What is Herefordshire Public Services (HPS) doing to address alcohol misuse and smoking?

1 Introduction

The Health Scrutiny Committee on 18 June 2010 agreed a revised timetable for its consideration of population health issues as part of its work programme for 2010/11. This paper, which considers alcohol misuse and smoking, is the first of a series of discussion papers setting out Herefordshire Public Service's approach to population health issues.

1.1 Herefordshire's Population Health Improvement Plan

Health and health-related behaviours are influenced by a whole range of factors and in order to improve population health, action is needed at a range of levels. These can be summarised as: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting health services (WHO Ottawa Charter for Health Promotion). In Herefordshire, the Population Health Improvement Plan 2010/11 builds on this approach, taking into account evidence of effectiveness and recognising the key role of partnership working, to set out a range of measures and interventions for each of nine topic areas which include alcohol and smoking.[1] Each section follows a framework based on the following generic sub-headings:

Healthy start

Babies are born with a healthy lifestyle – this section is about how to support children getting to adulthood with a healthy lifestyle.

Reducing exposure to risk factors through behaviour change

As children grow up they start to adopt a range of lifestyle risk factors (eg smoking, poor diet, alcohol, low levels of physical activity etc). This section is about supporting people of all ages to change their behaviour to reduce their risk of developing disease and ill health.

Enforcement to ensure a supportive environment

This section covers the things that can be done to protect people from risk factors and to ensure that the environment that people live and work in supports a healthy lifestyle eg licensing, no smoking enforcement and legislation to protect people's health from environmental harm.

Inequalities

This section covers actions to reduce inequalities.

Advocacy

This section covers advocacy for changes in local, regional or national policy, law, pricing, etc.

Early diagnosis and treatment

This covers screening and early detection and treatment of disease.

[1] The nine sections are: smoking, alcohol, healthy diet, physical activity, oral health, infectious diseases, sexual health (inc. teenage pregnancy), accidents and injuries (inc. suicides) and mental wellbeing.

2 Alcohol

Actions to tackle population health in relation to alcohol are set out in the Population Health Improvement Plan under the headings listed below which are based on the generic headings discussed above. Some examples of the interventions in the plan are provided here. Further examples of current and planned work in relation to alcohol are given later in this paper in relation to the specific questions raised by the Committee.

2.1 Outline of Health Improvement Plan – Alcohol Section

Promote safe & responsible drinking of alcohol (Children and Young People)

Plans include, eg:

- Effective PSHE teacher delivered programmes and specialist teacher support to PHSE teachers
- Locally enhanced national social marketing campaigns.

Reduce/stop abuse of alcohol in young people and adults

Plans include, eg:

- Systematically identify people at risk and support them to reduce their level of risk by introducing structured brief interventions (also known as IBA) and lifestyle coaching on an "industrial scale" and from a wide range of providers.

Protect the public from harm to their health associated with alcohol and provide an environment that supports people to drink responsibly

Plans include, eg:

- Multiagency work, inc with Safer Herefordshire Partnership, to address excessive consumption, underage sales and alcohol-related accidents and injuries.

Reduce inequalities in relation to alcohol misuse

Plans include, eg:

- Targeted social marketing campaigns, enhanced health trainer interventions in deprived communities in addition to individual lifestyle interventions.

Advocate for action and policy to reduce alcohol-related harm to health

Plans include, eg:

- Increase public awareness of health risks and costs (eg of hospital admissions; costs to the local economy) associated with harmful drinking
- Advocacy eg re strengthened licensing requirements (eg in relation to cheap alcohol in store doorways).

Reduce premature mortality associated with the abuse of alcohol

Plans include, eg:

- Increased support for patients admitted with alcohol related problems to reduced their alcohol consumption.

2.2 Specific questions raised by the Committee in relation to alcohol misuse

- **Work with alcohol retailers/outlets to improve information about alcohol misuse? What, and with what results?**
- **Pricing and display of alcohol products?**

Environmental Health and Trading Standards (EH&TS) work with licensed trade/ Designated Premise Supervisors (DPS) as part of the Herefordshire Against Night-time Disorder Scheme (HANDS) to discourage excessive and irresponsible drinks promotions (circa 95% membership). Voluntary/compulsory use of signage regarding 'challenge 21 or 25' employed. There has to be evidence of a link between such promotions and crime/disorder etc, before statutory provisions 'kick in'.

The new Policing and Crime Act 2009 has included additional powers in relation to irresponsible drink promotions. These are yet to be tested and case law determined. Early indications imply that they will not grant the powers sought.

In addition, the Herefordshire Population Health Improvement Plan contains further plans for working with retailers (and a range of other agencies via the Safer Herefordshire Partnership) to address alcohol misuse eg in relation to product displays, special offers and promotions, pricing, information for consumers etc.

- **Licensing of premises – how many premises, what hours, etc?**

There are circa 950 licensed premises with individual licensing hours. The exact times are only available from each premises' file and are not currently computerised. There are currently no 24/7 licensed premises.

Key premises for late night alcohol in county:

Dusk	(Hereford)	3.30am
Play	(Hereford)	3.30am
Manhattons	(Hereford)	3.00am
The Jailhouse	(Hereford)	3.00am
The Loft	(Hereford)	2.00am
Jacquelines	(Ross-on-Wye)	2.30am
Euphoria	(Leominster)	3.30am

- **Many places allow under-18s to drink – what action is to be taken to clamp down on this, and to discourage binge drinking?**

The evidence to support the challenge that many places allow young people to drink is not clear. If complaints are received then EH&TS will normally liaise with the police to monitor/inspect the premises and work with DPS and premises' licence holder to resolve the situation. Any 'interested party' or 'responsible authority' can call for a premise licence to be reviewed. If reviewed, license conditions can be imposed, a licence can be suspended or ultimately, it can be removed. Regular test purchasing exercises are conducted in relation to 'off sales' especially where evidence/complaints have been received concerning underage sales or where additional licensing conditions have previously been imposed. Fixed penalty notices are also issued to those who are caught selling.

If Licensing are aware of allegations of selling alcohol to persons already intoxicated, then this is referred to the police to deal with jointly.

In addition to the above, the Health Improvement Plan covers actions to discourage binge drinking and underage drinking.

- **What is being done to address quiet over-consumption of alcohol at home by mature people?**

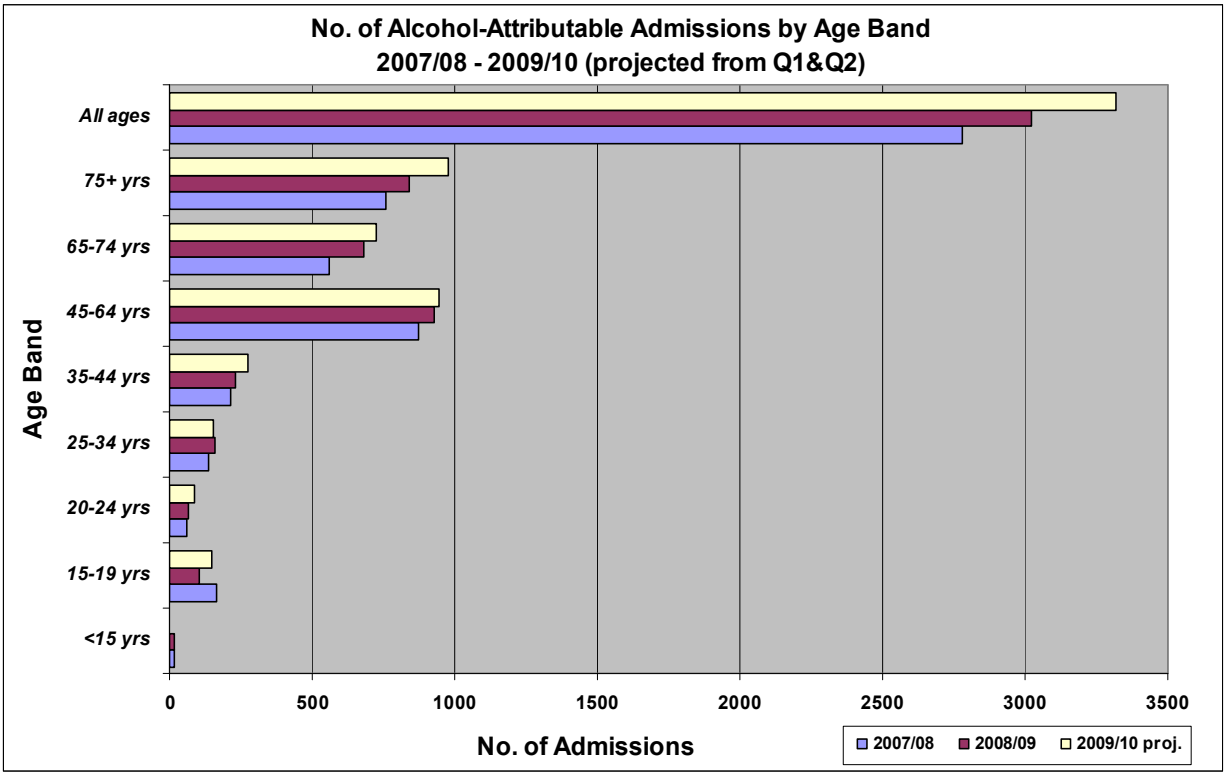
Harmful drinking in this group is potentially difficult to identify and address. The approach we are taking is to ensure that GPs (and others) routinely ask patients about their drinking habits in order to identify and support those who are at risk. For alcohol, this structured brief intervention is often referred to as IBA. A service level agreement for a Locally Enhanced Service (LES) to support GPs to offer IBA is currently in being finalised with a view to its introduction during 2010. This LES would support GPs in identifying and supporting any at risk patients (and not just those who "quietly over-consume at home"). In addition, social marketing campaigns are planned to raise awareness of safe and responsible drinking.

- **What data are available on hospital admissions due to alcohol, disease and death due to alcohol, domestic violence (reported and estimated) due to alcohol? What recent changes in these data?**

  - Alcohol use/misuse increases the risk of a range of chronic health problems (including circulatory diseases and cancers).
  - Alcohol use/misuse is also linked to accidents and injuries, the transmission of sexually transmitted infections and teenage conceptions.
  - Alcohol-attributable conditions are a significant cause of hospital admission in Herefordshire, accounting for the sixth largest number of provider spells of any diagnosis group. An average of over 3,000 alcohol-attributable admissions per annum were recorded for Herefordshire residents in the years 2007/08 – 2009/10 based on the updated (November 2008) indicator methodology. The number of qualifying admissions increased by almost 12% in 2009/10 alone.
  - A 40% increase in alcohol related hospital admission has been observed from 2003 to 2008. Without any further intervention at population level projected figures suggest another 40% rise by 2013.
  - On average slightly under a third of all such admissions are of those aged between 45 and 64 years, and a further 30% are of those aged 75+ years. However, on average almost 5% of admissions are among those aged less than 20 years and a further 15% relate to those aged between 20 and 44 years.
  - Males accounted for approximately 60% of total alcohol-attributable admissions in the years 2007/08 – 2009/10; an average of 1,850 admissions. This figure reached 2,000 admissions in 2009/10 specifically – an 11% increase. Over 80% of male alcohol-attributable admissions are of those aged 45 years and above. Just 2% of admissions are among young men aged under 20 years
  - Females accounted for an average of approximately 1,200 admissions per year in the three year period 2007/08 -2009/10. This figure reached in excess of 1300 admissions in 2009/10 specifically – an increase of nearly 13% on the previous year. Three quarters of female alcohol-attributable admissions are of those aged 45 years and above**.** However, over 8% of total female alcohol-attributable admissions are among those aged less than 20 years

- Nationally - 38% of men and 16% of women (age 16–64) are drinking above low-risk levels. Within this, 32% of men and 15% of women are hazardous or harmful alcohol users (23% overall).[2]
- The recommended limits are: up to 2 to 3 units a day for a woman; up to 3 to 4 units a day for a man and 2 days free from alcohol for everyone.[3]
- Numbers of alcohol-related hospital admissions are increasing (2,750 in 2007-08, just over 3,000 in 2008-09, 3,300 in 2009-10 (expected).
- Rates of alcohol-related hospital admissions are significantly higher in deprived areas of the county compared to more affluent areas.

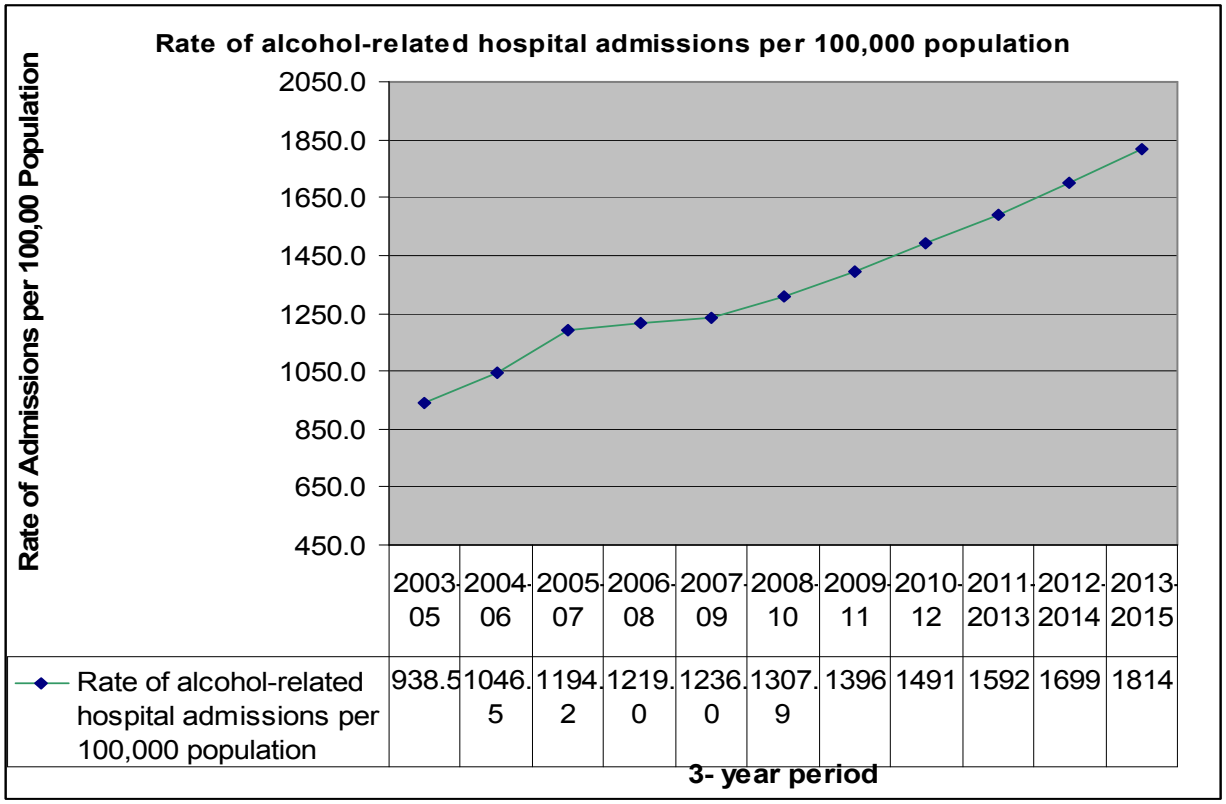
Alcohol-related hospital admissions by age



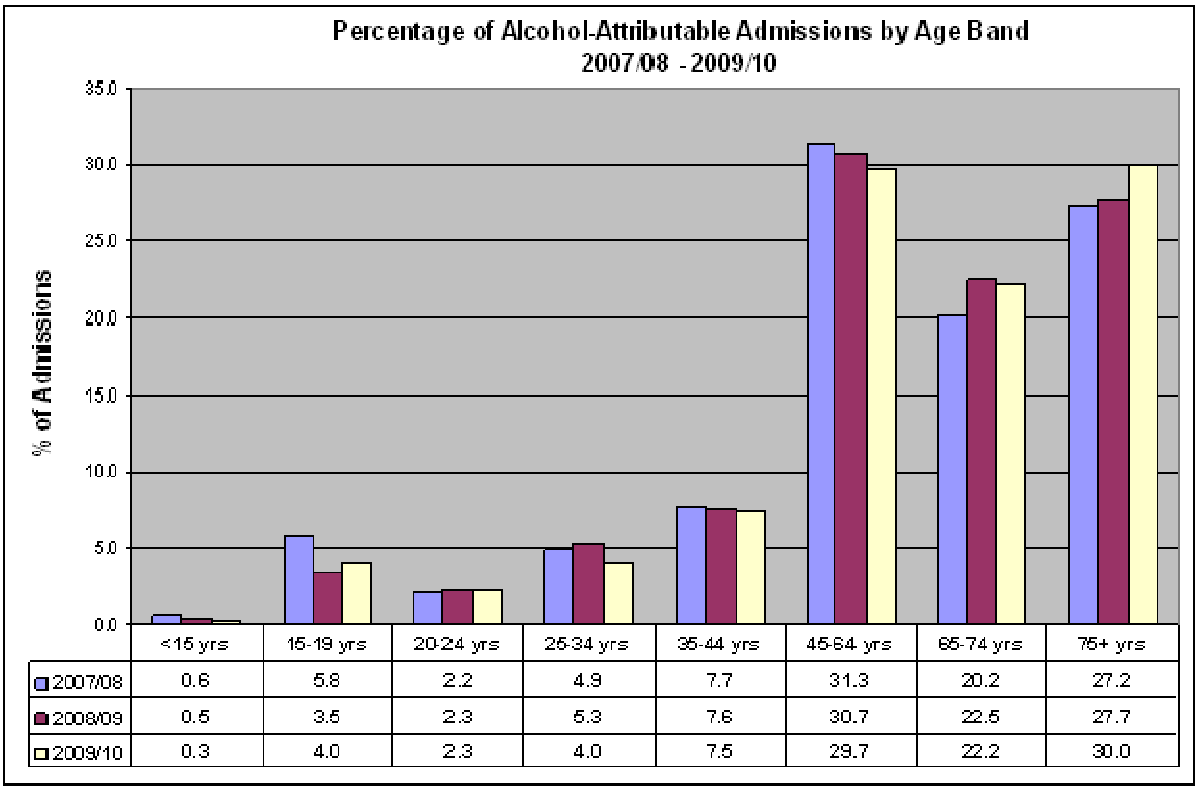
[2] The *Alcohol Needs Assessment Research Project* (Nov 2005)

[3] 1 unit = half a pint of ordinary strength beer, lager, or cider (3–4% alcohol by volume) OR a small pub measure (25 ml) of spirits (40% alcohol by volume). There are 1.5 units in: a small glass (125 ml) of ordinary strength wine (12% alcohol by volume OR a standard pub measure (35 ml) of spirits (40% alcohol by volume).

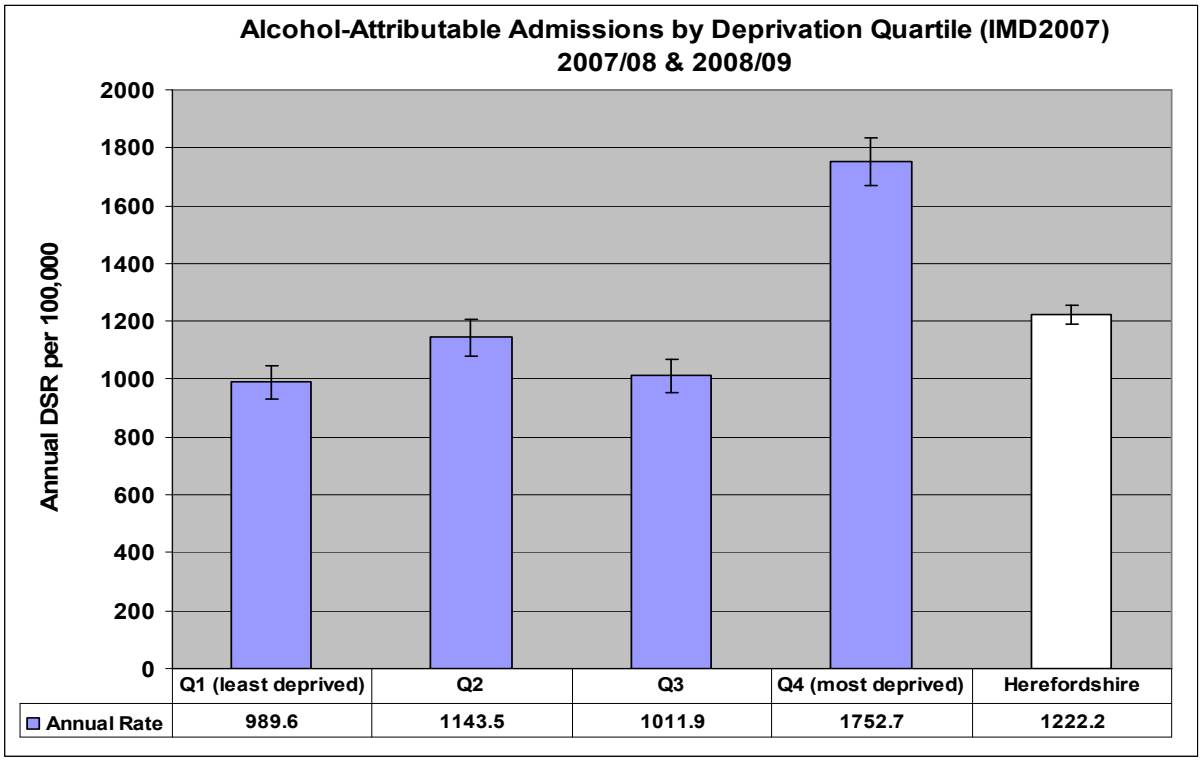
Alcohol related hospital admissions – trend analysis



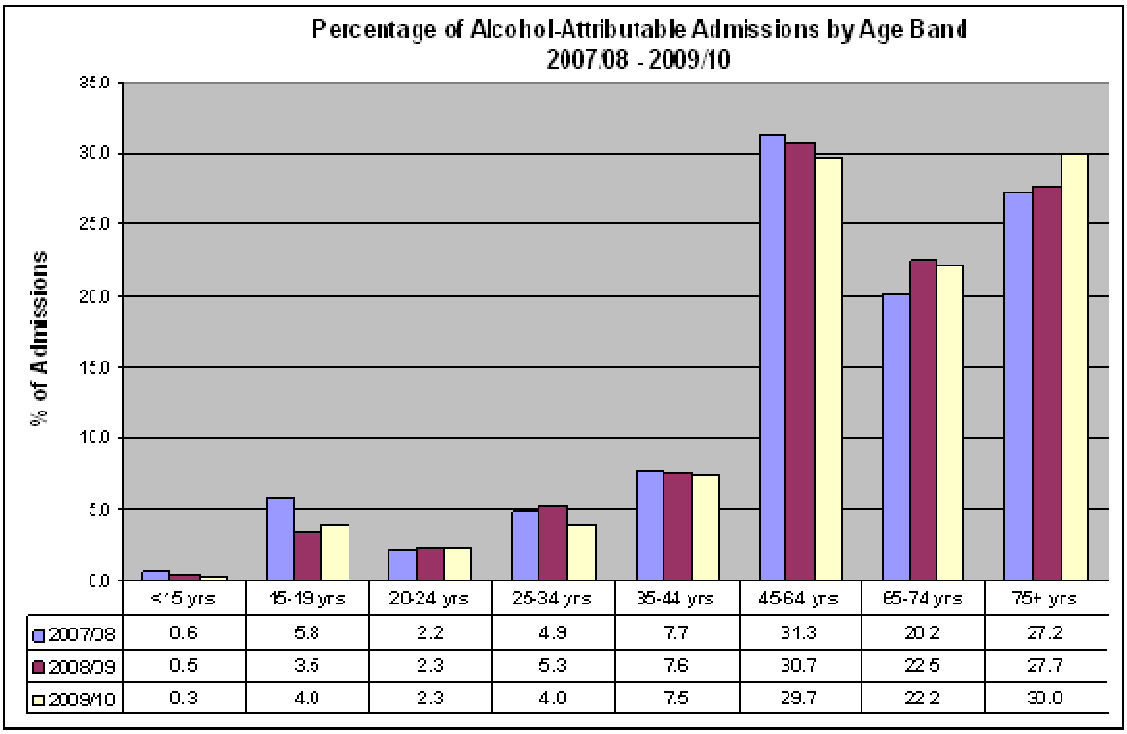
Alcohol-related hospital admissions (by age band)



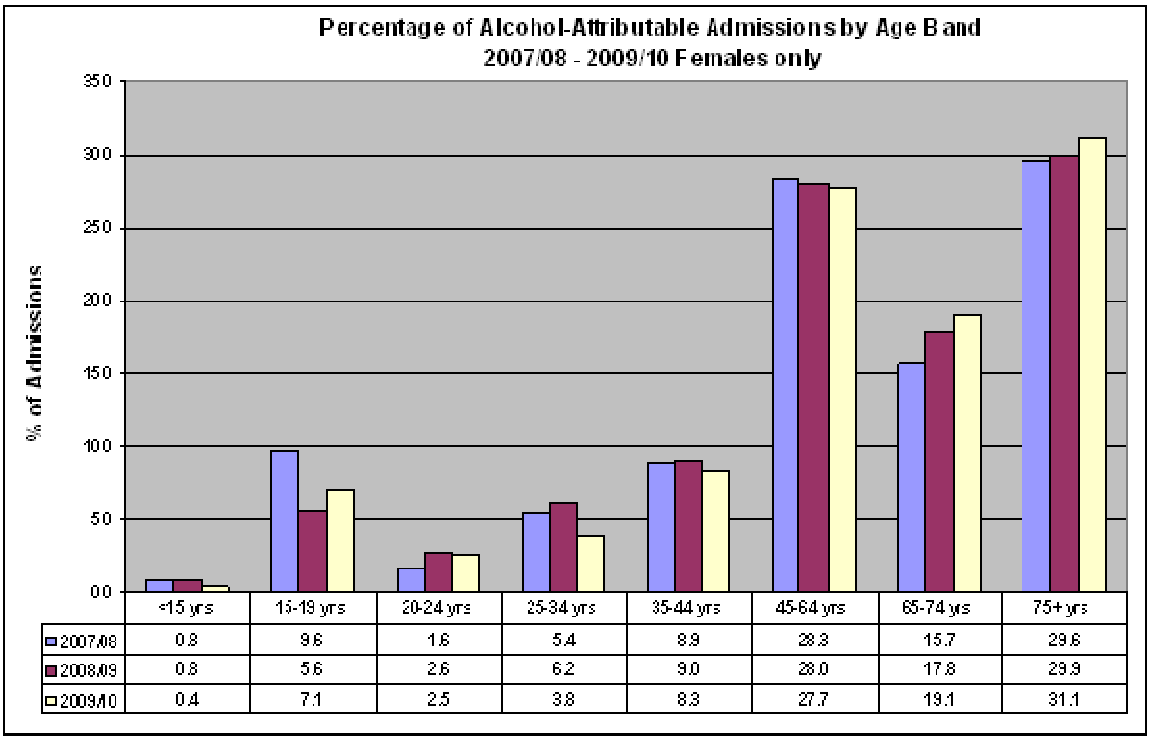
Alcohol-related hospital admissions by deprivation quartile



ALCOHOL-RELATED HOSPITAL ADMISSIONS (males)

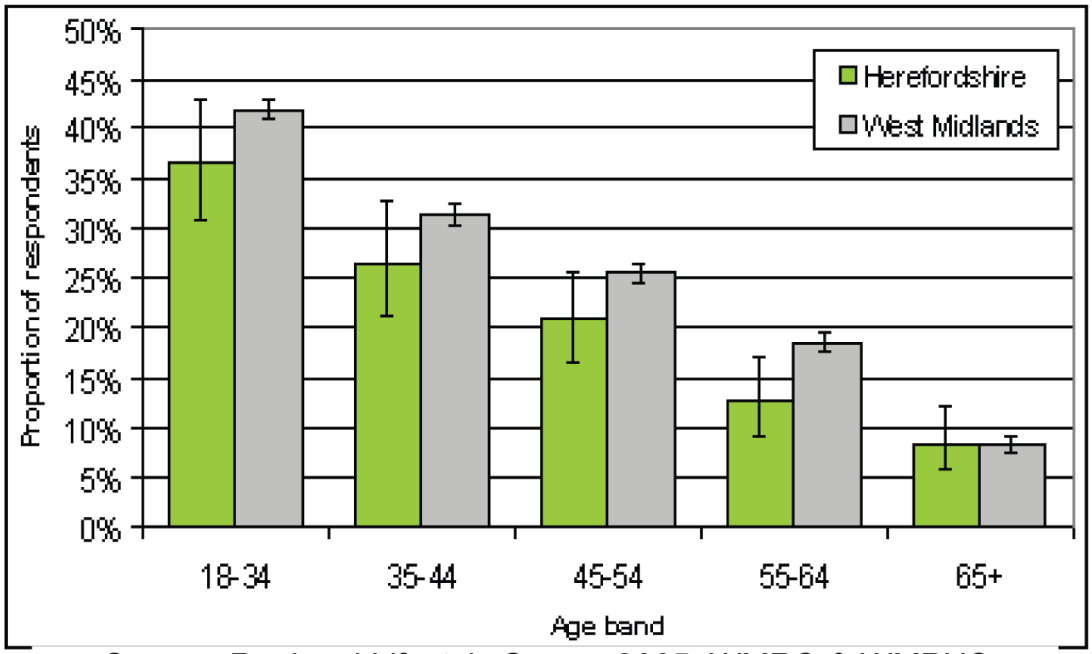


ALCOHOL-RELATED HOSPITAL ADMISSIONS (females)



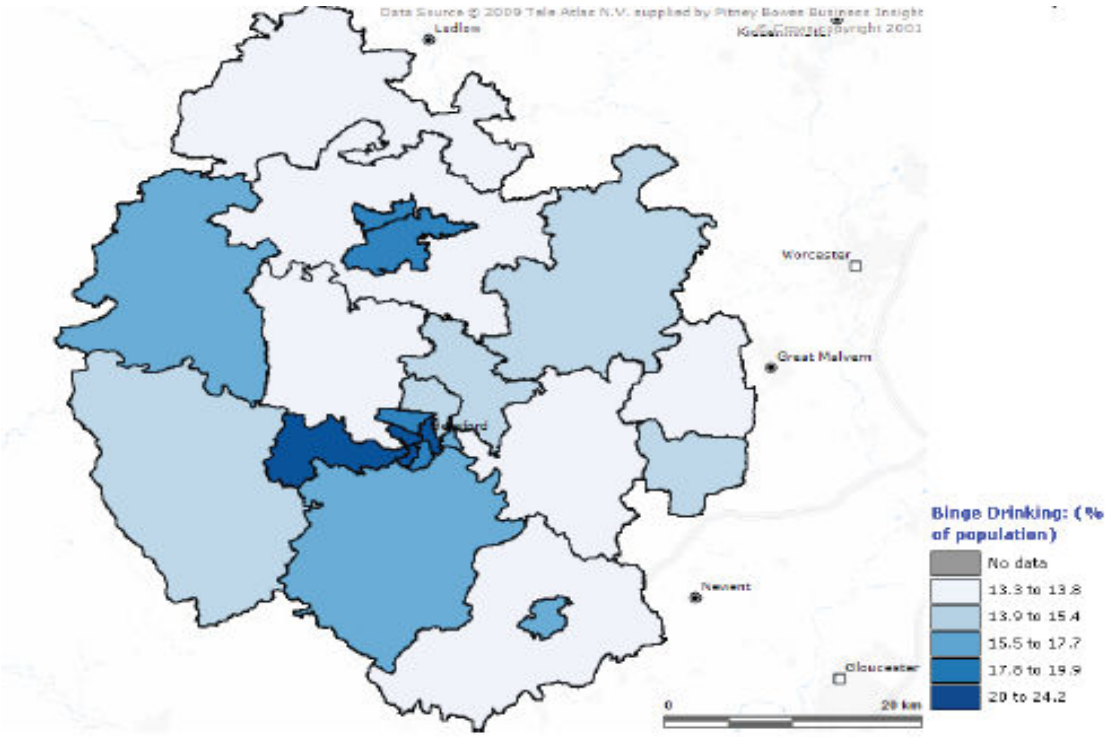
	<15 yrs	15-19 yrs	20-24 yrs	25-34 yrs	35-44 yrs	45-64 yrs	65-74 yrs	75+ yrs
2007/08	0.8	9.6	1.6	5.4	8.9	28.3	15.7	29.6
2008/09	0.8	5.6	2.6	6.2	9.0	28.0	17.8	29.9
2009/10	0.4	7.1	2.5	3.8	8.3	27.7	19.1	31.1

Prevalence of binge drinking by age



Source: Regional Lifestyle Survey 2005, WMRO & WMPHO

Binge Drinking by Middle Super Output Area 2008 – ONS Prevalence Estimates



Areas shaded darker represent Middle Super-Output Areas with higher percentages of the total population indulging in 'binge drinking'. Rates in excess of 20% are estimated for such areas.

Data on deaths from alcohol are not currently available. Data regarding numbers of cases of domestic violence related to alcohol have been requested but are not available at the time of writing.

- **What education/social pressure is HPS actioning?**

The Herefordshire Population Health Improvement Plan contains a range of specific interventions aimed at improving knowledge and awareness in relation to safe drinking including work with schools to improve PHSE in relation to alcohol and social marketing targeted at those at particular risk of harmful drinking.

Some examples of existing projects are outlined below:

Multiagency task group – Alcohol Strategy Group

Herefordshire's Alcohol Harm Reduction Strategy 2010, is currently being finalised. Its priorities relate to the nationally recommended NI39 related high impact changes and to the QIPP (Quality, Innovation, Productivity and Prevention) alcohol harm reduction work-stream imperatives which must be in place by March 2011.

Licensing and Safer Herefordshire sit on the Alcohol Group with Dr Arif Mahmood, Consultant in Public Health (Health Protection), as the lead Public Health officer. This group meets bi-monthly and is leading on the Alcohol Harm Reduction Strategy.

Licensing and Trading Standards meet monthly with the police and other relevant agencies as part of the Multi Agency Tasking And Coordination (MATAC) Group. This deals with cross-agency matters, including alcohol and crime.

Community Alcohol Service – Alcohol Liaison Nurse (ALN)/Arrest Referral Scheme

The Community Alcohol Service takes referrals via West Mercia Police and as an experienced alcohol worker, the ALN works closely with the County Hospital with both the accident and emergency department and inpatient departments to receive referrals for brief or more extended intervention with those patients who are admitted specifically regarding an alcohol related condition. Referrals are likely to be those who are frequent attenders – there is reliable evidence that such a service will help to reduce re-admission and is a nationally recommended 'high impact change' which Herefordshire is developing to suit local circumstances. Probation is working referring on those arrested for alcohol related public order offences for brief/medium intervention. This is also a recommended 'high impact change' which has been secured in Herefordshire. This scheme is known to reduce the likelihood of offenders proceeding to reoffend and possibly require hospital treatment in the future.

Herefordshire launched an Accident and Emergency based data collection system in summer 2010, which will feed this information to the Safer Herefordshire Partnership and enable local licensing, policing and also health provision to be more accurately targeted. It is expected that the system will feed back data on a fortnightly basis and will be able to highlight the availability of self referred alcohol treatment for those attenders at A&E who have been involved in an alcohol related incident, whether or not this has resulted in a violent episode. Feedback regarding how the data is being used will be shared with key hospital staff on a regular basis.

Bottletop

Bottletop is a peer led education programme which focuses on drinking safely and being safe when drinking. This was developed and launched through the Bulmer Foundation in November 2008 with support from Public Health. The programme facilitates work with existing groups of 16-19 year olds in colleges, youth clubs and other organisations and the group's website reflects the genuine voices of young people speaking to other young people in Herefordshire. The website also provides signposting for young people to help them access existing services and advice about alcohol misuse. This project has shown the potential of focussing the energy and enthusiasm of the often overlooked 16–19 year old age group in considering the issues about drinking that really affect them and using this to get health messages to their peers.

Blind Delusion

HPS is working in partnership with 2XL, a voluntary run group that uses the creative arts to raise awareness and stimulate discussion on a wide range of issues affecting young people. This work has been supported by funding from the Regional Alcohol Team. 2XL has developed a drama performance called Blind Delusion for students in college and sixth form. The group aims to challenge perceptions and myths to give their student audiences an understanding of the risks involved with alcohol. Safe and sensible drinking is the key message. Each performance is followed by an interactive workshop where students can ask questions, exchange information and, if they wish, talk to health professionals.

- **Any regulatory bodies' results, local or national target results**
- **Links with WCC pathway priorities**

The local and national targets directly relevant to alcohol are WCC44 and NI 139. The latest figures in relation to these indicators are presented in the attached dashboard. There are eight locally determined WCC outcome measures, one of which relates to alcohol.

- **What investment needs to be made to achieve goals and where is it going to come from?**

In order to make a real difference to reducing alcohol-related health problems at a population level further investment is required, notably in the following areas:

1) in the introduction across the county of structured brief intervention (SBI) for alcohol (in relation to alcohol, SBI is also know as Identification and Brief Advice or IBA) and making this available, routinely, from a wide range of providers (health and non-health) and on a so-called "industrial scale"
2) social marketing campaigns tailored to the needs of specific groups to promote safe and responsible drinking and to reduce alcohol-related harm to health.

Some specific examples of investment required to support this approach are outlined below:

Establish Alcohol Health Workers and Alcohol Liaison Nurse posts to deliver the Identification & Brief Advice (IBA) programme with Hereford Hospitals Trust, Primary Care and other public service/third sector partners. This role includes establishing and running an IBA training programme and monitoring systems re provision of IBA across the county. Resource required 1.5 wte at Scale 7 including support – admin, accommodation, laptop, mileage, mobile, etc, (includes 25% on costs) at a cost of c.£84k pa.

The posts would be based with Alcohol Service Providers team – currently the PCT provides but this to become external from 2011/12 and should become the cornerstone of a newly commissioned service via a new provider to reflect new priorities.

Develop and maintain intelligence gathering and data sharing programme re alcohol related hospital attendances and disseminate to inform practice of key partners – Safer Herefordshire, Licensing & Trading Standards Team, Police and health providers (community alcohol service) in partnership with HHT. The annual cost for running this scheme would be £4k – funding to be identified. This will be an evolving system which supports various interventions including the new IBA programme.

Continue development of social marketing related harm reduction/health improvement interventions. Seek external funding for the Bottletop (target 16-25 age range) and Blind Delusion programmes (target 16-18 age range) at a cost of c£30k pa.

Establish a core social marketing programme with support from Central Office of Information to contain and inform Bottletop and Blind Delusion development but to cover the full range of appropriate population groups to underpin the IBA and treatment developments at a cost of £30k pa.

Other areas for investment include:

- Maintenance of Arrest Referral tier 1 treatment & access
- Identified gap in service of access to tier 1 treatment by under 17's (possibly to be partially covered by developing IBA programme)

- **Public/service user evidence (to what extent is the organisation involving people who use services, and how is it communicating changes to them)**

The alcohol section of the Population Health Improvement Plan has been developed in conjunction with a range of stakeholders including the Safer Herefordshire and the Alcohol Strategy Group.

3 Smoking

As for alcohol discussed above, actions to tackle population health in relation to smoking are set out in the Herefordshire Population Health Improvement Plan. The smoking section of the Plan is set out using the following headings:

3.1 Outline of Health Improvement Plan – Smoking Section

Prevent children and young people starting to smoke

Plans include, eg:

- All schools to be smoke-free premises (whole site inc grounds); evidence-based smoking prevention in schools, social marketing aimed at preventing 11-17 year olds from starting to smoke.

Support smokers to quit

Plans include, eg:

- Routine and large scale identification of and support for smokers to quit provided by wide range of providers in healthcare settings and beyond; SBI to support pregnant smokers to quit; Stop before the Op to support smokers on elective surgery lists to quit.

Protect the public from harm to their health and provide an environment that supports people not to smoke

Plans include, eg:

- Form a Tobacco Control Alliance for Herefordshire; raise awareness of dangers of tobacco inc contraband products; detect contraband sales and enforce legislation.

Reduce inequalities in smoking rates

Plans include, eg:

- Provide community initiatives in deprived communities in Herefordshire as well as individual lifestyle interventions.

Advocate for action to reduce smoking as the biggest cause of preventable death in Herefordshire

Plans include, eg:

- Raising awareness eg that smoking remains the biggest preventable cause of premature death in Herefordshire; of the increased risk of a baby dying before 1 year if they live in a home where adults smoke; of the cost to public services of the health consequences of smoking

Early detection and treatment of smoking-related conditions (eg COPD, cancers) + supporting smokers with these conditions to quit

Plans include, eg:

- Provide high quality Structured Brief Intervention and Stop Smoking services; introduce NHS health checks and provide high-quality screening services for cancers and CHD etc.

3.2 Specific questions raised by the Committee in relation to smoking

As for alcohol above, some examples of the interventions in the Population Health Improvement Plan are provided here. Further examples of current and planned work in relation to smoking are also given in relation to the specific questions raised by the Committee.

- **Work with tobacco retailers to improve information about the dangers of smoking? What, and with what results?**

The work of the Trading Standards (TS) Team entails carrying out visits to local businesses many of which sell tobacco and other age restricted goods. TS officers offer advice to all of these businesses with regards to tobacco etc and also hand out a free CD to offer managers and owners containing guidance of how to train their staff on age restricted products. TS also have tailor-made advice leaflets for each type of business on our website. All tobacco retailers must have a prescribed notice stating that is illegal to sell tobacco to anyone under the age of 18, we check this is the case on routine inspections. TS also carry out spot checks on the retailers and statistics are very low on underage sales.

- **Pricing and display of tobacco products?**

On routine inspections or visits generated by complaints TS will ensure that the retailer advertises tobacco products within the scope of the regulations. Retailers are prohibited to advertise tobacco products in a newspaper etc, this is also monitored. The retailer is not allowed to display tobacco products or tobacco related products in such a way with can be deemed as marketing or advertising them (this would include the price or brand).

- **Many places sell tobacco to under-age consumers – what action is to be taken to clamp down on this?**

In fact statistics are quite low within trading standards to suggest that this is the case. TS will always consider the need for the provision of trader advice and education, as well as intelligence led enforcement activity by way of covert underage sales operations.

Information sharing is the key here and if the partners can identify areas for concern the information will be invaluable to TS. TS do educate tobacco retailers of the legislation and notify them of the penalties if they fall foul of this legislation.

In April 2009 the law changed and now TS can apply to the court for a 'restricted premises order or a restricted sale order' (in certain circumstances both) as well as a penalty of up to £2,500. A 'restricted premises order' means a prohibition to sell tobacco at the premises for up to 12 months and a 'restricted sale order' means a prohibition for a named person to sell tobacco or have a managerial role relating to tobacco for a period of up to 12 months. These sanctions will only be sought where

there have been persistent illegal sales of tobacco made to young people. In order to apply for the order the entity (premises or person) must have been convicted of making an illegal sale of tobacco to a young person and where on at least two other occasions within a two year period the entity has committed other similar offences.

- **What data are available on hospital admissions due to smoking, disease and death due to smoking? What recent changes in these data?**

Deaths from smoking have decreased slightly since 2004-06.

2004-06 – 300 deaths (DSR* of 178.4 per 100,000)
2005-07 – 284 deaths (DSR of 166.3 per 100,000)
2006-08 average 284 deaths per year (DSR of 163.1 per 100,000 aged 35+ years)
*Directly Standardised Rate

Source: Health Profiles 2008-2010

A smoking-related hospital admissions methodology is being developed but figures are not available at this stage.

- **Smoking cessation campaigns? Campaigns to prevent people from starting smoking?**

Stop Smoking Service
Ongoing co-ordination, training and service development is one of the key roles of the specialist Stop Smoking Service in order to support the introduction and further development of wide-scale routine Structured Brief Intervention and stop smoking support from a range of providers in health and other settings (eg pharmacies, dental surgeries, HALO leisure centres etc).

Smoking in pregnancy
The Stop Smoking Service continues to develop and take a strategic lead in relation to pregnant smokers. Following the recently published NICE guidance for smoking in pregnancy the following system is to be implemented: midwives will provide brief interventions and carbon monoxide (CO) monitoring at every visit (not just the booking visit). They will then operate an 'opt-out' referral system to the Stop Smoking Service – the service will contact them, assess their needs and either refer on appropriately to the range of providers developed/developing under the Health Improvement Plan, or see patients themselves (direct patient contact constitutes 20% of the service's time). The service will aim to 'skill up' a network of advisors, particularly in rural areas, who they will feel happy they can refer to for the particular issues for pregnant smokers. The stop smoking service will follow up those they refer on to determine outcomes or whether extra support is needed.

Stub Buddies
A social marketing campaign took place in spring 2010 to encourage people to quit smoking with a reward scheme to incentivise quitters. It aimed to encourage smokers to make use of free and effective NHS services by providing a "buddy" who provided practical help and support, along with tips, tricks and encouragement to ensure they quit smoking for good. A total of 36 people received £15 of rewards through the scheme, for everyone who managed a four week quit, and then all participants were entered in a prize draw at the Health and Wellbeing conference for bigger rewards.

Hereford United FC
Links are being developed with the Community Trust to get stop smoking messages into the community pages of the football match programmes and to use player appearances as opportunities to give out messages about the benefits of not smoking, particularly to children and young people.

Change Champions
The stop smoking Change Champions group from 2009 have continued to work on smoking prevention and are looking to work with schools to both develop consistent smoking policies to create smoke free schools and work with Trading Standards around enforcement at school premises.

Smoking Strategy development
A multi-sector group meets regularly to look at a county-wide strategy for prevention, cessation and enforcement in relation to smoking, drawing on the experience of the Smoke Free Herefordshire campaign in 2007.

- **Any regulatory bodies' results, local or national target results**
- **Links with WCC pathway priorities**

The local and national targets directly relevant to smoking are as follows:

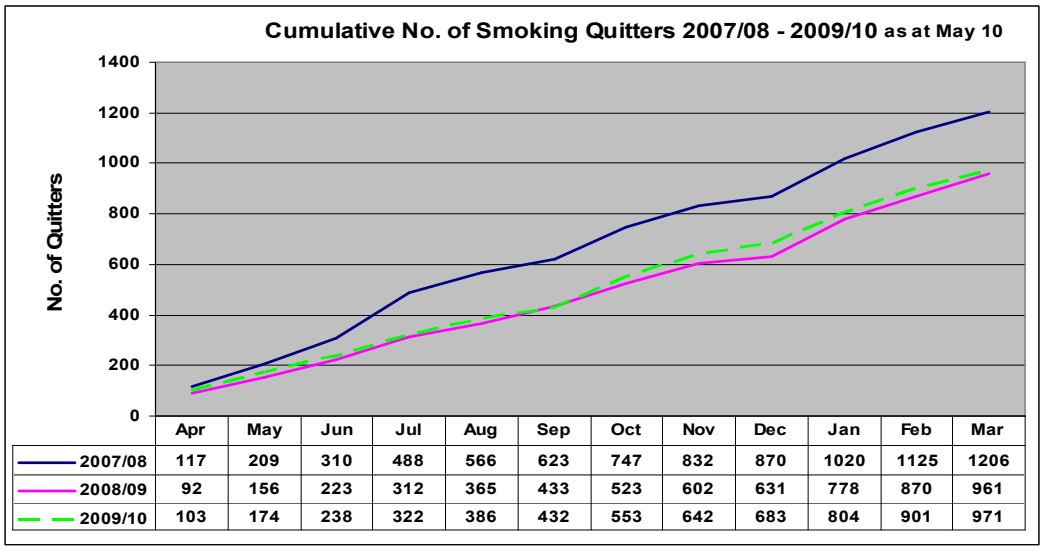
WCC23 and VSB03	Cancer mortality under 75 years
NI121 and VSB02	Circulatory disease mortality aged under 75 years
WCC66	Coronary heart disease mortality
WCC17 and VSB05	Number of smoking quitters at 4 weeks
NI123	Quit rate per 100,000 aged 16+ years

The figures for the last three years are as follows:

Indicator	**07/08**	**08/09**	**09/10**	**Target 10/11**	**Indicator**
No. of Smoking Quitters at 4 weeks	1201	968	971	**1200**	**WCC17**
				1245	**VSB05**
Quit Rate per 100,000 aged 16+ years	817.1	653.9	648.2	**818.5**	**NI123**

The latest figures in relation to these indicators are presented in the attached dashboard. There are eight locally determined WCC outcome measures, of which one relates to smoking.

The graph represents the quitting figures for the last three years on a monthly basis.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2007/08	117	209	310	488	566	623	747	832	870	1020	1125	1206
2008/09	92	156	223	312	365	433	523	602	631	778	870	961
2009/10	103	174	238	322	386	432	553	642	683	804	901	971

- **What investment needs to be made to achieve goals and where is it going to come from?**

The Herefordshire Partnership has a series of Policy and Delivery Groups which undertake strategic allocation of funding from the Area Based Grant. The Health and Wellbeing Partnership holds a budget for health improvement and social care.

Investment is required in order to reduce smoking rates and associated ill health. Investment required includes:

- Prevent children and young people starting to smoke by provision of external resources as part of a teacher delivered programme, 1 wte post to deliver external support to schools through PSHE, c£35k pa through the Area Based Grant (ABG) flexible pot.

- Provide evidence-based smoking prevention interventions in school settings, by completing the ASSIST peer support programme in secondary schools, 1 wte post, c£35k pa through ABG flexible pot.

- Run a social marketing campaign targeting young people aged 11-17 to prevent them starting to smoke, through a locally enhanced national Smokefree campaign delivered to all secondary schools and sixth form settings, £20k through ABG flexible pot.

- Enhance the capacity and capability to provide smoking cessation support services in Herefordshire, by ensuring sufficient capacity and flexibility of support to increase the number of smokers wanting to quit. Initiate new services in non-NHS settings with 100 quits @£150 each, at a cost of £15k through the ABG flexible pot, and set up a workplace service with 1 wte post, c£35k pa through the ABG flexible pot.

- Reduce inequalities in smoking rates by locally enhanced national Smokefree campaigns using local communication channels and local demographic knowledge, and by providing events and services in deprived communities to support the campaign, £30k pa through the ABG flexible pot.

- **Public/service user evidence (to what extent is the organisation involving people who use services, and how is it communicating changes to them)**

The smoking section of the Health Improvement Plan has been developed with input from a range of key stakeholders. The Public Health Team is undertaking the facilitation of a multi-agency smoking group to develop a smoking strategy for the county. The group may transform into a formally recognised Tobacco Alliance, but currently the group is undertaking specific activity around cessation, prevention and enforcement.