2014
- 2016

Making Southampton a smoke-free city

Tobacco Control Plan

SOUTHAMPTON CITY COUNCIL

Forward

To be confirmed

Contents

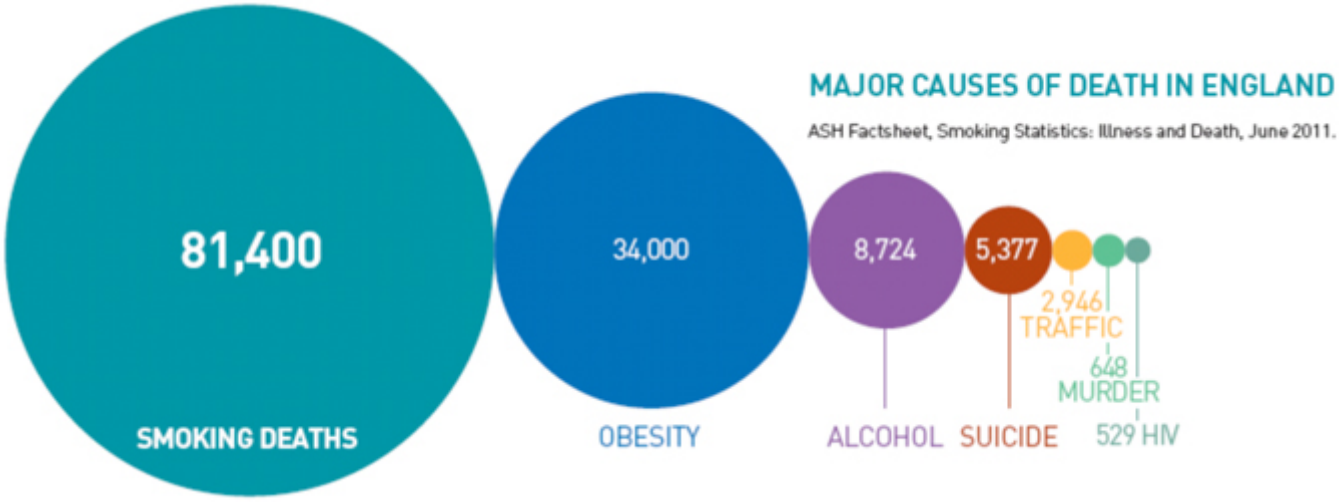
Introduction and purpose

Despite the knowledge of the dangers of smoking, an estimated one in five people still smoke in England. In 2010 the Chief Medical Officer identified tobacco use as the single biggest behavioural risk factor for premature death in England.[i]

The purpose of this plan is to develop a strategic approach at a local level to implement successful tobacco controls across the city of Southampton to minimise the ongoing harmful effects of tobacco. The World Health Organisation (WHO) acknowledges that smoking is the single largest preventable cause of death and disability in the developed world[ii]. Smoking continues to pose one of the biggest risks to public health worldwide, killing almost six million people each year, five million of whom are smokers, and over 600 thousand non smokers who are killed by exposure to second-hand smoke.[iii] Smoking harms nearly every organ of the body and dramatically reduces both quality of life and life expectancy. Smoking causes lung cancer, respiratory disease and heart disease as well as numerous cancers in other organs including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

Table 1 below shows smoking was responsible for the highest burden of death in England in 2011, a situation that remains unchanged. There are about 10 million adults who smoke cigarettes in Great Britain, including 21% of adult men and 19% of adult women. Smoking prevalence is highest among 20-24 year olds: 30% of men and 28% of women. In 1974, 51% of men and 41% of women smoked cigarettes - nearly half the adult population. Smoking rates are also markedly higher among poorer people. In 2011, 13% of adults in managerial and professional occupations smoked compared with 28% in routine and manual occupations.[iv]

Table 1: Major causes of death in England 2011[v]



Evidence from Southampton's Joint Strategic Needs Assessment[vi] shows the estimated number of adults who smoke in Southampton has increased from 22.2% in 2009 to 22.6% in 2012. Rates are also higher than the national average of 20%. Southampton's Health and Wellbeing Strategy[vii] has identified an increase in unhealthy lifestyles, and included smoking as one of the key challenges that needs to be addressed to improve health in the city. For these reasons there needs to be continued effort and investment to tackle the core strands of tobacco control. These include helping smokers to quit, educating young people about the

dangers of smoking to reduce uptake, and implementing regulatory measures to ensure compliance with legislation in local businesses and effective controls of smuggled and counterfeit tobacco.

An independent survey of public opinion in February 2013[viii] found strong public support for tobacco control measures. A clear majority of people believe that the government is not doing enough or has got tobacco policy about right. Even amongst smokers in England fewer than half (44%) believe that the government is doing too much. The survey found that people in the South East see a need for greater action to control tobacco, particularly in relation to policies that protect children and young people. The survey also found strong support for banning smoking in hospital grounds and 81% of people believe smoking should be banned in cars carrying people aged 18 and under.

Historically, Southampton City Primary Care Trust (PCT) worked collaboratively with partners across Hampshire and the Isle of Wight to develop a Tobacco Control Plan in the region for 2010-2013. The work of this partnership has now been reported on, providing a starting point for Southampton to develop this key working. In producing the first tobacco control plan for the city, in conjunction with the Health and Wellbeing strategy, we can identify opportunities for development and ensure partners across the city are working to the same outcomes to reduce health inequalities and improve the health of our city.

The impact of smoking in Southampton

Smoking prevalence

Although smoking prevalence has decreased nationally, a wide disparity still exists across regions and Southampton compares less favourably, both to the region and the country as a whole. Table 2 below shows the latest Tobacco Control Profile for Southampton City. This demonstrates the significant impact of smoking on the health of residents in the city, how Southampton is performing against the rest of the region and demonstrates the national average in England as a whole. The prevalence of smoking in the city is 22.6% compared to the national average of 20%. 16.6% of pregnant women smoke at the time of delivery compared to the national average of 13.2%, putting both their own and the health of their baby at great risk. In addition, smoking rates are higher among routine and manual workers with rates of 36.8% in Southampton compared to 30.3% nationally.

Table 2 - Tobacco Control Profile for Southampton City 2013 [ix]

	Southampton		Region	England		
	Count	Value	Value	Value	Worst	Best
Smoking attributable mortality	1018	236	181.7	210.6	371.8	125.2
Smoking attributable deaths from heart disease	115	30	24.4	30.3	58.4	14.6
Smoking attributable deaths from stroke	39	9.6	8	9.8	19.2	4.8
Deaths from lung cancer	364	47.1	31.1	37.2	70.3	20.9
Deaths from chronic obstructive pulmonary disease	310	32.3	21.8	25.3	51.6	12.1
Lung cancer registrations	446	58.1	37.9	46.6	86.2	25.1
Oral cancer registrations	72	10.3	8.5	9.5	16.6	3.4
Smoking attributable hospital admissions	2113	1746	1114	1420	2536	726
Cost per capita of smoking attributable hospital admissions	4484057	40.9	32.2	36.9	61.7	14.5
Smoking prevalence - routine & manual	-	36.80%	30.50%	30.30%	49.00%	7.50%
Smoking Prevalence (IHS)	-	22.60%	18.60%	20.00%	29.40%	8.20%
Smoking status at time of delivery	574	16.60%	11.40%	13.20%	29.70%	

Deaths from smoking in Southampton

Men living in Southampton have significantly lower healthy life expectancy, with the average length of time people can expect to live in good health less than the national average (61.1 years compared with 63.2 years)[x]. Smoking is one of the main causes for this, and Table 2 shows that more people die from smoking related deaths in the city than the national average (236 per 100 000, compared to 210.6 in England). Deaths from lung cancer and chronic obstructive pulmonary disease are higher than the national average, and there are more hospital admissions from smoking related illnesses.

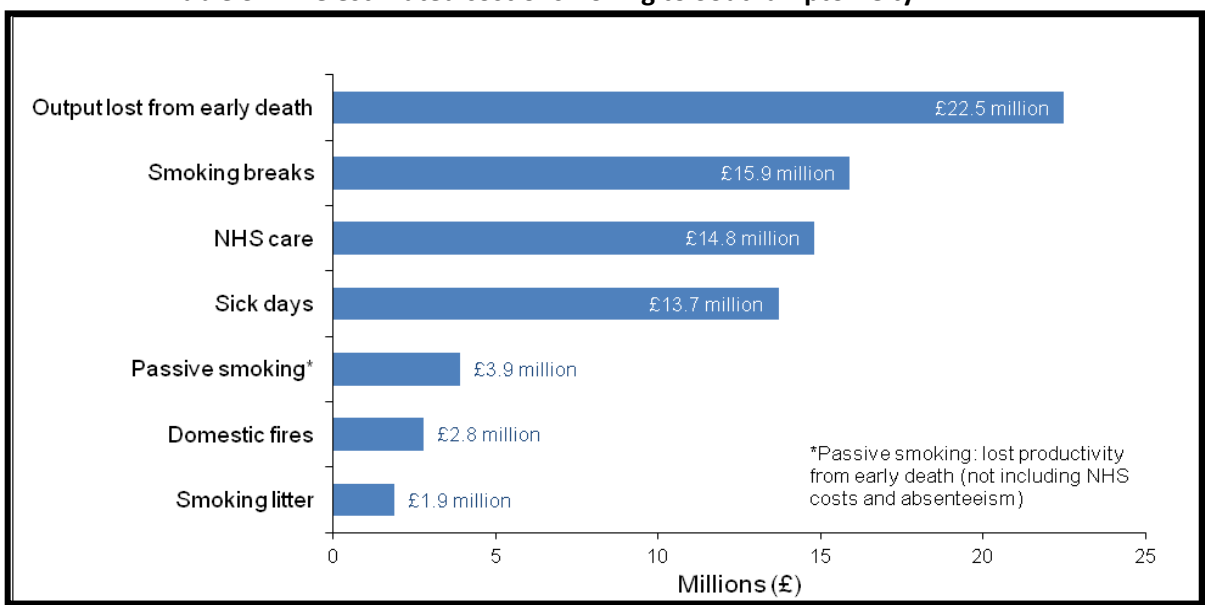
The health risks from second hand smoke

Along with the known health risks to smokers themselves, the health impacts of second hand smoke (SHS) exposure are well documented and people who are exposed to SHS face an increased risk of cancer and heart disease. It is a particular risk to infants and children resulting in increased incidence of upper respiratory tract infections, glue ear and an increased risk of sudden infant death. Exposure to SHS is higher among disadvantaged communities where rates of smoking are higher and also in children whose mothers smoke**.** There are 9,500 hospital admissions and 40 sudden deaths each year in England each year directly attributed to SHS[xi]. There is a significant body of UK and international evidence which demonstrates that smoke-free laws are effective in reducing exposure to SHS. Whilst legislation exists making all enclosed environments smoke free, this law does not relate to people's homes and many, especially children, are still exposed to SHS. Therefore, it makes sense to prioritise work to encourage families to protect children from SHS through smoke-free homes and cars.

The cost of smoking to the local economy

Financial modelling based on national surveys and research has been developed to estimate the cost of smoking. Smoking brings a very high cost to the city in both health and financial terms. Along with the significant personal cost to individuals and their family from poor health and financial burden, there is a considerable economic cost to the city in terms of ill health and costs to local employers. Action on Smoking and Health (ASH) estimate that annually, smoking in Southampton costs our population £70.9m, based on data from national research and surveys.[xii] It is estimated that the city council spends £1.9 million annually clearing up smoking litter, and £2.8 million is spent annually on tackling domestic fires caused by smoking. An estimated £81.1m is spent on cigarettes and tobacco rather than being spent and recycled through our local shops and businesses. Details and the breakdown of wider costs of smoking are shown below in Table 3 and demonstrate a very high financial burden to the city, which is directly attributed to smoking.

Table 3 – The estimated cost of smoking to Southampton City[xiii]



Workplace productivity

Smoking causes a significant cost to both the national and local economy in terms of lost productivity from time off sick and smoking breaks. There are significant potential financial

benefits for employers in implementing and complying with smoke-free legislation. Based on data from national surveys and research, smokers take more sickness leave than non smokers, costing £13.7 million annually to the city. Also it is worth noting that cigarette breaks taken by employees cost Southampton employers £15.9m each year. Employers should encourage and support staff with addiction to tobacco in contacting NHS 'Stop Smoking' services.

The impact of smoking on our health services

Smoking causes a considerable burden for our health services, impacting on primary care and also increasing the number of hospital admissions, especially in the winter months. 1,746 per 100, 000 admissions to hospital in 2010-2011 were directly attributable to smoking (confidence intervals range from 1,670 to 1,825). This is significantly higher than the England average of 1,420 per 100,000 (range 1,415 to 1,424)[xiv]. Based on national modelling, the cost to the local health economy is estimated by ASH to be £1.48m. There is local investment in the Improving Fitness for Surgery programme to try to reduce the significant economic burden of smoking on local NHS services. This initiative aims to help people to stop smoking for four weeks before having non-urgent (elective) surgery. There is evidence this saves money and improves outcomes for patients through quicker healing, less post operative complications and less time spent in hospital. There is also a need to ensure that smoking cessation is integrated into clinical pathways. A high level commitment is required within acute and mental health trusts to support the tobacco cessation agenda in order to realise the potential of the Fitness for Surgery initiative and implement latest NICE guidelines making hospital sites completely smoke free[xv].

Smoking and household fires

Smoking and its materials are the second biggest cause of fires in the home. Fires caused by smoking materials (including cigarettes, roll-ups, cigars and pipe tobacco) result in more deaths than any other type of fire. Local data shows that cigarette fires are more dangerous than other fires, known risk factors include smoking in bed and smoking whilst drinking alcohol. Cigarettes contain chemicals that are designed specifically to keep them burning, even after the smoker falls asleep.

Data from Hampshire Fire Service[xvi] shows there were 890 accidental dwelling fires in Hampshire during 2012-2013, of which 206 (23%) occurred in the Southampton group. Of these, 45 (5%) were caused by smoking materials and 17 (38%) of those were in the Southampton group. The service estimates the cost of these to be £20,930. In 2012-2013 there were three fatalities in dwelling fires in Hampshire due to smoking materials; the cost to society for the three fatalities was £5,262,498. One of these three fatalities occurred in the Southampton group with a cost to society of £1,754,166. During April – October 2013 there were 477 accidental dwelling fires in Hampshire, of which 133 (28%) occurred in the Southampton group. Of the 477 accidental dwelling fires, 28 (6%) were due to smoking materials of which 12 (43%) occurred in the Southampton group. The cost to the service for attending these 12 accidental dwelling fires caused by smoking material was £13,755.

When attending smoking related fires, the fire service is ideally placed to deliver Very Brief Interventions which have an evidence base and are effective in helping people quit smoking.

Health inequalities

Smoking is the biggest cause of health inequalities and the impact of smoking falls mostly on the disadvantaged and vulnerable people in society. Tobacco control was identified in the Marmot Review as a central platform in any strategy to tackle health inequalities. Half of the difference in life expectancy between the highest and lowest income groups can be attributed directly to smoking and smoking-related death rates are two to three times higher in more disadvantaged social groups than in wealthier social groups [xvii].

Table 4 shows the difference in life expectancy and mortality between the most deprived and the least deprived areas in the city. Whilst mortality rates in the most deprived areas from Chronic Obstructive Pulmonary Disease (COPD) have improved by 12%, they are still 203.9% higher than deaths from COPD in the least deprived areas. In Southampton more people smoke in routine and manual classes than in other social classes (36.8% compared to the national average of 30.3%). This rate has in fact increased, and data from the Integrated Household Survey, analysed by the Department of Health and published by Public Health England, shows this rate has increased from 35.4% in 2009 (IHS 2009). Within the city smoking prevalence rates are significantly higher in those areas with the greatest deprivation.

Table 4 - Life Expectancy and Mortality Indicators in Southampton City[xviii]

	Are the most deprived areas improving?	Is the gap narrowing?	
	Change between 2006-08 and 2009-11	Difference between most deprived and least deprived areas	
Measure		**2006-08**	**2009-11**
Life Expectancy for males	Increase of 1.0 years	6.5 years	6.4 years
Life Expectancy for females	Increase of 0.2 years	1.1 years	2.6 years
Mortality – all cause, all age	Decreased 3.9%	40.6% higher	53.25% higher
Premature mortality (under 75) – all cause	Decreased 0.9%	101.6% higher	131.6% higher
Circulatory disease mortality – all ages	Decreased 28.2%	81.1% higher	69.8% higher
Circulatory disease mortality – under 75s	Decreased 41.3%	226.8% higher	184.9% higher
Cancer mortality – all ages	Increased 2.7%	61.2% higher	94.1% higher
Cancer mortality – under 75s	Increased 10.1%	71.9% higher	119.2% higher
COPD mortality – all ages	Increased 12.0%	298.9% higher	203.9% higher

Understanding the psychology behind smoking

Why do people smoke?

The reasons people smoke are complex and varied. Nicotine is a highly addictive drug, which causes addiction in a similar way to heroin or cocaine, making it difficult to stop smoking. Cigarettes are deliberately designed to provide a fast nicotine hit reaching the brain within ten seconds. Nicotine is a stimulant that increases the heart rate, affecting many different parts of the body. It triggers the release of dopamine which is a chemical linked to short term feelings of pleasure. This also means that smokers start to make a mental link between the act of smoking and feeling good. Because of this, smokers can also become addicted to abstract things like the taste of cigarettes or the feeling of smoking, as well as the nicotine itself. People often smoke due to this perceived pleasure from smoking, and also as a way to combat stress, low self-esteem, boredom and to curb appetite and control weight.

People also continue to smoke because of a smoking culture that exists within communities, which normalises smoking. While many see adverts educating them in smoking harms, they continue to be influenced by sophisticated marketing tactics from tobacco companies. While evidence shows that increasing taxation has a direct impact on reducing smoking, the supply of smuggled illegal tobacco undermines this and reduces the financial pressure to stop smoking. Many smokers deny or do not understand the risks and consequences, or may not believe they are placing their health and that of their family at risk.

Three quarters of all smokers say they would like to stop, but fewer than half go on to make an attempt to quit and less than 3% successfully quit each year. Routine and manual workers appear to find it particularly difficult to stop smoking, with quit rates being lower in less affluent groups[xix]

Young people and smoking

It is illegal to sell tobacco products to anyone under 18 in the UK. Despite this, about one in eight children have become regular smokers by the age of 15. Research from Cancer Research UK has shown that trying just one cigarette can make children more likely to start smoking later in life[xx]. Their research also shows that children who smoke often become regular smokers when they are adults. Children smoking are more likely to suffer immediate health consequences such as coughs, increased phlegm, wheezing and shortness of breath and also to take more time off school.

There are a number of reasons why children experiment with smoking. Evidence shows that if a child's parents smoke, they are then three times more likely to smoke themselves. Research shows that advertising can encourage children to start smoking and even adverts that are aimed at adults are attractive to children wishing to aspire to adult behaviour. For this reason direct cigarette advertising is now banned in the UK. Truancy and exclusion are also risk factors for smoking and evidence shows that young people who had been excluded or truanted from school in the previous 12 months were almost twice as likely to smoke regularly compared to those who had never been truant or excluded.[xxi]

Data from the 2012/13 Southampton Pupil Attitude Survey estimates that only 53.4% of children live in a house where neither parent smokes. This survey was completed by over 2,000 pupils from Year 4, Year 6, Year 9 & Year 11 in 26 out of 79 Southampton schools (overall response rate of 24.3%)[xxii]. Estimates show that 870 children start smoking each year in Southampton[xxiii].

NICE guidelines provide clear guidance on the most effective ways to help reduce smoking in young people and state there needs to be a comprehensive broad range of approaches. This includes enforcement work to ensure that shops comply with underage sales and also to control the supply of illicit tobacco. All agencies in the city working with families and young people should ensure that smoking is addressed, in particular in relation to the dangers of smoking in the home and cars. Schools and colleges should incorporate both a whole schools approach and also ensure that smoking is included as part of PSHE work building skills of self-esteem and self worth[xxiv].

How do we help people quit?

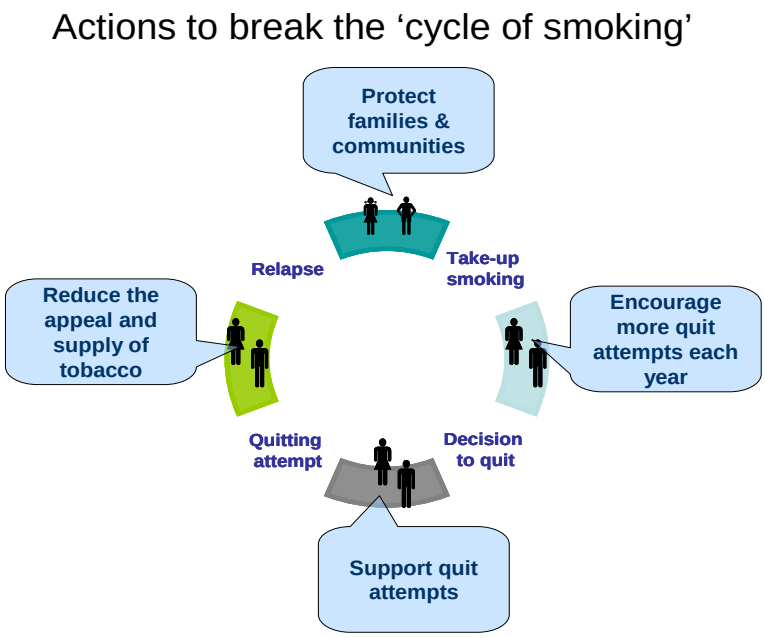
The commissioning of local NHS 'Stop Smoking' services is an essential part of tobacco control, as the most evidence-based support system available. They provide a resource for information on quitting support and expert advice to organisations that want to integrate a stop smoking approach for their workforce. This is also vitally important for the focus on routine and manual smokers. However in order to change the view of smoking as a desirable, everyday activity, helping smokers to stop needs to become integrated into the work of every organisation.

To ensure continuing improvement of Stop Smoking services, the Department of Health has issued updated service and monitoring guidance to ensure adherence to the quality principles and consistency in data quality and data recording. To support this, commissioners in Public Health are currently in the process of investing in Quit Manager which provides a bespoke data management system for smoking cessation. It is the intention that all services commissioned in the future to provide smoking cessation will be authorised to use Quit Manager and this will provide an accurate and robust data management system.

Partnerships and stakeholders in tobacco control

There are many interventions required at a number of different levels in order to break the cycle of smoking. Table 5 shows the different opportunities where actions can be targeted including interventions to help people to quit, to protect families and communities and to reduce the supply of illegal tobacco. Partnership work is essential for tobacco controls to be effective and these partners are drawn from a number of areas. At a local level there are many partners and stakeholders including the regulatory services to reduce the supply of tobacco, children and family services, schools and early years, fire services, pharmacies, primary and secondary care. Southampton City Council is now a member of the Smoke-free Action Coalition, which works at a national level to influence government policy on smoking which forms an important part of tobacco control.

Table 5 – Breaking the cycle of smoking



Tobacco control

Regulatory services have an important role to play in tobacco control and Trading Standards carries out work in the following areas relating to tobacco:

- Ensuring tobacco advertising complies with the restrictions on displays and advertising in shops/pubs by responding to complaints, advice to relevant businesses and inspections of businesses
- Ensuring tobacco products bear the required health warnings
- Preventing sales of tobacco and related products to persons under the age of 18 by the provision of advice to businesses, test purchasing using volunteers and carrying out enforcement action when required
- Preventing the sale of non-duty paid and counterfeit tobacco products by means of inspections, responding to complaints, advice to businesses and seizing illegal products. These are often much cheaper than duty paid/genuine cigarettes.

Environmental Health enforces the smoke-free legislation, which restricts smoking in many public places and workplaces (including public transport and work vehicles). The legislation was introduced in July 2007 following a national and local campaign to raise awareness of the health risks associated with smoking and educating people in control of premises about the new law. 'No smoking' signs must be displayed in premises which are required to be smoke-free and enforcement action can be taken against individuals smoking in these premises. Compliance with the law has been extremely high in Southampton and smoking is no longer permitted in workplaces including pubs, bars and restaurants which reduces exposure to environmental tobacco smoke. This has a positive impact on public health and supports those people who wish to stop smoking.

The role of the City Council and the Public Health Team

As a result of the reorganisation of the NHS in England on April 1st 2013, the responsibility for public health moved from Primary Care Trusts (PCTs) into local authority control. The Public Health Team has transitioned from the PCT and is embedded within the City Council, leading on public health. The council now has a statutory responsibility for improving health and coordinating local efforts to improve the social determinants and protect the public's health and wellbeing. Effective tobacco controls at all levels in the city will contribute towards assisting the council in meeting each of the three key themes of the Health and Wellbeing Strategy, as shown in Table 6:

Table 6 - Three key themes of Southampton's joint Health and Wellbeing Strategy

- Building resilience and using preventative measures to achieve better health and wellbeing
- Best start in life
- Living and ageing well.

Tobacco control activities need to be integrated into local planning to ensure effective partnerships with a number of key agencies. This will help ensure that effective strategies are in place to control the impact of smoking on the city. This plan outlines work with a range of partners on tobacco control measures designed to reduce levels of smoking in the city and the harm caused by tobacco smoke. This includes commissioning citywide Stop Smoking services and supporting action to reduce the availability of cheap and illicit tobacco.

Strategic drivers for Southampton's Tobacco Control Plan

In March 2011, the Department of Health published a tobacco control plan for England[xxv], which set out how tobacco policy fits with the localism agenda. The government is working together with local partners towards three national ambitions to reduce the harm from smoking by the end of 2015:

- Reduce adult smoking prevalence in England to 18.5% or less
- Reduce regular smoking among 15 year olds to 12%
- Reduce smoking throughout pregnancy to 11%.

In January 2012, the government published the 2013-2016 Public Health Outcomes Framework[xxvi], working to achieve two main outcomes of increased healthy life expectancy and reduced differences in life expectancy and healthy life expectancy between communities. To achieve this, the framework included three specific smoking-related outcomes for monitoring:

- Prevalence of smoking among persons aged 18 years and over
- Smoking status at time of delivery per 1000 maternities
- Prevalence of smoking among 15-year-olds.

This plan outlines tobacco control priorities in the city for 2013-2016, focusing on improving the health of the local population and contribute towards helping Southampton to meet these national targets. It will contribute towards improving the health and wellbeing of the residents of Southampton, supporting the aims of the council's *Health and Wellbeing Strategy*[xxvii], which identified smoking and tobacco control as a priority preventative measure. By reducing the spend on tobacco and other products and the associated costs of tobacco control this will also support the economic development strategies for the city.

Action Plan

Aims and key working streams

In line with national ambitions for smoking, the aims of this plan are to work towards achieving the following reductions in smoking rates:

- Reducing smoking prevalence to 18.5% in people aged 18 and over
- Reduce the rate of smoking amongst 15 year to 11% or less
- Reduce the rate of mothers smoking at delivery to 11% or less.

The key working streams of this plan are outlined below fitting with guidelines for commissioning and ensuring that activities and interventions are linked to a strong evidence base. Therefore effective commissioning will provide a return on investment and value for money[xxviii]. It sets out the framework to deliver evidence-based work to support and encourage smoke-free lifestyles, restrict the supply of tobacco and protect people from SHS.

Motivating and assisting every smoker to stop

a) By commissioning specialist services to support all smokers wanting to quit ensuring open access and targeting those in the city's most deprived neighbourhoods
b) Ensuring effective communications around tobacco to ensure a robust approach to working with the media. Communications and public education about smoking can deliver local support for key national campaigns e.g. Stop Smoking day in March, Stoptober and Smoke-free homes.

Protecting families and communities from tobacco related harm

a) Ensuring that local maternity services actively work alongside other partners to reduce smoking rates among pregnant women
b) Reducing exposure to SHS, especially children, by promoting smoke-free environments and raising awareness of the harm caused by tobacco.

Stopping the inflow of young people recruited as smokers

a) Building on existing work to deliver targeted evidence-based interventions to ensure all schools and colleges in the city comply with legislation and have smoke-free policies in place
b) Delivering educational programmes to raise awareness of young people and smoking.

All of the above work is underpinned by effective regulation of tobacco products through:

a) Supporting the work of Trading Standards and Environmental Health, in partnership with the local business community, to ensure compliance with legislation in local businesses
b) Partnership work with Trading standards, Hampshire Constabulary and HMRC to improve local intelligence on illicit, smuggled and counterfeit tobacco
c) Local authority support for the Local Government Declaration on Tobacco Control, and the campaign for plain standardised tobacco packaging through the Smoke Free Action coalition
d) Effective communications (see 9.b).

Draft Action plan for 2014-2015

I. Motivating and assisting every smoker to stop

Area of work	Project	Key Partners	Activity	Expected outcomes and timescales
1. Targeting of key client groups	**Routine and Manual workers**	Local Authority staff Housing Rent arrears Licensing Workplaces	• Focused service delivery in deprived neighbourhoods • Training for staff in Housing dept in VBA[1] • Training for staff in debt/rent arrears in VBA • Training for staff in Licensing in VBA • Workplaces signed up to Workplace Charter	Increased referrals and quitting activity from routine and manual workers.
	Mental Health	Mental Health Services Specialist provider	• Identification of local champions in key Mental Health areas • Delivery of training in brief interventions and level 2 advisor as appropriate • Development of referral pathway within mental health services	Increased referrals and quitting activity from people with mental health problems
	Primary and Secondary care	UHS Primary care Specialist provider	• Refresh/ relaunch of smoking cessation work within UHS settings • Maximise opportunities through NHS Health Checks programme for joint working • Delivery of regular smoking cessation updates to Practice Nurses	Increased referrals to specialist service from secondary care
2. Ensuring systematic	**Making every contact count**	Specialist provider	• Review and update training plan to deliver training on smoking cessations to local	Increased number of trained smoking cessation advisors in

[1] VBA = Very Brief Advice, an evidence based intervention to assist people to quit smoking.

referrals to stop smoking services			organisations in a planned and systematic approach • Launch and co-ordinate Support and Information network for all trained Smoking Cessation advisors	the city. Robust network meeting regularly providing support and information
		Primary care Specialist provider CCG	Support primary care and pharmacies in their delivery of smoking cessation and improving onward referral and engagement by: • Audit of GP practices to identify key issues • Development of action plan from these findings • Pilot project with 7 Healthy Living pharmacies and involvement in the implementation of web data management system for improved reporting • Provision of regular support visits to all practices and pharmacies • Launch and development of smoking advisor network in the city delivering regular planned support meetings and training	Increased quitting activity from primary care and pharmacies, and increased referrals to the specialist services
Policy development	**Policy on e-cigarettes**	Specialist provider Public Health team	Develop agreement across the network on harm reduction and e-cigarettes in line with the MHRA[2]	Consistent network wide disseminated approach to harm reduction
	Protocol on Harm Reduction	PHE	Explore a joint approach to harm reduction in relation to NICE guidance 2013	Protocol developed and services planned for 2014-15

[2] **Medicines and Healthcare Products Regulatory Agency**

	Smoke free hospitals	UHS Specialist provider	Expand work at UHS, gaining high level support, identifying and maximising opportunities for additional areas to increase referrals from: • Seek continued support from Medical Director • Renew site network meetings • Improve referrals from three additional high priority areas: Vascular, Oncology and Paediatrics	Increased referrals to specialist service
		Public Health Team	Southampton Health and Wellbeing Board membership of Smoke free Action Coalition, endorsement of Local Government Declaration on Tobacco Control, and adoption of Southampton Tobacco Control Plan	Southampton City Council a member of the Smoke Free Action Coalition by end 2013 and tobacco control is part of the mainstream public health activity
		Public Health Team	Review of data collection systems and investment in bespoke data management systems to improve service delivery, data quality and reporting mechanisms	Robust electronic system in place city wide by September 2014
Communications	**National campaigns**	SCC Communications Team	Develop joint plans with partners to support No Smoking Day, Campaign for Smoke free homes and Stoptober	Increased promotion of local service provision. Increased referrals and increase in quit rate
Outcome measures: Reduction in smoking prevalence (Public Health Outcomes Framework (PHOF) 2.0)[3]; Reduction in smoking status (PHOF 2.3); Smoking prevalence – 15 year olds (PHOF 2.9); Smoking prevalence – adult over 18s(PHOF2.14)				

2. Protecting families and communities from tobacco related harm

Area of work	Project	Lead Organisations	Activity	Expected outcomes and timescales
Reducing smoking rates in pregnant women	**Smoking in pregnancy referral pathway**	Maternity Services, Health Visitors, Children's Centres, Early years	Work with commissioners of maternity and health visitor services to develop and implement a robust smoking cessation pathway for pregnant women and families with 0-5 year olds	Pathway in place by September 2014
	Midwifery training	Maternity Services, Specialist service	Provision of mandatory training for all midwives in VBA and the use of CO monitors	All midwives trained to use CO monitors by end of 2014
	CO screening	Maternity Services, Specialist service	Implementation of NICE guidelines to introduce routine CO screening in all maternity settings for all pregnant women throughout their pregnancy	All women routinely monitored for CO throughout pregnancy by end of 2014
	Smoke free homes and cars	Children's Centres, Early Years, Public Health team	• Identification of a named champion in each cluster to lead on stop smoking initiatives • Joint commissioning with HCC of bespoke training package for staff to promote Smoke Free Homes • Audit of staff trained in giving VBA • All Sure Start Staff to complete on line training in giving VBA • Promotion of national campaigns in all Surestart venues	Action plan of possible interventions All Sure Start Centre staff trained in giving VBA to promote smoke free homes to clients by end of 2014 Evaluation of training reported
	Smokefree Play	Parks department	• Development and installation of No smoking	All parks displaying no smoking

	Parks	Early years	signage for all enclosed play areas in the city	signs
		Fire service	• Delivery of training in VBA to Fire Service staff • Promotion of fire risks from smoking at house fires • Inclusion of smoking cessation specialist contact details in fire service literature and website • Joint Support for Campaign for Smoke free homes with Children's Centres in Summer 2014	Fires fighters deliver VBA after attending a house fire caused by smoking Fire service support for smoke free homes campaign in 2014
Compliance with Tobacco regulations	**Illegal sales**	Regulatory services Local businesses Police HMRC PHE regional office	• Work with partners to develop systematic gathering of data regarding under age and illegal sales • Investigate allegations of non compliance • Test purchases • Explore possibility of regional wide campaign on dangers of illegal tobacco led by PHE	Comprehensive data capture system Regular test purchases
Outcome measures: **Reduction in women smoking in pregnancy and at time of delivery(PHOF 2.3); Reduction in smoking prevalence (PHOF 2.0); Reduction in Infant mortality (PHOF 1.6); Low birth weight of term babies (PHOF 2.1)**				

3. Stopping the inflow of young people recruited as smokers

Area of work	Project	Lead Organisation	Activity	Expected outcomes and timescales
Schools based	**Schools advisor**	Solent HPS	Co-ordinate Support and Information network	Robust network meetings 2 X

work	**network**	Specialist service Education	for trained Smoking Cessation advisors in schools, delivering regular planned support meetings and training	academic year delivering training to advisors
		Education Solent HPS	Developing a planned sustainable approach to Tobacco Education in schools and Education Centres as part of their Smoke Free Policies	Provision of forward rolling programme outlining delivery of schools based interventions across the city
	Peer education programme	Education Solent HPS	Deliver peer led educational project and other interventions with 2 schools	Peer led project delivered and evaluated in two schools
	Quality mark	Education Solent HPS	Develop Quality mark and encourage schools participation	Uptake of quality mark in schools in the city
	Operation Smoke storm	Schools Solent HPS	Deliver Operation Smoke storm in 2 schools	Project delivered and evaluation report produced
Under age sales		Trading Standards and Environmental Health	• Continue inspections of shops and businesses • Programme of test purchasing using local intelligence in a targeted approach • Respond as appropriate to intelligence about underage sales and illegal tobacco • Support Campaign work with test purchases • Prepare for compliance with closed sales of tobacco across the city with small retailers by end of 2015	Reduction in availability of illegal tobacco through seizures and prosecutions.
Further education	**Social Norms Project**	NIHR University of	• If funding bid is successful prepare plans for social norms projects in FE colleges in	Plans in place to deliver projects in FE colleges and schools across

settings		Southampton University of Portsmouth FE colleges	partnership with Hampshire and Portsmouth during school year 2014-15 alongside research framework • If funding bid is unsuccessful prepare plans for projects in FE colleges during school year 14-15	the city to commence September 2014
Outcome measures: Reduction in smoking prevalence in 15 year olds (PHOF 2.9)				

Implementation and monitoring

The Southampton public health team will lead the implementation of the tobacco control plan for the city, in partnership with partners and stakeholders who will be accountable for relevant elements. Delivery will be monitored by a small group of key stakeholders to provide strategic leadership and direction for the implementation of the plan. Members may be co-opted to the group according to work streams. Quarterly monitoring of the action plan will be the responsibility of this core group. An annual review of progress will take place at the end of each year, providing the framework to develop the action plan for subsequent years. At the end of the three-year timescale of this plan, this group will report on the effectiveness in meeting its outcomes and overall aim. Stakeholders will be accountable to their own relevant boards e.g. healthcare organisations or the local authority cabinet. We should measure their activity as part of this plan, but overall accountability is to the Health and Wellbeing board of Southampton City Council.

Communications and engagement

A communications plan for tobacco control will be developed by Jessica North, Senior Communications Officer – Public Health and Lucy Calvert, Media and Marketing Manager from the council's communication team. The team will then lead on all communications and stakeholders wishing to publicise their work should liaise with them. This will ensure that the population of Southampton receives clear and consistent messages about tobacco control, which are in keeping with national Public Health England (PHE) campaigns.

Messages will vary dependent on audience and age-group. The plan has identified some key target audiences and these will be a priority but the remainder of the public should not be ignored. The public of Southampton can be reached via traditional and digital formats including local press, Stay Connected, the Well and Working programme, social media, radio and advertisements. The messages should continue throughout the three years but will be heavier around key promotional holidays including No Smoking Day.

All communications will publicise the call-to-action for locally commissioned NHS Stop Smoking services. All communications will be shared with Public Health England (PHE) and follow their national statistics and stance. From previously discussed initiatives, our top-line plan and communications will be shared with the south and Wessex regions of PHE including the Isle of Wight and Bournemouth.

Communications, design and branding will need to be consistent throughout the period and should emphasise statistics including smokers are up to four times more likely to quit using these services. Costs should be emphasised when targeting the deprived areas of Southampton. Proven communications techniques have translated the cost of material goods like smoking into long-term events including holidays, a house, a car or savings.

Communication techniques and plans should also be considered within NHS buildings and surgeries themselves to ensure all staff, including admin and secretarial understand the plan and know where to send those interested. This education technique is often the missing link within campaigns so we'll ensure that is not the case with smoke-free Southampton.

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