Communities Committee

Item No.

Report title:	**Public Health - Tobacco Control Strategy**
Date of meeting:	**7 September 2016**
Responsible Chief Officer:	**Dr Louise Smith, Director of Public Health**

Strategic impact

Tobacco Control and Stop Smoking services are core public health services addressing one of the most preventable causes of early death, ill health and health inequalities. Thus they form a pillar of public health strategy and contribute to Council priorities, in particular of supporting vulnerable people.

Local authorities work in partnership with various agencies through the Norfolk Tobacco Control Alliance to help achieve a vision of a smoke free county.

Recent years have seen significant reduction smoking prevalence however there remains work to do. Stop smoking services face increasing challenges, with falling footfall and more hardened smokers. Thus the strategy and action plan propose a number of changes in focus to target key groups.

Executive summary

National legislation supports the work to drive down prevalence of smoking starting from the smoking ban (2007), point of sale display in shops (2012), smoke free cars (2015) through to standardised packaging legislation introduced earlier this year (May 2016).

In Norfolk prevalence is about 16.7%. Our target is to see further reductions to 13% by 2020, with a targeted focus on smoking in pregnancy (aiming for a drop in prevalence from 14% to 8.3%) and in routine and manual workers (aiming for a drop in prevalence from 28% to 16%).

To reduce smoking, Norfolk's strategy is led by the Tobacco Control Alliance, chaired by Councillor Paul Smyth. The strategy sets out a vision to 'make smoking history for the people of Norfolk' by preventing people from starting smoking, helping people quit and protecting people from second hand smoke and illicit tobacco.

To deliver the Tobacco Control Alliance strategy a review has been undertaken, including advice from national experts. An action plan that addresses the gaps identified has been drawn up.

Recommendations:

1. **To note the harm that smoking does and support the vision of a smoke free county.**
2. **To endorse the Norfolk Tobacco Control Alliance Strategy and action plan, focussed on its strategic priorities to:**
    - **Prevent young people from becoming smokers**
    - **Assist every smoker to quit smoking**
    - **Protect people, especially children, from tobacco related harm**
3. **Agree the proposed targets for 2020 to have reduced overall smoking prevalence to 13%, smoking in pregnancy to 8.3% and amongst routine and manual workers to 16%.**

1. Proposal

1.1. Smoking is the single greatest cause of premature death and disease in our communities. Reducing smoking in our communities significantly increases household incomes and benefits the local economy. Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities. Smoking is an addiction largely taken up by young people, two thirds of smokers start before the age of 18 and the illicit trade in tobacco funds the activities of organised criminal gangs and gives children access to cheap tobacco.

The County Council through the Tobacco Control Alliance has the opportunity to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence. The Norfolk Tobacco Control Alliance is chaired by Councillor Paul Smyth.

The Tobacco Control Alliance brings together partners across Norfolk to address the causes of tobacco use, raise the profile of the harm caused by smoking to our communities, reduce smoking prevalence, monitor progress and publish the results. The Tobacco Control Alliance Strategy is attached in **Appendix I.**

Norfolk's Tobacco Controls strategy proposes 3 priorities to:

- 'Turn off the tap' of young people who become smokers :
- Assist every smoker to quit smoking
- Protect families and communities, especially children, from tobacco related harm

An action plan to deliver progress against these priorities is in **Appendix 2**. The key proposals of the action plan are to provide strong leadership for tobacco control, deliver stop smoking services towards target groups through providing good quality stop smoking services, continue to work with trading standards to tackle illicit tobacco, and promote smoke free messages through a comprehensive communications plan.

2. Evidence

2.1. About 1 in 6 people in Norfolk smoke, and in the most deprived areas this rises to 1 in 3. About 1 in 10 children aged 15 years also smoke. Smoking rates are highest in deprived areas, and people working in routine and manual occupations.

The number of people who smoke is dropping but in Norfolk we have rates higher than the England average in pregnancy. Data on the prevalence and impact of smoking in Norfolk is shown in **Appendix 3**

Our impact on smoking prevalence is monitored corporately by two 'vital signs' measures that are routinely reported to committee, specifically:

- Smoking in pregnancy
- Smoking in routine and manual groups

For these measures, and overall smoking prevalence targets are proposed:

	England average 2015	Norfolk 2015	Target 2020
Overall prevalence	18%	16.7%	13%
Smoking in pregnancy	11%	14.1%	8.3%
Routine and Manual Workers	25.3%	28%	16%
Children & Young People	10.1%	8.7%	5%

3. Financial Implications

3.1. No new financial commitments are proposed. The ring fenced public health grant budget allocates c£2m for tobacco control and the commissioning of stop smoking services.

4. Issues, risks and innovation

4.1. Recent years have seen significant reduction in smoking prevalence however there remains work to do. Stop smoking services face increasing challenges, with falling footfall and more hardened smokers. It is becoming harder to deliver smoking quits in the numbers achieved historically. Thus the strategy and action plan propose a number of changes in strategy to target key groups. Please refer to appendix 4.

5. Background

5.1. Various pieces of legislation have supported the work to drive down prevalence of smoking starting from the smoking ban (2007), point of sale display in shops and supermarkets (2012), smoke free cars (2015) through to standardised packaging legislation introduced earlier this year.

The 2007 Smoke-free legislation in England was associated with 1,200 fewer emergency admissions to hospital for heart attacks (a reduction of 2.4%) in the 12 months following implementation.

Supported by legislation, increased public knowledge, and more recently stop smoking services, smoking prevalence in England has halved over the last 35 years. Now fewer than 1 in 5 adults smoke. However, smoking is still a cause of excess deaths.

The Tobacco Control Alliance was established in 2014 and has developed a Norfolk Tobacco Control Strategy and progressed collective action to reduce smoking in Norfolk. We have also continued to commission a specialist stop smoking service to help smokers to. In 2014/15 stop smoking services across Norfolk helped about 6,400 smokers set a quit date and confirmed that 3,400 had stopped smoking.

To inform our future strategy we have reviewed our services, with national experts against a nationally recognised framework approved by Public Health England - the CLeaR tool. The action plan address areas identified in the review. A review of progress will be undertaken in 12 months.

Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

Officer name : **Dr Augustine J Pereira** **Tel No. :** **01603 638470**

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Appendix 1: Strategy

Norfolk Tobacco Control Strategy 2016 -2020

By: Norfolk Tobacco Control Alliance.

Revised summer 2016.
The action plan remains to be a live document and is reviewed annually by the Norfolk Tobacco Control Alliance.

Foreword

Smoking remains the biggest cause of preventable deaths in Norfolk and increases health inequalities between socio-economic groups. Consequently, the Tobacco Control Alliance has set itself the strategic vision "to make smoking history for the people of Norfolk".

The Alliance's Tobacco Control Strategy recognises that in Norfolk smoking prevalence has reduced from 20% in 2010, to 18% in 2013. Yet despite this welcome reduction, smoking continues to have a detrimental effect on health and economic well-being in the County. The Strategy therefore contains three goals:

- To 'Turn off the tap' of young people who become smokers
- To assist every smoker to quit smoking
- To protect families and communities, especially children, from tobacco related harm

The various organisations which make up the Tobacco Control Alliance allow it to pursue these agreed Strategic goals through multi-agency efforts that encompass prevention, education, cessation and recovery. By establishing common strategic priorities among the many members of the Alliance, the Strategy should enable increased and more effective Tobacco Control partnerships across Norfolk, and it will be updated in the light of best practice. It is hoped, therefore, that the rejuvenated Tobacco Control Alliance will make real progress toward making 'smoking history for the people of Norfolk.

COUNCILLOR PAUL SMYTH
Chair of the Norfolk Tobacco Alliance

Foreword

Over the past 35 years, smoking prevalence in England has halved. Now fewer than 1 in 5 adults smoke. However, smoking is still a cause of excess deaths. Evidence has shown that strategies designed to tackle tobacco need to be comprehensive and can only be delivered by multiple partners. The Tobacco Control Alliance has therefore come together as a partnership with a drive and strategic vision "to make smoking history for the people of Norfolk".

I am pleased that the new Tobacco Control Strategy focuses on the key influences and help to direct the work at locality level by 'turning off the tap' of young people who become smokers, assisting every smoker to quit smoking and protecting families and communities, especially children, from tobacco related harm.

Within Norfolk, I have prioritised Public Health action to deliver the strategy and I encourage all partners to do so too. By making every contact count and signposting smokers to quit through brief interventions, we can make Norfolk a better place for our future generations and support us in achieving our vision to make smoking history in Norfolk.

DR LOUISE SMITH
Director of Public Health
Norfolk County Council

Introduction

Smoking Tobacco has been identified as one of the biggest contributors to inequalities in life expectancy and causes of death and disability within Norfolk. Smoking prevalence has shown to be affected by a number of demographic factors. For example:

- Age
- Deprivation
- Gender
- Mental Health problems
- Pregnancy
- Prisoners
- Socio-economic status

The smoking prevalence in England and Norfolk has been decreasing during the most recent 4 year period. However the health inequality gap remains.
This strategy provides a clear pathway to improve the inequalities gap in Norfolk. It details an overarching 10 year vision and clarifies the first steps required to progress the Tobacco Control agenda in Norfolk. The strategy specifies recommendations which have been informed by the Health Needs Assessment, and including public opinion via the Your Voice questionnaire as well as regional, national and international trends in tobacco control.
The 3 priority areas have been developed through the work of the Tobacco Control Alliance, are informed by the Health Needs Assessment and are aim to have a greater influence on health inequalities and tackle Tobacco Control issues faced within Norfolk. The purpose of this strategy is to ensure that the Alliance members have a structure to follow and activities are monitored whilst being completed within a multi-agency approach

Our Vision

“To make smoking history for the people of Norfolk.”
The main reasons for setting our ambitious vision are highlighted below:

- Smoking is the highest cause of preventable death in England in comparison to other leading causes of preventable death e.g. alcohol, accidents, non-communicable diseases and drug misuse.
- Smoking has been identified as one of the biggest contributors to inequalities in life expectancy and causes of death within Norfolk.
- Smoking in pregnancy has shown to be more prevalent in women who have never worked or are routine and manual workers, a prominent issue in Norfolk.
- Long-term or persistent smokers bear the heaviest burden of morbidity and mortality related to their smoking habit. Persistent smokers are disproportionately drawn from lower socio-economic groups.
- Evidence has shown that most adult smokers start smoking at a young age, around 66% start before they are 18. It is a common misconception by young people that they can experiment with cigarettes without getting addicted but they often shows signs of addiction after 4 weeks of smoking.
- In a year it is estimated that 2,861 children will start smoking in Norfolk, this means that each day 8 children will begin smoking that is 56 children start smoking every week. This is equal to having two classroom full of children becoming smokers every week- a clear call to action.

- Illicit tobacco is easily accessible to young people as it is made cheap and available through unofficial & unregulated outlets. This is a health protection concern.
- Reducing exposure to second hand smoke including exposure to young children travelling in cars is a public health priority

Tobacco Control

Tobacco Control is an evidence-based approach to tackling the demand for tobacco use and harm caused by the use. Tobacco control is made up of the following sections:

- Enforce the minimum price of tobacco
- Ensure non-price measures such as advertising restrictions, smoke free laws and health warnings are in place
- Provide information and advocacy
- Provide effective stop smoking programmes
- Restrict underage sales
- Control the illicit trade.
- Reduce health inequalities

To ensure effective tobacco control, it is important to take a multi-faceted and comprehensive approach which includes working with local and national colleagues. Effective tobacco control is more than providing stop smoking services or enforcing smoke free legislation but assists to eliminate the health and economic burden of tobacco use.
To drive tobacco control forwards in Norfolk, the Alliance was rejuvenated to ensure all required organisations were involved to galvanise the actions decided.

The harms of Tobacco Use

Tobacco is the only legal drug that kills many of its users when used as exactly as intended by manufacturers and is a global health threat. Smoking is the primary cause of preventable illness, premature death and is strongly associated with socio-economic disadvantage. Smokers in disadvantaged groups typically start at a younger age, smoke more cigarettes per day and take in more nicotine – this highlights that smoking exacerbates health inequalities between communities.
Smoking has shown not only affect the smoker but those around them in the form of second-hand smoke. Second-hand smoke can cause respiratory complications such as Asthma, wheezing and lung cancer.

Cost of smoking to Norfolk

In Norfolk, it estimated that smoking costs the society £203.9 million each year, the majority of that results from the estimated output lost from smoking breaks at £74.2 million. It is not only the cost to the NHS, businesses and wider economy but financial impacts upon individuals especially those from a deprived area. Based on the cost of an average packet of cigarettes (around £8), a person who smokes 20 a day could spend up to £2,920 a year. This cost of cigarettes disproportionally affects the lower-income groups as on average they smoke more frequently and have less disposable income to spend on perceived luxury products. This highlights an opening in health inequalities between social-economic groups that still exists.

Prevalence of smokers in Norfolk

Smoking has been identified as one of the biggest contributors to inequalities in life expectancy and causes of death within Norfolk. The integrated household survey

demonstrated that the general population of over 18's national has a smoking prevalence of 16.7%. The smoking prevalence in the routine and manual socio-economic status is considerable higher than the general population at 25.3%. Looking at the neighbouring regions within East of England, Norfolk at 14.1% the worst for smoking status at time of delivery. It is to be noted that the data collected is not particularly accurate or consistent as the questions asked (if at all) are often not asked at the time of delivery but most often at the first antenatal visit. This is perhaps before any pregnancy influenced behaviour change has taken place and, as it is self-reported, women may fear judgement so their responses may not be reliable. This highlights that further work needs to be explored to achieve the national SATOD target (11%) which could be achieved through the Tobacco Control Alliance, although it is a responsibility for NHS England.

Norfolk Tobacco Control Strategy

In September 2013 it was agreed that a Health Needs Assessment on Tobacco Control was required. The needs assessment included;

- An understanding of the prevalence of smoking and its affect within different population and community groups
- Review of national and researched best practice
- Service mapping of current practice in Norfolk
- Stakeholder feedback through a Tobacco Control Conference/ workshop held in June 2014 and researching public opinion using Your Voice survey. This questionnaire highlighted triggers why young people initiated smoking and people's perception of the stop smoking service.

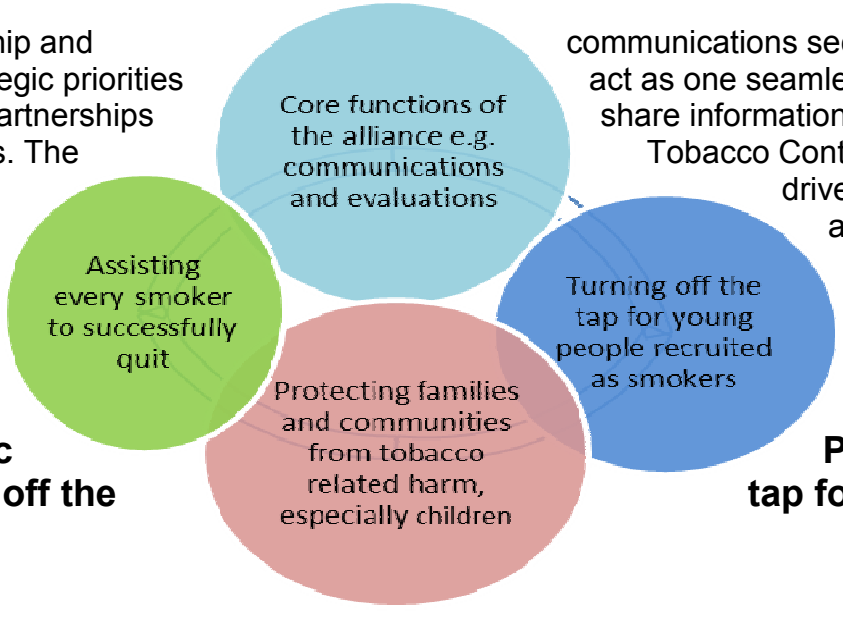
For the purpose of validating the findings of the HNA and translating the needs assessment into a strategy, a Tobacco Control conference was held in June 2014. The aim of the conference was to recruit members from appropriate organisations such stop smoking services and develop priorities for the strategy going forwards.

The Tobacco Control Strategy Priorities

The priorities as set out in the UK Tobacco Control Alliance a toolkit for London were adapted to the Norfolk Tobacco Control priorities following discussion at the conference. These priorities are:

- Turning off the tap for young people recruited as smokers
- Assisting every smoker to successfully quit
- Protecting families and communities from tobacco related harm, especially children

A leadership and
the 3 strategic priorities
and that partnerships
colleagues. The
act as the
strategy



communications section ensures that
act as one seamless set of activities
share information with all relevant
Tobacco Control Alliance will
driver for the overall
and will be
responsible for
monitoring the
progress of the
priorities.

Strategic
Turning off the

Priority 1:
tap for young

people recruited as smokers

The HNA highlighted the following:

- Evidence has shown that most adult smokers start smoking at a young age with around 66% of smokers starting before they are 18. It is a common misconception by young people that they can experiment with cigarettes without getting addicted but they often shows signs of addiction after 4 weeks of smoking.
- In a year it is estimated that 2,861 children will start smoking in Norfolk, this means that each day 8 children will begin smoking, 56 every week. This is equal to having two classroom full of children becoming smokers every week- a clear call to action.
- Illicit tobacco being cheap and available is easily accessible to young people and is a health protection concern

For the above stated reasons, preventing young people from becoming smokers is seen as a high priority.

Strategic Priority 2: Assisting every smoker to successfully quit

The HNA highlighted the following:

- Smoking is the highest cause of preventable death in England in comparison to other leading causes of preventable death e.g. alcohol, accidents, non-communicable diseases and drug misuse.
- Smoking has been identified as one of the biggest contributors to inequalities in life expectancy and causes of death within Norfolk.
- Smoking in pregnancy has shown to be more prevalent in women who have never worked or are routine and manual workers, a prominent issue in Norfolk.

In addition, the evidence tells us that two out of every three smokers wishes to quit and that smokers are much more likely to have a successful quit attempt if supported by a smoking cessation service. For the above stated reasons, assisting every smoker to successfully quit is seen as a high priority.

Strategic Priority 3: Protecting families and communities from tobacco related harm, especially children

The HNA highlighted the following:

- Long-term or persistent smokers bear the heaviest burden of morbidity and mortality related to their smoking habit. Persistent smokers are disproportionately drawn from lower socio-economic groups.
- Illicit tobacco being cheap and available is easily accessible to young people and is a health protection concern.
- This is found to be purchased by young adults and children who are often unaware of the health implications.
- Reducing exposure to second hand smoke including exposure to young children travelling in cars is a public health priority

For the above stated reasons, protecting families and children from tobacco related harm is seen as a high priority.

Core functions of the alliance e.g. communications and evaluations.

Good communication is the key to the development of a Tobacco Control Alliance, raising awareness of the harms of tobacco use and ensuring that a clear and consistent message is relayed to the public and partners. It is important to have a shared communications plan, identifying opportunities for tobacco control work, key actions to achieve the priorities and named leads, which can include organisations. The communications plan will include Stoptober, Non-smoking day and possibly the "Take 7 Steps out" campaign originating from Tobacco Free Futures.

Implementing the Strategy

The Norfolk Tobacco Alliance was revitalised following the Health and Social Care Act. The Health and Wellbeing Board agreed that the Alliance meets again to set out its strategy and develop the work of Tobacco Control in Norfolk.

The membership of the Tobacco Alliance consists of;

Matthew Project	Keystone Trust
LPC – Local Pharmacy Committee	South Norfolk YAB
UEA	Breckland District Council
Healthy Schools	South Norfolk District Council
NCC Communications	Broadland District Council
Momentum	Norwich City Council
Stop Smoking service – ECCH and NCH&C	Public Health
	Trading Standards
	Fire and Rescue Service
	Action for Children
	School governor

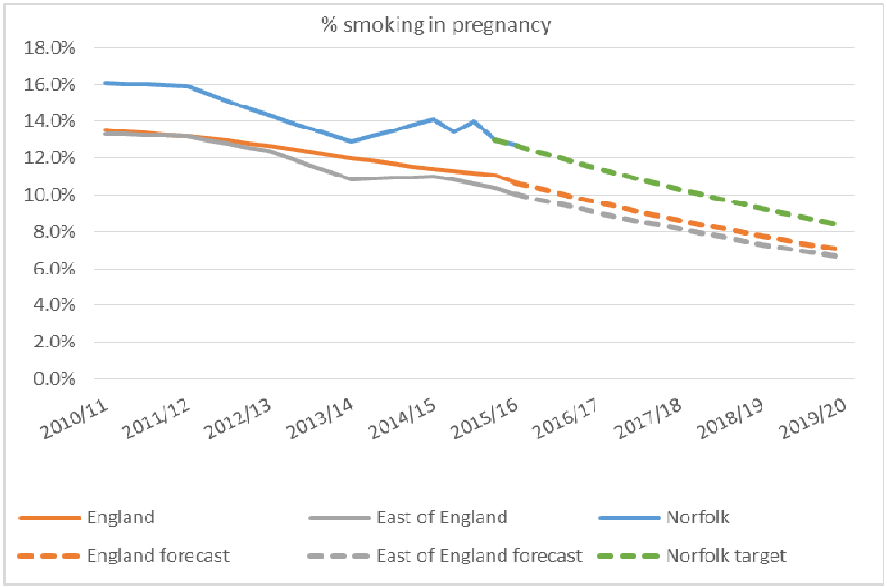
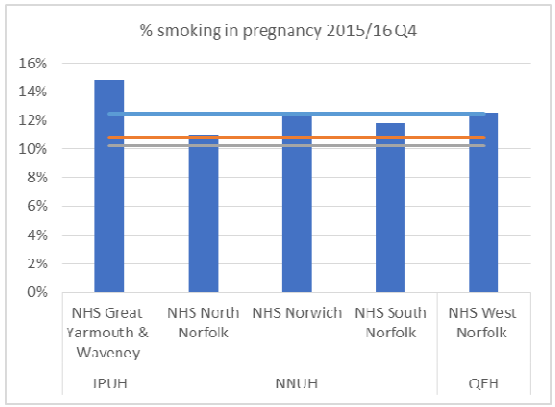
Tobacco Control Conference was organised to validate the findings of the Health Needs assessment and begin to set the priorities for a Tobacco Control Strategy for Norfolk. The strategy is a result of a commitment to partnership approach to tackling the impact of Tobacco in Norfolk. The partnership chaired by the Councillor Chair of the Communities Committee and is accountable to the Health and Wellbeing Board.

CONTACTS:

For further details on the Strategy, to discuss how your organisation can contribute towards the work of Tobacco Control in Norfolk or if you would like to be a member of the Norfolk Tobacco Alliance, please contact Alice Vickers on 01603638306/ alice.vickers@norfolk.gov.uk or Dr Augustine Pereira on 01603638470 or augustine.pereira@norfolk.gov.uk

Appendix 2 Stop smoking related vital signs - Smoking in pregnancy/smoking status at time of delivery

Why is this important?
Smoking in pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy. Potential harms to the child include the increased chance of attention difficulties, increased chance of breathing problems and increased chance of poor educational attainment. Smoking in pregnancy is five times more likely in deprived areas so disproportionately impacts on deprived communities.

Performance	What is the story behind current performance?
	• After an increase in 2014/15, the smoking in pregnancy declined in 2015/16 from 14.1% to 12.7%, with 12.7% being the same rate as the target rate. • From April 2015 to March 2016 approximately 1,105 mothers were smoking during pregnancy out of 8,699 maternities. There is inequality in smoking in pregnancy. The highest smoking in pregnancy rates are in Great Yarmouth CCG, Norwich CCG and West Norfolk CCG. 
What will success look like?	**Action required**

• For Norfolk as a whole a 10% reduction year on year through to 2020. • The gap in smoking in pregnancy between mothers from more deprived areas of Norfolk and the rest of Norfolk is halved by 2020.	• Carbon monoxide monitoring of all pregnant women at booking and referral to Norfolk stop smoking service, based on an opt-out system. • Training and awareness for midwives and other health professionals. • Partnership work to develop a good referral pathway. • Shared accountability by partners.
Responsible Officers	Lead: Dr Augustine Pereira - Consultant in Public Health Data: Sandra Davies - Public Health Officer.

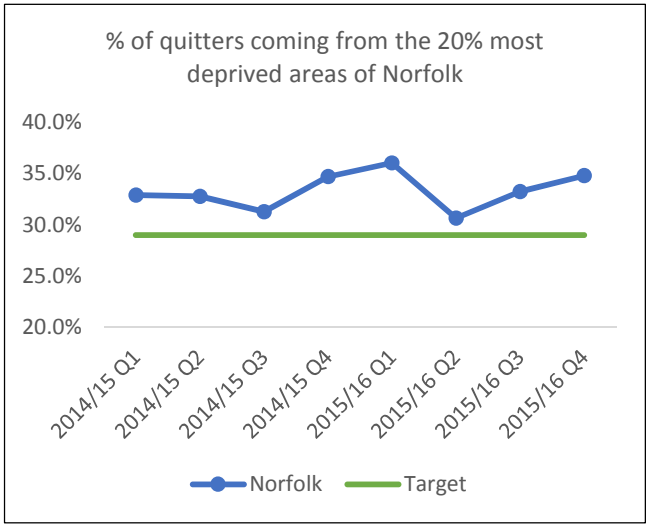
Reducing inequality in smoking prevalence

Why is this important?

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in the lip, mouth and throat.

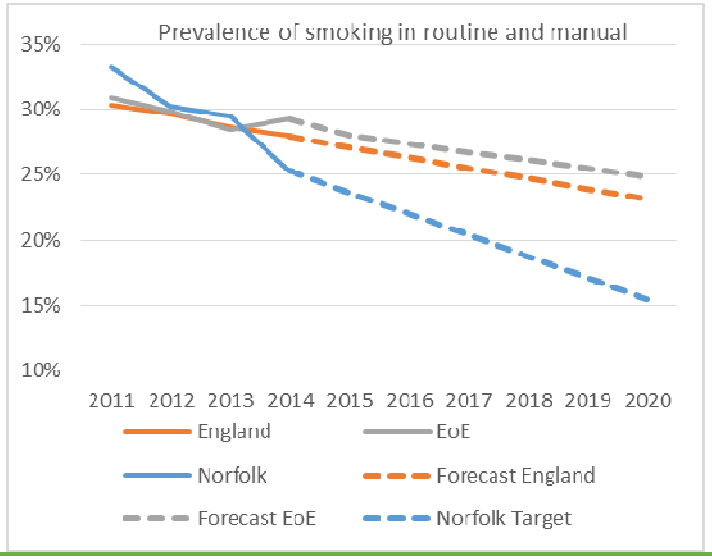
Because smoking is so harmful, differences in smoking prevalence across the population lead to big differences in death rates and illness, making smoking the single most important driver of health inequalities. Smoking is more common among unskilled and low income workers than among professional high earners. The more disadvantaged someone is, the more likely they are to smoke and to suffer from smoking-related disease and premature death.

Performance



What is the story behind current performance?

- The prevalence of smoking in the routine and manual group in Norfolk has consistently decreased from 33% in 2011 to 25% in 2014.
- This is due to targeting stop smoking services to those from deprived areas and the subsequent use of the service by smokers from those areas
- In 2015/16 Q4 the percentage of people that quit smoking coming from the most deprived areas in Norfolk was 34.8%.



What will success look like?	Action required
• Decrease the prevalence of smoking in the routine and manual group to 16% by 2020. • The percentage of people that quit smoking coming from the most deprived areas in Norfolk is above the target of 29%.	• Ensure Stop Smoking Services prioritise and target manual workers in delivery of services. • Working with local businesses / workplaces to promote stopping smoking • Provision of advice within the workplace for routine and manual workers and train workers to provide this to their peers.
Responsible Officers	Lead: Dr Augustine Pereira - Consultant in Public Health Data: Sandra Davies - Public Health Officer

Appendix 3: NTCA CLeaR Action Plan

Tobacco Control Norfolk: Action Plan

Background

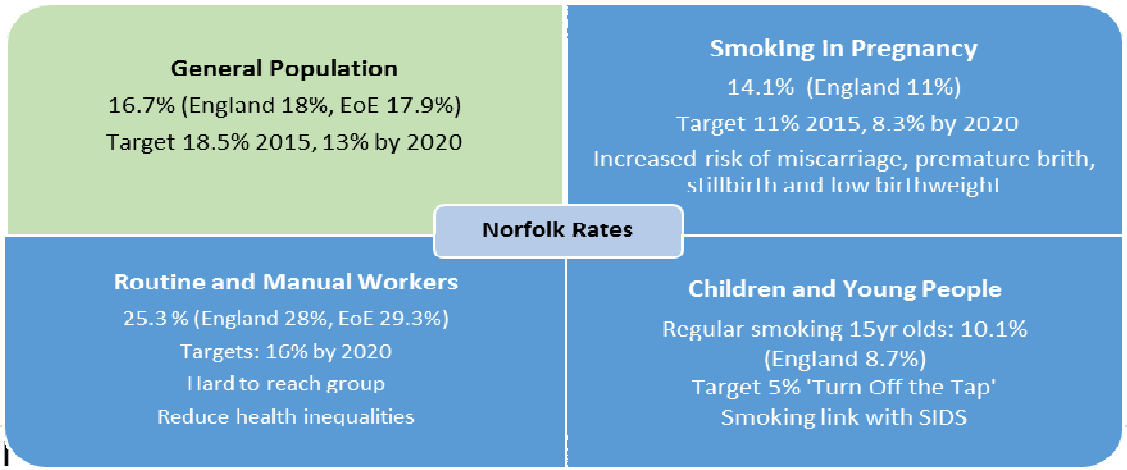
Over the past 35 years, smoking prevalence in England has halved. Now fewer than 1 in 5 adults smoke. However, smoking is still a cause of excess deaths. In 2013, 1 in 6 deaths over the age of 35 were caused by smoking, approximately 200 deaths per day [1].
The 2015 targets set by Healthy Lives Healthy People have been largely reached in our region, with the exception of smoking in pregnancy. The five year strategy set out in the Government's Tobacco Control plan came to an end in 2015 and further targets for reduction were proposed in 'Smoking Still Kills' produced by Action on Smoking and Health in 2015[2]. The government undertook a high profile marketing campaign for tobacco control including Smokefree, Stoptober and Quitkit campaigns. However, the recent reduction in resources put into mass media means there is a need for local authorities to continue the impetus of smoking cessation campaigns to keep on target for the reduction in smoking prevalence in our communities.

Norfolk: How we compare

In Norfolk, smoking in adult population is 16.7 % [3] and is following the general decline reflected in the national data. Work by the Norfolk Tobacco Control Strategy 2016[4] defined 3 key strategic priorities to continue the decline in smoking in Norfolk. These are:

- To 'Turn off the Tap' of young people who become smokers
- To assist every smoker to quit smoking
- To protect families and communities, especially children, from tobacco related harm

Targets



Appendix 2 Action Plan for Tobacco Control 2016-2018.

The three strategic priorities set out below helps define the aims within our Action plan to achieve our overall vision for Tobacco Control in Norfolk.

Vision: To make Smoking History for the people of Norfolk

'**Turn off the tap' of young people who become smokers**:

- Engage with providers of smoking prevention services commissioned by the Healthy Child Programme
- Explore alternative ways to engage with young people

To assist every smoker to quit smoking

- Increased promotion of the Smoking Cessation Service locally
-
- Increased working with the service in joint events, sharing of promotional materials

To protect families and communities, especially children, from tobacco related harm

- Reinvigorate the Take 7 Steps campaign, increase awareness, family perspective
- Increased focus on Smoking in Pregnancy – focus on family and young women rather than just mother
- Increase awareness of legislative changes around smoking environments (e.g. smoking in cars)
- Develop an approach to communicate the role of e-cigarettes in smoking cessation

CLeaR	Aims	Lead	Outcome/ Action	Timescale
Leadership	To ensure tobacco control is part of mainstream public health & County Council work and its ambition.	Senior responsible officer	• To ensure tobacco control is part of mainstream public health work and commit Norfolk County Council to taking comprehensive action to address the harm from smoking, we recommend the council to endorse the core set of principles developed by the PH team. • To support the council and its members to assert a clear ambition for Tobacco Control by endorsing the Norfolk Tobacco Control Strategy with its overarching priorities • To support Health Scrutiny to examine the role of	July 2016 - January 2017

CLeaR	Aims	Lead	Outcome/ Action	Timescale
	To promote that NHS partners sign the NHS statement of support for tobacco control.		Smoking Cessation and the NHS support to reduce smoking across Norfolk, including highlighting the role of clinical leadership champions • To support Prisons in the process of becoming voluntary Smokefree	
Challenge Services	To improve the health outcomes of mothers and their babies through the saving babies lives task and finish group.	Senior responsible officer and key professionals who have an interest and skills in maternity services or smoking cessation.	• For CO monitoring to be done routinely at 36 weeks of pregnancy. • Review the midwives script to encourage better compliance with CO monitoring • review of the CO monitors and training available • To make CO monitoring a standard health check. • level 2 smoking cessation training to be mandatory • To review the op out/in referral to the stop smoking service. • To develop a e-cigarette policy for use during pregnancy • achieve the 10 % year on year reduction amongst Smoking in Pregnancy • To engage with Childrens centres, health visiting and FNPs in this work • Increase number of smoking in pregnancy referrals	June 2016 – February 2018
	To improve the health outcomes of those with mental conditions through the mental health and smoking task and finish group.	Stop Smoking service, Public Health and Mental Health lead.	• Incorporate harm reduction into future service offer (specialist service). • Better partnership working between organisations. • Collaborative development of smoking cessation and mental health strategy. • Promote SSS through organisations. • To include NRP within discussions ensuring a clear referral pathway. •	August 2016 – June 2017

CLeaR	Aims	Lead	Outcome/ Action	Timescale
	Support and advocate the regional illicit tobacco project and promote campaign/events.	Trading Standards with support from Public Health.	• Roadshows to have been delivered across the region • Referrals to the stop smoking service • Improved knowledge of illicit tobacco. • Improved intelligence of illicit tobacco traders leading to further raids.	December 2016
	For the stop smoking service to share their practice with the alliance.	Specialist Stop smoking Service	• To review the primary care contract list and offer the contract to organisations working with vulnerable groups. • To have a clear pathway for referrals for organisations not fitting the PCC criteria. • To demonstrate how the specialist service work with other organisations in regards to referrals or training. • Demonstrating how the specialist service adheres to the NICE guidance.	August 2016-January 2018
Communications	To be prepared for all campaigns and utilise all media methods through the use of the **communications plan.**	Comms lead for Public Health	• To ensure that Tobacco control messages go beyond promotion of activity and support the wider work programme • To ensure the plan has specific & measurable outcomes which help us to monitor impact of each campaign. • To coordinate between all comms leads so that consistent messages are shared across organisations in Norfolk.	July – September 2016
	To monitor the implementation of the comms plan.	Comms lead for Public Health & NTCA	• To ensure that the comms plan has adequate support from all agencies and messages are shared by all organisations	Ongoing
Results	To raise awareness and support the performance data dashboard at NTCA To have an	Senior responsible officer	• To develop an efficient dashboard to take reports of performance to NTCA and monitor progress • To have an efficient system to support pharmacies to input their quit data • To have an efficient system to support GP's to input their quit data	July – October 2016

CLeaR	Aims	Lead	Outcome/ Action	Timescale
	improved data monitoring system for level 2 stop smoking service.			

NTCA CLeaR Communications Plan

Projects/ Area	Aims	Key Message/ #	Action Plan	Timescale
National Campaigns, Legislation & Environment	Increase awareness Distribute materials	Become #Smokefree	Promotion of QuitPacks – pharmacy /GP promotion Promotion of Web resources: OneYou Promotion of SmokeFree App – 28 day programme via phone	Continuous
StOptober **Standardised packaging**	Local awareness/ media/ events Distribute Quitpacks		Social media, posters for GP/Pharmacy, Local radio promotion, newspaper advertising Small city based events Norwich, KL, Thetford, GY	Active Sept – October 2016
	Increase awareness of changes and rationale	'Increased health warnings, no more misleading information'	Press releases around legislation Local newspaper advertising quarterly – strong use of image	Ongoing 2016-2017 Repeat May 2017
Supporting Smoking Cessation Services	Promote access to and engagement with the local services	Support available for everyone	Social media: FB media management, Twitter retweets General Practice Advertise and promote joint projects Reciprocal support of events	Continuous
Children and Young People	Aim to Reduce regular and occasional smoking among 15 year olds to 9% by 2020	'66% of regular smokers start before the age of 18yrs' [5] #yourfuturesnotpretty	School based channels HCP: Contracted to Cambridge Community Services (Helen Smith) Focused social media campaign – 'Smoking selfie filter'	From autumn 2016
Take 7 Steps out	Investigate other school based projects		Involvement of school nurses with smoking cessation messages Spotify Adverts	Autumn 2016
	Promote understanding of	#take7steps 'Children exposed to	Social media – Twitter/FB message/website Use of Interactive website – promote locally	Summer 2016 to

Projects/ Area	Aims	Key Message/ #	Action Plan	Timescale
	the dangers of second hand smoke	second-hand smoke have higher rates of infant mortality, wheezy illness, and psychological problems' [6]	Norwich / GY event – family focus Bus station screens Norfolk Library screens	Spring 2017
Smoking in Pregnancy	Decrease % of pregnant women smoking to 8% by 2020	#loveyourbump 'Smoking while you are pregnant can lead to miscarriage, premature birth, stillbirth and illness, and it increases the risk of cot death by at least 25%'[6]	Video campaign FB Campaign for young women SmokerSelfie FB/Twitter Antenatal Clinics – posters / videos Update Midwife team on 'BabyClear' campaign NNUH JPH QEH Stickers for SCS on maternity booklets (NNUH)	Autumn 2016 2017 Autumn 2016
Routine and Manual workers	Decrease smoking prevalence	'Smoking increases sickness and reduces productivity' (Men) 'Smoking can cause male impotence, damage sperm, reduce sperm count and cause testicular cancer'[6]	Workplace interventions: Development of approach for small/medium sized businesses Use of Workplace Health Practitioner	2016-2017
e-Cigarette Approach	Investigate role of increasingly popular e-cigarettes Engage with e-cigarette providers to	#95%safer	Production of myth buster postcard (Alice) Discussion with e-cigarettes shops – will they take smoking cessation materials Liaise with Smoking Cessation services – use of only e-cigarettes should count as a quit.	Start Autumn 2016

Projects/ Area	Aims	Key Message/ #	Action Plan	Timescale
	foster links to SCS			

References

1. Healthy Lives, Healthy People: A Tobacco Control plan for England (2011) Department of Health, available via https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england Last accessed 16th June 2016
2. Smoking Still Kills: Protective Children, Reducing Inequalities 2015, published by Action on Smoking, available via http://www.ash.org.uk/current-policy-issues/smoking-still-kills Last accessed 16th June 2016
3. Data from Public Health outcomes Framework, available via http://fingertips.phe.org.uk/search/smoking last accessed 16th June 2016
4. Norfolk Tobacco Control Strategy (2016) Norfolk Tobacco Control Alliance , Norfolk County Council, via *www.**norfolk**insight.org.uk/resource/view?resourceId=1279*
5. Smoking and drinking among adults. General Household Survey 2006. ONS, 2007
6. NHS SMOKEFREE website, accessible at www.nhs.uk/smokefree Last accessed 28th June 2016