

Regional Tobacco Control Action Plan for Northern Ireland 2008-2009



Developed on behalf of the Four Board Steering Group



ACTION PLAN 2008/2009

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Introduction

Smoking is the single most preventable cause of illness, premature death and health inequality throughout the United Kingdom. In Northern Ireland between 2,700 and 3,000 people die each year from smoking related diseases¹.

Improving the health of all our people and reducing health inequalities is a key element of the Programme for Government and is the main aim of the *Investing for Health* strategy². Smoking, more than any other identifiable factor, contributes to the gap in healthy life expectancy between those most in need, and those most advantaged. Tobacco control is one of the most effective and cost-effective steps that can be taken to improve the health of the population and reduce inequalities.

The DHSSPS launched the Tobacco Action Plan in 2003 with the aim of creating a smoke-free society in Northern Ireland. The key objectives of the Plan are to prevent people from starting to smoke, help smokers to quit and protect non-smokers from tobacco smoke. The key target groups are children and young people, disadvantaged adults who smoke and pregnant women who smoke.

The DHSSPS has shown its commitment to addressing tobacco control by providing recurrent funding to the HSS Boards to address the tobacco action plan. The funding is used to support prevention, cessation, policy development and training. It has enabled the establishment of Specialist Smoking Cessation Services in a range of settings including GP practices, pharmacies, hospitals and community settings.

Tobacco control activities are overseen locally by the Boards' Tobacco Control Groups. The multi-agency groups are chaired by the Commissioner for Health Promotion who controls funding, oversees and advises on tobacco control initiatives. The groups have representation from a range of agencies including the Trusts, Ulster Cancer Foundation, Action Cancer, Environmental Health, Health Promotion, Education and Library Boards, Community groups and representation from local Investing for Health Partnerships.

Each Board prepares and monitors an annual action plan with objectives based on the objectives within the Five Year Tobacco Action Plan (DHSSPS 2003-2008) and Priorities for Action (2006-2008)³. They fall into five categories:

- Smoking Cessation
- Protection/Policy
- Development and Training
- Smoking Prevention
- Communication & Partnership Working

Commissioners and Coordinators represent their local tobacco control group on the Regional Steering Group. The members of the Steering Group along with local Tobacco Control Groups have developed and addressed the requirements of the Regional Tobacco Control 5 Year Action Plan (2003-2008). Consequently smoking cessation services are now widely available across Northern Ireland in a range of settings with numbers attending increasing annually. Strong partnership working continues to address local needs of each Board with effective initiatives to aid cessation, prevent young people from starting to smoke and protect non smokers from second hand smoke.

The TCGs made a substantial contribution to tobacco control in 2007/08. However much remains to be done. Regionally 31% of girls aged 11 to 16 smoke and 33% of manual workers smoke. Analysis of the data shows that 25% of people attending support services in the Board area are unemployed. Whilst smoke-free workplace legislation has to lead to a reduction in smoking among the workforce, those who are unemployed may not be so affected. A possible consequence of this is that the gap in smoking rates between the disadvantaged and the well-off will widen, thus increasing health inequalities. The challenges for 2008/09 therefore are to provide a comprehensive cessation service for disadvantaged groups, including young girls and pregnant smokers and also to continue to address the needs of those smokers who are not in employment or are manual workers. An external evaluation of smoking cessation services within Northern Ireland was completed in 2006⁴. The evaluation recognised the pivotal role of local tobacco control groups and the regional steering group. The report highlighted success as including:

“...evidence of broader memberships, increased focus, improved co-ordination and better partnership working.”

“...TCGs facilitated the establishment of services in the community and encouraged the targeting and supporting of the target groups for the Five Year Tobacco Action Plan. It is estimated conservatively that at least 20% of project beneficiaries are drawn from the target groups.”

While smoke-free workplace legislation is expected to lead to a reduction in smoking among the workforce, those who are unemployed may not be so affected. A possible consequence of this is that the gap in smoking rates between the disadvantaged and the well-off will widen, thus increasing health inequalities.

The purpose of this action plan is to describe the actions that must be taken in 2008/09 to reduce the number of people in Northern Ireland who smoke. This will be a major challenge across Northern Ireland variance in smoking prevalence between Board areas ranging from 24% in the SHSSB to 26% in the EHSSB & WHSSB.⁵

There is clear direction from government to reduce levels of tobacco use, which is reflected in strategic documents on health issues. Priorities for Action sets the key target for 2008 for the health service which is to:

“By March 2011, reduce to 21% and 25% respectively the proportion of adults and manual worker subset who smoke.”

REFERENCES

- ¹ Department of Health and Social Services and Public Safety (2003). *A Five-Year Tobacco Action Plan 2003 – 2008*. Belfast: DHSSPS.
- ² Department of Health and Social Services and Public Safety (2002). *Investing for Health*. Belfast: DHSSPS
- ³ Department of Health and Social Services and Public Safety (2006). *Priorities for Action*. Belfast: DHSSPS
- ⁴ Mc Cready, Donnelly and Lowry (2006). *Promoting Cancer Prevention in Northern Ireland Through a co-ordinated Approach to Smoking Cessation Services*. Belfast: HPSS
- ⁵ Northern Ireland Statistics and Research Agency (2005) *Northern Ireland Continuous Household Survey*. Belfast: NISRA.

SMOKING CESSATION

	Criteria	Ref	Tasks	Ref	Goal	Evidence	Responsible
1	Reduction in the prevalence of smoking particularly in vulnerable groups within the local population who are most at risk from tobacco use and exposure, through provision of smoking cessation services	1.1	To carry out a mapping exercise of service providers by the end of October 2008, to identify current services by the following categories <i>setting, geographical position target groups served, type of service</i>	1.1a	Identified baseline level of services and gaps in service provision.	Map of specialist services within settings in each Board area	TCC TCA
		1.2	Provide smoking cessation services in a variety of settings	1.2a	Maintain the number of people attending cessation services across Northern Ireland area in GP practices, pharmacies, hospitals workplaces, schools and community settings.	Number of people attending smoking cessation services. Range of locations and types of service provided to promote tobacco control	TCG
		1.3	Reduce smoking rates across the target groups	1.3a	Identify and implement at least 2 new initiatives within the target groups per Board area. These will be evidence based models for the delivery of effective smoking cessation initiatives.	Minimum of 8 new target group based initiatives implemented	TCC TCG
		1.4	Support mental health services in providing cessation support for workers	1.4a	Ensure training and resources are available to support smoking cessation within mental health facilities.	Cessation support available for all mental health facilities.	TCC TCG
2	Delivery of effective smoking cessation services	2.1	Ensure that services provide a high quality service.	2.1a	Implement the regional smoking cessation quality standards	Service Level Agreements to include compliance with quality standards	All service providers TCC
				2.1b	Audit of service provision to ascertain adherence to quality standards	Audit Report per Board	
				2.1c	User survey of a minimum of 10% of clients in each Board area	Survey Report completed by January 2009	
				2.1d	Loss to follow up rates to be less than 10% for all clients.	% return of less to follow up.	

		2.2	Ensure that users of services reflect the local population profile, those most at risk from smoking or where smoking prevalence is known to be highest	2.2a	Maintain the 2007/08 number of smoking cessation services for young people.	Number of services provided	Service providers
				2.2b	Maintain the number of smoking cessation services targeted at manual workers.		
				2.2c	Maintain the number of smoking cessation services targeted at pregnant women.		
		2.3	Advocate for information on smoking cessation services to be available in a range of languages and formats in a range of settings across the region.	2.3a	Major ethnic groups in Northern Ireland are identified, and resources sourced or prepared to meet their needs.	Translation and interpretation services Range of formats	E&HR Staff TCG
				2.3b	Meet the needs of ethnic minority groups wishing to avail of smoking cessation services.		
				2.3d	Specific needs of those with sight or hearing difficulties are addressed Actions are agreed and implemented to address issues raised.		

PROTECTION/POLICY

	Criteria	Ref	Tasks	Ref	Goal	Evidence	Responsible
3	Minimisation of risk in relation to smoking and exposure to second hand smoke	3.1	Provide ongoing support for the Trusts across Northern Ireland in implementing the smoke free legislation and smoke free policies.	3.1a	Support the implementation of smoke free legislation within mental health units.	Ensure that resources and training are available within mental health facilities.	HSCs

TRAINING AND EDUCATION

	Criteria	Ref	Tasks	Ref	Goal	Evidence	Responsible
4	Development of capacity within the Board areas to reduce smoking prevalence	4.1	Ensure that key workers are trained to provide brief intervention/signposting to stop smoking services	4.1a	Ensure brief training is available which complies with the regional training framework.	No of key personnel trained	TCGS TCC Trusts
		4.2	Provide adequate specialist training to reduce prevalence of smoking in target groups	4.2a	Provide at least 6 training courses per year across Northern Ireland	Staff in attendance/ Evaluation reports	

PREVENTION

	Criteria	Ref	Tasks	Ref	Goal	Evidence	Responsible
5	Promotion of healthy lifestyles including not starting to smoke	5.1	Ensure that school children and young people receive smoking prevention programmes	5.1a	Commission Smokebusters for 24,000 primary school children.	No of beneficiaries/ Evaluation reports	HPC UCF Service Providers TCC
		5.2	Support National No-Smoking Day	5.2a	Co-ordinate the National No-Smoking Day campaign in the Board areas.	Evaluation report	TCC
		5.3	Contribute to health and wellbeing initiatives linked to other health promotion strategies	5.3a	Identify opportunities for the smoking agenda to be addressed in the delivery of other health promotion strategies and as part of wider health agendas.	Range of initiatives supported No of health and lifestyle programmes where smoking is included	TCC HPC
		5.4	Ensure collaboration on regional initiatives		Ensure collaboration and strong communication links across all four Boards and with key drivers, such as the HPANI and jointly commission initiatives where appropriate.	Range of regional initiatives commissioned and supported regionally	TCC HPC

PARTNERSHIP / COMMUNICATION / MARKETING

	Criteria	Ref	Tasks	Ref	Goal	Evidence	Responsible
6	Partnership working to address the needs of the local population in relation to tobacco use and control	6.1	Work in partnership with community based partnerships to address smoking cessation and tobacco control	6.1a	Link with key partnerships e.g. LSPs Neighbourhood Renewal, to explore commitment to smoking cessation and offer appropriate support with service provision.	Frequency of monitoring. Smoking cessation and tobacco control are on the agenda of community based partnerships.	TCC/TCGs
7	The tobacco control agenda is championed and the benefits of becoming smoke free promoted	7.1	Ensure tobacco control representation on key tobacco control organisations	7.1a	Board persons to be identified. Representatives to participate in and report back to local TCGs and the steering group on the work of ASH, Smoke-free Northern Ireland Coalition, the DHSSPS Tobacco Control Group.	Nominees Minutes of meetings	HPC TCC
		7.2	Create web-based information addressing the risks of smoking, the benefits of quitting and the benefits of smoke-free environments and smoking cessation services. Use media and newsletters to promote smoke	7.2a	Develop, populate and regularly update the Tobacco Control page on Board and IFH websites.	Information on Board and IFH websites Links to other sources of information and other websites	TCC
				7.2b	Use organisation's intranet to promote the work of the local TCGs in tobacco control	No of newsletters Media coverage	All TCG members to contribute
8		7.3	Provide an annual report for the DHSSPS to inform the DHSSPS regional smoking cessation report	7.3a	Produce an annual report describing uptake of services and initiatives addressing tobacco control.	No and description of services offered and initiatives undertaken.	TCC HPC
	Proactively market cessation services	7.4	Develop a range of tools to promote each Boards tobacco control services as well as regional collective action to promote services across the region.	7.4a	Develop a four Board Tobacco Control Marketing Action Plan by end May 2008	Range of tools promoting services e.g. Newsletters Newspaper advertisements Business cards	TCC TCG HPC

APPENDIX 1

Abbreviations:

ASH	Action on Smoking and Health (Northern Ireland)
CD	Community Development
DHSSPS	Department of Health, Social Services and Public Safety, Northern Ireland
DPH	Director of Public Health
E & HR	Equality and Human Rights
EH	Environmental Health Departments
ELB	Education and Library Board
FPSU	Family Practitioner Service Unit
HPA	Health Promotion Agency, Northern Ireland
HPC	Health Promotion Commissioner
HPSS	Health and Personal Social Services
HSSB	Health and Social Services Board
HSCTs	Health and Social Care Trusts
IFH	Investing For Health
NRT	Nicotine Replacement Therapy
TBC	To Be Confirmed
TCA	Tobacco Control Administrator
TCC	Tobacco Control Coordinator
TCG	Tobacco Control Group
TCT	Tobacco Control Team