

## A Tobacco Control Plan for North East Lincolnshire 2016-2018

### 1 Purpose

This document sets out actions aimed at improving the health of the population of North East Lincolnshire through seeking to significantly reduce the number of people who smoke in our area.

### 2. Why is tackling smoking be such a priority ?

Smoking is by far the greatest cause of preventable ill health and premature mortality in England being responsible for over 80,000 deaths per year in England.

If the number of smokers in our area is reduced, it will impact on a wide range of Public Health Outcome indicators from reducing still births and low birth weight babies for mothers who smoke to reductions in deaths from cancers, respiratory disease and cardiovascular disease for long term smokers. It will also have an impact in reducing health inequalities as smoking is responsible for half of the difference in inequalities in health between the most affluent and least affluent wards.

### 3. How well are we doing ?

23.3% of adults in North East Lincolnshire smoke which is amongst the highest in the country and well above the national average of 18.5%. Smoking is however declining and the gap between the national average and our local area is reducing. The number of young people who smoke has rapidly reduced in recent years and now is not so very different from the national average. Progress in reducing the number of women who smoke throughout their pregnancy has been very slow and we still have one of the highest levels in England.

### 4. Key headline targets/indicators for 2016-18

The following targets have been agreed for 3 years commencing in January 2016:-

- To reduce the number of adults in North East Lincolnshire who smoke to not more than 18% by the end of 2018 ( from 23.3% in 2014).
- To reduce the number of routine and manual workers in North East Lincolnshire who smoke to not more than 28% by the end of 2018 (from 32.5% in 2014).
- To reduce the percentage of women who smoke in pregnancy to less than 15% by 2018 ( from 22.0% in 2015).
- To reduce the uptake of regular smoking by young people so that smoking prevalence in 15 year old girls is less than 8% by 2018 (from 10.5% in 2015) and for 15 year old boys to less than 5% by 2018 (from 6.1% in 2015).

### 5. What will we do ?

Key actions we will take over the next 3 years are included within the following Outcome based performance sheets which also identify progress in recent years.

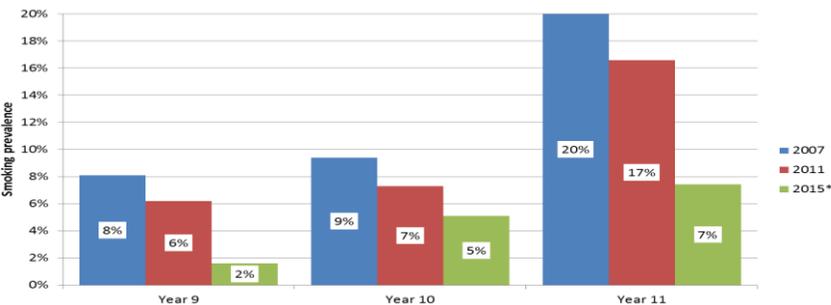


<b>Outcome</b> – All people in North East Lincolnshire enjoy good health and wellbeing	<b>Performance measure:</b> – A reduction in young people taking up smoking <b>Indicator:</b> Percentage of 15 year olds who smoke
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RAG – <b>GREEN</b> (level of concern in terms of progress) (delete as appropriate)	Direction of Travel -
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**Why is the indicator important**  
 Very few 12 and 13 year olds smoke ( ie only about 1 in 100) but smoking rates increase after this age such that one in twelve 15 year olds smoke in North East Lincolnshire. Three quarters of young people who smoke live with at least one regular smoker in their household. Many young people live within families where smoking has been the norm for many generations. As the majority of adult smokers live in the least affluent wards, the majority of teenage smokers also live in these areas.

**What do the statistics say**  
 The number of young people taking up smoking is reducing significantly Teenage girls were much more likely than boys in the past and are still higher than for boys but the gap is narrowing. Smoking in young people in North East Lincolnshire is still above the national average but the gap is reducing markedly.  
 The incidence of smoking is reducing in all age groups ..see graph below showing the changes for year 9, 10 and 11.

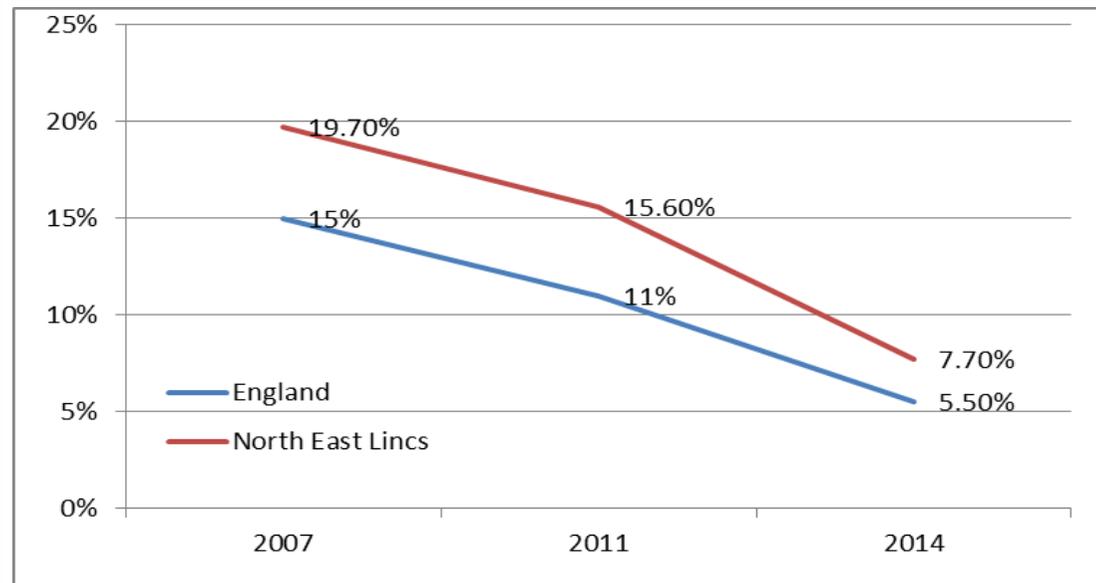


**Contribution to Public Health Outcome Indicators**

Indicator

Differences in life expectancy between communities  
 Smoking prevalence of 15 year olds

**Trend graph**  
 Percentage of 15 year olds smoking locally compared to England as a whole:-



**Targets in the Tobacco Control Plan 2012-15**

- Reduce the uptake of smoking by young people so that :-
- smoking prevalence in 15 year old girls is less than 15% by 2015
  - smoking prevalence for 15 year old boys to less than 10% by 2015

**Did we achieve this ?**

The targets for 2015 for both boys and girls was met. ( The 2014 WAY survey showed that 10.5% of 15 year old girls and 6.1% of 15 year old boys are smokers)

**New targets 2016-18**

Smoking prevalence in 15 year old girls to be less than 8% by the end of 2018  
 Smoking prevalence in 15 year old boys to be less than 5% by the end of 2018

### How much has been achieved in the Tobacco Control Plan 2012-15

There has been a big reduction in young people taking up smoking so that the numbers smoking at age 15 has more than halved in the past 4 years.

Prevention work through school based programmes such as the DECIDE programme in secondary schools and the “Don’t Smoke , Wont Smoke” initiative in primary schools have been successful in engaging young people. These programmes have been replaced since 2014 with Primary and Secondary resource packs on smoking and the introduction of the Healthy Places Award which are getting a good take-up.

Trading Standards carry out regular underage sales test purchasing and take action against any retailer willing to sell cigarettes to young people under 18.

Smoke free homes and cars are promoted at events in the area and a range of resources are available to support this. Social norms work in East and West Marsh has engaged young people with drawing and other competitions to promote smoke free homes.

A number of new pieces of legislation came into effect in 2015 including the ban on smoking in cars with young people present, the ban on the proxy purchasing of cigarettes and the ban on the sale of e-cigarettes to under 18 year olds which will help to reduce the appeal of cigarettes to young people and reduce exposure to second hand smoke.

### Areas of challenge

- Engagement with schools and academies is increasingly difficult with the curriculum being determined internally within the schools.
- Smoking has been the norm in many families for generations and it is very difficult to break this cycle. .
- E-cigarettes and shisha are relatively new and rapidly expanding. These may attract increasing numbers of young people to nicotine addiction in the future.
- Some shop keepers are still willing to sell cigarettes to underage young people ( about 10% of test purchases result in an underage sale).
- Cheap illicit tobacco is readily available in the least affluent wards and this encourages young people to start smoking and to smoke more cigarettes.
- PHSE staff in schools and School nurses have not as yet been fully engaged in a comprehensive approach to reducing smoking in schools
- The loss of local Youth Services has taken away opportunities to engage teenagers in smoking prevention initiatives.

### Key actions for 2016-18

**Breathe 2025** ...a new regional website will encourage organisations and individuals to play their part in inspiring a smoke free generation by making pledges to carry out changes to help reduce smoking. The aim will be to have no 15 year olds smoking in 2025 and thereby have a generation of non smokers. Our local targets for 2018 detailed above will put us on track to achieve a smoke free generation by 2025.

**Schools** Revised school resource packs which include detailed lesson plans and input from partner organisations need a greater take up by schools.

**Poster campaigns** Two poster campaigns have been developed. One for younger Children on smoke free families which will be made available to Children’s centres, the Family services unit and Children’s unit at the hospital. A poster campaign for teenagers will be distributed to schools and colleges and other places where young people gather.

**Social norms/social media** A Social norms campaign using an Emu family to promote positive messages about being smoke free will be run throughout 2016.A wide variety of social media to be considered to target young people on smoking related issues to stimulate engagement and discussion. This includes Facebook, text messaging, hashtag campaigns, Twitter, Instagram and You tube. Use boosted posts to target specific audiences.

**E cigarettes** are gaining popularity with young people as well as adults and educational work will be undertaken to ensure that young people understand their addictive nature and that they don’t become a gateway to smoking.

**Adolescent lifestyle survey 2015** The results from the survey will be used to identify schools and year groups with higher than average smoking levels and offered support/ new interventions.

**Young People** Involve young people at an early stage in the design of future work with them (in terms of young people and smoking) so that the language and design of initiatives has relevance and resonates with them. The involvement of Youth reporters/ youth parliament would be beneficial. Competitions for young people to propose new ideas will be considered.

**Work with alternative education providers** Looked after young people and those in alternative educational provision have a greater likelihood of being smokers and resources will be directed to support these areas

**Smoking cessation** ? Offer of Stop Smoking support for 15 years and older

**Plain packaging** The introduction of plain packaging in June 2016 will remove the attraction to young people of packaging deliberately targeted at them and serve to discourage them from taking up smoking.

**Families** Smoking runs in families so needs to be tackled at a family level. This could include other lifestyle risk factors as many families have multiple lifestyle issues

**Children’s centres** are key places to influence young families on smoking related issues and greater use will be made of the support that they offer in encouraging healthier lifestyles.

**Outcome –** All people in North East Lincolnshire enjoy good health and wellbeing

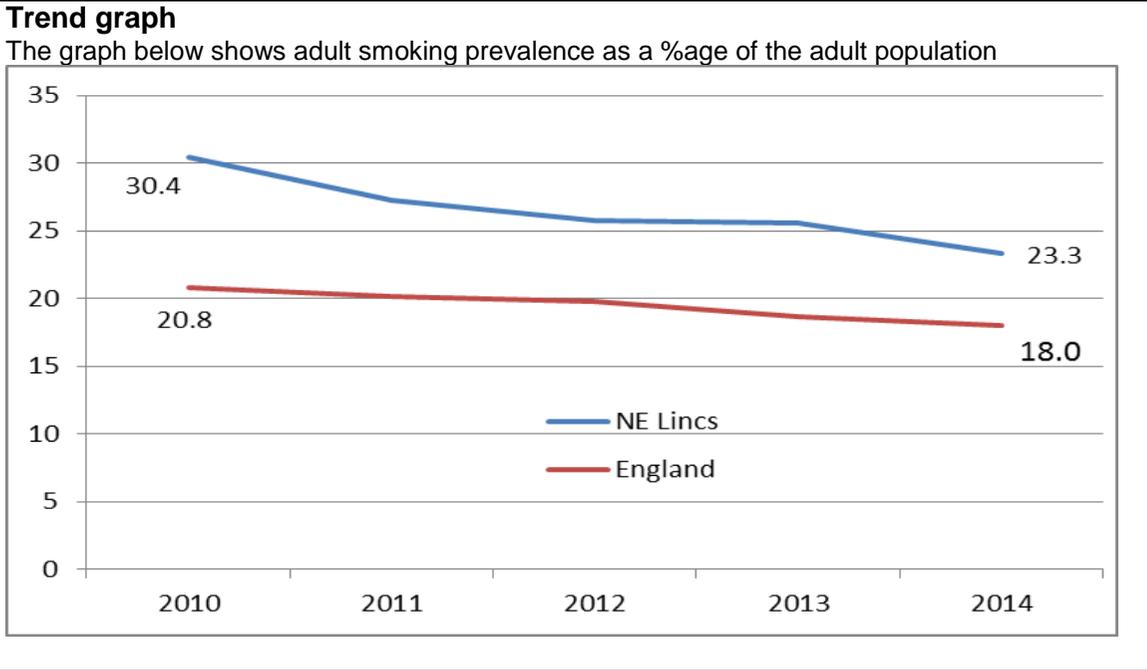
**Performance measure –** A reduction in the numbers of adults smoking  
**Indicator :** Adult smoking prevalence expressed as %age of adult pop'n who smoke

RAG –**AMBER** (level of concern in terms of progress)  
 (delete as appropriate)

Direction of Travel 

**Why is the indicator important**  
 Smoking causes the death of half of all regular smokers who will lose on average 10-12 years of life expectancy. One in 20 of all hospital admissions for people aged over 35 years old are related to smoking.  
 Smoking prevalence locally is 30% above the national average and this results in levels of lung cancer, other respiratory diseases and heart disease in our communities being between 35-50% higher than the national average. Three times more people smoke in some wards in North East Lincolnshire than others. East and West Marsh and parts of South, Sidney Sussex and Heneage have the highest levels with about 40% of adults smoking.  
 Adult smoking prevalence is a Public Health Outcome indicator.

**What do the statistics say**  
 Annual statistics are provided from the National Integrated Household survey. There is a delay in the reporting of statistics, the latest available data being for 2014. Smoking prevalence in NEL is decreasing slowly and the gap between national and local smoking prevalence is reducing. There are still however wide variations in smoking prevalence between affluent wards and areas of deprivation.



**Contribution to Public Health Outcome Indicators**  
 Reducing the numbers of adults who smoke will have a positive impact on improving the following Public Health Outcome Indicators:

- Differences in life expectancy between communities
- Sickness absence rate
- Smoking prevalence –adults over 18
- Mortality from causes considered preventable
- Under 75 year olds mortality rate from all cardiovascular disease
- Under 75 year olds mortality rate for all cancers
- Under 75 year olds mortality rate for respiratory disease

**Targets in the Tobacco Control Plan 2012-15**  
**Target 1** .To reduce the number of adults in North East Lincolnshire who smoke from 35,000 ( 27% in 2012 ) to less than 26,000 (20%) by the end of 2015.  
**Target 2** .To reduce the number of Routine and manual who smoke from 34.5% in 2012 to 30% by the end of 2015.

**How did we do in meeting our targets?**  
 Although data is only available up to 2014, it is unlikely that we will meet either of the targets. Current adult smoking prevalence is 23.3% (target 20%) and smoking prevalence for routine and manual workers is 32.5% (target 30%)

**New Targets 2016-18**  
**New Target 1** To reduce the number of adults in North East Lincolnshire who smoke to not more than 18% by 2018.  
**New Target 2** To reduce the number of routine and manual workers in North East Lincolnshire who smoke to not more than 28% by 2018

**What has been achieved in the Tobacco Control Plan 2012-15**

- The number of adults smoking in North East Lincolnshire has reduced by over 5,000 since 2010 from approximately 35,000 to 30,000
- Progress with tackling smoking prevalence has been subject to regular review and scrutiny including -  
Health Scrutiny review of smoking –June 2012, July 2013 and Nov 2013  
Public Health Outcomes review on smoking February 2013  
CLear Excellence in Tobacco Control peer assessment May 2013  
Long term efficacy of stop smoking service assessed by external managed ELONS project 2014.
- Smoking attributable mortality and smoking related hospital admissions have reduced by about 10% since 2010
- A Tobacco enforcement officer has been in post since Aug 2014 which has led to large seizures of illicit tobacco in the area.
- A social norms campaign has been provided in East and West Marsh in 2013/14 to change attitudes and behaviour around smoking.
- The Stop Smoking Service continue to deliver smoking cessation programmes in a range of community settings, particularly targeting areas of high deprivation where smoking prevalence is high.

#### **Areas of challenge**

- Support from NHS professionals such as GP's and allied health professionals is inconsistent reducing the potential engagement that could occur with smokers. Referrals and engagement from Grimsby Hospital has started to improve..
- NHS Health checks are not generating many clients for the Stop Smoking Service
- The Stop Smoking Service attracts proportionally more smokers from the most deprived areas but their success in making a quit attempt is less.
- Reducing the gap in smoking prevalence rate between least and most deprived wards is challenging due to the need to break the generational cycle of smoking in many families
- The appearance of e-cigarettes and the decision of national campaigns to direct smokers to online support rather than local services has impacted on Stop Smoking services, reducing the number of people using the service.
- The downturn in the economy has meant that the demand for cheap, illicit tobacco is still high.
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#### **Key actions for 2016-18**

**Breathe 2025** ...a new regional website will encourage organisations and individuals to play their part in inspiring a smoke free generation by making pledges to carry out changes to help reduce smoking.

**Mental Health** ...work with NAVIGO will be progressed to provide Stop Smoking service support for service users and to support them in moving towards a Smoke free buildings and grounds status. A

Stop Smoking programme is to be introduced at Bradley Woodlands Secure Unit.

**Hospital based referral** continuation of the existing temporary post needs to be achieved to maximise the potential for referrals from hospital settings .

**E- cigarette pilots**...it is intended to run a number of harm reduction pilots with service users of Empower and NAVIGO to move smokers away from tobacco based products to less harmful electronic cigarettes. Additionally, more smokers will be supported to make quit attempts using e-cigarettes rather than NRT products

**Illicit tobacco** ..Sniffer dogs will continue to be used to locate illicit tobacco being sold in shops and private homes in the area and prosecutions taken whenever possible

#### **Options to quit**

**Making Every Contact count** training to be extended into communities

**Stop before the Op** A new campaign will be developed to encourage more smokers to quit smoking to improve their to improve their chances of a speedy recovery and reduce the risk of complications.

**Stop smoking services** there will be a need over the next few years to re-orientate the service to maximise the number of people who can be supported to quit within the available resources. This will involve examining current areas of operation and the benefits of extending options for people wanting to quit through virtual support, telephone support, texting, web based etc

**Plain packaging** the new requirement on for all tobacco products to be in plain packaging will provide an opportunity to further reduce the appeal of tobacco products.

**Workplaces** New initiatives need to be developed to work with local businesses to access routine and manual workers within the workforce where levels of smoking can be high.

#### **Hope Street Respiratory services**

Combining support to quit with other lifestyle/fun activities

**Outcome –** All people in North East Lincolnshire enjoy good health and wellbeing

**Performance measure:** The number of women who smoke through their pregnancy  
**Indicator :** % age of women who are smokers at time of delivery  
 ( this is a Public Health England Outcomes Indicator ...number 2.03 )

RAG – **RED** (level of concern in terms of progress)  
 (delete as appropriate)

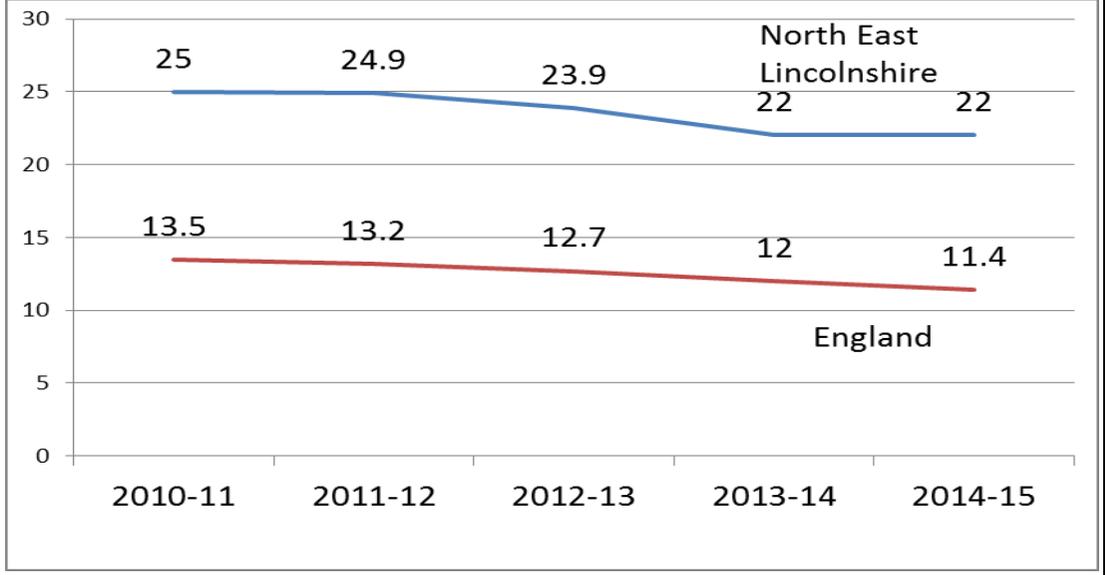
Direction of Travel 

**Why is this indicator important ?**

Smoking during pregnancy gives rise to significant health risks to both mother and baby. Cigarettes contain many harmful chemicals which can be passed to an unborn baby every time a mother smokes. This can give rise to a range of complications both during pregnancy and afterwards including birth defects, low birth weight, high blood pressure and miscarriage

**Trend graph**

The graph below shows the percentage of pregnant women smoking during their pregnancy :-



**What do the statistics say**

Updated statistics are provided by the Health and Social Care Information centre every quarter. These show a downward trend in the percentage of women locally smoking at the time of delivery but the rate of decline is still very small and there has been no change in the numbers smoking over the last two years. The gap between North East Lincolnshire and the England average is staying much the same.

A target of 15% of mothers smoking by the end of 2015 wasn't achieved but it is believed that the prospects of a significant reduction in the next few years are good when the impact of recent actions should be realised.

The number of pregnant smokers making a successful quit attempt has risen significantly towards the end of 2015 which should feed through into much reduced smoking prevalence statistics..

Currently, North East Lincolnshire has the 10<sup>th</sup> highest smoking prevalence in England and has twice the national average smoking in pregnancy rate. .

**Targets in the Tobacco Control Plan 2012-15**

Target 1 To reduce the percentage of women who smoke in pregnancy from 24.9% in 2012 to not more than 15% by 2015

**.How did we do in meeting our targets?**

Not achieved .....current percentage of mums smoking at time of delivery is 22% in 2015

**New target 2015-18**

To reduce the percentage of women who smoke in pregnancy to not more than 15% by 2018

**What has been achieved in the Tobacco Control Plan 2012-15**

- Drop in % age of mums smoking from 25% to 22%

- All midwives provided with carbon monoxide monitors and trained in their use
- Carbon monoxide readings taken for all mothers irrespective of smoking status All pregnant women who are smokers are referred to the Stop Smoking service
- Increase in number of women making a successful quit attempt from 25 a year to over 100 a year.
- Baby Clear training undertaken by all midwives.
- NICE guidance being implemented
- Head of Midwifery is a member of the North East Lincolnshire Smoke free Alliance and attends Alliance meetings
- An audit of the recording of smoking and pregnancy through midwifery was undertaken and changes implemented as a result.

- Areas of challenge**
- Accurate data recording of smoking status and other related smoking information has been problematical but good progress has now been made in ensuring that data input and cross referencing are improving.
  - Many pregnant mothers express no interest in trying to quit and will not engage with the Stop Smoking Service to make a quit attempt.
  - Initial contact by the Stop Smoking Service with mothers who smoke has proved to be difficult in many cases with many mums not responding to telephone and text calls
  - Transfer of Referral forms from midwifery to the Stop Smoking Service has been difficult to achieve quickly and is time intensive.
  - Many pregnant smokers live in the least affluent wards where smoking in pregnancy has been the norm for generations and it is not seen as a risky activity for the baby or mothers health. Changing these beliefs is difficult as they are very resistant to change.

**Key actions for 2016 -2018**

**BabyClear** This is a new initiative commenced in 2015 which encourages midwives to use a different approach when engaging mothers about smoking issues. The final stages of implementation in 2016 will include risk perception training for a small number of midwives to introduce a new smoking intervention at the 12 week scan stage to discuss in more detail the risks of smoking for mothers who have not expressed an interest in making a quit attempt. Evidence suggests that the number of women making a successful quit attempt has more than doubled since the introduction of BabyClear.

**Referral to Stop Smoking service** a change in the referral process from midwifery to the Stop Smoking Service has being introduced to provide a quicker referral via scanning and email rather than picking up paper referral forms that happened previously.

**Smoke free families** a new poster campaign on smoke free families is been launched through the Family Services unit and Children's centres about the benefits of being a Smoke free family..

**Children's Ward, Diana Princess of Wales Hospital** the staff are to be given brief intervention training to enable referrals of parents who smoke to the Stop Smoking Service.

**Family Services unit** new audio messaging is being provided outside of the unit using a young child's voice to encourage mothers to quit smoking. This will hopefully provide a more effective way of encouraging mothers not to smoke.

**Breathe 2025**

- More upstream to target young women who smoke through Children's centres etc ?
- Preconception advice ?
- The ban on adults smoking in cars with children present ?