



Fresh - Smoke Free North East Office

Business Plan 2008-9

ABRIDGED VERSION

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Executive Summary

Fresh has now existed for nearly three years and during this time has worked with its many partners to successfully undertake a wide range of tobacco control activity which has resulted in some notable achievements:

- The region spoke the loudest for comprehensive smokefree legislation and is now achieving some of the highest levels of compliance.
- Media interest and coverage in tobacco issues has increased each year and the high profile communications activities undertaken by Fresh have achieved national recognition.
- Regional action plans addressing key areas such as smoking and pregnancy and cheap illicit tobacco are in development.
- Strategic focus, guidance and support is being provided to local tobacco alliances and NHS stop smoking services to assist them in implementing evidence based action programmes which will help reduce health inequalities.
- An independent communications audit has shown high satisfaction amongst partners for the way that Fresh is delivering against the media and communications agenda.
- Fresh represents the region on the National Tobacco Programme Board and the Smoke Free Coalition.
- Fresh is playing a central role in guiding the development of a new National Tobacco Strategy

Despite the success of the smokefree law, the job is clearly NOT done on tobacco. Smoking remains the greatest contributor to premature death and disease in the region with up to half the difference in life expectancy between the most and least affluence groups attributable to smoking.

This is clearly recognised in the recently published Regional Health and Wellbeing Strategy: "Better Health- Fairer Health". The strategy has set a long term regional goal of 10% smoking by 2032. This can only be achieved if a continued and sustained commitment is made, across all partners, to the delivery of evidence based comprehensive tobacco control programmes.

Central to this success will be the delivery of a coordinated regional programme backed up by effective local activity. This draft business plan outlines the work programme ahead for the Fresh Office. The work will centre around eight key areas including:

1. Developing infrastructure, skills and capacity at regional and local levels and influencing national and international action
2. Reducing exposure to secondhand smoke
3. Helping smokers to stop
4. Media, communications, social marketing and education
5. Reducing the availability and supply of tobacco products- licit and illicit - and addressing the supply of tobacco to children
6. Tobacco regulation
7. Reducing tobacco promotion
8. Research, monitoring and evaluation

The plan also describes the agreed future governance arrangements for the tobacco programme and expands the current accountability structures to include the responsible work areas of other key partners.

The Regional Director of Public Health and Executive Directors of Public Health have asked for the submission of local tobacco alliance action plans and local NHS stop smoking service plans to Fresh, for assessment and collation into one central Regional Plan.

Finally, this an abridged version of the business plan. The full version provides the latest monitoring framework tracking key indicators to monitor the success of the Regional Tobacco Strategy.

Ailsa Rutter
Director of Fresh and Regional Tobacco Policy Manager
12th May 2008

Section One

Background to the problem and rationale for the approach

Rationale for continued focus on tobacco

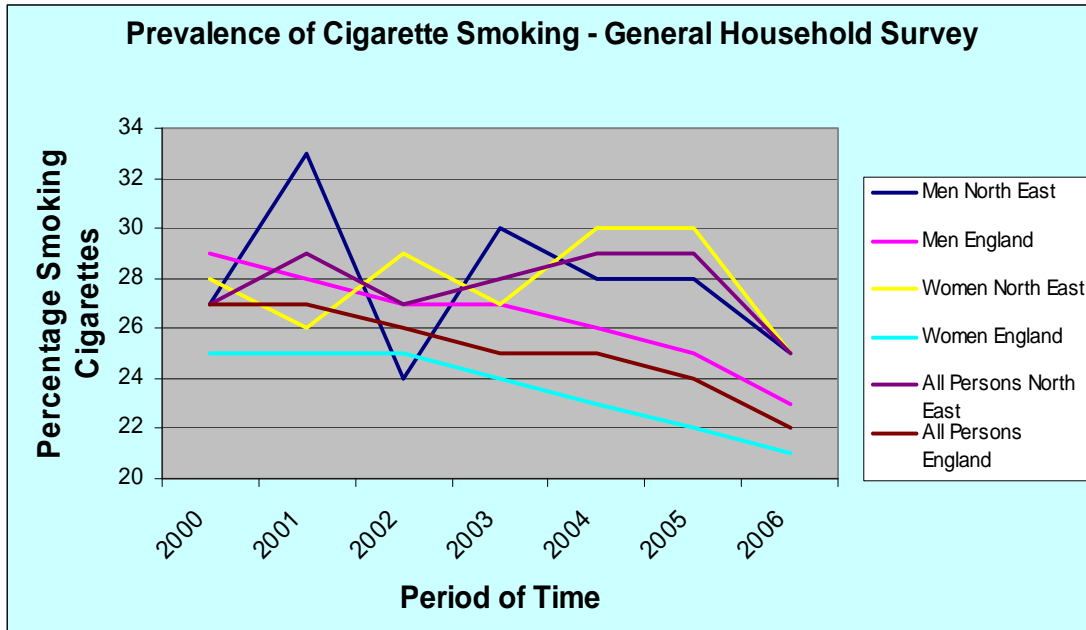
Smoking remains the single greatest contributor to health inequalities and premature death and disease in the North East. Smoking currently directly causes around 5,800 deaths in the region and on average smokers lose 16 years of life expectancy. Smoking accounts for up to half the difference in life expectancy between social class 1 and 5. Death rates from tobacco are two to three times higher among disadvantaged social groups than among more affluent groups.

A paper presented at the UKPHA conference in 2007 by Laurence Gruer of Health Scotland summarised the 28 year study following up 7049 men and 8352 women living in Renfrew and Paisley. This study demonstrated:

- The least affluent never-smokers have much better survival than even the most affluent smokers.
- Taking smoking out of the equation, the differences in survival between the best and least well off are relatively small, especially for women
- Even if the socio-economic circumstances of less well-off smokers improve, their health gain is likely to be minimal if they continue to smoke
- Stopping smoking has huge benefits regardless of social circumstances, never smoking even more so.

Progress in reducing smoking

Improvements have been made in recent years in smoking prevalence, with the recently published General Household Survey 2006 showing a 4% decline to 25% (with reductions in both males and females) in the region. However, this is still some 3% above the national average and 4% above the 2010 all adult PSA target.



Of course, even attaining the 2010 PSA target does not go far enough. As countries like Australia and US states like California have demonstrated (with smoking prevalence rates of 17% and 13% respectively) we need to take a long term view of the problem, with established goals and sustained action. This is reflected in the “Better Health-Fairer Health” Regional Strategy¹.

KEY SMOKING DELIVERABLES FOR DH AND THE NHS FROM 2008

Addressing smoking remains a key national priority for the DH, NHS and encouragingly also within local authorities. The latest indication is that all of the forthcoming LAA’s in the region will include reducing smoking as a key indicator.

Key targets which assist in the focussing of activity include:

1. **PSA Delivery Agreement 18: Promote better health and wellbeing for all²**

National target: To reduce reducing adult (16+) smoking rates to 21% or less by 2010, with a reduction in prevalence among routine and manual groups to 26% or less.

 - *NB- discussions are currently underway nationally to set regional routine and manual worker targets*
 - *New national targets will be set following the consultation on a National Tobacco Strategy*

National target: By 2010, increase the average life expectancy at birth in England to 78.6 years for men and to 82.5 years for women

¹ Better Health/Fairer Health published at http://www.gos.gov.uk/nestore/docs/health/better_health_large.pdf

² Published on the web at www.hm-treasury.gov.uk/media/5/A/pbr_csr07_psa18.pdf

National target: Reduce health inequalities by 10% by 2010 as measured by life expectancy at birth

2. Smoking Kills white paper³ targets:

- a. Reduce smoking among 11-15 year olds from 13% (1996) to 11% by 2005 and 9% by 2010
- b. Reduce smoking among pregnant women from 23% (1995) to 18% by 2005 and 15% by 2010

3. National Indicators for Local Authorities and Local Authority Partnerships (from DCLG draft for consultation, published November 2007)⁴:

16+ current smoking rate prevalence: The current Primary Care Trust (PCT) proxy indicator is the rate of self-reported 4-week smoking quitters per 100,000 population aged 16 or over. Good performance is typified by an increasing rate over time.

The intention is to develop such data for forthcoming years through an enhanced Integrated Household Survey and through GP-recorded smoking prevalence.

4. Proposed VFM efficiency savings to be delivered by DH and NHS through smoking cessation as part of the Department's Financial Sustainability Review (FSR) during CSR⁵:

VFM saving has two components:

- a. A 0.4% per annum reduction in smoking prevalence leading to potential savings of around £13m by 2010/11 through reductions in emergency hospitalisations for MI and stroke.
- b. The potential impact of pre-operative smoking cessation on reductions in length of stay and waiting times⁶.

5. Local area agreements for 2008 and beyond

6. Key north east related targets

Regional Health and Wellbeing Strategy – Better Health/Fairer Health⁷

³ Published on the web at www.archive.official-documents.co.uk/document/cm41/4177/contents.htm

⁴ Published on the web at www.communities.gov.uk/documents/localgovernment/pdf/543055

⁵ MS(PH) submission from Sally Warren and Val Day of 31 July 2007 and associated documents refer

⁶ A 2005 report from LPHO detailed the short term benefits of pre-operative smoking cessation in London, estimating that 2600-4000 bed days, £0.5-1.1m from PCTs and £0.9-2.8m from hospital trusts in London could potentially be saved.

⁷ Better Health/Fairer Health published at http://www.gos.gov.uk/nestore/docs/health/better_health_large.pdf

- a. Overall regional prevalence of no more than 23% by the end of 2010
- b. 20% or a level below the national average by 2015
- c. An absolute level of only 10% by 2032.

Building on success- the need for sustained and concerted action

Much has been achieved in the last three years by Fresh and its many partners. And a comprehensive review of activity, covering April 2006-March 2008, will be published shortly.

The success of the smokefree legislation does not mean that the 'job is done' on tobacco. This cautionary note has been heeded by both the Department of Health nationally and the SFNE Advisory Panel, both of which have committed to sustaining the financial support for regional tobacco control for at least the next three years, leading up to the current PSA targets deadlines.

Rationale for Regional Office approach

The Cancer Reform Strategy⁸ has underlined the importance of sustained and comprehensive tobacco control strategies as a measure for tackling health inequalities. On average, smoking prevalence in England has been declining by only 0.4% of the population per year.⁹ Although the recent GHS survey offers even more grounds for optimism, there is good evidence from around the world that smoking prevalence only continues to fall when all policy levers continue to be used to the full.^{10 11}

We know what to do: fully implement evidence-based, region-wide tobacco control programmes that are comprehensive, sustained and accountable. This will reduce smoking rates, tobacco related deaths and diseases caused by smoking. California's sustained, comprehensive tobacco control programme has reduced adult smoking rates from 22.7% in 1988 to 13.3% in 2006.¹² Lung cancer rates have been declining four times faster in California than the rest of the United States.¹³ This is a public health policy area built on a strong evidence base.

⁸ The Department of Health. (2007) *Cancer Reform Strategy* [Online] available from: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081006

⁹ Jarvis, MJ. (2003) "Monitoring cigarette smoking prevalence in Britain in a timely fashion". *Addiction* **98** (11), pp.1569-74

¹⁰ Hill, D. et al (1998) "Smoking behaviours of Australian adults in 1995: trends and concerns". *Med J Aust.* **168** pp.209- 213.

¹¹ Robbins, H. & Krakow, M.(2000) "Evolution of a comprehensive tobacco control programme: building system capacity and strategic partnerships – lessons from Massachusetts". *Tobacco Control* **9**, pp.423-430.

¹² Californian Department of Health Services (1998) *A Model of Change. The Californian Experience in tobacco Control* [Online] available from: <http://www.dhs.ca.gov/tobacco/documents/pubs/modelforchange.pdf> [Accessed 03/03/2008].

¹³ Department of Health and Human Services USA, Centre for Disease Control and Prevention (2007) *Best Practices for Comprehensive Tobacco Control Programs* [Online] available from: http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/ [Accessed 03/03/2008].

There is a consensus amongst expert bodies over the need to broaden and intensify action. The Healthcare Commission Report¹⁴ recommended that “PCTs should ensure that tobacco control remains a priority. Their commissioning frameworks reflect this; PCTs should champion the health benefits of both giving up and not starting. They should view their broader tobacco control work as being of equal importance to their stop smoking services....”

The Department of Health’s National Support Team for Health Inequalities emphasises the need for a systematic approach, with “industrial scaling” of interventions that are known to be effective in achieving an improvement in life expectancy.

The added value of establishing a regional office for tobacco control has now been demonstrated and the principles of this model are being adopted in the forthcoming launch of a regional office for the safe consumption of alcohol. The added value of Fresh has also been noted by other English regions with two (North West and South West) currently establishing their own independent Regional Offices for Tobacco Control.

¹⁴ Commission for Healthcare Audit and Inspection. (2007) *No Ifs No Buts: improving services for tobacco control*. London: Healthcare Commission.

Section Two

The delivery of evidence based tobacco control activity

➤ Regional level

Region-wide programmes co-ordinated through an office of tobacco control can provide the skills, resources and information needed to stimulate the strategic implementation of effective local community programmes. Because resources for tobacco control are far too scarce to squander on interventions that offer a mediocre outcome, it is important that actions offering the best value are identified.

Box 1: Effective Tobacco Control Policies

The WHO has identified six broad categories of policies that are effective in reversing the tobacco epidemic. These are known as the MPOWER package:

- **M**onitor tobacco use and prevention policies,
- **P**rotect people from tobacco smoke,
- **O**ffer help to quit tobacco use,
- **W**arn about the dangers of tobacco,
- **E**nforce bans on tobacco advertising, promotion and sponsorship, and
- **R**aise taxes on tobacco.

Source: WHO, 2008¹⁵

Only the last one, raising taxes, is limited to national action (although regional and local lobbying for this is still vital). All the rest can either be initiated at regional/local level or considerably strengthened by rigorous implementation at regional/local level.

The Fresh Office will:

- Provide strong leadership and coordination
- Provide clear consistent messages relevant to strategic priorities
- Represent the North East at supra-regional and national levels
- Co-ordinate national and regional campaigning agendas
- Coordinate media, communications and social marketing programmes across the region
- Promote the sharing of good practices from within and beyond the region
- In consultation, develop region wide action plans on specific areas of work

¹⁵ WHO (2008) *WHO Report on the Global Tobacco Epidemic, 2008: The MPower package*. [online] Available from: <http://www.who.int/tobacco/mpower/en/index.html> [accessed 03/03/2008].

- Fulfil the Department of Health role and function of the Regional Tobacco Policy Manager
- With the SHA, undertake service performance enhancement of the NHS Stop Smoking Services
- Build capacity for tobacco control activities across the region, and provide strategic guidance and support for effective local activities
- Provide a focal point for advocacy, lobbying and campaigning agendas – both in acting as a conduit to facilitate actions at local level and in representing the North East at supra-regional and national levels
- Support joint planning between agencies around key issues – such as enforcement
- Steer research agendas to ensure that they complement the region’s strategic priorities

Core Fresh Team

This programme will be delivered by a core Fresh team, in partnership with others, and it is important that the current capacity of the current team is increased to deliver the work. Fresh’s capacity to deliver has been curtailed in the last two years due to the recruiting restrictions of the NHS, and the organisation has had to use external support for various work areas.

In 2008/9 the following team will be established:

- Director (in post)
- Professional Manager – Business and Programmes (in post)
- Professional Manager- Improvement and Delivery (currently recruiting)
- Media, Social Marketing and Communications Manager (currently recruiting)
- Project Officer- Research and Information (shortly recruiting)
- Tobacco Smuggling Project Manager (if DH bid successful)
- Administrator (in post)

➤ **Local level**

For continued progress in reducing smoking and tackling health inequalities, good quality evidence-based tobacco control activity at the local level is vital. Fresh will continue to support the local infrastructure, and help increase the knowledge, skills and capacity to implement effective local activities. It is important that this work fits closely with the regional programme, and that there is a clear cohesion of strategy and priority whilst accommodating specific local needs and flexibilities.

Activity to add value at a local level will include:

- Ensuring that all Primary Care Trusts, NHS Trusts and local authorities are engaged in the tobacco control agenda through an effective local tobacco alliance, which has clear lines of accountability and has strategic support and guidance for its work.
- Helping Primary Care Trusts to implement the key recommendations of the Healthcare Commission Report¹⁶

¹⁶ Commission for Healthcare Audit and Inspection. (2007) *No Ifs No Buts: improving services for tobacco control*.

- Ensuring that all new Local Area Agreement's reflect the impact of tobacco upon local communities and identify tobacco as a priority for improvement of health inequalities, life expectancy, and infant mortality. Ensuring that smoking related indicators are adopted, with subsequent tobacco programmes implemented through the LAA and its partnership.
- Ensuring that the local tobacco alliances are implementing local action plans using the Fresh local alliance toolkit¹⁷; are linked to the Regional Tobacco Strategy; and that effective partnership work between health, local government, voluntary and private sectors is in place.
- Advising that local alliance activity should be guided by the forthcoming Department of Health National Support Team for Tobacco publication "High Impact Actions for Local Tobacco Control".
- Encouraging local alliances to champion the tobacco cause and the local alliance lead/chair to ensure that there is effective local communication around tobacco issues. Facilitate the timely cascade of relevant Fresh/tobacco related information to key contacts
- Encouraging local alliances to link to the Smoke Free North East Network, with all localities represented. Accountability for their local delivery will be via the network to the Tobacco Regional Advisory Group (formerly the Smoke Free North East Advisory Panel)
- Ensuring that the local NHS Stop Smoking Services are fully resourced and are effectively delivering support to those client groups most in need of intensive support, with a particular emphasis on targeting smokers to reduce health inequalities. Annual operating plans should reflect this focus. These Services should be closely linked to the local alliance, with the recognition that they are a cost effective core part of NHS provision, but in themselves do not represent a comprehensive tobacco control programme.

➤ **Collation of local plans – Local Tobacco Alliances and Local NHS Stop Smoking Services**

Following an instruction from the Executive Directors of Public Health and the Regional Director of Public Health, all local tobacco alliance and local NHS Stop Smoking Service action plans for 2008-9 will be centrally collated by Fresh. This will greatly assist in the sharing of innovative and effective local practice and will help to encourage collaboration across localities whilst ensuring that there is no duplication of resources. The alliances will be regionally accountable for their local delivery through the Smoke Free North East Network.

The Regional Director of Public Health has also asked that Fresh establishes the necessary monitoring framework to ensure that both local alliances and services are delivering activities, based upon an evidence based plan, which reflects current national and regional strategic priorities.

Templates and guidance have been provided to both the local tobacco alliances and local NHS stop smoking services.

London: Healthcare Commission.

¹⁷ Fresh- Smoke Free North East. Fresh Local Alliances Toolkit (2007) available at www.freshne.com

Section Three- Fresh Regional Action Plan

This regional Fresh Office Business Plan is subject to change and given the rapidly evolving agenda and political momentum, an element of flexibility must be built in.

The Regional Tobacco Strategy has eight key strands which together form a comprehensive approach to tobacco control. This section highlights the key areas of work and activity to be undertaken within each strand in 2008-9 if continued progress is to be achieved. The strategy will be fully reviewed as the new National Tobacco Strategy is developed over 2008/9, and a full detailed consultation on this will be undertaken.

The details of the Action Plan for 2008/9 have been drawn up following:

- ongoing liaison with the local alliances, NHS Stop Smoking Services managers, and commissioners
- discussions within the key regional networks and forums
- discussions at Fresh practice sharing forums and summits
- review of the submissions to the consultation to the Better Health-Fairer Health Strategy
- ongoing discussions at the National Tobacco Programme Board
- ongoing work with the Tobacco Programme Implementation Team and the eight other RTPM's
- feedback from and ongoing discussions with the National Support Team for Tobacco Control
- a review of international best practice guidance

The Plan follows the current format of the eight key strands as follows:

1. Developing infrastructure, skills and capacity at regional and local levels and influencing national and international action
2. Reducing exposure to secondhand smoke
3. Helping smokers to stop
4. Media, communications, social marketing and education
5. Reducing the availability and supply of tobacco products- licit and illicit - and addressing the supply of tobacco to children
6. Tobacco regulation
7. Reducing tobacco promotion
8. Research, monitoring and evaluation

Fresh Regional Action Plan 2008-9

Regional Tobacco Strategy	Key areas	Activities and actions	Lead partners
<p>Key Strand One:</p> <p>Developing infrastructure, skills and capacity at regional and local levels and influencing national and international action</p>	<p>National and international input and advocacy</p> <p>Local tobacco alliances</p>	<p>Fresh will continue to influence national agendas through membership on National Tobacco Programme Board and Smoke Free Coalition.</p> <p>Fresh will continue to work in partnership with other regional agencies through the Regional Tobacco Advisory Group, Intelligence Group, Prisons Group and other stakeholders, to ensure that addressing smoking remains a key cross-governmental priority.</p> <p>Fresh will lead on the North East response to the forthcoming consultation on a National Tobacco Strategy (and subsequent consultations on specific areas) and will organise regional stakeholder consultation events, support and guidance for local events, and will produce template draft responses. Fresh will also offer DH funds to the local alliances to support local consultation processes.</p> <p>Following publication of a National Tobacco Strategy, Fresh will undertake a full consultation through thematic events - informed by "best practice findings" - for the development of a new Regional Tobacco Strategy, with development of subsequent regional and local action plans.</p>	<p>Fresh Office, SFNE Network, Fresh Local Alliances, NST-Tobacco, Tobacco Programme Board, Smoke Free Coalition</p>

		<p>Fresh will continue to engage with local tobacco alliances offering strategic support and guidance via the SFNE Network. More intensive support will be offered initially to local areas where alliance infrastructure has dissolved completely or not yet been established.</p> <p>Fresh will continue to support the implementation of effective, evidence based activity through the continued organisation of regional summits on key issues and also through effective practice sharing, including a launch event for the NST- Tobacco “High Impact Changes for Local Tobacco Control”.</p> <p>A revision of the Fresh Local Tobacco Alliances Toolkit will be undertaken in 2008-9 and support and advice provided on its local implementation.</p> <p>Fresh will provide/commission skills training and short courses on:</p> <ul style="list-style-type: none"> • Social marketing- introduction • Social marketing - tobacco control practical skills • Media skills • Tobacco control <p>Fresh will continue to work closely with the National Support Team for Tobacco and assist in any North East visits and any follow up support.</p>	
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		<p>Fresh will continue discussions through the Intelligence Group on tobacco control within tertiary health curricula and will liaise closely with the UK Centre for Tobacco Control Research on national plans for tobacco control training.</p> <p>Fresh will continue to share the NE work programme and innovative practice and also learn from best practice elsewhere through input at key national and international forums and conferences.</p>	
<p>Key Strand Two:</p> <p>Reducing exposure to secondhand smoke</p>	<p>Smokefree legislation</p>	<p>Fresh will continue media and PR to maintain high levels of compliance with the smokefree law and will coordinate media around the 1st July anniversary. Fresh will also input to the forthcoming National Report for Smokefree One Year On, and will undertake media liaison in relation to forthcoming smokefree research evaluation.</p> <p>Fresh will liaise with the Department of Health on ongoing legislation-related issues, including compliance monitoring figures, any planned reviews of the law and any NE breaches.</p> <p>Fresh will continue to provide strategic support to the local authorities for their enforcement role.</p> <p>To further increase knowledge and awareness Fresh will continue with media campaign activity around secondhand smoke, in collaboration with</p>	<p>Fresh Office, Regional Healthy Workplace Forum, PCT workplace health leads, Local Authorities, Fresh Local Tobacco Alliances, SFNE Network, NE Prisons, Mental Health NHS Trusts, CSIP, Smoke Free North West.</p>

	Prison settings	<p>comprehensive 12-month action plan on Smoking and Mental Health including:</p> <ul style="list-style-type: none"> • Establish regional smoking and mental health steering group • Ensure all residential units in the NHS Mental Health Trusts' are completely smokefree and compliant with law by 1st July 2008. Support delivery of actions identified from mental health site visits carried out by Fresh and TCCC in March 2008. • Further engagement with independent mental health providers. • Training – commission QUIT to deliver free training on brief intervention across the region and a mental health refresher training to NHS SSS staff in May. • Commissioning of external provider to deliver focus groups with mental health service users and community based agencies <p>For more detail on the Fresh/CSIP Smoking and Mental Health action plan contact the Fresh office.</p> <p>Fresh will continue to chair and support the NE Prisons Group and support compliance with the Prison Service Instruction through:</p> <ul style="list-style-type: none"> • Quarterly meetings - sharing of good 	
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		<p>practice, consistency in smokefree policy enforcement and increased stop smoking support in prison setting</p> <ul style="list-style-type: none"> • Representation at national prisons conference in summer 2008 • Explore opportunity to visit Isle of Man smokefree prison and consider any new evidence-based results or research available nationally • Lead on the North East response to future review of SF legislation in relation to prisons and the PSI, provide template responses for key partners 	
<p>Key Strand Three: Helping smokers to stop</p>	<p>Building effective NHS Stop Smoking Services (NHS SSS)</p>	<p>Appointment of Professional Manager-Improvement and Delivery</p> <p>Review of performance for NHS SSS and identify and share best practice and offer support where required.</p> <p>Support and guidance to the local NHS SSS (managers and commissioners) in the development of local action plans. Ensure these plans are clearly linked into the local tobacco alliance plans.</p> <p>Input into NST for Tobacco: forthcoming guidance on Strategic Planning Model for Stop Smoking Services.</p>	<p>Fresh Office, Department of Health Tobacco Programme Team, NST- Tobacco, PCT commissioners and performance leads, NHS SSS managers and specialist advisors, NHS Trusts, SHA performance and clinical governance leads, Fresh local tobacco alliances.</p>

		<p>Establish a regional database of key smoking and young people's contacts for effective information cascade.</p> <p>Provide local alliance funding support for the piloting of appropriate youth advocacy programmes (e.g. based upon the D-Myst model) and youth education within the North East e.g. further pilot of the Newcastle PCT and Gibber Theatre in Education Production. Dependent upon evaluation results funding will be available to local alliances to help to mainstream this activity.</p> <p>Continue to provide support for the Northumberland and Tyne and Wear Smoke Free School Awards. Encourage implementation throughout the whole region to gain consistency across schools, and implementation of the most evidence based practice.</p>	
<p>Key Strand Five:</p> <p>Reducing the availability and supply of tobacco products- licit and illicit- and addressing the supply of tobacco to children</p>	<p>Cheap illicit tobacco</p>	<p>Working with regional colleagues in the North West and Yorkshire and the Humber, and key national colleagues, produce a draft North* of England Action Plan on Cheap Illicit Tobacco. *discussions underway currently to ascertain if this becomes an England wide plan. The plan will include comprehensive action around the six key regional and local areas of:</p> <ul style="list-style-type: none"> • Developing partnerships • Developing the role of health professionals 	<p>Fresh Office, Department of Health-National Tobacco Programme Team and Regional Tobacco Policy Managers, Her Majesty's Revenue and Customs, UK Cross Borders Agency, North East Trading Standards Association, Association</p>

		<p>and undertake any required political advocacy to ensure parliamentary approval is gained. Through input to Smoke Free Coalition, build up the evidence base for a positive licensing system in the future.</p> <p>Work with North East Trading Standards Association to ensure that tobacco age of sale compliance monitoring* is underway across all NE local authorities, and work with NETSA to ensure effective, timely retrieval of monitoring data. *there is likely to be national DH monies made available to support this activity</p>	
<p>Key Strand Six: Tobacco regulation</p>	<p>Picture warnings</p> <p>Harm reduction and nicotine regulation</p>	<p>Work with Department of Health to ensure successful implementation of the forthcoming pictorial warnings on all UK tobacco products from 1st October 2008. Provide relevant guidance to local authority colleagues and local alliances and undertake media promotion of their introduction.</p> <p>Through the consultation on a National Tobacco Strategy and through role with the National Programme Board for Tobacco and with the Smoke Free Coalition, explore the role of a harm reduction strategy for nicotine addiction. Hold a NE seminar on the topic with invited national expert speakers. Invite input from key NE stakeholders.</p>	<p>Fresh Office, Department of Health National Tobacco Programme Team, Local Authorities, Smoke Free Coalition, NHS stop smoking services.</p>

	<p>Price and taxation</p> <p>RIP</p> <p>Pack sizes</p>	<p>Continue to lobby for effective pricing and taxation policies.</p> <p>As a member of the RIP Coalition, Fresh will continue to lobby for an EU policy directive and UK government policy on reduced ignition propensity cigarettes.</p> <p>Work with Smoke Free Coalition members and Department of Health to explore effectiveness of restrictions on cigarette packet size.</p>	
<p>Key Strand Seven:</p> <p>Reducing tobacco promotion</p>	<p>Advertising and promotion</p>	<p>Through the forthcoming national consultation on a National Tobacco Strategy, Fresh will build up the evidence base for the loopholes in the current Tobacco Advertising and Promotion Act and will support the local authorities to undertake mapping of the proliferation of point of sale advertising. Fresh is currently working with national colleagues on the development of a standard template. This evidence will be used to build the case for strengthening of the legislation. Fresh will offer local alliance funds for local Trading Standards work in this area.</p>	<p>Fresh Office, Department of Health-Tobacco Policy Team, LACORS, NETSA, Local Authorities, Smoke Free Coalition, National Youth Advocacy Forum, Smoke Free Liverpool, Fresh local tobacco alliances.</p>
<p>Key Strand Eight:</p> <p>Research, monitoring and evaluation</p>	<p>Research</p>	<p>Through the SFNE Intelligence sub-group, and in collaboration with the UK Centre for Tobacco Control Research, Smoke Free North West and the NE Centre for Translational Research, a research plan will be devised.</p>	<p>Fresh Office, Smoke Free North West Office, Intelligence sub-group, UK Centre for Tobacco Control Research, NE Centre for Translational Research, North East</p>

		<p>This is likely to include work around:</p> <p>A review of evidence relating to tobacco control priorities and areas for advocacy within the consultation on a NTS.</p> <p>Intelligence to inform campaign activities, including attitudinal and behavioural research in relation to strategic priorities to protect children from tobacco, including secondhand smoke and around cheap and illicit tobacco .</p> <p>Developing comprehensive baselines about the extent that children are exposed to secondhand smoke in the North East.</p> <p>Research into the attitudes and behaviour of health professionals and others working with children and young people.</p> <p>Research to map young people’s access to tobacco including illicit tobacco</p> <p>Research to map the proliferation of point of sale advertising</p> <p>Research to support the advocacy agenda, including young people’s advocacy, and around the use of tobacco industry denormalisation messages</p>	<p>PHO, NPRI project and partners.</p>
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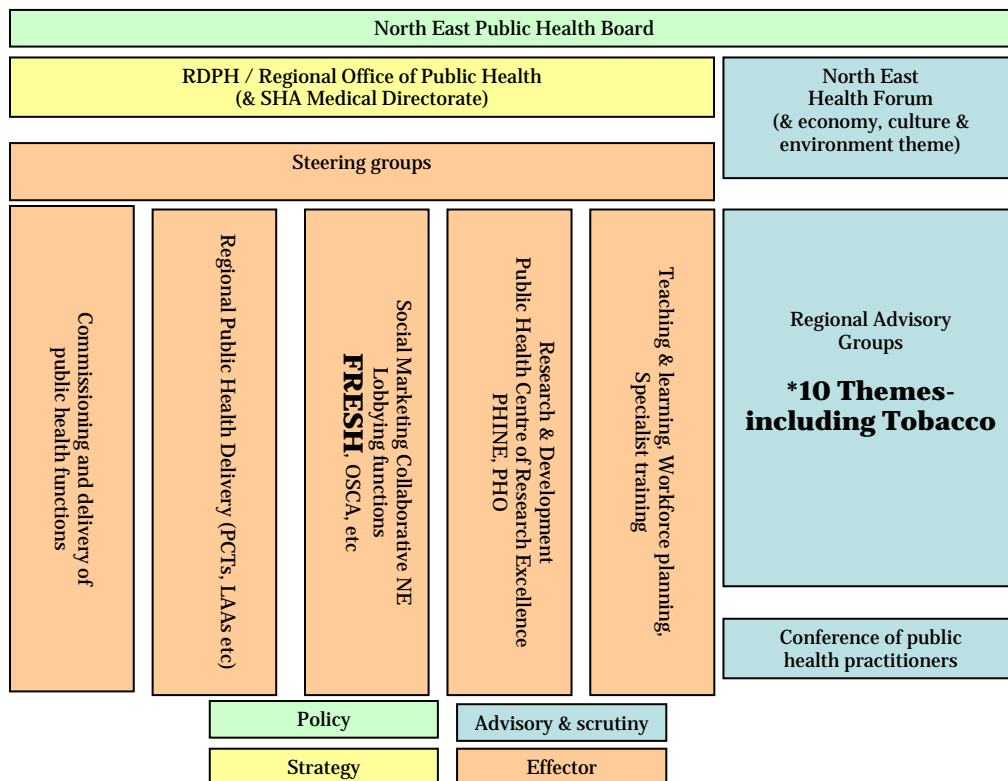
Appendix 1- Governance and accountability of Fresh

Governance arrangements:

The work of Fresh (regional and local delivery) will continue to be overseen by the Smoke Free North East Advisory Panel. The Regional Director of Public Health has proposed, and the current Panel has agreed, that this panel takes on the role of the **Tobacco Regional Advisory Group*** as proposed within the Better Health-Fairer Health Strategy. This is shown below.

This Group will expand its role and will oversee the delivery of all tobacco related aimed at meeting current PSA and related targets, the delivery of the current and future Regional Tobacco Strategy and also the programme outlined within the Better Health-Fairer Health Strategy.

Currently the Advisory Panel oversees only the work programme delivered by the Fresh Office. It has been agreed that the expanded Advisory Group will scrutinise the wider partners' delivery, including that of the NHS (not just the PCTs) and local government.



The Tobacco Advisory Group will continue to be chaired by the RDPH and will have senior level representation from across the NHS, local government, third and private sectors. The current membership and functionality of the group will therefore be reviewed.

At present, the PCT's are represented through a nominated lead Executive Director of Public Health and the local alliances are represented through a representative voted upon by members of the Smoke Free North East Network. It is sometimes unclear where the local accountability currently lies - and this does vary greatly across the region. It is therefore proposed that the network undertake the role of regional accountability for the delivery of the local tobacco alliances, and that more review of local alliance work is undertaken by the Tobacco Advisory Group. It has also been agreed that each of the four sub-regional public health localities will have senior representation at the reformed Tobacco Advisory Group. This will ensure that issues in relation to NHS delivery can be identified and picked up within this strategic forum.

The Director of Fresh (as RTPM) also reports directly to the Department of Health.

Finance and human resources:

The Fresh Office is currently located within the Civic Centre of Chester le Street District Council in County Durham. Fresh has had reassurance from the Chief Executive that this base is secure for the foreseeable future. The budget and contracts of Fresh are currently hosted by Northumberland Care Trust.

These programme functions are currently overseen by a Management Panel which reports on a quarterly basis to the SFNE Advisory Panel.

Research, monitoring and evaluation:

The North East's tobacco control agenda should be informed by wide ranging research, to support evidence-based policy development, create baselines, and to contribute to the assessment of interventions and changes over time. The monitoring of progress towards the key indicators is overseen by the Intelligence sub-group.

This group also provides advice to the Office on the commissioning of research and the evaluation of programme activities. It also links closely to the NPRI funded project of Durham University, which is investigating the role of Fresh.

Appendix II - Key metrics

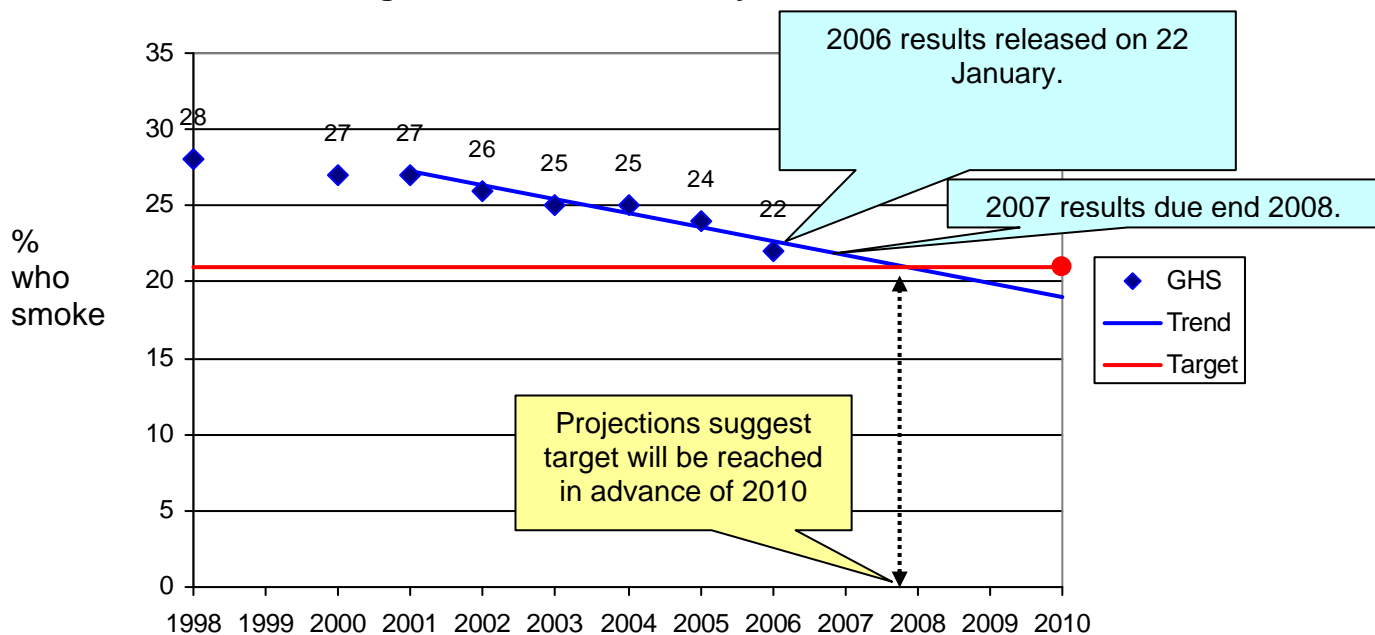
Key National Metrics: Smoking Prevalence – England

Summary

Adult smoking rates	●
Manual smoking rates	●
Routine and manual smoking rates	●
Smoking among 11-15 year olds	●
Smoking among pregnant women (2005 and 2010)	● ●
NHS Stop Smoking Services 4-week quitters	●

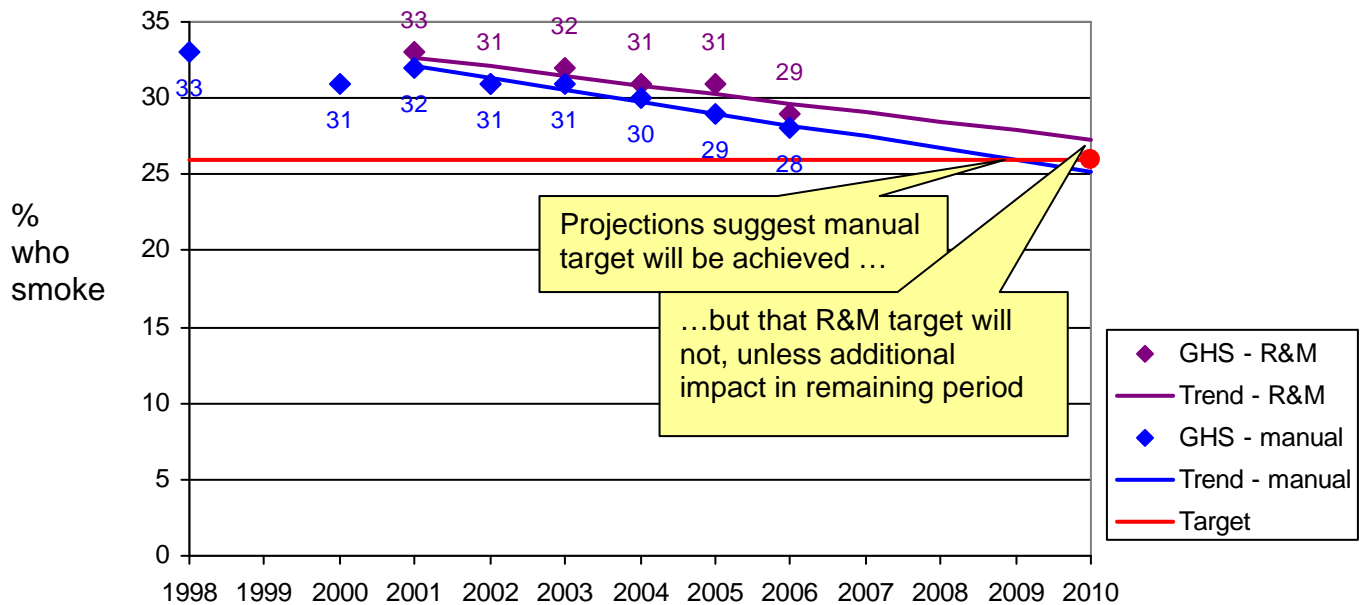
Focus needs to be on routine and manual target

1. Reduce adult smoking rates to 21% or less by 2010



Source: General Household Survey, England

2. Reduce smoking among routine and manual groups to 26% or less by 2010 (PSA) and among manual workers from 32% (1998) to 26% by 2010 (Cancer Plan)



Source: General Household Survey, England

3. Reduce smoking among 11-15 year olds from 13% (1996) to 11% by 2005 and 9% by 2010 (Smoking Kills)

1998	11%
2000	9%
2001	10%
2002	10%
2003	9%
2004	9%
2005	9%
2006	9%

Met 2005 and 2010 Smoking Kills targets. However, underage smoking has not moved meaningfully since 2000.

Source: *Smoking, Drinking and Drug Use Among Young People*.
Published annually.
2007 results to be published Spring/Summer 2008.

4. Reduce smoking among pregnant women from 23% (1995) to 18% by 2005 and 15% by 2010 (Smoking Kills)

1995	23%
2000	19%
2005	17%

Met 2005 Smoking Kills target. However, slower fall between 2000 and 2005 than in preceding five-year period creates uncertainty about whether 2010 target will be met. In absence of frequent/timely data from Infant Feeding Survey, we could obtain a feel for progress using LDPR data on smoking at delivery.

Source: *Infant Feeding Survey*.
Conducted every 5 years.
Figures are not strictly comparable.

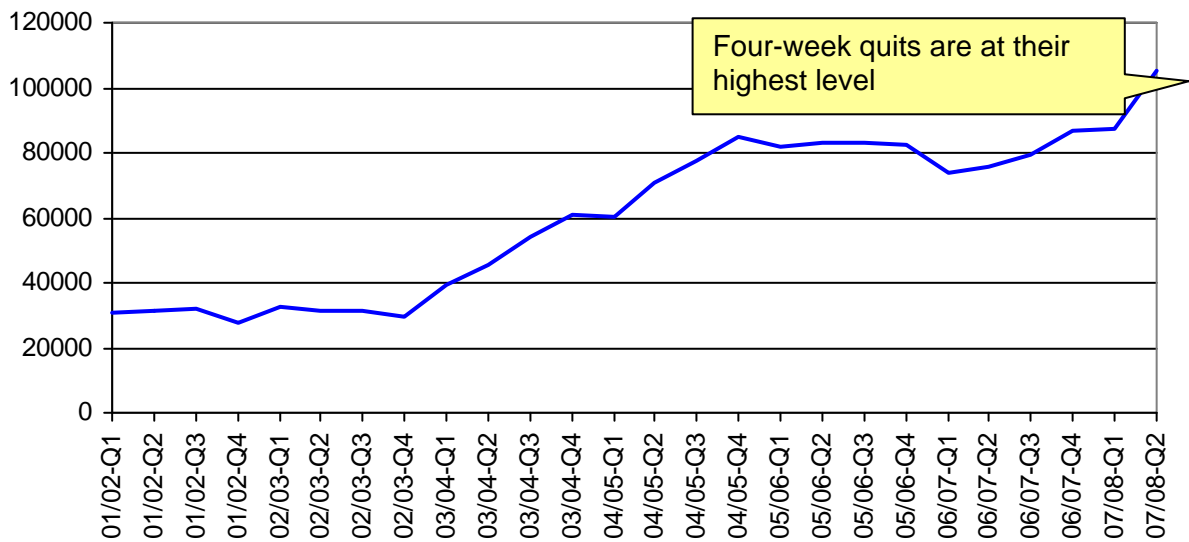
Results for 2010 not expected until 2012.

5. Achieve 800,000 4-week quitters through NHS Stop Smoking Services over three years 2003/04 to 2005/06 (from NHS Local Delivery Plans)

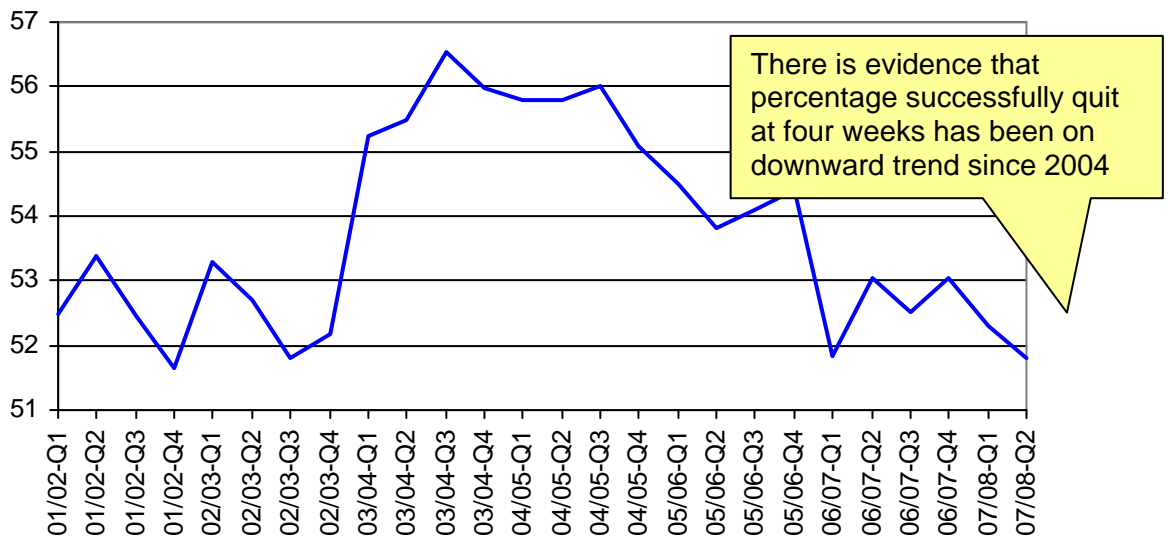
	People setting a quit date with NHS Stop Smoking Service	Number who remained quit at the four-week follow up	Percentage successfully quit at 4 weeks
2000/01	132,544	64,554	49
2001/02	227,335	119,834	53
2002/03	234,858	124,082	53
2003/04	361,224	204,876	57
2004/05	529,567	298,124	56
2005/06	602,820	329,681	55
2006/07	600,410	319,720	53
2007/08 Q1	161,928	81,683	50
2007/08 Q2	165,872	83,028	50

832 thousand quits achieved in 2003/04-2005/06

Trend in the number of four-week quitters (seasonally adjusted)



Trend in the percentage successfully quit at four weeks (seasonally adjusted)



APPENDIX V- FRESH ORGANISATIONAL CONTEXT MARCH 2008

