Smoke Free Southend: A strategy to tackle tobacco in Southend-on-Sea 2015-2018

southend onsea
BOROUGH COUNCIL

Contents

Introduction

Smoking remains the primary cause of preventable illness and premature death in Southend-on-Sea. Smoking is costly to individuals, the economy, and is the greatest single cause of health inequalities.

The context for smoking and tobacco control is rapidly changing. In recent years we have seen the introduction of new products (such as e-cigarettes) and legislation including the Health Act 2006 and the Children and Families Act 2014. *"Smoke Free Southend: A strategy to tackle tobacco in Southend"* outlines our vision for improving the way we deliver tobacco control for the period 2015-2018. With the anticipation of a new national strategy in the near future, the strategic priorities and action plan contained within this strategy will be reviewed on an annual basis.

The changes across the health and social care economy following the Health and Social Care Act 2012 have had far-reaching implications for the delivery of tobacco control across our borough. The development of this strategy has provided an excellent opportunity to review current delivery and plan for the years ahead.

This document provides a working tool to assist and monitor our progress and will be reviewed and revised on an annual basis. The way this strategy is translated into action will be the real measure of its success.

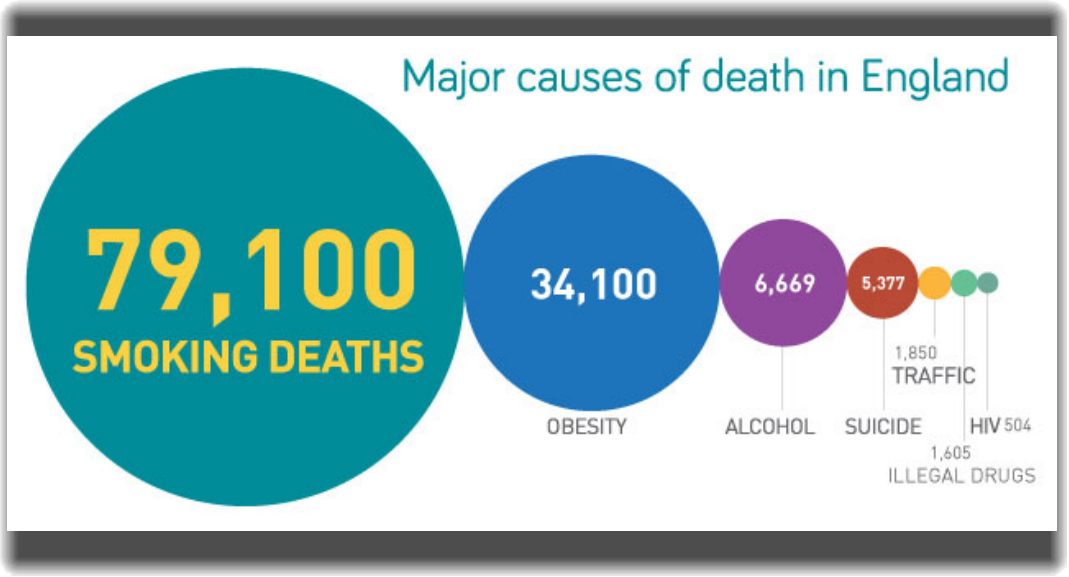
1. The problem with tobacco

Smoking is the leading cause of preventable death in Southend-on-Sea and is the greatest single cause of health inequalities.

The impact on health

Smoking kills approximately 79,100 people a year in England[1]. Despite great progress to reduce the number of people smoking it is still the single biggest cause of early deaths, accounting for more than the next six biggest causes combined (Figure 1). Most smoking-related deaths are from lung cancer, chronic obstructive pulmonary disease or coronary heart disease. For those long-term smokers who do not quit, half will eventually be killed by their addiction and often suffer disease and disability for many years.

Figure 1: Major causes of death in England in 2012 (source: Tobacco Free Futures)



Due to the hundreds of toxic and poisonous chemicals contained in cigarettes, there are many medical conditions associated with or aggravated by smoking. These may not all be fatal but can cause years of poor quality of life due to debilitating illness. It is estimated that for every death caused by smoking, approximately 20 smokers are suffering from a smoking related disease[2].

There is strong evidence to show that second hand smoke has immediate health effects. It can reduce lung function, exacerbate respiratory problems, trigger asthma attacks, reduce coronary blood flow, irritate eyes, and cause headaches, coughs, sore throats, dizziness and nausea. There is therefore no safe level of exposure to tobacco smoke.

> *"There is no risk-free level of exposure to tobacco smoke, and there is no safe tobacco product"*
> *(US Surgeon General Report, 2010)*

Health inequalities

Smoking - not social status - is the leading cause of health inequalities. Smokers from the highest social class have a lower life expectancy than non-smokers in the lowest social class *(Gruer et al, 2009[3])*. The most deprived in our communities smoke at higher rates; their habit is the single biggest reason for the difference in their life expectancy compared to the most affluent in our communities. To reduce health inequalities, we must specifically target smokers in marginalised and deprived communities.

"Tobacco control is central to any strategy to tackle health inequalities"
(Sir Michael Marmot, 2012)

An effective strategy to reduce adult smoking will also help reduce health inequalities and add to the disposable income of many families living in poverty in Southend-on-Sea.

Smoking rates amongst people with a mental health disorder are also significantly higher than in the general population. This association becomes stronger relative to the severity of the mental disorder, with the highest levels of smoking found in psychiatric in-patients[4]. Some researchers believe that smoking could act as a trigger for mental ill-health[5]. As a result of higher smoking rates, people with a mental health disorder also have high mortality rates compared to the general population.

Children and Young People

Smoke free legislation has meant that adults in Southend-on-Sea can enjoy their everyday lives without coming into contact with second hand smoke. Hundreds of babies and children do not have this freedom as one in ten mothers smoke throughout pregnancy[6]. The harm caused by smoking starts during pregnancy and persists throughout childhood. In England every year smoking during pregnancy causes 5,000 miscarriages and 300 perinatal deaths[7]. Reducing smoking prevalence gives children a better start in life.

Exposure to smoking is damaging to child health. Children exposed to tobacco smoke are at much greater risk of cot death, lung infections and ear disease, resulting in around 10,000 hospital admissions each year in the UK[8].

Children who live with adult smokers are much more likely to start smoking than those who live in smoke free homes[9]. Helping adult smokers to quit is critical in reducing smoking initiation and to achieving a long-term decline in smoking prevalence. Youth-based interventions offer limited effectiveness, and at best, delay the age young people start to smoke. Comprehensive population based

"Children and young people are the primary victims of tobacco in the 21st century"
(Beyond Smoking Kills, ASH, 2015)

tobacco control policies are the most effective way of reducing youth smoking[10]. Smoke free homes and cars are vital in cutting the exposure of children and young people to the toxins in second hand smoke.

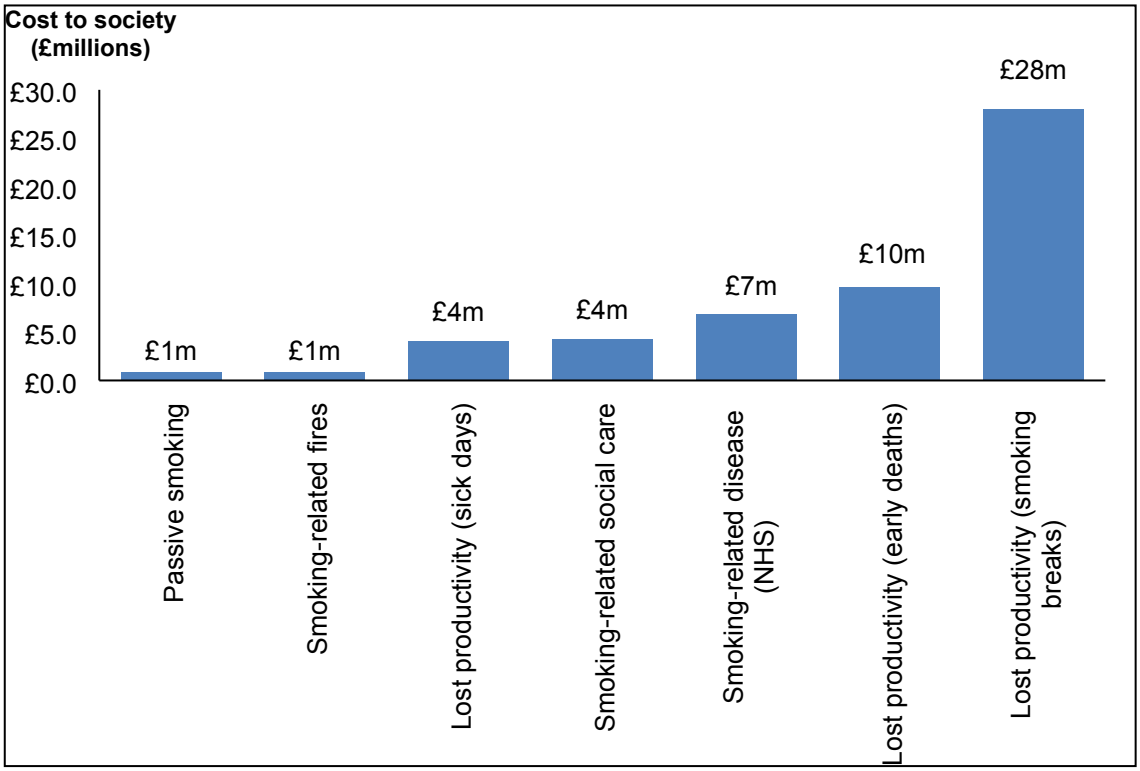
The cost

The economic case for action to reduce smoking unequivocally demonstrates that not only does smoking cessation save local government and the NHS money through reduced sickness and increased productivity, but it also saves individuals both a considerable amount of money and immeasurable benefits in the health and life years gained.

A significant proportion of a smoker's disposable income is spent on tobacco. On average someone smoking 20 a day spends over £1,800 a year. In addition, as low income groups are more likely to smoke, a larger proportion of their disposable income will be spent on smoking compared to higher income groups.

In Southend-on-Sea it is estimated that smoking costs approximately £54.6million each year.[11] Figure 2 provides a breakdown of these societal costs; highlighting the impact upon local businesses, local government, as well as health and social care organisations.

Figure 2: Estimated cost of smoking in Southend-on-Sea, per year (£millions)



Source: ASH Ready Reckoner May 2015

In 2013/14 smokers in Southend-on-Sea paid approximately £29million in duty on tobacco products (Figure 3). Despite this contribution to the Exchequer, tobacco still cost the local economy roughly twice as much as the duty raised.

Figure 3: Smoking costs compared to taxation costs in Southend-on-Sea, 2013/14 (£millions)

Source: ASH Ready Reckoner May 2015

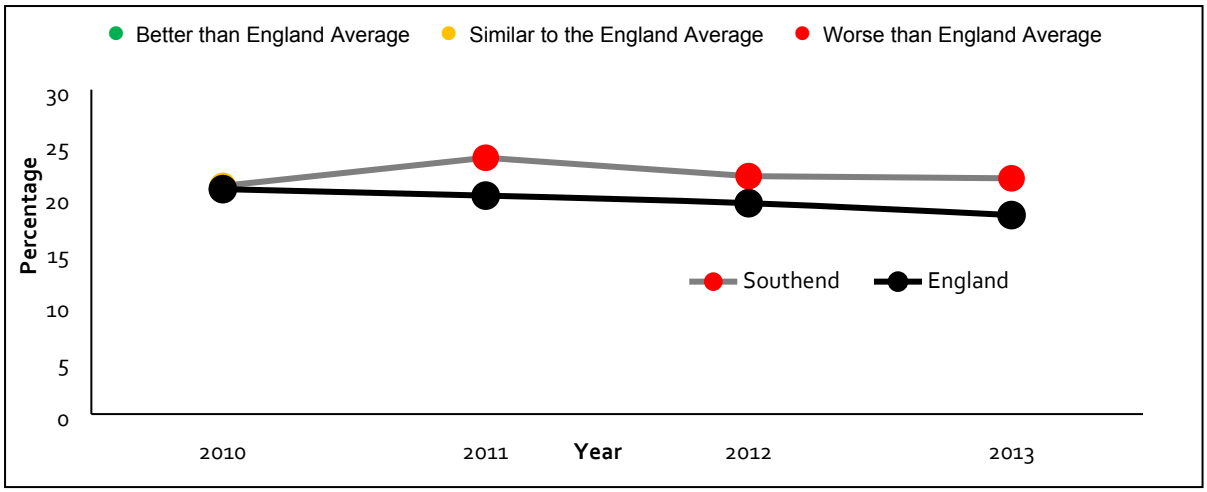
2. Tobacco in Southend-on-Sea

The local picture

How many adults smoke?

Estimates indicate that 21.8% of adults in Southend-on-Sea smoke[12]. Figure 4 shows that the prevalence of smoking among adults in Southend is higher than the England average. This difference is statistically significant and has been the case since 2011.

Figure 4: Prevalence of smoking among persons aged 18 years and over 2010-2013



Source: Integrated Household Survey

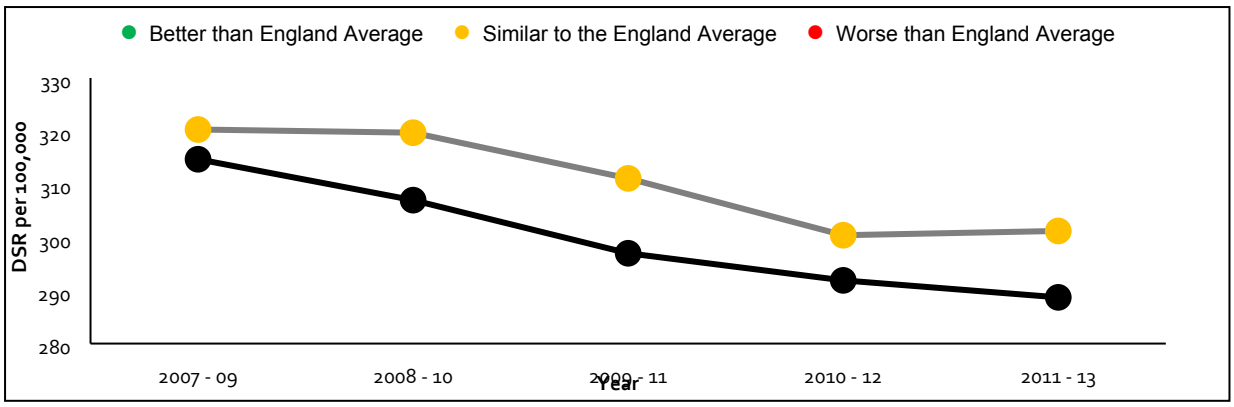
How many children smoke?

90% of smokers start smoking before the age of 19. It is estimated that 13.37% of 15 year olds in Southend-on-Sea are regular or occasional smokers[13]. This is statistically similar to the estimated England average of 12.71%[14]. It is notable that areas with high adult smoking prevalence are accompanied by high children smoking prevalence. This highlights the importance of helping adults to quit smoking in order to prevent children from starting, and to achieve a long-term population decline in smoking. However, the report of the national survey "Smoking, Drinking and Drug Use Among Young People in England 2014"[15] shows a major decline in the number of young people smoking (from 42% in 2003).

What is the impact of smoking on death and disease?

Around 1,330 hospital admissions a year in Southend-on-Sea are due to smoking-related diseases; this costs more than £1.9million annually[16]. Furthermore, in Southend-on-Sea it is estimated that 932 deaths were attributable to smoking between 2011-2013 (which is a directly standardised rate of 301.2 deaths per 100,000), as presented in Figure 5. This difference is not significantly different from the England average.

Figure 5: Estimated deaths attributable to smoking per 100,000 people (aged 35+)



Source: ONS Mortality File

How does smoking affect children?

Based on national figures from a Royal College of Physicians report[17], it is estimated that there are 869 additional incidents of childhood disease each year within Southend-on-Sea directly attributable to the effects of second hand smoke (SHS), as highlighted in Table 1.

How does smoking affect maternal health?

Smoking during pregnancy poses a significant health risk to both mother and unborn child and this continues to be a priority for action at a local level. 11.5% of pregnant women in Southend-on-Sea self-report as being current smokers (267 maternities annually), however, this figure could be as high as 334 maternities due to typically high levels of under-reporting[18].

Table 1: Estimated Southend-on-Sea ill-health events attributable to SHS

Disease Type	Age range (years)	Estimated Southend-on-Sea events attributable to SHS[19]
Lower Respiratory Infections	2 and under	160
Middle ear Infections	0-16	589
Wheeze	2 and under	74
Asthma	3-4	26
Asthma	5-16	19
Meningitis	0-16	1
Total incidents		869

What do residents think about tackling tobacco?

Residents in the East of England residents show high levels of public support for tobacco control as highlighted by Figure 6.

Further information on the health impact of tobacco in Southend-on-Sea is provided in Appendix 1.

Figure 6: East of England residents' opinions on tackling tobacco (YouGov, 2014[20])

CLeaR self-assessment

CLeaR is an evidence-based approach for excellence in local tobacco control. A CLeaR self-assessment for Southend-on-Sea was completed in July 2015. This self-assessment has informed the basis of this strategy, its objectives and the action plan.

CLeaR stands for three linked domains, as displayed in Figure 7.

Figure7 : Three domains of the CLeaR model

- **Challenge for existing tobacco control services**. This is based on evidence of the most effective components of comprehensive tobacco control, as outlined in NICE Guidance and "Healthy Lives, Healthy People, a Tobacco Control Plan for England". This covers:
    - Prevention
    - Compliance
    - Communication and denormalisation
    - Innovation and learning
    - Smoking cessation

- **Leadership for comprehensive action to tackle tobacco.** This covers:
    - Vision and leadership
    - Planning and commissioning
    - Partnership, agency and supra-local work

- **Results demonstrated by the outcomes delivered against national and local priorities**. This covers:
    - Quit data
    - Prevalence

Tackling tobacco in Southend-on-Sea

Case-study 1: 'Quit Because'

Last year 'Quit Because' worked with 923 children in Southend-on-Sea to support them to make informed choices about smoking. After attending this specialist youth prevention and intervention service, school pupils had stronger negative attitudes towards smoking and were more likely to report a firm intention to not smoke in the future. This is what school pupils said:

"It definitely made me want to say NO to smoking"

"I like it because it tells people the problems of smoking and how you can stop it"

Case-study 2: Southend Stop Smoking Service

Julie* (41 years old) came to a stop smoking service information event in January. She asked about stopping and was sign posted to local pharmacy in where she completed a successful quit. She was still smoke free after 6 months and said *"treatment was at a good pace and the advisors were really helpful"*

Nigel* (61 years old) had previously been unable to quit smoking. He decided to try again with the Stop Smoking Service in April. With medication and continuing support he was able to successfully quit and was smoke free at end of treatment.

The Southend Stop Smoking Service provides information, advice and support over 2,000 people every year – just like Julie and Nigel – to stop smoking.

**Names changed to protect confidentiality*

*

Case-study 3: Regulatory Services

The Regulatory Services in Southend-on-Sea have an important role to play in tobacco control. Through enforcement of advertising and underage sale legislation and regulations the Regulatory Services are responsible for ensuring compliance with smoke free legislation which supports a smoke free environment.

For example in 2014-15 the Council's Regulatory Services undertook three Test Purchases for cigarettes. All three shops did not sell cigarettes to underage customers, and therefore passed the test.

3. The Policy Context

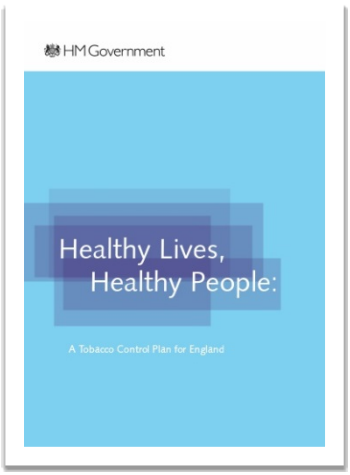
10 years of progress

Significant progress has been made in tackling smoking in recent years since the publication of *Smoking Kills (1998).* The creation of NHS Stop Smoking Services, the enactment of smoke free legislation, social marketing campaigns, changes to tobacco packaging, as well as increased regulation, enforcement and education have all contributed to reducing smoking prevalence. In the last decade, smoking prevalence has been driven down nationally from 28% to 22%[21]. As a result of this multi-interventional sustained activity, the UK now leads Europe in tobacco control.

While there is clear evidence that action to date has led to a range of health benefits (including reduced heart attack admissions to hospital[22], reduced childhood asthma admissions to hospital[23], and fewer premature births[24]) tobacco use still remains one of Southend-on-Sea's most significant public health challenges.

National policy drivers

Preventing smoking is an established national priority. *Healthy Lives, Healthy People: A Tobacco Control Plan for England* (DoH 2011) recognises the devastating impact that tobacco use has on communities, and sets out a vision to maximise efforts to reduce tobacco use. This strategy advocates six strands of action:



1. Stopping the promotion of tobacco
2. Making tobacco less affordable
3. Effective regulation of tobacco products
4. Helping tobacco users to quit
5. Reducing exposure to second-hand smoke
6. Effective communications for tobacco control

The *Public Health Outcomes Framework (DoH 2012)* for 2013-2016 included the following smoking related targets to focus local tobacco control work:

Reduce smoking prevalence in 15 year olds in England to 12% or less by 2015 **Reduce smoking prevalence in adults** in England to 18.5% or less by 2015 **Reduce smoking during pregnancy** to 11% or less by 2015

This strategy will also contribute to the *2013/14 NHS Outcomes Framework (DoH 2012)* measures:

Life expectancy at 75 Under 75 mortality rate from cardiovascular disease Under 75 mortality rate from respiratory disease Under 75 mortality from cancer

The NHS Five Year Forward View (2014) identified the following areas as crucial to close the widening gaps in population health, improve quality of care and to ensure funding of services:

- Disease prevention;
- New, flexible models of service delivery tailored to local populations and needs;
- Integration between services; and
- Consistent leadership across the health and care system.

Local policy drivers

The Southend-on-Sea *Health and Wellbeing Strategy (2013-2015)* and *Health and Wellbeing Strategy Refresh (2015-2016)* visualises a future where children have the best start to life, local people are encouraged and supported to make healthier choices, and the health gap between the most and least wealthy is reduced. To this end the Southend-on-Sea Health and Wellbeing Board has committed to ensure:

- There are appropriate education programmes for children to discourage them from starting to smoke
- Support is available to help those people already smoking to stop
- Services are in place to support smoke free environments and reduce tobacco related harm
- Partnership approaches exist to tackle illicit tobacco

This strategy will contribute to the following Southend-on-Sea *Health and Wellbeing Strategy (2013-2015)* ambitions:

Ambition 1: A positive start to life Ambition 2: Promoting healthy lifestyles Ambition 4: A safer population Ambition 6: Active and healthy ageing Ambition 7: Protecting health Ambition 9: Maximising opportunities

4. A Strategy for Southend-on-Sea

Our long-term vision is for a healthier Southend-on-Sea through reducing the harmful effects of tobacco and working towards a smoke free future for our children.

The aim of this strategy is to improve the health of everyone living and working in Southend-on-Sea by reducing exposure to tobacco in all its forms and the health inequalities associated with smoking. This strategy is guided by the following aims:

Strengthen community action for tobacco control
Reduce the uptake of smoking
Reduce exposure to second-hand smoke
Help tobacco users to quit
Reduce inequalities caused by smoking
Adopt a harm reduction approach

What we will do to tackle tobacco

Priority 1: Strengthen community action for tobacco control

Why is this important?
A comprehensive and coordinated approach is essential to achieving successful tobacco control. Local government, regulatory bodies, professional groups, voluntary and community sector organisations all have a large and unique contribution to make.

What's been proven to work?
Making 'Smoke Free' a priority ambition for local partnerships. Local government, health services, professional groups, voluntary and community sector all have a significant and unique role to play; and by working collectively they have greater impact.

How we will do this:

- Monitor progress in implementing this strategy through a multi-agency partnership group with senior level accountability
- Obtain support for this strategy from the Southend Health and Wellbeing Board
- Identify clinical leadership champions and engage them with local activity on tobacco
- Develop a Southend Declaration on Tobacco Control which confirms a clear ambition for tobacco control

- Develop a coordinated approach to intelligence-gathering to support tackling illicit tobacco
- Regular and coordinated communications to support tobacco control in Southend-on-Sea
- Continue enforcement of tobacco control legislation

Priority 2: Reduce the uptake of smoking

Why is this important?

Reducing the uptake of smoking is a priority because most adult smokers start in childhood or adolescence. This is before they have the knowledge or experience to be able to understand the nature of addiction or the severity of the health risks related to smoking. Helping adults to quit smoking is vital to reduce the uptake of smoking among children.

What's been proven to work?

De-normalising smoking and the use of tobacco reduces the association of smoking with normal adult behaviour[25].

How we will do this:

- Reduce the number of adult role models by helping more people to quit smoking
- Ensure education and prevention programmes are delivered in schools
- Raise awareness of Stop Smoking Services available in the community

Priority 3: Reduce exposure to second-hand smoke

Why is this important?

There is strong evidence that exposure to second-hand smoke causes a range of diseases, many of which can be fatal. Children are particularly vulnerable to the harms of second-hand smoke. This burden can be minimised by both encouraging smokers to quit and by encouraging responsible behaviour by smokers so that their smoking does not put the health of others at risk. Smoke free laws are proving effective, popular and compliance is high. However residents continue to be exposed to the harmful effects of second-hand smoke in their own homes and private motor vehicles.

What's been proven to work?

Ensuring compliance with smoke free legislation; promoting awareness of the dangers, and encouraging smoke free environments.

How we will do this:

- Raise awareness of the health consequences of second-hand smoke
- Support children's play areas to become smoke free

- Encourage sign up to the Public Health Responsibility Deal pledge to support staff to give up smoking and support a smoke free environment

Priority 4: Help tobacco users to quit

Why is this important?

By helping people to quit smoking for good, we can significantly reduce health inequalities and improve public health. By quitting, tobacco users can improve their own and their family's health and wellbeing, and also reduce the likelihood that their children will become smokers. Evidence shows that local stop smoking services provide the most effective type of support to quit smoking. Success in reducing the illicit share of the tobacco market helps to reduce consumption, reduce organised crime in local communities and supports legitimate local retailers. Systematic intelligence-gathering to support enforcement teams is important to tackle illicit tobacco.

What's been proven to work?

Provision of clinical stop smoking support[26] using the Russell Standard[27] and the use of very brief advice by trained staff to prompt behaviour change.

How we will do this:

- Ensure a targeted approach by Stop Smoking Services to groups with high smoking prevalence
- Enable health and social care providers to identify and refer smokers into local support
- Raise awareness of Stop Smoking Services available in the community

Priority 5: Reduce inequalities caused by smoking

Why is this important?

Smoking is the single biggest cause of health inequalities in Southend-on-Sea. Tobacco use is both an effect of and a contributor to social inequality. Reducing smoking in pregnancy would hugely benefit child health; furthermore the highest rates of smoking through pregnancy and beyond are among those from disadvantaged backgrounds. People with mental health problems smoke more and have higher rates of death and disease due to smoking, compared to the general population.

What's been proven to work?

Targeting and promoting interventions to the most deprived communities and vulnerable groups[28]

How we will do this:

- Monitor smoking data to assess progress in reducing inequalities

- Develop a comprehensive plan to increase smoking quit attempts for vulnerable groups
- Facilitate the development of stop smoking services to mental health settings

Priority 6: Adopt a harm reduction approach

Why is this important?

Evidence highlights a harm reduction approach leads to economic benefits including savings for employers (by reducing the number of staff cigarette breaks and the amount of sickness absence), reductions in social care costs and fewer house fires. The use of e-cigarettes (tobacco-free vapourisers) has increased. In a harm reduction approach, e-cigarettes are recognised to be a safer alternative to cigarettes and may be useful in reducing the harm of tobacco in those who are unable to quit.

What's been proven to work?

Evidence on use of e-cigarettes is still in its infancy, however, there is strong evidence that the more cigarettes that are smoked, the higher the risk is of mortality from major diseases including all cancers and ischaemic heart disease.[29] Pharmacotherapy can be successfully used to help cutting down smoking, and there are a variety of different delivery methods for nicotine replacement therapy products.

How we will do this:

- Develop approaches to harm reduction and smoking cessation, including e-cigarettes. E-Cigarettes are due to be licensed and regulated by 2016.

5. Action plan

Priority 1: Strengthen community action for tobacco control

Objective	Action	Who is involved?	Completion date	Indicators
Implement this strategy through a multi-agency partnership group with senior level accountability	• Establish Southend Tobacco Control Partnership (multi-agency partnership group) • Conduct annual CLeaR assessment	Southend Tobacco Control Partnership	On-going	• Terms of reference and outputs of group
Obtain support for this strategy from the Southend Health and Wellbeing Board	• Present a paper to the Southend Health and Wellbeing Board • Provide updates on progress as required	Southend Tobacco Control Partnership	2015	• Paper for the Southend Health and Wellbeing Board
Identify clinical leadership champions and engage them with local activity on tobacco	• Establish multi-agency partnership group	Southend Tobacco Control Partnership	On-going	• Terms of reference and outputs of group
Develop a Southend Declaration on Tobacco Control	• Develop a Southend Declaration on Tobacco Control	SBC, SCCG, SUHFT, SEPT	2018	• Signed Declaration on Tobacco Control

Develop a coordinated approach to intelligence-gathering to support tackling illicit tobacco	• Identify sources of intelligence on illicit tobacco • Agree pathway for sharing and reviewing intelligence	SBC, Trading Standards, HMRC	On-going	• Pathway for sharing and reviewing intelligence agreed and in place
Run a regular and coordinated communications programme to support tobacco control in Southend-on-Sea	• Involvement of multi-agency partners to identify communication messages and opportunities • Maximise linking to national campaigns • Develop a communication and marketing plan to support this strategy	Southend Tobacco Control Partnership	On-going	• Communication and marketing plan • Established process for media monitoring
Continue enforcement of tobacco control legislation	• Regulations on tobacco trading, counterfeit, point of sale, advertising and sponsorship • New regulations for smoke free private vehicles (Oct 2015) and standardised packaging (May 2016)	SBC, Trading Standards, HMRC	On-going	• Enforcement statistics • Test purchasing outcomes • Remedial actions with retailers who are non-compliant with tobacco legislation

Priority 2: Reduce the uptake of smoking

Objective	Action	Who is involved?	Date for completion	Indicators
Deliver education and prevention programmes in schools	• Ensure delivery of "Quit Because", Drug Aware, Risk Avert and PSHE programme for key stages 1-4 in schools	SBC (Public Health)	On-going	• Number of schools and children engaged in programmes per year • Smoking status and intention to smoke measures from "Quit Because" feedback questionnaire
Reduce the number of adults that model smoking as a normal behaviour	• Stop smoking support running in a variety of clinical and community settings throughout the Borough	SBC (Public Health)	On-going	• Adult smoking prevalence
Raise awareness of Stop Smoking Services available in the community	• Deliver a communication and marketing plan to support this strategy	Southend Tobacco Control Partnership	On-going	• Communication and marketing plan

Priority 3: Reduce exposure to second-hand smoke

Objective	Action	Who is involved?	Date for completion	Indicators
Raise awareness of the health consequences of second-hand smoke	• Deliver a communication and marketing plan to support this strategy • Increase uptake of Brief Intervention Training, especially among professionals who work with families	Southend Tobacco Control Partnership	On-going	• Communication and marketing plan • Number of different professional groups who complete Brief Intervention Training per year
Support children's play areas to become smoke free	• Explore voluntary and/or regulatory mechanisms to support smoke free play areas • Support and promote smoke free play areas	Southend Tobacco Control Partnership, schools, children's centres and nurseries	2018	• Proportion of smoke-free play areas across the Borough • Communication and marketing plan
Sign businesses and organisations up to the Public Health Responsibility Deal pledge to "support staff to give up smoking and support a smoke free environment"	• Promote Public Health Responsibility Deal to local organisations and businesses • Pledging organisations and	Southend Tobacco Control Partnership, PHRD Business Engagement Officer, local businesses and organisations	On-going	• Communication and marketing plan • Number of organisations and businesses pledging support • Percentage of pledging organisations with a

	businesses have smoke free policy in place • Pledging organisations and businesses have referral mechanisms in place or provide smoking cessation support		smoke free policy in place who employ routine and manual workers • Percentage of pledging organisations with referral mechanisms in place or provide smoking cessation support

Priority 4: Help tobacco users to quit

Objective	Action	Who is involved?	Date for completion	Indicators
Continue to offer Stop Smoking Services in a wide range of clinical and community settings	• GPs, pharmacies and other community providers commissioned to deliver direct stop smoking support and pharmacotherapy to support smokers to quit	SBC (Public Health), GPs Pharmacies,	2016	• Number of 4 week smoking quitters
Offer Stop Smoking Services to groups with high smoking prevalence in a way they find best to access them	• Conduct a Health Equity Audit • Develop an action plan focusing on findings of Health Equity Audit	Southend Tobacco Control Partnership	2016	• Referral, uptake and quit rates by key target populations and groups • Health equity audit • Action plan in place focusing on findings of Health Equity Audit
Enable health and social care providers to identify and refer smokers into local support	• Continue roll out of Making Every Contact Count (MECC) to health and social care providers • Monitor referrals to Stop Smoking Services from health and social care providers	Southend Tobacco Control Partnership, SCCG, SUHFT, SEPT, General Practices, Pharmacies	On-going	• Number of health and social care staff completing MECC training per year • Increasing numbers of people referred from health and social care providers to the Stop Smoking Service

Widely promote Stop Smoking Services available in the community	• See priority 1

Priority 5: Reduce inequalities caused by smoking

Objective	Action	Who is involved?	Date for completion	Indicators
Continue to work directly within settings and groups that directly enable the support of those with greatest need to engage potential quitters	• Face to Face events with the Stop Smoking team held in community settings e.g. food bank • Face to face engagement at community events e.g. Village Green	SBC (Public Health)	2016	• Number of sessions held • Number of people engaged
Review smoking data to assess progress in reducing inequalities	• Identify robust data indicators to assess inequalities • Ensure data collection pathway for groups known to suffer inequalities in smoking (including smokers in pregnancy, Black Asian and Minority Ethnic groups, routine and manual workers, and other groups identified through the Health Equity Audit)	SBC (Public Health)	2016	• Data indicators and pathways for reporting agreed and established

Develop a comprehensive plan to increase smoking quit attempts for vulnerable groups	• Conduct a Health Equity Audit • Develop an action plan focusing on findings of Health Equity Audit • Consider incentives	Southend Tobacco Control Partnership	2016	• Health Equity Audit • Action plan in place focusing on findings of Health Equity Audit
Facilitate the development of stop smoking services to mental health community settings	• Develop a pathway for mental health service users to enter stop smoking treatment • Offer Brief Advice training to community mental health team	SBC, SCCG, SEPT	On-going	• Pathway agreed and established • Number of community mental health team who complete BA training

Priority 6: Develop a harm reduction approach

Objective	Action	Who is involved?	Date for completion	Indicators
Develop approaches to harm reduction and smoking cessation, including e-cigarettes	• Develop harm reduction approaches to smoking in line with NICE guidance PH45 and good practice	Southend Tobacco Control Partnership	2016	• Harm reduction position statement

6. Monitoring

Delivery of this strategy will be overseen by the Southend Tobacco Control Partnership group which will report to the Southend Health and Wellbeing Board.

The action plan will be reviewed and updates annually to ensure the aims and objectives of this strategy are achieved and remain relevant to the needs of the Southend-on-Sea population.

7. Glossary

Advocacy	Encouraging others to champion the tobacco control agenda and use their influence to progress important campaigns and activities.
Brief intervention	Succinct advice on giving up smoking and how to access support. Locally training is provided by the local Stop Smoking Service and through the Make Every Contact Count initiative.
CCGs	Clinical Commissioning Groups formally came into existence in 2013. They are the organisation responsible for most local health services directed by clinical leadership.
Clinical leadership	Leaders drawn from the medical and related health services.
Denormalisation	Challenging and changing accepted social norms (e.g. “everyone smokes around here…”)
Health and Wellbeing Board	Statutory committee of the local authority responsible for commissioning all aspects of public health and social care, information on which can be found here: http://www.southend.gov.uk/info/200233/health_and_wellbeing/468/health_and_wellbeing_board
Health and Wellbeing Strategy	Main strategy document created by the Health and Wellbeing Boards.
JSNA	Joint Strategic Needs Assessment – process by which local health priorities are identified and documented.
Second hand smoke (SHS)	Second hand smoke (SHS) is inhalation of other people’s tobacco smoke. SHS is also commonly known as ‘passive smoking’, ‘environmental tobacco smoke’ and ‘involuntary smoking’. Inhaling SHS is an unavoidable consequence of being in a smoke-filled environment
Prevalence	Prevalence measures the proportion of individuals in a defined population that have a disease or other health outcomes of interest at a specified point in time (point prevalence) or during a specified period of time (period prevalence).
Incidence	A measure of the number of new cases of a disease (or other health outcome of interest) that develops in a population at risk during a specified time period.

Appendix 1

Figure 7: Estimated deaths attributable to smoking per 100,000 population, aged 35+, comparing Southend to the England average (Source: Integrated Household Survey)

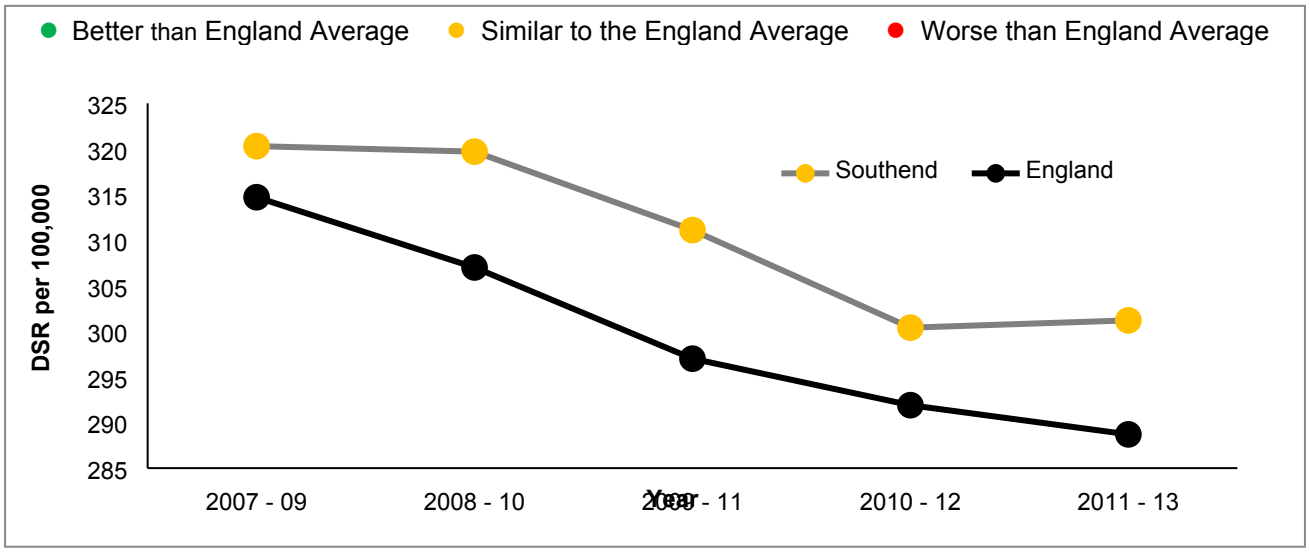


Figure 8: Estimated deaths attributable to smoking per 100,000 population, aged 35+ (2012), comparing Southend to ONS Cluster Group (Source: Integrated Household Survey)

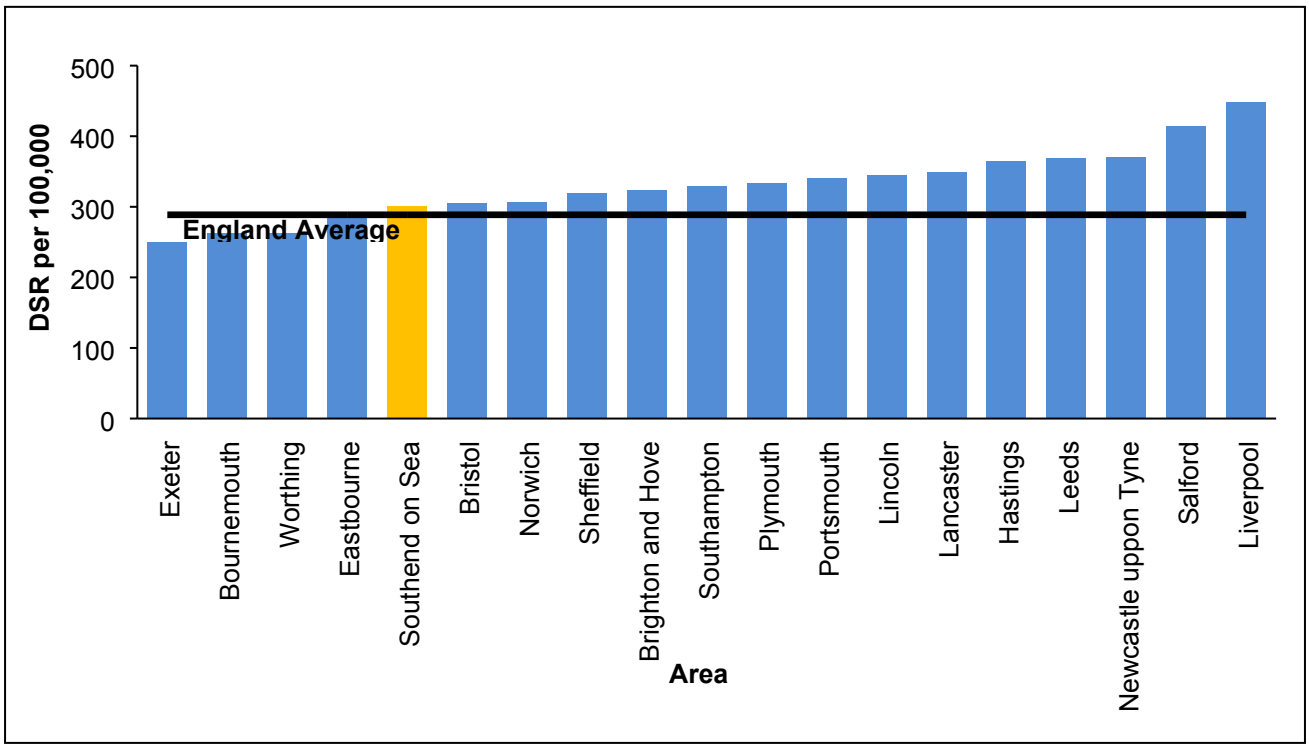


Figure 9: Prevalence of smoking among persons aged 18 years and over, comparing Southend to the England Average (Source: Integrated Household Survey)

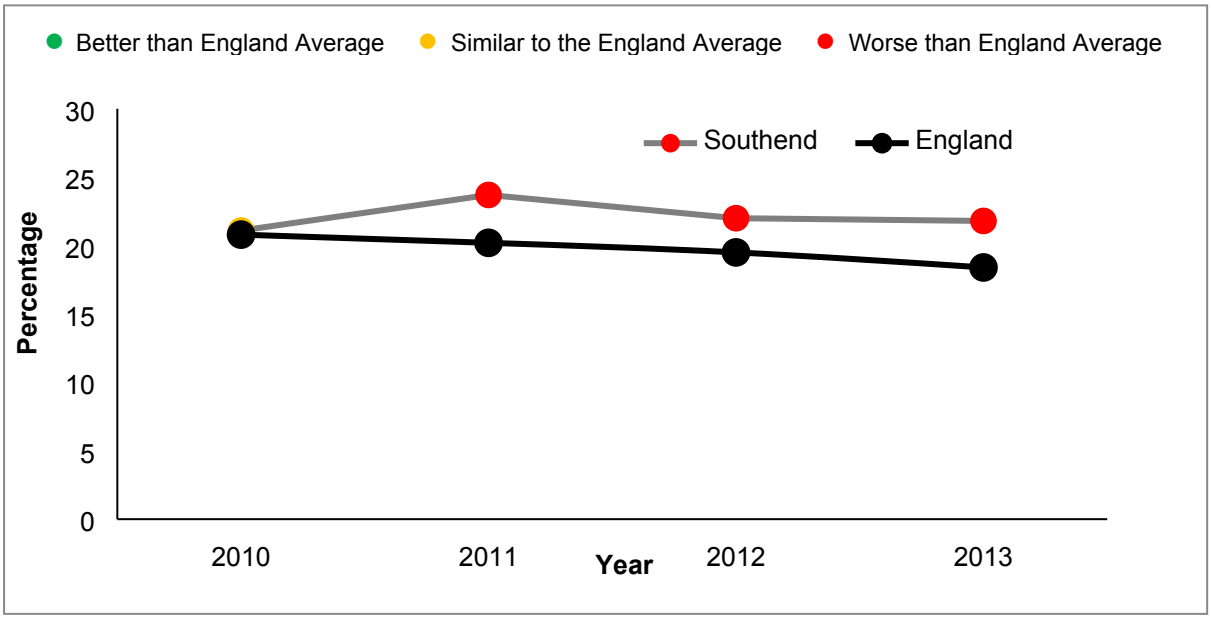


Figure 10: Estimated current smoking prevalence (2013), comparing Southend to ONS Cluster Groups (Source: Integrated Household Survey)

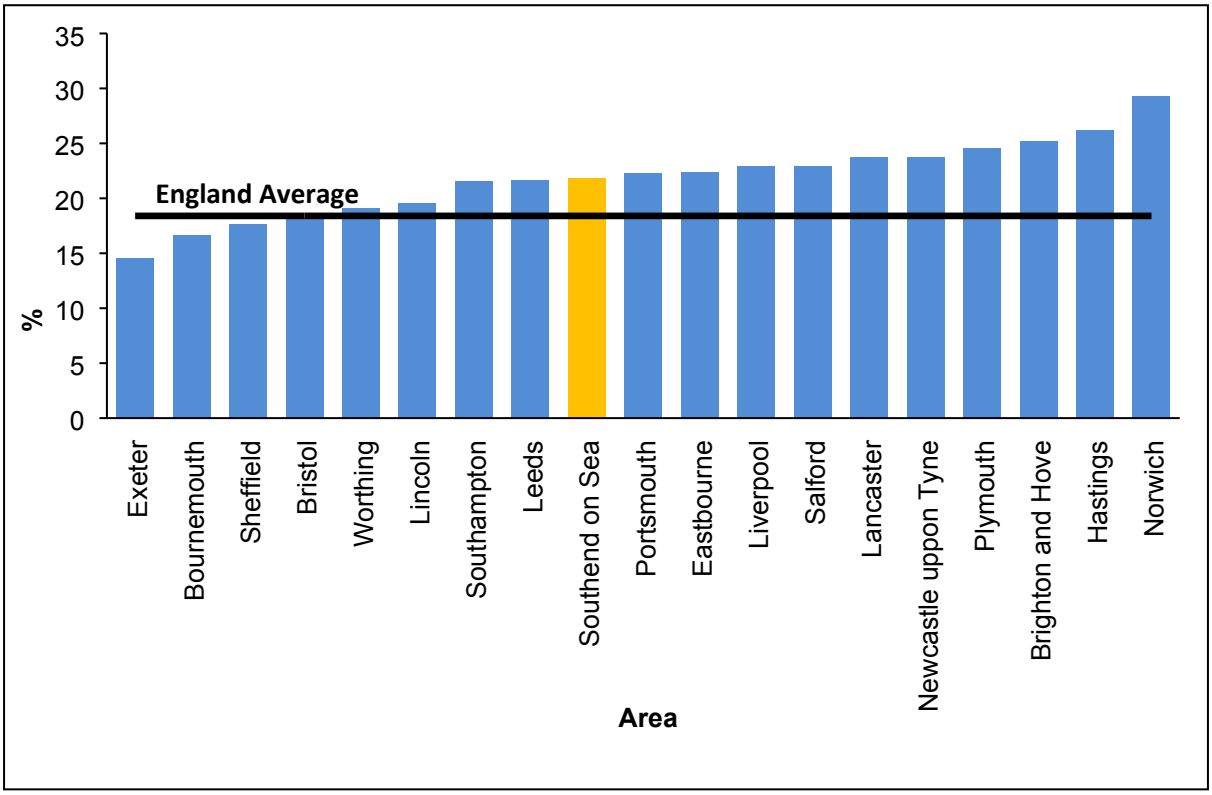


Figure 11: Prevalence of cigarette smoking in England among adults by age (2010) (Source: HSCIC: Statistics on Smoking - England, 2012)

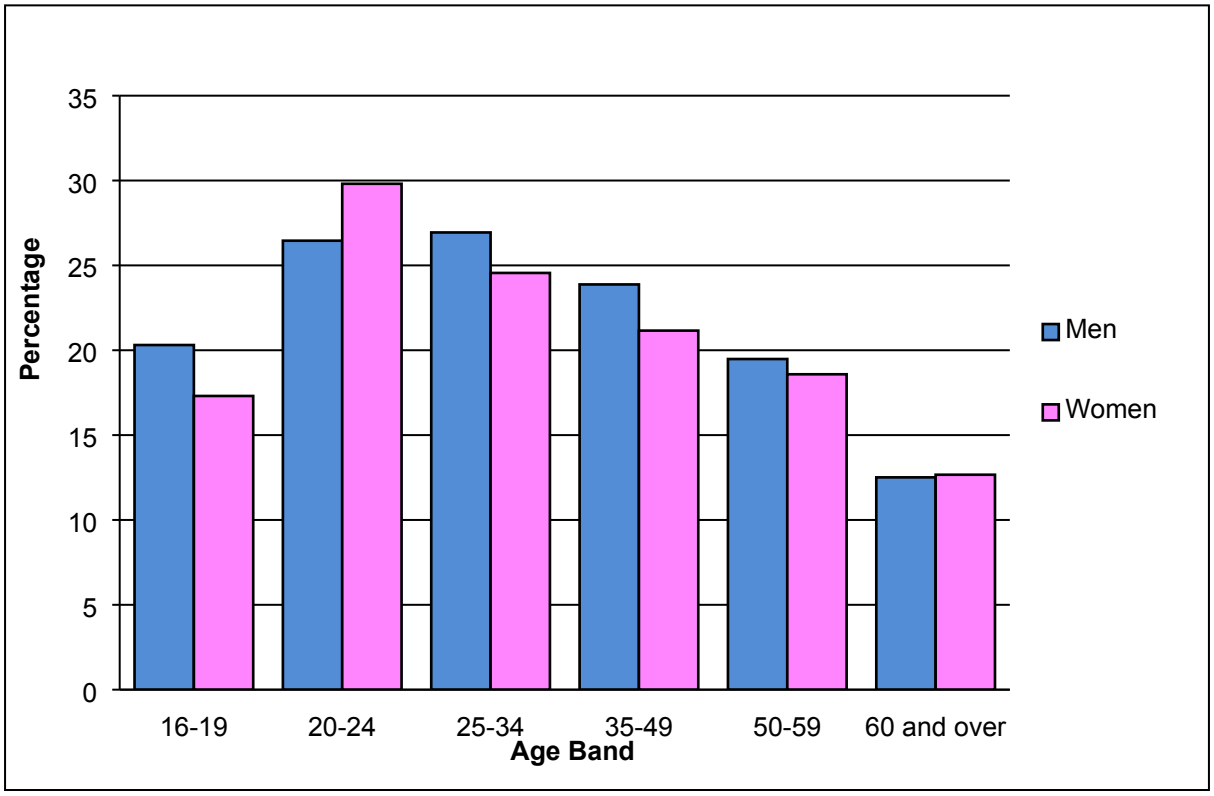


Figure 12: Number of successful quit attempts at 4 weeks per 100,000 smokers (2013-2014) Southend compared to ONS Cluster Groups (Source: Local Tobacco Profile, PHE)

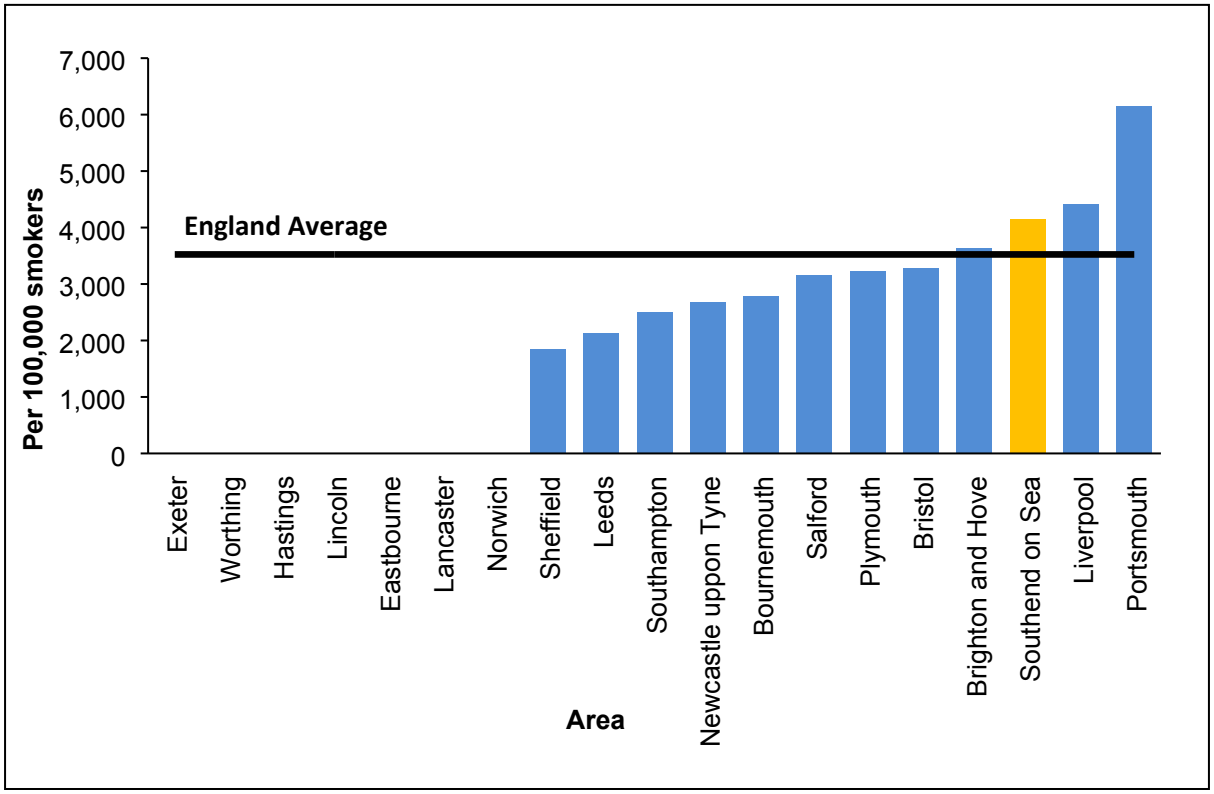


Figure 13: Proportion of pupils in England who are regular smokers, by age and sex (2011) (source: HSCIC: Smoking, drinking and drug use among young people in England)

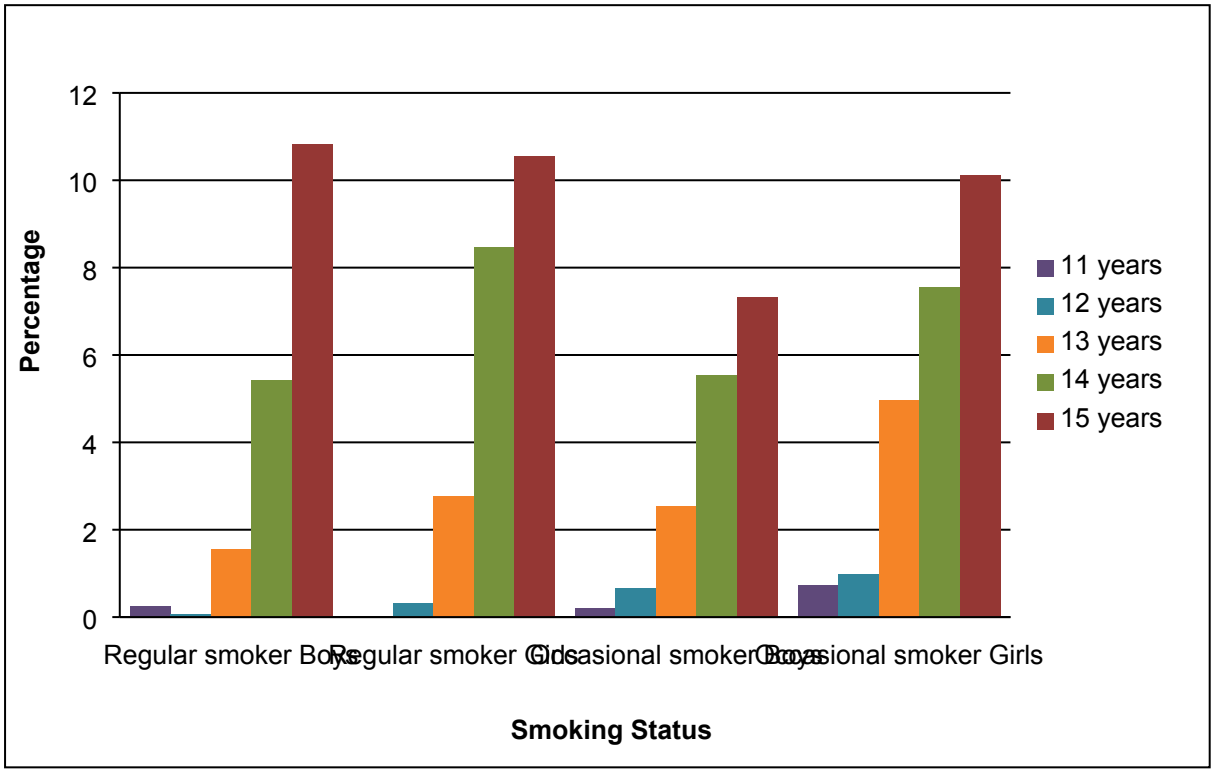
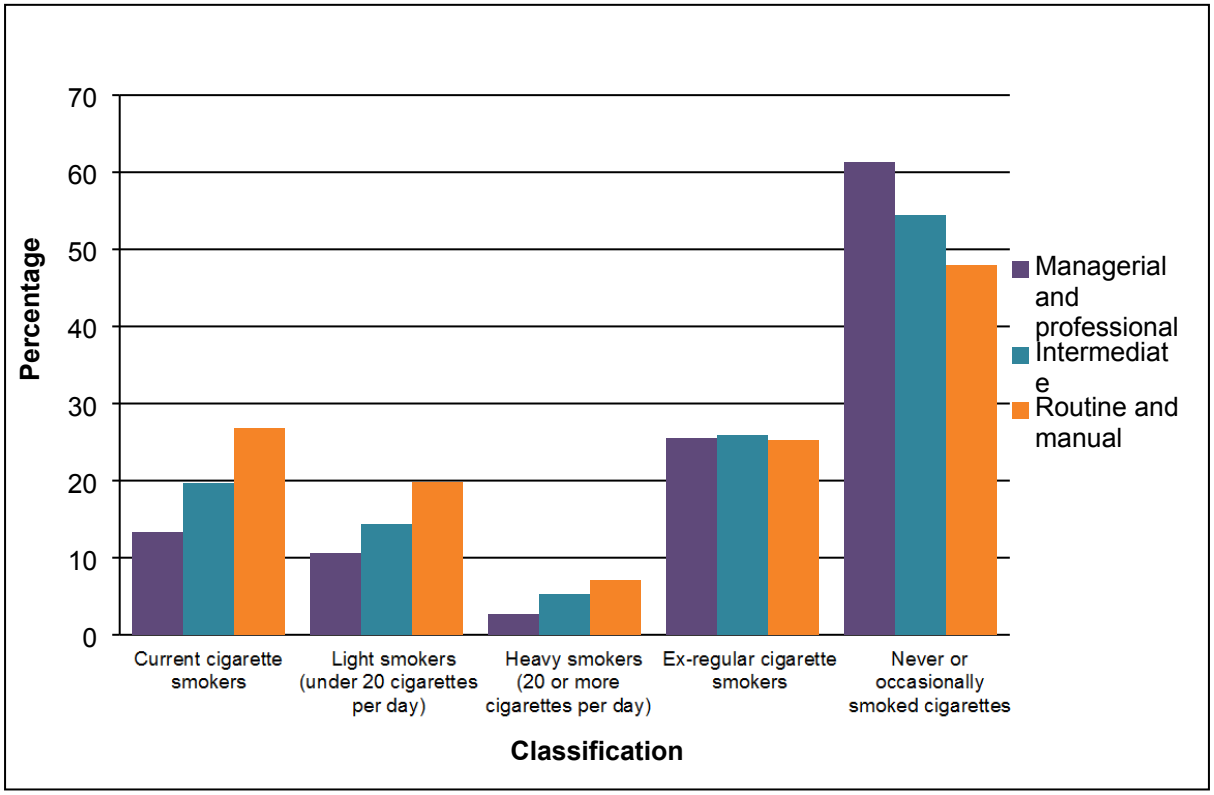


Figure 14: Cigarette smoking in adults by socio-economic classification (2010)



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