



Item 7b



Making Smoking History in County Durham

Smoke Free County Durham Tobacco Control Action Plan

The Vision

“The tobacco-free generation is a vision well worth striving for – that a child born now in any part of County Durham will reach adulthood breathing smokefree air, being free from tobacco addiction and living in a community where to smoke is unusual.

We owe it to our children to make this happen

(Adapted with kind permission from ASH Scotland - 2013)

2013/14

Year one of a five year plan 2013 – 2017

Signed off by the Health Improvement Partnership 11th July 2013
Agreed by Cabinet 30th October 2013

Tobacco Control - The Challenge

An ambition to reduce smoking prevalence in County Durham to 5% by 2030

Smoking is the biggest preventable cause of death globally, killing half of all smokers prematurely. In the 20th century, the tobacco epidemic killed 100 million people worldwide. During the 21st century, it could kill one billion. Smoking causes 50 different conditions and costs the NHS £2.7 billion to treat every year. Tobacco is a leading cause of health inequalities and is responsible for half the difference in life expectancy between rich and poor.

The tobacco control movement seeks to address the death, disability and disease caused by smoking and can be seen a global response to the greatest public health threat the world has ever faced.

To counteract the tobacco epidemic, the tobacco control movement needs to recruit advocates who can engage politicians, opinion leaders and the public in the smoking debate. The main aims of tobacco control activities include reducing exposure to secondhand smoke, the use of proven treatments of tobacco addiction, promoting effective health campaigns, banning tobacco marketing and promotion, increasing tobacco taxation and tackling illicit trade in tobacco products.

Tobacco is unique. It is the only product that kills when it is used entirely as intended. Tobacco is not abused. It is marketed by the tobacco industry to be smoked and inhaled. In doing this, it kills half of its consumers.

(Tobacco Control Advocacy toolkit – A guide to Planning Advocacy activity to tackle tobacco 2010)

In 2011 the government published the White paper 'Healthy Lives, healthy People: A Tobacco Control Plan for England'. A five year plan which under the leadership of local authorities, the government want to encourage the development of partnerships in tobacco control where anyone who can make a contribution is encouraged to get involved. In implementing comprehensive tobacco control in their communities, they encourage local authorities to maximise local involvement by building tobacco control alliances that include civil society.

While the Public Health Outcomes Framework will provide the key source of information about progress on reducing tobacco use, the government is setting three national ambitions to focus tobacco control work across the whole system:

- *Reduce smoking prevalence among adults in England: To reduce (aged 18 or over) smoking prevalence in England to 18.5 % or less by the end of 2015, meaning around 210,000 fewer smokers a year*

- *Reduce smoking prevalence among young people in England: To reduce rates of regular smoking among 15 year olds in England to 12% or less by end of 2015*
- *Reduce smoking during pregnancy in England: To reduce rates of smoking throughout pregnancy to 11% or less by the end of 2015*

These national ambitions will not translate into centrally driven targets for local authorities. Rather, they represent an assessment of what could be delivered as a result of the national actions described in the plan, together with local areas implementing evidence-based best practice for comprehensive tobacco control. Local areas will decide on their own priorities and ways of improving health in their communities, in line with the evidence base and local circumstances.
(*HM Government 2011 Healthy Lives, Healthy People: A Tobacco control Plan for England*)

Smoking and young people

Smoking among young people is associated with a range of factors, operating at the individual, social, community and societal levels which increase children's and young people's risk of becoming smokers. In particular, smoking uptake is linked to disadvantaged social, educational and economic trajectories. Young people are most at risk of becoming smokers if they grow up in families and communities where smoking is the norm and where they have access to cigarettes. Children whose parents and/or siblings smoke are more likely to become smokers.

Exposure to Secondhand smoke

Disadvantaged children, young people and adults are also likely to be exposed to higher levels of second-hand smoke (SHS) than those from more privileged backgrounds. This is due to lower levels of smoking restrictions in the home. More action is needed to protect these vulnerable groups from SHS exposure where they live, and in cars. Action is needed to prevent smoking uptake in children, to help vulnerable adults to quit and to protect children and adults from SHS.

Smoking Prevalence in County Durham

Smoking prevalence in county Durham aged 18+ years is 20.9% (Integrated Household Survey 2011/12). Amongst Routine and Manual Groups this rises to 26%. (See table 1. Tobacco Control Profiles).

Smoking and impact on County Durham

How much is smoking costing County Durham?

The total annual cost of smoking in County Durham is **£27,934,868**, which can be broken down as:

NHS Costs: £21,062,653

Costs to businesses (productivity losses): £6,558,163

Passive smoking costs: £303,744 (adults: £215,838; children: £87,906)

How does this relate to NHS events (e.g. number of hospital admissions?)

The £21,062,653 in annual NHS costs are the result of:

£94,267 GP consultations;

£26,433 practice nurse consultations;

£18,089 outpatient visits;

£4,970 hospital admissions; and

£52,414 prescriptions.

The Local Tobacco Control Profiles for England provides a snapshot of the extent of tobacco use, tobacco related harm, and measures being taken to reduce this harm at a local level. These profiles have been designed to help local government and health services to assess the effect of tobacco use on their local populations. They will inform commissioning and planning decisions to tackle tobacco use and improve the health of local communities.

The tool allows local authorities to compare against other local authorities in the region and benchmark against the England average. The table below compares County Durham with the England average. The red circles show where County Durham is worse than the England average.

Table 1. Tobacco Control Profiles for England County-Durham results



Indicator	Period	Co Durham		Region	England	England			
		Count	Value	Value	Value	Worst	Range	Best	
Smoking attributable mortality	2008 – 10	3,378	275.1	272.8	210.6	371.8		125.2	
Smoking attributable deaths from heart disease	2008 – 10	422	38.5	37.0	30.3	58.4		14.6	
Smoking attributable deaths from stroke	2008 – 10	138	11.9	11.7	9.8	19.2		4.8	
Deaths from lung cancer	2009 – 11	1,213	49.9	53.4	37.2	70.3		20.9	
Deaths from chronic obstructive pulmonary disease	2009 – 11	1,026	37.4	34.7	25.3	51.6		12.1	
Lung cancer registrations	2008 – 10	1,516	64.4	67.2	46.6	86.2		25.1	
Oral cancer registrations	2008 – 10	177	9.0	10.8	9.5	16.6		3.4	
Smoking attributable hospital admissions	2010/11	6,748	1,883	2,066	1,420	2,536		726	
Cost per capita of smoking attributable hospital admissions	2010/11	13,442,833	44.4	49.0	36.9	61.7		14.5	
Smoking prevalence – routine & manual	2011/12 Q1 – 2011/12 Q4	-	26.0%	29.1%	30.3%	49.0%		7.5%	
Smoking Prevalence (IHS)	2011/12 Q1 – 2011/12 Q4	-	20.9%	21.2%	20.0%	29.4%		8.2%	
Smoking status at time of delivery	2011/12	1,216	21.3%	20.7%	13.2%	29.7%		2.9%	

Public Health England (2013) Local Tobacco Control Profiles for England
The values relate to per 100,000 of population.

The County Durham Joint Strategic Needs Assessment (JSNA) contains health profiles which relate to smoking and health and therefore supports the evidence of the need to address tobacco as a high priority for County Durham.

Reducing smoking prevalence in county Durham

The aim of tobacco control is to make smoking less desirable, accessible and affordable. Locally this means improving health and reducing health inequalities by reducing the number of smokers (preventing the uptake of smoking and assisting those who want to quit).

Delivering evidence based tobacco control requires long term strategic commitment to ensure the mechanisms are in place to drive the agenda forward. The vehicle to deliver this then relies on the commitment of a range of partners understanding and supporting the evidence and coming together in the form of a local tobacco control alliance.

Reducing smoking prevalence and reducing the use of tobacco will help County Durham to:

- Cut costs to local public services
- Protect children from harm
- Boost the disposable income of the poorest people
- Cut health inequalities
- Drive real improvement across key measures of population health

To reduce smoking prevalence in County Durham, there needs to be a long term commitment to achieve a vision of *Making Smoking History*. Making Smoking History in County Durham means a commitment to improve health, reduce health inequalities by reducing the death, disability and disease caused by smoking.

The Tobacco Control Alliance partners of County Durham have an ambition that by 2030 smoking prevalence in County Durham is reduced to 5%, and amongst Routine and Manual Groups reduce smoking prevalence to 10%.

This ambition is driven by a vision to make children the future focus for protection and the statement below is the commitment to this:-

“The tobacco-free generation is a vision well worth striving for – that a child born now in any part of County Durham will reach adulthood breathing smokefree air, being free from tobacco addiction and living in a community where to smoke is unusual. We owe it to our children to make this happen”

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This tobacco action plan therefore supports this vision over a five year interim plan 2013 – 2017 that aspires to reducing smoking prevalence each year by 1%. The County Durham Tobacco Control Action Plan supports the County Durham Strategies

- Sustainable Community Strategy
- Joint Health and Wellbeing Strategy
- Children, Young People & Families Plan

Effective tobacco control requires three domains; **C**hallenge tobacco control services; **L**ocal leadership and **R**esults demonstrated by outcomes.



Taken from ASH (2012) **CLear** Thinking Excellence in local tobacco control

The Smokefree Tobacco Control Alliance for County Durham brings together partners from across the county to work together to implement action locally. It will use the Clear Thinking approach as a driver. The alliance is jointly chaired by Councillor Audrey Laing, Support Member for Councillor Lucy Hovvels (Safer & Healthier Communities) Durham County Council and Anna Lynch Director of Public Health County Durham.

The alliance must deliver on all key strands.




1. Developing infrastructure, skills and capacity at local level and influencing national action.
2. Reducing exposure to second hand smoke
3. Helping Smokers to quit
4. Media communications and social marketing
5. Reducing the availability of tobacco products and reducing supply of tobacco
6. Reducing the promotion of tobacco
7. Tobacco Regulation
8. Research, Monitoring and evaluation

This alliance plan covers activity for year one 2013/14, of a five year medium term plan that supports a long term plan to 2030 to reduce smoking prevalence to 5%.

Partners signed up to the alliance:-

Durham County Council
County Durham and Darlington NHS Foundation Trust
North Durham CCG
Durham Dales, Easington and Sedgefield CCG
Tees Esk and Wear Valley NHS Foundation Trust
County Durham Health Networks
County Durham Area Action Partnerships (AAP)
County Durham and Darlington Fire and Rescue
County Durham Further Education Colleges
Fresh

Strategy	Theme / programme area	Objective	Milestone End of Quarter	Performance measure	Lead officer / Delivery partner	Performance RAG			Update Reports Quarter One
		<p>Partner organisations support WHO Framework Convention Tobacco Control - Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry</p> <p>Cease British American Tobacco BAT Pensions investments</p> <p>No sign up in support of Tobacco Front Groups</p>	March 2017	Disinvest DCC pension in BAT	Association of North East Councils (ANEC) All partners				
		Commit to a sub national Tobacco Programme.	April 2013 - 2017	Five year funding commitment	North East Local Authorities				
		<p>Comprehensive review of alliance via the ASH Clear Thinking model 'Excellence in local tobacco control'</p> <p>Undergo a one day peer-based challenge</p>	March 2014	Peer Assessment held, report produced and actions identified	Dianne Woodall DCC				
		Link alliance with Regional Networks.	June 2013 Sept 2013? Dec 2014 March 2014	Alliance member attendance at Smokefree North East Network meetings. Submit quarterly alliance updates	Dianne Woodall DCC				

Strategy	Theme / programme area	Objective	Milestone End of Quarter	Performance measure	Lead officer / Delivery partner	Performance RAG			Update Reports Quarter One
									
		Trained advocates versed in local tobacco vision identified key advocates to be trained		number of elected members trained number of key advocates trained	Fresh				
		Input to local strategic and decision makers forums	July 2013 Jan 2014	Six monthly report/attend HIP group. Presentations to CCGs	Dianne Woodall DCC				
		Engage/involve AAPs and Health Networks when community based tobacco control activity is undertaken and when TC action is required	Quarterly	HN/AAPs input on the tobacco control agenda/action plan?	PH portfolio leads linked to AAP Health Network chairs				
		Alliance partner organisations commit to share Intelligence to support wider tobacco control e.g. Tab houses Proxy sales Non-compliance with Smokefree (SF) law Non-compliance with local policies	Quarterly	Reporting noted And actions taken	All partners				
		Implement Making Smoking History programme in Further Education colleges	March 2014	No. of colleges implementing programme	Dianne Woodall DCC				

Strategy	Theme / programme area	Objective	Milestone End of Quarter	Performance measure	Lead officer / Delivery partner	Performance RAG			Update Reports Quarter One
	Reducing exposure to secondhand smoke (SHS) To reduce exposure to SHS for children, vulnerable adults and workers	Establish a baseline of the impact of the Smoke Free Families Initiative (to include training sessions) in two targeted communities in County Durham. Work in partnership with local community groups and agencies to run an awareness campaign on the risks of second hand smoke to children and young people	June 2013 Sept 2013 Dec 2013 March 2014	Measure knowledge of risks before and after campaign Number and type (if any) of changes in smoking behaviour following the campaign.	Ruth Bennett CDDFT				
	De-normalise smoking by increasing public support for SF areas	Support/lobby for legislation for SF cars carrying children MP support and Elected Members	As and when required		Dianne Woodall				
	“	Implement local policy for SF children’s play areas	2015		Oliver Sherratt DCC				
	“	Improve compliance with Smokefree hospital grounds	June 2013? Sept 2013? December 2013 March 2014	Policy review and reports against compliance	Claire Matthews CDDFT				
	“	Deliver a programme of intelligence led and targeted interventions to ensure compliance with smoke free legislation in premises and vehicles (including taxis).		No. of awareness campaigns, visits and enforcement actions.	Joanne Waller DCC Michael Yeadon /John Benson DCC				

Strategy	Theme / programme area	Objective	Milestone End of Quarter	Performance measure	Lead officer / Delivery partner	Performance RAG			Update Reports Quarter One
		Improve compliance with smokefree policy on DCC grounds	March 2014 Policy review 2014	Compliance improvement	Kim Jobson DCC				
		Smoke Free Families (SFF) incorporated into Durham Housing Associations. Identify policies that will support SFF project. Identify 20 staff who require training	Sept 2013	Number of staff trained in SFF	Simon Bartlett DCC				
		Gather intelligence from a variety of sources relating to the existence of shisha and water pipe cafes and undertake targeted interventions to ensure compliance with relevant legislation.	none	No. of targeted interventions	Joanne Waller DCC Owen Cleugh / Chris Cooper DCC				
	Supporting smokers to stop	Achieve 5066 quitters	Q1 (Sept 13) Q2 (Dec 13) Q3 (March 14) Q4 (June 14)	Quitters Q1 =1215 Q2 =1063 Q3 = 914 Q4 =1874	Dianne Woodall DCC				

Strategy	Theme / programme area	Objective	Milestone End of Quarter	Performance measure	Lead officer / Delivery partner	Performance RAG			Update Reports Quarter One
		'Stop before the Op' campaign with GPs	September 2013 December 2013 March 2014	Action plan to implement campaign	Darcy Brown CDDFT				
		Review smoking support within Mental Health settings. Pilot one area of TEWV inpatient area	March 2014	Systems in place to support inpatients	Iain Miller CDDFT Jacqui Dyson TEWV				
		Reduce number of women smoking in pregnancy Baseline for County Durham 2006/7=24% 2012/13 year to date = 19.9%	Sept 2013 (Q1 data 2012/13) Dec 2013 (Q2 data 2012/13) March 2014 (Q3 data 2012/13)	Smoking at time of delivery data Target for 2013/14=20.9%	Anne Holt CDDFT				
		Commission Support for young people within substance misuse settings	March 2014	Pilot project with 4Real service	Dianne Woodall DCC				
		Monitor referrals from partners organisations via brief intervention (BI) training	June 2013 Sept 2013 Dec 2013 March 2013	Number of BI delivered Number of referrals	Iain Miller CDDFT				

Strategy	Theme / programme area	Objective	Milestone End of Quarter	Performance measure	Lead officer / Delivery partner	Performance RAG			Update Reports Quarter One
	Media, communications, social marketing and education	<p>Develop a MARCOMS plan to support local, regional and national campaigns</p> <p>Support national and Regional Media campaigns:-</p> <p>Keep it out Stoptober Every Breath No Smoking Day</p> <p>PHE campaigns Secondhand Smoke - Smokefree homes and cars Stoptober New Year Harms</p> <p>Need to link to Fresh campaigns Smokefree Cars Smoking and Pregnancy</p>	<p>June 2013 September 2013 December 2013 March 2014</p>	<p>No. of Campaigns supported:- Number of articles in media, newspapers, radio etc, internal and external news bulletins</p>	<p>Chris Woodcock Karen Stewart DCC</p>				
		<p>Deliver the MARCOMS plan ensuring that publicity and marketing activity is targeted on those areas of high smoking prevalence and / or illegal tobacco activity.</p>	<p>In line with MARCOMS plan</p>	<p>Positive marketing outcomes?</p> <p>Feedback from illicit tobacco steering group</p>	<p>Chris Woodcock Karen Stewart DCC</p>				
		<p>Media Launch of the TC alliance action plan</p>	<p>Sept 2013</p>	<p>Plan launched and disseminated</p>	<p>Chris Woodcock DCC</p>				

Strategy	Theme / programme area	Objective	Milestone End of Quarter	Performance measure	Lead officer / Delivery partner	Performance RAG			Update Reports Quarter One
		Secondary Care support to above campaigns Stop before the Op campaign	September 2013 Dec 2013 March 2014	Internal communications	Paul Scott CDDFT				
		No Smoking Day (NSD):- Deliver a County wide co-ordinated NSD smoking campaign and support activities relating to No Smoking Day	March 2014	NSD action plan meeting No Smoking Day activity	Karen Stewart Chris woodcock DCC				
		Development of a Youth Advocacy approach to tobacco control and alcohol.	Sept 2013 March 2014	Commissioned organisation to deliver project	Dianne Woodall Kirsty Wilkinson DCC				
		Continuing to publicise the dangers of using smoking materials and the part they play in fires. Support specific No Smoking campaigns by providing 'quotes' for articles/press releases.	Sept 2013 Dec 2013 March 2014	No. of press releases	Andrew Allison CDDFR				

Strategy	Theme / programme area	Objective	Milestone End of Quarter	Performance measure	Lead officer / Delivery partner	Performance RAG			Update Reports Quarter One
		<p>Ensure implementation of NICE Guidance on smoking prevention and preventing uptake of smoking</p> <p>Deliver tobacco programme e.g. drama/ workshops to support schools deliver evidence</p>	March 2014	<p>No. of Schools achieving smokefree schools quality standards</p> <p>Commission providers to deliver drama support in schools</p>	<p>Suzanne Irvine CDDFT</p> <p>Dianne Woodall DCC</p>				
		Use online tools to gain public support/insight on TC issues/agendas	<p>Sept 2013</p> <p>March 2014</p>	Response reports produced	Chris Woodcock DCC				
		Incorporate tobacco as part of the Alcohol led social norms work in schools	Sept 2013	First Smoking Prevalence data of young people in County Durham	Dianne Woodall DCC				
		Develop a bank of client case studies for media purposes	Quarterly	No. of case studies	Karen Stewart DCC				
		<p>Smoking in the movies.</p> <p>Develop actions to raise awareness e.g. paid smoking ads prior to films depicting smoking in Co Durham cinemas</p>	2013 - 2017	TBC	Dianne Woodall DCC				

Strategy	Theme / programme area	Objective	Milestone End of Quarter	Performance measure	Lead officer / Delivery partner	Performance RAG			Update Reports Quarter One
		Awareness of Childhood Initiation and tobacco industry recruiting young people		Tobacco control delivered to Local councillors etc	Anna Lynch				
	Reducing availability and supply of tobacco products-licit and illicit and addressing the supply to children	Deliver an intelligence led and targeted enforcement programme to reduce availability and supply of tobacco products to children	Annual enforcement programme March 2014	% failure in test purchasing. No of complaints No of enforcement actions	Joanne Waller DCC Owen Cleugh / Chris Cooper				
		Deliver staff and community awareness raising through MAPS, AAP's and Housing Associations in order to increase reporting and gain community intelligence concerning illicit, counterfeit, bootlegged and smuggled tobacco products	Sept 2013 Dec 2013 March 2014	4 awareness raising messages delivered – one in each Q.	Grahame McArdle DCC				
		Working In partnership and using local, regional and intelligence sources to plan and deliver special operations and targeted interventions tackling illicit, counterfeit, bootlegged and smuggled tobacco products.	Annual enforcement programme March 2014	No of enforcement actions and quantity of tobacco products seized.	DCC / Durham Constabulary / HMRC Owen Cleugh / Chris Cooper				

Strategy	Theme / programme area	Objective	Milestone End of Quarter	Performance measure	Lead officer / Delivery partner	Performance RAG			Update Reports Quarter One
		Ensure representation on regional Steering Group concerning Illicit Tobacco	Quarterly	Feedback to the Alliance	Chris Cooper DCC Owen Cleugh DCC				
	Tobacco Regulation	<p>Actions to Support Tobacco Regulation</p> <p>Ensure partner involvement in lobbying activity when required in response to tobacco regulation issues</p> <ul style="list-style-type: none"> • Standardised packaging • Consultation on E-cigarettes • Support for licensing of tobacco sales • Tobacco Taxation 	March 2014		Dianne Woodall DCC				
	Reduce tobacco promotion	Ensure partner involvement in lobbying activity when required in response to tobacco promotion issues	March 2014 March 2015 March 2016 March 2017		Dianne Woodall DCC				
		<p>Exposure of the Tobacco Industry tactics, how they promote to young people</p> <p>Use local networks/media/training opportunities</p>		No. of training sessions offer	All Partners				

Strategy	Theme / programme area	Objective	Milestone End of Quarter	Performance measure	Lead officer / Delivery partner	Performance RAG			Update Reports Quarter One
		Prevent the tobacco industry targeting young people Ensure compliance with tobacco promotions in pubs and clubs	June 2013 March 2014	Include tobacco control measures as part of Best Bar None (BBN) Review Reporting of any non compliance	Carol Feenan DCC Town Centre manager and BBN manager				
	Research, Monitoring and evaluation	Ensure County Durham tobacco Alliance is delivering effectively.	June 2013 Sept 2013 Dec 2013 March 2014	Quarterly reports to Tobacco Control Partnership	Dianne Woodall DCC				
		Health Equity Audit on the Stop Smoking Service	Sept 2013	Audit report produced and circulated	Michael Fleming DCC				

Strategy	Theme / programme area	Objective	Milestone End of Quarter	Performance measure	Lead officer / Delivery partner	Performance RAG			Update Reports Quarter One
		Develop links with the Community Action Team (CAT) and deliver a community based tobacco control initiative involving a range of partners including statutory, voluntary and community groups	Two year rolling CAT programme covering 11 LMap areas, subject to further review in 2015 Project Initiation Document (PID) and key outcomes TBC in line with Tobacco Alliance Action Plan Feedback / Performance reviewed at end of each 8-10 week area initiative.	No Interventions undertaken Media / Awareness campaigns Enforcement actions / seizures Community intelligence incident reports Smoking cessation service uptake Level of retailer compliance	Dianne Woodall / Joanne Waller DCC Various Partner organisations				

Strategy	Theme / programme area	Objective	Milestone End of Quarter	Performance measure	Lead officer / Delivery partner	Performance RAG			Update Reports Quarter One
		Track smoking prevalence 2011/12 England prevalence 20% North East prevalence 21.2% County Durham 20.9% Amongst Routine and Manual workers England 30.3% North East 29.1% County Durham 26%	March 2014	Integrated Household Survey	Dianne Woodall DCC				
		Establish smoking prevalence baseline for 15 years olds Reduce smoking prevalence amongst this age group	2014 2014 - 2017	Social norms data “	Dianne Woodall DCC				
		Involvement in UK Centre for Tobacco Control Studies ‘Start2Quit’ Study to increase uptake to stop smoking support	Sept 2013 Dec 2013 March 2014	Evaluation of study produced and circulated	Iain Miller DCC				
		Implement tobacco programme in secondary schools as part of the norms programme		Social norms results	Cornforth Partnership				
		Evaluate long term outcomes of NHS Stop Smoking Service	2013 - 2017	Percentage quit at 12 weeks	Iain Miller CDDFT UKTCRC				

Strategy	Theme / programme area	Objective	Milestone End of Quarter	Performance measure	Lead officer / Delivery partner	Performance RAG			Update Reports Quarter One
		Monitor investment on tobacco control	2013 - 2017	NICE ROI (Return on investment tool)	Dianne Woodall DCC				
		Baby Clear project Increase uptake to stop smoking support amongst pregnant smokers Baseline 2012/13 9.9% conversion rate	March 2014	Number referred to service and number setting a quit date	Iain Miller CDDFT				
		Monitor County Durham's population health via the tobacco control programme Baselines (see Tobacco Control Profiles page 5)	March 2013 - 2017	Tobacco Control Profile Indicators	Tobacco Alliance				
		Reduce children's exposure to second hand smoke Establish baseline of children exposed Monitor yearly results	March 2013 – 2017 March 2014 2015 - 2017	Social norms questionnaire results	Dianne Woodall DCC				

DCC =Durham County Council

CDDFT = County Durham and Darlington Foundation Trust

HIS = Health Improvement Service of CDDFT

UKTCRC Tobacco Control Research Centre