

NORTH TYNESIDE TOBACCO CONTROL PLAN

Why is change needed?

- In North Tyneside 10 years ago one in four adults smoked, recent data estimates that this has reduced to 1 in 6 adults. This means in the last ten years we have 15,000 fewer adults smoking in North Tyneside. However, we know that smoking prevention has been most successful among the more skilled, educated and affluent socioeconomic groups.
- Smoking is the largest avoidable cause of social health inequalities. In North Tyneside half of the gap in life expectancy between our most and least affluent communities is attributed to smoking related mortality.
- Half of all smokers will die prematurely - this equates to an estimated 12,500 North Tyneside adults
- The burden of smoking is estimated to cost the North Tyneside economy £47.6m
- There is a robust evidence-base that defines the actions required at a local level. These actions can be implemented.

OBJECTIVE

Our ambition is by 2025, North Tyneside has established a smokefree generation where the overall adult smoking prevalence is lower than 5%.

GOALS - How do we want the future to look in North Tyneside by 2025?

- More smokers attempt a quit each year; currently around 7,500 smokers attempt to quit each year - we want this to increase to over 12,500 smokers
- Smokers have access to the treatment of tobacco dependency across any aspect of the healthcare system (community, primary and secondary care)
- Fewer young people become regular smokers and those that do are supported to stop smoking
- No young person under 21 can purchase tobacco products
- The establishment of a retail licencing scheme for the sale of any tobacco product
- Availability of Illicit tobacco products in North Tyneside is reduced
- More homes in North Tyneside will be smokefree
- Better Health at Work Employers proactively support their employees to stop smoking
- Frontline staff are skilled in Stop Smoking Very Brief Advice (VBA)
- Our population receive evidence-based and proactive messages on how best to stop smoking and how to support our communities to be smokefree

INITIATIVES - What are we doing about it?

| Project Gantt Chart – Actions Required | Lead Person | 21/ 22 (Q4) | 22/ 23 | 23/ 24 | 24/ 25 |
|--|-------------|-------------|--------|--------|--------|
| Building infrastructure, skills and capacity in tobacco control | | | | | |
| Identifies high percentage of smokers within Better Health At Work Award (BHAWA) Businesses via HNA Survey and promote VBA training to lead health advocates | | | | | |
| Deliver Stop Smoking Very Brief Advice (VBA) Training to lead health advocates within BHAWA Businesses | | | | | |
| BHAWA employers will ensure that employees are supported to make 1 quit attempt per year | | | | | |
| Deliver VBA training to staff in primary care settings | | | | | |
| Frontline staff in Cumbria, Northumberland and Tyne and Wear NHS Mental Health Trust to be trained in VBA | | | | | |
| Ensure robust smoking policies are implemented through the BHAWA assessment process. | | | | | |
| Reducing exposure to secondhand smoke | | | | | |
| Develop a Smokefree Workplace Policy template for Better Health at Work businesses | | | | | |
| Promote the implementation of robust Smokefree policies for BHAWA Businesses | | | | | |
| Frontline staff within Housing are trained in Stop Smoking VBA and Secondhand smoke VBA | | | | | |
| Frontline staff within the 0-19 children’s public health services and early help are trained in Stop Smoking VBA and Secondhand smoke VBA | | | | | |
| Link in with care homes to co-ordinate training in Secondhand smoke VBA | | | | | |
| NHS staff in clinical pathways are trained in secondhand smoke VBA | | | | | |
| Schools will promote a smokefree gates policy | | | | | |
| Run educational workshop on secondhand smoke | | | | | |
| Building NHS stop smoking service and strengthening local action | | | | | |
| Secondary Healthcare services in North Tyneside provide direct Stop Smoking Services to their patient group | | | | | |
| Mental Health services in North Tyneside provide stop smoking support to their patient group | | | | | |
| Commissioned Pharmacies to engage with stop smoking referral service from secondary care | | | | | |
| North Tyneside commissioned Stop Smoking Services are high quality, evidence-based and cost effective | | | | | |
| Embed a treating tobacco dependency pathway for pregnant women and their family/partner | | | | | |
| Support Northumbria Healthcare Trust with pregnant smokers’ pathway and access to NRT and vaping | | | | | |
| Stop Smoking follow on support delivered by Health Visitors | | | | | |
| Ensure that staff VBA training requirement included in substance misuse service specification in 2022-2023 re-procurement exercise | | | | | |

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|--|--------------------|------------------------|-------------------|-------------------|-------------------|
| Media, communications and education | | | | | |
| Provide evidence-based guide about vaping and short-term benefits of switching from smoking tobacco products to vaping | | | | | |
| Use the Council's and partners' media channels to publicise council funded pilots / initiatives to support stop smoking, promote quit attempts and other media campaigns | | | | | |
| Produce bespoke targeted campaigns at high prevalence groups | | | | | |
| Share stop smoking / illicit tobacco campaign materials on social media | | | | | |
| Support prevention / cessation educational programme content for young people in secondary schools | | | | | |
| Promote Stop Smoking Services, training, and initiatives to GP Practices | | | | | |
| Provide communication channels and support with messages into community pharmacies as employers | | | | | |
| Smokefree Alliance members to receive national and regional updates in between meetings | | | | | |
| Link with Council and Fresh Social Media to support campaigns | | | | | |
| Develop toolkit for elected members on talking to residents about smoking | | | | | |
| Deliver stop smoking / tobacco awareness training for elected members | | | | | |
| Take notions and questions relating to smoking / stop smoking to North Tyneside Council | | | | | |
| Promote evidence-based guide about vaping to BHAW businesses | | | | | |
| Reducing the availability and supply of tobacco products | | | | | |
| Deliver workshop on illicit tobacco to Smokefree Alliance members | | | | | |
| Write to chair of licencing committee regarding special training on illicit tobacco for committee | | | | | |
| Deliver session on impact of illicit tobacco to licencing committee and magistrates | | | | | |
| Advocate for new regulatory measures e.g. tobacco retail licence, increased age of sale | | | | | |
| Support advocacy for new regulatory measures | | | | | |
| Advise traders on stocking illicit tobacco and the sale of tobacco to minors | | | | | |
| Publicise Keep It Out resources across retailers | | | | | |
| Raise awareness of Traders and the Public regarding reporting illicit tobacco activity | | | | | |
| Enforcing Tobacco regulations | | | | | |
| Use local intelligence on supply of illicit tobacco products and non-compliance to age of sale and take enforcement action | | | | | |
| Conduct unannounced visits to retailers to assess compliance to tobacco regulation | | | | | |
| Advocate for new regulatory measures, e.g. tobacco retail licence, increased age of sale | | | | | |
| Research, monitoring and evaluation | | | | | |
| Monitor intelligence and complaints regarding illicit tobacco | | | | | |
| Publicise test purchasing and illicit tobacco operations to Alliance | | | | | |
| Monitor relevant public health data to track progress against national targets | | | | | |
| Produce annual report for the Joint Health and Wellbeing Board | | | | | |

MEASURES - What Key Performance Indicators will we use to monitor progress?

National Measures

- Smoking Prevalence in adults (18+) Current Smokers APS
- Smoking Prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)
- Smoking prevalence in adults with a long-term mental health condition (18+) - current smokers (GPPS)
- Smoking status at time of delivery
- Smoking attributable mortality
- Potential years of life lost due to smoking related illness
- Rate of people setting a quit date per 100,000 smokers
- % Smokers that have successfully quit at 4 weeks and % CO validated
- Completeness of NS-SEC recording by Stop Smoking Services
- Cost per quitter

Other/Local Measures

- Patients identified in primary care treating tobacco dependency pilot (number of smokers and conversion rates to 4 weeks quit in pharmacy)
- Annual School Health Survey (% parents as smokers, % YP aged 15 smoke, % household smoking indoors)
- Residents Survey (% smokers and e-cigarette use)
- Enforcement data (# of retailers non-compliant to tobacco regulation, # underage sales, # prosecutions and outcomes)
- BHAW data (SSS offer to staff and workplace policy)
- Workforce (# staff trained in VBA)
- NHS HC (% smokers identified)
- Maternity (% pregnant women smokers on booking and conversion rates to quit by time of delivery)

National milestones and local governance

The **Tobacco Control Plan for England** sets out the national ambition to achieve a smoke free generation; which is defined as a smoking prevalence rate of 5% or below. In order to achieve a smoke free generation, the following targets have been set in the All Parliamentary Group on Smoking and Health Recommendations for the Tobacco Control Plan 2021:

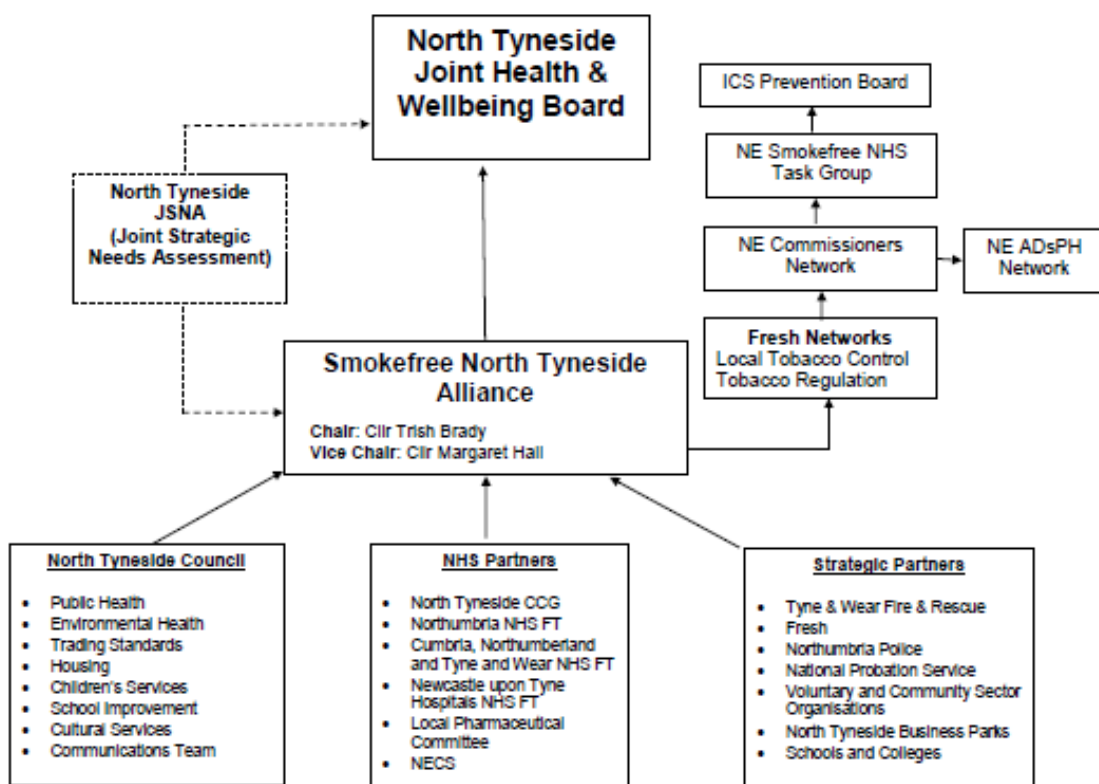
- Smoking in Adults to fall from 13.9% in 2019 to 9.1% by 2025
- Smoking among routine and manual workers to fall from 23.2% in 2019 to 13.3% by 2025
- Smoking in social housing to fall from 29.8% in 2019 to 16% by 2025
- Smoking in those with a long-term mental health condition to fall from 25.8% in 2020 to 15.4% in 2025
- Reduce smoking in pregnancy from 12.7% in 2020 at time of maternity booking to 8.9% by 2025
- Reduce smoking in pregnancy from 10.4% in 2020 at time of delivery to 5% or less by 2025
- Reduce smoking among 15-year-olds from 11.4% in 2018 to 7.7% by 2025
- Reduce the proportion of children with one or both parents who are smokers from one in four (25.2%) in 2018 to 11.8% by 2025
- Increase the percentage of households with smoking parents that have no smoking in the home from three quarters (75.9%) in 2018 to 87% by 2025

The **NHS Long Term Plan** identifies that one-size-fits-all statutory services have often failed to engage with the people most in need, leading to inequalities in access and outcome. The plan makes it clear that the NHS needs to play a greater role in upstream prevention, and the treatment of tobacco dependency in both primary and secondary care settings is essential in preventing avoidable illness.

Specific commitments set-out in the NHS Long Term Plan include:

- By 2023/24, all people admitted to hospital that smoke will be offered NHS-funded tobacco treatment services
- NHS-funded tobacco treatment services will also be adapted for expectant mothers, and their partners, with a new smoke free pregnancy pathway including access to focused sessions and treatments
- NHS-funded tobacco treatment services will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services. This will include the option to switch to e-cigarettes in inpatient settings
- Addressing health inequalities by targeting funding to those areas with highest need and working with partners to develop a menu of evidence-based interventions

SMOKEFREE NORTH TYNESIDE GOVERNANCE & REPORTING ARRANGEMENTS



North Tyneside Smokefree Alliance Responsibilities:

Provide strategic leadership to develop a whole system approach to tobacco control with commitment from all partners to enable the following:

- Develop, deliver and assess the progress of the North Tyneside Smokefree Delivery Plan
- Embed high quality and accessible services for the treatment of tobacco dependency
- Ensure that every NHS provider in North Tyneside is smokefree
- Ensure a systematic implementation of a treating tobacco dependency pathway for pregnant women and their families
- Reduce the uptake of smoking in young people
- Reduce existing health inequalities and ensure that all interventions are contributing to narrowing the gap between our most and least affluent communities
- Advocate for regulatory changes for greater tobacco control