at

Families First Fair.

- Currently 5 second-hand smoke trainers in South Tyneside Children's Centres.
- South Tyneside College has included second-hand smoke training within training for staff in faculty of Health Care and Early Years.
- School survey included a question on smoking in the home – high level of awareness/action

Making it Easier to Stop Smoking – Key Recommendations

16. Complete the merger of processes (pharmacological supply, policies, monitoring paperwork, data systems, communications systems)

Progress

- All processes for Tier 2 have been brought together through the Single Point of Contact based within the SOTW Public Health Commissioning Team. Monitoring paperwork is being phased out with the introduction of the web based database, although other documents are available to all Tier 2 advisors through the database.

17. Bring local supply of stop smoking medicines in line with the evidence base and NICE guidance

Progress

- The local prescribing guidance is currently being updated with the revised version in final draft. This includes NICE guidance and the most recent evidence based practice. It is currently out to consultation with service providers and other stakeholders.

18. Review business plan for additional investment

Progress

- Ongoing review of additional investment required via Prevention & Staying Healthy Programme Board

19. Implement an organisational development programme focussing on performance *improvement* (moving on from performance management).

Progress

- The focus around performance improvement is expected to be aided by the introduction of the new web based system allowing

improved data collection and monitoring of performance.

- A baseline has been established and services monitored against this with support focused around improving outcomes for example the introduction of stop smoking mentors to improve quit rates of Tier 2 providers and share best practice.

20. Commissioners to develop an integrated service framework which is informed by existing service providers

Progress

- A Rapid Process Improvement Workshop (RPIW) took place in July 2010 which included service pathways and an overall service framework. This was attended by Tier 2 and Tier 3 providers.
- Consultation also took place in August 2010 with both community and pharmacy advisors to generate ideas to develop local services and systems.

21. Prior to the roll-out of an integrated service framework, both provider elements should explore ways of collaborative working

Progress

- This was explored through RPIW (see above).

22. Map how wider tobacco control activities can also provide a vehicle to improve smokers' access to high quality Stop Smoking provision.

Progress

- Ongoing training work with partners, for example, Fire Service trained in brief advice are now referring interested people into the service as part of Home Safety Fire Risk Assessment visits.

23. Strengthen the Stop Smoking Service role as an integral member of the Tobacco Control Alliances.

Progress

- Stop Smoking Service (SSS) are regular attenders and contributors to the Tobacco Alliance. Commissioner attends on behalf of T2 providers. Tobacco Control Manager coordinated brief advice training with SSS – trained 71 people in brief advice from range of frontline staff positions.

24. Develop systematic processes that encourage effective partnership working with service providers and Tobacco Control i.e. efficient referral pathways, data collection and intelligence gathering

Progress

- Work commenced in this area – through brief advice training. See example of Fire Service above.
- Tobacco Alliance Manager has undergone Tier 2 mentoring training and helps recruit new Tier 2 providers.

25. Ensure fully developed care pathways for Stop Smoking provision across the range of partners are consistent and in line with national guidance e.g. maternity services, secondary care, dentistry**Progress**

- Benchmarking local activity against NICE 26 (pregnancy) completed.
- Pathways developed with Tier 3 services and local partners and reflected within Tier 3 contract.

26. Ensure local access to the full range of national NHS Stop Smoking Support programmes and fully utilise the data from these programmes**Progress**

- Work is underway to ensure access for Tier 2 providers in addition to current access for Tier 3.

27. Develop a long term vision for Stop Smoking Services within the wider tobacco control agenda and effectively communicate this with partners.**Progress**

- Tobacco Control Strategy is currently in draft following consultation with stakeholders, this includes tobacco control and stop smoking services. This will be communicated to partners when complete.

28. Commissioners to become market aware with a view to commissioning market-led service provision, informed by the existing service providers.**Progress**

- Consultation with Tier 2 providers has led to the development of the Tier 2 LES in line with current need, which has resulted in the recruitment of additional community providers to meet the needs of harder to reach groups. Consultation will continue to inform future commissioning decisions.

29. Utilise the evaluation systems that have been developed and implemented to influence the process and ensure that these systems are effective and sustainable.

Progress

- Resources need to be reviewed to ensure the sustainability of all systems and maintain their effectiveness.

Tackling Illegal and Underage Availability – Key Recommendations

30. Implement the seven key action areas from the North of England Cheap and Illicit Tobacco Health Action Plan:

- 1. Developing partnerships**
- 2. Engaging health and community workers**
- 3. Generating and sharing intelligence**
- 4. Identifying informal markets and preventive action**
- 5. Enforcement**
- 6. Marketing and communications**
- 7. Working with business, inc. retailer training**

Progress Update

- Single point of contact for illicit reporting agreed
- 20 test purchase attempts during summer 10. 2 failed and accepted formal caution.
- “Operation Engine” multi agency approach resulting in raised on service premises linked to organised crime.
- Trading Standards carried out joint visits with NETSA to retailers in high prevalence areas. No issues with illicit tobacco at these visits.
- Phase 1 of Get Some Answers completed. Resources supplied and distributed. Enforcement packs sent to Police, ASB, Tenancy Enforcement, and Community Wardens. All known retailers received a retailer pack public facing materials sent to at least 255 venues, 3 local press articles. Generated 5 local leads from Crimestoppers. Currently planning phase 2.

- Terms and conditions completed for Fair Trading Award. Application packs prepared and due to be launched Feb/Mar 11.
- Meeting scheduled to take place between the local authority regulatory and community services and the stop smoking service to explore:
 - increasing the promotion of stop smoking services
 - increasing the pool of staff able to provide brief interventions
 - increasing the amount of information available to regulatory officers regarding illegal sales and illicit supplies of tobacco

Communication – Key Recommendations

- 31. Develop a strong awareness of the market for tobacco control interventions by making better use of a full range of sources of existing national and regional research and local intelligence, and considering local market research (via professional agencies or work through local partnerships) to:**
- **Identify what local people need and *want* from tobacco control interventions (including, but not limited to, stop smoking services)**
 - **Inform the commissioning of tobacco control programmes and activities that will tackle health inequalities.**
 - **Ensure that both above and below the line marketing activities are targeted appropriately to different groups.**

Progress

- On-going programme of local social marketing including;
 - West Shields Community Survey
 - Biddick Hall School Survey
 - Biddick Hall Community Development approach
 - Street marketing generated 80 leads for Stop Smoking Services.

- 32. Establish a multi-agency partnership group (linked to the Tobacco Control Alliances) would be worth considering to improve the effectiveness of communications including: Communications elements of the annual action plans & building on FRESH regional work, develop local identity (using local people / places in DH materials – as per identity guidelines)**

Progress

- Currently work with council and PCT communications teams based on initiatives as they arise e.g. Get Some Answers, No Smoking Day etc.

33. Work with FRESH to identify how to make best use of national materials, regional campaigns and local resources to ensure equitable coverage. A robust evaluation system will help to identify which campaigns, advertising, and other communications work is effective and worth repeating

Progress

- Good working relationship with FRESH including national, regional and local resources. FRESH representative attends Tobacco Alliance. Linked into Regional Advisory Group

Appendix Two

Indicator	Local Value	Regional Average	England Average	England Worst	England Best
Smoking Attributable Deaths 2006-8	291.5	276.1	206.8	360.9	128.3
Smoking Attributable Deaths from Heart Disease 2006-8	48.0	42.8	34.0	62.4	18.6
Smoking Attributable Deaths Stroke 2006-8	12.4	12.2	9.6	18.9	5.2
Deaths from Lung Cancer 2006-08	58.7	57.2	38.6	70.7	22.7
Deaths Chronic Obstructive Pulmonary Disease 2006-08	38.6	36.7	26.6	52.3	15.4
Smoking attributable hospital admissions 2008/09	2,154.1	1,730.8	1,265.3	2,260.6	794.4
Cost of smoking attributable hospital admissions 2008/09	46.7	41.0	33.3	56.3	24.6
Lung Cancer Registrations 2005-07	74.9	68.4	48.0	90.1	30.5
Oral Cancer registrations 2005-7	11.8	10.8	8.5	16.2	5.0
Estimated adult smoking prevalence 2006-08	28.0	27.9	22.2	35.2	12.1
GP recorded smoking prevalence 2009/10	21.8	19.2	18.8	33.4	11.1
Smoking in pregnancy 2008/09	27.4	22.8	14.6	33.5	3.8
Successful quitters at 4 weeks 2009/10	1,448.6	1,208.1	894.7	405.7	1,933.9
Successful quitters at 4 weeks (CO validated) 2009/10	1191.8	961.5	614.2	51.4	1,455.3
Completeness of NE-SEC recording by Stop Smoking Services 2008/9	80.4	76.0	66.1	1.6	98.1
Prescribed NRT 2009/10	3342.1	3,885.2	2,997.0	143.5	10886.6