



Smokefree Barnsley Tobacco Alliance Action Plan 2016-2018

VISION: To see the next generation of children in Barnsley born and raised in a place free from tobacco, where smoking is unusual

- Smoking prevalence in Barnsley is reducing but we still have one of the highest smoking rates in the country.
- The latest data illustrates that 22.3% of the adult population in Barnsley are smokers - significantly higher than the England average of 18.0% (2014).
- There is a wide variation between wards where the proportion of adult smokers ranges from 12% to 29%. The prevalence amongst routine and manual workers within Barnsley is much higher than the overall prevalence at 29.2% compared to 22.3% (2014).
- The smoking prevalence at age 15 of 10.7% is significantly worse than the England average of 8.2% (2014/15).
- Although recently smoking in pregnancy has reduced to 20.4%, this is still significantly higher than the England average of 11.4%.
- Smoking attributable mortality and admissions are significantly higher in Barnsley when compared with the regional average.
- Roughly £62million per year is spent on tobacco by the smokers of Barnsley. This is on average around £1323 per smoker per year.
- Each year in Barnsley smoking costs society around £75.6 million, this includes factors such as lost productivity, the cost of social care and smoking-related house fires (ASH Ready Reckoner, The local cost of tobacco, December 2015).
- When net income and smoking expenditure is taken into account, 8326 (32%) households with a smoker fall below the poverty line. If these smokers were to quit, 2140 households would be elevated out of poverty, these households include around 1707 dependent children (ASH Estimates of poverty in England adjusted for expenditure on tobacco, October 2015).

Target = to reduce smoking prevalence by 1% per year.

By 2018, based on a smoking prevalence of 19%, it is estimated that there could potentially be:

- 6210 less smokers in Barnsley¹
- £4.6million annual saving to business's in Barnsley due to less smoking breaks²
- £700,000 saved annually in smoking related sick days²
- £1.9million saved to the NHS in Barnsley annually²
- 4.3 tonnes less cigarette waste annually in Barnsley²
- 69 less smoking related deaths each year
(Please note that these are estimates)

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³ 2015 Health Profile – Barnsley, PHE, June 2015



Performance





		2011	2012	2013	2014	2015		2016		2017		2018		2019	
						Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target
Prevalence of smoking among persons aged 18 years and over	Barnsley	25.4	23.6	21.4	22.3		22		21		20		19		18
	Yorkshire & Humber	22.1	22.7	20.3	20.1										
	England	20.2	19.5	18.4	18										
Prevalence of smoking among persons aged 18 years and over - routine and manual	Barnsley	32.5	31.4	30.8	29.2		28.2		27		25.5		24		22.5
	Yorkshire & Humber	31.8	33.2	30.7	30.7										
	England	30.3	29.7	28.6	28										
% of women who smoke at time of delivery	Barnsley	23.3	21.9	23	20.4		19		18		17		15.5		14
	Y & H (up to 2012)/ South York's and Bassetlaw	16.4	16.5	18.6	17.7										
	England	13.2	12.7	12	11.4										
Smoking prevalence at age 15 - current smokers (New indicator 2014)	Barnsley	-	-	-	10.7										
	Yorkshire & Humber	-	-	-	8.7										
	England	-	-	-	8.2										

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015



Ambition	Why	Planned activity	Responsibility	Progress update	Milestones
Key Objective 1: setting a clear example	Smokefree workplaces protect staff, whether or not they are smokers themselves, from second-hand smoke. They also normalise the smokefree vision, which impacts on the prevalence of smoking. If people feel that smoking is less and less of a normal, societally acceptable activity, more people will quit, and more young people will not start in the first place (DH 2007). Normalising not smoking has been shown to increase numbers of young people not taking up smoking (Backinger 2003, NICE 2010).	Ensure all members of the Tobacco Control Alliance have evidence based workplace smoke free policies in place.	Richard Jenkins	BHNFT – Smokefree Policy 2012 due to be updated March 2016.  Smoke Free BHNFT policy 2012.pdf	Ongoing
			Kaye Mann	BMBC – Smoking at work policy 2013. In progress of being updated (May 2016).  BMBC SmokingatWorkPolicy	
			Judith Hirst	 Sandhill Trust SCHOOLS - Smokefree Policy Oct	
			Zoe Styring	SWYPFT – new Smokefree Policy Dec 2015, stating ‘smoking is not permitted anywhere within the Trust’s buildings, grounds and/or assets’.  SWYPFT Smokefree Policy Dec 2015.doc All SWYPFT site including mental health premises became	

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015





- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNLEY

PUBLIC HEALTH STRATEGY

THE PUBLIC HEALTH STRATEGY WILL CONTRIBUTE TO ACHIEVING A BRIGHTER FUTURE AND A BETTER BARNLEY BY ENSURING CHILDREN HAVE THE BEST START IN LIFE AND EVERYONE ENJOYS A HAPPY HEALTHY LIFE WHEREVER THEY LIVE AND WHOEVER THEY ARE.

- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNLEY



				completely smokefree from 1 st December 2015.
			Hilary Mosely	<p>CCG – Alcohol, drug and substance misuse and smokefree policy, June 2014.</p>  <p>CCG alcohol, drugs and smokefree policy.</p>
			Pete Jones	<p>FIRE AND RESCUE SERVICE</p>  <p>SYFR Smoking_at_Work_Pc</p> <p>At the moment the grounds are not fully smokefree, the main reason being that Operational Staff need to be on premises at all times on duty for emergency calls hence the designated areas within the premise grounds. Smoking is not permitted on vehicles or when operational staff are on call outs.</p>
			Claire Gray	PSS – included in the PSS health and safety policy.

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015




- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNSELY

PUBLIC HEALTH STRATEGY

THE PUBLIC HEALTH STRATEGY WILL CONTRIBUTE TO ACHIEVING A BRIGHTER FUTURE AND A BETTER BARNSELY BY ENSURING CHILDREN HAVE THE BEST START IN LIFE AND EVERYONE ENJOYS A HAPPY HEALTHY LIFE WHEREVER THEY LIVE AND WHOEVER THEY ARE.

- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNSELY



				 PSS Health and Safety Policy (1).pdf	
<p>This demonstrates a commitment to supporting smokers on-site and allows people who have started to stop (NICE 2007). It will also improve the businesses finances, as ex-smokers and non-smokers have less sickness absence than current smokers.</p>	<p>All TCA members to ensure that their staff are encouraged and supported to stop smoking.</p>	Richard Jenkins	<p>BHNFT – Smokefree policy states ‘Will support employees who wish to cease smoking, allowing time to attend clinics/advisory sessions with the Stop Smoking Service where reasonably practicable to do so. Barnsley Hospital will fully support, with free resources within defined criteria, an employee/client who wishes to cease smoking’.</p>	<p>Ongoing</p>	
		Diane Lee	<p>BMBC – objectives of the policy is ‘to promote the aims of Public Health and to support the health of the Council’s employees by encouraging and, where required, providing assistance and support to help them stop smoking’. ‘To provide encouragement, assistance and support to those employees and Members who wish to give up or cut down smoking through classes and counselling organised through the Occupational Health Service’.</p>		
		Judith Hirst	<p>SCHOOLS -</p>		
		Zoe Styring	<p>SWYPFT – link to Yorkshire Smokefree on staff intranet.</p>		

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015



- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNLSLEY

PUBLIC HEALTH STRATEGY

THE PUBLIC HEALTH STRATEGY WILL CONTRIBUTE TO ACHIEVING A BRIGHTER FUTURE AND A BETTER BARNLSLEY BY ENSURING CHILDREN HAVE THE BEST START IN LIFE AND EVERYONE ENJOYS A HAPPY HEALTHY LIFE WHEREVER THEY LIVE AND WHOEVER THEY ARE.

- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNLSLEY



				http://nww.swyt.nhs.uk/wellbeing/smoke-free/Pages/default.aspx Smokefree policy states ‘The Trust would wish to encourage its employees to refrain from smoking outside the times and circumstances set out in this policy, both in their own interests and as representatives of a major public body, whose purpose is to improve health’.	
			Hilary Mosely	CCG – policy states ‘employees who smoke will be encouraged to seek support to stop smoking. Local arrangements for accessing smoking cessation support will be publicised on the website and highlighted through the staff newsletter periodically’.	
			Pete Jones	FIRE AND RESCUE SERVICE - Information on services available is in the SYFR Smoking at work policy. All operational staff attend health checks via the Occupational Health Department and are asked about smoking status. Looking into the possibility of posters in the designated areas with Stop Smoking info.	
			Claire Gray	PSS – Policy states-‘PSS wants to support staff who want to stop smoking and will enlist the help of appropriate organisations to provide support and guidance to help staff to stop smoking’.	
	To set a good example to	Ensure a system	Richard Jenkins	BHNFT – Smokefree Policy states ‘employees	Ongoing

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015



- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNSELY

PUBLIC HEALTH STRATEGY

THE PUBLIC HEALTH STRATEGY WILL CONTRIBUTE TO ACHIEVING A BRIGHTER FUTURE AND A BETTER BARNSELY BY ENSURING CHILDREN HAVE THE BEST START IN LIFE AND EVERYONE ENJOYS A HAPPY HEALTHY LIFE WHEREVER THEY LIVE AND WHOEVER THEY ARE.

- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNSELY



	members of the public.	is in place to prevent any identifiable staff from smoking publicly e.g. in uniform, badges		will not smoke outside their working hours in circumstances where it is obvious that they are employed by Barnsley Hospital, e.g. wearing staff uniform and/or name badges’.
			Diane Lee	BMBC - To prevent adverse public perception being formed by preventing groups of BMBC employees or Members or public congregating at the entrance or exits of Council buildings, to smoke.
			Judith Hirst	SCHOOLS
			Zoe Styring	SWYPFT – Policy states that ‘staff should not be identifiable as NHS employees to members of the public when smoking/vaping’ and ‘staff should not smoke/vape directly outside the main entrance of any Trust site’.
			Hilary Mosely	CCG - Employees who do smoke during normal work hours must not do so on CCG premises, including the car park and in vehicles parked on the car park.
			Pete Jones	FIRE AND RESCUE SERVICE – due to operational staff needing to be ready for call outs at all times it is not practical to change out of uniform. Designated areas are out of view of the public.
			Claire Gray	PSS -

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015




- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNSELY

PUBLIC HEALTH STRATEGY

THE PUBLIC HEALTH STRATEGY WILL CONTRIBUTE TO ACHIEVING A BRIGHTER FUTURE AND A BETTER BARNSELY BY ENSURING CHILDREN HAVE THE BEST START IN LIFE AND EVERYONE ENJOYS A HAPPY HEALTHY LIFE WHEREVER THEY LIVE AND WHOEVER THEY ARE.

- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNSELY



	There is a certain amount of evidence across a variety of settings to suggest that gaining a commitment does have an effect on behaviour. TCA members should lead the vision.	All TCA members to make an online Breathe 2025 pledge	Richard Jenkins	BHNFT - Beccy Barber, Stop Smoking Midwife - We will support pregnant women and their families to stop smoking and promote smoke free homes and cars. We will support midwives and support staff to offer brief interventions at each antenatal appointments	Ongoing
			Kaye Mann	 BMBC pledges.docx	
			Judith Hirst	Schools	
			Zoe Styring	SWYPFT - Yorkshire Smokefree, Barnsley - We pledge to educate others on the harmfulness of smoking, continue to help smokers quit for good and encourage a smoke-free generation. Yorkshire Smokefree Hub, Barnsley - I/We pledge to ensure all staff complete free, online training in brief interventions on smoking.	
			Hilary Mosley	CCG – • 'Barnsley Clinical Commissioning Group will be an active member of the Barnsley Tobacco Alliance and work with partners to	

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015



- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNSLEY

PUBLIC HEALTH STRATEGY

THE PUBLIC HEALTH STRATEGY WILL CONTRIBUTE TO ACHIEVING A BRIGHTER FUTURE AND A BETTER BARNSLEY BY ENSURING CHILDREN HAVE THE BEST START IN LIFE AND EVERYONE ENJOYS A HAPPY HEALTHY LIFE WHEREVER THEY LIVE AND WHOEVER THEY ARE.

- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNSLEY



				<p>support the creation of a smoke free generation’ Pledge to be made on behalf of the CCG by the Chief Officer</p> <ul style="list-style-type: none"> ‘I will continue to help my patients to quit smoking and will ensure that the Clinical Commissioning Group places a high emphasis on helping to create a smoke free generation’ Pledge from Chair of the CCG’ 	
			Pete Jones	Fire and Rescue Service -	
			Claire Gray	PSS – pledge made.	
				Others: BPL pledge – ‘We pledge to encourage our members to lead healthy smoke free lives and to support those trying to quit’	
	Lead the vision – your colleagues will take their lead from you. Share the evidence behind the vision with them, as well as the vision and they will be more likely to come on board (Minkler et al 2003).	All TCA members to promote the Breathe 2025 campaign to their organisations and to encourage pledges	Richard Jenkins	BHNFT	Ongoing
			Alex Hanna/ Emily Beevers	BMBC - Article in November’s Open News, info and links in Straight Talk and on website.	
			Judith Hirst	SCHOOLS – info and request has been included in several schools E-bulletins. Info and links sent to JH for distribution to other Primaries.	
			Zoe Styring	SWYPFT – request for pledges sent to all staff at Stop smoking and the hub on 07.01.16	
			Hilary Mosely	CCG-	

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015



- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNLSLEY
PUBLIC HEALTH STRATEGY
- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNLSLEY

THE PUBLIC HEALTH STRATEGY WILL CONTRIBUTE TO ACHIEVING A BRIGHTER FUTURE AND A BETTER BARNLSLEY BY ENSURING CHILDREN HAVE THE BEST START IN LIFE AND EVERYONE ENJOYS A HAPPY HEALTHY LIFE WHEREVER THEY LIVE AND WHOEVER THEY ARE.



		Pete Jones	FIRE AND RESCUE SERVICE – info sent to include in the weekly staff bulletin	
		Claire Gray	PSS – discussed at team meeting 11.01.16. CG to ask staff to make personal pledges.	
Local stop smoking services offer the best chance of success. They are up to 4 times more effective than no help or over the counter nicotine replacement therapy (NRT). Education and promotion is important to drive smokers into the service in order to quit.	All TCA members to promote information on stopping smoking on their web pages	Richard Jenkins	BHNFT – information and links to Smokefree Yorkshire on Maternity Services web page. http://www.barnsleyhospital.nhs.uk/services/maternity-services/thinking-about-having-a-baby/do-you-smoke/	Ongoing
		Diane Lee	BMBC – website being updated will include links to Yorkshire Smokefree and Breathe 2025.	
		Judith Hirst	SCHOOLS -	
		Zoe Styring	SWYPFT – link to Yorkshire Smokefree. http://www.southwestyorkshire.nhs.uk/your-wellbeing/	
		Hilary Mosely	CCG	
		Pete Jones	FIRE AND RESCUE SERVICE – looking into the possibility of having a page on the SYFR website on smoking and fire risks along with links to the Stop Smoking Service and Breathe2025	
		Claire Gray	PSS	
	Communications plan for Breathe 2025	Alex Hanna/ Emily Beevers	Communications and social media plans in place:	Ongoing

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015




³2015 Health Profile – Barnsley, PHE, June 2015



- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNSELY
PUBLIC HEALTH STRATEGY
- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNSELY

THE PUBLIC HEALTH STRATEGY WILL CONTRIBUTE TO ACHIEVING A BRIGHTER FUTURE AND A BETTER BARNSELY BY ENSURING CHILDREN HAVE THE BEST START IN LIFE AND EVERYONE ENJOYS A HAPPY HEALTHY LIFE WHEREVER THEY LIVE AND WHOEVER THEY ARE.



				  Implementation plan Social media plan.ods - Breathe 2025 Sept ;  Breathe 'champion' family.jpg	
<p>Repeated messages from different voices give strength to a cause (Minkler et al 2003). Working together with others to deliver effective mass media campaigns maximises the chances for the message to be heard, and heard repeatedly, by young people. Research shows us that the most effective element of a mass media campaign in terms of reducing the prevalence of smoking amongst young people is the duration and visibility of the campaign (NICE 2008).</p>	<p>Promotion of National/regional campaigns e.g. Stoptober, No Smoking day and World No Tobacco Day and any new legislation</p>	Alex Hanna/ Emily Beevers	BMBC <ul style="list-style-type: none"> Stoptober 2015 – resources ordered and distributed (via Health Trainers, Infant Feeding Team, Stop Smoking Service, Work place health) Smoking in cars legislation Oct 2015 – Schools E-Bulletin Health Harms campaign resources ordered and distributed Dec 2015 16 cancers campaign – posters distributed plus social media posts.	<p style="color: orange; font-weight: bold;">Ongoing</p>	
		Zoe Styring	SWYPFT <ul style="list-style-type: none"> Stoptober promotion within BHNFT http://barnsley.yorkshiresmokefree.nhs.uk/articles/check-out-our-stoptober-set-up-in-barnsley-hospital No Smoking Day 2016 - promotion in the bus station 9-13pm, hospital promotion all day .		
		Richard Jenkins	BHNFT – promotion of Stoptober on hospital internet http://www.barnsleyhospital.nhs.uk/news/quit-smoking-good-stoptober/		
		Judith Hirst	SCHOOLS-		

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015



- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNSELY

PUBLIC HEALTH STRATEGY

THE PUBLIC HEALTH STRATEGY WILL CONTRIBUTE TO ACHIEVING A BRIGHTER FUTURE AND A BETTER BARNSELY BY ENSURING CHILDREN HAVE THE BEST START IN LIFE AND EVERYONE ENJOYS A HAPPY HEALTHY LIFE WHEREVER THEY LIVE AND WHOEVER THEY ARE.

- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNSELY



			Hilary Mosely	CCG – distribution of 16 cancers posters to GP’s, social media posts	
			Claire Gray	PSS – staff working in the Dearne to promote.	
			Pete Jones	FIRE AND RESCUE SERVICE – to include info in weekly staff bulletins.	
				Other: <ul style="list-style-type: none"> Barnsley Premier Leisure (BPL) promotion of the ‘16 Cancers’ campaign in their sites. Barnsley Lesbian, Gay, Bisexual and Trans community (Barnsley LGBT) promoted 16 cancers campaign on their Facebook and website.	
	Embed smoking in all key policies, commissioned services, contracts and action plans		Diane Lee	BMBC <ul style="list-style-type: none"> Anti-poverty Plan 0-19 Priority in the Public Health Strategy 2015-18	Ongoing
		Zoe Styring	SWYPFT - states in the Smokefree Policy that ‘Procurement Department will ensure all tenders and contracts with the Trust stipulate adherence to this Policy as a contractual condition’ and ‘Training Department will ensure appropriate sessions, for example corporate induction and fire lectures refer to the Trust’s smokefree policy’		
		Richard Jenkins	BHNFT – Policy states ‘Will ensure that the system of selecting and controlling contractors ensures compliance with this policy’.		
		Hilary Mosely	CCG		

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015



			Claire Gray	PSS – CG looking into possibility of including not smoking in new staff contracts.	
			Judith Hirst	SCHOOLS	
Key Objective 2: making it harder for children and young people to access and use tobacco	There is good evidence that helping to maintain a visible proof of age/ID campaign and support the enforcement of the law reduces youth access to tobacco (NICE 2008), which reduces the opportunity and therefore the likelihood of smoking.	Ensure sufficient underage test sales are carried out	Simon Frow/ Paul Micklethwaite	19 test purchases for underage sales undertaken. Also test sales for E-cigs will be undertaken soon using funding from Trading Standards.	Ongoing
		Visible proof of age/ID campaign in wherever tobacco products are sold	Simon Frow/ Paul Micklethwaite	ID packs issued at every shop visit by Tobacco Enforcement Officer.	Ongoing
		Train retailers to ensure they are aware of legislation prohibiting underage sales and the harms of tobacco (target retailers within specific areas of high smoking prevalence and target retailers who are situated within walking distance	Simon Frow/ Paul Micklethwaite	Discussion at every visit by Tobacco Enforcement Officer. Also leaves retailers with a hand-out of key points.	Ongoing

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015



Key Objective 3: making tobacco less affordable, especially for children and young people	Far from being a victimless crime, the illegal tobacco trade makes it easier for children to start smoking, takes advantage of cash-strapped families, and helps fund organised crime. Young people are more at risk of becoming smokers if they have easy access to cigarettes (disposable income, access, and price).	of schools)			
		Ensure an effective illicit/counterfeit tobacco identification and management programme is in place	Simon Frow/ Paul Micklethwaite	Cigarettes are sent to the tobacco makers to be tested for counterfeit, full reports are provided that can be used as evidence. Some are also sent to a lab for Propensity testing to see if the cigarettes extinguish like they should. 174 retail and 54 private inspections so far resulting in 15 warning letters, 4 cautions. *** seized. Sniffer dogs booked for a full day 10.3.16 for retail inspections.	Ongoing
		Mechanism for monitoring sources of illicit/counterfeit tobacco locally	Simon Frow/ Paul Micklethwaite	Tobacco Enforcement Officer works in partnership with the Police and HMRC. Information is also received from the Tobacco Industry Fraud Officers.	Ongoing
		A mechanism for local 'whistle blowing'	Simon Frow/ Paul Micklethwaite	Trading Standards hotline. Business cards distributed with key points to look for and contact details. Communications – schools e-bulletin, internal comms, schools newsletters	Ongoing
		Awareness raising for health and social care staff on illicit tobacco and how to report it	Simon Frow/ Paul Micklethwaite	Tobacco Enforcement Officer to attend staff training days or team meetings. Attending the Stop Smoking Team meeting 1.3.16 to brief staff. Training for staff at The Company Shop at Goldthorpe.	Ongoing
		Awareness raising for education staff on illicit tobacco and how	Simon Frow/ Paul Micklethwaite	Tobacco Enforcement Officer to attend staff training days or team meetings. Speaking to school staff on visits. Meeting with Netherwood Family Liaison Officer	Ongoing

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015



- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNSLEY

PUBLIC HEALTH STRATEGY

THE PUBLIC HEALTH STRATEGY WILL CONTRIBUTE TO ACHIEVING A BRIGHTER FUTURE AND A BETTER BARNSLEY BY ENSURING CHILDREN HAVE THE BEST START IN LIFE AND EVERYONE ENJOYS A HAPPY HEALTHY LIFE WHEREVER THEY LIVE AND WHOEVER THEY ARE.

- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNSLEY



		to report it		regarding illicit cigarettes in the school.	
		Awareness raising for BMBC staff on illicit tobacco and how to report it	Simon Frow/ Paul Micklethwaite	Internal communications, 'Placebook' posts. Internal comms. Attending Central Area workshop on PH.	Ongoing
Key Objective 4: limit tobacco marketing and exposure to smoking seen by children and young	Tobacco packaging has become one of the tobacco industry's leading promotional tools Research suggests that standardised packaging would increase the impact of health warnings, and reduce the attractiveness of smoking to young people.	Enforce standardised packaging (from May 2016)	Simon Frow/ Paul Micklethwaite		From May 2016
	The regulations were brought in because evidence tells us that visible promotions of tobacco appeal to young people and it is a form of tobacco advertising.	Enforce point of sale restrictions	Simon Frow/ Paul Micklethwaite	21 Shutter inspections undertaken since April 2015.	Ongoing
	To normalise the smokefree vision. If people feel that smoking is less and less of a normal, societally acceptable activity, more people will quit, and more young people will not start in the first place (DH 2007).	Ensure events aimed at families, children and young people are smokefree			
Key Objective	Those who start and maintain smoking	All school nurses trained in brief			

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015



5: educate young people to make healthy choices around smoking and tobacco	before the age of 16 are also more likely to be heavier smokers, have worse health outcomes and be less likely to stop in the future (RCP 2010). Encourage them to access help and support to not smoke again if they have only tried one, or a few cigarettes. Most young people who have one cigarette will, without intervention, go on to smoke more for longer, and will be less likely to quit as adults (RCP 2010). Added to this, young people who smoke are more likely to participate in other risk taking or 'antisocial' behaviours – adolescent smoking is also correlated more or less strongly to truancy, alcohol use and to the use of other substances (NHS IC 2013).	advice around smoking cessation			
		School nurses promoting and referring to Be Well Barnsley			
		Work with schools on educating young people around tobacco	Zoe Styring	SWYPFT - Working with PSS to review the evidence around young people. Work underway in Barnsley Academy.	
			Claire Gray	PSS – Working with SWYPFT to review the evidence around young people. Be Well Advisors delivering a 4 week programme on healthy lifestyles to all year 7 pupils at Shafton ALC, which includes smoking. Be well Family Advisor to be trained in Stop Smoking.	
		Pete Jones	FIRE AND RESCUE SERVICE – 'Crucial Crew'- most Primary Schools attend.		
		Develop/commission a school based social norms/resilience programme	Emma White		
Key Objective 6: reduce	Evidence has shown that exposure to SHS causes death, disease and disability in adults	Promotion of smokefree homes	Diane Lee	BMBC –	Ongoing
			Richard Jenkins	BHNFT - funding from the Fire Service has helped buy resources with sleepsafe and	

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015



- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNLSLEY

PUBLIC HEALTH STRATEGY

THE PUBLIC HEALTH STRATEGY WILL CONTRIBUTE TO ACHIEVING A BRIGHTER FUTURE AND A BETTER BARNLSLEY BY ENSURING CHILDREN HAVE THE BEST START IN LIFE AND EVERYONE ENJOYS A HAPPY HEALTHY LIFE WHEREVER THEY LIVE AND WHOEVER THEY ARE.

- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNLSLEY



exposure to second hand smoke (SHS)	and children and that exposure to smoking behaviour is also a driver of smoking uptake among young people. A smokefree home means children are much less likely to smoke, even if their parents smoke. By not allowing anyone to smoke in their homes, parents not only make smoking less convenient for their children but also make a powerful statement that they believe smoking is undesirable. Children exposed to tobacco smoke are at much greater risk of cot death, meningitis, lung infections and ear disease (Royal College of Physicians).			smokefree home messages on – thermometer, scan wallets, bags for notes etc.	
		Zoe Styring		SWYPFT –	
		Claire Gray		PSS – Advisors in the Dearne promote. Be Well measured on ‘distance travelled towards tobacco harm reduction’ which includes SFH’s.	
		Pete Jones		FIRE AND RESCUE – provided funding to Midwifery for resources with sleepsafe and smokefree home messages on. Promotion of smokefree homes at home safety checks.	
		Judith Hirst		SCHOOLS -	
Smoking in cars causes harm to the other passengers from inhaling secondhand smoke and the potential harm that children will perceive smoking to be normal behaviour.	Enforce no smoking in cars with under 18s	Paul Micklethwaite	Working in partnership with the Police. Attendance at schools drop off/pick up times. Advice given. Visited 13 schools since Oct 2015. No fines issues as yet. Information given to the visited schools which some have included in their parents newsletters.		
Evidence tells us that children are less likely to start smoking if they do not view the activity as a normal part of everyday life. As smoking becomes less visible and less socially acceptable it	Pilot smokefree play areas/ town centre zones	Diane Lee			

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015



	should reduce smoking uptake by young or new smokers.				
	Advantages of smokefree mental health premises include: reduced exposure of patients and staff to secondhand smoke, an enhancement in patients' motivation to stop smoking and better sleeping patterns among patients.	Smokefree mental health premises.	Zoe Styring	SWYPFT – mental health premises went smokefree from Dec 2015.	Ongoing
Key Objective 7: support current smokers to quit	Smoking is the most important cause of preventable ill health and premature mortality in the UK. It still accounts for 1 in 6 of all deaths in England, and there exist huge inequalities in smoking related deaths: areas with the highest death rates from smoking are about three times as high as areas with the lowest death rates attributable to smoking. Mortality rates from conditions attributable to smoking is 24% higher in Barnsley than expected compared to the English rate.	Ensure that good quality evidence-based Stop Smoking Services are accessible to all smokers, particularly those from lower socio-economic groups and disadvantaged populations.	Carl Hickman/ Claire Gray/ Zoe Styring	BWB launched on 1st Nov 2015. Referrals into the Stop Smoking Service are via the Yorkshire Smokefree Hub. Currently reviewing LES workers –renewal or ending of contracts as some aren't active. Monitoring and working on improving quit rates across the service. Training on 'Quit Manager' system to improve accuracy of data. Refresher training for Be Well LES workers.	Ongoing
	Every day in Yorkshire and the	Support young	Zoe Styring		Ongoing

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015



- OUR VISION -
 WORKING TOGETHER FOR
A BRIGHTER FUTURE
 A BETTER BARNLSLEY

PUBLIC HEALTH STRATEGY

THE PUBLIC HEALTH STRATEGY WILL CONTRIBUTE TO ACHIEVING A BRIGHTER FUTURE AND A BETTER BARNLSLEY BY ENSURING CHILDREN HAVE THE BEST START IN LIFE AND EVERYONE ENJOYS A HAPPY HEALTHY LIFE WHEREVER THEY LIVE AND WHOEVER THEY ARE.

- OUR VISION -
 WORKING TOGETHER FOR
A BRIGHTER FUTURE
 A BETTER BARNLSLEY



	<p>Humber, 51 children aged 11–15 start smoking (Cancer Research UK). Half of them will go on to be adult smokers. And half of those will go on to die, if they continue to smoke, of a smoking-related illness.</p>	<p>people to stop smoking</p>			
	<p>Smoking rates amongst people with a mental health disorder are significantly higher than in the general population. Smokers with mental illness are frequently motivated to quit and are generally able to do so provided they are given evidence-based support.</p> <p>The recommendations are taken from the report by ASH (The Stolen Years 2016) which sets out how smoking rates for people with a mental health condition could be dramatically reduced in order to reduce the health inequality. It highlighting that a whole systems approach is needed. Comprehensive tobacco control strategies have made a real difference to</p>		<p>Zoe Styring</p>	<p>SWYPFT - All smoking inpatients are offered NRT within 10 hrs of admission. NRT is kept on the ward and is given out via the Pharmacy Lead. A member of the Stop Smoking Team spends 1 day a week in the inpatients (6month trial) 1 champion on each ward has been trained to level 2. All staff have completed the online NCSCCT training.</p>	

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015



- OUR VISION -
 WORKING TOGETHER FOR
A BRIGHTER FUTURE
 A BETTER BARNLSLEY

PUBLIC HEALTH STRATEGY

THE PUBLIC HEALTH STRATEGY WILL CONTRIBUTE TO ACHIEVING A BRIGHTER FUTURE AND A BETTER BARNLSLEY BY ENSURING CHILDREN HAVE THE BEST START IN LIFE AND EVERYONE ENJOYS A HAPPY HEALTHY LIFE WHEREVER THEY LIVE AND WHOEVER THEY ARE.

- OUR VISION -
 WORKING TOGETHER FOR
A BRIGHTER FUTURE
 A BETTER BARNLSLEY



	<p>smoking rates in the general population but have had limited impact on this group, and it is clear that a more targeted approach is needed. Mental health conditions affect almost a quarter of the population who die on average 10-20 years earlier than the general population. Smoking is the single largest cause of this gap in life expectancy. A third of all tobacco now smoked in England is by someone with a mental health condition. Smoking rates among people with mental health conditions have barely changed at all over the last 20 years (estimated to be at 40%) whilst the rates have been steadily falling in the general population (currently at 18%).</p> <p>Although the rates are much higher, the desire to quit is just as strong as for the average smoker. These smokers do not lack motivation to quit but are more likely to be highly</p>				
--	---	--	--	--	--

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015



	<p>addicted and heavily dependent on tobacco, and therefore need more help.</p> <p>NATIONAL TARGET = Smoking rates among people with a mental health condition to be less than 5% by 2035, with an interim target of 35% by 2020.</p>				
		<p>People with a mental health condition are empowered to take action to reduce their Smoking:</p> <ul style="list-style-type: none"> • Mental health settings should identify service user ‘stop smoking champions’ to work with staff and service users • All smokers with a mental health condition should be provided with clear, evidence based information about different options to quit or reduce the harm from smoking by primary care, social care, IAPT, specialist stop smoking services, secondary care services and pharmacists in a coordinated way. • Carers, friends and family members should be provided with advice and information about how best to support those with a mental health condition to address, reduce and stop their smoking. • Service users are included in the development of services designed to support people to quit or reduce the harm from smoking. • People with a mental health condition should be supported to develop alternative occupations to smoking, to help establish new healthier routines. <p>Staff working in all mental health settings see reducing smoking among service users as part of their core role:</p>			

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015



		<ul style="list-style-type: none"> • In all environments in which care and support is provided to people with a mental health condition there should be a dedicated senior staff member who is the ‘stop smoking champion’, supported by a cross-disciplinary committee where appropriate. They should have responsibility for ensuring smoking is being addressed among service users. • Mental health care settings should ensure all staff working with those with a mental health condition are trained in very brief advice (VBA), and those who are assisting patients to temporarily abstain or quit smoking are trained to a minimum standard described by the NCSCT. • There should be a good understanding among staff in all mental health settings about the benefits to service users of quitting smoking. • Strategies should be in place to support staff in all mental health settings to quit smoking. <p>Services for people with mental health conditions provide effective advice and support to quit smoking and access to appropriate specialist stop smoking models:</p> <ul style="list-style-type: none"> • All residential and community mental health settings should support quitting smoking by providing brief advice, in-house specialist tailored stop-smoking support or referral to appropriate stop smoking services. For hospital settings, on-site tobacco dependence treatment services should be established. • Local Authority commissioned stop smoking services should be funded to support community and inhouse mental health staff with appropriate training and mentoring to deliver to the necessary levels of 	
--	--	---	--

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015



		<p>intervention, as detailed above.</p> <ul style="list-style-type: none"> • Mental Health Trust Boards, Clinical Commissioning Groups and commissioners of mental health services should ensure that delivery of NICE standards in relation to smoking, specifically PH48 and PH45, is a pre-requisite of services being commissioned. • Stop smoking support and appropriate signposting should be embedded in mainstream an community based mental health services. • There should be clear policies which enable timely access to appropriate pharmacotherapy in all care settings for people with mental health conditions, including: <ul style="list-style-type: none"> • easy and affordable access to pharmacotherapy in the community for both quitting and cutting down • on arrival at an inpatient ward, patients should have access to nicotine replacement therapy (NRT) within 30 minutes • NRT should be available for as long as it is needed at a sufficient dose and frequency • combination NRT or varenicline should be seen as first line medications for those wishing to cut down or quit • An agreed tobacco dependence treatment plan should be included in the collaborative care plan of all service users who smoke. • Access to peer support should be available for people with mental health conditions attempting to quit smoking. • Clear pathways should be developed between mental health and other services to ensure support to quit smoking is maintained as people move through the system. • Service users and carers are included at all stages during the planning, delivery and 	
--	--	---	--

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015



		<p>evaluation of health and care services designed for those with mental health conditions.</p> <p>Local Authority funded stop smoking services (SSS) effectively support those with a mental health condition to quit smoking:</p> <ul style="list-style-type: none"> • Stop smoking practitioners should be trained on the specific issues around mental health and smoking including the importance of liaising with primary and secondary care staff about the impact of quitting and relapse on anti-psychotic medication dosage. • Stop smoking services should routinely ask about mental health conditions and record this information. • Stop smoking services should have a “mental health champion” to ensure that those with mental health conditions receive appropriate treatment and support. • Stop smoking services should have clear protocols with local mental health services including development of in-reach and outreach models of support. • Greater attention should be paid to models of relapse prevention, especially for those identified at high risk of relapse. • There should be a specific harm reduction plan for those with a mental health condition who do not want to or are finding it difficult to quit. • Commissioners of stop smoking services should identify appropriate measures of success and appropriately incentivise services aimed at those with mental health conditions, for whom four-week quits may not be appropriate. • Barriers to engagement with cessation services of those with mental health conditions should be 	
--	--	--	--

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015



		<p>identified and addressed.</p> <p>People with mental health conditions who access mainstream physical health services are routinely advised to quit smoking and sign-posted to effective support:</p> <ul style="list-style-type: none"> • Stop smoking support and appropriate signposting for those with mental health conditions should be embedded in primary care: Tobacco dependence treatment should be offered to everyone with a mental health condition accessing primary care services. • Care should be provided in the community in a holistic way - mental and physical health needs are addressed, and each person receiving care should have access to a selection of health care professionals treating all of their health care needs. • People with a mental health condition who develop a physical health condition should be provided with targeted support to quit in primary and secondary care. • The use of CO monitors as a motivational tool is trialled. • Health Education England should ensure that all professionals seek to Make Every Contact Count among those with a mental health condition in relation to smoking and other harmful behaviours. <p>People with mental health conditions who are not yet ready or willing to quit are supported through harm reduction strategies:</p> <ul style="list-style-type: none"> • The methods outlined in NICE PH45, 'Smoking: Harm reduction', should be implemented for all those with a mental health condition who are unwilling or unable to stop smoking completely. • Evidence based information should be available to all those with a mental health condition about a 	
--	--	--	--

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015



		<p>range of alternative nicotine containing products including electronic cigarettes.</p> <ul style="list-style-type: none"> • Staff across mental health and physical health services should be trained and provided with information to enable them to discuss safer alternatives to smoking. • Commissioners and providers should: <ul style="list-style-type: none"> • ensure all services include training on behavioural support, harm reduction and NRT • have good communication to all smokers on the relative safety of nicotine • make provision of NRT a normal part of care management for anyone who smokes • have performance management measures in place to monitor activity around harm reduction/ nicotine management activity. <p>Support to quit smoking for those with complex multiple needs and across different settings is appropriate and consistent:</p> <ul style="list-style-type: none"> • Appropriate evidence-based interventions should be provided to all smokers receiving treatment for alcohol/drug use, to help them stop or reduce their smoking. • Those in prisons, homelessness services and other settings with a high prevalence of mental health conditions should be offered advice and then evidence based interventions to stop or reduce their smoking. • All pregnant smokers including those with mental health conditions should be offered advice and then evidence based interventions to stop or reduce their smoking. • Staff in other services accessed by people with mental health conditions such as social services, debt advice, job centre and probation should receive training so that they are able to offer very brief advice (VBA) and signpost for services which are able to offer evidence based interventions to stop or reduce their smoking. 	
--	--	--	--

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015



		<p>Data regarding smoking status and progress towards quitting are collected in a timely and appropriate way in all settings and appropriately shared:</p> <ul style="list-style-type: none"> • Recording of smoking status should be built into existing systems and collated by commissioners across a locality. In particular, smoking status should be recorded: <ul style="list-style-type: none"> • for all people on the primary care depression register and SMI register which is available at local authority and practice level • entry and discharge from IAPT services and be made available at local authority level • in secondary mental health care settings at admission and discharge and be available at local authority and trust level • Recording of smoking status in mental health and other settings should prompt action, including referrals. • Effective recording of smoking status and mental health conditions in primary care with data consolidated and shared with local strategic partners including local authority and CCG. • Systems should be put in place to ensure appropriate information can be shared between secondary mental health services, primary care, stop smoking services, IAPT and pharmacies. • Commissioners of mental health services should mandate that there is recording of smoking status at all assessments, including automatic referral to smoking cessation services and an assessment of severity of dependence including CO Monitoring. • Data are effectively communicated to those who can use it to influence policy and commissioning. 	
--	--	--	--

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015



- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNSELY

PUBLIC HEALTH STRATEGY

THE PUBLIC HEALTH STRATEGY WILL CONTRIBUTE TO ACHIEVING A BRIGHTER FUTURE AND A BETTER BARNSELY BY ENSURING CHILDREN HAVE THE BEST START IN LIFE AND EVERYONE ENJOYS A HAPPY HEALTHY LIFE WHEREVER THEY LIVE AND WHOEVER THEY ARE.

- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNSELY



		<p>Populations at risk of developing mental health conditions are identified and appropriate interventions put in place to prevent uptake of smoking:</p> <ul style="list-style-type: none"> • All environments in which care is delivered to vulnerable people should be smokefree. • Populations identified as at risk of developing a mental health condition should receive targeted stop smoking support. • Looked after children should be provided with smokefree role models and a smokefree environment. • Clinicians working in CAMHS should have effective training in identifying and treating young smokers. • All staff working in services where social care is provided should have basic knowledge and understanding of tobacco dependence and know how to seek specialist support as required 			
	Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy. Encouraging pregnant women to stop smoking during pregnancy may also help them kick the habit for good, and thus	<p>Support pregnant women to stop smoking</p> <p>Commission an independent review into smoking in pregnancy</p>	<p>Richard Jenkins</p> <p>Zoe Styring</p> <p>Claire Gray</p>	<p>BHNFT - PSS and SWYPFT have both contributed £10,000 to keep the Specialist Midwife in post till Oct 1016.</p> <p>SWYPFT – Pregnancy advisor shares referrals with the Specialist Midwife (50/50 split).</p> <p>PSS – ‘Fit mums’ programme. Booklet given to all mums on programme includes stop smoking advice.</p> <p>Working with Midwife to monitor priority groups such as teenage mums and substance misuse.</p> <p>Gap identified with the Children Centres –</p>	Ongoing

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015



- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNLSLEY
PUBLIC HEALTH STRATEGY
- OUR VISION -
WORKING TOGETHER FOR
A BRIGHTER FUTURE
A BETTER BARNLSLEY

THE PUBLIC HEALTH STRATEGY WILL CONTRIBUTE TO ACHIEVING A BRIGHTER FUTURE AND A BETTER BARNLSLEY BY ENSURING CHILDREN HAVE THE BEST START IN LIFE AND EVERYONE ENJOYS A HAPPY HEALTHY LIFE WHEREVER THEY LIVE AND WHOEVER THEY ARE.



	<p>provide health benefits for the mother and reduce exposure to second-hand smoke by the infant.</p> <p>Barnsley has significantly more women smoking at time of delivery compared to England – nearly double the rate.</p>			no current LES workers due to changing job roles.	
			Hilary Mosely	CCG/BMBC - £30k funding provided by CCG. Currently out to tender for a Smoking in Pregnancy review (£10k) then the rest of the funding will be used to implement the recommendations from the review.	
	<p>This enables everyone who has contact with members of the public to play a part in tackling smoking.</p>	Increase Making Every Contact Counts & brief intervention/ motivational interviewing training	Kaye Mann	Currently scoping out the options.	Ongoing

¹ Latest estimated smoking population in Barnsley = 41,962 (ASH The Local Cost of Tobacco 2015)

² ASH The Local Cost of Tobacco 2015

³2015 Health Profile – Barnsley, PHE, June 2015