Health and Wellbeing Strategy Reporting Template Goal 5: Healthier for longer Objective 5B: Fewer people in Thurrock will smoke

Goal Sponsor: Director of Public Health - Ian Wake **Objective Lead:** Kevin Malone

Action Plan

| OBJECTIVE: 5B: Reduce the number of people smoking in Thurrock | | | c | | | OBJECTIVE LEAD: lan Wake | |
|--|---|---|-----------------|---------------------------------|--|--|---|
| Action | | Outcome | Action lead | Link to Outcome Framework | Delivery Date | Progress Report | Reference to existing strategy or plan |
| • | e 2014-2019 co Control strategy | Effective delivery plan | Kevin Malone | 1, 2 & 3 | 28 July 2016 | Renamed 2016-2021, updated and on the council website | Tobacco Control Strategy 2014- 19 |
| provide ASSIS | ission our service er to facilitate T programme | Reduce youth 'ever smoked' smoking prevalence by 6% by 2021(currently 18%) and reduce regular and occasional prevalence from 5% to 4% across same timeframe. Review schools' smokefree policies alongside ASSIST programme | Kevin Malone | 2 | 1 September 2016 – 31 March 2017 | Delivery for 2016/17 will run to summer 2017 in line with academic year, since ASSIST is a school-based intervention for Y8 pupils. Interim contract arrangements are in place with NELFT. From 2017-2019 this activity will sit in the Healthy Families (0-19) contract | Tobacco Control Model; Stop Smoking Service Specification |
| deliver | ission targeted y of treatment es to those residents | Reduce adult smoking prevalence by 1% per year until | Kevin Malone | 1 & 3 | 31 March 2017 | Embedded in the treatment service specification. Is incorporated into Healthy | Tobacco Control Model; Stop Smoking |

| | with Long Term Conditions (LTCs), mental health patients and pregnant mothers | 2021 (Currently 21.3%) and bring it below the national average of 16.9% | | | | Lifestyles contract from April 2017 | Service Specification |
|----|---|---|-----------------|----------|------------------|---|--|
| D. | Establish a contractual arrangement with Basildon & Thurrock University Hospital (BTUH) regarding referrals to quit services | Increase the number of smokers referred to quit services or treated in acute settings, particularly those with diseases that have a smoking related component | CCG | 1 & 3 | 31 March 2017 | referrals per month from BTUH to community treatment provider. Christine Ratcliffe (CCG) managed contractual arrangements prior to retirement. Referrals from Maternity remain good but referrals from other wards e.g. respiratory could improve. Michelle Stapleton is aware. Implementing electronic referral system would be a positive step. Improving referrals from BTUH and other health-care providers is included in the new Healthy Lifestyles contract. | CLeaR Report |
| E. | Work with our service provider to develop and implement an innovative treatment pathway for people that wish to use ecigarettes | Reduce the number of people smoking tobacco based products in Thurrock and implement NICE PH45 Harm Reduction guidance | Kevin Malone | 1, 2 & 3 | 20 May 2017* | Currently in progress. New treatment provider (Healthy Lifestyles) is very keen to implement and will drive initiative once contract starts on 1st April 2017 | Stop Smoking Service Specification |

^{*}The Tobacco Products Directive comes into force on this date regarding e-cigarettes containing 20+mg nicotine to be a prescription-only product

Outcome Framework

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | Data | Reporting |
|---|-----------------|-------|-------|-------|-------|---------------------|--------|------------|
| Indicators | Baseline | | | | | Target | Source | Timescales |
| Outcome Framework Indicator 1 | | | | | | | | |
| Smoking prevalence in those aged 18+. | | | | | | | | |
| This indicator quantifies the percentage of adults aged 10. | 20.3% | | | | | | | |
| This indicator quantifies the percentage of adults aged 18+ who smoke. Smoking is the most important cause of | 21.3% (2015) | 19.3% | 18.3% | 17.3% | 16.3% | Below 16% | | |
| preventable ill-health and premature mortality in the UK, | | | | | | | | |
| and is a risk factor for a number of other diseases. This is also an indicator on the Public Health Outcomes | | | | | | | | |
| Framework. | | | | | | | | |
| Outcome Framework Indicator 2 | | | | | | 3% | | |
| Smoking prevalence in those aged 15-17 years. | | | | | | reduction proposed | | |
| This is a new indicator and no baseline data exists for this | - | | | | | proposed | | |
| as yet. However plans are in place to obtain this. | | | | | | | | |
| Outcome Framework Indicator 3 | | | | | | | | |
| % of mothers smoking at time of delivery. | | | | | | [Trajectory | | |
| This indicator quantifies the percentage of women who | 9.9% | | | | | suggests | | |
| were smokers at the time of delivery, out of the number of | (2015) | 9.45% | 9.0% | 8.54% | 8.09% | 7.64% | | |
| maternities. Smoking in pregnancy has well known detrimental effects for the growth and development of the | | | | | | could be achieved?] | | |
| baby and health of the mother. | | | | | | acilieveu?] | | |
| This is also an indicator on the CCG Outcomes | | | | | | | | |