

Tameside Tobacco Control Strategy 2009 - 2012



Tameside Strategic Partnership
Many Partners, One Direction

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1. Introduction

The level of mortality and morbidity caused by tobacco use is alarming, and smoking is the single greatest cause of avoidable illness and preventable death. In addition, the Chief Medical Officer recognises that tobacco plays a role in perpetuating poverty, deprivation and health inequality. Smoking has been identified as the single biggest cause of inequality in death rates between rich and poor in the UK, with smoking being responsible for over half of the difference in risk of premature death between social classes. A local comprehensive Tobacco Control Strategy is therefore needed to reduce tobacco related harm and tackle health inequalities within Tameside.

The Department of Health Tobacco Control National Support Team (NST) has described tobacco control as those strategies which :

- Reduce demand for tobacco with:
 - price measures including high rates of tax.
 - non-price measures such as advertising restrictions, smokefree laws, health warnings, information and advocacy, and stop smoking programmes.
- Reduce supply of tobacco by:
 - controlling illicit trade.
 - restricting access to minors.

1.1 Tobacco's impact on Tameside

In Tameside, there are higher levels of premature death than would be expected considering the local population age and gender profile, leading to a lower life expectancy than in England as a whole. A large proportion of these deaths are caused by smoking, and it has been estimated that every year around 450 deaths in Tameside are attributable to smoking.

Around 2,500 hospital admissions per year in Tameside and Glossop are also estimated to be attributable to smoking. As smoking contributes to delayed wound healing and post operative respiratory complications, it can also be determined that the population of Tameside also experiences more complications following surgery compared to the general population.

Passive smoking, or second hand smoke, refers to breathing in the smoke produced by other people, either from the burning ends of tobacco products or from smoke exhaled by smokers. Scientific reports state that exposure to second-hand smoke can cause a number of serious medical conditions: lung cancer, heart disease, asthma attacks, childhood respiratory disease and sudden infant death syndrome (SIDS or cot death). With regard to smoking during pregnancy,

smoking is the single most modifiable risk factor for adverse outcomes in pregnancy. It is estimated to contribute to 40% of all infant deaths, a 12.5% increased risk of a premature birth and a 26.3% increased risk of intra-uterine growth restrictions.

1.2 Local smoking prevalence

Adults

It is difficult to accurately determine the prevalence of smoking within a local population. In 2007, the NHS Information Centre developed model based estimates of smoking prevalence to help local Tobacco Alliance's gauge the scale of the issue. This model applied prevalence information from the Health Surveys of England to local population demographics (as of 2003-05) in order to produce an estimate of expected smoking prevalence. The results show that there is a statistically significant higher estimated smoking prevalence in Tameside than England: 30% compared to 24%. This translates to around 60,000 adults.

Children and young people

Local survey results report a higher prevalence of regular smokers amongst Tameside Year 10 pupils compared to England. Similar to England, a higher proportion of girls in

Tameside have tried smoking than boys. In addition, current/regular smokers in Tameside now smoke a third more cigarettes on average per day compared to pupils in England. Survey results also suggest that young people who smoke are possibly starting to smoke at a younger age than in England.

The most common sources of cigarettes are shops and also friends and family, with a slightly larger proportion of Tameside pupils obtaining their cigarettes from these sources compared to nationally. During 2008/09, just under half of Tameside Trading Standards' under age test purchasing attempts from shops and vending machines resulted in successful purchases, including 100% of vending machine attempts.

Passive smoking

National results also show that since the introduction of the smokefree legislation in 2007, the proportion of young people exposed to tobacco smoke in the house has reduced. However, the proportion of children exposed to 15 hours or more per week has not changed. Local surveys indicate that people with children are more likely to be current smokers than those without children. As the local adult smoking prevalence is higher than in England, it can be determined

that the level of young people's exposure to passive smoking is also higher.

The proportion of mothers registered to Tameside and Glossop PCT GPs that smoke at the time of delivery (SATOD) has been falling in recent years to 22.5% in 2008/09 although is the 2nd highest of the 10 Greater Manchester PCTs and higher than in England, where prevalence of SATOD is 14.4%.

1.3 Tobacco's impact on health inequalities

The Tameside and Glossop Tobacco Control Needs Assessment shows that locally there are high levels of tobacco use amongst:

- those from low socio-economic/ Routine and Manual (R&M) groups.
- Bangladeshi and Pakistani men.
- Bangladeshi women – who tend not to smoke, but chew, tobacco.
- Pregnant women – especially if they are younger, live with other smokers and come from R&M groups;
- Children – particularly amongst children that live with others that smoke.

Those that also suffer from tobacco related harm are:

- those with existing health conditions, including poor mental health and those receiving treatment in hospital.
- those exposed to passive smoking – children and unborn babies, particularly amongst R&M families.

1.4 Tameside Tobacco Control Targets

Tameside Health Partnership Board is responsible for reviewing and performance managing priorities and targets in Tameside Local Area Agreement and ensuring delivery arrangements are in place.

Tameside LAA - Stop smoking (National Indicator 123)

Smoking Prevalence (Smoking Quitters)	2008/09	2009/10	2010/11
Number of 4 week smoking quitters who attended NHS Stop Smoking Services	1,531	1,608	1,720
Smoking quitters per 100,000 population aged 16 and over	885.86	924.78	984.54

In addition, there are specifically local targets promoted by the Tameside Health Partnership Board which sits under the Tameside Strategic Partnership:

- Increase the number of 4 week smoking quitters in the Super Output Areas in the 10% most deprived (IMD) nationally.
- Stop Smoking Service 52 week quit rate.
- Reduce the percentage of pregnant women smoking at time of delivery by 1% every year.

The Tameside Children and Young People Strategic Partnership's draft Smoking Action Plan 2009-10, includes:

- QOF (Quality and Outcomes Framework) measure ASTHMA3 which considers the percentage of patients with asthma between the ages of 14 and 19 in whom there is a record of smoking status in the previous 15 months.

- Reduce the percentage of children and young people who smoke regularly, as measured by the TellUs survey: Target 6% by 2010.
- Reduce by 1% year on year the percentage of mothers smoking at the time of delivery.

1.5 Aim of Tameside's Tobacco Control Strategy

- To reduce the level of tobacco related harm within Tameside by
 - Reducing the prevalence of adult and child smoking
 - Reduce passive smoking
- To reduce the tobacco related health inequalities by
 - Focussing on reducing tobacco related harm amongst routine and manual groups and geographical areas.

1.6 Evidence of effective practice

The Tameside and Glossop Tobacco Control Needs Assessment compared the evidence of good practice and effective interventions set out within the Department of Health's National Support Team (NST) document '10 High Impact Changes to achieve tobacco control', to what is being delivered in Tameside and Glossop. Gaps in current practice were subsequently identified. Recommendations were then made to support local progress towards effective tobacco control that aims to reduce tobacco related harm and health inequalities.

In addition, the Tobacco Control NST visited Tameside in 2009 and made recommendations for further local action. The recommendations from the Needs Assessment and the NST have informed the following action plan, which has been structured to mirror the format of the NST recommendations. Responsibilities for actions are held across the Smokefree Tameside Tobacco Alliance membership, which includes many partner agencies. The action plan will be updated annually.

2. Tobacco Control Action Plan

2.1 Vision, Strategy and Partnership Working

There is a strategic recognition of the scale of tobacco related harm within Tameside, and that it is not just the responsibility of the health services to reduce this impact. People are affected by tobacco in many ways and can therefore be influenced in many ways too. Only a co-ordinated strategic partnership approach will be successful in reducing the harm caused by tobacco.

For this to happen, all agencies need to understand and recognise how their organisation can contribute to the overall aim of tobacco harm reduction. A local Tobacco Control Alliance has been created with the involvement of multiple agencies and with clear commitment from senior managers of each partner organisation and positioned within the framework of the Tameside Strategic Partnership. The Alliance is responsible for developing a comprehensive tobacco control programme.



Local Objectives

1. To develop a local Tobacco Alliance that is positioned effectively within strategic partnership structures and includes representation from all stakeholder agencies.
2. To provide an overarching vision for managing tobacco control across partnerships and sectors.
3. To ensure high level strategic recognition of the difference to local health inequalities that effective tobacco control can make.

Vision, Strategy and Partnership Working: Key Actions planned for 2009/10					
Local Objective	Activity	Detail	Responsibility	Timescale	Outcome
1.	Establish a local Tobacco Control Alliance, consisting of members who can beneficially contribute to the action plan.	To ensure a structured and well informed partnership approach to tobacco control, with clear links throughout local partnership agreements.	TMBC and NHS T & G, Partner organisations	October 2009	Alliance established with Terms of Reference, membership list
1.	Co-ordinate all work in line with Smokefree Northwest and the Greater Manchester Public Health network. Align strategy with the Association of Greater Manchester Authorities tobacco manifesto.	To produce a co-ordinated consistent approach.	Tobacco Alliance	Ongoing	Produce Annual Review of Tobacco Alliance, reflecting on actions and perceptions
1. 2. 3.	Completion of a tobacco control strategy	To be used as a point of reference and a basis of all tobacco control work in Tameside. Align strategy with the Association of Greater Manchester Authorities manifesto and the Children and Young People Smoking Action Plan 2009-10.	Tobacco Alliance	October 2009	Production of Strategy, presented to HPB, PEC, TSP
2. 3.	Identify advocates and champions within organisations and work areas	To ensure that key messages are filtered through all work areas and partner groups, embedding tobacco control into all practices.	Partner organisations	December 2009	Nominations received; champions briefed.

2.2 Strategic Planning and Commissioning

Robust data needs to be collected to determine the scale of tobacco related harm locally. Making the fullest use of local partnerships to get the best data and information from all concerned is key. Partners may not always realise they have information that could be helpful.

This in turn will inform local tobacco control objectives and the commissioning of effective and targeted interventions which have the aim of reducing tobacco related health inequalities within Tameside and between Tameside and England as a whole. For example, smoking prevalence is highest amongst Routine and Manual (R&M) groups and therefore tailoring tobacco control work according to the needs of this group will be the most effective way of tackling this issue and helping to reduce the gap in life expectancy between more and less deprived communities.



Local Objectives

1. To plan strategically and commission effective, evidence-based interventions targeted at reducing tobacco related harm amongst the most vulnerable and hard to reach groups in Tameside.
2. Complete a detailed action plan for tobacco control with SMART objectives and designated leads for each area of delivery.
3. Carry out an in-depth Needs Assessment into Tobacco Control within Tameside.
4. Identify direct and indirect sources of funding to ensure an overall picture of investment.

Strategic Planning and Commissioning: Key Actions planned for 2009/10					
Local Objective	Activity	Detail	Responsibility	Timescale	Outcome
1. 3.	Carry out a Tobacco Control Needs Assessment for Tameside.	This will provide a framework for systematic action on tobacco control within Tameside. It will allow planning to take place to identify follow up actions and to track progress.	NHS T & G	September 2009	Production of Needs Assessment, presented to relevant strategic boards
1. 2.	Complete a detailed action plan to tackle tobacco harm within Tameside.	This plan will be based upon the findings of the Tobacco Needs Assessment in conjunction with the recommendations from the National Support Team. The plan will: - contain SMART objectives - quantify specific contributions by all partners - attach specific responsibility for delivery of key objectives	Tobacco Alliance	August 2009	Action plan approved by all Tobacco Alliance partners; referred to within strategy.
1. 4.	Identify both direct and indirect sources of funding	Resources to be mapped in terms of future planning. New sources of funding to be actively sought and considered.	Tobacco Alliance	December 2009	An indication of current tobacco control funding streams.

2.3 Interventions and Treatment

The Tameside and Glossop (Stop Smoking Service) SSS should not be viewed as the sole agency that delivers tobacco control. All agencies have a role to play in reducing the impact and scale of tobacco related harm and to promote the denormalisation of tobacco use. There should be a systematic and consistent approach across all partner agencies, with a particular focus on R&M smokers.

When approaching any front line service, a person should be expecting to be asked, as a matter of routine, about their smoking status and expect to be offered support from the SSS. This should be consistent across all community based agencies, including schools, police, fire services, children centres, housing etc.

Systematic referral procedures are needed to reduce any barriers for partner agencies and for the public, especially within primary and secondary care.

In addition, all front line staff should be trained in very brief interventions – and this training should be revisited so that it becomes part of normal practice – not an additional requirement of their work. Front line staff need to be empowered to take ownership

of the problem and understand that they can actually make a difference in their day to day work.

Local Objectives

1. Ensure competency of all front line staff that are first point of contact within all partnership groups.
2. Reduce smoking in pregnancy.
3. Implement secondary care pilot scheme.
4. Continued work around de-normalising tobacco use.
5. Ensure the local SSS targets those groups most at risk of smoking related harm.



Interventions and Treatment - Key Actions planned for 2009/10					
Local Objective	Activity	Detail	Responsibility	Timescale	Outcome
1. 4. 5.	Ensure competency of all front line staff that are first point of contact within all partnership groups.	Ensuring that staff are sufficiently trained and have the capability and capacity to carry out essential first point of contact tasks.	Stop Smoking Service (SSS) and partner agencies	Ongoing	Increase referrals to SSS from all agencies
1. 4. 5.	Increase capacity of frontline oral health professionals	Information about tobacco use and smoking cessation relevant to oral health is included in oral health training.	NHS T&G Oral Health Improvement team	Ongoing	Increased referrals to SSS from oral health professionals
1. 4. 5.	Ensure training on delivery of Smoking cessation support (at all levels) is up to date and up to approved NICE standards.	Many frontline staff from a range of services, e.g. pharmacy, oral health etc are trained to deliver various levels of smoking cessation support. The training should be monitored to ensure quality compliance and staff should be able to access refresher training where appropriate.	SSS and partner agencies	Ongoing	Increased referrals to SSS range of agencies
1. 4.	Roll out brief, and very brief, intervention training across all front line staff	To ensure that messages are consistent and those in need are signposted into services and given appropriate advice and support	TMBC NHST 9	Ongoing	Increase referrals to SSS from all agencies

Local Objective	Activity	Detail	Responsibility	Timescale	Outcome
1. 2. 4. 5.	The introduction of an 'Opt Out' referral system throughout maternity services.	Expectant mothers who smoke will be referred to SSS unless they opt out of the referral.	NHS T&G and Maternity Services	Spring 2010	Significant increase in referrals to SSS. Reduction in prevalence of SATOD.
1. 3. 4. 5.	Implementation of a 'Stop Before the Op' scheme	Following on from the current pilot scheme between Tameside General Hospital and SSS to develop stop smoking support and withdrawal management interventions for both planned and unplanned admissions to acute care settings. There will be a hospital-based Specialist Advisor to refer complex smokers to SSS	Tameside General Hospital, SSS and PCT	January 2010	Increase in referrals from secondary care.
1. 3. 4. 5.	Ensure those who would benefit most from quitting smoking have access to SSS	Consider ways to encourage referrals to SSS from GPs with patients known to use tobacco and suffer from chronic disease.	NHS T&G, SSS	December 2009	Increase in number of people referred to service with chronic disease
1. 4. 5.	Continue to expand the existing pharmacy LES scheme.	Currently 11 pharmacies are signed up to the Service Level Agreement (SLA). Current training package has been reviewed and SLA updated.	SSS	March 2010	Double the number of pharmacies signed into the scheme.

Local Objective	Activity	Detail	Responsibility	Timescale	Outcome
1. 2. 4. 5.	Development and expansion of a Tameside Smokefree homes programme.	To look at work currently being undertaken and to evaluate that work. Building upon the lessons learnt from previous work and work in other areas, to develop a bespoke programme for Tameside.	TMBC, SSS	February 2010	A consistent Smokefree homes programme available to all residents.
1. 4. 5.	Increase referrals from BME communities and expand service knowledge about niche products.	To look at work currently being undertaken and best practice in other areas that can be adapted for Tameside.	SSS	November 2009	Higher number of BME people accessing the service.
2. 4. 5.	Ensure the local SSS targets those groups most at risk of smoking related harm as identified within the needs assessment.	PCT commissioners should ensure SSS specifications encourage targeting of relevant groups and respond to service equity audits.	NHS T&G, SSS	October 2009 for SSS spec; after completion of equity audit – Spring 2010.	Reduction of smoking prevalence amongst priority groups.

2.4 Criminal Justice, Licensing and Availability

In trying to reduce the availability of tobacco, especially to underage young people, a consistent and integrated approach between agencies is needed. Tobacco smuggling seriously undermines the impact of other tobacco control measures and criminal activity in illicit trade also tends to target smokers in deprived areas, increasing health inequalities further.

Local Objectives

1. Make full use of intelligence from all partners.
2. Reduce the accessibility of tobacco products to young people.
3. Reduce the availability and supply of illicit tobacco products.



Criminal Justice, Licensing and Availability: Key Actions planned for 2009/10

Local Objective	Activity	Detail	Responsibility	Timescale	Outcome
1. 2. 3.	Develop a mechanism for information and intelligence sharing between all key partners.	Full use of information and intelligence through all partners, to target and identify problem premises and areas, and strategically plan interventions.	Tobacco Alliance	December 2009	Examples of intelligence sharing amongst partners.
1. 2.	Carry out at least one test purchasing operation per quarter using intelligence to target high risk businesses.	In order to reduce the number of positive sales to underage people.	Trading Standards	Ongoing	Prosecution of sellers of tobacco to underage people and high number of negative sales.
2.	Revisit all off-licences, newsagents and other businesses which sell tobacco products to supply refusal books and refresh training/ information given regarding underage sales of tobacco products.	The aims is to reduce the number of positive sales to underage people. Consider the need to increase the profile of this work.	Trading Standards	September 2009 (off licences)	December 2009 (newsagents and other businesses) Revisits completed.
3.	Carry out joint inspections with Her Majesty's Revenues & Customs (HMRC) using intelligence to target high risk businesses to look for illicit tobacco.	The aims is to reduce the amount of illicit tobacco being sold.	Trading Standards	Ongoing	Prosecution of sellers of illicit tobacco.

2.5 Culture Change – Being Healthy and Staying Safe

A concerted effort is required to sustain the profile of tobacco control and maintain the momentum provided by the Smokefree legislation in denormalising smoking. There is a risk that if this momentum diminishes, previous achievements will be diluted and smoking prevalence will stabilise and then rise rather than fall.

This is crucial to other objectives within this strategy that rely on smoking to be denormalised, for example, tackling health inequalities and youth prevention. Tackling youth smoking as a standalone intervention will probably have little impact. Innovative work from other areas should be considered. For example Northamptonshire is using an Age Progression Camera pilot to show sixth form pupils at a local school how they will look at the age of 40 if they continue or start to smoke. Other examples like D-MYST's Toxic Movies campaign in Liverpool or the Florida 'Truth' campaign raised awareness of non-health-related responses to the tobacco industry.

The key aim is to keep as many relevant people as possible interested in the tobacco control agenda. If the necessary consensus and political commitment for tobacco control

in the area can be successfully developed, then delivering against local tobacco controls strategies will be that much easier. In order to build capacity within tobacco control and maintain progress and momentum, infrastructure, resources and political will be needed.

Local Objectives

1. Carry out a co-ordinated and strategic programme of work to de-normalise the use of tobacco and tobacco products amongst a range of settings and population groups.
2. Promote being smokefree amongst children and young people.



Culture Change – Being Healthy and Staying Safe: Key Actions planned for 2009/10

Local Objective	Activity	Detail	Responsibility	Timescale	Outcome
1. 2.	As part of the tobacco control alliance, develop a sub group to specifically look at young people.	Appraise the evidence and effectiveness of this work, develop and implement an action plan utilising the relevant partners, e.g. healthy schools, trading standards, etc.	Children & Young Peoples Strategic Partnership	December 2009	Sub group formed and action plan generated with responsibilities, timescales and outcomes.
1.	Develop a Smokefree homes policy.	Evaluate and appraise current work in this area and compose a detailed action plan to be rolled out across Tameside. Build into this a fire safety element in partnership with the Fire Service.	TMBC, SSS, NHS T&G GM Fire & Rescue	March 2010	Development of action plan and launch of programme.
1.	Expand Smokefree work within workplaces, particularly amongst routine and manual workers	Workplace Health Improvement Officer to work in partnership with Workplace Smoking Advisor and regulatory services to include more signposting to Stop Smoking Services.	Health Improvement Team & Environmental Health	November 2010	Delivery of on-site stop smoking sessions and with routine and manual works in 5 businesses, combined with a wellbeing@work programme. Extension of Smokefree policies in 5 workplaces.

Local Objective	Activity	Detail	Responsibility	Timescale	Outcome
1.	Promotion of local champions within the community.	To build upon social marketing findings – to include older people, BME groups and male champions. Who can deliver brief interventions (BI)	Tobacco Control Alliance and partners.	February 2010	Champions identified, trained in BI and delivering BI within local communities.
1.	Address the use of non-smoked tobacco use within the local population.	Develop an awareness and understanding of non-smoked tobacco use and deliver evidence-based interventions to reduce prevalence.	Stop Smoking Service	Spring 2010	Clearer understanding of non-smoked tobacco use within the local population action plan to address the issue raised.
1.	Continue to enforce the smoke-free legislation.	Inspections of workplaces and the investigation of complaints. Enforcement action taken where necessary.	Environmental Health, Trading Standards & Licensing	Ongoing	Compliance with the Legislation. Fixed penalty notices served and prosecutions taken where appropriate.

Local Objective	Activity	Detail	Responsibility	Timescale	Outcome
1. 2.	Reflect and contribute to the Children and Young People Smoking Action Plan 2009-10.	<p>The Plan is currently being finalised, with objectives to:</p> <ul style="list-style-type: none"> • Reduce the number of young people who start to smoke • To support those who do smoke to stop • To protect children and young people who do not smoke from tobacco smoke • Normalise a Smokefree environment for children and young people. 	Children and Young People's Strategic Partnership.	Ongoing	As per objectives stated within plan.

2.6 Communication

Communication forms an essential part of a strategic approach to tobacco control, and should include internal and external communications: internal to ensure that all partners are on message, external to ensure that clear and consistent messages around tobacco control are being relayed to the general public.

A three-year marketing strategy has been developed by the Department of Health. The strategy focuses on R&M smokers and its overarching objectives are to trigger quit attempts, increase the effectiveness of quit attempts and reinforce motivation to quit. Running alongside it will be funding for increased communications capacity at regional level in the future. This should facilitate three-way communication between local areas, the regions and national policy and thus ensure a co-ordinated and comprehensive approach to marketing.

Tobacco control advocacy is about changing the political, economic and social conditions that encourage tobacco use and gaining public and media support for tobacco-related issues, with the ultimate aim of denormalising tobacco use and changing social norms.

Local Objective:

1. To ensure Smokefree messages are communicated effectively to target audiences.
2. To ensure communication links are maintained between strategic partners, stakeholders and local champions.



Communication: Key Actions planned for 2009/10					
Local Objective	Activity	Detail	Responsibility	Timescale	Outcome
1. 2.	Develop campaign, media and marketing strategies and action plan.	To support the tobacco control alliance and raise the profile of the Stop Smoking Service.	Tobacco Alliance Communication Sub Group	December 2009	Communication /marketing strategy and action plan developed and approved by Tobacco Alliance.
1.	Deliver campaign, media and marketing strategies and action plan.	All partners accept responsibility for designated action within strategy and action plan.	Tobacco Alliance	2009/10	Communication /marketing strategy and action plan successfully delivered via partnership agencies.
1. 2.	Publicise the Tameside Tobacco Control Strategy through relevant media.	To ensure that the work of the Tobacco Control Alliance is recognised and well known.	Tobacco Alliance Communication Sub Group	December 2009 onwards	Members of partnership organisations are aware of a co-ordinated, consistent partnership approach to tobacco control within Tameside.

Local Objective	Activity	Detail	Responsibility	Timescale	Outcome
1.	Consider the translation of the Tameside Tobacco Control Strategy to represent the population of Tameside.	To ensure that the strategy is available to a wide population.	Tobacco Alliance Communication Sub Group	December 2009 onwards	Resources, messages are accessible to the widest possible audience.
1. 2.	Update and maintain the Smokefree Tameside website to provide in-depth help/support to both residents and businesses.	To create a central information point, in order to ensure consistency.	Tobacco Alliance Communication Sub Group	December 2009	Consistent approach across agencies' websites reflecting work of Tobacco Alliance and directing people to local Stop Smoking Service.
1. 2.	Produce an annual report on the work of the Tobacco Control Alliance reflecting on achievement of actions within action plan.	To provide a qualitative review of the work carried out in order to reduce smoking prevalence within Tameside.	Tobacco Alliance	August 2010	A report is produced reflecting the achievements of the Alliance against action plan, barriers to progress and highlighting the way forward.

Local Objective	Activity	Detail	Responsibility	Timescale	Outcome
2.	Inform Tobacco Control Alliance of recently submitted LAA/HPB performance monitoring data regarding tobacco control.	Ensure partners are aware of how their activities contribute and impact on these monitoring targets.	TMBC	At each Alliance meeting after quarterly submission	LAA/HPB Tobacco control indicators reported to Alliance.
1.	To expand and develop upon the findings of Dr Foster social marketing.	By using the findings of Dr Foster social marketing work to target messages to specific groups. This is required to deliver consistent, coherent and co-ordinated communications.	Tobacco Alliance Communication Sub Group	Spring 2010	Marketing plan delivered based on Dr Foster intelligence.
2.	To develop a detailed communication plan between key partners, stakeholders and champions.	To ensure that key information and data is shared and that there is maximum use of all available resources.	Tobacco Alliance Communication Sub Group	December 2009	Communication /marketing strategy and action plan developed and approved by Tobacco Alliance.

3. Summary and Conclusion

Involvement in tobacco control should not be an additional piece of work for agencies, but should form a core part of everyday practice. Often individual agencies can add real value to work which is normally seen as the responsibility of others.

Only a consistent and systematic approach within current services will contribute to removing barriers for people being able to quit, leading to the denormalisation of smoking and only strategic recognition and ownership within agencies will enable change this change at an operational level.



