

PUBLIC HEALTH BUSINESS CASE TEMPLATE (2012-13 NON-RECURRENT FUNDING)	
TITLE	Niche Tobacco Project in Inner South and Inner East Leeds
NAME OF LEAD OFFICER	Bash Uppal and Liz Bailey - Health and Wellbeing Improvement Managers
EXPECTED OUTCOMES/OUTPUTS	Community awareness of harmful effects of using niche tobacco products (shishas, chewing products etc) Staff awareness of harmful effects
SUMMARY DESCRIPTION OF WORK PROGRAMME including objectives, methodology/ process and involvement of partners	To undertake targeted work within neighbourhoods (Beeston and Harehills) with higher concentrations of south Asian communities. Programme to include: - train the trainer to support staff understanding so that they can pass on knowledge and raise of dangers of niche tobacco. - provision of promotional materials, posters, flyers etc located in key venues such as GP practices; dentists; community organisations etc - to provide additional cessation support from stop smoking service - to provide intelligence information to support development of niche tobacco health needs assessment by Public Health
TOTAL RESOURCES REQUIRED	Total funding required 70k with commitment from Adult Social Care for 10k.
BREAKDOWN OF EXPECTED EXPENDITURE (include start date and stages up to the end of March 2013)	25k for niche tobacco project worker managed by WYTS to run train the trainer work 25k to fund cessation support worker time from stop smoking service 20k for training and promotional materials, room hire, printing etc costs To start programme from 1 st August 2012 to 31 st July 2013
CRITERIA	DESCRIBE BENEFITS
What is the local story describing the need?	Smoking is the biggest single preventable cause of premature death. According to national research over 200 diseases are linked to smoking with the most common being cancer, heart disease, stroke and COPD. The mainstream focus has been related to reducing numbers of people that smoke cigarettes. In more recent times there is growing concern developing about the availability of other types of tobacco that are increasingly being used, particularly by BME communities. These 'niche' tobacco products include smoking or chewing tobacco (smokeless tobacco), Beed/bidi (Indian cigarettes), Snuff, Gul, Gutkha, Paan, Shisha (tobacco smoked using water pipe) as well as others. Many of these products have no health warning and are not recognised by communities as having high levels of nicotine, or causing mouth and throat cancers. Leeds has seen a rise recently in Shisha cafes opening up and use of water pipes is now more common at social events. The key message we want to get across to communities, in particular young people with whom this is now more common is the high nicotine content as 'one hour on a Shisha is equivalent to smoking 100 cigarettes'. Dentists are also concerned about the use of chewing tobacco which is very common in the Bangladeshi community and cause for concern.
How does this improve service access & equity?	The area health and wellbeing partnerships are contributing to delivery of key priorities within the health and wellbeing city priority plan. One of the key priorities is to 'help protect people from the harmful effects of tobacco'. We are looking to ensuring equitable access by targeting communities using alternative tobacco products to cigarettes.

<p>What is the evidence of effectiveness?</p>	<p>There is little data intelligence gathered by agencies on effects of 'niche tobacco' and NICE are looking to develop a learning pack over the coming year. We have looked at best practice in the region and Kirklees and Bradford NHS alongside West Yorkshire Trading Standards, have already undertaken a programme as outlined.</p>	
<p>Describe how this will prevent ill health and reduce health inequalities</p>	<p>The numbers of people dying from smoking related disease is nearly 5 times the combined number of deaths from other preventable causes, such as accidents, drugs and alcohol deaths or suicides.</p> <p>This project will focus on prevention and early intervention, link to other programmes such as the lung cancer screening and cessation support. Work in partnership with local VCFS organisations. Targeting BME communities, challenging cultural norms by highlighting dangers.</p>	
<p>Describe how this contributes to Local priorities & National outcomes</p>	<p>The area health and wellbeing partnerships are contributing to delivery of key priorities within the health and wellbeing city priority plan. One of the key priorities is to 'help protect people from the harmful effects of tobacco'.</p>	