Contents

1 EXECUTIVE SUMMARY ................................................................. 4
  1.1 Harms of smoking .................................................................... 4
  1.2 Prevalence ................................................................................. 4
  1.3 Key facts .................................................................................... 4
  1.4 Current services .......................................................................... 6
  1.5 Action Plan ................................................................................ 6

2 Background .................................................................................. 8
  2.1 Why is smoking harmful? ............................................................ 8
  Prevalence ....................................................................................... 8

Figure 6: Smoking Prevalence in Hounslow, its Geographic and Demographic Neighbours
2011/12 .......................................................................................... 9

Introduction ..................................................................................... 9

3 Key facts about tobacco ................................................................. 10
  Smoking addiction and young people ............................................. 10
  Who smokes? ................................................................................. 10
  Deaths ............................................................................................ 11
  a. Economic impact ........................................................................ 12
  b. Illegal tobacco ............................................................................ 13
  c. Niche tobacco ............................................................................ 15

4 What works? .................................................................................. 16

5 Current services ............................................................................ 17
  a. Stop Smoking Services in Hounslow ........................................... 17
     1. Drop-in Clinics ......................................................................... 17
     2. Telephone Support .................................................................... 18
  3. Pharmacies .................................................................................. 18
  4. GP Surgeries ................................................................................ 18
  5. Workplaces .................................................................................. 18
  6. Services for at-risk groups ........................................................... 18
     b. Legislative Enforcement ........................................................... 20

6 Local Plan ..................................................................................... 21
  a. Vision ........................................................................................ 21
b. Local Targets .............................................................................................................. 21

7. Action Plan .................................................................................................................. 22

c. Actions to stop the inflow of young people recruited as smokers.............................. 22
d. Helping tobacco users to quit ...................................................................................... 23
e. Reducing the harm of second-hand smoke ................................................................. 26
f. Effective enforcement and legislation ........................................................................ 27
1 EXECUTIVE SUMMARY
This tobacco control plan was developed to meet the objectives set out in Healthy Lives, Healthy People: a Tobacco Control Plan for England, (2011) to reduce smoking prevalence among the general population, young people, routine and manual workers, and pregnant women smoking at the time of delivery. The plan will also implement actions to address the harms caused from exposure to second-hand smoke; availability of illegal and cheap tobacco and the use of other tobacco products such as shisha and oral tobacco.

1.1 Harms of smoking
Smoking has been shown to have a greater impact on life expectancy than social class status. In recent times smoking has become one of the most significant causes of health inequalities.

Smoking causes about 90% of all lung cancers. It also causes cancer in many other parts of the body as well as affecting heart and blood circulation leading to an increased risk of coronary heart disease, heart attack, stroke, vascular disease and COPD, to name only a few.

1.2 Prevalence
Smoking prevalence in Hounslow is lower than both the England (20%) and London (18.9%) rates at 15.3%. This low smoking prevalence means we are already below the planned Healthy Lifestyles, Healthy People: A Tobacco Control Plan for England target of 18% and so we will aim to achieve a smoking prevalence of 12% by 2016.

1.3 Key facts

Smoking addiction and young people
It is estimated that each year in England around 340,000 children under the age of 16 who have never smoked before try smoking cigarettes. Smoking is highly addictive and many young people will maintain the habit into adulthood. In Hounslow, extrapolated figures from national estimates suggest that approximately 6,297 young people have tried smoking, while 859 young people might be regular smokers.

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3 Health and Social Care Information Survey on Smoking, Drinking and Drug Use Among Young People in England-2012 HSCIC
4 Hounslow School Nursing Needs Assessment (2013)
Who smokes?

In England almost every indicator of social deprivation, including income, socio-economic status, education, and housing tenure, independently predicts smoking behaviour\(^5\)

Smoking rates are known to be particularly high among the following groups: routine and manual workers; Bangladeshi, Irish and Pakistani men; Black Caribbean and Irish women.

Smoking is also higher amongst those suffering mental ill health and is estimated to be around 70% for those with psychotic illnesses such as schizophrenia.

Smoking is also high amongst prison populations.

Death

In Hounslow, there were 217.7 [per 100,000 (over the age of 35)] smoking attributable deaths between 2007 and 2009.

Economic Impact

Each year smokers in Hounslow spend approximately £58.1 million on tobacco products. This contributes approximately £44.3 million in duty to the Exchequer.

Hounslow spends almost £600,000 per annum on smoking cessation services.

Illegal Tobacco

Increasing the price of tobacco is known to be the most effective way of encouraging people to quit however this is undermined by the availability of illegal tobacco. Illegal tobacco causes harm by: increasing the availability of tobacco to the most deprived socioeconomic groups leading to widening health inequalities; increasing the availability of tobacco to children; and developing links with organised criminal activity in communities\(^6\).

Niche Tobacco

Tobacco products in England that are different to regular cigarettes and to hand rolling tobacco are often termed ‘niche tobacco products.’ Most of these products are used traditionally by black and minority ethnic (BME) communities for smoking or chewing.


1.4 Current services

**Smoking Cessation**

Hounslow and Richmond Community Healthcare (HRCH) provide stop smoking support to Hounslow residents in a variety of settings. In 2012/13 they successfully helped 1908 local residents to give up smoking. The core elements of the service are the provision of behaviour support and pharmacotherapy.

In addition the clinics provided 26 GPs practices and 15 Pharmacies also provide smoking cessation support in-house.

**Legislative Enforcement**

Trading Standards carry out a number of routine activities as part of their tobacco control work. These are:

- Providing support/educating retailers and representative organisations, through joint or corporate training events, to enable them to trade within the law
- Test purchasing
- Educational campaign on the increase in age restriction for tobacco
- Promotion of No ID No Sale
- Promotion of Challenge 25 policies’
- Promotion of Do You Pass Training
- Press releases
- Routine inspections (statutory notice/advertising ban compliance/ simple cautions, Prosecutions)

1.5 Action Plan

Action plans have been developed under each of the four main tobacco control work-streams: stopping the inflow of young people recruited as smokers; helping tobacco users to quit; reducing the harms of second-hand smoke; effective enforcement and legislation.

Local targets have been adapted from the national targets set out in *Healthy Lifestyles, Healthy People: a Tobacco Control Plan for England (2011)*. The local targets are much lower as Hounslow has already exceeded the Government’s national targets. Each action will work towards achieving the following targets:

<table>
<thead>
<tr>
<th>Target</th>
<th>Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce smoking prevalence in adults to from 15.3% to 12% by 2016</td>
<td>Integrated Household Survey</td>
</tr>
<tr>
<td>Reduce smoking prevalence in routine and manual workers to from 23.5% (2011/12) to 20% or lower in 2016</td>
<td>Integrated Household Survey</td>
</tr>
<tr>
<td>Reduce smoking prevalence in pregnant women</td>
<td>Health and Social Care Information</td>
</tr>
<tr>
<td>(smoking at time of delivery) from 3.8% (2012/13) to 2.5% or lower by 2016</td>
<td>Centre Return</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>Improves smoking cessation among mental health service users</td>
<td>Hounslow and Richmond Community Healthcare monthly performance reports</td>
</tr>
<tr>
<td>Support 1404 people to stop smoking for 4 weeks or more</td>
<td>Hounslow and Richmond Community Healthcare monthly performance report</td>
</tr>
</tbody>
</table>
2 Background

2.1 Why is smoking harmful?
The harmful impact of smoking on health is well documented. Tobacco smoke is known to contain a lethal combination of a highly addictive drug (nicotine) plus over 4,000 carcinogenic or toxic chemicals and gases. Smoking has been shown to have a greater impact on life expectancy than social class status. In recent times smoking has become one of the most significant causes of health inequalities.

Smoking causes a range of illnesses, most of which only become apparent after many years of smoking. Smoking causes about 90% of all lung cancers. It also causes cancer in many other parts of the body, as well as affecting heart and blood circulation, leading to an increased risk of: coronary heart disease, heart attack, stroke and vascular disease. It also damages the lungs leaving smokers susceptible to chronic bronchitis, COPD and pneumonia.

It is not only smokers who are at-risk from the harms of tobacco smoke. Breathing in second-hand smoke increases a non-smoker’s risk of lung cancer by 24% and heart disease by 25%. Infants and children of parents who smoke are twice as likely to suffer from a serious respiratory infection as the children of non-smokers. Smoking in pregnancy can also increase the risk of asthma in young children.

Prevalence
Although rates of smoking have continued to decline over the past decade, 21% of adults in England still smoke. Smoking prevalence has fallen little since 2007 and so further action must be taken to drive prevalence down further. Currently in Hounslow there are an estimated 30,171 smokers.

7 Health Scotland (2008), Tobacco Facts: A Resource Pack for Upper Primary School Teachers
Hounslow's prevalence at 15.3% of adults is better than the England (20%) and London (18.9%) averages. Compared to its geographic and ONS demographic neighbours, Hounslow has a lower smoking prevalence among routine and manual workers (23.5%) compared to England (30.3%) and London (27.5). It should be noted that a prevalence of 23.5% in routine and manual workers is higher than the overall prevalence of 15.3%. (See Tobacco Control Profile spine chart in Annex 1)

Introduction

This document has been produced to meet the outcomes set out in Healthy Lifestyles: A Tobacco Control Plan for England. There is a commitment to develop actions on the core strands of tobacco control: stopping the inflow of young people recruited as smokers, helping tobacco users to quit and reducing harms of second-hand smoke.

The last Hounslow Tobacco Strategy spanned the period 2004-2007, the aim of which was to reduce smoking prevalence from 28% in 2004 to 24% by 2010 and to reduce the number of women who smoke during pregnancy from 32% in 1998 to 28% in 2010. Both of these targets have been surpassed and have prevalence has continued to decline.
Tackling smoking in Hounslow will require a comprehensive approach, which incorporates a range of public health interventions at different levels, to tackle the individual, social and cultural influences on smoking behaviour. These will include prevention and education programmes, smoking cessation support services for those who wish to stop smoking and wider legislative and protection strategies to reduce the impact of second-hand smoke and to influence change at a societal level.

3 Key facts about tobacco

Smoking addiction and young people
The younger a person starts a tobacco habit, the more likely they are to become more heavily addicted and to smoke for longer\(^\text{12}\). Young people are three to five times more likely to smoke if they come from a household where either a parent or an older sibling smokes\(^\text{13}\).

It is estimated that each year in England around 340,000 children under the age of 16, who have never smoked before, try smoking cigarettes\(^\text{14}\). The most recent survey shows a decline in the numbers of young people smoking amongst young people aged 11-15 years in England, which has steadily declined since 1998\(^\text{15}\).

An estimated 6,297 young people have tried smoking in Hounslow, while 859 young people might be regular smokers (smoking at least one cigarette a week).

Who smokes?
In England almost every indicator of social deprivation, including: income, socio-economic status, education, and housing tenure, independently predicts smoking behaviour\(^\text{16}\).

In 2010, 28% of adults in routine and manual households smoked compared with 13% of those in managerial and professional households\(^\text{17}\). This has declined to 23.5% in 2012/13 in Hounslow.

\(^{13}\) Ibid  
\(^{15}\) ASH (2012). ASH Factsheet: Young People and Smoking  
Hounslow smoking prevalence by occupation compared to England and London

Source: Hounslow Public Health Intelligence Team 2012

Smoking rates are known to be particularly high among the following groups: routine and manual workers; Bangladeshi, Irish and Pakistani men; Black Caribbean and Irish women. There is a strong association between smoking and mental health disorders. Smoking amongst psychiatric patients is two-three times higher than among the general population. This ranges from around 40-50% for people with depressive and anxiety disorders to 70% or higher among patients with schizophrenia. People with mental health problems smoke significantly more, have increased levels of nicotine dependency and are therefore at even greater risk of smoking-related harm than the general population.

Smoking rates in prisoners are also high, over three-quarters of all prisoners are smokers and over half moderate to heavy smokers.

Deaths

In Hounslow there were 217.7 [per 100,000 (over the age of 35)] smoking attributable deaths between 2007 and 2009, this is similar to the London (207.0 per 100,000 people) and national (216 per 100,000 people) smoking-related mortality rates.
In terms of the wider impact of smoking on mortality, there is an improving trend in the number of deaths due to Chronic Obstructive Pulmonary Disease (COPD) with the rate decreasing from 30 per 100,000 in 2004-2006 to 25.9 per 100,000. COPD (Annex 1).

COPD is a life-threatening lung disease that interferes with normal breathing. The primary cause of COPD is smoking; it is not curable and smoking cessation is the only evidence-based treatment which has been proven to slow COPD progression and is the single most important way of improving outcomes at all stages of the disease.\(^{21}\)

a. Economic impact

Treating smoking-related illness was estimated to cost the NHS £2.7 billion in 2006/07, or over £50 million a week. In 2008/09, 463,000 hospital admissions in England among adults aged 35 and over were attributable to smoking. Clearly the economic burden of tobacco use is greater than just costs to NHS.

The chart below shows the estimated costs of smoking in Hounslow. The chart is derived from the ASH ‘ready reckoner’ which uses ONS mid-year estimates 2011 and the smoking prevalence estimates from the Integrated Household Survey (Apr 2011- March 2012)

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21 COPD Literature Review (2011) Hounslow Public Health Intelligence Team
Source: ASH ready reckoner [www.ash.org.uk/localtoolkit/docs/Reckoner.xls](www.ash.org.uk/localtoolkit/docs/Reckoner.xls)

Each year smokers in Hounslow spend approximately £53.3 million on tobacco products. This contributes approximately £40.6 million in duty to the Exchequer. This means there is an annual funding shortfall of £9.1 million in Hounslow.

London Borough Hounslow currently spends nearly £600,000 on smoking cessation services.

b. Illegal tobacco

Illegal tobacco or illicit tobacco is used to describe all products that tax duty is not paid on or counterfeit/fake products. A recent study found more than one in four cigarettes smoked in Britain is illicit[^22].

Increasing the price of tobacco is known to be the most effective way of encouraging people to quit. The rising cost of tobacco products encourages the consumption of illegal and counterfeit goods. To drive down smoking prevalence both areas must be tackled concurrently. Illegal tobacco causes harm by: increasing the availability of tobacco to the most deprived socioeconomic groups leading to widening health inequalities; increasing the availability of tobacco to children; and developing links with organised criminal activity in communities[^23].

Hounslow has a much higher prevalence of illicit tobacco use (12%) than London (18%). It has a significantly higher illegal tobacco share 13% locally compared to 4%.
regionally\textsuperscript{24}. In addition, a higher proportion of local smokers (53\%) have been offered illicit tobacco than has been offered regionally (37\%). Fewer local smokers are ‘very uncomfortable’ with the use of illicit tobacco (47\%) than are regionally (52\%). (Annex 3)

c. Niche tobacco
Tobacco products in England that are different to regular cigarettes and hand rolling tobacco are often termed ‘niche tobacco products.’ Most of these products are used traditionally by black and minority ethnic (BME) communities for smoking or chewing. Tobacco that is chewed is often termed ‘smokeless tobacco’. The table below lists different types of smoked and smokeless niche tobacco products.

\begin{table}[h]
\centering
\begin{tabular}{|l|l|}
\hline
\textbf{Smoked tobacco products} & \textbf{Smokeless tobacco products} \\
\hline
Shisha Beedi/Bidi (Indian cigarettes) & Creamy Snuff, Dry Snuff, Gul, Gutka, Khaini, Mawa, Mishri, Nass, Paan Masala (Tobacco Paan), Qiwam, Red Tooth Powder, Zarda \\
\hline
\end{tabular}
\end{table}

Religion may have an influence on some ethnic minorities’ attitudes towards tobacco use. For example; chewing tobacco is embedded in many aspects of South Asian culture with symbolic implications at religious and cultural ceremonies. Some religious leaders also think that tobacco and its sale is prohibited by Islam. \textsuperscript{25}

\begin{mybox}

Studies of oral cancer incidence in minority ethnic populations in Britain have reported high rates in south Asian and Chinese populations which are linked to paan use.

It is logical to suspect that a sizeable proportion of Hounslow residents are particularly at risk, given the large South Asian population and the popularity and accessibility of tobacco paan.

Smokeless tobacco products are associated with a number of other health problems including: mouth and oropharyngeal cancer; dental disease; cardiovascular disease; problems in pregnancy e.g. foetal anaemia, placental pathology, stillbirth, pre-term birth and low birthweight; late diagnosis of dental problems (smokeless tobacco products may dull the pain).

\end{mybox}

\textsuperscript{24} London Health Improvement Board Illicit Tobacco Research Study 2012
\textsuperscript{25} Khayat MH (Ed) Islamic ruling on smoking. World Health Organization Regional Office for the Eastern Mediterranean, Alexandria, 2000
Only 15% of niche tobacco products are sold with relevant warnings or correct labelling (ASH, 2011). As a result many users may be unaware the products contain tobacco and other harmful ingredients such as: areca nut, slaked lime, flavourings and sweeteners. Smokeless tobacco products are readily available in shops where there is a high south Asian population. Although NHSIC (2006) reported a decline in the number of Bangladeshis using smokeless tobacco products, other sources seem to suggest a rise in their use. For example, there seems to be a rise in the number of shops selling these products26, there has been a reported rise in the number of legal and illegal imports (HM Revenue and Customs 2008). Another worrying trend is that product packaging seems to be targeted at young people.

4 What works?

The Department of Health published Excellence in Tobacco Control: 10 high impact changes in 2008 This document highlighted the importance of partnership working, having good data and having an integrated approach that focuses on all aspects of tobacco control and isn’t overly reliant on stop smoking services. It also highlights the importance of tackling cheap and illegal tobacco use as well as promoting smokefree environments.

Healthy Lives, Healthy People: A Tobacco Control Plan for England 2011 set out the government’s plans to tackle tobacco control in the new public health arena, focusing on the Public Health Outcomes Framework prevalence targets and moving away from four-week quitters. The government promised to tackle tobacco in a range of ways: stopping the promotion of tobacco; making tobacco less affordable; effective regulation; helping tobacco users to quit; reducing exposure to second-hand smoke; effective communication; better information and intelligence; protecting tobacco from vested interests.

Action Smoking Health (ASH) has developed the CLeaR Model27 an assessment and accreditation process to evaluate the quality of local authorities’ tobacco control programmes. CLeaR focuses on: vision and leadership; planning and commissioning; partnership working; prevention (reducing harms second-hand smoke and young people taking up smoking); compliance with supra-local initiatives; communication and de-normalisation of tobacco use; innovation and learning; cessation; declining smoking prevalence trend. London Borough Hounslow will complete the assessment stage in 2013/14 and implement a plan to achieve accreditation following assessment.

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27 Commissioning L
The London Borough of Hounslow Tobacco Control Alliance will complete the self-assessment during a workshop day with input from all key stakeholders. The total investment in CLeaR will cost approximately £25000. This cost will include the costs of training two Hounslow staff on CLeaR principles; a peer review assessment day and receipt of an improvement report from ASH.

5 Current services

a. Stop Smoking Services in Hounslow
Hounslow and Richmond Community Healthcare (HRCH) provide stop smoking support to Hounslow residents in a variety of settings (Annex 4). In 2012/13 they successfully helped 1908 local residents to give up smoking. The core elements of the service are the provision of behaviour support and pharmacotherapy.

A six week programme, involving face-to-face or telephone behavioural support and nicotine replacement therapy is offered in most wards in the borough (see Annex for map)

The Stop Smoking Service offers the following components:

1. Drop-in Clinics
HRCH offers drop-in clinics in Heston, Feltham, Hounslow central, Brentford, Chiswick, West Middlesex Hospital, Isleworth, Feltham Maternity Clinic and the Meadows. These are run at a variety of times to ensure accessibility.
2. Telephone Support
HRCH offers telephone support for those who prefer this than to seeing an advisor face-to-face. Tele-support is also a good method of support for those who cannot attend clinics due to medical reasons or due to work commitments.

3. Pharmacies
There are currently 15 pharmacies in the borough that provide level 2 (complete intervention) stop smoking support.

4. GP Surgeries
There are 26 GP surgeries that provide in-house level 2 stop smoking interventions. As a relationship between GP practice and client has already been established, it means clients are comfortable receiving the intervention in this setting.

5. Workplaces
HRCH delivers smoking cessation support at a number of workplaces in the borough. These have a very high success rate.

There should be more clinics delivered in workplace settings.

6. Services for at-risk groups

- Pregnant women
There are two clinics currently running to encourage women smoking during pregnancy to quit. Midwives at West Middlesex Hospital have received level 2 training. They deliver in-house support to their clients with support from HRCH. HRCH also run stop smoking sessions at the maternity clinic, Feltham Centre for Health.

Recent data published by the Health and Social Care Information Centre shows that smoking status at time of delivery in Hounslow has decreased from 15% in 2004/05 to 3.8% (as reported in Q4 2012/13) in 2012/13.
Hounslow compares favourably to its statistical neighbours in London and to Hammersmith and Fulham showing a steady decline since 2009/10 in the number of women smoking during pregnancy. Data for Slough, Hounslow’s other statistical neighbour was not available to included in the line graph.

It is worth noting there were no data available for Hounslow and Harrow in 2006/07 hence the 0% measure.

- **Routine and manual workers**
  Whereas smoking prevalence in the general population has steadily declined this has not been the case for routine and manual workers.

Smoking prevalence amongst routine and manual workers in Hounslow increased from 19.1% in 2009/10 to 26% in 2010/11 although 2011/12 data has shown a slight decrease to 23.5%.

HRCH has run workplace groups to target routine and manual workers specifically. Groups have been run at Heathrow Airport for manual staff and at Hounslow Bus Station for drivers, cleaners and other routine and manual staff. Clinics should be rolled out more widely improving access for routine and manual workers.

- **Black and Minority Ethnic Groups**
  HRCH stop smoking service works with HRCH health promotion team and health trainers to target black and minority ethnic communities. Clinics are held in faith.
settings, community settings and at housing associations. Reach and access for BME groups particularly those with high smoking prevalence could be improved.

- **Young people**
Stop smoking education work is primarily delivered through science and PHSE classes. HRCH run clinics at West Thames College and Feltham Skills Centre, they also work with 4 schools. Work with schools has been opportunistic to date. A more coordinated and sustained approach is needed.

- **Mental health service users**
HRCH has worked with West London Mental Health trust to train Lakeside Mental Health unit staff to deliver level 1 (brief interventions) and level 2 (complete stop smoking intervention). This work has been intermittent and not sustainable. Not enough work has been done with CMHT teams.

HRCH offers a stop smoking drop-in clinic near Feltham Community Mental Health Team. It is thought this clinic is accessed by many patients although this is not reflected in performance figures.

A recent report by the Royal College of Physicians and Psychiatrists\(^{28}\) makes recommendations for fair and accessible services for those suffering from mental ill health. It stresses the importance of changing the smoking culture within mental health services by implementing smokefree policies in inpatient settings.

- **Probation service**
A stop smoking clinic is run at the probation service. This clinic is open to both staff and clients who smoke.

**b. Legislative Enforcement**
Trading Standards carry out a number of routine activities as part of their tobacco control work.

- Providing support/educating retailers and representative organisations, through joint or corporate training events, to enable them to trade within the law
- Test purchasing
- Educational campaign on the increase in age restriction for tobacco
- Promotion of No ID No Sale
- Promotion of Challenge 25 policies/ Promotion of Do You Pass Scheme
- Press releases
- Routine inspections (statutory notice/advertising ban compliance/simple cautions, Prosecution)
- Test Purchasing/Covert Surveillance ( simple cautions/prosecutions)

\(^{28}\) *Smoking and Mental Health – A joint report by the Royal College of Physicians and Psychiatrists* (2013)
6 Local Plan
This Tobacco Control Plan sets out how tobacco control will be delivered in the new public health system in the local authority. It sets out an ambitious range of multi-agency driven actions to tackle the impact of smoking and other tobacco use on the health of the people of Hounslow, with a particular focus on reducing health inequalities as set out in the Public Health Outcomes Framework.

a. Vision
Hounslow Tobacco Control Alliance participated in a ‘visioning’ exercise (Annex 2). Collectively the group developed the following vision:

In 10 years time (2021)

- There will have been a complete culture shift in tobacco usage, so that it is no longer the ‘norm’ in any community and it is socially unacceptable to smoke.
- Cultural leaders will have been engaged and seen success within their communities.
- Users will be aware of all risks and feel empowered to stop.
- Quitters will act as community champions.
- Our population will have easy access to tailored services to help them stop using tobacco products whatever their cultural needs.
- Successful youth interventions will be reflective in our age 25+ smoking prevalence rates.
- Our prevalence data will be robust and a true reflection of consumption.

b. Local Targets
The following targets have been set in accordance with the national targets in Healthy Lifestyles, Healthy People: A Tobacco Control Plan for England.

<table>
<thead>
<tr>
<th>Target</th>
<th>Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce smoking prevalence in adults to from 15.3% to 12% by 2016</td>
<td>Integrated Household Survey</td>
</tr>
<tr>
<td>Reduce smoking prevalence in routine and manual workers to from 23.5% (2011/12) to 20% or lower in 2016</td>
<td>Integrated Household Survey</td>
</tr>
<tr>
<td>Reduce smoking prevalence in pregnant women (smoking at time of delivery) from 3.8% (2012/13) to 2.5% or lower by 2016</td>
<td>Health and Social Care Information Centre Return</td>
</tr>
<tr>
<td>Improves smoking cessation among mental health service users</td>
<td>Hounslow and Richmond Community Healthcare monthly performance reports</td>
</tr>
<tr>
<td>Support 1404 people to stop smoking for 4 weeks or more</td>
<td>Hounslow and Richmond Community Healthcare monthly performance report</td>
</tr>
</tbody>
</table>
### 7. Action Plan

c. Actions to stop the inflow of young people recruited as smokers

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Actions</th>
<th>Key Performance Indicator</th>
<th>Suggested Ownership</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Prevention</td>
<td>Promote ‘Smokefree Homes and Cars’ campaign at 4 primary schools</td>
<td>Number of families signing up from schools setting</td>
<td>Stop Smoking Service/Healthy Schools</td>
<td>September 2013</td>
</tr>
<tr>
<td></td>
<td>Educating pupils and staff on the harms of tobacco.</td>
<td>Number of schools, pupils and staff receiving education.</td>
<td>Stop smoking service</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Awareness levels following training.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Data</td>
<td>Survey smoking behaviour in schools</td>
<td>Number of schools surveyed and completeness of data. To be piloted and evaluated at a small number of schools initially.</td>
<td>Stop Smoking Service/Public Health</td>
<td>March 2014</td>
</tr>
<tr>
<td></td>
<td>Work to NICE guidance</td>
<td>Literature review and recommended model based on evidence</td>
<td>Public Health – Estelle McLaughlin</td>
<td></td>
</tr>
<tr>
<td>3 Helping young smokers to quit</td>
<td>Target sixth form/colleges-run rolling, weekly stop smoking groups.</td>
<td>Number quitting</td>
<td>Stop Smoking Service-Andrew Stock</td>
<td>June 2014</td>
</tr>
<tr>
<td></td>
<td>Train internal staff to provide stop smoking support</td>
<td>Number of staff receiving</td>
<td>Schools- Lee Souter (advice) and individual schools leads</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Objectives</strong></td>
<td><strong>Actions</strong></td>
<td><strong>Key Performance Indicator</strong></td>
<td><strong>Suggested ownership</strong></td>
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</tr>
</tbody>
</table>
| 4 | **Smokefree Policies** | Encourage schools to go completely smokefree. | Number of schools going completely smokefree | Schools- Lee Souter  
Stop Smoking Service- Andrew Stock  
Public Health – Estelle McLaughlin | April 2014 |
| 5 | **Hard-to-reach young people** | An action plan to be developed with YOS, Pupil Referral Units, Youth Hostels, Youth Clubs, Targeted Youth Support Teams | Numbers of vulnerable children receiving education and quitting | Stop Smoking Service – Andrew Stock | June 2014 |

**d. Helping tobacco users to quit**

<table>
<thead>
<tr>
<th></th>
<th><strong>Objectives</strong></th>
<th><strong>Actions</strong></th>
<th><strong>Key Performance Indicator</strong></th>
<th><strong>Suggested ownership</strong></th>
<th><strong>Deadline</strong></th>
</tr>
</thead>
</table>
| 6 | **Target priority/ hard-to-reach groups** | Help users with higher smoking prevalence to quit:  
• Reduce general smoking prevalence to 12% or lower by 2016  
• Reduce routine and manual smoking prevalence from 23.5% in 2011/12 to 20% in 2016  
• Reduce smoking prevalence of mental health service | Number quitting from each group. | Stop smoking Service – Andrew Stock | December 2016 |
users. (Estimated at 70% for some with paranoid psychoses including schizophrenia and 40% in those mood disorders).
- Reduce number of women smoking at the time of delivery from 3.8% in 2012/13 to 2.5% or lower by 2016.
- Target BME groups with known high smoking prevalence

<table>
<thead>
<tr>
<th></th>
<th>Health Equity Audit</th>
<th>Public health to review access to services with a focus on vulnerable groups.</th>
<th>Complete review with recommendations by 31st December 2013.</th>
<th>Public Health- Estelle McLaughlin</th>
<th>December 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Increase access routes and routes of referrals</td>
<td>Improve referrals from dentists, children’s centres, community and voluntary sector etc.</td>
<td>Number of new referrals received from external organisations.</td>
<td>Stop smoking service-Andrew Stock Public Health- Estelle McLaughlin Communications – LB Hounslow and HRCH</td>
<td>June 2014</td>
</tr>
<tr>
<td>8</td>
<td>Harm Reduction</td>
<td>Encourage users to cut down or use alternative products if they are unwilling or unable to quit with a view to supporting a quit attempt.</td>
<td>Number of people agreeing to alternative support.</td>
<td>Stop Smoking Service-Andrew Stock</td>
<td>June 2015</td>
</tr>
<tr>
<td>9</td>
<td>Niche</td>
<td>Map prevalence of niche tobacco use in the borough by working with voluntary sector dentists and primary/secondary</td>
<td>Understand niche tobacco usage in the borough Send out Business Questionnaire to traders re Niche tobacco</td>
<td>Trading standards-Michael Watson Public Health – Estelle</td>
<td>June 2014</td>
</tr>
</tbody>
</table>
|   | Illegal | care providers to understand data recording or set up new systems of recording prevalence.  
|   | Run campaign highlighting harms of niche tobacco use.  
|   | Work closely with HMSO  
|   | Seize illegal niche tobacco products.  
|   | Carry out test purchases.  | Stall in High street for public education  
|   | Number of people reached and increased understanding of harms of niche tobacco  
|   | Number of products seized.  
|   | Number of test purchases carried out  | McLaughlin  
| 11 | Reduce availability and visibility of illegal tobacco in the borough. (currently at 10% according to London Health Improvement Board 2012 survey)  
|   | Carry out test purchases  
|   | Seize illegal and counterfeit goods.  
|   | Incorrect Tobacco labelling  
|   | Encourage culture of reporting illegal tobacco sales.  
|   | Articles in local Media | Reduced availability and visibility (dependent on another London survey being carried out).  
|   | Number of test purchases carried out.  
|   | Number of illegal and counterfeit goods seized.  
|   | Number of people reporting illegal trading.  | Trading standards- Michael Watson  
|   | Trading Standards- Michael Watson  
|   | Trading standards- Michael Watson  
|   | Trading Standards- Michael Watson  
|   | Public Health- Estelle McLaughlin  
|   | Stop Smoking service | TBC – in line with London Tobacco meetings  |
e. Reducing the harm of second-hand smoke

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Actions</th>
<th>Key Performance Indicator</th>
<th>Lead Partner</th>
<th>Deadline</th>
</tr>
</thead>
</table>
| 12 Smokefree workplaces - Encourage employers to implement smokefree policies. | Roll out Department of Health Smokefree Charter  
Circulate a smokefree policy template to be used by employers  
Education and enforcement at licensed premises | Number of employers signing up and complying with criteria.  
Number of employers implementing smokefree policies. | Public Health – Estelle McLaughlin  
Public Health - Estelle McLaughlin | December 2014 |
| 13 Smokefree Homes and Cars | Stop smoking Service to distribute leaflets and get sign ups  
London Fire Brigade to receive leaflets and distribute  
London Fire Brigade to receive level 1 training | Number of people reached and number of sign-ups.  
Number of leaflets distributed.  
Number of officers receiving training | Stop Smoking Service – Andrew Stock  
London Fire Brigade- Rhodri Horton  
Stop Smoking Service-Andrew Stock  
London Fire Brigade- Rhodri Horton | December 2013 |
| 14 Smokefree Public Places | Enforcement of fines for litter drops. Set up local policy and enforcement arrangements. | Number of fines issued | Police – Simon Lawrence Public Health | June 2014 |
Enforcement planning permission for building of smoking shelters.

15 Smokefree Mental Health Units
Work with mental health inpatient units to explore going smokefree. Try and implement Lewisham’s model.
West London Mental Health Trust- Helen Mangan
Public health- Estelle McLaughlin
December 2014

16 Niche
Educating people on the harms of second-hand smoke and niche tobacco products
Public Health- Estelle McLaughlin
Stop Smoking Service- Andrew Stock
Communications- Sorriya Ali
March 2015

f. Effective enforcement and legislation

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Actions</th>
<th>Key Performance Indicator</th>
<th>Lead Partner</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 Reducing supply and availability</td>
<td>Carry out routine inspections, visits are now conducted on a reactive basis only. Promotion of no ID- no sale – Challenge 25 campaigns/Do you pass scheme</td>
<td>Number of reactive visits carried out 25 Encouraging local businesses to ask for ID for those that look under 21 and 25/Do you Pass Scheme</td>
<td>Trading Standards – Michael Watson Trading Standards- Michael Watson Public Health- Estelle McLaughlin</td>
<td>April 2016</td>
</tr>
<tr>
<td>17</td>
<td>Regulating tobacco trading</td>
<td>Educate retailers and representative organisations, through joint or corporate training events, to enable them to trade within the law</td>
<td>Number of events 22</td>
<td>Trading Standards- Michael Watson</td>
</tr>
<tr>
<td>18</td>
<td>Reducing tobacco promotion</td>
<td>Enforcing point of sale advertising legislation. Ensuring Small businesses are aware of advertising restrictions being implemented in April 2015 and are prepared. Lobby for the introduction of plain packaging</td>
<td>Number of checks carried out 50 Number of small businesses compliant with restrictions 40 Number of responses to government/petitions sent.</td>
<td>Trading Standards- Michael Watson Trading Standards- Michael Watson Public Health- Estelle McLaughlin</td>
</tr>
<tr>
<td>19</td>
<td>Regulating tobacco</td>
<td>Test purchasing</td>
<td>Number of Test Purchases 100</td>
<td>Trading Standards – Michael Watson</td>
</tr>
</tbody>
</table>
### Spine Charts

#### Tobacco Profile Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Local value</th>
<th>Eng. value</th>
<th>Eng. worst</th>
<th>England Range</th>
<th>Eng. best</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Smoking attributable mortality, 2008-10</td>
<td>194.6</td>
<td>210.6</td>
<td>371.8</td>
<td></td>
<td>135.3</td>
</tr>
<tr>
<td>2 Smoking attributable deaths from heart disease, 2008-10</td>
<td>28.3</td>
<td>30.3</td>
<td>58.4</td>
<td></td>
<td>16.1</td>
</tr>
<tr>
<td>3 Smoking attributable deaths from stroke, 2008-10</td>
<td>8.4</td>
<td>9.6</td>
<td>19.2</td>
<td></td>
<td>5.9</td>
</tr>
<tr>
<td>4 Deaths from lung cancer, 2008-10</td>
<td>89.0</td>
<td>177.7</td>
<td>60.1</td>
<td></td>
<td>22.2</td>
</tr>
<tr>
<td>5 Deaths from chronic obstructive pulmonary disease</td>
<td>25.0</td>
<td>25.5</td>
<td>51.1</td>
<td></td>
<td>11.9</td>
</tr>
<tr>
<td>6 Lung cancer registrations, 2008-10</td>
<td>42.1</td>
<td>45.6</td>
<td>88.4</td>
<td></td>
<td>26.7</td>
</tr>
<tr>
<td>7 Smoking attributable hospital admissions, 2010/11</td>
<td>1,334</td>
<td>1,420</td>
<td>2,012</td>
<td></td>
<td>796</td>
</tr>
<tr>
<td>8 Cost per capita of smoking attributable hospital admissions, 2010/11</td>
<td>38.3</td>
<td>37.0</td>
<td>52.9</td>
<td></td>
<td>16.4</td>
</tr>
<tr>
<td>9 Smoking prevalence - routine &amp; manual, 2011-12</td>
<td>23.5</td>
<td>30.3</td>
<td>41.0</td>
<td></td>
<td>16.0</td>
</tr>
<tr>
<td>10 Smoking Prevalence (H5), 2011-12</td>
<td>15.3</td>
<td>20.0</td>
<td>29.3</td>
<td></td>
<td>13.2</td>
</tr>
<tr>
<td>11 Smoking status at time of delivery, 2011/12</td>
<td>4.9</td>
<td>13.2</td>
<td>29.7</td>
<td></td>
<td>2.9</td>
</tr>
</tbody>
</table>

---

#### How to interpret the spine charts

Where perceived points:

- **England worst**: 25th percentile
- **England average**: 50th percentile
- **England best**: 75th percentile

- **Significantly worse**: significantly worse than England average
- **Significantly better**: better than England average
- **Not significant**: not significantly different from England average
- **Regional average**: significant not tested
The spine chart below shows how COPD data for this local authority compares with London and the rest of England. Your local authority’s results for each indicator are displayed as a circle. Blank cells indicate that data are not currently collected at a national level and that it may be important to measure these parameters locally. The average rate for England is shown by the red line in the centre of the chart. The range of results for all local authorities in England is shown as a grey bar. A red circle means that data for this local authority is significantly worse than the England average. A green circle shows data that this local authority is significantly better than the England average, however, this may still indicate an important health problem.

### COPD Pathway Summary

#### England Key:
- **Red circle**: Significantly worse than England average
- **Black circle**: Not significantly different from England average
- **Green circle**: Significantly better than England average
- **Grey**: No significance can be calculated

#### Key:
- **Local**: Localised data
- **Percentile**: National data

#### Table:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Local Number</th>
<th>Local Value</th>
<th>Local Avg</th>
<th>Local Eng Avg</th>
<th>Local Eng Worst</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults who smoke</td>
<td>n/a</td>
<td>16.6</td>
<td>20.8</td>
<td>22.2</td>
<td>35.2</td>
</tr>
<tr>
<td>Population aged 35yrs and over</td>
<td>113,218</td>
<td>48.3</td>
<td>40.9</td>
<td>46.2</td>
<td>48.3</td>
</tr>
<tr>
<td>Population aged 75yrs and over</td>
<td>11,156</td>
<td>4.8</td>
<td>6.6</td>
<td>7.8</td>
<td>16.0</td>
</tr>
</tbody>
</table>

#### England Range:
- **Eng Best**: Best local authority
- **Eng Worst**: Worst local authority

#### Specific Indicators:
- **COPD diagnosis confirmed by post bronchodilator spirometry**: 390 (89.2 - 89.4, 90.3 - 90.3, 28.8 - 28.8, 98.8 - 98.8)
- **COPD prescription therapy (NRT)**: 3,645 (1,563, 2,184, 2,997, 1,405)
- **Prescribed warfarin**: 2,570 (1,116, 984, 1,704, 275)
- **COPD patients with smoking status recorded**: 43,569 (54.8, 56.3, 56.2, 53.3)
- **COPD patients attended COPD clinics**: 2,234 (5.9, 6.7, 6.8, 9.6)
- **Emergency admissions within 28 days, overall**: 103 (4.4, 4.1, 3.9, 5.2)
- **COPD patients admitted to hospital**: 1,816 (90.6, 88.9, 88.9, 60.7)
- **Deaths from COPD, all ages**: 184 (25.0, 25.4, 26.2, 48.7)
- **Deaths from COPD, <75yrs**: 72 (13.3, 11.4, 11.8, 27.5)

#### Mortality & End of Life:
- **Years of life lost due to mortality from COPD**: 72 (13.3, 9.8, 10.5, 26.0)

#### Secondary Care:
- **COPD patients with smoking status recorded**: 43,569 (54.8, 56.3, 56.2, 53.3)
- **COPD patients attended COPD clinics**: 2,234 (5.9, 6.7, 6.8, 9.6)
- **Emergency admissions within 28 days, overall**: 103 (4.4, 4.1, 3.9, 5.2)
- **COPD patients admitted to hospital**: 1,816 (90.6, 88.9, 88.9, 60.7)

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- **COPD patients admitted to hospital**: 1,816 (90.6, 88.9, 88.9, 60.7)

#### London Health Programmes

---

**Smoking Cessation**

- **Stop smoking via cessation programmes**: 9,897,197 (4.8, 4.1, 5.4, 13.8)
- **COPD patients with smoking status recorded**: 43,569 (54.8, 56.3, 56.2, 53.3)
- **COPD patients attended COPD clinics**: 2,234 (5.9, 6.7, 6.8, 9.6)
- **Emergency admissions within 28 days, overall**: 103 (4.4, 4.1, 3.9, 5.2)
- **COPD patients admitted to hospital**: 1,816 (90.6, 88.9, 88.9, 60.7)

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**London Borough of Hounslow**

[Image of London Borough of Hounslow]
Annex 3
Finding of LHIB Report

General Behaviour

- More than half (57%) of those surveyed had ever used tobacco. Current smoking prevalence was 23%, with a further 14% having quit within the last two years. Smoking prevalence was higher among the lower socio-economic groups and those struggling financially.

- The average level of consumption is equivalent to 13 cigarettes a day, though this showed some demographic variation, with heavy smokers (those smoking 20 a day) being more prevalent among; men, those aged 35 and over, and those in lower socio-economic groups.

Cheap Tobacco Market

- Just over a third (34%) of all smokers buys some form of cheap tobacco. This shows little variance between demographic groups, though purchase of cheap tobacco is more prevalent among heavier smokers for whom of course financial savings will be potentially larger.

- The duty free market is not exclusive to those who bring back their own from abroad, with 45% of duty free volume being brought in by others.

- Those struggling financially are more likely to use illicit tobacco.

- Cheap tobacco represents a share of 10% of the whole tobacco market, 6% of which is duty free and 4% is illicit.

Illicit Tobacco

- Almost two thirds (61%) are aware of illicit tobacco. As would be expected, awareness is higher among current smokers (71%) than non-smokers (55%).

- While one in ten (11%) of non-smokers have come across illicit tobacco, 34% of smokers have been offered illicit tobacco to buy. Not all smokers offered it have even tried it (26% have not done so) and less than half of those who have tried it become buyers. The main reasons for not buying are around the quality of the product; what’s in them, smoking experience, and side effects from smoking illicit. Trust in the seller is also a significant determinant of behaviour.

- Around a tenth (10%) of illicit tobacco volume is purchased from close friends and family. Acquaintances account for the supply of around a fifth of sales volume while over a third (37%) is acquired from strangers.

- The average price paid for a single pack of 20 illicit cigarettes was £4.13, while the average price of a sleeve (200 cigarettes) was £28.40.

- Sellers actively approaching smokers with illicit for sale are most prevalent in pubs and clubs.

- While the population show a clear majority in broad agreement attitudinally against illicit tobacco, this view diminishes among smokers and evaporates or even reverses among buyers themselves.
Tobacco Control Alliance Visioning Day

2nd February 2011
13:00-17:00
Heart of Hounslow Centre for Health

Objectives

- To create a shared vision for tobacco control in Hounslow
- To enable individuals to identify their role in creating and delivering Hounslow’s Tobacco Control Strategy
- To share best practice and increase understanding of what stakeholders are currently delivering
- To agree key actions to kick start the tobacco control agenda

Agreed Actions

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action</th>
<th>Owner</th>
<th>Deadline</th>
<th>To be reviewed by</th>
</tr>
</thead>
</table>

Annex 5
<table>
<thead>
<tr>
<th>Task Description</th>
<th>Action Requirement</th>
<th>Responsible Person</th>
<th>Date</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify clients tobacco source to understand prevalence of illicit tobacco use</td>
<td>SSS to ask and record</td>
<td>Andrew Stock</td>
<td>31/03/11</td>
<td>Stop Smoking Steering Group</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Commissioners</td>
</tr>
<tr>
<td>Contact Connexions to train their team and build links</td>
<td>Contact lead</td>
<td>Andrew Stock</td>
<td>04/02/11</td>
<td>Stop Smoking Steering Group</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Commissioners</td>
</tr>
<tr>
<td>Hounslow Tobacco strategy</td>
<td>Input to development</td>
<td>Andrew Stock</td>
<td></td>
<td>Stop Smoking Steering Group</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Public Health Network Commissioner</td>
</tr>
<tr>
<td>Identify SSS take-up in population</td>
<td>Analyse with Vikas Dubey- GIS Analyst</td>
<td>Andrew Stock</td>
<td>21/2/11</td>
<td>Stop Smoking Steering Group</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare factsheet on tobacco smoking</td>
<td>Collect data and prepare report</td>
<td>Vikas Dubey</td>
<td>31/03/11</td>
<td>Stop Smoking Steering Group</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GIS Analyst</td>
<td></td>
<td>Public Health Network Commissioner</td>
</tr>
<tr>
<td>Map smoking prevalence (among communities too)</td>
<td>Create map</td>
<td>Vikas Dubey</td>
<td>31/03/11</td>
<td>Public Health Network</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GIS Analyst</td>
<td></td>
<td>Stop Smoking Steering Group</td>
</tr>
<tr>
<td>Task Description</td>
<td>Responsible Party</td>
<td>Date</td>
<td>Responsible Body</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------</td>
<td>----------------------------</td>
<td>------------</td>
<td>-------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Profile smokers in Hounslow</td>
<td>Vikas Dubey GIS Analyst</td>
<td>31/01/11</td>
<td>Public Health Network Stop Smoking Steering Group</td>
<td></td>
</tr>
<tr>
<td>Strategic report to advise where to deliver services</td>
<td>Vikas Dubey GIS Analyst</td>
<td>31/03/11</td>
<td>Health and Wellbeing Board</td>
<td></td>
</tr>
<tr>
<td>Organise Tobacco Control Launch</td>
<td>Estelle McLaughlin</td>
<td>01/04/11</td>
<td>Health and Wellbeing Board</td>
<td></td>
</tr>
<tr>
<td>Organise Tobacco Control Launch</td>
<td>Estelle McLaughlin</td>
<td>01/04/11</td>
<td>Public Health Network</td>
<td></td>
</tr>
<tr>
<td>Plan strategy using best practice from other trusts</td>
<td>Estelle McLaughlin</td>
<td>01/03/11</td>
<td>Health and Wellbeing Board</td>
<td></td>
</tr>
<tr>
<td>Meet lead members for health and smoking</td>
<td>Shaaz Mahboob/Estelle McLaughlin</td>
<td>28/02/11</td>
<td>Commissioners</td>
<td></td>
</tr>
<tr>
<td>Include contracts</td>
<td>Estelle McLaughlin</td>
<td>01/03/11</td>
<td>Stop Smoking Steering Group</td>
<td></td>
</tr>
<tr>
<td>Reduce incidence underage sales</td>
<td>Trading Standards</td>
<td>01/01/12</td>
<td>Health and Wellbeing Board</td>
<td></td>
</tr>
</tbody>
</table>
| Reduction niche tobacco products | Education/Visits/Enforcement | Trading Standards | 01/03/12 | Health and Wellbeing Board  
Public Health Network |
|---------------------------------|-----------------------------|-------------------|---------|-----------------------------|
| Reduce incidence smoking in enclosed places | Enforce smokefree legislation/Education/Visits | Trading Standards | 01/03/12 | Health and Wellbeing Board  
Public Health Network |
| Increase tobacco awareness and increase referrals to stop smoking service | Incorporate tobacco awareness in Health and Wellbeing tender | Phil Austen-Reed | 01/05/11 | Public Health Network  
Stop Smoking Steering Group |
Appendix 1

Presentation 1

Andrew Hayes, Tobacco Control Policy Manager London
Regional Public Health Group

Tobacco

- Kills half of all regular users when used exactly as intended by the manufacturers.
- Causes completely avoidable mortality and morbidity
- Harms and risks the lives of those exposed to second hand smoke
- Forms a major fire hazard
- Creates health inequality

Seven Core Values of Tobacco Control

1. **Life Enhancing**
   *NHS and Local Authorities in their leadership roles have a duty to enhance and protect life. Nothing can do this more certainly than tobacco control.*

2. **Inclusive**
   *Most smokers wish they didn’t smoke. Smokers deserve help to quit.*

3. **Respectful**
   *Tobacco control is anti-smoking, not anti-smokers.*

4. **Evidence-based**
   *Tobacco is the antithesis of life. Half of all smokers die prematurely as a direct result of tobacco related disease.*

5. **Equitable**
   *Effective tobacco control ensures greater social equity*

6. **Responsive**
   *Tobacco consumption patterns differ from locality. Local policies and services must respond to these various needs.*
7. Creative and Continuous

Tobacco control is both an art and a science, constantly evolving. It has to remain vital, imaginative and innovative, reinventing and reshaping itself to meet the challenges posed by the tobacco industry (whose sole raison d’etre is to make more, sell more and profit more). De-normalisation and de-glamourisation of tobacco are central to this process.

Benefits

Stronger Local Economy

• Less absenteeism from work
• Improved work and hospitality environments
• More disposable income: greater spending power

Safer Neighbourhoods

• No tobacco products on public display
• No underage sale of tobacco products
• No street sales of illicit or counterfeit tobacco

Cleaner and Greener Borough

• Vigorous enforcement of anti-littering law
• Responsibility on proprietors to maintain cleanliness around their premises
• Reduced street cleaning requirement
• Less pollution of street drainage and local waterways

Vibrant Youth Engagement

• Harness the outrage’
• Product placement, internet promotion
• Deforestation, global warming
• (Child) labour exploitation

Presentation 2

Dr Mike Robinson, Hounslow Director Public Health
The Local Picture

Hounslow is a very diverse borough. The map below shows the variable rates of deprivation within the borough, the dark purple show the pockets that fall within the ‘10% most deprived’ areas in the UK as measured on the Indices of Multiple Deprivation. These areas are also those with the highest smoking prevalence.
When creating a 10 year Tobacco Control Strategy it is essential to consider the demographics of our population and how these will change over time. As we know smoking prevalence varies among age and ethnic groups with the most prolific smokers being in the 20-24 age group at around 31.7% (according to LHO national statistics), this drops to 26.9% in the 25-34 age group but this figure remains above the general population prevalence of 20.8%. The chart above shows that we have a young population, this group are likely to represent a significant proportion of our smokers and so interventions should be targeted to meet their needs.

Another important point to consider when developing our strategy is the high number of children aged 0-4 in our population and the effect of second hand smoke on this group.

Additionally, we have a higher proportion of people from Pakistani origin; a group we know have high smoking prevalence. We therefore must ensure our interventions are culturally appropriate.

We do not yet fully know the scale of consumption of niche tobacco products but given the ethnic mix of our borough this is likely to be a factor we must address.

Next Steps....
• Agree on objectives for the TCA
• Stakeholder commitment
• Development of an action plan
• Tie in borough wide initiatives
• Business case to be considered by Health and Wellbeing Board and LSP- Public Health Network to develop
• Future meetings

Presentation 3

Alan Richards- Trading Standards Officer
London Borough Tower Hamlets

Trading standards is central to tobacco control.

Overview
Smokefree legislation implemented in 2007, Tower Hamlets had a higher than average smoking prevalence and high proportion of Bangladeshi men who have a high smoking prevalence approximately 37%.

The unusual business mix of Tower Hamlets presented significant problems, the high number of small, independent grocers formed from the communities they serve.

Projects

• Promotion of comprehensive best practice smoking policies – The Smoke Free Business Award
• SME Bengali Owned Business project
• Smoke Free Registered Social Landlords – communal areas
• The Shisha Initiative – enforcement & awareness campaigns
• Smoke Free Open Spaces – parks, playground & leisure centres
• Smoke Free Transport Undertakings – minicabs, bus companies, etc
• Joint activity with other services – LETS, JETS
• Stop Smoking promotional Stalls
• Smoke Free Events

Other successes
Test purchase visits initially had a 2 ½ fail rate above the national average at 37% this has now been reduced to 17%, although still above national average of 15%. Awareness among local retailers that spot checks are being carried out helps reduce amount of illicit tobacco in circulation,

Tower Hamlets have developed a directory of niche products for staff to ensure they are aware of products and can tell what they are when seen.

Appendix 2

Exercises

Exercise 1

Imagine it is 10 years from today and you have successfully delivered on every aspect of tobacco control for the Borough. As a team, describe what it looks like as if you could see it around you. Try and speak in present tense throughout this exercise as it helps to imagine you are in the future.

Answer

In 10 years time

- There will have been a complete culture shift in tobacco usage, it is no longer the ‘norm’ in any community and it is socially unacceptable to smoke.
• Cultural leaders will have been engaged and seen success within their communities
• Users will be aware of all risks and feel empowered to stop.
• Quitters will act as community champions.
• Our population will have easy access to tailored services to help them stop using tobacco products whatever their cultural needs.
• Successful youth interventions will be reflective in our age 25+ smoking prevalence rates
• Our prevalence data will be robust and a true reflection of consumption

Exercise 2

How close are we to our vision, and what do we need to do?

Answer

• We have many of the building blocks necessary to deliver a successful tobacco control campaign.
• Ensure a powerful group is established with elected members support that will foster press interest and coverage
• Collect good quality data
• Effective youth engagement, look into using media campaign implemented by Hammersmith, engage youth parliament
• Devise a method of monitoring newly recruited young smokers. Circulate questionnaires in schools
• Work closely with Children’s Centres
• Implement a vast training programme for staff, voluntary groups and members of the community
• Draw up and implement smokefree policies for all Local Authority and NHS premises
• Plan an education campaign on illicit and niche products
• Combat illicit tobacco sales
• Baseline how many children are exposed to second hand smoke
• Add smokefree outcomes in Hounslow Home contracts
• Train all Fire Brigade inspecting personnel carrying out risk assessments to Level 1
• Think laterally. Islington councillor lead on pan spitting campaign to improve environment
• Engage Brentford football club to carry out estate based initiatives
• Engage 3 lead members with health in their remit
• Link with HMRC
• Promote awareness health and safety issues of shisha cafes (fire hazard)
• Set group up as decision making body to guide how public health resources should be spent on tobacco control
• Draft business case for tobacco control coordinator
Appendix 3

## Attendees

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organisation</th>
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<tbody>
<tr>
<td>Dr Mike Robinson</td>
<td>Director Public Health</td>
<td>LB Hounslow/NHS Hounslow</td>
</tr>
<tr>
<td>Shaaz Mahboob</td>
<td>Associate Director Business Management and Programmes</td>
<td>NHS Hounslow/LB Hounslow</td>
</tr>
<tr>
<td>Andrew Hayes</td>
<td>Tobacco Control Policy Manager for London</td>
<td>Regional Public Health Group</td>
</tr>
<tr>
<td>Nigel Farmer</td>
<td>Head of Trading Standards</td>
<td>LB Hounslow</td>
</tr>
<tr>
<td>Philip Austin-Reed</td>
<td>Public Health Manager</td>
<td>London Borough Hounslow/NHS Hounslow</td>
</tr>
<tr>
<td>Michael Watson</td>
<td>Trading Standards Officer</td>
<td>LB Hounslow</td>
</tr>
<tr>
<td>Andrew Stock</td>
<td>Stop Smoking Service Manager</td>
<td>Richmond and Hounslow Community Healthcare Alliance</td>
</tr>
<tr>
<td>Vikas Dubey</td>
<td>GIS Analyst</td>
<td>NHS Hounslow</td>
</tr>
<tr>
<td>Khalida Aziz</td>
<td>Public Health Manager</td>
<td>NHS Hounslow/LB</td>
</tr>
<tr>
<td>Name</td>
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<tr>
<td>Shelly Khan</td>
<td>Public Health Manager</td>
<td>NHS Hounslow/LB Hounslow</td>
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<tr>
<td>Sharon Smithers</td>
<td>Work Experience</td>
<td>NHS Hounslow/LB Hounslow</td>
</tr>
<tr>
<td>Estelle McLaughlin</td>
<td>Public Health Manager</td>
<td>NHS Hounslow/LB Hounslow</td>
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