

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

Annual Report from the Director of Public Health

1. OBJECT AND KEY POINTS IN THIS REPORT

North Lincolnshire Health and Wellbeing Board members are being asked to take note of the 2015 Annual Report of the Director of Public Health for North Lincolnshire.

2. BACKGROUND INFORMATION

- 2.1 One of the mandatory duties of the Director of Public Health is to write an annual public health report. The annual report is the DPH's professional statement about the health of local communities, based on sound epidemiological evidence, and interpreted objectively.
- 2.2 The Local Authority has a duty to publish the report and make it publicly accessible.
- 2.3 The annual report is an important vehicle by which DPHs can identify key issues, signal problems, report progress and, thereby, serve their local populations. It is also a key resource to inform local inter-agency action.
- 2.4 The 2015 APHR focuses on tobacco as a key influence on the health and wellbeing of the population of North Lincolnshire.

3. OPTIONS FOR CONSIDERATION

- 3.1 The HWB are asked to take note of the content of the 2015 Annual Report of the Director of Public Health.

4. ANALYSIS OF OPTIONS

- 4.1 The 2015 Annual Public Health Report is a web based document and can be found within the Strategic Assessment website http://nldo.northlincs.gov.uk/IAS_Live/sa/

An e-book is attached for reference.

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

- 5.1 None as a direct consequence of this report.

6. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

6.1 No IIA required for this report.

7. **OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

7.2 No conflicts of interest declared.

8. **RECOMMENDATIONS**

8.1 Health and Wellbeing Board members are asked to take note of the Annual Report of the Director of Public Health.

DIRECTOR OF PUBLIC HEALTH

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Date: 3 March 2016



North Lincolnshire
Annual Public Health Report

2015

A Future Without Smoking

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Welcome to the Annual Public Health Report 2015

Welcome to the 2015 Annual Public Health Report for North Lincolnshire. These annual reports focus on the current challenges affecting the health of the local population and make specific recommendations to local agencies on what they should do to address these challenges.

This report follows the principle of focussing on a single theme, first used in the 2014 report. This year the focus is on smoking and tobacco control. There are strong reasons for this. Smoking is the single biggest cause of premature death and ill health in our communities and is currently the greatest threat to public health.

We have achieved much locally in preventing the harm caused by smoking over the last few years, but there is still much to do, and with concerted effort we could make a real difference. The recommendations that are made in this report will help to make that difference. We will report on the progress made in next year's report. Meanwhile the progress made on last year's recommendations are reported in this report.

The report is also web based, with large sections of text and statistics replaced by infographics and videos. We hope this makes this report more accessible to a wider audience. The web based version can be found at the link below:

nldo.northlincs.gov.uk/IAS_Live/sa/jsna/aphr/



Frances Cunning
Director of Public Health
North Lincolnshire Council

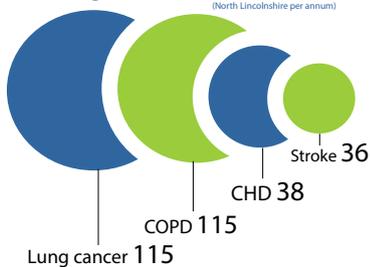
Frances Cunning

Why focus on smoking?

Smoking is the single largest cause of premature mortality and ill health in our communities. People living in North Lincolnshire have an increased risk of developing and dying from cancer, heart disease and other smoking related illnesses. Annually, we have 17 more lung cancer deaths per 100,000 people in North Lincolnshire than the national average. Evidence shows that reducing smoking in our communities will lead to people living healthier lives, fewer premature deaths, fewer people living with long term chronic illnesses and will reduce the gap in life expectancy and healthy life expectancy across North Lincolnshire. There is enormous public support to achieve this goal and with concerted action we can really make a difference.

Smoking attributable deaths

(North Lincolnshire per annum)



Preventable deaths and ill health

Smoking is responsible for the majority of cases of lung cancer, chronic obstructive pulmonary disease, heart disease and many other types of cancers and strokes. Smoking during pregnancy can lead to complications affecting both mother and child including miscarriage, stillbirth, premature delivery, low birth weight and illnesses affecting the new born child.

Health costs

In addition to the burden on health, smoking costs the NHS in North Lincolnshire £7 million per year. It also has a large impact on the cost of social care services, the local business economy and on smokers themselves (together with their families). Smoking puts over 1,400 North Lincolnshire households below the poverty line.

Cost of smoking to NHS...

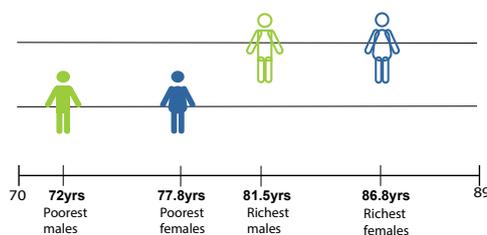
(North Lincolnshire per annum)

£7 MILLION

31,000 GP consultations **17,000 prescriptions** **2577 hospital admissions**

Inequalities in health

Inequalities in Life Expectancy (years)

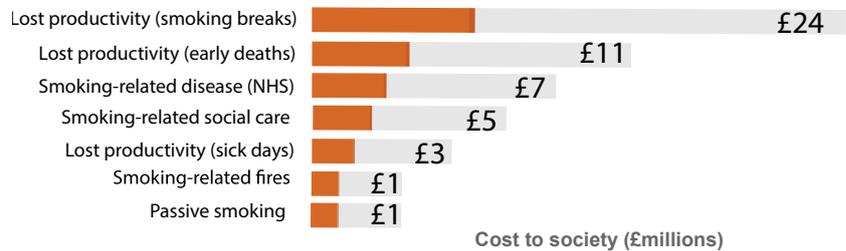


There is a social gradient in health outcomes between people who live in our most and least affluent communities. Currently, there is a 9.5 year gap in life expectancy between our richest and poorest 10 per cent of male residents and a 9 year gap for women. Smoking is the main cause of this gap. The health and financial burdens of smoking fall most heavily on our poorer communities, where people are more likely to smoke, and to smoke more heavily. By tackling smoking we can reduce this inequality.

Wider costs of smoking

The costs of smoking go far beyond the healthcare costs alone. As smokers become ill through disease their ability to work and general mobility is affected. Our local industry relies on highly skilled workers and as smoking reduces the healthy life expectancy of such workers the cost of sick leave and of retaining a replacement workforce builds up for local employers.

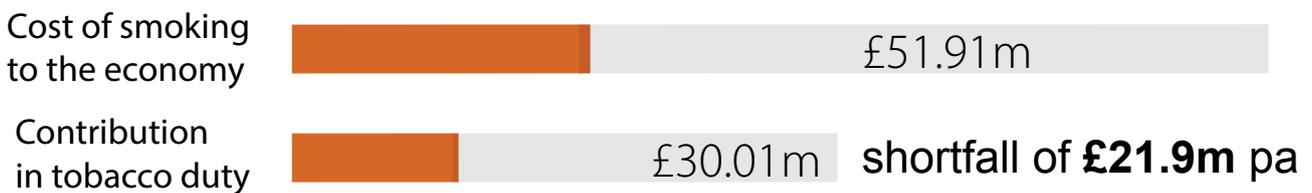
Cost of smoking in North Lincolnshire pa (£millions)



A person who smokes 20 cigarettes a day will spend £2,500 each year just on tobacco. If two people smoke, the burden will be £5,000 a year per household. Smoking is more common amongst people on lower incomes who are least able to afford it.

The costs of smoking go far beyond the healthcare costs alone. As smokers become ill through disease their ability to work and general mobility is affected. Our local industry relies on highly skilled workers and as smoking reduces the healthy life expectancy of such workers the cost of sick leave and of retaining a replacement workforce builds up for local employers.

Cost of smoking vs tax revenue in North Lincs (£millions)



In 2013/14, smokers in North Lincolnshire paid approx. £30.0m in duty on tobacco products

Despite tobacco being taxed at a high level, the revenue raised from tobacco smokers in North Lincolnshire is not enough to cover the costs that smoking causes in our society.

We have the strongest case possible to want to reduce the harm that tobacco causes in our community. This Annual Public Health Report will explain what we intend to do and what action we would like others to take in order to achieve this.

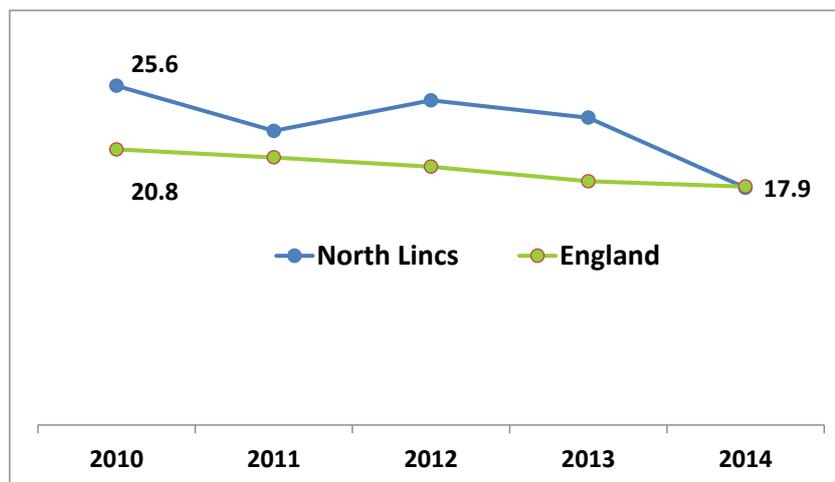
Local Smoking Trends

We have come a long way in preventing the harm caused by tobacco over the past few years in North Lincolnshire. Our main three goals are to reduce smoking prevalence across our area, reduce the number of children and young people who smoke and reduce the proportion of women who smoke during pregnancy. There has been gradual progress in achieving each of these goals, but this progress has not always been steady and there is still much to be done.

Adult smoking

Smoking prevalence among adults (over 16) has declined year on year, with a sharp drop last year. This tells us how many regular smokers there are in North Lincolnshire as a percentage of the adult population. Naturally, this needs to get smaller each year and we are pleased that it has. However, more still needs to be done. The graph below compares local adult smoking prevalence against the England average.

Adult Smoking Prevalence

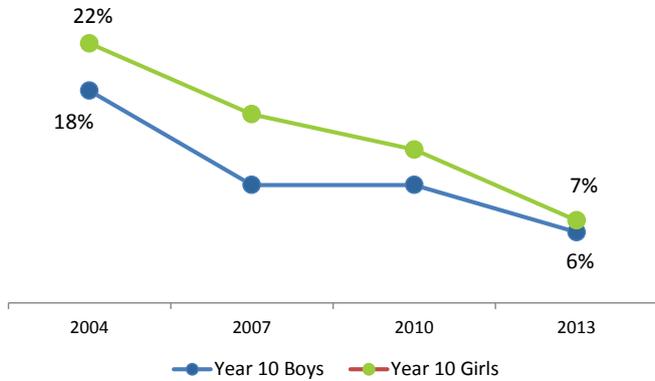


Youth smoking

To make smoking history, we need to prevent the uptake of smoking by children and young people. Very few people who have not started smoking by the age of 18 will become smokers. Our children are the ones that the tobacco manufacturers need to get addicted to tobacco, to replace the 80,000 smokers who die each year because of smoking.

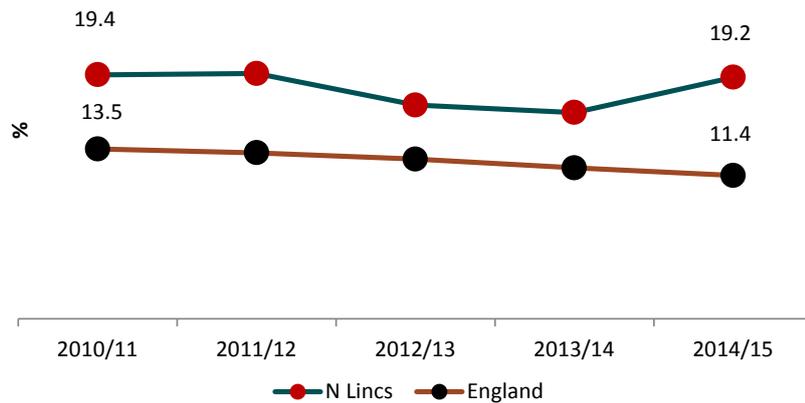
The number of North Lincolnshire children who smoke is falling, year on year, as our children see for themselves the real effects of smoking - not just on health, but on their fitness and appearance too.

Smoking prevalence amongst 14-15 year olds in North Lincolnshire



Smoking in Pregnancy

% women smoking throughout pregnancy



If a pregnant woman is a smoker this is recorded at her first appointment with a midwife, and again when she gives birth. Only the percentage of women who are current smokers when they give birth, known as smoking status at time of delivery (SATOD), is reported to the Department of Health.

Over the past 10 years smoking in pregnancy has been falling steadily. In 2014/15 the proportion rose for the first time in a decade and it is our priority to reverse this, with an ambition to reduce smoking in pregnancy to 11% by 2020.

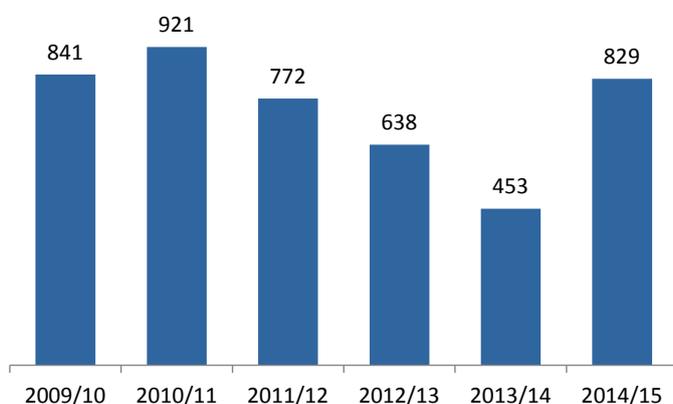
Number of pregnant smokers at time of delivery in North Lincolnshire

2010/11	2011/12	2012/13	2013/14	2014/15
351	349	311	281	324

Stopping smoking with specialist support

Using specialist support improves a person's chance of quitting by up to four times. North Lincolnshire Council commissions a specialist stop smoking service to help anyone working, living or studying in North Lincolnshire to quit. Although this is available completely free of charge, since 2009/10 fewer people have been using this service as a first option to quit smoking. This is a pattern that is being repeated across the country.

Number of people successfully quitting smoking with the stop smoking service in North Lincolnshire



However, in 2014 we commissioned a new service provider in North Lincolnshire and by working creatively and energetically with communities and individuals, this service has reversed the decline and more people are now using the service to help them quit.

If you would like to view the tobacco profile for North Lincolnshire [click here](#).

Smoking in pregnancy

**Babies born in
North Lincolnshire
in 2014/15**
1,684



Too many women in North Lincolnshire smoke throughout their pregnancies. This is very dangerous for both mother and baby and it is important to us that we encourage and support every pregnant smoker and their partners and significant others, to quit as soon as possible.

Ten years ago, 1 in 4 babies in North Lincolnshire were born to women who smoked; currently the figure is roughly 1 in 5. This is a great improvement but remains much higher than the England average. Disappointingly, last year the proportion of women who continued to smoke during pregnancy went up.

We need to do much more to ensure that in future, smoking by pregnant women becomes a rare and unusual thing.

Women who
 **were smokers at**
time of delivery
324

During a pregnant woman's first appointment with a midwife, she will be asked whether she smokes. If she is a smoker, she will be offered a carbon monoxide breath test. This will show the amount of harmful gas within her and her baby's bloodstream. Her midwife will encourage her to quit as soon as possible and refer her to our specialist stop smoking service, **SmokefreeLife North Lincolnshire**, to receive the best support to quit.

SmokefreeLife North Lincolnshire has a smoking in pregnancy specialist who is dedicated to helping pregnant women quit smoking. She will assess their readiness to quit, advise on the best way to begin the quit process, offer regular encouragement, tips and support up to the time the baby is born. The same expert support is offered to the pregnant woman's partner and other people she lives with.

Every cigarette contains over 4,000 chemicals, these enter her bloodstream and are passed through the placenta into her baby's body. This restricts the essential oxygen supply to her baby, so its heart has to beat harder every time she smokes.

The more cigarettes she smokes per day, the greater her baby's chances of developing these and other health problems. There is no 'safe' level of smoking while pregnant.

Risks of smoking during pregnancy

Lower the amount of oxygen available to you and your baby 

Increases your baby's heart rate 

Increases the chance of miscarriage and stillbirth 

Increase the risk that your baby is born prematurely and/or born with low birth weight 

Increase your baby's risk of developing respiratory problems 

Increases risks of birth defects 

Increases risks of Sudden Infant Death Syndrome 

Benefits of not smoking during pregnancy

↓ **reduce** the risk of cot death (SID)

↓ **fewer** complications in pregnancy

↑ baby is **less likely** to be premature

↑ **healthier** pregnancy and healthier baby

↑ **cope** better with the birth

↓ **reduce** the risk of stillbirth

↓ **reduce** asthma risk



Despite the knowledge and support available, too many women still smoke through their pregnancy and decline the offers to quit. Last year, 115 pregnant smokers took up this support with 25 achieving a verified quit. This is a much lower success rate than the national average and needs to be improved.

nldo.northlincs.gov.uk/IAS_Live/sa/jsna/aphr/smoking-in-pregnancy

What we need to do

- Ensure consistent encouragement to quit is given at every opportunity and interaction with a pregnant smoker by all healthcare workers.
- We need to better understand why so many pregnant smokers choose not to quit and use the stop smoking services available.

- Continually improve and extend the capacity of the support that our specialist service provides to pregnant smokers and their partners.
- Involve pregnant smokers and partners in the planning of stop smoking support to ensure that it continues to meet their needs in the best way possible.
- Ensure that all midwives are confident in their knowledge and have sufficient time to give the best advice and encouragement to quit smoking at all their meetings with a pregnant smoker.
- Ensure that data about smoking status at time of delivery is captured accurately in every case.

Our ambition

Ultimately we want to make smoking in pregnancy history and have every smoking mother stop smoking in early pregnancy, if not before. We have a lot of work to do to achieve this aim and need to set ourselves manageable targets on the journey. We want to reduce the percentage of pregnant women who are current smokers at the time of birth to 15% in the next 12 months and to 11% by 2020.

Inspiring a Smokefree Generation

If young people don't start using tobacco by the end of their teens, they almost certainly never start. It's fair to say that it is children, not adults, that take up smoking. Eighty percent of adult smokers have become so by the age of 19 and forty percent before the age of 16. In North Lincolnshire roughly 1 in 8 fifteen year olds are regular smokers. This is much lower than a decade ago and looks set to decrease further in the coming years. This means 7 out of 8 15 year olds don't smoke. Smoking has never been more unpopular among young people.

Smoking prevalence amongst 14-15 year olds in North Lincolnshire



In North Lincolnshire we believe in the **Breathe 2025** vision - to ensure the next generation is free from tobacco - where smoking is an unusual thing. Besides the actions that we as a local council are taking to achieve this, we are encouraging local schools, colleges, youth groups, sports clubs, employers and others to make pledges that will inspire a smokefree generation. Click here to visit Breathe 2025 to read the pledges that local organisations and individuals have made.

Why do some people start smoking?



Helping young smokers to quit

For the first time in 2014, North Lincolnshire Council offered a 12 month pilot programme to help young smokers quit. We wanted a new approach that involved young smokers in planning and developing the support that they would go on to receive. Voluntary Action North Lincolnshire run this project and in the school year 2014-15, four schools signed up to it.

Stop Smoking Services in schools



37 boys signed up

49 girls signed up

13 students stopped smoking

46 students reduced their intake

In these schools, 37 boys and 49 girls voluntarily joined the stop smoking groups. 46 cut down the amount they smoked and 13 stopped smoking altogether. This is an outstanding outcome for this type of project. The impact of this work goes beyond the number who stopped smoking. By quitting they are showing their peers that it can be done and contributing to the peer pressure to not smoke. A number of young people came to the support groups but did not feel ready to quit at that time. By taking part they learnt important skills and the confidence to quit when they are ready.

This project is not over; it has continued for another year and has grown to include seven secondary schools. To view a video on this project go to:

nldo.northlincs.gov.uk/IAS_Live/sa/jsna/aphr/smokefree-generation

What we need to do:

- Encourage all of our schools and colleges to pledge their commitment to the 'Inspire a Smokefree Generation' philosophy and provide systematic educational interventions for pupils to further reduce the uptake of smoking.
- Evaluate our schools based smoking cessation project at the end of the current academic year and if its success is continued look towards encouraging its adoption by all of our secondary schools.
- Seek opportunities to work with our local colleges to reduce the uptake of smoking among the 16-18 age group and to support smokers to quit.

Young people's views on the stop smoking service

"Good support, I have quit, helped me a lot"

"Good sessions, enjoy looking at the resources, especially the tongue. Smoking stinks and is not cool"

"Learn't a lot of things from talking one to one"

"Came for three weeks and reduced my carbon monoxide score by two thirds"

"Good, come back next year. Thank you, I've now quit"

"Good moral support, good for talking, helpful with things and good conversation"

Our ambition

Although we are very pleased with the progress that has been made, we want to go further and reduce the proportion of secondary school children who are regular smokers to under 5% by 2020. We would like the generation of children being born now to be a Smokefree Generation.

Smoking cessation

Since 2013 the responsibility of specialist stop smoking services passed from the NHS to local authorities. In recent years across the country there has been a general decline in the number of people who are enrolled in these services. When the responsibility for providing local specialist stop smoking services came to North Lincolnshire Council, we consulted with local smokers and those who had recently quit to learn how they would prefer to be helped to stop smoking, what they thought about the stop smoking support they had received and if they had not used specialist support, why not.

From what we learned and from our assessment of local need we realised that a complete redesign of what the service was asked to do and how it went about was needed. In 2014 we commissioned a new provider of stop smoking services, Solutions4Health, to take a fresh and energetic approach to help local smokers to quit. You can read about how we responded to what we were told by opening the links below.

Here is how we responded to what local smokers told us:

“You need to be better known in the area”

Only a small number of smokers, even among those who wanted to quit, knew that the stop smoking service existed and how to get help from it.

Solutions4Health created a local identity “Smokefreelife North Lincolnshire” with its own website and social media presence. When not giving one to one support the stop smoking advisers are out promoting their service and making themselves known in the local area.



“We don’t want to quit in a group”

The vast majority of people have one to one support with an advisor. Group sessions are offered to groups of friends, work colleagues and other who want to do it together. 6 out of every 10 people who use either one to one or group support successfully stop smoking. To view a video on a group session go to:

nldo.northlincs.gov.uk/IAS_Live/sa/jsna/aphr/smoking-cessation

“We’re too busy”

In many cases the Smokefreelife North Lincolnshire team can come to you; whether at Scunthorpe Hospital for outpatients, the maternity unit for pregnant smokers or at workplaces if there are groups of colleagues who want to quit. The mobile clinic is a handy tool for visiting town centres on busy market days and for taking the service to outlying villages. The same motivational support is also available by telephone, text, social media or the web.

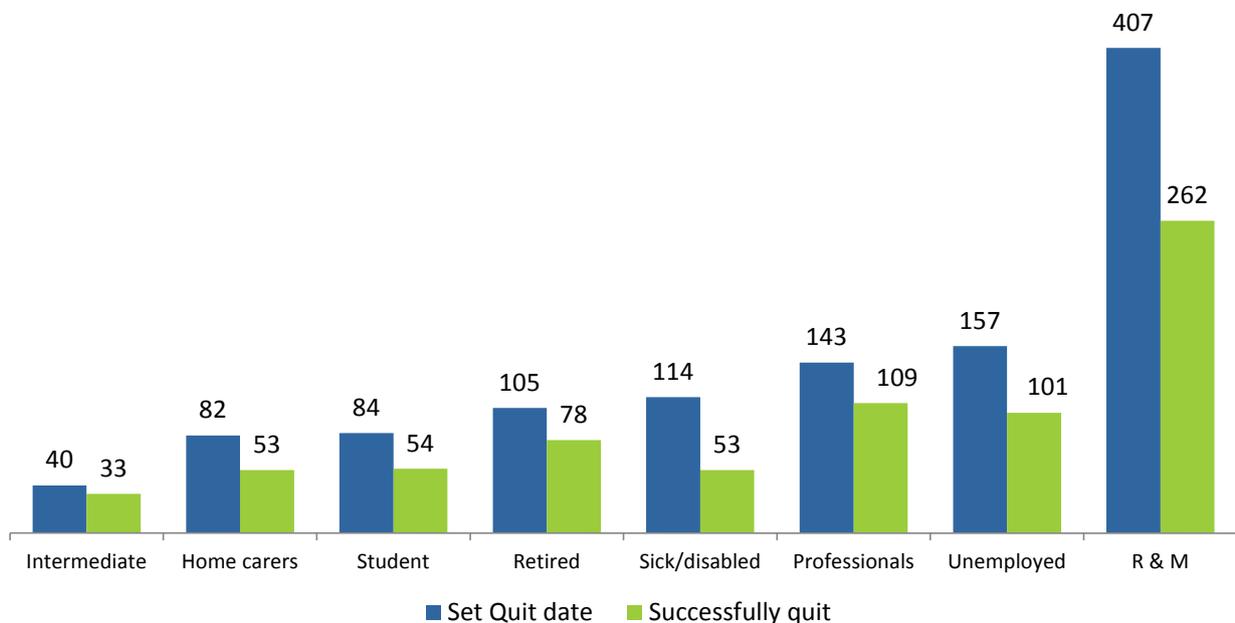
The outcome

Smokefreelife North Lincolnshire provides as convenient a service as possible. Every effort is made to see service users at a place and time convenient to them. For the first time, those receiving face to face support will be given a **free** supply of nicotine replacement therapy products (patches or gum) directly from the adviser to get them started immediately.

Improved performance

We are now seeing a level of stop smoking support and performance that the people of North Lincolnshire deserve. In three months alone (January to March 2015), 524 people stopped smoking with Smokefreelife North Lincolnshire. That's more than quit in the whole of the previous year, before the changeover in provider.

Number of smokers who set a quit date and successfully quit in North Lincolnshire by occupational group (2014/15)



To make sure that support reaches those groups in the community to where tobacco causes most harm, we tasked our service provider with focussing its services in proportion to need. We are pleased that by occupation type, the two largest groups using services were Routine and Manual (blue collar) workers and the unemployed. These are the two groups which typically smoke most heavily.

Levels of support

Three levels of support



Face to face

Level 3

Level three: regular face to face support with a trained advisor who guides you through your quitting process and the options available for nicotine replacement therapy. Most people who want to quit use this level of support and 6 out of 10 successfully quit after four weeks which makes it the best way of quitting for good.



From your home

Level 2

Level two: some people are unable to get to appointments to see a stop smoking adviser so we made it possible for them to quit from home and still have support. Support is available by telephone, email, text or by our smartphone app. Fewer people use this option as most prefer face to face support. Between April and June 2015, 42 people successfully quit smoking this way.



On your own

Level 1

Level one: Some smokers want to quit on their own regardless of the support available to them. Going it alone is perhaps the hardest way to quit but we still provide advice and tips to those who select this method of quitting. Between April and June 2015 we gave expert advice to 207 people to enable them to have a better chance of quitting on their own.

What we need to do:

- Use contract management to ensure that our service provider continues to increase the number of people who successfully stop smoking, and provide support to various groups and communities in proportion to their need.
- Increase the number of smokers who are referred into the service, particularly from GPs and secondary care clinicians.
- Increase coordination between the stop smoking service and the healthy workplace award scheme to increase take up by the local workforce.

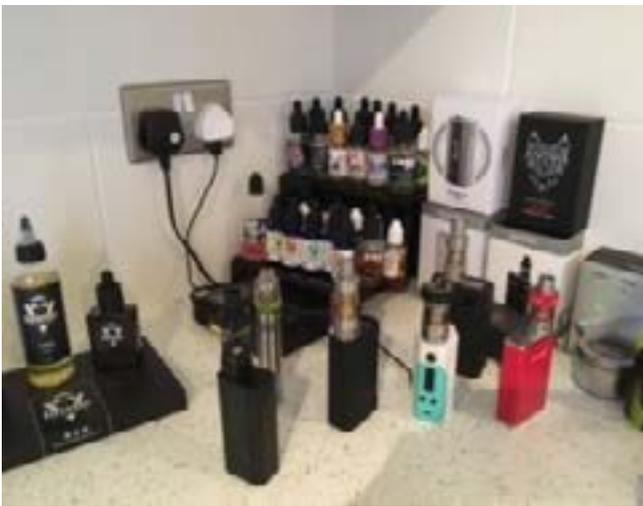
Our ambition

Our aim for 2014/15 was to reduce smoking prevalence among adults to less than 18.5%. We have achieved this but will not rest here. We will work to ensure that every smoker who wants to quit receives the best available support to enable them to do so successfully, and increase the number of people who stop smoking with our specialist stop smoking service.

Emerging forms of 'Smoking'

Although the main challenge to public health is cigarette smoking (including cigars and pipes) there are other forms of 'smoking' that are starting to emerge. If we are to properly address the public health issues concerning tobacco, we need to address these emerging forms - the principal two new emerging methods are described here.

Electronic cigarettes



The term e-cigarette is the name by which nicotine vapourising devices are better known. Compared with actual cigarettes, these are relatively new products and work as a nicotine delivery system. Nicotine is the addictive substance in a cigarette, and it is this addiction which makes it difficult for many smokers to quit. E-cigarettes do not contain tobacco and are much less harmful than cigarettes.

There are two main types of e-cigarettes, there is the single use disposable type which are designed to resemble cigarettes and there is the reusable type. The reusable types have a tank which can be refilled with the liquid nicotine and recharged. These can be 'cig-like', but most are uniquely designed.

'Vaping' and not 'smoking' is the best way to describe how an e-cigarette is used as they are not lit and nothing is burnt. They are relatively new products and are only just becoming regulated. They contain nicotine in a liquid mixture which is heated and inhaled by the user as a vapour and they do not contain tobacco which makes them a safer option than smoking cigarettes. However, the nicotine they contain is still addictive and the long term health effects associated with their use are not known. It seems certain that they are a safer alternative to smoking and have been successful in helping smokers cut down and quit.

Most of the research conducted so far about e-cigarette use tells us that their use by children and young people is low, and almost exclusively confined to those who already smoke. However, we are hearing locally that a growing number of children are starting to use them, even those who have not previously been smokers. This is a concern and something we need to monitor in the coming year.

The growth in use of e-cigarettes presents us as public health professionals with a number of challenges:

- How to prevent children and young people from starting to use them.
- To assess whether our stop smoking service should in future recommend the use of regulated e-cigarettes as a quitting aid.
- Through education to support their use by smokers as an aid to stopping smoking and to deter their use by non-smokers.
- To ensure that laws and regulations concerning e-cigarettes are enforced as rigorously as those concerning tobacco products.

Smokeless tobacco and shisha



Tobacco can also be used in forms that are chewed or inhaled in powder form. In many cases the tobacco is mixed with other substances that are also hazardous. Such use of tobacco increases the risk of forming nasal or oral and throat cancers. Many of these forms originated on the Indian subcontinent and in the UK their use is in the main, limited to South Asian communities.

Shisha is a form of smoking that is increasing across the UK. The tobacco is heated and the arising smoke is passed through water in a device commonly known as a hookah or waterpipe and inhaled through a pipe. This is usually a communal form of tobacco use and one waterpipe is shared between several people. In addition to the risks presented by tobacco use, there is also the risk of contracting infectious disease via sharing one waterpipe with several people.

Very little is understood about the scale of use of shisha and smokeless tobaccos in North Lincolnshire, or about their potential future health impacts.

What we need to do

- Ensure that laws and regulations that apply to these emerging forms of smoking are evenly and fairly applied.
- Ensure that smokers understand the relative benefits and risks of using e-cigs rather than smoking, so that they can make an informed choice whether or not to use them as a means of quitting.
- Deter children and young people from using e-cigs or shisha.
- Conduct a health needs assessment on the impact of shisha in our area.

Our ambition

Whilst we are striving to reduce the harm caused by tobacco in our communities, we are achieving this mainly through the approach of reducing smoking. We need to extend our activities to encompass alternative forms of tobacco consumption and to ensure that people who use nicotine vapourisers do so in a safe manner, and principally as an alternative to smoking.

Enforcement

Timeline of enforcement (England)



Enforcing smoke-free premises

North Lincolnshire Council's Environmental Health Commercial Team is responsible for the enforcement of Smoke free legislation which requires businesses to ensure that their indoor premises and vehicles are smokefree. This legislation, part of the Health Act 2006, prohibits smoking within commercial premises and is designed to protect employees from exposure to second hand smoke in the workplace.

The Team provides advice about the legislation to business operators in North Lincolnshire. It inspects many food businesses during the year and during these visits an assessment of smoke free compliance is carried out to ensure that, for example, the correct signage is being displayed and that external smoking shelters, where provided, meet the requirements of the law.

Current compliance levels in relation to smoke free legislation have been high across North Lincolnshire. Both businesses and the public have already adopted and adapted to the legislation and there has been little need for enforcement measures. However, any intelligence received is investigated.

Under-age sales

North Lincolnshire Council's Trading Standards Team enforces the law regarding age of sale for tobacco products, which cannot be sold to under 18s. When information is received that a shop is selling cigarettes to children, volunteers help by visiting the shops to try and purchase cigarettes. We call this process test purchasing. These operations are carried out in phases usually on a number of shops within a few days. When a sale happens, the Trading Standards officers have the option to give a warning to the shopkeeper or to start a prosecution.

The general level of sales is in line with that nationally. We have done a lot of educational and advisory work with local retailers to prevent under-age sales and this seems to be effective in the vast majority of cases.

Display of tobacco products

In summer 2015, North Lincolnshire Council's Trading Standards Team participated in the Department of Health (DOH), rapid review of compliance with the display ban regulations in small premises. 30 premises were visited in both and urban and rural locations with 100% compliance rate (compared to the national compliance rate of 89%). A report of the national review was produced for the DoH by the Chartered Trading Standards Institute and may be found at www.tradingstandards.uk/policy/policy-pressitem.cfm/newsid/1834

Illicit tobacco

In September 2014, North Lincolnshire Council's Trading Standards team participated in a national operation to conduct a series of searches at retail premises suspected of selling illicit tobacco (smuggled or counterfeit brands). Specialist trained sniffer dogs were used and helped to find quantities of illicit tobacco and cash. Over 50,000 cigarettes were seized (2500 packets) together with over 6kg of hand rolling tobacco and £8000 cash. Sellers were prosecuted and those selling alcohol had their licences reviewed. The exercise was repeated locally in July 2015, leading to a further prosecution and alcohol licence revocation.

Each year, North Lincolnshire Council's Trading Standards Team contributes to the annual tobacco control survey carried out by the Chartered Trading Standards Institute. This year's report can be found at www.tradingstandards.co.uk. Interestingly, it shows for the first time that work to counter illicit and counterfeit cigarettes has overtaken under-age sales, although both remain priority areas.



What we need to do next

- Increase the flow of intelligence that we receive about shops that sell tobacco to children and that sell smuggled or counterfeit tobacco in order to target our investigations more effectively.
- To continue to take enforcement actions against premises and retailers that break the law concerning underage sales and the sale of smuggled or counterfeit tobacco.

Our ambition

Our ambition is to work to minimise the supply of smuggled and counterfeit tobacco in North Lincolnshire and to prevent all sales of tobacco products to children.

Recommendations

Through reading this report you will have a good understanding of the challenges we face and of our tobacco control goals. Below are recommendations for local organisations that I believe will take us far along the journey to achieving these goals. The recommendations are achievable and I expect that progress can be made on all of them within 12 months. Next year's annual public health report will include an update of the progress that has been made.

Health and Wellbeing Board

- The Health and Wellbeing Board should, in recognition of the impact of smoking and tobacco use on the health and wellbeing of the residents of North Lincolnshire, choose smoking as one of the 'big ticket' items that they will focus on in the coming year. It should monitor the progress of partner organisations and hold them to account for their responsibilities to protect people from the harm caused by tobacco.
- The Health and Wellbeing Board should make a firm commitment to drive the concept of 'Inspire a Smokefree Generation' in North Lincolnshire and develop a tangible plan as to how to achieve this.

Clinical Commissioning Group

- The Clinical Commissioning Group should set targets with GPs and secondary care clinicians to routinely discuss stopping smoking with every one of their patients who smokes and offer to refer every smoker to the local specialist stop smoking services. We have an overall target of 1000 referrals each year to the stop smoking services from GPs and clinicians.

The North Lincolnshire and Goole Hospital NHS Foundation Trust and the Rotherham, Doncaster and South Humber NHS Foundation Trust.

- Northern Lincolnshire and Goole Hospital NHS Foundation Trust and Rotherham, Doncaster and South Humber NHS Foundation Trust, together with SmokefreeLife North Lincolnshire, should review their procedures and policies and make the changes necessary to increase the number of service users and patients helped to quit, to 100 in 2016/17.

Public Health in North Lincolnshire

- Conduct a Health Needs Assessment of the scale of use and effects of smokeless and niche tobacco in our communities.
- Use the available resources to monitor the use of electronic cigarettes by under 18s in North Lincolnshire in order to assess if there is an increasing trend of use by children and young people.
- Share the evaluation of its local youth smoking cessation project with public health colleagues and schools in order to better disseminate learning and best practice.
- Engage with school governing bodies to develop a programme of work to further reduce the uptake of smoking by children and young people.

North Lincolnshire Council

- Ensure that all employees who engage professionally with groups and individuals that may include pregnant smokers and female smokers of childbearing age have the knowledge and skills necessary to offer brief advice on interventions about smoking. That they use these in a systematic and sensitive way at every opportunity.

SmokefreeLife North Lincolnshire

Conduct a full review of the support it provides to pregnant smokers and acts upon any findings to ensure that it fully meets the needs and expectations of this priority group.

North Lincolnshire's Maternity Services

Seek and undergo a peer challenge of pregnancy pathways for pregnant smokers to benchmark its performance. The peer challenge should include, as a minimum, a review of the service specification and contractual arrangements, data collection and reporting and compliance with NICE guidance.

Update on last year's recommendations

In last year's annual Public Health Report, I made a number of recommendations for local agencies to act on. The focus was Mental Health, and all of the recommendations in that report were made with a view to improving the support available to those with mental health problems. In particular, those with the most serious mental health illnesses. A brief update on our progress is summarised below.

Recommendation 1

Advice North Lincolnshire and North Lincolnshire Council lead the development of an action plan to deliver the recommendations of the recent poverty needs assessment, 'Needs Assessment Considering the Provision of Advice Services and the Impact of Poverty in North Lincolnshire' (2015).

The recommendations made by the Poverty Needs Assessment were incorporated into the existing action plan of the Poverty Working Group as both sets of actions were strongly aligned. The Poverty Working Group has made significant progress across all action areas. However, a greater focus on actions around Mental Health is still required.

Recommendation 2

North Lincolnshire Council work with partners to ensure there is adequate access to consistent, timely and high quality universal and targeted public mental health services, (including peer support, brief interventions and counselling), and specialist mental health services, for all children and young people in North Lincolnshire.

North Lincolnshire Council has, in partnership with the CCG, developed a CAMHS Transformation Plan which incorporates an Emotional Health and Wellbeing Strategy for Children and Young People. Work has been commissioned with Health Visitors to improve the emotional health and wellbeing of mothers and with School Nurses on School Health Plans and individual work with the public.

Training has been commissioned to enhance the skills of the wider workforce in subjects such as Safe Talk, Mental Health First Aid and Mental Health First Aid Lite. North Lincolnshire Council has worked with schools to further develop peer mentoring and buddying systems, and has developed positive messages for use across all partners' communication media.

Recommendation 3

The Health and Wellbeing Board drive the development of an 'age friendly' conversation in North Lincolnshire, consolidating and expanding efforts to combat and support the social isolation, loneliness and dementia agendas for older people and incorporating a wider environmental approach .

The new Total Transport pilot has been informed by information on where older people live alone in order to target older people living in remote rural areas who may be socially isolated. The pilot commenced in early 2016.

Health checks for those aged 40-74 and Wellbeing checks for those 75+ are being promoted in the wellbeing hubs and in the community. The 75+ wellbeing checks for incorporate a check of health issued that are particularly relevant to this age group.

The principle of keeping older carers well to continue caring is embedded into the All Age Carers Commissioning Strategy and delivery plan, and includes promoting NHS health checks and 75+ wellbeing checks and referral mechanisms to the health trainer service and other support services. Changes have been made to the carers' assessment so that it now includes a health as well as social care perspective and plans are in place to work with older people's community groups to deliver a personal approach improving health literacy.

Recommendation 4

North Lincolnshire Council and partners develop a public mental health strategy for North Lincolnshire with a robust suicide prevention strategy.

Public Health in North Lincolnshire Council has led on the development and completion of a Suicide Prevention Strategy which includes a robust action plan. Implementation has begun and was formally launched at the Suicide Prevention Conference on March 1 2016. A Public Mental Health and Dementia Strategy is in the draft stage and will be subject to wider partnership consultation.

The physical health needs of people with serious mental illness are given higher priority. This is a key strand within the Public Mental Health and Dementia (draft) Strategy. This strategy has 3 strands: Mental Health promotion; improving lives, supporting recovery and inclusion, mental illness prevention and suicide prevention. The improving lives, supporting recovery and inclusion strand contains a commitment to ensure parity between mental health and physical health.

Commissioned stop smoking services and weight management services target and work with people with serious mental illness.

SmokefreeLife North Lincolnshire has worked with RDaSH to support the transformation of mental health in patient and out patients' centres in North Lincolnshire to go completely smokefree. It has supported staff and patients on stop smoking programmes and has provided training for mental health staff to provide stop smoking support directly to patients with the most serious mental illnesses. A new weight management service has been commissioned to commence a delivery in January 2016. It is working with a wide range of groups, including people with serious mental illness.

Primary care and mental health services ensure that physical health monitoring commences when a person is diagnosed with a serious mental illness.

The review was undertaken by local service managers and commissioners, governed by health scrutiny. There is an absence of a local framework and bespoke pathway for patients with a dual diagnosis. A process mapping event took place in February 2016 and a pathway will be embedded within the forthcoming year.

NHS North Lincolnshire CCG, North Lincolnshire Council, RDaSH and partner agencies are reviewing pathways between services to ensure that the needs of people with dual diagnosis are identified and met.

Recommendation 5

The Strategic Assessment Group (SAG) ensures that all services and actions follow the best available evidence base in terms of approaches, quality, outcomes and value for money. Where knowledge gaps have been identified in the Joint Strategic Assessment (such as perinatal, children's and parental mental health) these should be prioritised within the SAG work plan.

Knowledge gaps are identified in the Joint Strategic Assessment each year. Where appropriate, these programmes of work are prioritised within the Public Health Intelligence Team's annual work plan. Remaining gaps are considered by the SAG's Research and Intelligence group.

