

NORTH LINCOLNSHIRE COUNCIL

CABINET

NORTH LINCOLNSHIRE TOBACCO CONTROL STRATEGY 2009-2011

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 The Tobacco Strategy, first drawn up in 2006, has been revised and updated in line with the latest central government advice and the recommendations of the Department of Health National Support Team (which were the subject of a previous report to cabinet in January 2009).

1.2 To recommend that Cabinet agrees and endorses the content and the action plan in the Tobacco Strategy (attached as Appendix 1).

2. BACKGROUND INFORMATION

2.1 The Smokefree North Lincolnshire Alliance has revised the North Lincolnshire Tobacco Control Strategy 2006. The resulting document is the North Lincolnshire Tobacco Control Strategy and Action Plan 2009. A corresponding report has also been produced by the Director of Public Health for consideration by the Board of NHS North Lincolnshire.

2.2 The report sets out a strategy and action planning process to reduce smoking prevalence, exposure to second hand smoke and tobacco sale and use in North Lincolnshire.

2.3 This document outlines a number of key priorities and actions that should be worked on prior to the release of the National Tobacco Control Strategy currently being developed. The document will be reviewed on release of the national strategy and then every three years.

2.4 The Action Plan will be the responsibility of the Smokefree North Lincolnshire Alliance with reference to the North Lincolnshire Well Being and Health Improvement Partnership Group to monitor progress on actions, and make recommendations and update policy in line with local needs.

3. OPTIONS FOR CONSIDERATION

3.1 That Cabinet approves and endorses the Strategy and Action Plan and proposals for its future development.

- 3.2 That Cabinet does not approve the Strategy and requests further work on it to be undertaken.

4. ANALYSIS OF OPTIONS

- 4.1 Option 3.1 will allow work on the action plan to tackle the issues described in paragraph 2.2 of this report.
- 4.2 Option 3.2 will delay further implementation of the strategy and the action plan.

5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

- 5.1 Funding from NHS North Lincolnshire has been identified to create a post of Tobacco Control Coordinator as recommended by the Department of Health National Support team, which was supported by Cabinet in January 2009. The post has been evaluated using the Council's job evaluation process at Grade 9 and a report to the Corporate Services Cabinet member will follow. Support will be provided by the Health Improvement Team in Neighbourhood & Environmental Services where the post will be located.
- 5.2 There are no other financial, staffing or property implications arising out of the report.

6. OTHER IMPLICATIONS (STATUTORY, ENVIRONMENTAL, DIVERSITY, SECTION 17 - CRIME AND DISORDER, RISK AND OTHER)

- 6.1 Failure to implement the Strategy and action plan could adversely affect the Council's Comprehensive Area Assessment and hinder the improvement in health outcomes for the residents of North Lincolnshire.
- 6.2 It is implicit in the Strategy that actions will be prioritised and directed to those most in need.

7. OUTCOMES OF CONSULTATION

- 7.1 The Smokefree North Lincolnshire Alliance has undertaken widespread consultation with partners from all sectors, which has enabled it to formulate a revised strategy and action plan

8. RECOMMENDATIONS

- 8.1 That the Strategy and Action Plan be agreed

SERVICE DIRECTOR NEIGHBOURHOOD AND ENVIRONMENT

The Angel
Brigg
North Lincolnshire
DN20 8LD
Author: Steve Mercer
Date: 20 May 2009

Background Papers used in the preparation of this report

Department of Health Tobacco Control National Support Team Report to North
Lincolnshire July 2008



North Lincolnshire Tobacco Control Strategy

2009 – 2011

**Ownership: Smokefree North Lincolnshire
Wellbeing and Health Improvement Partnership**

Date: 7 May 2009

Introduction

The Public Health White Paper “*Choosing Health – Making Healthy Choices Easier*” (DoH 2004) identified tobacco control as a key issue in improving the health of local communities. There is strong evidence that the introduction of effective tobacco control measures leads to a reduction in smoking prevalence rates, exposure to second hand smoke and smoking related ill health.

Outlined within this document are the key areas for further development in line with strategic priorities and with ‘Excellence in tobacco control: 10 High Impact Changes to achieve tobacco control’, encompassing actions and development in tobacco control for one and all.

This paper sets out a strategy to reduce: smoking prevalence, exposure to second hand smoke and tobacco use in North Lincolnshire. This will be achieved by:

- Creating more smokefree environments
- Strengthening local action/strengthening smoking cessation services
- Enforcement of government legislation
- Use smokefree to reduce tobacco use.

Section 1 - Background

Policy Context & Targets

The Health and Social Care Standards and Planning Framework public service agreement target is to reduce national adult smoking rates to 21% or less by 2010, with a reduction in prevalence among Routine and Manual groups to 26% or less by 2010 (DoH 2004).

Locally, tobacco control policy direction is set within the ‘15 By 15’ vision for North Lincolnshire which aims to improve health and wellbeing and reduce the harm caused by tobacco, by reducing smoking in North Lincolnshire to 15% of the adult population by 2015. This will be done by helping young people to say NO to tobacco; enabling people to live, work and play in smokefree environments; and by making it easier for smokers to quit.

Achieving these targets requires a comprehensive tobacco control strategy aimed at both individuals and the environment. Most recently the local direction has been to follow The Department of Health six strand approach to reducing smoking prevalence rates. Each of the Strands are identified below along with the estimated potential impact each element will have on reducing smoking prevalence (DoH 2005).

Strategy	Estimated potential impact on reducing smoking prevalence
Regulation of tobacco products	0.5%
Strengthening local action/strengthening cessation services	1.0%
Media (Education and Information)	2.0%
Reducing secondhand smoke	4.0%
Reducing tobacco promotion	2.5%
Reducing supply and availability	0.3% - 1.0% when linked to price increase

Source: Dept of Health 2005

Whilst there has been continued local effort to develop and work towards the six strands, the Department of Health has also adopted and recommends to local policy makers the ‘10 High Impact Changes’ to achieve tobacco control which outlines evidence based approaches for the local Alliance to work in partnership to reduce smoking prevalence rates. The ‘10 High Impact Changes’ are outlined as follows:

- Work in partnership
- Gather and use the full range of data to inform tobacco control
- Use tobacco control to tackle health inequalities
- Deliver consistent, coherent and co-ordinated communication

- An integrated stop smoking approach
- Build and sustain capacity in tobacco control
- Tackle cheap and illicit tobacco
- Influence change through advocacy
- Helping young people to be tobacco free
- Maintain and promote smokefree environments.

It is only through the local adoption and implementation of wider tobacco control measures by all key partners that the environment will be created in which the public service agreement target can be met.

Local Smoking Prevalence

Recent estimates suggest that smoking prevalence amongst the adult population (aged 16 years and over) in North Lincolnshire sit between 22.5% (QOF 2007) and 27% (ONS) whilst the national smoking prevalence is closer to 22% (these estimates suggest there are around 27,590 adult smokers in North Lincolnshire). Smoking prevalence, however, is still highest amongst the under 35s with an estimated 30% of 20-24 year old smokers and 27% of 25-34 year old smokers (Smoking Costs e-model 2008) whilst nationally the figures are 31% and 29% respectively. Those people from Routine and Manual groups (R&M) are more than twice as likely to smoke as people in professional groups and the 2007 ALS supports this by identifying (smoking habits and Free School Meals) that the association between regular smoking and low income is just as apparent as it was in 2004, with occasional smoking tending to go in the opposite direction:

Smoking habits by Free School Meal (FSM) status, 2007

11-15 year olds	Claiming FSM	Not Claiming FSM
Never tried smoking	53%	66%
Experimented	27%	24%
Occasional smoker	1%	3%
Regular smoker	19%	8%

Source: ALS 2007/08

Locally, there are an estimated 351 deaths per year from smoking related illnesses, whilst a local study in 2005 (Matthews, Ahmed) demonstrated that the rates of respiratory tract infection experienced in North Lincolnshire are linked to smoking. In addition 24% of pregnant mothers were recorded as smoking during pregnancy locally whilst the national figure suggests a substantially lower figure of 18% (LDP 2006/07).

Key findings from the 2007/08 Adolescent Lifestyle Survey (ALS) conducted in North Lincolnshire also suggest that whilst most 11-15 year olds don't smoke, 8% of boys and 10% of girls do smoke as much as weekly or daily. The national average stands at 5% of boys and 8% of girls declaring regular smoking habits (SDD 2007). Locally, 3% of girls and boys in this age group reported occasional smoking whilst 23% suggested they had tried smoking, compared to the figure of 38%, 11-14 year olds, having tried smoking in the 2004 survey (15 year olds were not surveyed in 2004).

Encouragingly, the 2007 ALS found that fewer young smokers were purchasing their cigarettes from shops. In 2004, 40% of the regular smokers in the ALS reported buying supplies from corner shops, supermarkets and garages. In 2007 less than half that figure reported buying their cigarettes from shops, vending machines etc.

Smoking and Health Inequalities

Death rates from tobacco are two to three times higher among disadvantaged social groups than the more affluent. Poorer people can also expect to experience more illness and disability problems associated with smoking. Smoking, more than any other identifiable factor, contributes to the gap in healthy life expectancy between those most in need and those most advantaged.

People living on lower incomes are: more likely to take up smoking; less likely to quit; likely to be more nicotine dependent; likely to be more heavily exposed to other people's smoke. They spend a disproportionate larger share of household income on cigarettes: the poorest tenth of the population spend around 15% of weekly income on cigarettes, compared to an average of 2% (Dept of Health 1998).

Data from the Action on Smoking and Health website (Smoking and Deprivation - a comparison of smoking and deprivation in England suggests that locally, those wards with highest Index of Multiple Deprivation (IMD) - Crosby, Town and Brumby also have the highest smoking prevalence rates of 30%, 32% and 39% respectively. <http://www.mapsinternational.co.uk/jc/ash/ash.html>.

In addition to the health harms caused by smoking there are also those harms caused to person by accidental fire "Smoking materials remain the biggest killer in accidental dwelling fires, and represent one third of all fatal house fires. They are the second biggest cause of fire related injury." (Humberside Fire and Rescue). Locally, in 2008/09 (up to 19 March) there were a reported 5 incidents involving smoking materials and 4 people injured as a result of those incidents.

Current Situation

This Strategy represents an update of the 2006 North Lincolnshire Tobacco Control Strategy, and has been reviewed and produced in consultation with the North Lincolnshire Smokefree Alliance partners.

The following table demonstrates the current situation with regard to the Local Area Agreements (LAAs) targets set out the target trajectory for NI123 for smoking prevalence (smoking quitters).

NI123 Smoking Prevalence (Smoking Quitters)

	2006/07 actual	2007/08 plan	2007/08 M9 FOT	2008-09	2009-10	2010-11
Number of 4 week smoking quitters who attended NHS Stop Smoking Services	520	983	579	650	700	750
Population aged 16 and over	123637	130582	130582	131,918	133,184	134,446
Smoking quitters per 100,000 population aged 16 and over	421	753	443	493	526	558

National Context

The government published its public health white paper: 'Choosing Health – making healthy choices easier' (DoH 2004). This identified the need to adopt a proactive approach to providing support to the Tobacco Control Agenda.

As a result of this, the Department of Health, in partnership with other government departments indicated the need to strengthen the National Health Service Stop Smoking Services and launched a number of public information campaigns that included:

- Highlighting the effects of second hand smoke on children.
- Raising awareness of the dangers of smoking to smokers by providing health warnings on cigarette packets.
- Introducing a comprehensive ban on advertising and sponsorships.
- Encouraging the population to take responsibility for their own health.

Following on from these high profile campaigns the government have since developed the evidence based resource 'Excellence in tobacco control: 10 High Impact Changes to achieve tobacco control'. Whilst this document acknowledges the great 'inroads' that have been made nationally, regionally and locally in tobacco control it also identifies that smoking remains the single greatest cause of preventable illness and premature death in England. It highlights the necessity to use the key changes identified to support further tackling of smoking prevalence with local communities. It provides an evidence based guide to support a great impact on smoking within local communities whilst identifying how the local TCA can achieve success in tobacco control.

Main Points of the White Paper: Smoking

Following the White Paper guidance:

- By 2006 all government departments and the National Health Service (subject to some exceptions) were smokefree.
- A ban on smoking in all enclosed public places and workplaces was in place by the end of 2007.
- A ban on smoking in all licensed restaurants, pubs and clubs by the end of 2007.
- All mental health establishments became smokefree in the summer of 2008.

Implementation of smokefree establishments was reported to be successful, with continued work still to be done with regard to enforcement and the further support of mental health in terms of the challenges of maintaining smokefree within a problematic environment where more support is required to assist clients in remaining free of cigarettes.

Section 2 - Strategy

The North Lincolnshire Smokefree Alliance will oversee the implementation of the Tobacco Control Strategy and Action Plan, to improve health and wellbeing and reduce the harm caused by tobacco by reducing smoking in North Lincolnshire to 15% of the adult population by 2015. In line with the Smokefree Alliance 2008 policy '15 by 15' vision this Strategy and Action Plan will be applied in order to meet the aims of the 'Vision'.

Objectives of the Strategy are to:

- help young people to say no to tobacco
- enable people to live, work and play in a smoke free environment
- make it easier for smokers to quit

by:

- creating more smokefree environments
- strengthening local action/strengthening smoking cessation services
- enforcement of government legislation
- use smokefree to reduce tobacco use.

Locally, in terms of where we are at with tobacco control:

- estimates of adult smoking prevalence in North Lincolnshire vary between 22.5% and 27.1%
- estimates of adult smoking prevalence for wards vary from 16% in Ridge to 34% in Crosby & Park and Town wards
- 24% of pregnant women smoked during their pregnancies in 2006/07
- 496 people were recorded as quitting through NHS stop smoking services in 2006/07.

By 2015, however, the Smokefree North Lincolnshire Alliance want:

- adult smoking prevalence to be less than 15% across North Lincolnshire
- smoking during pregnancy to be less than 15%
- no deaths from cigarette related house fires in North Lincolnshire.

The Smokefree North Lincolnshire Alliance and Strategy will get to this point by:

- setting a target of 1,000 people to quit every year over the next three years of the Local Area Agreement – 3,000 people to quit over the lifetime of the Agreement
- encouraging/supporting one third of North Lincolnshire's 24,780 adult smokers to quit
- working to implement Smokefree Homes whereby every primary school in North Lincolnshire will be trained in delivering SFHs education by 2011
- ensuring every North Lincolnshire home has a working smoke detector by 2015.

Key to the delivery of Tobacco Control in North Lincolnshire is the following fundamental Strategic Objectives:

- Review where we are at with impact change and identify key actions and recommendations from the NST visit – as a result of that we will use TCC to strengthen the local toolkit and develop the Alliance further.
- Negotiated smoking within LAAs as priority for NL and as an element of PCTs outcome measures smoking has been identified as a priority (Alliance will performance monitor to deliver LAA target).
- Ensure that cigarette advertising and the promotion of tobacco products at point of sale are in line with legislation.
- Enforce the regulations on the illegal sale of tobacco products to young people below the age of 18.
- Reduce the availability of tobacco products to young people through unmonitored points of sale i.e. vending machines.
- Reduce the incidence of smuggling and illegal sales of smuggled tobacco and alert the resident population to the dangers of counterfeit cigarettes.
- In partnership with the local tobacco Alliance raise public awareness in North Lincolnshire to the dangers of second hand smoke.
- Reinforce and extend smokefree messages in the community and educational settings via all available means.
- Through a planned social marketing strategy promote and raise awareness amongst the residents of North Lincolnshire on the tobacco control measures being introduced to improve their health and well being.
- Build Stop Smoking Service capacity and strengthen local action in support of smokers wanting to quit, particularly amongst those at greatest risk of smoking related ill health.
- Introduce Smoking Cessation advice for adolescents within young peoples settings.
- Continue the development of Tobacco Control initiatives within the Healthy Schools programme.

Action Plan

An action plan is attached - Appendix 1.

Monitoring and Evaluation

This document sets out a number of key priorities and actions that should be worked on prior to release of the National Tobacco Control Strategy. The document will be reviewed upon release of the national strategy.

The strategy will be reassessed every three years. It will be the responsibility of the Smokefree Alliance with reference to the North Lincolnshire Wellbeing, Health Improvement Partnership group to make recommendations and update policy in line with local needs.

Individual elements of the Strategy and Action Plan will be evaluated where ever possible and the effects of policy on overall local smoking prevalence will be evaluated via local and regional data.

References

Action on Smoking and Health, Smoking and Deprivation – A comparison of smoking and deprivation in England <http://www.mapsinternational.co.uk/jc/ash/ash.html>

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North Lincolnshire Public Health Directorate, 2008, Lifestyles of Young People in North Lincolnshire – Key findings from the 2007/08 North Lincolnshire Adolescent Lifestyle Survey

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SMOKEFREE NORTH LINCOLNSHIRE
CORPORATE
ACTION PLAN – MARCH 2009

ACTION PLAN Reduce smoking through the North Lincolnshire Smokefree Alliance
ACTION PLAN OVERVIEW To reduce smoking prevalence in North Lincolnshire
ACTION PLAN OBJECTIVES To implement the recommendations of the Tobacco Control National Support Team including recruiting a co-ordinator, developing a renewed strategy and communications plan

Action Title	Action Description	Milestones	Start Date	Due Date	Action Owner (in bold)/Contributory Partners
Creating Smokefree environments	<u>Smokefree workplaces</u> <ul style="list-style-type: none"> Work with local employers to provide support/access to smoking cessation advice. 	3 major employers/organisations signed up to Workplace Award Scheme during 2009/10.	2009	2010	Workplace Programme Co-ordinator , All workplaces, Health Inequalities Team, SSS
	<u>Smokefree homes</u> <ul style="list-style-type: none"> Increase access to programmes that help people establish a smokefree environment for themselves and their children: smokefree home award scheme (programme subject to funding). 	Funding identified/obtained Resources Developed		Sept/Oct 2009 Dec 2009	North Lincolnshire TC Alliance , Children's Centres
Strengthening local action/strengthening smoking cessation services	<u>Deliver key NL smoking cessation targets</u> <ul style="list-style-type: none"> Meet NI 123 16+ current smoking rate prevalence PSA 18/LAA Improvement Target 	Target 2008/09 – 594 x 4 week quits with an additional stretch target of 56 quits total 650 2009/10 594 quits with an additional stretch target of 106 quits total 700 Targets to be achieved by respective year end with quarterly ongoing performance review (2 months in arrears of quarter)	1/4/2008 1/4/2009	31/3/2009 31/3/2010	NL PCT (with Andrew Furber, NL NHS SSS, NLC)

<p><u>Delivery of North Lincolnshire smoking cessation targets</u></p> <ul style="list-style-type: none"> NL NHS SSS to develop and provide the capacity to meet Department of Health and Local Area Agreement Targets. Services to be delivered in accordance with current guidelines: NHS Stop Smoking Services – Service and monitoring guidance 2009/010 and National Support Team Excellence in Tobacco Control and Stop Smoking Interventions in Primary Care. Improve access and increase flexibility of NL NHS SSS Provide specialist stop smoking programmes to support targeted projects. Increase number of self referrals to NL NHS SSS. Increase referrals to NL NHS SSS from primary care, community based health care providers, dentists, pharmacists, council and voluntary sector. Increase referrals to NL NHS SSS from secondary care providers in accordance with the Stop Smoking Interventions in Secondary Care. Ensure service information logged with national/regional bodies/support lines. 	<p>SLA in place for NHS SSS Review/update current service specification following publication of guidelines.</p>		30/04/2009 30/4/2009	NHS NL David Hardy, NHS NL/NHS SSS
	<p>Revise schedule of planned clinics and service delivery.</p>	1/4/2009	30/6/2009	David Hardy Ann Freebury
	<p>Develop/deliver a service promotion strategy in partnership with Smokefree NL, Y&HTC promotions lead, NHS NL and NLC communication leads.</p>	1/4/2009	31/3/2010	David Hardy NHS and NLC communications leads, Ann Freebury David Hardy Scott Crosby Leads from key partners NL NHS SSS
	<p>Produce/deliver brief intervention training programme to health/allied professionals. Target 100 staff, to be trained by year end.</p>	1/4/2009	31/3/2010	NL NHS SSS
	<p>Establish Smoking Cessation in Practice projects in 4 primary care settings</p>	1/4/2009	31/3/2010	NL NHS SSS
	<p>Overall target – 2,500 referrals to NL NHS SSS programmes</p>	1/4/2009	31/3/2010	NL NHS SSS
<ul style="list-style-type: none"> Review of Pharmacotherapy guidelines (NICE guidance). 	<p>Review and produce protocol to comply with current guidelines and recommendations.</p>	1/4/2009	30/6/2009	David Hardy Paul Ablett/Mike Rymer
<ul style="list-style-type: none"> NL NHS SSS to support the development of accredited intermediate (Level 2) stop smoking services within pharmacy settings. 	<p>Train, establish/maintain intermediate advisors (LES). To a maximum of 18 pharmacies in NL. Provide x 2 CPD events for intermediate advisors per year. Impact of actions evaluated via DH Gold standard monitoring template.</p>	1/4/2008	31/3/2010	NL NHS SSS David Hardy Helen Phillips Paul Ablett

	<u>Improve NL NHS SSS reporting systems</u>	Review current data base/reporting mechanism, produce report and business case to enhance current systems to ensure conformity with NHS SSS – Service and Monitoring guidance 2009/10 requirements.	Ongoing	30/6/2009	NHS SSS Ann Davies Informatics Project Team David Hardy
	<u>Reduce prevalence in the number of women who continue to smoke whilst pregnant</u>	Provide capacity, improve access and increase flexibility of NL NHS SSS smoking and pregnancy services. Provide capacity to service up to 40 quit attempts per quarter. Deliver 30 smoking and pregnancy quits per quarter. Maternity service staff (NL) to identify pregnant smokers through Brief Intervention and signpost motivated to quit to NL NHS SSS – target 50 per quarter. Deliver BI training to midwives/maternity support workers with ongoing CPD	Ongoing	31/3/2010 31/3/2010 31/3/2010 31/3/2010	David Hardy Hille Harris NLG maternity services NLPCT performance management team
Enforcement of government legislation	<u>Achieve a high level of compliance relating to age restricted sales of cigarettes and tobacco products</u> <ul style="list-style-type: none"> • Collection of intelligence on illegal sales to young persons. • Encourage “whistle blowing” of businesses engaging in underage sales to Trading Standards. • Intelligence led test purchasing exercises. • Education of retailers and their employees. • Promote proof of age schemes. 	20 test purchases from vending machines 30 retail test purchases by under 18s 15 responsible retailer visits 10 retailer inspections for counterfeit cigarettes	16/4/09 16/4/09 16/4/09 16/4/09	30/6/09 30/6/09 30/6/09 30/6/09	Trading Standards/ Other council depts./ Schools/Police and other Enforcement Agencies/ the Public/Businesses

	<u>Reduction of the availability of illicit tobacco (smuggled , counterfeit and bootlegged)</u> <ul style="list-style-type: none"> • Support Trading Standards / HMRC in intelligence led enforcement. • Seizure and destruction of illegal products. • Encourage “whistle blowing” by the public and the health community • Inspections of business premises, markets etc. for informal market areas • Raise public awareness of the profound effect on the community of illicit cigarettes. • Regional capability to organise Trading Standards efforts (boundary wise) supporting TC in illicit tobacco 	<p>Number of seizures of illicit tobacco products. Quantities seized. Complaint levels.</p> <p>Collecting and analysing intelligence (offenders). Routine visits – retailers/markets. Access additional funding for regional/local enforcement agencies.</p>	<p>Aug 08</p> <p>Dec 08 Funding award 2009 onwards</p>	<p>March 09</p> <p>March 09 March 09</p> <p>Aug 09</p> <p>Jan 09</p>	<p>Keith Ford (with Customs and Excise, Trading Standards the Public, other enforcement agencies, businesses, tobacco manufacturers)</p>
Use Smokefree to reduce tobacco use	<u>Refresh local Smokefree/Tobacco Control Action</u> <ul style="list-style-type: none"> • Develop a reviewed Tobacco Control Strategy and Action Plan • Appoint local Tobacco Control Co-ordinator • Ensure an effective infrastructure is in place to support implementation of the Strategy and Action Plan 	<p>Review TC strategy/Action Plan</p> <p>Appointment complete</p>	<p>17/10/08</p> <p>17/10/08</p>	<p>31/4/09</p> <p>1/4/09</p>	<p>Andrew Furber/Keith Ford</p> <p>Andrew Furber/Keith Ford</p>
	<u>Deliver credible smokefree messages to young people to promote the positive health benefits of not smoking</u> <ul style="list-style-type: none"> • Provide information, advice and guidance to support young people in being smokefree 	<p>Audit current position Identify gaps Develop action plan</p>	<p>April 09 April 09 April 09</p>	<p>Mar 2010 Mar 2010 Mar 2010</p>	<p>Kate Longstaff, Youth Service, Connexions, YOS, Teenage Pregnancy Partnership Board, Delta</p>
	<u>Increase number of skilled Tobacco Control advocates within North Lincolnshire</u> <ul style="list-style-type: none"> • Multi agency approach to skill up professional and lay persons • All Health Trainers to be trained in Brief Intervention 	<p>Numbers achieved</p>	<p>March 2008</p>	<p>30 April 2009</p>	<p>North Lincolnshire Primary Care Trust/ NL NHS SSS</p>