

**SOUTH TYNESIDE
TOBACCO ALLIANCE**

ACTION PLAN 2008/2009

August 2008

South Tyneside Tobacco Alliance

Context for the 2008/2009 Tobacco Alliance Action Plan

1. Smoking rates in South Tyneside

- 1.1. Smoking prevalence among adults is estimated at 34.9% in South Tyneside, which is significantly higher than the England average of 26%. This suggests there are over 50,000 people aged over 16 years who smoke in South Tyneside.¹
- 1.2. Smoking in pregnancy is a major issue for South Tyneside, with the latest figures showing a rate of 28%, compared to a national average of 17%. This figure is considerably higher than the neighbouring areas of Gateshead (20%) and Sunderland (22%).
- 1.3. A large scale Young People's Health and Lifestyle profile of Year 9 pupils in South Tyneside Comprehensive Schools in 2004 indicated that 33% of the young people surveyed described themselves as smoking, which is significantly higher than typical national rates indicated for this age group of closer to the 20% rate.² There is consistent evidence at a national level that girls tend to smoke more than boys and anecdotal evidence suggests that this is the case for South Tyneside.
- 1.4. South Tyneside has the largest proportion of wards falling into the worst 20% for deprivation across Tyne and Wear and estimates of smoking prevalence indicate significant variation in rates between wards, ranging from less than 15% in Cleadon and East Boldon to approximately 43% in Rekendyke and Bede.
- 1.5. South Tyneside PCT operates a specialist Stop Smoking Service which is exceeding Healthcare Commission Targets for those remaining as non smokers at four weeks. The number of people accessing the service has steadily increased over the past three years and support was provided to 3358 people in 2006/2007, representing around 8.3% of the adult smoking population, of which some 1480 remained as non-smokers at 4 weeks.
- 1.6. The Service has however yet to reach more ambitious stretch targets, which reflect the higher local base levels of smoking in South Tyneside, and there is local evidence of unmet demand for smoking cessation services.

2. Impact of smoking on life expectancy

- 2.1. Life expectancy in South Tyneside is increasing for men and women, however the gap with the national average has increased for both men and women to 2.1 years
- 2.2. 32% of this gap for men is accounted for by deaths from cancer, of which lung cancer represents 37%. 37% of this gap for women is accounted for by deaths from cancer, of which lung cancer represents 64%.

¹ All data is taken from the South Tyneside Joint Strategic Needs Assessment (Draft document, December 2007) unless otherwise indicated

² Cancer Research UK, info.cancerresearchuk.org/cancerstats/types/lung/smoking/

- 2.3. Evidence suggests that to impact on the life expectancy gap a series of high impact changes are required including increased access to smoking cessation, and to reduce the life expectancy gap by 10% it would be necessary in the next year to double the number of people quitting smoking to 3,060.

3. Tobacco planning and coordination

- 3.1. South Tyneside has a comprehensive range of smoke free strategies and action plans in place, previously coordinated by the local Smoke-free Alliance. These are based on the regional smoke free strategy and national policy drivers, including Choosing Health.
- 3.2. Local plans detail recommendations from the Overview and Scrutiny Review and Health Care Commission Reviews, which focus on an overarching vision of reducing smoking prevalence and associated disease, disability and death by:
- Stopping young people starting
 - De-normalising smoking
 - Providing a smoke free environment for people who want to quit smoking
 - Reducing passive smoking
 - Fiscal controls
 - Media
- 3.3. The local authority has identified reducing health inequalities as one of ten key priorities and has a 4* Action Plan (one of a small number of plans receiving additional scrutiny) to develop a joint agency approach at a neighbourhood level, focusing on reducing smoking obesity and alcohol harm. It is also intended, although the exact scope has yet to be confirmed, that the Council Select Committee for Children and Young People & Independent and Healthy Lives will carry out a scrutiny commission into this area early in 2009.
- 3.4. There is however a widely shared perspective that partnership work as a whole on tobacco in South Tyneside has recently lost some of its impetus, perhaps reflecting an optimism that success in creating smoke free environments would have a greater impact on tobacco use as a whole than currently appears to be the case. There is therefore widespread support for the production of this local Tobacco Action Plan.
- 3.5. In addition there is a high level of commitment to the linked process of reinvigorating the local Tobacco Alliance and, through this forum, ensuring that as wide a range of agencies as possible are fully re-engaged in a partnership approach to reducing levels of tobacco use in South Tyneside.

LOCAL TOBACCO ACTION PLAN

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/Progress
<p>Reestablishment of the South Tyneside Tobacco Alliance</p>	<p>Initial meeting towards to be held in July 2008.</p> <p>Process to be being sustained by Locality Lead for Tobacco, supported by the Acting Director of Public Health as Chair.</p> <p>Discussions to take place (Summer/Autumn 2008) to clarify the purpose and membership of the Alliance, directed at creating an inclusive, effective and efficient partnership and addressing the relationship of the Alliance with other relevant bodies and sectors, to include (but not necessarily limited to):</p> <ul style="list-style-type: none"> - The Risk and Resilience group (the former Teenage Pregnancy group) - The LSP Health Priority Group - The Voluntary Sector - The Business Sector - PCT Children and Young People, Healthy Schools and Stop Smoking teams and services - Local Authority Health, Trading Standards, Environmental Health, Healthy Schools and Neighbourhood teams and services - Tobacco work of North East Trading Standards Association 	<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</p> <p>Review of progress against 2008/2009 Tobacco Alliance Plan</p> <p>Development of the 2009/2010 Tobacco Alliance Plan</p>	<p>Public Health Improvement Lead / Director of Public Health</p> <p>October 2008 – The Tobacco Alliance has been re-established and the Terms of Reference Agreed. The TOR include a diagram outlining the reporting and accountability arrangements for the group. There are two key groups that the TA is accountable to which include the Independent Healthy Lives Group and the Children’s Alliance (both sub-groups of the LSP)</p>

1. Developing infrastructure continued			
Develop and deliver a joint agency approach in South Tyneside neighbourhoods to improve health (4* plus project focusing on reducing health inequalities by reducing smoking, obesity and alcohol harm)	<p>Project information plan developed</p> <p>Consultation with communities via Consultation Roadshows</p> <p>Identify priority neighbourhoods and map current smoking provision. Identify gaps between current service provision and the evidence base of effective interventions</p> <p>Produce profile and action plan for each priority neighbourhood and integrate into Community Action plans</p> <p>Implement community based health interventions</p> <p>Review effectiveness of community based health interventions</p>	<p>PID developed</p> <p>Consultation findings</p> <p>Priority neighbourhoods identified</p> <p>Mapping exercise</p> <p>Gap analysis</p> <p>Neighbourhood health profile and action plan</p> <p>Evaluation of interventions</p>	Local Authority – Neighbourhood Services – Health Development Officer
<p>Young people encouraged to reduce risk taking behaviour, including tobacco use, and to take a more proactive approach to healthy lifestyles</p> <p>See also section 4 – smoke free schools</p>	A range of programmes and activities under the overall Healthy Schools Programme including school based work on smoking and tobacco control	Increase in number of schools on the Healthy School Programme	Children's Commissioning Lead (PCT) / Assistant Head of Service for Progression and Resilience
Pro-active work with retailers and others on tobacco control at point of sale - details to be confirmed	Appointment of Tyne and Wear tobacco control officer post, under the umbrella of the North East Trading Standards Association (to be confirmed)	15/11/08 – Appointment of two officers to deal with Regional Tobacco Control	<p>Trading Standards – Team Leader</p> <p>27/10/08 - The Regional Tobacco Control Manager and Officer posts have been advertised and interviews are scheduled for early November 2008.</p>

South Tyneside Council Select Committee - Children and Young People & Independent and Healthy Lives. Commission on health inequalities with a focus on smoking.	Scoping exercise to explore remit of Commission Select committee held	Scoping exercise held Findings of Select committee Commission	Scrutiny Committee Officer supported by the DPH and Children's Commissioning Lead
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2. Reducing exposure to second-hand smoke			
What will be achieved?	How it will be achieved?	Measurable outcome/process	Lead/Progress
Reduce exposure to second hand smoke through an increased focus on supporting initiatives by Fresh to encourage Smoke Free Homes and other areas where displaced smoking continues take place, including any remaining workplace locations	Support to Fire Service home visit teams from the Stop Smoking Service to equip them with the skills and competencies to deliver appropriate brief interventions	Feasibility study undertaken Identification of training needs Training delivered Interventions delivered	PCT/Tyne and Wear Fire and Rescue Service
	Increased promotion through Workplace Advisers and others	To be determined	Healthy Community Collaborative Practitioner / South Tyneside Manufacturers Forum
	Identify activity to protect staff accessing residents homes for healthcare or advice and guidance support (e.g. the Fire Service)	To be determined	
	Deliver the second hand smoke training package to professionals working in South Tyneside	Lead trainer identified for the FRESH training programme – October 2008 Training programme accessed (2 day and 1 day) – January 2009 Identification of professional groups	Bliss = Ability (Self Care Programme) / Public Health Improvement Lead

		<p>requiring training and professional groups requiring short presentations – February 2009</p> <p>Presentations delivered to secure strategic agreement to engage with the training</p> <p>Rolling programme of training established – April 2009</p>	
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In addition, a number of actions under heading 3 will have a direct impact on exposure to second hand smoke e.g.:

- Action by the Stop Smoking Services to reduce smoking levels in adults
- Specific support from the Smoking In Pregnancy Service for their target audience
- Activity targeted at the workplace and employment environment

A number of elements of the overall Healthy Schools activity, identified in sections 1 and 4 and engaging the Local Authority and PCT in joint actions, will also be directed at this issue.

3. Building NHS Stop Smoking Services and strengthening local action

What will be achieved?	How will it be achieved?	Measurable outcome/process	Lead/Progress
<p>The South Tyneside Stop Smoking Service will deliver a more effective locally focused service on the ground as a consequence of being more actively engaged in the Tobacco Alliance,</p>	<p>The Service team will be directly represented in Tobacco Alliance membership</p> <p>Local Service Action Plans will be developed, which will relate to and inform Tobacco Alliance activities and Action Plans</p> <p>Increase number of Intermediate Advisers from varied disciplines (e.-g. Occupational Health Nurses, Dental Health assistants, voluntary community sector, BME groups)</p>	<p>Attendance at meetings</p> <p>Monitor progress against agreed set timescales</p> <p>Increased number of advisers</p> <p>(See section 3 for details of Stop Smoking Service work with Fire Officers)</p>	<p>Modern Matron / Healthy Team – Team Leader</p> <p>Public Health Practitioner: Smoking</p> <p>Comment: This will also need to link to the work of the Community Involvement team of the local authority under the local authority's 4* Action Plan referred to in the introduction</p>
<p>Specific actions targeted at reducing smoking amongst women during pregnancy, at birth and postnatally</p>	<p>Comparison of the three pathways across SoTW to ensure best practice is employed in all three areas</p> <p>STFT has established a free InfoLine service in the Maternity unit which includes information on Smoking and Breast Feeding. A second site is to be developed from June 08.</p> <p>Foundation trust to identify pregnant women who have not accessed the Smoking in Pregnancy service or who have accessed but relapsed, will then ring the Smoking in Pregnancy Adviser during the consultation to make an appointment.</p>	<p>Meetings held and information shared</p> <p>Impact measures tbc</p> <p>Reduced number of women lost between consultation and making the appointment</p> <p>Appointments within two weeks at the place chosen by the women</p>	<p>Children's Commissioning Lead (PCT) / Modern Matron</p>

3. NHS Stop Smoking Services continued

Specific actions targeted at reducing smoking amongst women during pregnancy and at birth (continued)	<p>Pregnant women to be contacted to explain that when they are admitted to hospital, they will be in a smoke free environment and offered help to quit</p> <p>Smoking in Pregnancy Service to explore the possibility of Smoking Advisers prioritising pregnant women, pending full capacity in the SiP service</p>	<p>FT to continue issuing letters to all pregnant women via midwives, post or when they attend other clinics</p> <p>Ensure that admission documentation includes smoking status, status is checked and recorded at each appointment and discharge letter includes smoking history and advice given re smoking and second-hand smoke</p>	Children's Commissioning Lead (PCT) / Modern Matron
Work with business proprietors to encourage and assist employees to stop smoking	<p>Source local resources</p> <p>Develop and distribute packs/guidance materials for business proprietors</p> <p>Action plan to support No Smoking Day to target workplaces</p> <p>No Smoking Day information/packs for workplaces developed</p> <p>No Smoking Day information and support materials distributed to all targeted workplaces</p>	<p>Resources identified</p> <p>Packs developed- 31/08/08</p> <p>NSD action plan for workplaces- 31/01/09</p> <p>NSD information pack –28/02/09</p> <p>Distribution list of premises receiving packs-28/2/09</p>	<p>Environmental Health – Kathryn Fortune Commercial Services Manager Local Authority / Modern Matron / Healthy Team – Team Leader</p> <p>Smoking cessation literature being distributed to care & nursing homes, pubs and licensed restaurants and licensed taxi premises by end of Nov 2009</p>
Encourage school nurses to continue health promotion messages/ interventions as appropriate	Liaising via the School Nurse contact for Healthy Schools	Feedback at Healthy schools meeting	Children's Commissioning Lead (PCT)
Better engagement of people with Chronic Disease who need additional support	Improve the delivery of brief interventions and referral into the Stop Smoking Services		Modern Matron / Healthy Team – Team Leader
Better engagement of people with	Improve the delivery of brief interventions		Modern Matron / Healthy

mental ill-health who need additional support	and referral into the Stop Smoking Services		Team – Team Leader
Increase the number of smoking quitters through level 2 services	Increase the number of Level 2 Stop Smoking Providers (Intermediate advisers) with a specific focus on those within community and voluntary sector organisations	Revise and update SLAs for level 2 stop smoking services – November 2008 Undertake recruitment of new intermediate advisers – November 2008 New advisers recruited – November 2008 New advisers trained (2 days) – January 2009	Public Health Practitioner: Smoking
	Increase the availability of Level 2 (intermediate) advisers within Children and Young People's services	Identify advisers Advisers access the recruitment event – November 2008 Advisers access training – January 2009 Advisers performance managed	Children's Commissioning Lead (PCT) Public Health Practitioner: Smoking
	Increase the availability of Level 2 advisers working within the community	Health Trainers access the recruitment event – November 2008 Advisers access training – January 2009 Advisers performance managed through	Health Improvement Practitioner: Community Action

4. Media, communications, social marketing and education

What will be achieved?	How it will be achieved?	Measurable outcome/process	Lead/Progress

<p>To encourage and contribute to accredit schools in South Tyneside as smoke free schools</p> <p>See also section 1 – encouraging young people to reduce risk taking behaviour and section 3 – support for school nurses</p>	<p>Attend regional smoke free school award group</p> <p>Supporting schools in completing their smoke free policy</p> <p>Encouraging already smoke free schools to achieve the Gold award</p>	<p>Number of schools attaining this each year</p>	<p>Children's Commissioning Lead (PCT)</p>
<p>Facilitate the use of the 'Gibber' theatre production within schools across South Tyneside</p>	<p>Secure funding from FRESH to role out the programme across South Tyneside Schools</p>	<p>Identify participating schools</p> <p>Secure the funding from FRESH</p> <p>Role out the theatre production (link it to the young people's research)</p>	<p>Children's Commissioning Lead (PCT)</p>

<p>5. Reducing the availability and supply of tobacco products – licit and illicit – and addressing the supply of tobacco to children</p>			
<p>What will be achieved?</p>	<p>How it will be achieved?</p>	<p>Measurable outcome/process</p>	<p>Lead/Progress</p>
<p>Target Underage Sales</p>	<p>Provision of training to retailers in respect of underage sales</p> <p>Quarterly promotion of the confidential underage sales hotline</p>	<p>31/12/08 - Training offered to all retailers and delivered to those who indicate they want it</p> <p>31/03/09 - At least one promotional activity per quarter undertaken.</p>	<p>Trading Standards – Team Leader</p>

	Undertake test purchase attempts to gauge levels of compliance	31/03/09 - At least 25 test purchase attempts carried out	
Conduct survey to establish extent of counterfeit tobacco and eradicate supply	Contact relevant trademark holders Carry out joint visits with trademark holders to examine goods for authenticity	31/03/09 - 20 inspections of tobacco retailers and products undertaken	Trading Standards – Team Leader
Promotion of increase in tobacco age limit through follow up educational visits to local businesses	Identify retailers who have not returned age matters acknowledgement receipt Conduct follow up visits and issue guidance to identified retailers	31/10/08 - Visits to all identified retailers carried out and guidance issued	Trading Standards – Team Leader

6. Tobacco Regulation			
What will be achieved?	How it will be achieved?	Measurable outcome/process	Lead/Progress
Ensure smoke free compliance	Programme of smoke free compliance checks to businesses including public transport Provision of guidance and support to new and existing businesses	Smoke free programme for year completed 31/03/09 A programme of public transport compliance checks scheduled to be complete on appointment of new staff by 31/03/09	Council Environmental Health – Jane Muizelaar Environmental Health Officer All new food premises subject to inspection are being advised on smokefree

		Advice and guidance provided to all businesses on request. 31/03/09	compliance legislation during the inspection- 16 premises to date. All existing premises are being inspected routinely for compliance during programmed inspections work- 116 to date. All new planning/building control applications are being advised on smoking shelter requirements- 6 to date (28.10.08)
	Regional smoke free officer post appointed	March 2009	
Measure compliance with increase in age limit for purchasing tobacco products.	Undertake test purchase programme to gauge level of compliance with age restriction requirements. Appropriate action taken against those found in breach of legislative requirements.	31/03/09 – At least 25 Test purchases attempts undertaken. 31/03/09 – identified breaches reported for consideration of further action.	Trading Standards – Team Leader 28/10/08 – 10 test purchase attempts have been carried out resulting in 2 failures which are currently being investigated.

7. Reducing tobacco promotion within the North East

What will be achieved?	How it will be achieved?	Measurable outcome/process	Lead/Progress
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<p>Conduct survey in relation to Point of Sale display, positioning and advertising</p>	<p>Undertake the point of sale advertising survey in conjunction with the FRESH office</p> <p>Visit cross section of retail establishments to ascertain point of sale advertising, marketing and promotion of tobacco products</p>	<p>21/07/08 - Secure funding from FRESH to undertake the survey</p> <p>1/08/08 - Undertake the point of sale advertising survey – survey at least 20 premises</p> <p>06/08/08 -Submit findings to the FRESH office</p> <p>31/08/08 - Findings used to inform the response to the national strategy consultation</p>	<p>Trading Standards – Team Leader</p> <p>06/08/08 – The point of sale survey has been successfully completed and findings have informed a regional response to the national strategy consultation. Findings highlighted only one out 20 venues in breach of the statutory notice regulations.</p>
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8. Research, Monitoring and Evaluation

What will be achieved?	How it will be achieved?	Measurable outcome/process	Lead/Progress
<p>Undertake research / needs analysis to understand the issues related to smoking and tobacco control for young people in South Tyneside</p>	<p>Commission some research to identify young people’s views, smoking prevalence, current education / review links between smoking prevalence and tobacco outlets within a school vicinity</p>	<p>Scope review / research remit</p> <p>Identify funding</p> <p>Commission research (linked to the theatre production funded through FRESH)</p>	<p>Public Health Improvement Lead / Children’s Commissioning Lead (PCT)</p>
<p>Undertake regular monitoring of smoking in pregnancy levels and smoking cessation results</p>	<p>Continuation of ongoing monitoring processes by Smoking in Pregnancy and Stop Smoking teams</p>	<p>Data used to inform future programmes of services and subsequent Tobacco Alliance Action Plans</p>	<p>Children’s Commissioning Lead (PCT) / Public Health Practitioner: Smoking</p>
<p>Improved information on levels of smoking amongst young people of school age in South Tyneside</p>	<p>Inclusion of smoking question(s) in survey of young people (the Exeter Survey)</p>	<p>Improved datasets on levels of smoking by young people</p>	<p>Children’s Commissioning Lead (PCT) / Assistant Head of Service for Progression</p>

			and Resilience
Better understanding of continued levels of smoking in the workplace and support mechanisms address	Survey of work based smoking	To be determined	Healthy Community Collaborative Practitioner / South Tyneside Manufacturers Forum / Stop Smoking Service
Better understanding of tobacco control and smoking issues for the BME community	Undertake research Plan activity locally based on research outcomes	September 2008 – January 2009 April 2009	Public Health Practitioner: Smoking Public Health Improvement Lead: South Tyneside

Appendix 1: South Tyneside Tobacco Alliance

Consultation process: July 2008

- A consultation process was undertaken by HelmePark Limited as independent consultants in July 2008, on behalf of NHS South of Tyne and Wear, to address two key issues:
 - To contact a range of identified stakeholders to establish if there remained a requirement for a Tobacco Alliance in South Tyneside and, if so, to gain their views on the appropriate purpose and membership of the reconstituted body.
 - The development of a 2008/2009 action plan for the Alliance for submission to Fresh.
- This was responding to a wider South of Tyne and Wear consultation process in January 2008, which involved members of the South Tyneside, Sunderland and Gateshead Alliances, a full report of which is available from the NHS South of Tyne and Wear Public Health Practitioner (Tobacco Control)
- A key part of the South Tyneside consultation was a series of face-to-face interviews and telephone discussions with 11 key individuals who responded to a contact email inviting them to take part in this process, from an initial group of 19 people who had been part of the Alliance in one form or another in the past. These consultees are listed at the end of this document.
- The majority of this group also provided information to be included in the 2008/2009 Tobacco Alliance Plan, a draft of which was considered at a group consultation meeting on the 24 July 2008, with all 11 consultees either attending in person or being directly represented on the day.
- The draft plan was then amended and recirculated for final comment prior to sign off by the Chair of the Alliance, in line with decisions taken at the meeting, and submitted to Fresh in August 2008.
- The general view which emerged from the consultation process as a whole was that some of the impetus around tobacco control work had perhaps been lost – and that this, at least in part, possibly represented some sort of collective ‘easing back’ when smoke free public buildings and workplaces were introduced
- As a consequence there was overwhelming support for re-establishing the Alliance and all of those consulted wanted their organisation to be part of the process. In most cases individuals also wanted to sit directly on the Alliance as part of their job role. However, it was stressed that it was important that the group has the right purpose and membership to keep people engaged, and does not meet for the sake of it.

- A number of key points emerged from the consultation process which were discussed as part of the meeting referred to above:
 - There was a general view that it would be helpful to have a health professional in the role of chair
 - The purpose of the Alliance had to be about achieving a suitable balance - to include communication and information sharing but also being about instigating new research and activity where appropriate and ensuring joined up and effective delivery
 - The Fresh Action Plan was therefore felt to be important, but that this should not form the sole purpose for coming together
 - The Alliance could and should be influential in identifying and/or addressing key gaps in knowledge, particularly in terms of local information, and in developing and supporting local approaches to delivery
 - The issue of smoking amongst children was identified by a number of people as perhaps a particular focus
 - Young women, smoking and pregnancy was also identified as an interrelated high priority issue
 - The Alliance needs to ensure it has clear links to other key bodies and sectors including the Risk and Resilience Group, the LSP Health Priority Group, Voluntary Sector, Business Sector and North East Trading Standards Association all mentioned
 - However, it needs to strike a balance in terms of meeting frequency – with a general preference towards a quarterly cycle as a standing approach but more frequently when required - and/or specific time limited sub or topic groups.

- A core group of some ten to a dozen people was suggested as a possible starting point in terms of membership, potentially including 3 or 4 health sector representatives, 3 or 4 local authority representatives, the voluntary sector, the business sector and others. However, it was felt that there should be no barrier to other interested groups and individuals joining the group as appropriate and a initial debate took place about how to, for example, more fully engage the BME and other communities in the process.

- It was agreed that Marietta Evans, the Acting Director of Public Health, would chair the group at least at the current time.

- In addition it was agreed that Alice Wiseman, the Public Health Improvement Lead whose role includes the locality lead for Tobacco in South Tyneside, would drive the Alliance forward – to include the development of a suitable agreement for the Alliance and finalising the debate on purpose and membership.

Consultees

Name	Position/role	Nature of initial interview F = face to face T = telephone	Consultation Meeting 24 July
NHS South of Tyne and Wear			
Marietta Evans	Acting Director of Public Health, South Tyneside	F	√
Alice Wiseman	Public Health Improvement Lead	F	√
Pam Lee	Health Improvement Practitioner, Children Lead for Commissioning	F	√
Sherrin Esmail	Health Improvement Practitioner, Healthy Schools	F	Represented via Pam Lee
Maria Williams	Healthy Teams, Team Leader - Smoking	T	Represented by Kirk Green
South Tyneside Council			
Katy Fortune	Commercial Services Manager	T	Represented by Jane Muizelaar
Maurice Walsh	Children and Young People Lead	T	Represented by Amy Porter
Justine Wilkinson	Community Health Officer	F	√
Stuart Wright	Team Leader Trading Standards	F	√
Voluntary and Business Sectors			
Carol Robertson	BlissAbility	T	√
John Wood	South Tyneside Manufacturing Forum	T	√