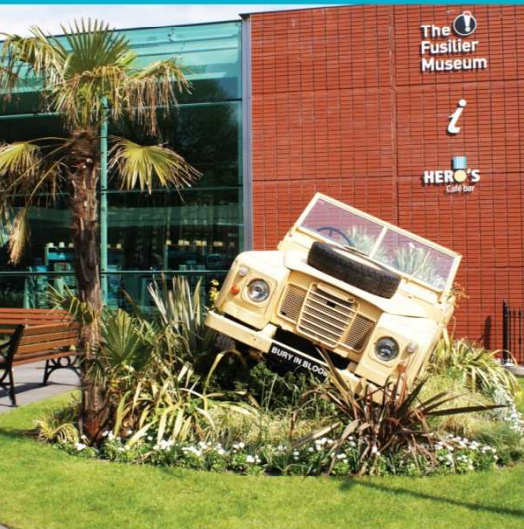


Tobacco Control Strategy for Bury

2013 – 2018



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1. Foreword

There has been tremendous progress in combating smoking.

Fewer children now take up smoking than at any time since the Second World War. The higher level of smoking amongst young people than older people is mainly because so many older people have given up smoking. Children are influenced by the health dangers of smoking. Whenever there is a competition for children to design a poster against smoking, death and disease features prominently. The challenge is to influence children who are unaffected by the health argument so that they will not start smoking.

Most smokers give up eventually. By the age of 30, there are more ex-smokers than smokers. We know the most effective way to give up smoking is through closed smoking groups supported by pharmaceutical aids such as nicotine replacement therapy. The success of stop smoking activities in prisons shows that people from the most deprived communities will also give up smoking. The challenge is to attract people, especially from deprived communities, to services that will provide the most effective help.

There have been great strides in protecting workers and children from secondhand smoke. There has been almost complete compliance with the ban on smoking in the workplace. The smokefree homes campaign has contributed to the position whereby the majority of smokers do not smoke in the home in which children live. Bury has now banned smoking in all its children's playgrounds. The challenge is to make exposure to secondhand smoke universally unacceptable.

This strategy will help us meet these challenges



Councillor Rishi Shori
Bury Council

2. Vision

Our vision is of a tobacco free future for Bury. Our local communities will be free from the harms caused by tobacco and secondhand smoke, and people will lead longer and healthier lives.

2.1 Aims

Bury's strategy for tobacco control will focus on the delivery of local programmes of work to address the aims of the national tobacco control strategy. Locally, we will aim to reduce the prevalence of smoking year on year and according to national guidance by:

- § Enabling smokers in Bury who want to quit, to be able to quit with the right support.
- § Tackling the accessibility of tobacco products for young people, particularly in relation to illegal and illicit tobacco, underage sales and niche products.
- § Protecting children, families and communities from the effects of secondhand smoke.

The national strategy, 'A Smokefree Future' (DH, 2010) set out ambitions that included halving the number of smokers from 21% to 10% by 2020. This equates to 1.1 % reduction in prevalence per year. For Bury, over the course of 5 years, our ambition is to reduce prevalence from 22% to around 16% by 2018. Currently, our prevalence for women smoking at time of delivery (SATOD) is around 16% which would support the notion that our ambition is achievable.

We will continue to provide accessible stop smoking services in a range of formats to suit the needs of the Bury population. In essence, we will aim to treat a minimum of 5% of the adult smoking population of Bury each year by building capacity and raising awareness.

We will reduce the uptake of tobacco use amongst children and young people resulting in a reduction in smoking prevalence amongst 15 year olds, and in the longer term in our adult population. The tobacco control plan for England aims to reduce smoking prevalence for 15 year olds to 12% or less. In Bury, we do not yet have baseline data for this age group, but we know from the Trading Standards North West survey, most recent available results from 2011, that smoking prevalence amongst our 14-17 year olds is around 18%, a reduction of 4% since 2009. By reducing the uptake of smoking amongst children and young people at the same rate we will aim to reach a prevalence of 10% for 15 year olds by 2018.

Children exposed to secondhand smoke are more susceptible to diseases such as sudden infant death, asthma, middle ear disease and meningitis. In the 18 months after the smokefree legislation was introduced (July 2007-December 2008), 26% of boys and girls aged 8-15 said that they were exposed to other people's smoke in their own homes (Health Survey for England 2008). Children from lower income households were more likely to be exposed. By promoting the smokefree homes and cars scheme in Bury we will reduce the numbers of children exposed to secondhand smoke. By 2018, we will have smoke free homes and cars champions in all of our children's centres and in the majority of our primary schools.

2.2 Review of the Strategy

The Bury Tobacco Control Strategy will be reviewed on an annual basis and a full refresh will be conducted after five years or sooner if there are any major governmental or local policy changes that may affect the delivery of its aims.

The strategy will be ratified by the Tobacco Alliance and will report to the Health and Well-being Board for Bury.

3. Introduction

Since the introduction of the Smokefree legislation in 2007, and over the past decade, smoking prevalence in this country has reduced greatly. There are 2 million fewer smokers now than there were 10 years ago.

Each year in England, an estimated 200,000 children and young people take up smoking. More than half of all long-term users will be killed by smoking (DH, 2010).

Bury has a population of 185,000 (Census, 2011). Early death rates from heart disease and stroke have shown a steady decline over the past 10 years, whilst early death rates from cancer reached a peak in 2005 and have steadily declined since, to align with the England average.

The most recent Tobacco Control Profile for Bury (London Health Observatory, 2012/13) demonstrates that Bury fares significantly worse than the North West and England in a number of areas including smoking attributable deaths, and smoking status for pregnant women at the time of delivery. Smoking attributable hospital admissions from 2009/10 are below the England average, but above the regional average at 1,449.8 per 100,000 population. 18+ smoking prevalence estimates from 2010/11 are stated as 22% in Bury, compared to 22.1% for the North West and 20% for England (London Health Observatory, 2012).

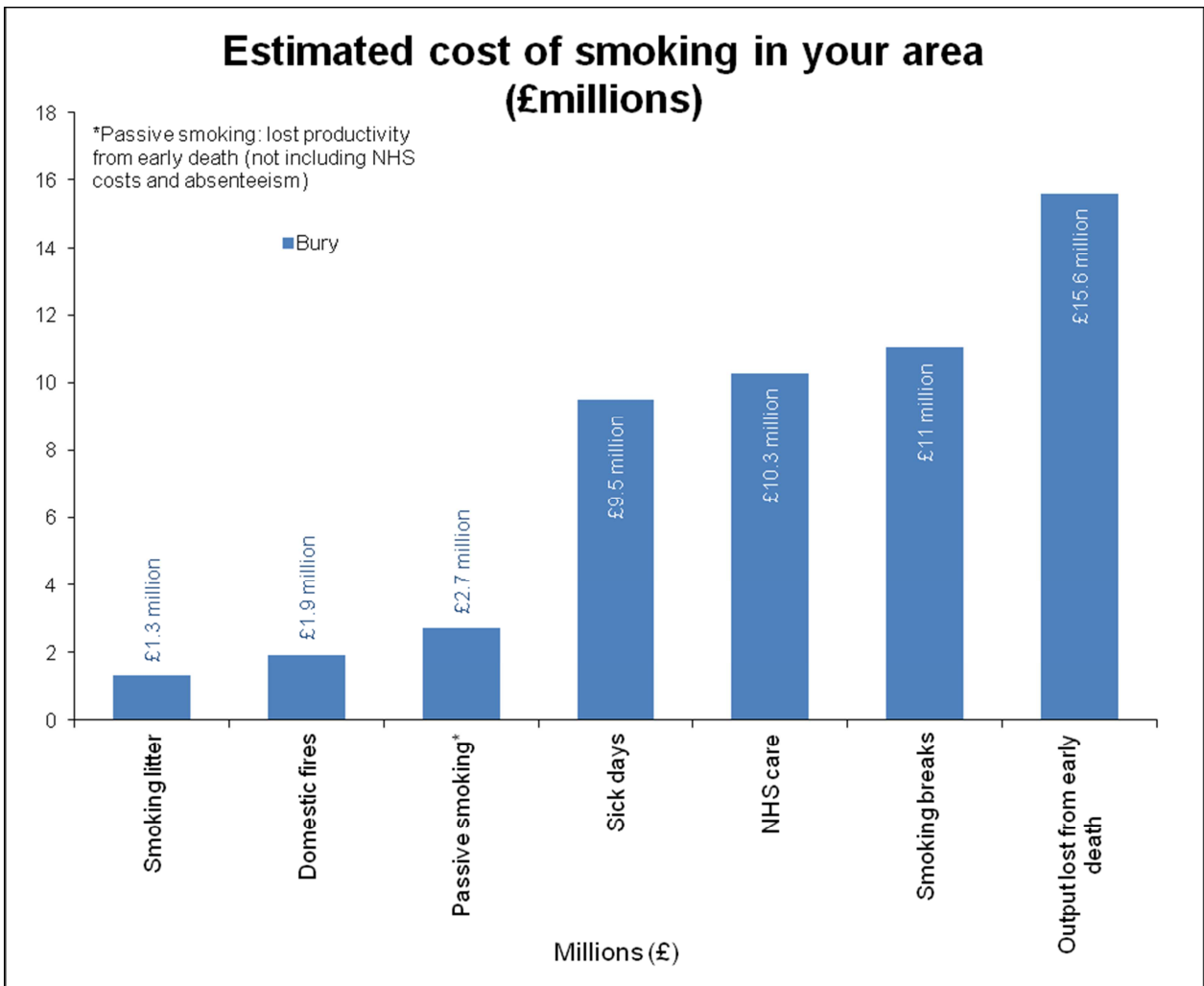
Smoking prevalence is a measure of the proportion of the population that are current smokers. The Government has set challenging targets to reduce smoking prevalence to 10% by 2020, and to halve smoking rates amongst routine and manual workers and those from more deprived areas.

For Bury, this would mean a prevalence reduction to 13.3 % for adults 18+ by 2020. Reducing prevalence is a multi-faceted issue and should not be seen to be answered by the delivery of Stop Smoking interventions in isolation. In order to tackle the issues that are associated with smoking prevalence, a multi-organisational approach is needed that tackles prevention, treatment and relapse/ maintenance.

3.1 The costs of smoking in Bury

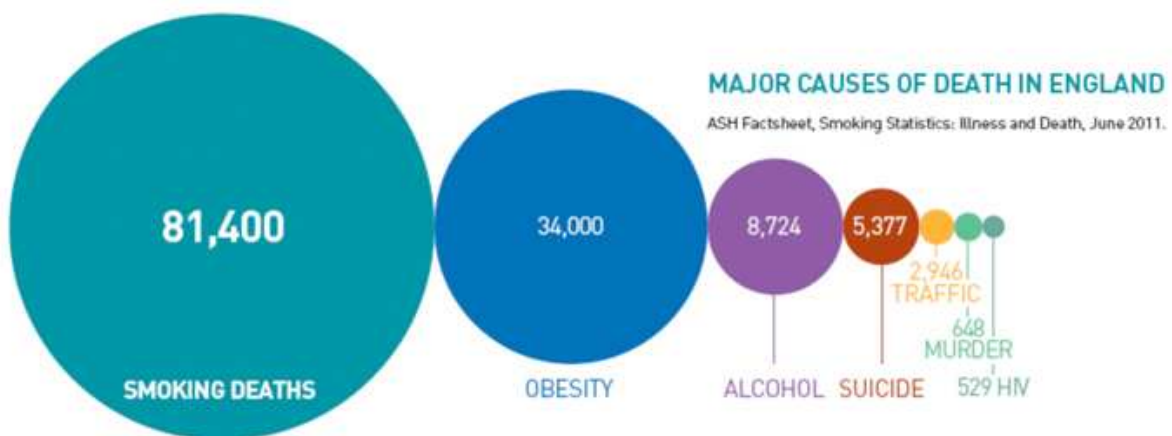
Each year in Bury it is estimated that smoking costs society approximately **£52.4m**. The following information is generated on the ASH 'Reckoner' using locally derived information (Action on Smoking and Health, 2012).

Smokers in Bury spend around £56.3m per year on tobacco, compared to the total costs to society in Bury of £52.4m, shown in the chart below.



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If smokers spend £56.3m on tobacco products, this contributes roughly £42.9m in duty to the Exchequer, which leaves a shortfall of £9.5m on the £52.4m that it costs our local economy. The following chart taken from the Tobacco Free Futures website, (<http://tobaccofreefutures.org/why-tackle-tobacco/smoking-impairs-kills-and-costs/>) and based on facts provided by ASH, shows deaths from smoking in England compared to deaths by other causes.



The chart highlights the impact that smoking has on morbidity, and the necessity for investment in tobacco control work.

3.2 Our investment in tobacco

There is no single dedicated budget for tobacco control work. Bury Council currently invests in the provision of stop smoking services for the borough. This investment includes provision through health trainer and probation services. Our stop smoking service provision consists of a specialist service that offers specialist stop smoking support. It also provides training to those providing a lower level of support (Intermediate Advisors), for example, some of our pharmacies and Probation Service. The service trains any front line workers, particularly those who work with our target population groups, in brief intervention and advice.

Our intermediate advisor services prescribe for Nicotine Replacement Therapy products using a voucher pad scheme to increase availability and access to patients. General Practitioners are also able to prescribe stop smoking medicines such as bupropion (Zyban) and varenicline tartrate (Champix) which are not available over the counter.

The combined services have shown some success in delivering 4 week quits, but as a greater measure of success, prevalence of smoking has declined year on year from 29% in 2002 to the most recent 22% in 2012. It is essential that wider tobacco control work continues in order to increase the pace at which smoking prevalence is reduced.

The National Institute for Health and Care Excellence (NICE) provides indicators for value for money of interventions in terms of cost of an intervention per Quality Adjusted Life Year (QALY). The threshold for costs is generally £20k-£30k per QALY. Smoking behaviour interventions combined with Nicotine Replacement Therapy (NRT) yield a cost per QALY of around £1,666 to £4,833 according to NICE, and therefore are very cost effective interventions.

3.2 Working together to reduce the harms caused by tobacco

The Bury Tobacco Alliance was formed in 2010 and sought to gather together colleagues from different organisations to develop a strategic approach to reducing the harms caused by tobacco. Members of the Tobacco Alliance include:

§ Bury Council:

- § *Trading Standards*
- § *Environmental Health*
- § *Children's Services*
- § *Youth Offending Services*
- § *Bury Public Health Department including CAPED (Community Action to Promote Early Detection of cancer)*

§ Greater Manchester Fire and Rescue Service

§ Greater Manchester Probation Service:

- § *Health Trainers*

§ Six Town Housing

§ Pennine Care Foundation Trust:

§ *Bury Stop Smoking Service Oral Health Promotion*

§ Bury HealthWatch

The Bury Tobacco Control Strategy came about as a result of this collaborative working. This strategy will continue to enable a collaborative approach to tackling the root causes of harms caused by tobacco including:

- § Harm to health caused by tobacco, smoking and secondhand smoke
- § Poverty and inequalities as a large proportion of income in some population groups is spent on tobacco products
- § Crime that arises from sales of illicit and illegal tobacco products
- § The hidden harms to children, families and friends of tobacco users and the communities to which they belong.

The Tobacco Alliance has realised a number of achievements since its inception early in 2010. Whilst it has never had an identified budget, its members have ensured that through joint working, schemes and interventions have been introduced to support the delivery of this strategy. Achievements to date include:

- § The development and implementation of a tobacco control strategy for Bury
- § The revision of the Smokefree homes and cars scheme
- § The introduction of a Fixed Penalty Notice referral scheme for those caught smoking in works' vehicles. This entails the offender being offered an appointment with the Specialist Stop Smoking service and a fine waiver.
- § Participation in research by Leeds University resulting in a Tobacco Alliance event.
- § Smokefree signage in all the local authority and Six Town Housing playgrounds, and for the 14 Children's Centres in Bury.

3.3 Policy drivers

The Government has taken a 'life courses' approach to delivering outcomes for Health and Well-being which are reflected in the draft Health and Well-being Strategy for Bury.

This approach, outlined in the white paper, 'Healthy Lives, Healthy People' (DH, 2011), is reflected in Bury's draft Health and Well-being Strategy through its 5 priority areas:

- § Starting well- ensuring a positive start to life for children, young people and families.
- § Developing well- encouraging healthy lifestyles and behaviours in all actions and activities.
- § Growing well- helping to build strong communities, well-being and mental health.
- § Living and working well- promoting independence of people living with long term conditions.
- § Ageing well- supporting older people to be safe, independent and well.

The Tobacco Control Strategy is committed to supporting the achievement of positive outcomes within the 5 priority areas in the Health and Well-being strategy.

The Government published its Public Health Outcomes Framework in July 2012, which gave local authorities the responsibility for reducing smoking prevalence. Within the

Framework are a number of outcomes, including the reduction of prevalence for 15 year olds, for adults (18+) and for Smoking at Time of Delivery (SATOD).

In February 2010, the Government published its new strategy, 'A Smokefree Future' (DH, 2010), which set out challenging targets to reduce the prevalence of smoking. Furthermore, the Government agenda for addressing health inequalities focuses heavily on tobacco control and measures to reduce prevalence, including the supply of illicit and illegal tobacco.

In addition to this strategy, the National Support Team for Tobacco Control set out 10 high impact changes, at the core of which was partnership working. The strategy will consider this guidance and any future guidance that should be published by the National Institute for Health and Clinical Excellence (NICE) or other Government Departments.

Bury's Community Strategy for 2008-2018 describes a number of ambitions for Bury, one of which is to be the 'Healthiest Borough in the North West'. In order to achieve this aim, a pledge has been made to look beyond physical health problems and to actively promote well-being. This ethos sits well with Public Health practice and will be a driving force behind the success of the Tobacco Control Strategy.

The Greater Manchester Fire Service Integrated Risk Management Plan sets the agenda for partnership working and accessing 'hard to reach' groups of people with regards to fire safety. The Tobacco Alliance will support the Fire Service to meet the cross-cutting objectives set out in this strategy.

The 'North of England Tackling Illicit Tobacco for Better Health' programme is delivered through the three Regional Smokefree organisations across the North of England, including Tobacco Free Futures, and in partnership with key intelligence and enforcement agencies, such as Trading Standards and the Police.

The Bury Tobacco Control Strategy will support local Trading Standards partners to identify and tackle illicit tobacco problems in the local area and thereby contribute to the North of England Programme.

Smokers in poorer communities use illicit tobacco at much higher rates and young people are much more likely to purchase illicit tobacco. Illicit tobacco is usually less than half the price of legally sold tobacco, and so encourages smokers to maintain their habit, and young people to take up smoking. The North of England Tackling Illicit Tobacco for Better Health programme aims to reduce demand for and supply of illicit tobacco through partnership working, sharing intelligence and communication.

4. Bury Tobacco Alliance

As described in section 3.1 Bury has a multi-agency Tobacco Alliance which works collaboratively to drive down smoking prevalence and to ensure delivery of the Government Strategy, 'A Smokefree Future' (DH, 2010) at a local level.

Key services that deliver the aims of this strategy as part of their core business are identified below. The Alliance will work to identify other partners through which these aims can be delivered and to expand the capacity to address harms arising as a result of tobacco.

4.1 Stop Smoking Services

4.1.1 Bury Stop Smoking Service

The specialist stop smoking service for Bury is currently provided by Pennine Care NHS Foundation Trust, and commissioned by Public Health within the local authority.

The service is responsible for the delivery of various elements of stop smoking pathways as detailed below, and contributes to the reduction in prevalence and overall health inequalities.

Training

Brief Intervention Training (Level 1)

This is provided to a wide range of staff from all sectors to assist them in the knowledge that will encourage a good quality and supportive brief intervention to take place, therefore increasing the numbers of smokers (and tobacco users) accessing services for support and subsequently assisting with the reduction in prevalence.

Intermediate Training (Level 2)

This training is delivered to staff who are best placed to deliver direct support (front line staff including pharmacy staff, practice staff) and equips delegates with the necessary knowledge and skills to support a smoker to stop smoking (or using other forms of tobacco), from contemplation through to a long-term quit. This support is then delivered in a one-to-one setting, offering the client advice/support and pharmacotherapies (if appropriate) and then the result is reported to support the reduction of prevalence in the borough.

Specialist Service (Level 3)

The Specialist Service consists of a manager, stop smoking specialist advisors and administration staff. All staff have undertaken the level 1 National Centre for Smoking Cessation and Training (NCSCT) certificate, with manager/advisors completing level 2 as well as further specific training such as NCSCT mental health modules, Maudsley training and other related courses to further enhance and develop their knowledge and skills.

In addition to the training highlighted above, the specialist service offers direct support to the public, leading on specific groups such as long-term service users, black & minority ethnic groups, young people, pregnant women, mental health service users, the chronically ill and people with long-term conditions (including pre and post operative), as

well as the generic clients who refer themselves for specialist support. The specialist team also works directly with workplaces, focusing specifically on the routine and manual workforce, in order to reduce prevalence amongst this target group.

This support is offered through various clinics in alternative settings across the borough and includes one-to-one, groups, drop-in, telephone support and hospital 'bedside' support, and where necessary home visits.

Following the completion of the level 1 NCSCT training, level 2 intermediate training (delivered by the specialist service) and in line with shadowing and best practice protocols, staff are able to offer intermediate stop smoking interventions, including behavioural and pharmacological advice to smokers wishing to stop.

The advisors are situated in several locations including pharmacies, GP practices, therefore extended the reach to the smoking (and tobacco user) population of Bury.

4.1.2 Intermediate Advisors services

Intermediate Advisors offer stop smoking support, including behaviour change support to patients wishing to quit smoking but who do not require a specialist intervention.

Many of the pharmacies in Bury, as well as a number of other organisations such as Greater Manchester Probation Trust and some General Practices, have trained Intermediate Advisors who deliver this service to their specific client group. Intermediate Advisors receive their training from the Bury Stop Smoking Service, as well as the on-line NCSCT training.

Greater Manchester Probation Trust Health Trainer Service

Greater Manchester Probation Trust (GMPT) works with people of 18 years and over who have been sentenced by the courts to a community order or who are serving their licence period in the community following a prison sentence. It provides probation supervision, offending behaviour programmes and specialist support services to stop people committing further offences.

There are trained Smoking Cessation Intermediate advisors within the Bury Local Delivery Unit, who have specialist skills in working with offenders and ex-offenders.

This population group is a particularly difficult to access group for mainstream service providers, as they generally do not readily access mainstream services themselves. Intermediate Advisors within the Probation Service are ideally placed to deliver Stop Smoking provision to this client group which has a high prevalence of smoking and tobacco use (around 80%). Probation Health Trainers deliver Brief Interventions in one to one situations and whilst the client is attending their National Standard Appointment at the Probation Office. Further Intermediate Advice provision is offered if the client requires it.

4.2 Environmental Services

Environmental Services, which comprises the Environmental Health and Trading Standards functions, sits within the local authority. Both teams contribute to the aims of the Tobacco Control Strategy and Bury Council's outcomes (reducing poverty and its effects, supporting the most vulnerable residents and making Bury a better place to live).

The teams enforces the legislation for Smokefree public/ work places, illicit tobacco supplies, underage sales and litter associated with smoking (discarded cigarettes, packets etc). They provide information, advice and support to businesses and the general public about duties in relation to the legislation.

Officers undertaking premise inspections routinely check for compliance with legislation. The service also responds to complaints and may use test purchasers to check compliance with underage sales. Where contraventions are found, prosecutions or the issue of a fixed penalty notice can follow.

The service is currently running a scheme whereby the option to issue a fixed penalty notice is waived where the potential recipient agrees to attend a session with the specialist stop smoking service.

During 2011 /2012 Trading Standards carried out:

- § 12 underage test purchases for tobacco
- § 50 visits to premises to check for compliance of new tobacco vending machine provisions
- § Enforcement resulting in seizures of 150 items of non-compliant niche tobacco
- § Enforcement resulting in seizures of 285 items of counterfeit or non-duty paid tobacco products (from Sept 2010)
- § Checks of 1060 packets of cigarettes for authenticity at 40 premises
- § Visits to larger premises to monitor displays of tobacco products (as part of other inspections)
- § 10 visits to small retailers to monitor displays of tobacco products (smaller premises will have to comply fully with the new display provisions from April 2015)

During 2011/12 Environmental Health dealt with:

- § 27 complaints
- § Discussed smoking during 143 inspections to workplaces
- § Checked compliance during 800+ taxi related actions and 200+ licensed premise visits
- § Served 2 FPNS and deferred 6 FPNs on condition the potential recipient attended a smoking cessation session

4.3 Greater Manchester Fire Service

The Fire Service delivers a number of interventions that contribute to the overall aims of this strategy. It is likely that some of the groups that access these interventions belong to key target groups identified in this strategy, and therefore opportunities to raise awareness of the aims of the strategy and to promote Stop Smoking Services will be sought through them.

FireSmart

FireSmart is a newly launched educational programme which is confidential and offers education and advice to anyone aged 17 years and under who may be exhibiting signs of fire setting behaviour. Our aim is to work directly with children, young people and their

families to increase fire safety awareness and reduce the risk of harm through active discussion about the dangers of fire.

This programme where appropriate provides advice and guidance together with referrals to specialist smoking cessation services should the young person be either a smoker or setting fires utilising smoking materials.

Operation Treacle

This is a seasonal joint partnership initiative to coincide with the Halloween and Bonfire Night in conjunction with the Police, Trading Standards and Anti Social Behaviour team to educate all year 8s in arson and fire-related Anti Social Behaviour. Every high school in the Borough is visited. Trading Standards also conducts test purchases as part of this operation.

This initiative, where appropriate, provides advice and guidance together with referrals to specialist Smoking Cessation services should a young person be either a smoker or setting fires utilising smoking materials.

Community Fire Cadets

This youth scheme supports 13 – 16 year olds and educates them about community safety, educational achievement and citizenship. Through this scheme participants will gain a broader understanding of fire safety in the home including the increased threats to safety which can result from smoking.

This is run at Ramsbottom Fire Station on a Wednesday evening during school term time.

Accidental dwelling fires

National research has proven that working smoke alarms greatly reduce the risk of death or injury from fires in the home, by giving the occupants an early warning when a fire starts and giving them time to escape. Still, many homes have no alarm or have alarms with batteries that have run out or been removed. To counter this, fire service staff visit thousands of homes each year and undertake free Home Safety Checks (HSCs).

During each visit dedicated and locally based Community Safety Advisors (CSAs) or operational firefighters will fit smoke alarm(s) if necessary but, in addition, they will provide information on fire risks within the home, advice on what to do if a fire starts and the importance of an escape plan - all the while remaining available to attend emergencies.

Also during the visit the occupants of the house will be asked if anyone smokes and if they would like to be referred onto the Stop Smoking team. Efforts are targeted at households that are identified as being at a higher risk from fire, smoking households being one of these.

Furthermore, staff within the GMFRS Contact Centre on receipt of referrals for HSC's utilise a screen tool which can identify individuals who may benefit from a referral to smoking cessation services and will, with the individual's consent, facilitate a referral to the relevant local service for further assistance.

The Fire Service recognises that its priority communities are those suffering from high crime, significant levels of ill health and low levels of social cohesion. These and other

associated issues leave people at higher risk from fire in the home. The last Integrated Risk Management Plan identified that the following groups are more likely to suffer from a dwelling fire:

- § Lone parents with dependent child(ren)
- § Never worked
- § Single adult households
- § Those living in areas where the Index of Multiple Deprivation score is high.

In addition there are other specific factors that make some people more vulnerable or prone to fire. These include: smoking, limited mobility and drug or alcohol use. Some of these can be addressed or minimised by education on fire safety in the home as part of our prevention work, such as HSCs which frequently include the fitting of smoke alarms in the home.

Other similar approaches can be successful if undertaken in partnership with other related agencies such as Adult and Children's Social Care, the Stop Smoking Team and the Falls Prevention Service.

Stop Smoking Events

GMFRS is a committed member of the Bury Tobacco Alliance and attends all Stop Smoking events working in partnership with the Stop Smoking Team. It also played an active part in the local events organised for the National Stop Smoking Day in March 2012 and will be a member of the newly introduced Planning Group for the event in 2013.

GMFRS hosts 6 monthly Partnership workshops with colleagues from Smoking Cessation services from across Greater Manchester to network; share good practice and identify further opportunities to support local initiatives and strategies.

During 2013 GMFRS will be seeking to further enhance our engagement by developing "Partnership Agreements" with relevant local services which include mutual referral pathways and reciprocal training to increase the safety and wellbeing of the communities we serve within the Borough.

4.4 Children's Services

4.4.1 Children's Centres

There are 14 children's centres in Bury, 9 of which are local authority run. They support children, parents, carers and childcare providers to help ensure that Bury children are given the best opportunities at their most crucial time for development during the first 5 years of their lives.

Children's centres act as a hub for families and carers enabling them to locate all the information they need to provide the best start for their children, working with a range of partner agencies to offer advice and support as well as to directly deliver services in the centres and local community venues. Target audiences are parents, including teenage parents, young people who may become smokers, pregnant women and their families.

The children's centres' work covers the five outcome areas of Every Child Matters, with targets and areas of work being identified for the centres by local and national government, Ofsted, area data and service users.

Children's centres run and facilitate a variety of initiatives and programmes of work including:

- § Stop smoking services
- § Health trainer clinics
- § Health promotion events and campaigns such as for No Smoking Day.
- § Smokefree homes and cars

All children's centres have smokefree policies and have agreed to display smokefree play area signs in their grounds.

4.4.2 Schools

Within the borough, there are currently 63 primary schools, 14 secondary schools, 3 special schools, one nursery and a Pupil Learning Centre. Children and young people in Bury are supported through their school life enabling them to go into further education, training or employment.

School governors play an important part in helping local schools and the role can be very rewarding and a good way of helping the community.

The governing body is responsible for ensuring that the school provides good quality education by making key decisions about the school together with the head teacher who is responsible for the schools day to day management.

The Tobacco Alliance developed a schools toolkit to enable schools to deliver tobacco control measures through a holistic approach, i.e. through policy, enforcement, education and support. All secondary schools were supplied with the toolkit. The Tobacco Alliance will continue with the development of this work by liaising with education staff and governors to develop a toolkit which has a primary school focus.

4.4.3 Youth Offending Team

Bury Youth Offending Team (YOT) supervises orders on behalf of the court and works with young offenders and victims of crime. The YOT undertakes preventative work with young people who are at risk of becoming involved in crime and anti-social behaviour and administers a number of measures to prevent and stop further anti-social behaviour. Some tools used by or involving the YOT are:

- § Youth Inclusion and Support Panels - Anyone who feels a young person is behaving in ways that put them at risk of offending can refer them to a YISP. YISPs are made up of representatives from agencies including the police, schools, health and social services and members of the local community. The young person and their parents/carers can also attend in appropriate cases. The Panel recommends a programme of support for the young person and their family called an Individual Support Plan.
- § Warnings - YOT can instigate and support other agencies in using warnings to make it clear to a young person they have behaved unacceptably. These can

include threats of enforcement and are often sufficient for individuals to change their behaviour.

- § Acceptable Behaviour Contracts - Designed to stop similar types of behaviour as an ASBO, an ABC is a voluntary agreement between an individual who has been behaving disruptively, the Local Authority and Police. Their parent or guardian should also be involved. If the individual breaks the ABC, it can be used as evidence in applying for an ASBO. YOT will support the young person to help them keep the ABC.
- § Parenting Contracts - An agreement negotiated between a parent/carer of a young person involved in anti-social behaviour and a YOT worker. The parent agrees to fulfil certain requirements and the YOT agrees to support them in doing so.
- § Parenting Orders - These are made by the court when a young person is convicted of an offence. The Order lasts for up to 12 months and includes a requirement to attend a parental counselling and guidance programme. The YOT is often assigned as the responsible officer as they are well placed to co-ordinate the programme.

The Tobacco Alliance has representation from the YOT. The population of young people who access this service is likely to have a higher than average prevalence of Tobacco and possibly other substance use. The YOT has ready access to this group of people and therefore the opportunities to deliver messages about tobacco use, and to collect intelligence about illicit and illegal sales of tobacco.

4.4.4 Early Break

Any young person aged 18 or under, or are a parent or carer of someone aged 18 or under, who has substance misuse problems you can contact Early Break. The team can offer advice and information over the phone or can arrange an appointment to meet on a one-to-one basis. Interventions include specialist harm reduction, non-prescribing treatment and targeted early intervention.

Tobacco use is likely to be a major issue with the young people who access the service and their families. Early Break, along with other young people's services can play a role in delivering brief interventions, messages about tobacco use and gathering intelligence about illegal and illicit tobacco.

4.5 Six Town Housing

Six Town Housing is the main social housing provider for Bury and is responsible for:

- Rent collection and arrears recovery, including welfare benefits advice;
- Tenant and resident involvement;
- Dealing with anti social behaviour;
- Estate management and caretaking;
- Leaseholder and Right to Buy services;
- Responsive repairs;
- Planned and capital improvement schemes.

Six Town Housing has regularly provided input at Tobacco Alliance meeting. The organisation has ready access to some of the target groups for Bury's tobacco control work, i.e. those from deprived communities, routine and manual workers and the unemployed. There is a higher than average prevalence of smoking amongst these groups, and Six Town Housing is key to getting out tobacco control messages to its residents. It has four playgrounds and has agreed to display smoke free signage. It also

has a residents' newsletter which provides opportunities to present information about campaigns and services to the residents. Community development worker staff are also trained to deliver self care courses, 'Helping Yourself to Health' through which they are able to communicate key health and self care messages to residents.

4.6 Greater Manchester Police

In March 2013, Greater Manchester Police restructured, resulting in Bury having two Neighbourhood Policing Teams, one for Bury North and one for Bury South. Bury Division has supported the work of the Tobacco Alliance by communicating information and raising awareness of tobacco control activities within the local community, as well as having a presence at events such as for No Smoking Day. The links between illicit and illegal tobacco and organised crime are strong, so it is essential that the Tobacco Alliance builds on its partnership with the police in order to tackle tobacco related problems.

4.7 Healthwatch

Bury LINK was formerly the local involvement network for Bury, and from April 2013 has become **HealthWatch**. HealthWatch has been set up to give communities a stronger voice on how their health and social care services are provided and delivered. The Bury Healthwatch is an independent network of local people, individuals, community groups and organisations working together to make health and social care services better for everyone in Bury. Bury local HealthWatch will involve people of all ages and from all sections of the community. They will build on the knowledge and experience of the previous Local Involvement Network (LINK), so ensuring continuity, and will reach out into parts of the community that do not currently have a voice.

LINK representatives have provided invaluable input to the Bury Tobacco Alliance and it is important that as the new HealthWatch is formed in Bury, that input continues.

4.8 Community Dental Service

The Community Dental Service provides dental care upon referral for children and adults with special needs or anxiety issues. The Oral Health Promotion Team, as part of the Community Dental Service, engages target groups in activities with a view to promote oral health awareness and education.

Tobacco is a major risk factor in the development of oral cancer and is one of the most important issues that influence the service's approach to tackling tobacco usage. As part of its clinical activities the service assesses the use of tobacco products and refers to the appropriate smoking cessation services with the patient's consent.

The Community Dental Service monitors the usage of tobacco products at every recall appointment.

4.9 What we will do

The Bury Tobacco Alliance will continue to engage with partners to ensure that Tobacco Control work continues in those areas and with those population groups for whom the greatest benefits will be realised.

The offer to become a member of the Bury Tobacco Alliance will be publicised on a regular basis in order that Tobacco Control eventually becomes everybody's business.

5. Protecting children, families and communities from the effects of secondhand smoke.

5.1 Smokefree Homes and Cars

The Tobacco Alliance recognises the harms caused by secondhand smoke, particularly to children and young people and those who don't always have a choice in the environments in which they live and work.

As such, the Alliance will use local, regional and national campaigns to address secondhand smoke, and protect the population from environmental harms and pollution.

The Smokefree homes scheme in Bury has recently been reviewed to include Smokefree cars. The Tobacco Alliance will identify champions in workplaces, Children's Centres and other key settings to communicate important messages about Smokefree homes and cars. It will encourage champions to make use of the literature and resources available, including the free on-line training from the NCSCT (NHS Centre for Smoking Cessation and Training).

As a result of Smokefree public places legislation, smokers who choose to smoke in places other than their homes may be tempted to drop cigarette butts in the street, creating unsightly litter. The Alliance will raise awareness of this and will support the enforcement of littering legislation.

In order to complement and strengthen the effects of the Smokefree legislation, the Tobacco Alliance will look for new and innovative ways to encourage Smokefree environments.

Recently, Local Authority playgrounds have been provided with signage promoting Smokefree play spaces and therefore clean air in which children can play. Six Town Housing and the 14 Children's Centres have also agreed to display these signs in their playgrounds/ play areas.

Smokefree play areas not only protect children and others from the harms of secondhand smoke, but are likely to expose children to environments where smoking is not normalised, and may even encourage smokers to think about quitting.

5.2 What we will do

We will raise awareness of the harms of secondhand smoke and recruit champions to deliver the messages in every children's centre and primary school.

6. Tackling Accessibility of tobacco products for young people.

6.1 Illicit and Illegal Tobacco Products

Illicit tobacco is any type of tobacco product that has been smuggled, bootlegged or is counterfeit. It can include foreign brands that are illegally brought into the UK, products that are bought abroad in countries where the tax is lower, and then sold on in the UK, and cheap, low quality cigarettes that are repackaged to look like premium UK brands.

The prevalence of illicit tobacco is particularly high in the North of England, however, there is currently no base line data or information available about the prevalence in Bury.

According to the North of England Campaign 'Tackling Illicit Tobacco for Better Health', the price of illicit tobacco greatly undermines the Government's attempts to reduce smoking prevalence as it is sold at around half the price of legal tobacco.

The Tobacco Alliance will promote the North of England Tackling Illicit Tobacco Programme and encourage organisations and members of the public to share information that will lead to a reduction in the supply of illicit products, and will enable the scope of the problem in Bury to be captured.

6.2 Shisha

Shisha is a form of smoking that uses a water pipe and a form of tobacco sometimes mixed with fruit or molasses sugar. It is traditionally used by people from Middle Eastern or Asian communities, but is becoming more popular with other groups such as young people.

Traditionally Shisha contains tobacco that is used in cigarettes, and so the harmful substances given off when it is smoked are the same as for cigarettes. On average a shisha smoking session lasts about an hour and research has shown that during this time you can inhale about the same amount of smoke as if you had smoked 100 cigarettes.

Secondhand smoke is also emitted and therefore, Shisha smoke is also harmful to those nearby. Often, people think that shisha is less harmful than cigarette smoke as it travels through water before inhalation. This is untrue.

Shisha 'lounges' are becoming more commonplace and shisha is subject to the same Smokefree laws as any other tobacco. Whilst it is relatively easy to keep tabs on public shisha lounges, it is more difficult to know the extent of shisha smoking in the home setting.

The Tobacco Alliance aims to gather intelligence that informs future campaigns and other targeted work around shisha.

6.3 Cannabis

Cannabis is the type of drug most likely to be used by adults. 6.8% of 16-59 year olds said they'd had cannabis in the last year according to a report produced by the NHS Information Centre for health and Social Care in 2011. The report also states that amongst 11-15 year olds, cannabis was the most widely used drug in 2010. 8.2% of pupils reported taking it in the last year.

Pupils who had reported taking drugs at least once per month were more likely to have truanted or been excluded from school. Both smoking and drinking were associated with drug use in the last year. Pupils who were regular smokers were more likely to have taken drugs in the last year (Odds Ratio 11:30).

According to the British Lung Foundation, 'we need to dedicate more resources ... to supporting people who want to stop smoking cannabis.' A report produced in 2012 states that 'cannabis and tobacco smoke contain largely the same substances, including carbon monoxide, tar and carcinogens.'

Cannabis is often mixed with tobacco in order to produce a 'slow burn' (British Lung Foundation, 2012). This makes it more difficult to determine which problems are caused by cannabis and which by tobacco, but it would make sense to raise awareness of the harms caused by smoking cannabis through the work of the Tobacco Alliance.

Whilst it is difficult to know the extent of cannabis use amongst young people in Bury, it is clear that cannabis use has associations with smoking, and that those smoking and using drugs are more likely to be disaffected from education. It is essential that the needs of young people who are not in mainstream education are addressed.

The tobacco alliance will aim to work collaboratively with those organisations that work with disaffected and socially excluded young people and their families, in order to address smoking prevalence and tobacco harms amongst this group.

6.4 Electronic Cigarettes

Electronic cigarettes (E-cigarette) are devices that look like real cigarettes and produce a vapour when used that looks similar to smoke. They contain nicotine which is delivered either from a capsule that is inserted to the e-cigarette, or from a refill bottle. The nicotine is heated when the e-cigarette is used and then inhaled as vapour. E-cigarettes are battery operated and can be charged using a USB connection or a battery pack.

There is very limited research about e-cigarettes. Currently, in the United Kingdom, they are not regulated and are legal. There have been concerns that they could encourage young people to become addicted to nicotine. There is also no regulation as to how much nicotine is delivered at any one time.

In recent months, there have been reports of disposable electronic cigarettes being marketed towards children. There are various flavours available which are largely nicotine free, and they are sold for £3-4, dependent upon how many 'puffs' can be extracted from the cigarette. These are becoming increasingly popular and anecdotal reports suggest that they have been sold in and around schools, and that some brands may even contain nicotine. This is obviously a cause for concern in that they prolong the normalisation of the appearance of 'smoking' and should they contain nicotine, they are

likely to draw children and young people into smoking cigarettes and other tobacco products when they become older.

In some countries, for example, in the United Arab Emirates, Brazil and Panama. In Switzerland, e-cigarettes containing nicotine are illegal.

The National Institute for Health and Clinical Excellence (NICE) has not issued guidance or recommended the use of e-cigarettes as a smoking cessation aid. The NHS therefore, cannot recommend these for use as a smoking cessation aid. NICE published guidance about nicotine replacement products for tobacco harm reduction in June 2013. Whilst e-cigarettes are not recommended as a smoking cessation product, the guidance suggests that they may be less harmful to use than cigarettes. The MHRA (Medicines and Health Regulatory Authority) also recommended in June 2013 that e-cigarettes should be regulated as medicines are. New legislation is likely to be adopted in 2014. This regulation is likely to come into force by 2016.

The Tobacco Alliance will continue to monitor any future development by way of health recommendations or regulation by any other authority and will ensure that the local population is made aware of any of these, whether they promote, or make suggestions otherwise about the use of these products.

6.5 What we will do

We will continue to provide information to organisations and to members of the public about the harms of secondhand smoke. The Tobacco Alliance will recruit champions within organisations to deliver key messages within their workplaces and to their client groups.

We will look for ways to gather local intelligence in order to determine the extent of the use of illicit and illegal tobacco in Bury. We will continue to educate our children and young people about the harms of tobacco, and the potential ways that they may be targeted to take up tobacco use.

We will learn from other areas about their experiences in tackling Shisha use. We will develop local intelligence to determine the nature of the problem in Bury and will use effective communications campaigns to deliver key messages about Shisha use to children and young people, and to any other communities identified as using Shisha.

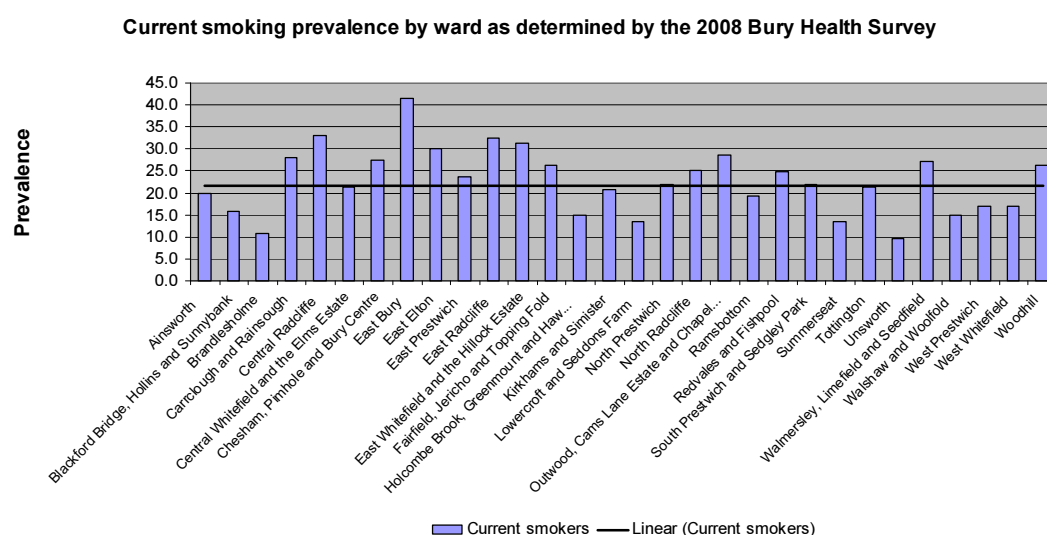
We will look at ways to address cannabis use alongside the use of tobacco. We will keep abreast of current trends such as the use of cannabis oil in e-cigarettes, and look for ways of gathering intelligence about where children and young people access cannabis.

We will monitor the situation with electronic cigarettes and prepare for any new evidence or policy change regarding the use of these as a stop smoking aid.

7. Enabling smokers who want to quit, to be able to quit with the right support.

7.1 Deprived communities

The 2008 Bury Health Survey states that the prevalence for smoking in Bury is 21.6%. The table below shows the wards where the highest prevalence of smoking occurs. These are generally concurrent with those wards known to have the highest deprivation. The linear shows the average prevalence for the Borough.



It is essential that services are targeted at areas of higher deprivation if smoking prevalence is to be reduced. The Tobacco Alliance will work with partners to ensure that tobacco-related interventions, wherever possible, are targeted at those most deprived areas.

Bury is made up of six townships, each of which contain a number of wards.

Bury East Township

Bury East is made up of three wards; East, Moorside and Redvales. It fares worse than the rest of Bury in many health outcome measures, including smoking. It is the most deprived township in the Borough and has the lowest life expectancy for males and females.

This township has the second highest levels of smoking in the Borough (20.5%), with East Ward having 26.3% of its populations who are smokers. Bury East requires a considerable amount of targeted tobacco control work in order to reduce the obvious health inequalities present.

Bury West Township

Bury west consists of two wards; Church and Elton. This ward fares better than the rest of Bury for smoking, but still has poor outcomes for male life expectancy. It is second worst to Bury East. Bury West has the lowest proportion of current smokers in Bury. Both wards have a lower than the Bury and National averages for smoking prevalence. Elton's is 15.5% and Church is 15.2%.

In order to meet government targets for 2020, it is essential that Tobacco Control work continues applied in this Township at a more general level.

Prestwich Township

Prestwich is the most Southern township of the Borough and consists of three wards; Holyrood, Sedgley and St. Mary's.

In many health outcomes it fares better than the rest of Bury, but its smoking levels are worse. Holyrood ward has the highest levels of adults smoking in Prestwich and the fourth highest in the Borough.

This would suggest that targeted tobacco control work should take place in this ward. St. Mary's also has higher than the Bury average level of smokers and would benefit from the same.

Radcliffe Township

Radcliffe consists of three wards; Radcliffe North, Radcliffe East and Radcliffe West.

Radcliffe is the second most deprived township in the Borough. Radcliffe also has the highest proportion of current smokers in the Borough, suggesting that Tobacco control work, and particularly stop smoking services should be targeted towards this area.

Radcliffe West and East wards have the higher levels of smoking with prevalences of 26.1 and 23.9 respectively.

Ramsbottom, Tottington and North Manor Township

Ramsbottom, Tottington and North Manor Township has the lowest mortality rate and is the least deprived township in Bury. It has the second lowest proportion of current smokers. North Manor ward has the lowest prevalence in all of Bury at 12.1%, whereas Ramsbottom is the 7th highest overall at 18.2%.

The township would benefit from general tobacco control work with a more targeted approach in Ramsbottom. These wards are largely rural and it is important to recognise that rural setting may have more difficulty accessing services that are often provided more centrally. Therefore, it is essential that best use is made of the community settings in these areas in order to deliver tobacco free messages.

Whitefield and Unsworth Township

This township is made up of three wards; Besses, Pilkington Park and Unsworth. It is situated towards the South of the Borough and is bordered by Radcliffe.

Overall, the township is less deprived than Bury, but Besses ward has a higher level of deprivation than the Whitefield and Unsworth average. The township has the third lowest

proportion of current smokers. Besses has the highest proportion of adult smokers in the township at 18.8%, which is the 6th highest proportion in the Borough.

Whitefield and Unsworth Township will benefit from generic Tobacco Control interventions, with a more targeted approach to the population in the Besses ward.

7.2 Routine and manual workers and those currently not working

Routine and Manual Workers are particular occupational groups defined by the National Statistics Socio-Economic Classification (Office for National Statistics, 2005). They include such occupations as HGV driver, labourer and sewing machinist.

Routine and manual workers and those who are currently not working are likely to live in those areas with higher levels of deprivation, and with higher levels of smoking. They are a target group for Tobacco Control work because of the generally higher levels of smoking, but also because illicit and illegal tobacco products are more likely to be the product of choice in areas of deprivation.

Routine and Manual Workers have a higher prevalence of smoking and therefore are more at risk of developing co-morbidities associated with smoking. This in turn put their families at greater risk of becoming smokers and having smoking-related diseases.

Businesses whose staff have high levels of smoking prevalence are likely to have increased sickness absence due to smoking-related diseases. They may also be more at risk from fires.

The Tobacco Alliance will identify businesses and organisations in Bury that are likely to have a significant workforce that fits into the category of Routine and Manual.

Interventions will be targeted and these organisations will be supported to develop good practice around tobacco control. Through multi-agency work, the strategy will aim to reduce the prevalence of smoking amongst this population group, and therefore to reduce the health inequalities experienced by them and their families.

With the current economic situation, it is likely that more people are currently not working, and therefore it becomes more difficult to target interventions through workplaces. The Tobacco Alliance will identify settings that may enable access to people who are out of work, but will also include in its communications plan, a strategy for cascading information about services and other tobacco control campaigns.

Welfare reforms, introduced in April of 2013 are likely to pose challenges to the delivery of the Tobacco Control agenda. Recipients of benefits will in future receive universal credit. Payments for such things as housing benefit will be made directly to them, rather than to the housing provider.

This potentially raises issues for people who may already struggle to manage their finances. They may see this as an opportunity to spend more money on tobacco products, or if benefits are reduced, may turn to other sources of tobacco such as illicit and illegal products.

The Tobacco Alliance will monitor the situation and target resources where necessary to those geographical areas or population groups most likely to be affected by the reforms.

7.3 Children and young people

The Public Health Outcomes Framework (DH, 2012) suggested a number of measures for various Public Health outcomes, one of which is a measure of smoking prevalence at 15 years of age. It has not yet been decided how this will be measured, however, measuring smoking prevalence in young people is a good proxy measure of whether or not tobacco control interventions targeting young people and their families are working. In order to reduce the uptake of smoking amongst children and young people, it is essential that effective interventions are used, and that they are applied in the correct settings and geographical areas. Measuring prevalence at 15 years old will act as an indicator of the level of success of these interventions, although by which means this will be measured is yet to be confirmed.

There is a larger proportion of under-19 year olds in Bury than there is in the North West and England as a whole. The latest North West Trading Standards Survey of young people (TSNW, 2009) found that more than a fifth of young people in the North West were smokers. This figure had not changed since 2007.

This has a number of implications for the Tobacco Strategy:

There is obviously much work to be done in stopping the inflow of young people regarded as smokers. The strategy recognises the role that schools play in ensuring that children, young people and their families are educated in the harms of tobacco uses, and that policies such as Smokefree schools, are in place to protect children and young people from these harms.

Whilst there is no longer a local Healthy Schools programme in Bury, schools are still encouraged to receive National Healthy Schools accreditation. Work carried out by schools through Personal, Social and Health Education (PSHE) as well as the Citizenship curriculum endorses to a great extent the aims of this strategy.

The tobacco free schools toolkit, produced in 2012 for use in Bury Schools, offers a means of support and information to continue with Tobacco free work in schools. The Tobacco Alliance will ensure that this resource is kept up to date in order that schools feel confident to address the ever-changing tobacco control agenda with pupils, staff and families. It will endeavour to produce a similar resource that is useful for primary schools in Bury.

Support from retailers and from Trading Standards is essential in order that young people are prevented as far as possible from making underage purchases of tobacco and from purchasing illicit tobacco which is likely to be cheaper for them. Bury Tobacco Alliance will use the North of England 'Tackling Illicit Tobacco' campaign to support work at a local level.

Bury Trading Standards will continue to carry out test purchases in shops selling tobacco products and will aim to reduce the numbers selling products to under 18 year olds by enforcement activities.

The Smoking Services available for Young People will need to be targeted through schools, Youth Services, Youth Offending Team, Children's Centres, YPAS and other organisations that are likely to come into contact with children and young people.

The Tobacco Alliance will continue to promote the Smokefree Homes initiative both locally and on the back of regional and national campaigns such as 'Take 7 steps out'.

It will continue to work with partners such as the Fire Service to deliver this programme of work, and will actively seek to work with other front line members of staff, such as health visitors, to expand the delivery.

The Smokefree homes scheme will also be targeted towards those who foster children, through Children's Services, as part of a stepped approach to its implementation, and the Tobacco Alliance will investigate ways of ensuring that our most vulnerable children and young people are protected against the harms caused by tobacco products, including Shisha and other tobacco products, and secondhand smoke.

The Tobacco Alliance will build on the established work around Smokefree Homes, and look for support in promoting Smokefree Cars across the borough.

7.4 Pregnant women and new parents

Currently, the prevalence of women smoking at time of delivery (SATOD) stands at 15.62% for Bury. This is a vast reduction on previous years and within the targets set locally, however this is still almost 3% higher than the England average of 13.2%. In order that this prevalence can be improved upon further, Tobacco Control work will continue to be targeted towards this population group through the Specialist Stop Smoking Service Community Midwife, through community midwifery teams and through children centres within Bury.

Similar pregnancy stop smoking schemes are run in other local areas, and SATOD data is collected nationally, so it is expected that wherever mothers from Bury deliver their babies, data will be collected that will help us to determine the prevalence of smoking for pregnant women. The Bury Stop Smoking Service will continue to follow up new mothers who have quit at twelve weeks post-partum, in order that they may receive appropriate support to stay quit after pregnancy.

The Smokefree Homes and Cars scheme will be promoted within Children's Centres and other settings which parents and their children access. The success of the Smokefree homes and cars scheme will be monitored by the amount of people who are recruited as 'champions' in a particular setting or workplace, and who complete the brief, online training course.

It is intended that grandparents, other family members and childminders will also be recruited to the scheme as part of a phased approach.

7.5 Black and minority ethnic groups

It is important to understand the ethnic mix of the Bury population. Different ethnic groups may be more likely to use particular types of tobacco such as snuff, oral tobacco and hookahs.

'According to the 2001 Census, 93.9% of Bury's population is white with 'White British' representing 90.7% (compared to 87% nationally). The remaining 6.1% is made up of ethnic communities with the largest group being Pakistani at 3% of the population. Indians are the second largest group representing 1.4% of the population. The largest concentration of non-white residents is in East Ward where ethnic groups make up over

20% of residents. The Census however is 9 years old and more recent estimates (2006) suggest that the white population has fallen to 87.9% (compared to 84% nationally), with the largest proportional increase being in the Bangladeshi community.'

(Bury JSNA, 2010)

The 2011 census data shows that the 'White British' population has decreased to **85.3%** with the remaining 14.7% made up of a number of different ethnic groups, the largest of which is Pakistani at **4.9%** (9,002 people). Another significant population group is 'Other White' at **2.5%** (4,706 people). This would include people who are from Eastern European countries. (Figures from ONS, 2013)

It is important that services are targeted to meet the needs of particular ethnic groups to ensure equity and accommodate cultural diversity.

The Tobacco Alliance will continue to monitor the changing population trends and to actively seek new ways of delivering services to address the needs of particular ethnic groups.

7.6 People with mental health needs

NICE guidance states that smoking rates are much higher amongst people with mental health problems than in the general public. People with neurotic disorders are twice as likely to smoke compared to those without, and having more than one neurotic disorder is associated with heavier smoking. Studies have shown prevalence amongst this group to be around 64%. People with mental health problems are also likely to spend a large proportion of their income on smoking, as many live on a low income.

(NICE, 2004)

According to the Joint Strategic Needs Assessment for Bury (2010), around 25,000 adults in Bury will have mental Health needs. The report also states that 24% of 16-19 year old females and 9% of 16-19 year old males have a neurotic disorder. 40% of Bury's Looked after Children have 'significant mental health needs'.

The Tobacco Alliance recognises that people with Mental Health needs are likely to also have physical health needs, and that those who smoke are also likely to suffer the impacts of low income combined with a large proportion of that income being spent on tobacco products. Low income is also related to housing needs, employment and other determinants of health.

The Tobacco Alliance will aim to work with partners such as Six Town Housing to develop good practice in Tobacco Control, in order to address some of these needs.

The Tobacco Alliance will aim to ensure that people with mental health problems are free from the harms of tobacco, by promoting Smokefree policy in secure units and other residences.

It will aim to target the population group with tailored stop smoking interventions that are delivered by qualified staff who are aware of the specific needs of people with mental health problems. It will also aim to make stop smoking services accessible to people in

secure accommodation and mental health hospital wards by offering training to relevant staff, and providing services in accessible places.

Partners that promote the Tobacco Free agenda will aim to be empathic to the needs of people with mental health problems and will take into consideration these needs when developing and implementing tobacco free interventions.

7.7 What we will do

We will target tobacco control interventions and services at those communities with high prevalence, as determined by local health surveys and the Integrated Household Survey.

We will tackle the tobacco use in workplaces with high levels of routine and manual workers where there is known to be higher prevalence of smoking. We will look for ways to access those who are currently out of work from those same work groups in order to support them to quit and remain quit.

We will aim to reduce the uptake of smoking and tobacco use amongst children and young people by working with schools and other establishments that children and young people access. We will develop a programme of work for Primary Schools that tackles prevention.

We will work with Children's centres and services that work with pregnant women and new parents to promote the Smokefree homes and cars scheme and to provide information about protecting children from the harms of tobacco, and Stop Smoking support.

We will monitor the changing population of Bury and aim to provide information and services that reflect the diverse needs of the various ethnic groups in the borough.

We will recognise the needs of mental health service users and promote stop smoking services with this group.

8. Communications and campaigns

A Communications plan will be developed annually and refreshed quarterly. This plan will incorporate national, regional and local campaigns. It will aim to proactively promote the work of the Tobacco Alliance, and will also encourage reactive communications when required.

The Tobacco Alliance will have a corporate communications link from within Bury Council who will offer advice about communications activity, and may also take the lead on some of the campaigns that take place throughout the year.

The communications plan will ensure that tobacco control activity is routinely promoted within and reported to member organisations, as well as to members of the public. The plan will ensure that members of the Public are able to comment, respond to and participate in developments of the work of the Tobacco Alliance. Public engagement will be a standing agenda item on quarterly Tobacco Alliance agendas.

National No Smoking Day takes place annually in March and this provides an opportunity for Bury to raise the profile of the work of the Tobacco Alliance locally and link with national and regional media activity.

The Tobacco Alliance will seek to procure sufficient resources, whether financial or otherwise, to promote No Smoking Day in Bury. The Tobacco Alliance will also aim to participate and promote other National and regional campaigns and events such as the national Quit Kit campaign and the Greater Manchester First Stop Health Bus.

8.1 What we will do

We will use national and regional campaigns to promote tobacco control work in Bury. We will develop a local communications plan to ensure key messages are delivered at the right time.

We will plan for local events and secure the necessary resources to deliver high impact Tobacco Control interventions at least twice per year.

9. Public consultation and patient involvement

Members of the public will be consulted on this strategy and the progress it is making through the following forums:

- § Township forums
- § Strategic Health Group
- § HealthWatch (formerly Bury LINK)
- § Youth cabinet

Any formal consultation that takes place regarding this strategy will be included as an agenda item at the next Tobacco Alliance meeting and any actions required will be addressed by the group.

9.1 What we will do

We will engage with the new Healthwatch organisation in order to ensure that the patient is at the heart of all local tobacco control work.

10. Monitoring and data collection

The effectiveness of this strategy will be monitored by the Tobacco Alliance through regular review of action plans and data monitoring. The Alliance will have a standing agenda item to review data supplied with the purpose of monitoring the effectiveness of the action plans in delivering expected outcomes. Deliverable outcomes will reflect the Public Health Outcomes Framework, the Joint Strategic Needs Assessment (JSNA) for Bury and the demographic makeup of the local population. It is expected that these outcomes will be refreshed annually through the action plans below.

The Tobacco Alliance will produce an annual report, to communicate its successes, gaps in provision and areas for development to members of the public. The report will inform future refreshes of the strategy, and potentially where funding and other resources should be directed.

10.1 What we will do

We will collect and monitor data that demonstrate to us and to others that the work of the Tobacco Alliance is effective and making a difference. We will report annually our successes and areas for development.

11. Action Plans

| Overarching Aim: Enabling smokers in Bury who want to quit, to be able to quit with the right support. | | | | | |
|--|--|-----------|-----------|-----------|---------------|
| Planned Actions | Lead Organisation | Q1 Update | Q2 Update | Q3 Update | Final Outcome |
| To identify those workplaces with higher numbers of Routine and Manual workers and deliver targeted tobacco control to these. | Bury Stop Smoking Service | | | | |
| To work with Children's Centres and services that work with pregnant women and new parents to deliver enhanced stop smoking support. | Bury Stop Smoking Service (Oral Health Promotion? Midwifery/ Health Visiting?) | | | | |
| To use local health survey and the Integrated Household Survey to determine how health improvement services should be commissioned and in which geographical areas there should be a greater focus. | Public Health | | | | |

| | | | | | |
|--|---------------------------|-----------|-----------|-----------|---------------|
| To ensure that Stop Smoking Service Advisors receive the appropriate training to deliver effective interventions to those with Mental Health needs. | Bury Stop Smoking Service | | | | |
| To use information from the Integrated Household Survey to determine the current demographics for Bury and design services with the needs of the population in mind. | Public Health | | | | |
| Overarching Aim: Tackling the accessibility of tobacco products for young people, particularly in relation to illegal and illicit tobacco, underage sales and niche products. | | | | | |
| Planned Actions | Lead Organisation | Q1 Update | Q2 Update | Q3 Update | Final Outcome |
| To develop a pack for Primary schools' use to raise awareness of how children and young people may be targeted with illegal and illicit tobacco, and other products such as Shisha. | Public Health | | | | |

| | | | | | |
|--|--|--|--|--|--|
| To work with secondary schools and to enable them to deliver tobacco education and stop smoking support. | Bury Stop Smoking Service/ Public Health | | | | |
| To develop ways of gathering and recording intelligence about sales and use of illegal and illicit tobacco. | Trading Standards | | | | |
| To gather intelligence about Shisha use in Bury in order to determine the nature of the problem in this area. | Environmental Health. | | | | |
| To provide up to date and relevant information to children and young people about a range of products that may be associated with tobacco use such as cannabis and shisha, and also the newer disposable electronic cigarettes that are aimed at children. | Public Health | | | | |
| Develop a system for reporting, collecting and collating 'soft data' that will inform of any new developments around tobacco promotions and products. | Public Health | | | | |

| Overarching Aim: Protecting children, families and communities from the effects of secondhand smoke. | | | | | |
|--|-------------------|-----------|-----------|-----------|---------------|
| Planned Actions | Lead Organisation | Q1 Update | Q2 Update | Q3 Update | Final Outcome |
| Identify champions within organisations to complete training and be a key contact for communications, campaigns and circulation of resources. | Public Health | | | | |
| Identify opportunities to educate and communicate with Bury residents about the harms of secondhand smoke. | | | | | |
| Include shisha smoking in any information or communications about secondhand smoke. | | | | | |

COMMUNICATIONS PLAN

| Planned Actions | Lead Organisation | Q1 Update | Q2 Update | Q3 Update | Final Outcome |
|--|-------------------------------|-----------|-----------|-----------|---------------|
| To deliver a minimum of 2 high profile campaigns each year. | LA Comms | | | | |
| To develop a Tobacco Alliance website on the Bury.gov server. | LA Comms? Tobacco Alliance | | | | |

| | | | | | |
|--|------------------------------------|--|--|--|--|
| To communicate with the newly formed Health Watch and secure its membership of the Tobacco Alliance. | Public Health | | | | |
| To plan at least one Patient and Public engagement exercise each year whereby patients and public are able to contribute to Tobacco Alliance work. | Tobacco Alliance | | | | |
| To localise any regional and national campaigns and ensure that information is communicated across Bury. | LA comms/ Public Health | | | | |
| To take the lead from Tobacco Free Futures to deliver media releases in a timely manner as and when these are provided by TFF. | Public Health | | | | |
| To raise the profile of the Tobacco Alliance and its work in relevant newsletters, team briefs etc. | Public Health/ LA Comms | | | | |
| Organise task and finish groups as and when necessary to plan actions/ campaigns necessary to protect | Public Health/ Tobacco Alliance | | | | |

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| from the harms of tobacco. | | | | | |
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