

**SMOKEFREE GATESHEAD
TOBACCO ALLIANCE**

ACTION PLAN 2008/2009

Draft 6

December 2008

Gateshead Tobacco Alliance

Context for the 2008/2009 Tobacco Alliance Action Plan

1. Background Information

- 1.1. All lifestyle choices affect health in some way. Smoking contributes the greatest amount to health inequalities when measured by life expectancy. Cigarette smoking causes preventable ill health and premature death. In terms of total premature deaths in the North East 1 in 5 deaths are attributable to smoking. In Gateshead this equates to over 450 deaths each year.
- 1.2. Smoking is more common amongst the disadvantaged than affluent members of society. A recent paper by the North East Health Observatory¹ stated that reducing smoking prevalence, particularly in the less well off, is essential to reducing health inequalities in the North East. Routine and manual workers are identified as a particular priority group due to high levels of smoking prevalence.
- 1.3. People start to smoke for a variety of reasons, and other factors determine whether they will adopt it as a short-term habit or whether it becomes a long-term addiction. Further factors influence whether someone with a developed addiction will attempt to stop, and will stay stopped. There is some evidence that certain groups of smokers may find it more difficult to quit, and may need repeat quit attempts. Surveys have shown that, at any particular time, about 70% of smokers across all social classes would like to stop.

2. Smoking rates in Gateshead

- 2.1. Synthetic estimates for Gateshead indicate an adult smoking prevalence of (33.3%) against comparable rates for England of 22% and the North East of 25%. Results from the 2008 South of Tyne and Wear show adult smoking rates of 25.9% in Gateshead. This should be seen in the context of a national PSA target of 21% by 2010. Young people directly follow this adult example, with an estimated 36% of 16 - 24 year olds smoking against a national rate of just under 30% in this age group.
- 2.2. Among young women, 36% of 14 to 15 year olds smoke (2004 figures) against a national rate for young women in this age group of 24%. Although boys typically smoke less than girls in this age group, the rate amongst 14 to 15 year old boys can be expected to be well above the national rate of 16%. Whilst there is a downward trend (30% of young women were regular smokers in the 2008 study) levels are still very high. Many young people in Gateshead live in homes where at least one person smokes, which is known to increase the risk of children starting to smoke. Minimising smoking, particularly among young people when smoking appears to be seen as normal behaviour, therefore presents a major challenge.
- 2.3. 18.6% of pregnant women (based on 2007/2008 data) are still smoking at delivery which, although an improving trend and better than the neighbouring areas of Sunderland (24.1%) and South Tyneside (28.8%), remains a cause for concern against a national average of 17%. It represents 500 babies born every year to mothers who smoke. Smoking in pregnancy damages the foetus and babies and children exposed to second hand smoke have a greater incidence of many conditions, including cot death. In common with South Tyneside and Sunderland, Gateshead has a team of

Specialist Stop Smoking Advisers, including staff with responsibility for helping pregnant women.

3. Impact of smoking on life expectancy

- 3.1. Life expectancy in Gateshead is increasing for men and women, however both men and women lag behind the national average, by 2.0 and 1.7 years respectively on 2004 – 2006 data. Wards with higher indices of deprivation have higher smoking levels and reduced life expectancy and average life expectancy across Gateshead at ward level, taking men and women together, ranges from 64.3 years to 76.2 years.
- 3.2. Smoking accounts for half the difference in life expectancy; this gap could be narrowed by nearly six years by addressing smoking alone. To take an example, smoking prevalence in Bede ward is two and a half times higher than in Low Fell. The cancer cases are 42% higher in Bede ward.
- 3.3. An analysis of the 7 domains of the Index of Multiple deprivation shows that Gateshead has 61.1% of Super Output Areas in the worst 20% nationally for the health domain. Health is one of two domains, with employment, which contribute to making Gateshead's overall ranking on the index worse than it would otherwise be – with barriers to housing and services, crime and living environment scoring relatively well by comparison.
- 3.4. The average prevalence of Coronary Heart Disease, in which smoking is a key factor, for the population of Gateshead as a whole is 4.9%, compared to 3.5% across England. Although premature deaths (i.e. for those under 75 years of age) in Gateshead from all circulatory disease (CHD, strokes and related diseases) have fallen by 38% since 1996, and the Borough is ahead of schedule in terms of meeting its target of a 40% reduction by 2010 set in "Our Healthier Nation", the gap between Gateshead and England is not narrowing to the same extent. This remained 25% higher than England in 1996 and 22% higher in 2004.
- 3.5. A high impact change of doubling throughput of NHS Stop Smoking Services could achieve a 1% reduction in the life expectancy gap for males and females.

4. Tobacco planning and coordination

- 4.1. Vision 2030, is Gateshead Strategic Partnership's ambitious Sustainable Community Strategy, with a statement of intent to make Gateshead the best place to live, work and visit. Based on 6 'Big Ideas', it aims to inspire the public, private, voluntary and community sector partners to achieve a step change improvement in the Borough. As a result of this step change, local people will be realising their full potential and enjoying the best quality of life in a healthy, equal, safe, prosperous and sustainable Borough.
- 4.2. An 'Active and Healthy' Gateshead is one of the 6 'Big Ideas' in recognition that health is fundamental to well-being and long life. Within this context, high rates of emotional and physical wellbeing and narrowing the gap of inequality across Gateshead, are identified as critical targets for the partners, and this is seen as being achieved through a commitment to encouraging and promoting healthy lifestyles. Vision 2030 sets a target that by 2030 smoking rates will be below the national average.
- 4.3. Vision 2030 sets the direction and focus for the Local Area Agreement (LAA) which is the delivery plan for the strategy. The LAA recognises the importance of tackling the underlying deprivation in Gateshead. One of the most severe legacies of deprivation is

the extent of poor health within Gateshead and the concentrations of very poor health in some neighbourhoods. Smoking along with diet and exercise are seen as the key issues to be resolved. This emphasis on smoking and its link to life expectancy is reflected in the Partnerships inclusion of NI 120 (All age all cause mortality rates) and NI 123 (16+ current smoking rate prevalence) as part of its suite of performance indicators that it has agreed with Government.

- 4.4. The Joint Strategic Needs Assessment for Gateshead provides further insight into the seriousness of the issues around tobacco. This is illustrated by the fact that the three main priorities set out in the JSNA each contain a direct reference to tobacco and tobacco related issues.
- 4.5. Under the priority of commissioning differently to effect change, tobacco is identified as one of four major areas - alongside mental health services; circulatory disease and healthy lifestyles; and alcohol - where commissioning services differently in the future will provide new opportunities to affect change. It identifies a specific requirement to address the cultural and social aspects of smoking, alongside regulatory services, children's services and the PCT-led development of treatment services. This is cross referenced in the Local Area Agreement, which includes a specific target to reduce the number of people who smoke, to improve the life expectancy and overall health of Gateshead residents
- 4.6. In support of this an ambitious programme to 'Bridge the Gap' in life expectancy was agreed in 2007/08. The Bridging the Gap work is an umbrella term for a comprehensive programme of work seeking to reduce deaths due to circulatory disease and associated lifestyle factors. Specific priorities within this context include an increased focus on reaching smokers in routine and manual groups, pregnant women and more flexibly delivered services in evenings and weekends. In addition, increased investment is to be directed towards the Third Sector to increase their important role in reaching people with brief interventions.
- 4.7. The final priority, ongoing service improvement planning and development processes, identifies respiratory conditions pathway work as one of four major topics under this heading, alongside sexual health service development and modernisation; musculoskeletal conditions pathway work; and modernising services for podiatry, continence and dentistry.
- 4.8. The evidence of the scale of the negative impact from the continued high levels of use of tobacco in the population of Gateshead as a whole is therefore understood, and there is an emphasis on maintaining the impetus from the recent introduction of smoke free legislation, by strengthening approaches which impact on sustaining a shift away from a culture where smoking is still widely seen as normal social behaviour.
- 4.9. This is particularly important for young people, where young women are smoking more than young men, and for women who are pregnant where the figures for Gateshead continue to lag behind national averages.
- 4.10. This cultural and social shift can only be achieved by taking a collaborative approach to delivery and this action plan is therefore strongly supported by the agencies who have been engaged in its development. It is the intention to build on this process in the coming months to ensure the Tobacco Alliance is fully representative of those agencies who can make a difference to levels of tobacco use in Gateshead and, through this, to ensure that a long-term partnership approach to reducing levels of tobacco use can be achieved.

- 4.11. At a South of Tyne and Wear Tobacco Alliance workshop in January 2008, Gateshead Tobacco Alliance partners identified a commitment to re-establish and re-invigorate the group with clear aims and a focus on how the alliance adds value.
- 4.12. Furthermore, the group identified a number of key priorities including; establishing links with local and regional structures to share what is happening locally and learn from elsewhere; ensure that a local action plan and performance management arrangements are in place; target certain areas, linked to the health inequalities review, for saturation; establish clarity of roles and responsibilities; understand the role of tobacco control across areas of work and share activity and learning; and increase awareness of NHS Stop Smoking Services.
- 4.13. An ambitious and active Smokefree Gateshead Tobacco Alliance is essential if Gateshead is to reach significantly lower smoking prevalence, such as those identified in the North East health strategy 'Better Health, Fairer Health' (Department of Health North East, 2008) which sets out a health agenda for the next 10-25 years. The aim is a smoking prevalence of 23% by 2010 – 2% higher than the national average PSA target but ambitious given the starting point. The strategy has further targets of 20% by 2015 (or below the National average, whichever is the least) and an absolute level of 10% by 2032. These levels are attainable in Gateshead.
- 4.14 A comprehensive approach is needed. The Department of Health's approach to tobacco control (currently undergoing revision) covers six areas. These are:
- Support smokers to stop
 - Reduce exposure to second-hand smoke
 - Support national education and media campaigns
 - Reduce tobacco promotion
 - Tobacco regulation
 - Reduce the availability and supply of tobacco products
- 4.15 The eight areas of the Gateshead action plan for 2008/9 either directly cover these areas or map onto them. They are:
- Develop infrastructure, skills and capacity
 - Reduce exposure to second-hand smoke
 - Build stop smoking services and strengthen local action
 - Address media, communications, social marketing and education
 - Reduce the availability and supply of tobacco products, licit and illicit
 - Tobacco regulation
 - Reduce tobacco regulation within the North East
 - Research, monitoring and evaluation

References

The data included in this document is derived from the following information sources:

1. Health Profile (2008), APHO and Department of Health
2. The Prevalence of Smoking in the North East, NEPHO (https://www.nepho.org.uk/view_file.php?c=1476)
3. Gateshead Joint Strategic Needs Assessment (February 2008)
4. Director of Public Health Annual Report for Gateshead (2005)
5. Cancer Research UK info.cancerresearchuk.org/cancerstats/types/lung/smoking/

| <u>LOCAL TOBACCO ACTION PLAN</u> | | | |
|---|--|--|--|
| 1. Developing infrastructure, skills and capacity at regional and local levels and influencing national and international action | | | |
| What will be achieved? | How it will be achieved? | Measurable outcome/Process | Lead/Partner agencies |
| Reestablishment of the Smokefree Gateshead Tobacco Alliance | <p>The development and submission to FRESH of the Gateshead Tobacco Alliance Action Plan 2008/2009</p> <p>Gateshead Tobacco Alliance will be reconvened to review and sign off the FRESH Action Plan. This meeting will also enable the group to:</p> <ul style="list-style-type: none"> • Establish a clear vision and purpose • Develop the partnership and group membership • Identify appropriate governance arrangements • Agree systems and processes for effective partnership working • Identify an approach to monitoring performance and demonstrating impact | <p>Action plan produced and signed off by FRESH</p> <p>Appropriate statement of the purpose and membership of the Alliance developed and agreed.</p> <p>Relationships with other key bodies established and communicated as part of this process</p> <p>Re-establishment of a regular cycle of Tobacco Alliance meetings and activity with 'themed' meetings to engage all partners/local tobacco alliance members</p> | PCT Locality Lead for Tobacco / Chair |
| Ensure effective partnership working | <p>Provision of leadership and operational support for Gateshead Tobacco Alliance</p> <p>Co-ordination of Alliance meetings and ongoing administrative support</p> <p>Undertake an annual Partnership Effectiveness exercise as part of the strategic planning process</p> | Measure of Partnership Effectiveness | PCT Locality Lead for Tobacco |

| 1. Developing infrastructure, skills and capacity at regional and local levels and influencing national and international action | | | |
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| What will be achieved? | How it will be achieved? | Measurable outcome/Process | Lead/Partner agencies |
| Ensure local strategic commitment to the tobacco agenda | <p>Facilitate and manage the Tobacco Control National Support Team's (NST) visit to South of Tyne and Wear/Gateshead</p> <p>Strategic representation by Gateshead Director of Public Health on Gateshead Strategic Partnership Board and appropriate themed groups</p> <p>Development of an annual Smoke Free Gateshead action plan that is signed up to by all local partners</p> | <p>Feedback from National Support Team on strengths, weaknesses and areas and recommendations for improvement</p> <p>Submission of quarterly monitoring on local tobacco action plan progress and delivery to the Tobacco RAG (via Fresh website)</p> | <p>PCT Locality Lead for Tobacco</p> <p>Gateshead Director of Public Health</p> <p>PCT Locality Lead for Tobacco/SOTW RAG representative</p> |
| Ensure young people are making positive choices about tobacco and choose not to smoke | <p>Lobby the Department of Health about the need to stop point of sale advertising and display of tobacco products</p> <p>Develop a requirement for use in all contracting staff or services that the staff or voluntary workers will not smoke with or in front of young people using their service.</p> | Response to Department of Health's Consultation on the future of Tobacco Control. | Children's Lead for Commissioning / PCT Locality Lead |
| Reduce the harm caused to communities by tobacco addiction | Lobby the government for the adoption of a measure of Tobacco poverty | | Local Authority / EHTS Officer |

2. Reducing exposure to second-hand smoke

| What will be achieved? | How it will be achieved? | Measurable outcome/process | Lead/Partner agencies |
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| <p>Maintain an enforcement presence to ensure national Smokefree laws are embedded</p> | <p>Maintain the capacity to carry out enforcement in relation to the Smokefree part of the Health Act 2006 by bidding for ongoing funding</p> <p>Provide ongoing support to local businesses for Smokefree through the NHS Stop Smoking Services and workplace health, including the development of smoke free workplace policies</p> | <p>Level of funding secured</p> <p>Measures of Smokefree compliance</p> | <p>Local Authority / EHTS Officer</p> |
| <p>Increased awareness of the dangers of exposure to secondhand smoke to children and families.</p> | <p>Encourage greater awareness and understanding of the impact on the health of children and young people from smoking in the home.</p> <p>Implement the regional SHS training programme locally across a variety of partners, utilise Fresh support on training and resources.</p> <p>Develop work in Children Centres relating to advising parents of the dangers of smoking around children. Children Centres will provide a selection of information leaflets on display in the Children Centre Information Hubs and poster campaigns will be displayed throughout the Centres</p> <p>Children Centre staff will carry out Fresh Consultation with parents in relation to “Lets Make Smoking History for Our Children”</p> | <p>Reduction in smoking in pregnancy (percentage of mothers smoking at time of delivery)</p> <p>Number of staff trained as trainers to deliver this locally. Number of courses delivered in locality area; number of frontline staff trained</p> <p>How frontline staff interact and deliver brief intervention around SHS / change in behaviour of smokers around their children and family.</p> <p>Consultation event</p> | <p>Children’s Lead for Commissioning / Gateshead Children Centre Smoking Lead.</p> |

3. Building NHS Stop Smoking Services and strengthening local action

| What will be achieved? | How will it be achieved? | Measurable outcome/process | Lead/Partner agencies |
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| <p>Develop an understanding of local NHS Stop Smoking Services and expand general provision</p> | <p>Undertake a review of the resources available to this priority</p> <p>Support the visit of the Tobacco Control National Support Team and implement the recommendations</p> <p>Pathway review of existing service provision undertaken December 2008.</p> <p>Review of prescribing pathways and improvements made to patient access.</p> | <p>Audit report on resources available.</p> <p>Implementation of recommendations.</p> <p>Recommendations / action plan in place.</p> <p>Production and dissemination of Interim Guidance for people providing a 'stop smoking service' on the recommendation and supply of stop smoking medicines.</p> | <p>PCT Locality Lead for Tobacco / Gateshead NHS Stop Smoking Service / Medicines management / primary care, PCT</p> |
| <p>Maximise the take up of the stop smoking service in the neighbourhoods of greatest need and key priority groups:</p> <ul style="list-style-type: none"> • Routine and manual workers • BME communities • Mental health | <p>Expand the provision of NHS Stop Smoking Services through local commissioning arrangements.</p> <p>Build links between the NHS Stop Smoking Service and the Tyne and Wear Fire and Rescue Service to maximise beneficial cross referral of clients between services.</p> <p>Continued targeting of employers in Gateshead to promote the workplace stop smoking service (Spring 2008).</p> <p>Continue and develop the work already undertaken through Children's Centres to reduce smoking during pregnancy.</p> | <p>Increased activity commissioned.</p> <p>The number of people accessing NHS Stop Smoking Services.</p> <p>The number of people successfully quitting at 4 weeks.</p> <p>Routine and Manual: Number of people accessing NHS Stop Smoking Services from the neighbourhoods of greatest need and key priority groups. The number of people successfully quitting at 4 weeks from the neighbourhoods of greatest need and key priority groups.</p> | <p>PCT Locality Lead for Tobacco / Gateshead NHS Stop Smoking Service/ Local Authority</p> |

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| | <p>Utilise the mental health first aid training (delivered by MIND) available to stop smoking service advisors between November – March 2009, funded through Fresh - regional smoking and mental health</p> <p>Provide brief intervention training for a target of 80% of frontline LA and PCT staff.</p> <p>Provide brief intervention training for a target of 200 community and voluntary sector staff.</p> <p>Research completed into smokers from BME communities to:</p> <ul style="list-style-type: none"> • Review current service models and access • Review national, regional and local models of good practice • Recommend future service models | <p>Number of advisors trained locally, number of referrals or quit attempts into the service, increased levels of targeted support to mental health service users.</p> <p>Arrangements for training in place and implementation started towards the targets (2 year programme).</p> <p>Tender awarded and work completed. Increase in referrals to services.</p> <p>Research completed by end of January 2009.</p> <p>Recommendations made and plans made for implementation.</p> | |
| <p>Maximise the take up of the stop smoking service in the key priority groups:</p> <ul style="list-style-type: none"> • Pregnant women • Children and Young People | <p>Service protocols defined and agreed between Children Centre service and Gateshead Stop Smoking service</p> <p>Children's Centre staff trained in giving brief smoking cessation advice and referring appropriately onto smoking cessation service</p> <p>Review evidence of effective interventions in reducing smoking amongst children and young people and the availability of stop smoking services</p> | <p>Pregnant Women: Continued progress on prevalence rate trajectory</p> <p>Number of Children's Centre staff trained in giving brief smoking cessation advice (programme to continue through 2009/10).</p> <p>Number of referrals made to smoking cessation service</p> <p>Number of smoking cessation drop-in clinics running in Children's Centres</p> | <p>Gateshead Children Centre service / NHS Stop Smoking Service</p> |

| 4. Media, communications, social marketing and education | | | |
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| What will be achieved? | How it will be achieved? | Measurable outcome/process | Lead/Partner agencies |
| Young people will make positive choices about tobacco and choose not to smoke | <p>Mainstream smoking as a substance misuse issue in all young people's partnerships and services</p> <p>Work with relevant partners, including Gateshead Youth Council, to establish a youth advocacy approach</p> <p>Investigate the use of the 'Truth' play developed in Newcastle with year 10 pupils in Gateshead</p> <p>Participate in the pilot for Youth Advocacy programmes in the North East to inform mainstream activity and develop an approach to youth advocacy for tobacco across partners.</p> <p>Continue to expand the Smokefree schools award to ensure all schools achieve either silver or gold smoke free school status.</p> <p>Review new models of working in schools, such as peer education, and adopt as appropriate.</p> <p>Local alliance representative to attend Regional Smoking and Young People sub-group to share practice.</p> | <p>Number of young people smoking</p> <p>Number of young people participating in youth advocacy work</p> <p>Number of schools achieving silver or gold smoke free status</p> | <p>Children's Lead for Commissioning / PCT Locality Lead</p> |
| Support national and regional media work | <p>Wide distribution of national and regional material to all appropriate outlets.</p> <p>Amplification of programmes using Gateshead examples and outlets such as the Gen.</p> | Material taken | <p>PCT Locality Lead / Gateshead NHS Stop Smoking Service</p> |

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| | <p>Amplification of regional 'Around the Corner Campaign' across Gateshead, including additional press coverage, billboards and bus advertising – November / December.</p> <p>New Year Campaign January to February, building on 'Around the Corner'.</p> <p>No Smoking Day 11 March 2009: attendance at NE launch event on 13 November, utilise £1,500 Fresh funds and additional Choosing Health funds to purchase resources and disseminate to alliance partners amplifying the national campaign across local area, provide local case studies linked to the NSD theme and bring campaign to life for local population.</p> | <p>Number of contacts to regional number / text from Gateshead area and people setting quit dates through the service.</p> <p>Number of contacts to regional number / text from Gateshead area and people setting quit dates through the service.</p> <p>Level of local activity and events on 11 March 2009, number of quit attempts locally on NSD, local media and PR coverage, visibility of NSD resources across locality., local articles</p> | |
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| 5. Reducing the availability and supply of tobacco products – licit and illicit – and addressing the supply of tobacco to children | | | |
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| What will be achieved? | How it will be achieved? | Measurable outcome/process | Lead/Partner agencies |
| Reduce the harm caused to communities by tobacco addiction | <p>Support the implementation of the North of England Cheap and Illicit Action Plan in Gateshead, which will include the following elements:</p> <p>Inform the public, community and professionals about the emerging problem of counterfeit cigarettes.</p> <p>Reduce the quantity of smuggled or counterfeit tobacco products sold from social housing.</p> <p>Development of local intelligence about the supply and distribution of illicit tobacco products.</p> | Formal sign up to Plan in Nov/Dec 2008 | Local Authority Trading Standards |
| Target Underage Sales | <p>Provision of training to retailers in respect of underage sales.</p> <p>Quarterly promotion of the confidential underage sales hotline.</p> <p>Undertake test purchase attempts to gauge levels of compliance.</p> | <p>Training offered to all retailers and delivered to those who indicate they want it.</p> <p>At least one promotional activity per quarter undertaken.</p> <p>At least 25 test purchase attempts carried out.</p> | Local Authority Trading Standards |

| 5. Reducing the availability and supply of tobacco products – licit and illicit – and addressing the supply of tobacco to children | | | |
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| What will be achieved? | How it will be achieved? | Measurable outcome/process | Lead/Partner agencies |
| Conduct survey in relation to Point of Sale advertising | Visit cross section of retail establishments to ascertain point of sale advertising, marketing and promotion of tobacco products | Survey of at least 20 premises | Local Authority Trading Standards/ FRESH / NETSA |
| Greater awareness and understanding of the tobacco age limit by local retailers | Identify retailers who have not returned age matters acknowledgement receipt Conduct follow up visits and issue guidance to identified retailers | Visits to all identified retailers carried out and guidance issued | Local Authority Trading Standards |

| 6. Tobacco Regulation | | | |
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| What will be achieved? | How it will be achieved? | Measurable outcome/process | Lead/Partner agencies |
| Ensure smoke free compliance continues at the high levels achieved | Programme of smoke free compliance checks to businesses including public transport / taxis as part of a planned programme and in response to public complaints Provision of guidance and support to new and existing businesses | Evidence of checks carried out and actions taken Advice and guidance provided to all businesses on request | Environmental Health |

| 7. Reducing tobacco promotion within the North East | | | |
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| What will be achieved? | How it will be achieved? | Measurable outcome/process | Lead/Partner agencies |
| Minimisation of promotional opportunities for tobacco products. | Lobby the Department of Health about the need to stop point of sale advertising and display of tobacco products. Lobby the Department of Health about the need to introduce plain packaging on all tobacco products. | Response to the DH consultation on tobacco strategy. | Local Authority / PCT |

| 8. Research, Monitoring and Evaluation | | | |
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| What will be achieved? | How it will be achieved? | Measurable outcome/process | Lead/Partner agencies |
| Development of a Tobacco Alliance research and evaluation framework. | Following re-establishment of the local Tobacco Alliance, the group will commence a strategic planning process that will inform the development of a research and evaluation framework. Undertake an audit of partnership performance management and evaluation processes relating to the smoking agenda. | Research and evaluation framework produced. Audit of current evaluation and performance management arrangements. | PCT Locality Lead |
| Ongoing performance management of the Tobacco agenda in Gateshead by the Tobacco Alliance. | Collation of partnership research and evaluation data. Review of partnership research and evaluation data as part of performance management responsibilities for the Tobacco Alliance at partnership meetings. | Performance reports produced for partnership meetings. | PCT Locality Lead |
| Better understanding of levels of smoking within schools. | Make improved use of information collated by school nurses. | Research report on smoking rates within schools. | Children's Lead for Commissioning |

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| | Develop a robust methodology for assessing smoking rates within schools. | Analysis of smoking questions on 2008 school health survey. | |
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