

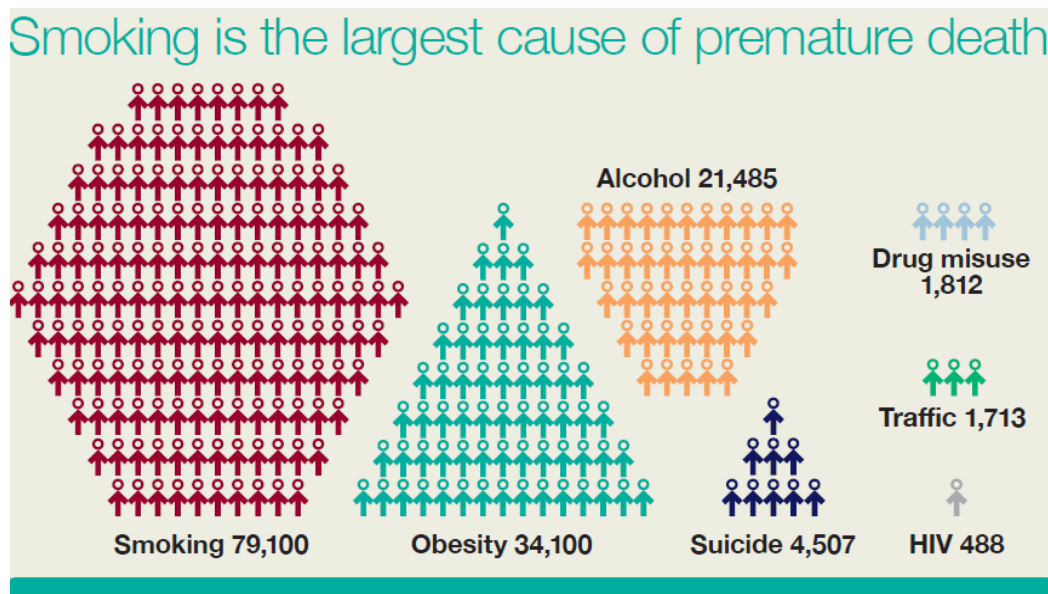
Smoke Free Newcastle

Tobacco Control Action Plan 2019 – 20



Context

Smoking remains the most preventable cause of premature preventable death, ill health and health inequalities in Newcastle. It is a major contributory cause of coronary heart disease, lung cancer, other cancers and respiratory diseases particularly chronic obstructive airways disease. It is estimated that up to half the difference in life expectancy between the most and least affluent groups is associated with smoking. One in every two regular smokers is killed by tobacco, and half of them will die before the age of 70, losing on average 10 years of life.



Public Health England – Why Invest in Tobacco Control? 2014

In Newcastle one in five deaths (18%) of deaths among adults over the age of 35 years are estimated to be as a result of smoking¹. Of the 10 million smokers in the UK today, almost one in three reports mental health problems and the prevalence of smoking among people with mental disorders has barely changed in the past 20 years². For example; in 2014/15, 41.7% of Newcastle adults with a serious mental health illness smoked which is slightly higher than the England average³. In 2017/18 the smoking prevalence of adults with a long-term mental health condition was 31.7% compared to the England average of 27.8%. This is more than double the 'all adult' smoking prevalence rate in the city.



¹ NHS Information Centre, Statistics on Smoking in England, 2010. <http://www.ic.nhs.uk/pubs/smoking10>

² Royal College of Physicians Royal College of Psychiatrists 2013. Smoking and Mental Health

³ PHE fingertips <https://fingertips.phe.org.uk/profile/tobacco-control/>

Exposure to secondhand smoke in the home increases a child's risk of disease and ill health, with an estimated 658 additional incidents of childhood disease each year directly attributable to passive smoking⁴. Each year it is estimated that smoking in Newcastle costs society a total of approximately £67.9million⁵. This cost is accrued across a range of social domains. For example; smoking not only impacts on health but takes a heavy toll on NHS resources and absenteeism in the workplace. Despite a contribution to the Exchequer, tobacco still costs the local economy in Newcastle upon Tyne more than the duty raised. This results in a shortfall of about £24m each year.



The main smoking related diseases are conservatively estimated to cost the NHS in Newcastle over £12.1 million per year, including the costs of treatment related to secondhand smoke exposure⁶. Smokers take more time off work with sickness than non-smokers, resulting in £9.1 million per year days of lost productivity⁷. When factoring in the cost of smoking breaks and early death from smoking with the sickness absence costs, the total cost of lost productivity is £46.5 million per year⁸. It is estimated that smoking costs £7.1 million per year in terms of the social care costs of supporting those with smoking related illnesses⁹. £3.9million of this care cost is funded from the local authority social care budget and £3.2million is funded by individuals or families who self-fund private care.

Smoking is also a major cause of fire, resulting in a cost to the economy of £2.3 million per year in Newcastle¹⁰. The cost to Tyne and Wear Fire and Rescue Service of responding to fires caused by smoking or smoking related paraphernalia is £42,000 per annum¹¹.

Environmental Impact

Tobacco products have an impact on the environment. The majority of cigarette filters are non bio-degradable and must be disposed of in landfill. In Newcastle a total of 25 tonnes of waste is produced each year, from 398,710 filtered cigarettes, 10 tonnes of which is street litter which must be collected by the Local Authority¹².

⁴ Royal College of Physicians Report (2010). Passive Smoking and Children

⁵ ASH Ready Reckoner <http://ash.lelan.co.uk/> v6.9 published September 2018 Edition. NB based on prevalence 2016 prevalence rate of 17.6%.

⁶ As reference 3.

⁷ As reference 3

⁸ As reference 3

⁹ As reference 3

¹⁰ As reference 3

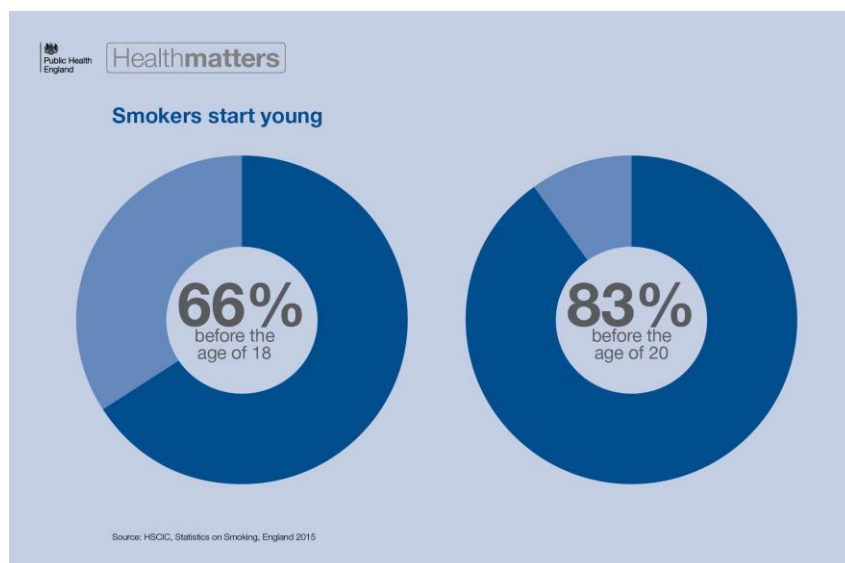
¹¹ As reference 3

¹² As reference 3



Smoking is a major contributor to poverty. It is estimated that when net income and smoking expenditure is taken into account, 12,463 or 35% of households on Newcastle with a smoker fall below the poverty line.¹³ If these smokers were to quit smoking, this would result in 4,138 households in Newcastle being elevated out of poverty, including many with dependent children.

Most smokers start as teenagers: two-thirds before the age of 18¹⁴. The reasons they start are complex, ranging from peer preference to behavioural problems. Children living in homes where smoking is the ‘norm’ are much more likely to become smokers themselves.¹⁵ The best way to reduce smoking among young people is to reduce it in the world around them.



¹³ ASH Smoking and Poverty Calculator. Synthesis of data based on analysis by Howard Reed Landman Economics, for ASH, May 2015

¹⁴ Smoking Attitudes & Behaviours (2000), ONS 2011

¹⁵ Smoking Attitudes & Behaviours (2000), ONS 2011

The National Tobacco Control Plan

The government published a National Tobacco Control Plan in 2017¹⁶ which it is hoped will help focus tobacco control across “the whole system”. It sets out ambitions for a smoke free generation (reached when prevalence is 5% or less); a smoke free pregnancy for all; parity of esteem for those with mental health conditions; and using evidence-based innovations to support quitting, including maximising the availability of safer alternatives to smoking. It sets a number of indicators on the journey to achieving these ambitions. By 2022, the aim is to:

- Reduce smoking prevalence rates amongst adults from 15.5% to 12% or less.
- Reduce the prevalence of 15-year olds who regularly smoke from 8% to 3% or less.
- Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less.
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population.

To achieve these ambitions the tobacco control plan, has four targeted themes, with a range of actions for each. The four themes are;

- Prevention first
- Supporting smokers to quit
- Eliminating variations in smoking rates
- Effective enforcement

The plan has a strong emphasis on a system wide ‘smoke free NHS’.

Prevalence and Key Statistics

Adult Prevalence

16% of adults in Newcastle are estimated to smoke regularly¹⁷. This rises to 28.5% among routine and manual workers. Whilst Newcastle has made great progress in reducing smoking prevalence it remains above the England average (14.4%) for overall prevalence and equal to the North East average. In terms of smoking prevalence in routine and manual groups the city is above both the England (25.4%) and North East averages (26.3%).

Smoking at the Time of Delivery

By the end of 2018 - 19, 13.4% of women smoked at the time of delivery (SATOD) in the Newcastle and Gateshead CCG area. This was a decrease from 2017/87 when 15.1% of pregnant women SATOD. These local rates remain substantially above the England

¹⁶ Towards a Smokefree Generation A Tobacco Control Plan for England

<https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england>

Department of Health. July 2017

¹⁷ Public Health England; Tobacco Control Profile Newcastle. All data from Annual Population Survey 2018

<https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/ati/102/are/E08000021>

Smoke Free Newcastle Action Plan 2019-20.

average of 10.6%.¹⁸ Work is underway to try to split the CCG data so that Newcastle only data can be extracted and analysed.

Smoking and Young People

The 2017 Health Related Behaviour Survey¹⁹ undertaken with pupils aged between 8 and 15 years in Newcastle schools, revealed that 99.7% of primary school pupils and 95% of secondary school pupils do not smoke. However smoking prevalence rises with age and by Year 10 (14 -15-year olds), 8.6% local young people reported smoking occasionally or regularly. The 'What About Youth' survey reports that 10.7% of 15-year olds in the city are current smokers; smoking occasionally or regularly, which is substantially higher than the England figure of 8.2%.²⁰

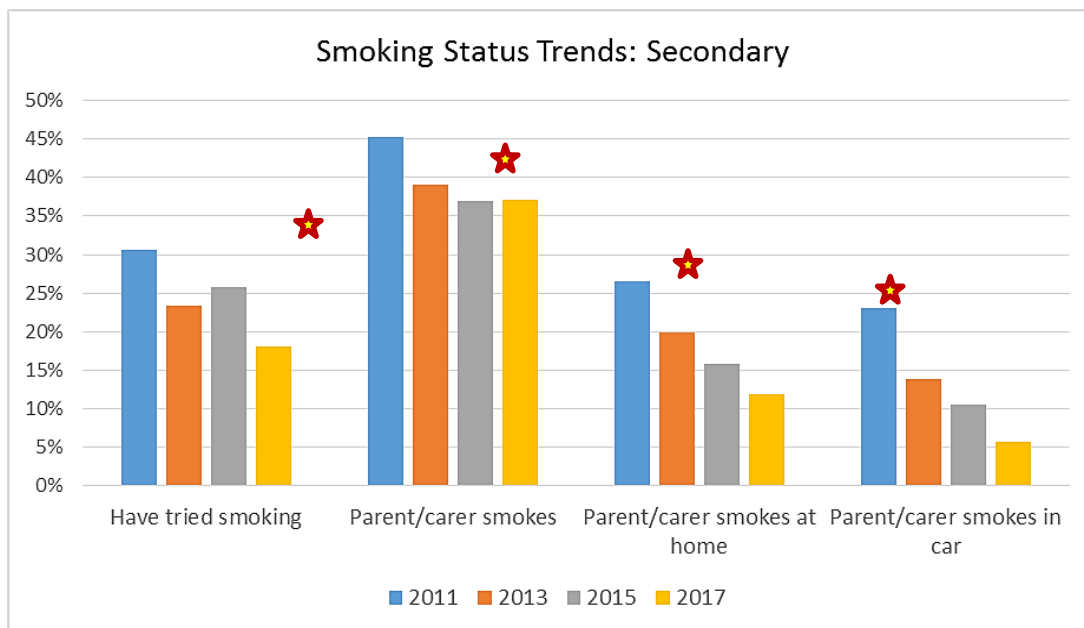
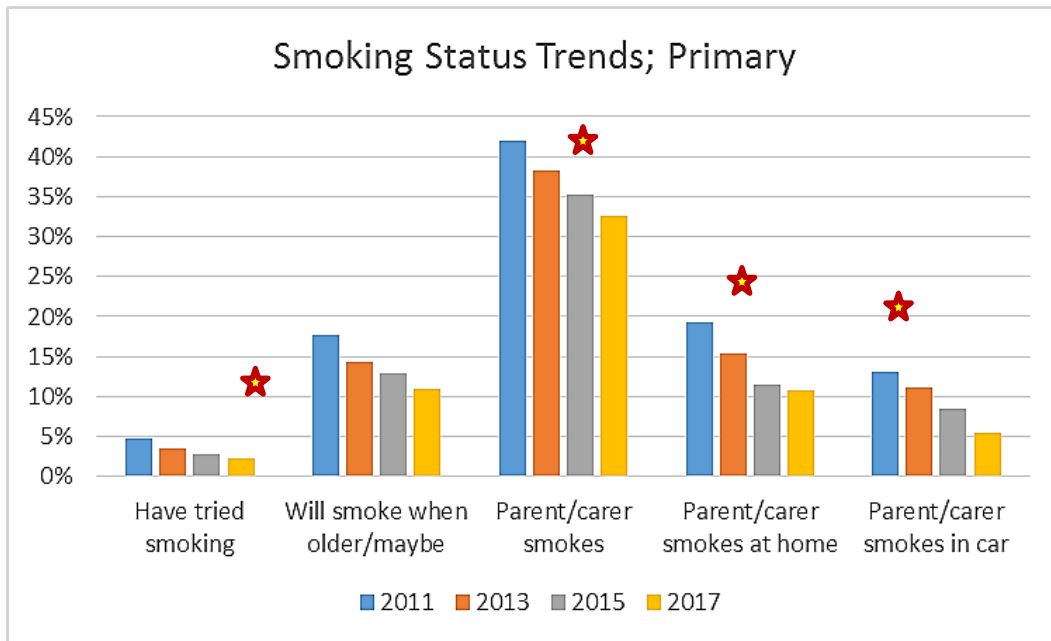
It should be noted that the results from the spring 2019 Health Related Behaviour Survey will be published in Autumn 2019 and that those described below relate to 2017. There were some statistically significant improvements between the Newcastle surveys conducted in 2011, 2013, 2015 and 2017. For example; there was been an increase in secondary school pupils reporting that they have never smoked and an increase in the number of pupils reporting that smoking inside the home and car does not take place. The availability and supply of cigarettes to smokers is crucial. For example; of those responding; 2.5% of pupils reported that they had bought single cigarettes whilst 2% had purchased counterfeit (fake cigarettes) and 4% cigarettes/tobacco with a health warning in a different language. Of the 88 pupils who responded, 13 pupils had bought tobacco from other sellers such as neighbours, street sellers, market stalls and car boot sales, and 20 had been bought or given tobacco by family and friends over 18.

¹⁸ NHS Digital <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-women-s-smoking-status-at-time-of-delivery-england/statistics-on-womens-smoking-status-at-time-of-delivery-england---quarter-4-october-2017-to-december-2017> 2018

¹⁹ Newcastle City Council (2015). Supporting the Health and Wellbeing of Young People in Newcastle 2017.

²⁰ Ipsos MORI (2015). Health and Wellbeing of 15 year olds in England: Smoking Prevalence – Findings from the 'What About YOUth' Survey 2014. HSCIC 2015.

★ Statistically significant trends.



- Reduction in trying cigarettes from 31% in 2011 to 18% in 2017.
- Reduction in 'parent/carer smoking' from 45% in 2011 to 37% in 2017
- Reduction in parent/carer smoking inside the home from 26% in 2011 to 12% in 2017
- Reduction in parent/carer smoking inside the car to 6% in 2017

Most young people do not use electronic cigarettes and devices. However, 29% of secondary school pupils in Newcastle reported that they have tried electronic

- Reduction in trying cigarettes from 31% in 2011 to 18% in 2017.
- Reduction in 'parent/carer smoking' from 45% in 2011 to 37% in 2017
- Reduction in parent/carer smoking inside the home from 26% in 2011 to 12% in 2017
- Reduction in parent/carer smoking inside the car to 6% in 2017

cigarettes/vaporisers. Of those who report trying e-cigarettes, 11% report using them regularly and 21% occasionally. Students who had tried an e-cigarette/vaporiser were more likely to report that they smoke tobacco on an occasional or regular basis (15% v 0.2%).

Smoke Free Newcastle

All of these statistics emphasise the need for a continued comprehensive programme of activity to tackle tobacco in Newcastle. Tobacco control is an evidence-based approach used to undertake this task. It is a sustained and coordinated, multi - faceted approach which enables each of its components to work synergistically to have greatest impact.

Smoke Free Newcastle (SFN) is a well-established and embedded partnership²¹ which plans and delivers a tobacco control programme in the city, using a range of evidence-based individual, family and community interventions to enable people of all ages and backgrounds to enjoy a smoke free life. It develops and delivers a comprehensive tobacco control plan each year, based on the eight-strand evidence-based approach. In brief the 8 strands are;

1. Building infrastructure, skills and capacity in tobacco control.
2. Reducing exposure to secondhand smoke.
3. Building NHS Stop Smoking Services and strengthening local action.
4. Media, communications and education.
5. Reducing the availability and supply of tobacco products
6. Monitoring compliance and enforcing tobacco regulations*
7. Reducing tobacco promotion*
8. Undertaking research, monitoring and evaluation.

* These strands have been merged within the plan which follows.

The following plan gives details of what interventions are planned for 2019-20 to contribute to local, regional, national and international programmes of work to reduce the toll of tobacco on society.

Vision

Smoke Free Newcastle has a vision that children born today will live a smoke free life. It has a specific aspiration that adult smoking prevalence in the city will be 5% or lower by 2030. To contribute to this aspiration additional targets have been set;

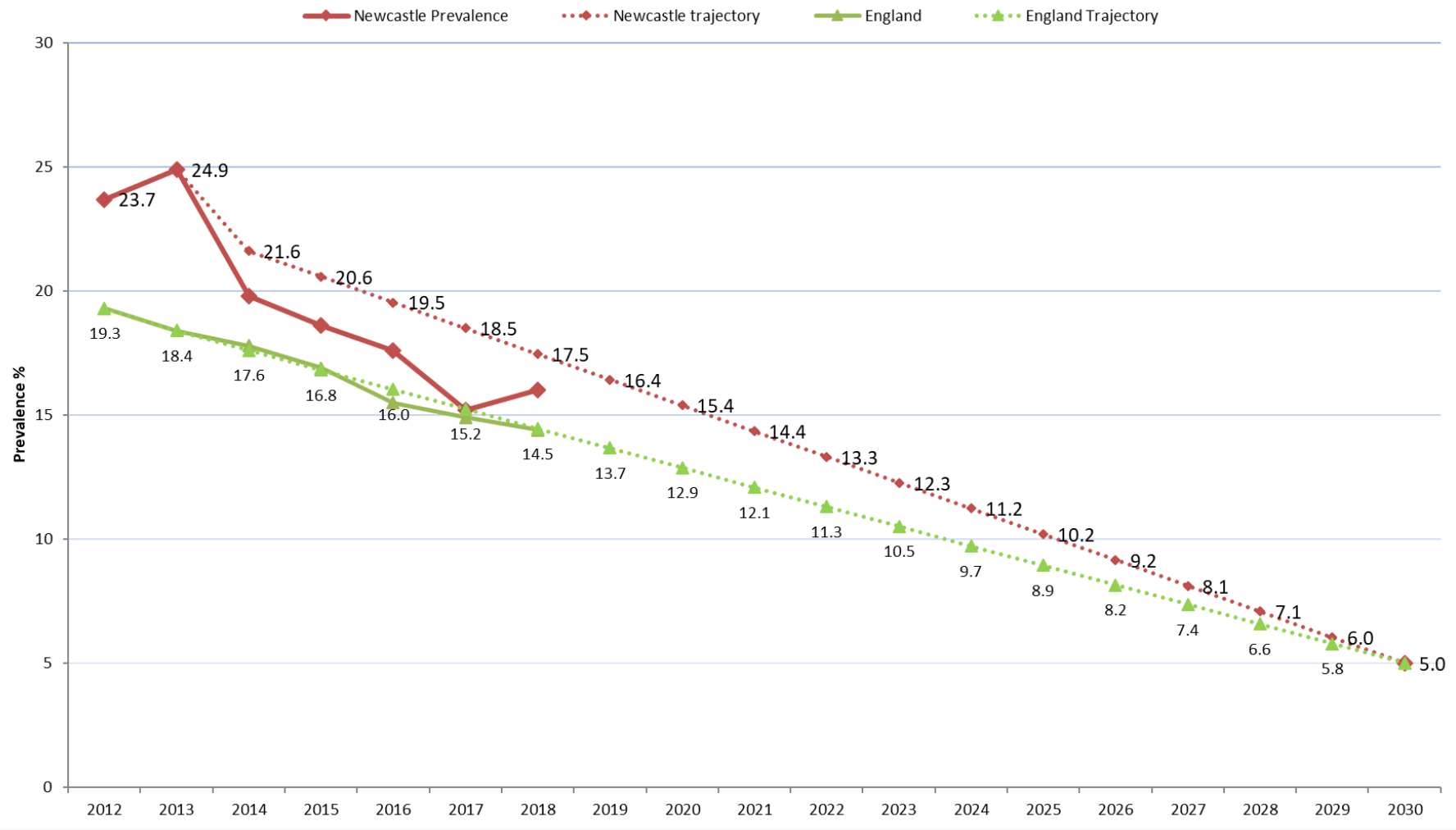
- Smoking at the time of delivery will be 5% by 2025
- Smoking among routine and manual workers will be no more than 5% by 2025.
- Smoking among 11-15year olds will be 5% by 2020

A number of trajectories to show the level of progress required to meet these ambitions have been produced as shown on the following pages. Each graphically illustrates the challenges faced by the city to achieve the desired reductions. Note that caution should be applied in interpreting these data, as a number of sources rely on self-reporting of smoking

²¹ Smoke Free Newcastle is a partnership between Newcastle City Council, Newcastle upon Tyne Hospitals Foundation NHS Trust, Tyne and Wear Fire Service, Newcastle Children and Family Hubs, Northumberland and Tyne and Wear NHS Trust, Healthworks Newcastle, Change Grow Live (CGL) Stop Smoking Service, Your Home Newcastle.

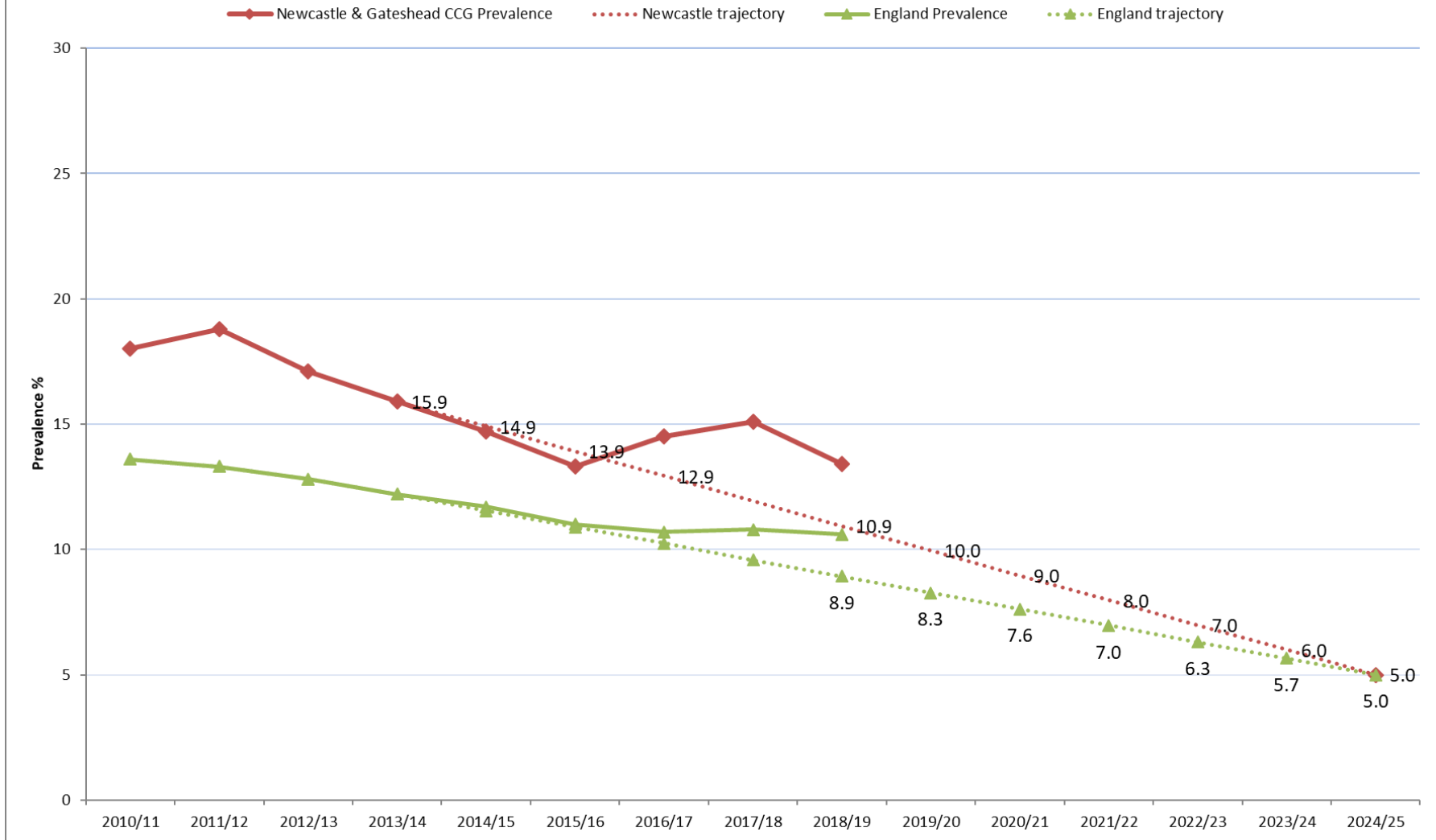
status and are taken from national household surveys. Trajectory is based on a linear projection.

Smoking Prevalence in adults aged 18+: Trajectory required to meet 5% target by 2030. (Source: Annual Population Survey)

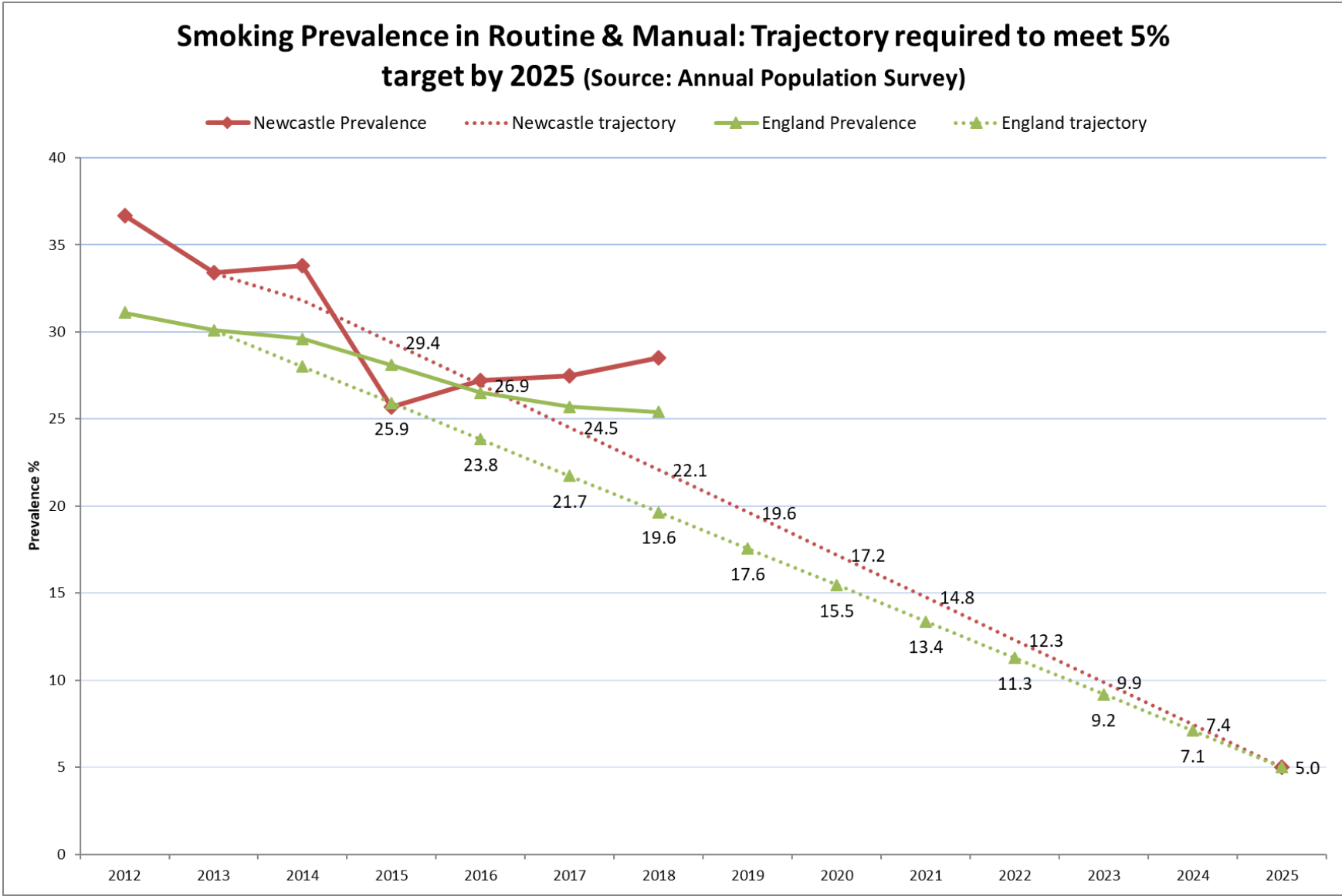


2018 smoking prevalence of 16% is similar to the England average (14.4%) and below the trajectory target of 5% by 2030.

Smoking at Time of Delivery: Trajectory required to meet 5% target by 2025 (Source: NHS Digital)



2018/19 prevalence of 13.4% is worse than the England average (10.6%), and is above the required trajectory to reach 5% by 2025.



2018 smoking prevalence of 28.5% is above the England average (25.4%) and above the trajectory (22.1%) to meet 5% by 2025.

Objectives

The long-term key priorities for Smoke Free Newcastle are;

- To reduce overall smoking prevalence in Newcastle through prevention, protection and treatment activity which collectively contribute to a reduction in health inequalities. Specifically, to;
 - Reduce prevalence at a faster rate than the rest of the city within target population groups and neighbourhoods with highest prevalence i.e. routine and manual workers, unemployed, pregnant women, specific BME populations, those with mental health conditions.
 - Increase the number of smokers giving up smoking, particularly in the neighbourhoods and population groups with highest prevalence.
 - Contribute to activity enabling every child in the city having the best start in life by reducing smoking in pregnancy and increasing the number of children living in a smoke free home.
 - Treat tobacco dependency
- To reduce exposure to secondhand smoke for those who do not smoke, including those exposed in the home and car, and enforcing the Health Act 2006 and Regulations.
- To develop the workforce to ensure that every frontline contact is used as a potential health improvement opportunity

Action Plan 2019-20

The following action plan outlines how Smoke Free Newcastle intends to contribute to these long-term objectives in 2019-20.

Monitoring Information

Progress will be monitored each quarter and RAG rated as follows;

- Green:** Making very good progress. Likely to achieve target on time.
- Amber:** Progress being made but slower than anticipated. Some slippage on the target date likely but target will be achieved in due course.
- Red:** Little, if any progress. Serious risk that target will not be reached on time.

Where no rating is given this action is not scheduled to be started until later in the year therefore no progress would be expected at this stage.

Key Strand One: Developing Infrastructure, Skills and Capacity

Key Outcomes

- Use of an integrated evidence based strategic approach to reducing smoking prevalence in Newcastle

| Objective | Initiatives and Actions | Accountable Lead | Monitoring metrics & Timeframe | Progress April - June 2019 | Progress July - Sept 2019 | Progress Oct - Dec 2019 | Progress Jan – March 2020 |
|---|---|--|--|----------------------------|---------------------------|-------------------------|---------------------------|
| 1.1 To ensure an evidence-based continually improving tobacco control programme is in place for SFN. | <ul style="list-style-type: none"> • Agree and produce an annual action plan for SFN, to support the vision of a 5% adult prevalence rate for smoking by 2030 and monitor progress on a quarterly basis. • Use the CleaR model of improvement to support continual improvement. | CC (JM) | <p>Plan in place by 30/6/18 Quarterly reports</p> <p>Continuous improvement evident in practice.</p> | | | | |
| 1.2 To support the continued compliance with the terms of the 'LA Declaration on Tobacco Control' or the 'NHS Smoke Free Pledge' as relevant. | <ul style="list-style-type: none"> • Review the progress of CC in complying with the 'Declaration on Tobacco Control'. • Review the progress of NTW in complying with the "NHS Smoke Free Pledge www.smokefreeaction.org.uk • Review the progress of NTW in complying with the "NHS Smoke Free Pledge www.smokefreeaction.org.uk | <p>CC (EM)</p> <p>NUTH (PT)</p> <p>NTW (DR/SF)</p> | <p>NCC compliant</p> <p>NUTH compliant.</p> <p>NTW compliant</p> | | | | |

Key Strand Two: Reducing Exposure to Secondhand Smoke

Key Outcome

- An increase in the number of people in Newcastle who maintain a smoke free home
- High compliance with workplace smoke free legislation resulting in reduced exposure to secondhand smoke
- High compliance with smoke free cars legislation resulting in reduced exposure to secondhand smoke for those under 18.
- An increase in smoke free outdoor spaces in Newcastle.

| Objectives | Initiatives and Actions | Accountable Lead | Monitoring Metric & Timeframe | Progress April - June 2019 | Progress July - Sept 2019 | Progress Oct - Dec 2019 | Progress Jan – March 2020 |
|---|---|---------------------------------------|---|----------------------------|---------------------------|-------------------------|---------------------------|
| 2.1 To continue to achieve high levels of compliance with the smoke free elements of the Health Act 2006. | <ul style="list-style-type: none"> • Ensure compliance monitoring visits are undertaken at all commercial premises including those selling shisha. • Ensure compliance monitoring visits on taxis are carried out during all routine inspections. • Undertake complaint investigations, respond to requests for service and take appropriate enforcement action as required. | CC (AW) CC (AW) CC (AW) | Quarterly reports of no and outcome of visits undertaken. | | | | |
| 2.2 To maintain high litter enforcement activity related to cigarettes | <ul style="list-style-type: none"> • Targeted smoking related litter enforcement activity using a reactive intelligence approach in City Centre. | CC (AW) | Report smoking related litter offences quarterly | | | | |
| 2.3 To ensure that all clients within the 0-19 service routinely receive a brief intervention on | <ul style="list-style-type: none"> • Ensure that all frontline staff within the 0-19 service complete and update as required, training on SHS as part of their CPD. Implement the learning in routine contacts | NUTH (AT) | No of staff trained. | | | | |

| Objectives | Initiatives and Actions | Accountable Lead | Monitoring Metric & Timeframe | Progress April - June 2019 | Progress July - Sept 2019 | Progress Oct - Dec 2019 | Progress Jan – March 2020 |
|--|---|-----------------------------------|---|----------------------------|---------------------------|-------------------------|---------------------------|
| reducing secondhand smoke exposure to children and measure success. | <p>with clients.</p> <ul style="list-style-type: none"> Report information related to SHS smoke exposure in the homes of client parent/carers and provide tailored interventions to help | | Quarterly data. | | | | |
| 2.4 To develop and implement a smoking in the home programme to reduce the SHS exposure in homes. | <ul style="list-style-type: none"> Work with Your Homes Newcastle and relevant partners, to develop and begin implementing an action plan in relation to reducing smoking in the home, based on best practice and the recommendations of the ASH report published in Nov 2018 React to enquiries about smoke drift in the home and provide appropriate advice, disseminating the SFN briefing paper as required. | <p>CC (JM)</p> <p>CC (JM, AW)</p> | <p>Plan agreed by end of Q2. Quarterly report of progress</p> <p>Quarterly monitoring</p> | | | | |
| 2.5 To increase the number of secondhand smoke brief intervention trained frontline staff within NUTH as part of the focus on the 'smokefree NHS'. | <ul style="list-style-type: none"> Encourage and support all relevant frontline staff to complete training on second hand smoke either via e-learning at http://www.ncsct.co.uk/publication_secondhand-smoke-training-module.php or via face to face briefings on secondhand smoke Raise awareness of secondhand smoke to all employees employed by | <p>NUTH (PT)</p> <p>NUTH (PT)</p> | <p>Quarterly reporting of data</p> <p>Reporting of communica</p> | | | | |

| Objectives | Initiatives and Actions | Accountable Lead | Monitoring Metric & Timeframe | Progress April - June 2019 | Progress July - Sept 2019 | Progress Oct - Dec 2019 | Progress Jan – March 2020 |
|---|---|----------------------------|---|----------------------------|---------------------------|-------------------------|---------------------------|
| | NUTH through communications and publicity. | | tions undertaken | | | | |
| 2.6. To extend the smoke free outdoor areas programme to other agreed outdoor spaces, to model non-smoking behaviour within public areas frequented by children | <ul style="list-style-type: none"> Develop and implement an action plan for the roll out of the smoke free outdoor spaces programme to school gates, parks, bus stops and refurbished NCC children's playgrounds. | CC (JM) | Plan produced by end of Q2. Quarterly reporting of progress. | | | | |
| 2.7 To increase the number of people from BAME groups who maintain a smoke free home and car | <ul style="list-style-type: none"> Provide tailor made training to BAME community workers, frontline staff and local champions on secondhand smoke to support them to make every client contact count Identify a number of smoke free BAME community workers to become smoke free champions to drive work forward on secondhand smoke and stop smoking with their target audiences. | CC (SN, JM) CC (SN) | Nos trained and active No of champions. Profile of smoke free work increased | | | | |

Key Strand Three: Building NHS Stop Smoking Services and Strengthening Local Action

Key Outcomes

- An increase in the number of Newcastle residents who;
 - access local Stop Smoking Services particularly among target populations.
 - quit tobacco with Stop Smoking Services particularly among target populations/communities.
 - reduce harm from tobacco by switching to other nicotine containing products.

| Objectives | Activities and Actions | Accountable Lead | Monitoring metrics & Timeframe | Progress April - June 2019 | Progress July - Sept 2019 | Progress Oct - Dec 2019 | Progress Jan - March 2020 |
|---|---|--------------------------|--|----------------------------|---------------------------|-------------------------|---------------------------|
| 3.1 To continuously develop, improve and monitor the provision of Stop Smoking Services within Newcastle. | <ul style="list-style-type: none"> • NCC to work with SSS hub provider to ensure implementation of the service model (based on the Ottawa model of stop smoking); delivering direct support in community settings, including via groups, and to specific agreed priority populations (50%) and mentoring and pharmacies (50%). | CC (LS), RN (CGL) | Regular monitoring meetings. | | | | |
| | <ul style="list-style-type: none"> • Use Quit Manager or Pharm Outcomes (in pharmacies only until roll out of Quit Manager is complete) to monitor performance of SSS providers | CC (CT, LS), CGL (RN) | Quarterly data reporting. | | | | |
| | <ul style="list-style-type: none"> • Continue ongoing review, development and implementation of the outpatient pathways for stop smoking in partnership with NUTH (supporting the 'NHS Smokefree' agenda). | CC (LS) | Pathways consistently implemented. Quarterly meetings. | | | | |
| | <ul style="list-style-type: none"> • Ensure those attending NHS | HWN (AC) | Quarterly data | | | | |

| Objectives | Activities and Actions | Accountable Lead | Monitoring metrics & Timeframe | Progress April - June 2019 | Progress July - Sept 2019 | Progress Oct - Dec 2019 | Progress Jan - March 2020 |
|---|--|---|---|----------------------------|---------------------------|-------------------------|---------------------------|
| | Health Checks receive brief advice and are appropriately referred for group and 1-1 SS support where appropriate | | | | | | |
| 3.2 To increase capacity for the delivery of stop smoking interventions by frontline staff. | <ul style="list-style-type: none"> Organise and deliver very brief advice, brief advice and intermediate training on stop smoking as per contract specification. | CGL (RN) | No of courses held/ nos trained. Reported quarterly | | | | |
| 3.3 To reduce the number of women smoking at time of delivery and post-partum | <ul style="list-style-type: none"> Embed the smoking and pregnancy pathway within NUTH, ensuring that all pregnant women are routinely CO monitored, receive brief advice and are appropriately referred for SS support CGL to provide specialist SS support to women Continue to train and support maternity staff and health visitors to provide VBA, during pregnancy and post-natally Health Visitors to continue providing brief advice to all pregnant women as part of routine practice between 28 and 32 weeks (Antenatal contact) and refer for SS support. Record on continuously improving data | <p>NUTH – maternity services (PT)</p> <p>CGL (RN)</p> <p>CGL (RN)</p> <p>NUTH 0 – 19 service (AT)</p> | <p>Quarterly statistics on SATOD</p> <p>SS quits reported on quit manager</p> <p>Nos trained</p> <p>Quarterly monitoring.</p> | | | | |

| Objectives | Activities and Actions | Accountable Lead | Monitoring metrics & Timeframe | Progress April - June 2019 | Progress July - Sept 2019 | Progress Oct - Dec 2019 | Progress Jan – March 2020 |
|---|--|------------------|---|----------------------------|---------------------------|-------------------------|---------------------------|
| | collection system. | | | | | | |
| 3.4 To fully embed and implement in practice, the 'smoke free NHS' guidance on smoking within secondary care (PH Guidance 48) | <ul style="list-style-type: none"> Gain commitment at NUTH Board level for treating tobacco dependency through implementation of 'smoke free NHS'. Communicate this with staff. Develop and implement a comprehensive action plan, adding value to every clinical contact by treating tobacco dependence. Roll out E Records system across the Trust, including stop smoking advice/support. All frontline staff to complete stop smoking VBA training (national training on Smoking Cessation (http://www.ncsct.co.uk/) / e-learning programme to support the implementation of the CQUIN of preventing ill health as part of the Making Every Contact Count programme https://www.e-lfh.org.uk/programmes/alcohol-and-tobacco-brief-interventions/) Review the potential of including e-cigarettes for sale in shops within NUTH to support harm | NUTH (PT) | Quarterly monitoring of plan | | | | |
| | | NUTH (PT) | Plan in place with quarterly monitoring | | | | |
| | | NUTH (PT) | E records in place | | | | |
| | | NUTH (PT) | Quarterly monitoring | | | | |
| | | NUTH (PT) | Review complete | | | | |

| Objectives | Activities and Actions | Accountable Lead | Monitoring metrics & Timeframe | Progress April - June 2019 | Progress July - Sept 2019 | Progress Oct - Dec 2019 | Progress Jan - March 2020 |
|---|---|-----------------------------------|---|----------------------------|---------------------------|-------------------------|---------------------------|
| | <p>reduction/cessation. (NRT products are already on sale)</p> <ul style="list-style-type: none"> Develop and implement a communications plan for smoke free NHS, including staff education about harm reduction through e-cigarettes. Identify a number of staff smoke free champions in NUTH to help embed NHS smoke free | <p>NUTH (PT)</p> <p>NUTH (PT)</p> | <p>Implementation of plan</p> <p>No of champions</p> | | | | |
| <p>3.5 To monitor and evaluate the NTW smoke free policy, increasing the number of people within the Trust who stop smoking</p> | <ul style="list-style-type: none"> Complete a full review of the Trustwide Smokefree Policy and associated Practice Guidance Notes Promote the revised policy in advance of the launch date to raise awareness amongst staff, patients and carers Roll out training in Brief Interventions in Smoking Cessation (mental health inpatient staff) to NTW staff | <p>NTW (DR, SF)</p> | <p>Data on impact of smokefree sites at NTW</p> <p>Review and consultation completed (Jul 19) Development of a comms plan and associated resources (Oct 19)</p> <p>No. of training sessions delivered No. of staff trained (March 20)</p> | | | | |

| Objectives | Activities and Actions | Accountable Lead | Monitoring metrics & Timeframe | Progress April - June 2019 | Progress July - Sept 2019 | Progress Oct - Dec 2019 | Progress Jan – March 2020 |
|---|--|--------------------------|---|----------------------------|---------------------------|-------------------------|---------------------------|
| | <ul style="list-style-type: none"> Pilot and potentially launch the roll out of provision of an e-cigarette to smokers on admission to inpatient wards as part of harm reduction approach | | Evaluation of e-cig pilots (Oct 19) Evaluation of roll out; Costs; uptake of e-cigs; smoking status of patients etc. (March 20) | | | | |
| 3.6 To increase the number of workplaces proactively engaged in stop smoking activity | <ul style="list-style-type: none"> Recruit 8 workplaces to the Better Health @ Work Award and support all workplaces participating on the award to achieve respective award levels Promote stop smoking campaigns through the Better Health @ Work Award, and its advocates, particularly targeting RM smokers including providing accurate information about the harm reduction benefits of e-cigarettes to help dispel the myths about them. | CC (MMc) CC (MMc) | No of workplaces engaged in Award. No of workplaces engaged in SS related campaigns. | | | | |
| 3.7 To increase the number of people from BAME communities accessing stop smoking | <ul style="list-style-type: none"> Implement the recommendations from the report produced in 2018/19 following conversations on smoking with BAME communities | CC (SN) | Quarterly update | | | | |

Key Strand Four: Media, Communications and Education

Key Outcomes

- An increase in the number of Newcastle residents who are aware of and access Stop Smoking Services
- A high awareness of residents who engage in national and regional campaign messages on smoking
- A measured improvement in the quality and consistency of tobacco education in schools.
- A reduction in the number of accidental dwelling fires and injuries caused by cigarettes

| Objectives | Activities and Actions | Lead | Monitoring metrics | Progress April - June 2019 | Progress July - Sept 2019 | Progress Oct - Dec 2019 | Progress Jan – March 2020 |
|---|---|--|---|----------------------------|---------------------------|-------------------------|---------------------------|
| 4.1 To effectively communicate and support tobacco control campaigns and disseminate key messages | <ul style="list-style-type: none"> • Systematically embed communications activity into SFN’s work, amplifying and proactively supporting key campaigns, advocacy work, publicising success and messages through relevant newsletters, publications, websites, digital and news media. Key campaigns; • PHE - Stoptober • Fresh – secondhand smoke • Fresh – 16 Cancers. • Fresh New Year Health Harms campaign • No Smoking Day | <p>CC (JM)</p> <p>All campaigns to be reported on by CC (JM), CGL (RN), NUTH (PT, AT), HWN (AC), NTW (SF)</p> <p>CC (DE,</p> | <p>Ongoing. Activity monitored quarterly . Publicity collated.</p> <p>Oct 2019</p> <p>June 2020 TBC</p> <p>June 2019</p> <p>Dec 2019-Jan 2020</p> <p>March 2020</p> | | | | |

| Objectives | Activities and Actions | Lead | Monitoring metrics | Progress April - June 2019 | Progress July - Sept 2019 | Progress Oct - Dec 2019 | Progress Jan – March 2020 |
|--|--|-----------------------------|---|----------------------------|---------------------------|-------------------------|---------------------------|
| | <ul style="list-style-type: none"> Fresh – Keep it Out campaign Appropriate religious festivals such as Ramadan, where stop smoking is promoted Promotion through HWN of specific tobacco related campaigns including with Community Health Trainer, early Years Health Trainers and Breastfeeding Peer Support teams | JM) CC (SN) HWN (CLB) | Jan 2020 Ramadan; 5/05/19 – 4.06/19 Reporting each quarter on activity. | | | | |
| 4.2 To improve communication s on smoking for BAME communities | <ul style="list-style-type: none"> Improve engagement with media/communications channels used by key BAME communities to better promote campaign messages Produce and disseminate bespoke materials about smoking for target BAME communities if a gap in the market is identified and the resources are requested by target audiences | CC (SN) CC (SN) | Targeted messages Materials produced by end of Q2 | | | | |
| 4.3 To improve the quality of tobacco education in schools. | <ul style="list-style-type: none"> Subject to demand, organise, facilitate and evaluate an in-service course on 'effective tobacco education in the primary school' for classroom practitioners and public health school nurses. | CC (JM) | Q4 course if demand. Nos attending. Positive evaluation. | | | | |
| 4.4 To advocate for a | <ul style="list-style-type: none"> Coordinate responses to national and international | CC (JM) | Responses produced | | | | |

| Objectives | Activities and Actions | Lead | Monitoring metrics | Progress April - June 2019 | Progress July - Sept 2019 | Progress Oct - Dec 2019 | Progress Jan – March 2020 |
|---|--|--|--|-----------------------------------|----------------------------------|--------------------------------|----------------------------------|
| range of tobacco control measures e.g. recommendations for prevention Green Paper, tobacco retail licensing, tobacco levy, and endorsing the ASH budget submission. | consultations on tobacco control. Lobby MP's/MEPs, council members and other key stakeholders on the issues. Produce templates to assist groups and individuals to respond appropriately. | | and submitted. Ongoing | | | | |
| 4.5 To increase public awareness of home fire safety, particularly in relation to smoking materials, targeting house fire hotspot areas and vulnerable groups. | <ul style="list-style-type: none"> • Carry out minimum of 6600 home safety check visits to higher risk premises, advising the public on how to reduce fire risks, and providing brief advice on smoking as required. • Supply and fix smoke alarms to homes on visits. • Monitor the number of smokers identified during visits | TWF (JH) TWF (JH) TWF (JH) | Quarterly reports No of Alarms fitted. No of smokers identified. | | | | |

Key Strand Five: Reducing the availability and supply of tobacco products; licit and illicit and addressing the supply of tobacco to children

Key Outcomes:

- High compliance with the law regarding the sale of cigarettes and/or electronic cigarettes or devices to minors and proxy purchases.
- Reduction in illegal cigarette market

| Objectives | Activities and Actions | Lead | Monitoring metrics | Progress April - June 2019 | Progress July - Sept 2019 | Progress Oct - Dec 2019 | Progress Jan – March 2020 |
|--|---|---|--|-----------------------------------|----------------------------------|--------------------------------|----------------------------------|
| <p>5.1 To collect intelligence on the availability and supply of illicit tobacco locally and take appropriate enforcement action.</p> <p>To support the regional 'Keep it out campaign and raise awareness in communities of how and where to report intelligence on illegal tobacco</p> | <ul style="list-style-type: none"> • Undertake 30 inspection visits to retail premises assessing all tobacco/e cigarette products and identifying any non-compliances including illegal tobacco products using handheld scanner. • Continue to promote the method of reporting intelligence on illegal tobacco and respond to all complaints received. • Subject to support from DH and/or local funding carry out targeted local operation(s) utilising tobacco dog team. • Work with Fresh to support the regional 'Keep It Out' campaign | <p>CC (DE)</p> <p>CC (DE)</p> <p>CC (DE)</p> <p>CC (DE) CC (JM)</p> | <p>Targeted visits undertaken</p> <p>Quarterly data on number of visits & levels of compliance</p> <p>Ongoing</p> <p>Ongoing</p> | | | | |
| <p>5.2 To engage with national, regional, tobacco projects as developed by DH/CTSI</p> | <ul style="list-style-type: none"> • Continue to engage with tobacco projects as they develop. | <p>CC (DE)</p> | <p>Quarterly update on progress of any projects.</p> | | | | |

| Objectives | Activities and Actions | Lead | Monitoring metrics | Progress April - June 2019 | Progress July - Sept 2019 | Progress Oct - Dec 2019 | Progress Jan – March 2020 |
|--|---|-------------|--|-----------------------------------|----------------------------------|--------------------------------|----------------------------------|
| 5.3 To increase awareness in the community of the problem of illegal tobacco | <ul style="list-style-type: none"> • Subject to demand provide bespoke short training sessions to community workers on illegal tobacco | NCC (JM) | No of people trained. Increased intelligence. | | | | |

Key Strands 6 and 7: Tobacco Regulation and Reducing Tobacco Promotion

Key Outcome

- Access to tobacco products is more difficult for young people
- High compliance with point of sale and standardised packaging legislation.
- Reduction in exposure of young people to tobacco promotion

| Objectives | Activities and Actions | Lead | Monitoring metrics | Progress April - June 2019 | Progress July - Sept 2019 | Progress Oct - Dec 2019 | Progress Jan – March 2020 |
|---|--|-----------------------|---|----------------------------|---------------------------|-------------------------|---------------------------|
| 6.1 To enforce the legislative provisions applicable to the advertising of tobacco, point of sale and standardised packaging. | <ul style="list-style-type: none"> • Carry out a minimum of 30 visits to retailers for compliance with statutory (under 18) notices. • Carry out 30 product warning label compliance visits to tobacco retailers to monitor compliance with POS and the standardised packaging regulations | CC (DE) CC(DE) | Quarterly data on number of visits & levels of compliance | | | | |
| 6.2 To advocate for any new regulatory measures on tobacco products. | <ul style="list-style-type: none"> • Respond to regulatory consultations on tobacco that emerge e.g. tobacco licensing regime, raising the minimum age of purchase and the prevention Green Paper (cross ref 4.4) | CC (JM), CC (DE) | Response(s) submitted | | | | |

Key Strand 8: Research, Monitoring and Evaluation

Key Outcome

- Research, monitoring and evaluation measures embedded and inform practice
- Reduced smoking prevalence, especially within target groups and communities

| Objectives | Activities and Actions | Lead | Monitoring metrics | Progress April - June 2019 | Progress July - Sept 2019 | Progress Oct - Dec 2019 | Progress Jan – March 2020 |
|--|--|---|---|----------------------------|---------------------------|-------------------------|---------------------------|
| 8.1 To monitor relevant public health data to track progress and measure the effectiveness of interventions Cross ref 1.1 | <ul style="list-style-type: none"> • Collate, share and interrogate relevant data regularly such as; Smoking at the Time of Delivery (SATOD), Annual Population Survey (APS), Residents Survey, stop smoking data, PHE local tobacco profiles, to inform the Newcastle Future Needs Assessment, planning and targeting interventions and resources. • Collate data related to BAME and smoking and assess the need to develop more intelligence on BAME and smoking to inform practice and development • Analyse and disseminate the results related to smoking from the 2019 Health Related Behaviour Survey | <p>CC (CT), CC (JM)</p> <p>CC (SN, CT)</p> <p>CC (JM, CT)</p> | <p>Data used to target interventions effectively</p> <p>Local intelligence improved</p> <p>Results by Autumn 2019 and inform planning</p> | | | | |
| 8.2 To monitor the implementation of the SFN plan, reviewing performance | <ul style="list-style-type: none"> • Produce quarterly monitoring reports and discuss performance at each SFN meeting. | CC (JM) | Quarterly RAG reports | | | | |

| Objectives | Activities and Actions | Lead | Monitoring metrics | Progress April - June 2019 | Progress July - Sept 2019 | Progress Oct - Dec 2019 | Progress Jan – March 2020 |
|---|--|-------------|--|-----------------------------------|----------------------------------|--------------------------------|----------------------------------|
| against agreed metrics | | | | | | | |
| 8.3 To achieve zero fire deaths and reduce accidental dwelling fires and resultant injuries caused by smoking related materials | <ul style="list-style-type: none"> Produce and analyse data on dwelling fires including any fire related injuries caused by smoking materials and use to target hotspot areas and learn from serious fire reviews | TWFS (JH) | Quarterly data of no of smoking related fires, fire deaths, injuries | | | | |
| 8.5 To collaborate with research on smoking to achieve identified outcomes. | <ul style="list-style-type: none"> Support the local academic community in tobacco-related studies. | CC (EM, LS) | Quarterly update on progress | | | | |

Key

Organisations and Groups

| | |
|-------------|--|
| CC | Newcastle City Council |
| SFN | Smoke Free Newcastle |
| SFNE | Fresh; Smoke Free North East |
| SSS | Stop Smoking Service |
| PHE | Public Health England |
| SF | Smoke Free |
| NUTH | Newcastle Upon Tyne Hospitals NHS Foundation Trust |
| TWFS | Tyne and Wear Fire and Rescue Service |
| NTW | Northumberland and Tyne and Wear Trust |
| CGL | CGL – Stop Smoking Provider |
| HWN | Healthworks Newcastle |

Personnel

| | |
|------------|---|
| JM | Judith MacMorran; Public Health, NCC |
| DE | David Ellerington; Directorate of Operations and Regulatory Services, NCC |
| EM | Eugene Milne; Public Health, NCC |
| AW | Angela Wallis; Directorate of Operations and Regulatory Services, NCC |
| MMc | Michael McMullen; Public Health, NCC |
| RN | Rachel Nichol; Stop Smoking Service, CGL |
| PT | Peter Towns, NUTH |

| | |
|--------------|--|
| JH | James Hewitt; Prevention and Education, TWFS |
| AT | Ann Tulip; 0-19 Service, NUTH |
| CT | Claire Toas, Public Health Intelligence, CC |
| LS | Lynda Seery, Public Health, NCC |
| DR/SF | Damian Robinson/Sally Faulkner, NTW |
| AC | Angela Clark, Healthworks Newcastle |
| SN | Suzanne Nicholson, Public Health, NCC |