**Public Health Practitioner Commentary**

| **Title** | **Exploring Tobacco Issues with Young People** | **Competency Number** | **Evidence Reference** |
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| **Reference Number** | Commentary 2 (C2)February 2016 |  |  |
| **Standards Claimed** | **Area 1: Professional and ethical practice;**1a,1b,3b,4a,4b,4c,4d,**Area 2: Technical competencies in public health practice;**5b,5e,7a,7b,**Area 3: Application of technical competencies to public health work;**9b**Area 4: Underpinning Skills and Knowledge;** 10a,10b,11a,11b |  |  |
| **Context** | Smoking remains the most preventable cause of premature death, ill health and health inequalities in England and in Newcastle (NHS Information Centre, Public Health England; Tobacco Control Profile Newcastle). The Government’s Healthy Lives, Healthy People; Tobacco Control Plan for England 2011, sets a national ambition to reduce smoking prevalence among young people in England to less than 12% of 15 years olds by 2015 **(EV2.1).** NICE Public Health Guidance 23; ‘School-based interventions to prevent the uptake of smoking among children and young people 2010’, identifies evidence based approaches to tackling smoking within school settings **(EV2.2).** This evidence was subsequently reviewed in April 2013 (evidence Update 38, April 2013) **(EV2.3, Standard 10a).** Becoming a smoker is influenced by a range of factors operating at individual, family, social, societal and community levels. Most smokers take up smoking before the age of 20 years (Smoking attitudes and behaviours, ONS 2013) and are much more likely to live in a smoking household than those who do not (Ref as previous). Adults are the greatest influence on young people smoking. Young people are more at risk of smoking if they live in social networks where smoking is the norm and perceived to have positive value within social relationships. (Young People and Smoking, Public Health Research Consortium, 2009).Whilst smoking prevalence rates among the young are falling, significant numbers of young people do continue to take up the habit. The tobacco industry plays an important role in recruiting and retaining smokers, although their tactics are not necessarily widely known by young people and those that work with them, a fact which I have observed in my 32 years of experience in a public health role. The National Curriculum for Science (May 2015) provides non statutory guidance that schools teach about healthy lifestyle issues within Key Stages 2 and 3. However beyond upper Key Stage 3 within secondary schools smoking education can be taught within the non-statutory Personal Social Health Education curriculum, for which provision varies considerably between schools. Tobacco issues are less often addressed within this age group. Youth workers also do not have any formal curricular training on tobacco education. Using the evidence of effectiveness I developed a half day continuing professional development course for practitioners who work directly with groups of young people aged 11-18 years (e.g. teachers, public health school nurses, youth workers) called ‘Tackling tobacco issues among young people’. It specifically tried to address the gap in provision of CPD for those working with the secondary age group and help to facilitate improved quality of tobacco education with secondary aged young people. It included a focus on the tobacco industry aimed at engaging practitioners in the wider tobacco control agenda, raising awareness of the negative practices of the tobacco industry and assisting them to provide a more progressive and contemporary programme for young people which moves on from the more factual elements of the effects of smoking taught to primary age children. The specific aim and objectives of the course were;**Aim** To improve the quality of tobacco education within children and young people secondary settings.**Objectives**To reflect on the facts and social norms about smoking To introduce a range of interactive group work methods to engage young people in the tobacco agenda.To increase awareness of the tactics of the tobacco industry including marketing practices and role in recruiting and retaining young people to smoking.To increase awareness of support services for young smokers who wish to quit.To share good practice, resource materials and approaches.  | 10a | EV2.1EV2.2EV2.3 |
| **Own Role** | I led, initiated, developed, designed, facilitated and evaluated a half day course; ‘Exploring Tobacco Issues with Young People’ for secondary school aged practitioners which took place in February 2016. I undertook this task due to my role and expertise as a Health Improvement Practitioner (Advanced) with responsibility for tobacco control and healthy schools. I have 28 years experience in this role and 4 years experience as a Qualified Teacher (1994).I am fully conversant with current relevant public health policy related to tobacco control and specifically that relating to children and young people. This has been gained through attendance at regular Smoke Free North East regional and national networks and seminars and training on tobacco control (listed in next section) and by acting as an ‘expert’ to the NICE panel which wrote NICE Public Health Guidance 23; ‘School-based interventions to prevent the uptake of smoking among children and young people 2010’ **(EV2.2,** *see page 28 of document*) and the subsequent Evidence Update (38) April 2013 (**EV2.3***, see page 29*). This guidance recommends that adult led interventions should *”include strategies for enhancing self esteem and resisting the pressure from smoke from the media, family members, peers and the tobacco industry*” and that they should *“include accurate information about smoking, including its prevalence and consequences....”* Further it recommends that it *“should be delivered by teachers and higher level teaching assistants who are both credible and competent in the subject , or by external professional trained to work with children and young people on tobacco issues”* (page 9). Following a gap analysis of CPD training needs on tobacco education and a review of the NICE guidance on smoking in school settings in 2013, I identified a lack of knowledge among secondary aged practitioners both of the social norms of smoking and the tactics of the tobacco industry. This also followed a successful theatre in education programme called ‘The Truth’ which I had initiated and helped to develop several years earlier within secondary schools which focussed on the tobacco industry. It was externally evaluated by Northumbria University, for whom I was a member of the project steering group.With my manager’s permission I was given the opportunity to develop a new course which would seek to address these issues and contribute to improved quality provision of tobacco education within secondary settings in Newcastle. I researched and designed a half day course, writing and producing a course pack, powerpoint slides and a range of interactive activities to accompany the programme. I produced a flier to advertise the course, which was sent out by email to the intended target audience of practitioners working with groups of secondary aged young people in both formal educational settings and less formal settings such as youth clubs. I recruited to the course and administered this process. A total of 15 people applied to attend and 11 actually attended on the day.I wrote the course programme and facilitated the session, ensuring that a wide range of interactive methods were used, to recognise that different people have different learning styles. All delegates were given a copy of the course pack I wrote, which was divided into sections to provide a range of interactive methods they could use in sessions with young people, facts and research to back up practice, useful contacts and links to supporting resources which could further enhance programmes. The pack was designed to enable practitioners to ‘dip in and out’ of it to use the elements of programme they wished to, within the time constraints they had.I produced a short evaluation form for the course which included qualitative and quantitative responses, which all participants were asked to complete at the end of the session. I collated these responses into a short report, and reflected on my own practice, the results of which were used to improve subsequent courses.  |  | EV2.2EV2.3 |
| **Acquisition of knowledge** | As Tobacco Control and Healthy Schools lead I have a responsibility to ensure that the interventions commissioned and delivered are based on the best available evidence. I have gained this via;Masters in Health Sciences ( Health Promotion) - 1996;Course certificateComparison between 1996 MSc and current equivalent course modules and learning outcomesBachelor of Education Certificate – 1984Attendance at regional Fresh Smoke Free North East Network meetings and seminars and national conferences such as; ‘Making smoking history’ 20/21.3.14 (programme), ASH Tobacco Conference (slides) 10.2014, Smoking and Mental Health conference (Certificate of attendance) Public Health Practitioner Network Learning Set; Ethics and Risk 29.9.15 Certificate and Learning OutcomesPublic Health Practitioner Network Learning Set; Critical Appraisal 3.11.15 Certificate and Learning OutcomesPublic Health Practitioner Network Learning Set; Critical Appraisal 3.11.15 SlidesPublic Health Practitioner Network Learning Set; Asset Based Approaches 12.1.16 Certificate and Learning OutcomesPublic Health Practitioner Network Learning Set; Critical Appraisal; Accessing and Assessing Evidence 3.11.15 Certificate and Learning OutcomesPublic Health Intelligence Power point Slides, PHE resource list and ‘Data Interpretation document 2.2.16Public Health Practitioner Network Learning Set; Promoting the value of health and wellbeing and reduction of health inequalities. 8.7.15. Certificate and Learning Outcomes Public Health Practitioner Network Learning Set; Promoting the value of health and wellbeing and reduction of health inequalities. 8.7.15. Power point slidesPublic Health Practitioner Network Learning Set; Health Economics 29.9.15 Certificate and Learning Outcomes, slides |  | EV2.4EV2.5 EV2.6 EV2.7EV2.8EV2.9EV2.34EV2.10EV2.11EV2.12EV2.26EV2.27EV2.33 |
| **Evidence to support meeting the competencies** | In developing the ‘tackling smoking among young people’ course, I was keen to continually develop and improve my own and others practice in public health, namely practitioners working directly with groups of young people aged 11-18 years **(Standard 4).** There are many theories about teaching and learning, all of which rely on an understanding of how people develop cognitively, morally and socially. Applying Bruner’s (1957) view that a learner builds on new learning on what they have already mastered, the concept of a spiral curriculum for teaching developed. In developing this course I sought to build upon the knowledge, skills and understanding that young people in primary and secondary schools had already mastered on smoking, by using new approaches and content which focussed on the tobacco industry and social norms. I have gained this knowledge by regularly reading the PSHE Association’s guidance documents, including the programme of study for PSHE (2014) and other new research and evidence update papers from NICE, Public Health England, ASH and the Public Health Research Consortium for example **(Standard 10a).** I provided expert testimony to the NICE Public Health Interventions Advisory Committee for the production of the NICE Public Health Guidance 23; ‘School-based interventions to prevent the uptake of smoking among children and young people 2010’, which involved sharing my knowledge and expertise on smoking and young people and education in schools with the panel. **(EV2.2)** I subsequently took part in the Evidence Update Advisory Group in the NICE Evidence Update on Guidance 23 in April 2013 *(see page 29)* **(EV2.3).** I contributed to the prioritisation of evidence obtained from a literature search and provided commentary on several papers for the evidence update. I submit as evidence of my knowledge the latter two guidance documents to show my involvement – see pages 28 and 29 respectively **(Standard 4b.c.d, EV2**.**2, EV2.3).** Equally this demonstrates my knowledge of policies and strategies to improve health and wellbeing outcomes within my own area of work of tobacco control **(Standard 10a).** I critically reflected on the evidence of effectiveness on interventions within school settings related to smoking and young people, summarised in the NICE guidance, and used those related to adult led interventions, organisation wide approaches and training *(Pages 7-18 of* ***EV2.3*** *and pages 6-12 of* ***EV2.2****)* to apply them to the course developed. The aim was that by completing the course participants’ would influence their own work practice, those of others and ultimately the quality of the interventions with young people. **(Standard 9b)**. I submit the course slides to highlight the objectives of the course and the key content *(see slides 2-3, 28-30)* as evidence of how the NICE guidance was applied to the course content **(Evidence EV2.13)** to influence practice.My involvement in the NICE evidence panels demonstrates my recognition of the need for, and making use of opportunities for my own and others development **(Standard 4b**). In developing the course I was able to apply the available evidence on smoking in school settings towards improving my own area of work, meeting **Standard 4d.** Applying the core principles highlighted in the NICE Public Health Guidance 23, that effective smoking education should deliver a range of interventions, including active learning techniques *(see page 9),* I developed a course which took full account of individual’s different approaches and preferences to learning, employing a range delivery methods and techniques, such as; ‘brainstorming’, continuum, carousels, presentation, films, quiz and distancing, to meet those needs. I submit as evidence the facilitator’s course outline to demonstrate achievement of **Standard 4c (EV2.14).** In addition the course pack which I wrote to accompany the course, provides participants with a huge number of activity ideas for implementation within their setting, a number of which I modelled on the course *(see pages 14-21).* I submit the course pack as further evidence of my application of knowledge of **Standard 4c. (EV2.15).** At the end of the course all participants were asked to complete an evaluation form and participate in a group round giving a qualitative statement of ‘one thing I have learnt and one thing I am going to do as a result of this course is…’ **(EV2.16, Standard 4a).** I also reflected on the course and how it could be further improved in future.The results of the evaluation forms and my reflections were collated and put into a report which I submit to show further evidence of achievement of **Standard 4a (EV2.17).** I have subsequently updated the course programme and pack to reflect the feedback received.I also shared my learning of the application of the NICE guidance with colleagues in Fresh; Smoke Free North East network, presenting an outline of the guidance to colleagues and how it can be used to improve practice in schools through the Smoke Free Quality Standard. I present as evidence the slides from a presentation given to the network on 11.12.13, which shows how I have encouraged others to improve their practice and made use of opportunities to others developments. **(Standards 4a, 4b, EV2.18)** The course was targeted at a range of personnel working with secondary age groups. Participants came from a range of agencies as outlined in the collated course evaluations and report **(EV2.17)**. This supports my evidence of **Standard 11** to show that I work collaboratively with people from teams and agencies other than my own to improve health and wellbeing outcomes. The course evaluations demonstrate my awareness of my own personal impact on others. I also submit an email from one teacher participant following the course which shows the impact of the course on her and her practice dated 7.3.16 **(Standard 11a, EV2.19).** As part of the course a number of ethical issues are raised. The course looks at the tobacco industry and a number of its practices such as; the employment of tobacco pickers in third world companies, advertising and marketing, some of the research produced by the companies in support of their public position. I submit as evidence the powerpoint slides from the course *(slides 19-25)* and *pages* *50-65 and 76-82* of the course pack to demonstrate my knowledge of the existing and emerging legal and ethical issues in my own area of practice **(Standard 1a, EV2.13 and EV2.15).** My knowledge of the tobacco industry and its practice has been gained by attendance at many national and regional conferences during my career such as ‘Making Smoking History’, ‘Smoking and Mental Health’ 30.4.15 and ASH Tobacco Conference 10.14. **(EV2.7).** I also completed a Health Practitioner Network Learning Set; Ethics and Risk on 29.10.14 on which I reflected on the ethical principles of practice and dilemmas faced within tobacco control. I submit the certificate from this course and learning outcomes as evidence of knowledge for **Standard 1a. EV2.8.** One such ethical dilemma discussed on the course relates to electronic cigarettes and devices. Concerns are often raised by practitioners that e-cigarettes may be a route into smoking or nicotine addiction for young people and that they may be re-normalising a behaviour that tobacco control advocates such as myself are trying to de-normalise. The companies producing the devices are also to a large extent subsidiaries of the major tobacco companies. This information is weighted against the evidence that the devices are ‘95% safer than conventional tobacco’ according to guidance issued by Public Health England (McNeill et al (August 2015) *E-Cigarettes Evidence update*)) and are a useful harm reduction to tool for smoking. I have gained my knowledge of electronic cigarettes through attendance at a Fresh CPD event on 24.11.15 and submit the agenda and course slides as evidence of **Standard 1a (EV2.20).** I have also considered the ethical implications of these devices in a discussion at the Smoke Free North East network meeting and submit as evidence the minutes *(page 2 – highlighted text)* from the meeting held on 3.9.15 as evidence of knowledge for **Standard 1a.(EV2.21).** Fresh produced a position statement policy on electronic cigarettes and devicesin 13.4.15 **(EV2.22),** which was subsequently discussedand agreedat a Smoke Free Newcastle meeting on 13.5.15 *(***EV2.23, Standard 10a, 10b** *See highlighted text in minutes)* which I coordinated. The course pack includes a section on electronic cigarettes **(***see pages 12-13,* **EV2.15, Standard 10a).**The evidence presented shows that I have considered the issue of electronic cigarettes and devices and the policies about them and used these to influence the key messages presented on the training course developed. The course slides **(EV2.13,** *slide 27)* provides further evidence for **Standards 1a, 9b.**I included in the course programme, a continuum exercise in which participants were asked to decide their position on electronic cigarettes and other areas of ethical practice. This activity enabled me to challenge participants’ views whilst providing a balance of factual information enabling them to make their own decisions on such issues. I submit this continuum as further evidence for **Standard 1a (EV2.24)** and to demonstrate that I proactively address issues in an appropriate way including challenging other unethical practice **(Standard 1b).** Additionally in the quiz which I designed, questions are included relating to the ethical practice of the tobacco industry which I submit as further evidence of achievement of these standards **Standard 1a, 1b (EV2.15** *pages 23 - 24).* In the course pack I provide a range of further activities for participants to use with young people to enable them to address ethical issues with young people *(see summary on pages 15-20).* **Standard 1a, 1b (EV2.15)**.Another key issue related to public health policy and strategy is that of the standardised packaging of tobacco products. Within my role as lead for tobacco control I coordinated responses to each of the national consultations regarding the issue on behalf of Smoke Free Newcastle **(EV2.25 Standard 10a).** The Government subsequently announced that this policy will become law from the 16 May 2016. In view of this issue and the impending changes to the law at the time of delivery of the course, I ensured that this priority area was included within the facilitators course programme and pack *(see pages 16-18, 56-57)* **(EV2.14, EV2.15, Standard 10b).** The evidence presented shows that the new standardised packaging policy has influenced the development of up to date and relevant materials for the course.In designing the course I ensured that appropriate and up to date factual information was included in the presentation **(EV2.13** *slides 4-17***),** pack **(EV2.15,** *pages 3-22)*and content. This included provision of knowledge relating to the value of health and wellbeing and the reduction of health inequalities **(Standard 5).** I have gained knowledge of the determinants of health and their effect on populations, communities, groups and individuals through my MSc in Health Sciences (1996), the certificate from which, along with a comparison of my MSC modules to the current equivalent course modules (Public Health Fundamentals’ and ‘Public Health Intelligence and Epidemiology’**)** and learning outcomes which I submit as evidence of my knowledge for **Standard 5b (EV2.4, EV2.5).** I have subsequently updated this knowledge through attendance of the Health Practitioner Network Learning Set; ’Promoting the value of health and wellbeing and the reduction of health inequalities’ on 8.7.15, from which I submit the slides and certificate/learning outcomes to show recent knowledge of **Standard 5b (EV2.26, EV2.27).** Additionally I completed theHealth Practitioner Network Learning Set; Epidemiology Masterclass on 21.5.14 for which I present the slides and certificate **(EV2.35).** These courses enabled me to reflect on how the wider determinants of health such as economic, societal, social, cultural, genetics and environmental issues impact on health outcomes.I applied this knowledge to the slides produced **(EV2.13** *Slides 4,11-12, 26*), adult quiz **(EV2.28)** and the pack **(EV2.15**, *Pages 3-30***),** to increase participant’s knowledge and understanding of the determinants of health and their effects on populations, communities, groups and individuals **(Standard 5b).** I used a number of sources of information in putting together the factual information to support the course, in particular the Tobacco Control profiles ([www.tobaccoprofiles.info](http://www.tobaccoprofiles.info)), PHE 2016-17 JSNA resource pack ([www.nta.nhs.uk/uploads/jsnadatapacktobaccocontrol2016-17.pdf](http://www.nta.nhs.uk/uploads/jsnadatapacktobaccocontrol2016-17.pdf)), ASH information sheets ([www.ash.org.uk](http://www.ash.org.uk)) and the Public Health Research Consortium report on Young People and Smoking in England 2009 (<http://phrc.lshtm.ac.uk/papers/PHRC_A7-08_Short_Report.pdf> ) **(Standard 10a).** The latter report clearly summarises the predictors of smoking among young people. Within the course outline **(EV2.14)** I undertook an interactive activity with the group on why young people smoke, which was consolidated in feedback with a slide summarising the report’s findings **(EV2.13** *see slide 26).* This enabled me to apply my knowledge and awareness of how culture and experience may impact on perceptions and expectations of health and wellbeing (**Standard 5e).** I also applied this knowledge within the factual session undertaken on the course, with reference to a social norms exercise within the adult quiz in which participants were asked for their perception of how many people actually smoke, for which I clarified the facts for them in discussion **(EV2.28).** Their perceptions were compared with those of children and young people in the city who completed a health related behaviour survey in 2015. This showed that many young people over estimate smoking prevalence among their peers which is one influence on future take up **(EV2.13** *slide13).* Additionally I raised awareness that for those young people living in a smoking household evidence exists to show that they are much more likely to smoke than those who do not. **(EV2.13** *slide 11,* **Standard 5e).** I recommended the baseline assessment of smoking activity in the resource pack to participants, as a means of helping them to gain an understanding of the how culture and experience may impact on perceptions and expectations of health and wellbeing. **(EV2.15, Standard 5e,** *pages 86-91).*The course designed, aimed to support learning, examine attitudes and perceptions and develop decision making skills among young people. The course programme and pack **(EV2.14, EV2.15)** includes a number of activities which work together synergistically to promote the ability of young people to make informed decisions about their smoking behaviour **(Standard 3b).** For example the ‘conscience alley activity *(see page 84 of the course pack* **EV2.15 Standard 3b***)* enables young people to hear ‘opposite sides’ of an argument about smoking behaviour which supports their decision making skills. As a Tobacco Control lead I continually assess the evidence of effective interventions and services to improve health and wellbeing. (**Standard 7**). I have gained knowledge of the different types, sources and levels of evidence in my own area of practice and how to access and use them by regularly attending Fresh Smoke Free North East network meetings and CPD opportunities. Ipresent a statement from the Director of Fresh to demonstrate Ihave regularly attended CPD related to **Standard 7a** and applied this knowledge in developing the regional Fresh Smoke Free North East Smoke Free Quality Standard for Schools **(EV2.29, 7a).** I attended the Public Health Practitioner Network Learning Sets; on ‘Health Economics’ 29.9.15 **(EV2.33),** ‘Critical appraisal’ 3.11.15 **(EV2.9),** and ‘Asset based approaches’ 12.1.16 **(EV2.10),** for which I submit the certificates and learning outcomes to show my knowledge for **Standard 7a.** Such learning has increased my knowledge of the types and sources of qualitative, quantitative evidence and enabled me to critically reflect on the reliability of evidence. Additionally I regularly use the Public Health England finger tips tools (<http://fingertips.phe.org.uk/>), JSNA support pack, ASH Ready Reckoner, tobacco control annual profiles and NICE guidance to identify best practice and evidence of effectiveness. I attended a presentation by the Public Health Intelligence Team of the City Council on 2.2.16 which outlined some of the key sources of evidence available in public health which I use in my day to day work. I submit the presentation slides, PHE resources list and data interpretation explanation from this session to support **Standard 7a, EV2**.**12**My involvement as an ‘expert’ to the NICE panel for the NICE Public Health Guidance 23; ‘School-based interventions to prevent the uptake of smoking among children and young people 2010’ **(EV2.2,** *see page 28 of document)* and the subsequent Evidence Update (38) in April 2013 **(EV2.3,** *see page 29***),** demonstrates that I have sound knowledge of the different types of evidence, sources and levels of evidence related to smoking and young people. Within this role I was tasked with critically appraising a range of research papers for the Advisory Panel, reporting on the papers assigned and contributing to discussions as to whether the papers should be included in the Evidence review or not. I present an email and letter **(EV2.30)** and an example of one of the papers reviewed **(EV2.31,** *highlighted text on page 9)* to demonstrate my application of the knowledge for **Standard 7a**. I applied this knowledge in the course by referencing the sources of data within the powerpoint presentation used **(EV2.13** *Slides 28-29***)** and within the course pack **(EV2.15,** *page 24***).**On appraising the published evidence about smoking and young people I identified its implications and used this to develop the ‘tackling smoking among young people course’. For example; NICE guidance 23 **(EV2.2,** *page 9***)** recommends that adult led interventions should *”include strategies for enhancing self-esteem and resisting the pressure from smoke from the media, family members, peers and the tobacco industry*” and that they should *“include accurate information about smoking, including its prevalence and consequences....”*. The course developed therefore included activities **(EV2.14 Standard 7b)** related to these key issues and further activities were included in the course pack all delegates were given **(EV2.15, Standard 7b).** The recommendations by NICE that tobacco education *“should be delivered by teachers and higher level teaching assistants who are both credible and competent in the subject , or by external professional trained to work with children and young people on tobacco issues”* (*page 9*) also influenced my development and implementation of the course **(Standard 10b).** I used the guidance to develop a region wide programme for schools called the Fresh Smoke Free Quality Standard <http://freshne.com/what-we-do/our-work/media-communications-and-education/schools-resource> I worked in collaboration with Fresh and other professionals outside of my locality, to lead the development of this programme which provides a quality framework for schools to improve their tobacco education and prevention programmes. Based on the NICE guidance, I submit as further evidence a statement from the Director of Fresh to demonstrate how I have applied my knowledge of the relevant policies, strategies and priorities to developing the Fresh Smoke Free Quality Standard **(EV2.29, Standard 10b)** to which the tackling tobacco issues course can contribute as evidence towards its achievement. I disseminated information about the Quality Standard to members of the Smoke Free North East network alliance leads at a meeting on 11.12.13 **(EV2.32)** and present the powerpoint slides I devised for the session. **(EV2.18, Standard 10b).**The delegates for the course delivered represented schools, school nursing and youth services **(***see page 1 of collated course evaluation report* **EV2.17)**, demonstrating that I worked collaboratively with people from teams and agencies outside my own organisation to improve health and wellbeing outcomes **(Standard 11b).** They together with a statement from the Director of Fresh dated 22.2.16, are submitted as evidence that I have built up constructive relationships with a range of people who contribute to population health and wellbeing in relation to smoking education in schools and youth settings **(Standard 11b, EV2.29).** For example; I sit on the Smoke Free North East network of alliance leads, coordinate Smoke Free Newcastle; a multi-disciplinary partnership and worked with healthy school/smoking and young people leads across the north east to produce the Smoke Free Quality Standard. | 410a4b,c,d10a9b4b4d4c4c4a4a4a, 4b1111a1a1a1a1a1a10a, 10b10a1a, 9b1a1b1a, 1b1a, 1b10a10b55b5b5b10a5e5e5e3b3b77a7a7a7a7a7b7b10b10b10b11b11b | EV2.2EV2.3EV2.2, EV2.3EV2.2, EV2.3EV2.13EV2.14EV2.15EV2.16EV2.17EV2.18EV2.17EV2.19EV2.13, EV2.15EV2.7EV2.8EV2.20EV2.21EV2.22EV2.23EV2.15EV2.13EV2.24EV2.15EV2.15EV2.25EV2.14, EV2.15EV2.13, EV2.15EV2.4, EV2.5EV2.26, EV2.27EV2.35EV2.13,EV2.28, EV2.15EV2.14EV2.13EV2.28EV2.13EV2.13EV2.15EV2.14, EV2.15EV2.15EV2.29EV2.33EV2.9, EV2.10EV2.12EV2.2EV2.3EV2.30EV2.31EV2.13EV2.15EV2.2EV2.14EV2.15EV2.29EV2.32EV2.18EV2.17EV2.29 |
| **Issues and problems experienced when undertaking this piece of work** | Overall the course evaluated extremely well **(EV2.17).** The multi-disciplinary group worked well together and learnt and shared good practice with each other. The course had previously run as a whole day course therefore the pace was fast and links to further information for follow up were provided more than previously. The course length was something which attracted participants as they reported that they felt it was easier to be released for CPD for a half day than a full day, but it was hard to ‘fit everything in’ which I wished to cover. One activity had to be dropped from the session plan due to lack of time but all activities were provided for participants in the course pack to use in their setting. This was emailed to all participants after the course.The high ‘drop out’ for the course was disappointing especially since there was a waiting list for it. As people did not give the necessary notice of cancellation of their place, it was too late to offer laces to others on the list. I shall consider introducing a cancellation charging policy in future in line with some other courses offered through the Directorate to prevent unnecessary costs being incurred and the opportunity for others to attend courses instead.  |  | EV2.17 |
| **Key outcomes/****Results** | As a result of the course 11 people were trained, providing them with more skills and confidence to deliver more effective tobacco education programmes with young people. They reported on their evaluation forms that the course had met its intended objectives in full. Their knowledge of tobacco issues had increased and they gave high confidence scores in delivering tobacco education for young people. Those trained are expected to implement and share their learning, which ultimately should impact on the quality and quantity of tobacco education delivered locally and help to ensure that provision complies with the best evidence based practice.  |  |  |
| **Reflection** | The course overall went well and it was positively evaluated **(EV2.17).** The mixture of learning methods used was welcomed by participants and provided them with the opportunity to carry out and experience some of the methods which they can use with the young people they work with, thus applying the course learning in practice.Participants enjoyed the combination of facts and practical activities, particularly in relation to the tobacco industry, which for most was an area of work with which they were unfamiliar. However I felt that the sessions on ‘facts’ whilst interactive in nature, needs to be presented in an even more interactive manner in future courses, as the first part of the course programme seemed to involve more desk based activities rather than those in which delegates could be more physically active. This was not something that the participants commented on but from a facilitator perspective I felt it could help to further improve the training.The participants did value the course pack which was re-written and developed for the course. It was later emailed to everyone so that they could use it more easily in their work setting and share with colleagues as relevant. The pack produced was very thorough and large, but it was sub divided into sections with signposting to activities to address key themes, to assist readers navigate the contents easily and go to the sections they are most interested in. The pack will be updated each year that the course is offered, in line with changes to data and to new policy, strategy and evidence emerging.The participants were largely new to the tobacco industry agenda and reported that they had learnt a lot of new information which overall they felt confident to use within group settings in their roles working with young people. All grossly over-estimated the prevalence of smoking among the adult and young people’s populations. They also had a lot of questions about electronic cigarettes and devices which whilst addressed in the programme, perhaps needed to be further strengthened. Further thought will be given in future about how more social norms issues can be developed in PSHE programmes related to smoking in schools and within youth settings and how messages about electronic cigarettes and devices can be accurately disseminated to those working with young people.The course will be offered at least every two years to build capacity in children and young people’s services, to improve the quality of tobacco education programmes offered, to which young people will respond. It will also be recommended to all schools working on the Fresh Smoke Free Quality Standard and/or Newcastle Healthy School Plus programme. |  | EV2.17 |
| **Evidence included** | 2.1 Healthy Lives Healthy People Tobacco Control Plan for England 20112.2 NICE Guidance 23 School Based Interventions to Prevent the Uptake of Smoking Among Children and Young People 20102.3 NICE Guidance Evidence Uptake 38 April 20132.4 MSc Health Sciences 1993- 996 (Health Promotion) Certificate2.5 MSc Health Sciences (Health Promotion) 1993-96 comparison of 1996 course modules to current 2015/6 MPH in Public Health 2.6 Bachelor of Education 1981-1984 Certificate2.7 National conferences CPD; ‘Making smoking history’ 20/21.3.14 (programme), ASH Tobacco Conference (slides) 10.2014, Smoking and Mental Health conference (Certificate of attendance) 2.8 Public Health Practitioner Network Learning Set; Ethics and Risk 29.9.15 Certificate and Learning Outcomes2.9 Public Health Practitioner Network Learning Set; Critical Appraisal 3.11.15 Certificate and Learning Outcomes2.10 Public Health Practitioner Network Learning Set; Asset Based Approaches 12.1.16 Certificate and Learning Outcomes2.11 Public Health Practitioner Network Learning Set; Critical Appraisal; Accessing and Assessing Evidence 3.11.15 Certificate and Learning Outcomes2.12 Public Health Intelligence Power point Slides, PHE resource list and ‘Data Interpretation document 2.2.162.13 Course slides 4.2.162.14 Facilitators course outline 4.2.162.15 Tackling Tobacco Issues course pack 4.2.162.16 Course evaluation form 4.2.162.17 Collated course evaluations and report 4.2.162.18 Presentation to Smoke free North East network 11.12.13 2.19 Email from a teacher (course participant) 7.3.162.20 Email and report from Fresh re electronic cigarettes CPD on 24.11.152.21Minutes of Fresh meeting related to e-cigarettes 3.9.152.22 ‘Making smoking history partnership’ statement on e-cigarettes 2.23 Minutes from Smoke Free Newcastle meeting 13.5.15 referencing e-cigarettes2.24 Continuum statements activity sheet 4.2.162.25 Smoke Free Newcastle standardised packaging consultation response 6.8.142.26 Public Health Practitioner Network Learning Set; Promoting the value of health and wellbeing and reduction of health inequalities. 8.7.15. Certificate and Learning Outcomes 2.27 Public Health Practitioner Network Learning Set; Promoting the value of health and wellbeing and reduction of health inequalities. 8.7.15. Power point slides2.28 Quiz for adults on smoking and tobacco industry 4.2.16 2.29 Statement from Director Fresh dated 22.2.16 relating to Standards 7a, 10b, 11b2.30 Letter Nov 2012, and email about my involvement in the NICE evidence review panel 21.1.13 and 6.3.13, 13.3.132.31 Example of paper reviewed for NICE - page 9. 21.2.132.32 Minutes of Fresh Smoke Free North East network meeting 11.12.132.33 Public Health Practitioner Network Learning Set; Health Economics 29.9.15 Certificate and Learning Outcomes, slides2.34 Public Health Practitioner Network Learning Set; Critical Appraisal 3.11.15 Slides2.35 Public Health Practitioner Network Learning Set; Epidemiology Masterclass – 21.5.14 slides |  |  |