

Hampshire and Isle of Wight Draft Tobacco Control Action Plan for 2011-12

The Alliance Co-ordinator will take a lead role in implementing the action plan for 2011-12 and ensuring it is monitored through a core steering group (currently the SHIP Tobacco Control commissioning group). The action plan has been developed through consultation with key alliance partners.

Young People and Communities

Lead: SFHIOW Co-ordinator

Project	Priority	Funding Source	Partners	Proposed Activity Key Milestones	Expected Outcomes (by end March 2012)
<p>1. Develop partnerships between schools, colleges, local authorities and the NHS to provide more school-based interventions around smoking prevention, in line with NICE guidance. (Schools and Colleges up to age 24)</p>	High	PCTs during 11-12 (Tobacco Control Commissioning) and DHSE Tobacco Control funding 2010-11 (peer education programme)	Public Health Tobacco Control leads, Smoking & Young People's leads, County Schools Inspectors, Healthy Schools, Childrens' Services, Drug & Alcohol Strategy co-ordinators, schools	<p>(a) Disseminate and evaluate use of Tobacco Education Toolkit to all Secondary Schools and Education Centres in Hampshire, Southampton, Portsmouth and IOW. All schools and Education Centres to receive toolkit by end of Spring Term 2011. Follow-up evaluation of use conducted by end Summer Term 2011.</p> <p>(b) Continue to pilot Peer Education programme in Southampton and disseminate to Hampshire, Portsmouth and IOW from September 2011. Pilot report completed by end Summer Term 2011. In other areas: approaches made to schools by end Summer Term 2011; training and support programme planned during Summer Term 2011; programme commences during Autumn Term 2011; ongoing support through academic year 2011-12.</p>	<p>(a) To have established a co-ordinated and sustained approach to Tobacco Education in schools and Education Centres across the Hampshire & IOW area.</p> <p>(b) To have built relationships with targeted schools, gaining commitment and support to undertake evidence-based work around tobacco. Longer term: reduced uptake of smoking in schools taking part in the peer education programme – to be monitored through repeated surveys (and compared with baseline data).</p>

Project	Priority	Funding Source	Partners	Proposed Activity Key Milestones	Expected Outcomes (by end March 2012)
<p>2. Equip all practitioners working with children, young people and their families to deliver basic tobacco education, information and guidance and to act as role models, by providing mandatory training as part of their professional development.</p>	High	PCTs / Stop Smoking Services / Local Authority Learning and Development	LA/UA Learning & Development Departments & Drug & Alcohol Co-ordinators, LSSSSs	<p>(a) Continue with existing training programmes for people who work with young people (Stop Smoking Service brief intervention training and Level 2 training, e-learning programme). Examples of good practice to be shared across the Hampshire & IOW area. Each area to offer training throughout 2011-12. Evaluate reach and impact of training by end March 2012.</p> <p>(b) Develop new programme for non-statutory youth settings around young people and smoking.</p> <p>(c) Adopt a “family intervention” approach: ensure that Stop Smoking Service community outreach is linked to the training for people who work with young people.</p>	<p>(a) and (b) Training programme offered across Hampshire and IOW area to people working with young people, from brief interventions to Level 2 stop Smoking Adviser training.</p> <p>(c) A co-ordinated “joined up” approach to community-wide stop smoking activity.</p>
<p>3. Provide training for school staff to undertake interventions within the school setting in line with NICE guidance.</p>	High	PCTs / Stop Smoking Services / Local Authority Learning and Development	LA/UA Learning & Development Departments & Drug & Alcohol Strategy Co-ordinators, LSSSSs.	<p>(a) Offer training in the use of the Tobacco Education Toolkit to all Secondary Schools and Education Centres in Hampshire, Southampton, Portsmouth and IOW. Use this training to promote Stop Smoking Service training (see (b) below). Follow-up evaluation of use of toolkit conducted by end Summer Term 2011.</p> <p>(b) Continue with existing training programmes for school staff (Stop Smoking Service brief intervention training and Level 2 training, e-learning programme). Examples of good practice to be shared across the Hampshire & IOW area (e.g. the whole school approach from Southampton, Portsmouth schools work). Each area to offer training throughout 2011-12. Evaluate reach and impact of training by end March 2012 (see “Equip all practitioners” above).</p>	<p>(a) To have established a co-ordinated and sustained approach to stop smoking support for young people in schools and Education Centres across the Hampshire & IOW area.</p> <p>(b) Training programme offered across Hampshire and IOW area to people working with young people, from brief interventions to Level 2 stop Smoking Adviser training.</p>

Young People and Communities

Lead: SFHIOW Co-ordinator

Project	Priority	Funding Source	Partners	Proposed Activity Key Milestones	Expected Outcomes (by end March 2012)
4. Youth Advocacy programme	Medium	DHSE Tobacco Control funding 2010-11	Young people, Young people leads, Youth Councils, Youth Team Managers	<p>(a) Develop youth advocacy projects linked to the Peer Education programme (see Project 1 above). Any funding dependant upon evaluation being built-in. Projects evaluated by end March 2012.</p> <p>(b) Develop a new youth advocacy programme targeting 16-24 year olds through Job Centres, colleges, training centres, sports clubs, etc. to challenge social norms around smoking. Plans for new programme by end July 2011 to commence in Sept 2011. Evaluation completed by end March 2012.</p>	<p>(a) A range of youth advocacy works linked to the peer education work in targeted schools.</p> <p>(b) To change perceptions in targeted groups in relation to the social norms around smoking. Measured through qualitative surveys.</p>
5. Smoke Free Homes project	Medium	No additional funding	LA/UA Health and Wellbeing Partnerships, Fire & Rescue Services, LSSSSs, LA/UA Health Improvement leads	<p>(a) Review evidence-base from national research (NCSCT) to develop proposals for Smoke Free Homes projects in Hampshire and IOW area.</p> <p>(b) Explore existing resources available in Hampshire and IOW area (e.g. smokefree homes and pets leaflets) and make available for use across area (dependant upon printing costs).</p> <p>(c) Work with community partners to ensure that family and community work includes the promotion of smokefree homes (see Project 2 (c) above).</p> <p>(d) Develop proposals for a Smoke Free Schools Award (linked to the work with schools under "Partnerships" above), through the Regional Young People and Smoking network.</p>	<p>(a) Smoke Free Homes projects developed across Hampshire & IOW area depending upon recommendations from research and funding requirements.</p> <p>(b) A range of home-produced leaflets as a resource available for alliance members to use as required.</p> <p>(c) Smokefree homes are promoted through all community engagement by all partners (Stop Smoking Services, local authority departments, voluntary services, Children's Centres, etc.)</p> <p>(d) Engagement from schools to undertake evidence-based work around tobacco.</p>

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6. Facilitate wider use of School Survey on Smoking	Medium	No funding	NHS Hampshire IT Support, NHS Hampshire Public Health, PCT Healthy Schools leads, LA/UA Health Improvement leads, Healthy Schools/PSHE leads within schools	<ul style="list-style-type: none"> (a) Develop a "Survey Monkey" version of the online school survey on smoking, drinking and drug use, using NHS Hampshire access, by end July 2011. (b) Disseminate the survey to the alliance young people's sub-group (Hampshire & IOW and regionally) by end July 2011. (c) Encourage schools in areas not previously targeted to undertake the survey from September 2011. 	<ul style="list-style-type: none"> (a) An easy-to-use survey with open access, providing data analysis and charts to users. (b) The use of the survey across the Hampshire and IOW area (and more widely). (c) A picture of the smoking, drinking and drug use amongst young people to provide a baseline for schools and youth settings prior to developing appropriate interventions.
7. Develop resources for Colleges (16-24 age group)	High/ Medium	No funding - sources to be identified	Young people, Young people leads, Youth Councils, Youth Team Managers, UA/LA Health Improvement leads	<ul style="list-style-type: none"> (a) Research the development, use and effectiveness of resources for this age group, e.g. the Hampshire alcohol "Rethink" cards by end July 2011. (b) Develop a resource, working with young people, by end of December 2011. (c) Disseminate and evaluate use of the resource from January 2012. 	<ul style="list-style-type: none"> (a) , (b) and (c) An effective tool for use with the 16-24 age group around smoking.

Young People and Communities cont.

Lead: Trading Standards Services

Project	Priority	Funding Source	Partners	Proposed Activity Key Milestones	Expected Outcomes (by end March 2012)
8. Under-age Tobacco Sales work	Medium	TSSE Ltd Trading Standards Services	UA/LA Health Improvement, local schools, local community safety partnership	<p>(a) Trading Standards Services to continue with the TSSE Regional Plan for 2011-12 (see separate plan).</p> <p>(b) Develop a communications campaign around the introduction of the ban on tobacco vending machines (October 2011) and displays for April 2012.</p> <p>(c) Work with partners to encourage a systematic approach to providing intelligence around under-age sales to Trading Standards Services (e.g. young people's workers, Stop Smoking Services, school programmes and surveys).</p>	<p>(a) Activity carried out as required by regional plan.</p> <p>(b) Increased compliance with and support for the vending machine and point of sale display bans by retailers and the community.</p> <p>(c) Evidence to carry out test purchasing in a more targeted approach.</p>
9. Illegal Tobacco Sales work	Medium	TSSE Ltd Trading Standards Services HMRC	HMRC, Hampshire Constabulary, UA/LA Health Improvement, local community groups, Local community safety partnership	<p>(a) Develop work in line with the South of England Illegal Tobacco Plan (due to be launched Spring 2011).</p> <p>(b) Develop, conduct and evaluate a targeted community campaign(s) based on the Portsmouth pilot, using materials provided through the South of England Plan.</p> <p>(c) Carry out enforcement work as required by the South of England Plan.</p>	<p>(a) Activity carried out as required by regional plan.</p> <p>(b) Increased awareness of the issue of illegal tobacco within the targeted community.</p> <p>(c) Reduction in availability of illegal tobacco through seizures and prosecutions.</p>

Motivating and Assisting Smokers to Stop

Lead: Commissioners of Tobacco Control & Stop Smoking Services

Project	Priority	Funding Source	Partners	Proposed Activity and Milestones	Measure of Expected Outcomes (by end March 2012)
1. Provide flexible stop smoking opportunities	MED	Within current PH commissioning envelopes	LSSS leads, UA/LA Health Improvement and Community Development leads	a) SHIP plan to describe how military/naval ranks and families will be sustainably engaged on smoking and other linked lifestyle issues	a) Increase in numbers of quitters from the army and navy as shown in Summary DH 4-week quitter returns on 2010/11 baseline
2. Health Professionals systematically refer to Stop Smoking Services	HIGH	Largely within current PH commissioning envelopes (budget enhancements based on NHS QIPPR and CQUIN in some SHIP areas)	LSSSs leads, Training leads within Primary Care (to be identified)	<ul style="list-style-type: none"> a) Systematic SHIP approach to referring elective care smokers is essential to develop the full potential of 'CQUIN whole system' savings and improving patient outcomes b) Cross-check SHIP training programme with NCSCT guidelines/recommendations and tap into any national support training available locally c) Potential of indicative primary care targets (in GPs) to drive activity, alongside annual revision of LES agreements d) Review of SHIP primary care commissioning 10/11 and results achieved (plus address barriers impeding activity) e) Develop plan to enable staff from army and navy to deliver brief advice on smoking and other lifestyle issues in partnership with SHIP LSSS 	<ul style="list-style-type: none"> a) QIPPR "Fitness for Surgery" criteria adopted consistently across SHIP to yield 'in-system' cost savings. Opportunities for re-investment of CQUIN returns b) SHIP training gaps identified and addressed c) Southampton to share impact of their approach following evaluation of 10/11 experience d) Commissioners learn and shift plans from shared experiences e) Increase in numbers of quitters from the army and navy as shown in Summary DH 4-week quitter returns on 2010/11 baseline

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Lead: Commissioners of Tobacco Control & Stop Smoking Services

Project	Priority	Funding Source	Partners	Proposed Activity and milestones	Measure of Expected Outcomes (by end March 2012)
3. Community wide projects	MED	Largely within current PH commissioning envelopes (budget additions may be secured locally from NHS and non-NHS sources)	LSSS leads, Public Health, UA/LA Health Improvement and Community Development leads	<ul style="list-style-type: none"> (a) Commissioners to work with provider LSSS to maintain LA/partner momentum at the end of LAA process 10/11 – this is needed to sustain LA (HWB/PH) focus and priority on smoking/health inequalities (b) Local authorities to support and learn from Portsmouth’s “illegal tobacco campaign 2010”. A demo model where elements could be developed in districts to widen community engagement on smokefree (c) SHIP-wide high-level approach to key SHIP agencies e.g. LA CEHOs Group, F&RS (Hants and IoW), LA HWB Partnership Boards 	<ul style="list-style-type: none"> (a) Prevalence reductions in health inequalities areas/localities (b) LAs to engage around illicit tobacco control activities and campaigns (c) Agreement on joint-working to support shared priorities
4. Reduce smoking in pregnancy	HIGH	Within current commissioning/ contracts and improvement planning	LSSS Smoking in Pregnancy leads	<ul style="list-style-type: none"> (a) Maintain SHIP focus on performance data to drive improvements. Commissioners to engage actively in quarterly maternity contract review meetings/processes to support improvements (b) QIPP assessment as a tool to demonstrate quitting cost-savings in pregnancy (c) SHIP commissioners and Heads of Maternity to meet workshop style annually regarding performance/ improvement planning 	<ul style="list-style-type: none"> (a) Improved engagement with clinicians and Contracting Teams to support improvements (b) SHIP-wide efficiencies from systematic working between maternity services and LSSS providers (c) SHIP smoking in pregnancy maintain a downward 1% year on year reduction trajectory
5. Communications to promote stop smoking			LSSS marketing leads, Comms leads	See LSSS Provider communications remit below.	

Motivating and Assisting Smokers to Stop

Lead: Stop Smoking Service Managers

Project	Priority	Funding Source	Partners	Proposed Activity and milestones	Measure of Expected Outcomes (by end March 2012)
6. Provide Flexible Services	HIGH	Largely within current PH commissioning envelopes (budget additions may be secured locally from NHS and non-NHS sources)	UA/LA Health Improvement and Community Development leads	<ul style="list-style-type: none"> a) Map capacity of NHS LSSS to address high prevalence target groups and recognise the Solent HC system re: smoking pathways for target groups i.e. RM workers, BME groups, MH/disability etc (Solent HC to share their system approach) b) New delivery plan and targets for prisons (look to loW model where gym instructors lead) 2011-12 	<ul style="list-style-type: none"> a) Increase SES profile in terms target groups from 2010/11 baseline b) Increase numbers of prison quitters from 2010/11 baseline (Winchester and Kingston Prisons)
7. Health Professionals Systematically Refer to Stop Smoking Services	HIGH	Largely within current PH commissioning envelopes (budget enhancements based on CQUIN or other NHS sources in some SHIP areas)	Training leads within Primary Care (to be identified)	<ul style="list-style-type: none"> a) Develop joint-SHIP plan to increase the delivery of 'brief advice' training. Collate and circulate SHIP (smoking cessation) Training Calendar to maximise SHIP training resource use and participation. Calendar to engage with PC/Sec Care/Maternity/Military/Naval staff and other target staff groups (where relevant to smoker referrals) b) Share loW e-learning module on smoking brief advice and use as part of mandatory induction alongside H&S. Feature within community health care Learning and Organisational Development (LOD) portal to enable access and promotion to all frontline health care staff 	<ul style="list-style-type: none"> a) Training sessions delivered, level of participation and feedback evaluations from participants b) Improvements in health care smoker referral activity. <i>Measured via: "How did you hear of the service?"</i>

Motivating and Assisting Smokers to Stop

Lead: Stop Smoking Service Managers

Project	Priority	Funding Source	Partners	Proposed Activity and Milestones	Measure of Expected Outcomes (by end March 2012)
8. Community wide Projects	MED	Within current PH commissioning envelopes	Public Health, UA/LA Health Improvement and Community Development leads	<ul style="list-style-type: none"> a) Improving access to LSSS and the targeting of high prevalence groups and communities is a priority for all SHIP LSSS providers (as shown above 6.). Local plans with local alliances, stakeholders and task groups will support increased referrals and improved performance b) Engage with HPT and Social Services to brief and gain wider access to disadvantaged groups SHIP wide 	<ul style="list-style-type: none"> a) Improved performance against previous baselines b) As above
9. Reduce smoking in pregnancy	HIGH	Within current contracts and improvement planning	Midwives, Children's Centres	<ul style="list-style-type: none"> a) LSSSs to build further on 2010/11 progress to implement sustainable referrals between maternity/community midwifery services and LSSSs. b) LSSS managers and Midwifery Managers to agree a calendar regarding training and liaison working/ communications on "smoking during pregnancy". 	<ul style="list-style-type: none"> a) Increasing numbers of referrals from maternity/midwifery services - measured quarterly
10. Communications to promote stop smoking	MED	Within current PH commissioning envelopes (additional NHS and non-NHS support funding may also be available)	PCT and LA/UA Comms leads	<ul style="list-style-type: none"> a) SHIP-wide collaborative campaigns to fill gap in national Smokefree campaign programme (PR, leaflets and posters with single message for target groups and localities) b) Comms to engage military/naval personnel and their families c) Social marketing session as agreed in previous action plan 2010/11 d) SHIP-wide consistent smoking in pregnancy campaign and materials for mothers and partners who smoke 	<ul style="list-style-type: none"> a) Improved performance against previous baseline quarters b) Improved performance against previous baseline quarters c) Deliver session as scoped d) Improved performance against previous baseline quarters (see above 4c)

