

Title of action plan being assessed	Reducing the prevalence of smoking in Essex
Number of Action plan being assessed (e.g COL 3)	CWOP5
LAA indicator	NI 123
Name and role of officer completing this assessment	Andrea Atherton, Director of Public Health NHS South East Essex & Southend Borough Council and Chair of Essex Tobacco Alliance
Contact Telephone Number	01702 224648
Date Assessment Completed	3 rd October 2008
Which Partners are involved?	5 Primary Care Trusts in Essex Environmental health in district and borough councils Trading standards – Essex County Council Essex and Southend Healthy Schools Prison Health (any co-opted members onto Essex Tobacco Alliance e.g. third sector organisations, Customs & Excise and Business Sector)

1. What are the aims and objectives of this action plan, in addition to achieving LAA indicator target? i.e. What do you want to achieve?

The overall aim of this action plan is to reduce the prevalence of smoking in Essex.

The prevalence of smoking in a population is determined by the number ('pool') of smokers, the number of young people and adults taking up smoking and the number of people who either stop smoking or die as a consequence of their habit. Access to tobacco is also a key issue.

Population prevalence can only reliably be determined through population surveys. The Department of Health set out a six point comprehensive tobacco control policy in 2004, and calculated the likely short to medium term reduction in prevalence to result from each measure:

Media (education and information) - up to 2 % reduction

Building stop smoking services and strengthening local action – up to 1% reduction

Reducing supply and availability - (1% price increase = 0.3% prevalence reduction)

Reducing tobacco promotion - up to 2.5% reduction

Regulating tobacco - up to 0.5% reduction

Reducing exposure to second hand smoke – range 0% up to 4% reduction

The existing actions and the proposed new actions will all contribute to a reduction in the prevalence of smoking.

The objectives of the plan:

1. To have a communications strategy, linked to training and advocacy for tobacco control in Essex to ensure that tobacco control is everyone's business.
2. To better understand the reasons for high smoking prevalence in certain groups and how NHS Stop Smoking Services and media campaigns may need to be tailored to attract these groups and help them successfully stop smoking.
3. To ensure that the Smoke Free Legislation continues to be enforced.
4. To ensure that laws on underage sales and tobacco promotion are enforced.

2. What are the processes used to deliver the action plan?

- Social marketing will be undertaken with particular groups known to have a high prevalence of smoking and in particular – routine and manual workers, BME groups. In addition work will be undertaken with pregnant smokers. This information will then inform how services will need to be advertised, where they are held and what support is offered.
- This work will also help to inform the communications strategy, which will also include material to disseminate to a wide range of professionals and other agencies which all have a role to play in tobacco control.
- It is recognised that young people are influenced by adult role models; therefore reducing the prevalence of smoking in the general population will also help to reduce smoking in young people.
- There is growing evidence that peer educators can also help to reduce the uptake of smoking in young people and help those that do smoke to quit. The action plan proposes the use of peer educators in schools to help young smokers.
- Trading Standards and Environmental Health have important roles in enforcing aspects of tobacco control legislation. There is a further Department of Health consultation on tobacco control that may lead to further legislation on particular aspects of tobacco control in the near future.
- The Essex Smoke Free Tobacco Alliance brings together partner agencies that each have a role in tobacco control and will help to guide and monitor the existing and new activities being proposed as part of the action plan. Links have been made with HM Customs and Excise to look at ways of reducing smuggled and counterfeit tobacco products.
- The Essex Directors of Public Health are also members of CWOP and can report back on their own local tobacco control activities.

3.a. Think about each of the equality groups in turn. Could your action plan have an adverse or positive effect on people in the group? Put a tick against any group that could be positively affected, and a cross against any group that could be negatively affected. Some groups may have a tick and a cross.

Race and Culture <input checked="" type="checkbox"/>	Disability <input checked="" type="checkbox"/>
Age <input checked="" type="checkbox"/>	Gender <input checked="" type="checkbox"/>
Sexual orientation <input checked="" type="checkbox"/>	Religion and Belief <input checked="" type="checkbox"/>
Rural Isolation <input checked="" type="checkbox"/>	Economic deprivation <input checked="" type="checkbox"/>

3. b. Set out the issues that you think are relevant under each equality strand, and what changes you will make to the action plan as a result.

a. Race and Culture

Essex has a relatively low percentage of black and minority ethnic groups, which can lead to services not being culturally sensitive. Some BME groups have a high smoking prevalence in their community. The proposed social marketing exercise will target BME groups and the specification for the tender for this exercise will now specify the need to access ethnic groups that are representative of those in Essex to understand their cultural needs.

The specification for the communications strategy will also identify which languages the information leaflets and literature about NHS Stop Smoking Services will be made available in.

b. Age

The action plan has specific activities aimed at addressing smoking in young people as well as actions to address adult smokers. The specifications for the social marketing exercise and communications strategy will now also include reference to the need to explore how Stop Smoking Services and media campaigns may need to include a variety of approaches to cater for all age groups.

c. Sexual Orientation

The action plan did not contain any reference to ensuring that stop smoking services and the communications strategy do not discriminate against gay/lesbian service users. The specification for the social marketing exercise and communications strategy will now include reference to gay/lesbian service users.

d. Disability

The action plan now makes reference to greater understanding of the needs of people with disabilities to provide them with appropriate help and support to stop smoking. This will be explored through social marketing and the specification for the communications exercise will also ensure that publications are provided in a variety of formats to meet the needs of people with various forms of disability.

d. Gender

There is a difference in the prevalence of smoking between males and females. This gender difference will be explored in the social marketing to understand the reasons and drivers for smoking. This will help to inform how Stop Smoking Services are offered and how the communications strategy may need to have different campaign messages for men and women to encourage them to quit.

f. Religion and Belief

In the new action plan religion and belief will be explored in the social marketing exercise.

g. Rural Isolation

Smokers living in the more rural areas of Essex could potentially be discriminated against if access to Stop Smoking Services and local media campaigns is poor. The communications exercise will ensure that messages and information are available in all parts of Essex.

h. Economic Disadvantage

It is well recognised that there are a larger number of smokers in economically disadvantaged areas. The social marketing work will be able to explore some of the issues of economic disadvantage and smoking through the proposed strands of work, particularly the routine and manual workers. Services and communications will be informed by this work. People Not in Employment, Education or Training, who are more likely to smoke, will need to be specifically targeted.

4. What data or other evidence could you use to help you to support or dispute your initial conclusions? How will you collect this evidence and/or how you will check your presumptions by consulting with particular equality and diversity groups?

Complete the tables below. Identify the evidence you need and the questions that you need answer to. If you feel that particular organisations or community/ voluntary groups will be able to help you please list these too.

DATA PLAN

What evidence do you want?	Where are you going to look or who are you going to ask?	How will you use the evidence?
Ethnic breakdown of quitters	Stop Smoking Services	To determine whether stop smoking services are being accessed by BME groups
Number of schools being engaged by Stop Smoking Services	Stop Smoking Services	To determine the extent of engagement of schools and what further action is required to implement peer led stop smoking initiatives.
The 20% most deprived MSOAs by PCT and stop smoking initiatives currently targeted in these areas	Directors of Public Health /Public Health Analysts and Stop Smoking Services	To determine how services are targeting areas with the highest prevalence of smoking and what types of activity are being used

PUBLIC ENGAGEMENT PLAN

What do you want to know?	Who are you going to ask?	What question will you ask?	What will you do with the answer?	Name of planned source (if known)
Are stop smoking services available and accessible	BME groups, People with various disabilities, gay/lesbian, faith groups, NEET	Do you smoke – if so are you aware of local stop smoking services – are they appropriate for your specific needs? If not, why not – how can things be improved	Use to inform communications strategy and feed back to Stop Smoking Services so they can take appropriate action	
Are stop smoking activities acceptable in schools	Parents, head teachers, school governors, secondary school children	Are you supportive of children who smoke being offered help with stopping smoking in school (either in school hours or at the end of the school day	This will be used to gauge how supportive people would be of rolling out the ASSIST programme in schools and what further action is required to ensure this happens,	

5. The Essex Partnership needs a copy of this Section of your EIA in order to co-ordinate any public engagement activities. You will be given feed back by the Essex partnership on the best way to manage the public engagement activity you have identified on the form. Please send this completed section of your EIA to the e-mail address below.

Please submit this form to the Essex Partnership team: info@essexpartnership.org