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**To: Health and Social Care Scrutiny Board (5)**

Date: 18<sup>th</sup> March, 2015

**Subject**

Coventry's Smokefree Strategy 2015-2020

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**1 Purpose of the Note**

- 1.1 The purpose of this briefing note is to introduce the proposed Smokefree strategy for the city.

**2 Recommendations**

- 2.1 Scrutiny Board 5 is recommended to discuss and make any relevant recommendations in respect of the proposed Smokefree Strategy.

**Information/Background**

- 2.2 Smoking kills half of all long term users. It is the single biggest cause of preventable death in the country and is directly responsible for almost 80,000 deaths in England – including approximately 400 deaths in Coventry - every year. From our Household survey data, it is estimated that the proportion of adults who smoke has fallen from 27% in 2009 to 22% in 2013. According to national data, Coventry's smoking prevalence is the same as the national average.
- 2.3 This document supports the national strategy, 'A Smokefree Future'. Many of the national objectives and actions will support us locally to make changes, such as affordability of tobacco products, plain packaging and national campaigns such as Stoptober and No Smoking Day.
- 2.4 Recognising that reducing the harms caused by smoking cannot be achieved by any one agency alone; Coventry's Smokefree Alliance provides a partnership forum to initiative, coordinate and develop a coherent approach for Coventry. The Alliance meets quarterly, chaired by Councillor Joseph Clifford, and includes representation from Coventry City Council (Public Health, Regulatory Services, Occupational Health), West Midlands Fire Service, Coventry and Warwickshire Partnership Trust, University Hospitals Coventry and Warwickshire, British Lung Foundation, commissioned Stop Smoking Providers, school nursing, the Coventry and Rugby Clinical Commissioning Group and Age UK.
- 2.5 Coventry had a Smokefree Strategy which ran 2010-2013. Coventry's Smokefree Alliance has consisted of a strong group of partners since 2010 that together, has produced many achievements. Some of these include:

- A strong and committed partnership approach to addressing the harms caused by tobacco
- Increased numbers of people stopping smoking with the help of commissioned services. Between 2010/11 and 2012/13, numbers of people accessing services went from just under 2500 to 3355. In a report published in 2013, 41% of those accessing the stop smoking services had stayed quit 12 months later. Those whose 12 week status was 'quit' were approximately two and a half times more likely to still be quit than those whose 12 week status was 'not yet quit' (50% compared to 18%). This indicates that those who can quit smoking for 12 weeks are more likely to stay quit.
- At least 75% of all service users are from targeting groups (areas of deprivation, under 25yrs, sensory impairment, manual occupation, mental health condition, unemployed or BME).
- High levels of compliance with regulations governing the sale of tobacco products and smoking in enclosed public areas
- Improved awareness of shisha as a tobacco product. Key messages included the harm it can do to pregnant women, the number of cigarettes smoked it equates to and how sharing mouthpieces can spread diseases. The campaign included displaying information on taxis, engaging with clinicians, children's centres, dentists, using radio adverts and local news interviews.
- The creation of Smokefree areas i.e. school gates, playgrounds, early years settings and UHCW hospital site in Walsgrave
- A reduction in the proportion of pregnant mothers who smoke – down from 15% to 13% (between 2010/11 and 2013/14)
- Seizure of £470,000 of illicit tobacco (2010-14) and 25 related prosecutions (2012-14).

2.6 Some key challenges we face include:

- Access to target audience from cultural or social barriers
- Workplaces not supporting the smoke free agenda
- Influential people (health visitors, midwives etc.) not feeling confident in signposting to services or how to give a brief intervention
- Uncertainties with information on the health effects of electronic cigarettes/vaporisers
- Changing behaviours where smoking is seen as normal within families and communities

2.7 Smoking prevalence is gradually decreasing. This has only happened due to continued work from national and local groups and will only keep reducing with further work. There are still groups who have much higher levels of smoking, such as people with mental health conditions. As a result these people are statistically likely to die 20 years younger than those with good mental health who do not smoke. This is a health inequality we will not allow to continue

2.8 In 2014, the Smokefree Alliance underwent a peer assessment, using the CleaR assessment (Challenge, Leadership, Results) facilitated Action on Smoking and Health (ASH). This assessment was very positive about many areas, including the current strong links with local partners. Areas for development included a need to continue high profile work on the importance of the Smokefree agenda, to prevent tobacco fatigue, and leadership from local clinicians.

- 2.9 The findings of the CLear assessment has been used to draft and the new Smokefree Strategy. This has been performed in partnership with everyone in the Smokefree Alliance. A workshop was help in December for everyone to discuss key themes of the next strategy. From this a draft was written which was circulated amongst Alliance members to make comments, and discussed at an Alliance meeting in early March.
- 2.10 The main aim of the strategy is to bring us closer to achieving <5% smoking prevalence in the city. This is in line with national goals which would see this level as achieving a 'Smokefree' country. The full strategy is listed in the appendix.
- 2.11 The key priorities of the proposed strategy are to:
- Promote non-smoking as the social norm in Coventry
  - Help more tobacco users to quit
  - Protect priority groups from smoking-related harm – pregnant women, children, people with mental health conditions, people with long term conditions
  - Effectively respond to smoking-related behaviours such as vaping and using Shisha
  - Provide leadership of the local tobacco agenda and develop a workforce confident and competent to help reduce the harms of smoking
- 2.12 The Smokefree Alliance is developing an Action Plan to deliver the ambitions set out in the strategy.
- 2.13 The Smokefree Alliance will lead the delivery of the strategy and will ultimately be accountable to the Health and Wellbeing Board.

Naomi Brook, Public Health (Chief Executives), 02476833074.

**Appendix**



**Coventry's  
Smokefree Strategy**

**2015 – 2020**

**DRAFT**

**2015**

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### 3 Foreword

Over the last decade, great strides have been made towards reducing smoking rates within our society. The Smokefree legislation has removed smoking in almost all enclosed public spaces, the age of sale for tobacco has been increased from 16 to 18 years and there are now wide ranging bans on almost all aspects of tobacco advertising as well as Smokefree cars and plain packaging being on the horizon.

Locally, the positive work of Coventry's Smokefree Alliance, a partnership of public and private organisations, has played a vital role in the drive to reduce smoking prevalence across our city.

However, while smoking continues to claim the lives of 1 in 6 of all Coventry residents, the drive to create a Smokefree city is as important as it has ever been.

The enormous detrimental effect of tobacco on people's health, coupled with the devastating impact on their families, is why I have always been a staunch advocate of tobacco control throughout my time as a local councillor.

With the publication of Coventry's new Smokefree strategy we have a renewed vision, a clear direction and the mandate to move forward to keep up our determination to ensure people of Coventry make information decisions about using tobacco products. We cannot afford to be complacent; we must continue to build upon the successes of the last 10 years and work together to reduce the number of people who smoke in Coventry.

Delivering the objectives set out in this strategy will help us fulfil our vision a of Smokefree Coventry, where our communities, homes, cars and workplaces are free from the harms of tobacco and where all our local residents lead healthier and longer lives.



Councillor Joseph Clifford

Chair of Coventry's Smokefree Alliance  
March 2015

## 4 Introduction - A Smokefree Vision for Coventry

### 4.1 The impact of smoking

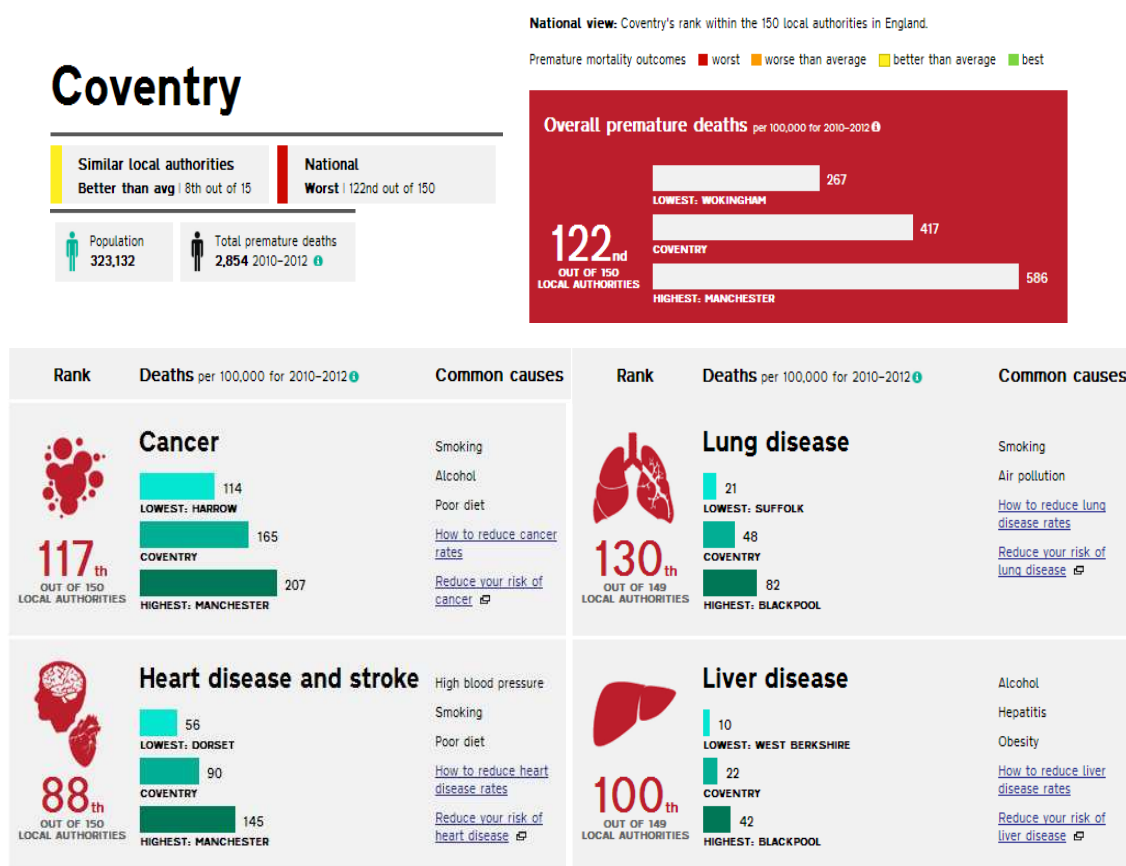
Smoking kills half of all long term users. It is the single biggest cause of preventable death in the country and is directly responsible for almost 80,000 deaths in England – including approximately 400 deaths in Coventry - every year.

Lifestyle behaviours – whether we smoke, are overweight or drink alcohol, for example – are the single biggest determinants of our health. Of these behaviours, smoking is responsible for more illness and mortality than all others by causing a significant proportion of cancers, respiratory conditions and cardiovascular diseases.

In England in 2012 there were approximately 1.5 million hospital admissions and 79,100 deaths from smoking related diseases. It is estimated that the current campaigns around tobacco awareness and the stop smoking services are currently saving the country £380 million per year.<sup>i</sup>

The National Institute for Health and Clinical Excellence (NICE) has concluded that reducing the prevalence of smoking among people in routine and manual workers, minority ethnic groups and some disadvantaged communities will help reduce health inequalities more than any other measure to improve the public's health.<sup>ii</sup>

Smoking is also the biggest cause of inequalities in death rates between rich and poor in the UK. Coventry - as an area of greater relative deprivation within the country - suffers disproportionately from the effects of smoking. The chart below shows the health burden of the four largest causes of mortality in Coventry. Similarly, the health burden of smoking within Coventry is concentrated among our more deprived communities.



rough to  
th weight

The economic impact of smoking is also significant. On average smokers take eight days more sick leave a year than non-smokers and have a higher chance of early retirement due to permanent disability. Smoking breaks cost businesses an estimated five billion pounds per year.

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## 4.2 *Who smokes in Coventry?*

The number of people smoking is falling. Both national data and local household survey data report this, with figures being slightly different. For local data, it is estimated that the proportion of adults who smoke has fallen from 27% in 2009 to 22% in 2013 (Coventry Household Survey). In real terms this means that there are now 60,000 smokers in the City.

In Coventry, Smokers are more likely to be:

- Living in the most deprived neighbourhoods (33% of adults smoke who live in the 10% most deprived neighbourhoods)
- Male (26% of males smoke)
- Non-BMEs (25% of non-BME populations smoke)
- Unemployed but economically active (46% of unemployed people smoke)
- Living in social housing (40% of adults living in social housing smoke)

Not only are fewer people smoking, but those who do smoke seem to be smoking less. One in 20 smokers smoke more than 25 cigarettes daily – a rate which has remained static over the last 4 years, however, the number who smoke between 15-24 cigarettes has fallen considerably and those smoking between 5-14 daily has increased.

The vast majority of smokers started using tobacco in their teenage years; indeed, national research indicates that 80% of smokers started smoking before reaching the age of 16.

## 4.3

### 4.4 *Achievements*

Coventry's Tobacco Control Strategy 2010-2013 and the work of the Coventry Smokefree Alliance has demonstrated significant achievements in recent years, including:

- A strong and committed partnership approach to addressing the harms caused by tobacco
- Increased numbers of people stopping smoking with the help of commissioned services
- High levels of compliance with regulations governing the sale of tobacco products and smoking in enclosed public areas
- Improved awareness of shisha as a tobacco product
- The creation of Smokefree areas i.e. school gates, playgrounds, early years settings and UHCW hospital site in Walsgrave
- A reduction in the proportion of pregnant mothers who smoke – down from 15% to 13% (between 2010/11 and 2013/14)
- Seizure of £470,000 of illicit tobacco (2010-14) and 25 related prosecutions (2012-14).

In 2014, the Smokefree Alliance participated in a peer-led assessment to inform future development and priorities. This assessment endorsed the Alliance's achievements and demonstrated an in-depth understanding at a senior level that comprehensive tobacco control measures are key to achieving the strategic priorities of reducing the health inequality gap, giving children a better start and helping people to live healthier and longer lives.

This assessment also identified the following issues:



- A need for greater engagement with (and from) the Clinical Commissioning Group (CCG) and clinicians, especially in the commissioning of services
- “Tobacco fatigue” is an issue amongst health care professionals who work with the more vulnerable groups and innovative ways of reaching these smokers needs to be developed and stronger support offered to those staff working with them.
- A need for a revised, co-ordinated tobacco control communications plan for Coventry, including improved use of social media
- That while smoking prevalence in Coventry has fallen substantially over the last decade, smoking rates remains high amongst the more deprived socio-economic groups. Specific interventions targeting this group will be needed in order to reduce smoking prevalence amongst routine and manual smokers.

#### 4.5 *Our Vision*

Our vision is to strive for a Smokefree future for Coventry; where our communities, homes, cars and workplaces are free from the harms of tobacco and where people lead healthier and longer lives.

We aim to reduce smoking prevalence to 14% by 2020 and less than 5% by 2035.

#### 4.6 *Objectives*

To deliver this vision our key objectives will be to:

1. Promote non-smoking as the social norm in Coventry
2. Helping tobacco users to quit
3. Protect priority groups from smoking-related harm
4. Supporting reduction in smoking-related behaviours such as vaping and using Shisha
5. Provide leadership of the local tobacco agenda and develop a workforce confident and competent to help reduce the harms of smoking

With all of these objectives, use of effective communication with the public around smoking related behaviours will be essential.

#### 4.7 *Alignment with other Strategies*

In developing our strategy we have sought to align our objectives and principles with key national, regional and local strategies and targets, as well as the latest research on tobacco control.

This strategy contributes to Coventry City Council’s overarching plan to *improve the health and wellbeing of local residents by helping them achieve healthier lifestyles and reducing health inequalities by giving our children the best start in life.*

Our strategy also considers:

- A Smokefree Future: A Comprehensive Tobacco Control Strategy for England (2010)
- The Coventry Sustainable Community Strategy: The Next 20 Years 2008 - 2028 (2008)
- Beyond Smoking Kills (2008) – new report due out June 2015

- Excellence in tobacco control: 10 High Impact Changes to achieve tobacco control (2008)
- Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities (2008)
- 'Stop For Life': Smoking Insight Research (2009)
- 'Clear' assessment report for Coventry (2014)
- Local Stop Smoking Services, service and delivery guidance 2014 (NCSCT, PHE)

## 1. Promoting non-smoking as the social norm in Coventry

In summary, we will:

- Build on the success of 'Smokefree areas'
- Support the NHS and other partners to implement Smokefree locations in line with guidance and best practice
- Prepare for, and fully implement, all Smokefree legislation
- Smokefree cars legislation
- Continue to evaluate interventions

Within the time of the previous strategy, several initiatives to develop Smokefree areas were implemented. These included Millennium Place during the 2012 Olympics, all primary school gates, nurseries and park playgrounds. It is essential that these are evaluated to assess how they may be built upon to improve their Smokefree status, and transfer the learning to other areas interested in becoming Smokefree. So far this has been done by surveying people at school gates, playgrounds and head teachers with overall positive results for continuing the work.

On January 1<sup>st</sup> 2015, UHCW hospital became a Smokefree site. The Smokefree Alliance will continue to support staff there to continue this status. Initial results show a dramatic increase in staff and patients stopping or reducing their smoking. This initiative has been implemented with reference to the NICE guidance on smoking cessation in secondary care<sup>iv</sup>

We will develop a 'Smokefree Awards' initiative to recognise the work of partners and individuals to help make non-smoking the social norm and encourage more areas to become Smokefree.

Government legislation making it law for private vehicles to be Smokefree when carrying children will come into effect in October 2015. This will support the aim to prevent children from taking up smoking as well as reducing their exposure to second hand smoke. Coventry's Smokefree Alliance will support this legislation, ensure compliance and communicate the effects to the population. We will also open new channels of communication with the police to ensure information on this will be carried locally is clear and effective.

Display regulations around tobacco products in shops came into force for large shops in April 2012. This will be extended to cover all shops from 6 April 2015. The Smokefree Alliance will continue to work closely with colleagues in trading standards to ensure this legislation is adhered to.

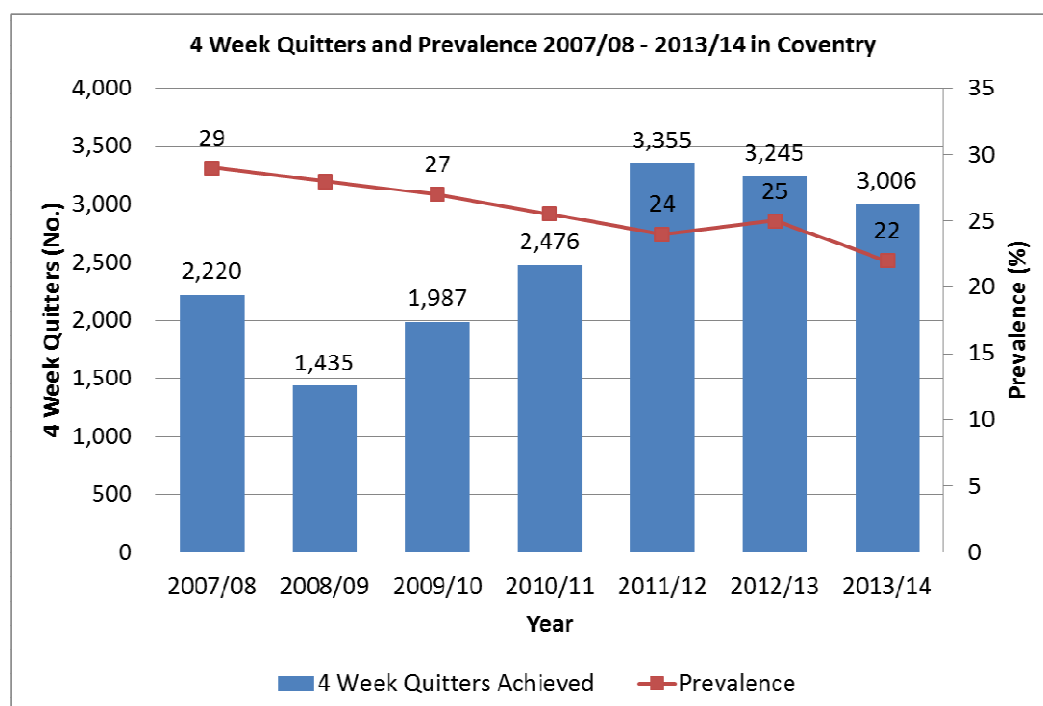
The price of smoking has risen at above-inflation rates for many years, making it more expensive. This has resulted in the growth in the trade of illicit tobacco; we will work proactively with partners including Trading Standards and the Police to reduce the availability of illicit tobacco products.

## 2. Helping tobacco users to quit

In summary, we will:

- Continue to offer easily accessible and high quality Stop Smoking Services
- Commission stop smoking services which provide a greater focus on longer term outcomes – the current emphasis on achieving 4-week quits will be extended to the achievement of 12-week quits
- Commission specialist support for pregnant smokers and people with mental health conditions who smoke. These services may provide a wider range of interventions, including the promotion of harm reduction and more support for parents and carers
- Monitor our services to ensure high quality delivery
- Review services in light of emerging evidence and guidance

Most smokers want to quit. Helping smokers kick the habit is one of the most effective health interventions available. Coventry stop smoking services have assisted in more than 15,000 successful quit attempts in the last 7 years. The below graph shows the number of 4-week quits achieved annually, plotted against each year smoking prevalence rate.



Most quit attempts involve people trying to stop smoking by themselves, although there is strong evidence demonstrating that people quitting with the help of specialist services are four times more likely to be successful.

Increasingly, people are using e-cigarettes as a tool to aid their quit attempt. The long term effectiveness of e-cigarettes in supporting permanent cessation of tobacco smoking is as yet unknown.

Currently, Stop Smoking services for the general population are widely available across the city, and can be accessed at more than 100 delivery points around the city, including GPs, pharmacists and other settings. We will continue to commission high quality, easily accessible stop smoking services at key locations in the city.

Stop Smoking Services are commissioned in Coventry on a tariff system - rewarding providers for each smoker they help achieve a 4-week quit. Nationally and locally, around half of smokers who set a quit date go on to be abstinent at 4 weeks, and around half of those progress to be Smokefree three months after their quit date. We recognise that recovery from any addiction represents a journey punctuated by steps forward and relapse and we will commission Stop Smoking Services to improve longer term quit rates.

To support the reduction of health inequalities in the city, our services will be focussed towards those populations experiencing greater deprivation, in addition to routine and manual workers, among whom smoking prevalence is greater.

Pregnant smokers and people with mental health conditions who smoke require additional support, often delivered in partnership with other agencies. We will use different commissioning arrangements to support these groups to quit smoking. The emphasis on harm reduction will be greater for people with mental health conditions.

The quality of all providers will be monitored regularly to ensure they are delivering a high quality service and are effective in reducing smoking and health inequalities.

### 3. Protect priority groups from smoking-related harm

We will focus our efforts on the following priority groups:

- Young people
- People with mental health conditions
- Pregnant women
- People with long term health conditions

Most adult smokers start smoking when they are young, with only a very small percentage taking up the habit after the age of 21. Research demonstrates that almost two fifths of smokers started smoking regularly before the age of 16.<sup>v</sup> Therefore, the long-term success of Smokefree Coventry initiatives is highly dependent on reducing smoking initiation among children and young people.

Children and young people living with adult smokers are much more likely to start smoking than those who live in Smokefree homes<sup>vi</sup>, so a key strategy to develop a Smokefree city will be to help parents quit. We will work with schools to reduce the take-up of smoking among young people and better engage with parents who currently smoke.

As an Alliance we will make every effort to reduce the attractiveness of smoking and the accessibility of cigarettes to young people. Encouraging Smokefree environments both within and outside the home will also help to make non-smoking the norm for young people.<sup>vii</sup> Integrating our work with how schools operate and their actions for reducing smoking prevalence in students and parents will be a key area of work.

A number of national interventions will also play a vital role in preventing young people becoming addicted to tobacco. For example, the Heath Act 2009 requires tobacco products to be removed from displays in shops and new legislation around point of sale displays and plain packaging is anticipated. We will work with partners to ensure local outlets fully comply with these regulations and other age-related restrictions.

In Coventry 31% of workers from routine and manual occupations - such as factory workers, cleaners, retail staff, general labours and drivers – smoke. Support for these people will be provided through the stop smoking services, workforce development and work with the business sector.

The Action on Smoking and Health (ASH) briefing document Beyond Smoking Kills<sup>viii</sup> suggests that almost every indicator of social deprivation, including income, socio-economic status, education and housing tenure, independently predicts smoking behaviour. Consequently, individuals who are the most deprived are also the most likely to smoke. These differences in smoking behaviour translate into major inequalities in illness and mortality, inequalities which have deepened over the last thirty years.

Supporting people with mental health conditions is a high priority for the Alliance. Smoking is both common among people with mental health conditions and also increases the lifetime risk of developing a mental health problem. The reduction in the prevalence of smoking among the wider population has not been reflected among people with mental health conditions. Indeed, in mental health units, it has been reported that 70% of patients smoke, with 50% being heavy smokers<sup>ix</sup>. The Alliance will work closely with partners in the public and voluntary sector to develop policies and approaches to reduce the harm caused by tobacco use. New commissioning approaches will be adopted to improve engagement among people with mental health conditions in stop smoking services.

The proportion of pregnant women who smoke in Coventry has been reduced from 15% to 13% (2010/11 to 2013/14)<sup>x</sup>. We will continue to support women through our stop smoking services

and work with a range of partners including midwives, fertility clinics, primary care, pharmacies and others to further reduce the prevalence of smoking in pregnancy.

As respiratory diseases are at a higher than average level in Coventry, it is important for us to support those in this group who smoke, to stop smoking. Nationally, only 58% of people with Chronic Obstructive Pulmonary Disease (COPD)<sup>xi</sup> who were current smokers were offered stop smoking support on admission to hospital. With our hospital now being a Smokefree site, a much higher number of smokers are being offered this support, which will benefit these groups particularly.

There is also an increased risk of fires for those who smoke and have oxygen in the home as this can cause combustion, and therefore the Alliance will work closely with the fire service to ensure these chances are reduced, and people are encouraged to stop smoking. In 2014 there were 39 primary fires in Coventry & Solihull where the source of ignition was recorded as smoking materials therefore this is an important issue for us to continue working on.

Those attending planned surgery that smoke have a higher chance of complications during surgery<sup>xii</sup>. The Alliance will foster links with UHCW to support these people, and others who have planned surgery which is linked to their smoking behaviour.

Approaches to address smoking among these priority groups can only be achieved by partnership working, and we will seek to widen to the membership of the Smokefree Alliance to develop working links.

#### 4. Responding to smoking-related behaviours

In summary, we will:

- Support people to make informed choices about vaping and the use of e-cigarettes
- Monitor and review approaches in relation to Vaping, in light of emerging evidence
- Continue to provide advice and information to the public about the harms of shisha and other tobacco products

The evolution of e-cigarettes in recent years and the anticipated introduction of novel smoking-related products such as 'heat, not burn' tobacco products and nicotine free e-cigarettes has revolutionised the industry and marketplace.

Most e-cigarettes vaporise flavoured nicotine liquids, allowing users to inhale the vapour. While e-cigarettes are not harm-free and there is only limited evidence around the long term impact of e-cigarettes (in particular the impact on longer term smoking behaviours of Vapers), e-cigarettes do offer the opportunity for some people to reduce some of the risks associated with their smoking.

ASH estimates that there are 2.1 million current users of electronic cigarettes in the UK. This number consists almost entirely of current and ex-smokers; of these approximately one third are ex-smokers while two thirds continue to use tobacco alongside electronic cigarettes. There is little evidence to suggest that anything more than a negligible number of never-smokers regularly use the product.

The industry is largely unregulated and currently without any specific British or International standards and, as a result, products vary in style and safety. We will offer greater information to smokers, Vapers and the general public about the relative risks of e-cigarettes to enable people to make informed decisions.

Due to the rapidly evolving nature of e-cigarette products and the developing evidence around their risks and benefits, we will regularly review the content of all communication and approaches in relation to e-cigarettes.

Among some communities – predominantly south Asian and Arab communities – chewing tobacco or smoking shisha is not uncommon and both pose a danger to health. Knowledge of the health impacts of both chewing tobacco and smoking shisha is broadly poor and while the number of shisha bars has fallen in recent years, there remains a need to ensure that communities are aware of the health implications of these practices. In addition we will work with regulatory agencies to ensure that people selling or facilitating the consumption of these products comply with all guidance.

#### 5 Leadership and Workforce Development

In summary, we will:

- Expand the membership of the Smokefree Alliance
- Encourage local leaders to become Smokefree ambassadors
- Actively encourage the take up of 'Making Every Contact Count' training



- Support businesses to adopt Smokefree policies

The Smokefree Alliance, which is well established in Coventry and chaired by a local councillor, will provide a key forum for local partners to come together and take action towards a variety of Smokefree issues.

Coventry's Public Health team will take on secretarial responsibilities for the Alliance and will ensure it continues to be run as an organised, effective and efficient partnership. We will also seek to build upon the Alliance's successes to date, widen membership and facilitate pro-active and innovative steps to reduce smoking prevalence in Coventry.

The Public Health team will work closely with all partners and seek to discover what more partners can do to add value and how stop smoking advice or referrals can be built into organisations' own processes. They will also seek out 'Smokefree Champions' in diverse areas of work and the community to champion the Smokefree Coventry agenda.

The Local Government Declaration on Tobacco Control is a statement of intent providing a commitment to limit the influence that the tobacco industry has over decision making and services. Coventry City Council is a signatory to the Declaration and we will work with other agencies, including NHS providers, to adopt similar commitments.

Smokers' desires to quit often reflect other issues happening in their lives, so it is essential that all staff are proactive at encouraging people to stop smoking at every contact. Therefore, we will actively encourage and promote the take up of 'Making Every Contact Count' training across the NHS local authority and other partners. This training will provide individual staff members with enough information to bring up the subject of stopping smoking, and signpost them to local services.

Through the work of the Alliance we will seek to target a wide range of businesses across Coventry in an effort to reduce smoking prevalence within their workforce. Workplaces will be encouraged to sign up to the national Workplace Health and Wellbeing Charter which provides information on a range of lifestyle behaviours including stopping smoking.

## **6 Governance and Monitoring**

### **6.1 Governance**

- The Smokefree Strategy is owned by the Smokefree Alliance
- The Public Health team will provide the secretariat support for the Alliance and ensure close working relationships between partners
- The Smokefree Alliance will meet on a quarterly basis but specific project work will be on-going. Task and Finish Groups will be utilised as required
- The Chair of the Smokefree Alliance will report to the Health and Wellbeing Board

### **6.2 Monitoring**

- The Public Health team will meet with all Alliance partners to establish current roles and responsibilities and data flows.
- Improved data collection measures will be introduced in conjunction with regular data reporting in order to improve local intelligence.
- A new Monitoring Framework will be developed to monitor progress against an Action Plan.

## **7 Next Steps**

This overarching framework will shape our future working and will guide a range of innovative and locally developed activities. No one town or city is the same so a 'one size fits all' approach to reducing prevalence is simply not possible.

If we are to radically reduce smoking rates across Coventry we need to ensure that our ideas, activities and marketing campaigns are developed through partnership, are bespoke to the needs of the local population and are based on the best available evidence.

### **7.1 Development of an Action Plan**

Following on from the publication of this strategy, the next six months will focus on the development of a 'Smokefree Coventry Action Plan'. This plan will include targets and milestones to benchmark our achievements by.

The Public Health team will liaise closely with all partners to understand current roles and responsibilities in relation to supporting a Smokefree city and in partnership will facilitate a range of activities designed to deliver the objectives set out in the strategy.

Much progress has been made over recent years but smoking prevalence within Coventry is still far too high, particularly in some groups of the population. The publication of this strategy signifies the importance of the continuation to this partnership effort to dramatically reduce smoking prevalence across the city and realise the vision of a Smokefree Coventry.

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- 
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