

Setting up a Local Tobacco Control Alliance

This document aims both to support the development of new tobacco control alliances and provide information for those planning to renew or refresh their alliance. It supports the development of work programmes by signposting to a range of resources to support the work of alliances and providing template responses to some commonly asked questions about tobacco alliances and their work.

1. The basics: *Why is comprehensive tobacco control important?*
2. Engaging key stakeholders: *Alliance structure and key relationships*
3. Getting started: *Key steps to take*
4. Keeping going: *Monitoring and evaluating progress and long running alliance case studies*

The basics

1. What is tobacco control?

Tobacco control is a co-ordinated and comprehensive approach to reducing the prevalence of smoking. There are six internationally recognised strands of tobacco control which are:

- stopping the promotion of tobacco;
- making tobacco less affordable;
- effective regulation of tobacco products;
- helping tobacco users to quit;
- reducing exposure to secondhand smoke; and
- effective communications for tobacco control.

Further reading:

- [2010 – 2015 Government Tobacco Control Plan for England](#)
- [WHO Tobacco Control](#)
- [ASH report: Smoking Still Kills](#)
- [Smokefree Action Coalition Q&A: Making the case for strong local tobacco control](#)

2. Why is comprehensive tobacco control important?

“There is clear evidence that the most effective tobacco control strategies involve taking a multi-faceted and comprehensive approach at both national and local level.”

Healthy Lives, Healthy People: a tobacco control plan for England’ 2010 – 2015

Tobacco is the major cause of preventable illness and responsible for half the difference in life expectancy between richest and poorest.ⁱ It is the principle cause of preventable premature death in England causing nearly 80,000 premature deaths each year in England alone.ⁱⁱ

The work of tobacco control professionals in England has gained an enviable international reputation in large part thanks to the comprehensive approach taken by government, in partnership with civil society, the NHS, local authorities and regional offices for tobacco control.

It is clear from experience in other countries that tobacco control strategies must be comprehensive and sustained in order to achieve on-going reductions in smoking prevalence. Without such an approach, smoking prevalence could easily start to rise again.

Figure 1 compares smoking prevalence rates in six legislatures over the last 30 years: England, France, post-unification Germany, Australia, Canada and California. The rate of decline of smoking prevalence in England is comparable to the rates of decline in Australia, Canada and California, where governments have consistently tackled the harms of smoking through strategic and comprehensive tobacco control programmes. In contrast, smoking prevalence in France and Germany has barely shifted over the last 20 years.

Figure 1: Adult smoking prevalence 1980-2012 in France, Germany, England, Australia, Canada and California

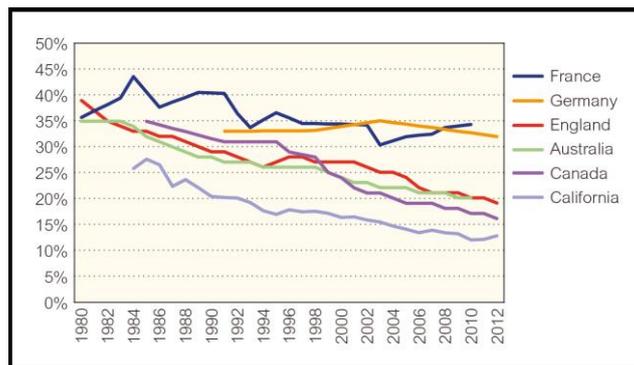
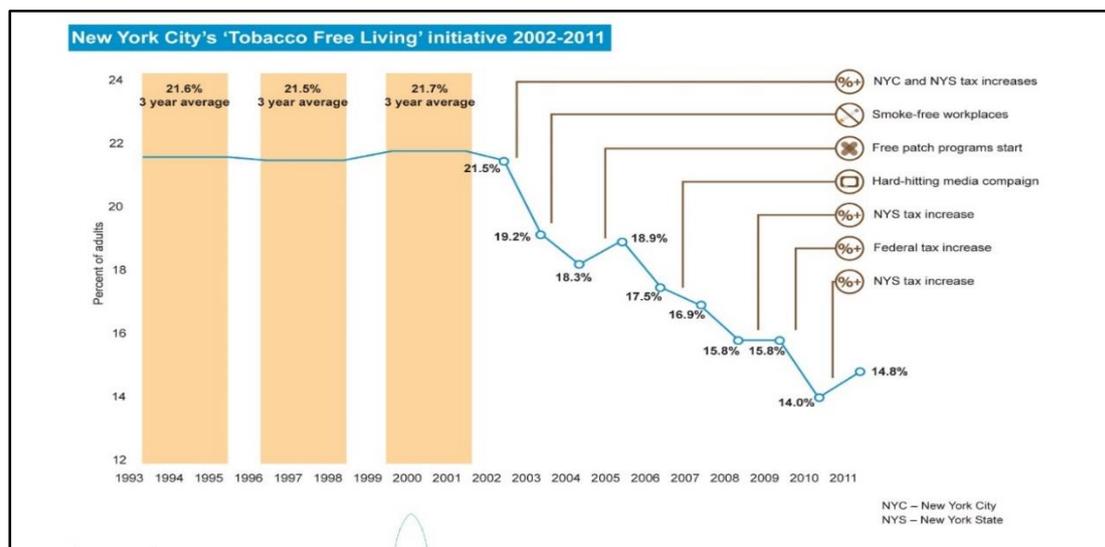


Figure 2 shows smoking prevalence in New York, where sustained investment from 2002 led to declines in smoking rates until 2010, when the decline ceased following funding cuts. Investment was reinstated in mass media campaigns in 2014 and the rates began to decline again.ⁱⁱⁱ

Figure 2: Smoking Prevalence in New York, taken from the [Better Health for London](#), the report of the London Health Commission



3. What is a tobacco control alliance?

Tobacco control alliances are local partnerships often within local authority boundaries working on effective local activity to reduce smoking rates and tackle health inequalities. Alliances typically include a wide range of members from inside and outside local authorities,

from trading standards and environmental health to fire and rescue, education, health staff, childrens' services, as well as elected members and local NGOs and businesses.

4. Why do we need a tobacco control alliance?

Smoking significantly harms local communities and, despite years of progress, remains the principal cause of health inequalities with the highest rates of smoking found among those who are most disadvantaged. Tobacco use also has substantial financial costs, costing society more than £13.9 billion every year.^{iv} This includes significant costs to local authorities such as an estimated additional £600 million cost from increased social care needs as a result of smoking.^v

However, tobacco isn't an intractable problem. Local authorities can make a real and lasting difference to smoking prevalence and the harm caused by tobacco use by implementing a comprehensive set of measures to reduce both the supply and demand for tobacco products.

Whilst many measures to reduce smoking rates can be driven by national or regional activity, only through effective local implementation can the potential of such measures be maximised. The tobacco control alliance can act as a driving force within localities, and will also have the understanding of local population needs, which can inform the effective tailoring of activity.

Further reading:

- [ASH Facts at a Glance: Smoking Statistics](#)
- Local statistics on smoking in pregnancy at the time of delivery (SATOD) are available via the [Health & Social Care Information Centre](#).
- Local statistics on health inequalities are available via Public Health England's [Local Tobacco Profiles](#).

Engaging key stakeholders

Alliance structure

Comprehensive Tobacco Control requires a structure that supports strategic decision making whilst allowing for a wide range of partners with a variety of expertise and interests to engage at different levels.

The structure of your alliance will depend upon the structure of your local authority and local priorities. However, clarifying where the alliance sits within reporting structures is key – establishing the alliance within a formal structure can play an important role with its initial credibility and profile.

Whatever the structure, building positive relationships with both operational stakeholders, such as trading standards, fire and rescue services and NHS organisations, as well as locally elected members and local decision makers will also be very important. The role of key alliance stakeholders is set out below, with more detailed briefings available via the [ASH Local Toolkit](#).

Case studies: Alliance Structure

Middlesbrough Smokefree Alliance

Middlesbrough Smokefree Alliance is a multi-agency tobacco control group which meets every 6-8 weeks. The alliance's work is directed by an annual action plan which is updated quarterly. The Alliance is chaired by the Executive Member for Adult Social Care and Public Health and represented by a group of members from a wide range of organisations including the local authority, NHS Middlesbrough, Middlesbrough College, Teesside University, Cleveland Fire Brigade and a local housing association. <http://bit.ly/1XzP8W0>

London Borough of Ealing

The Tobacco Control Alliance in Ealing oversees the Ealing Tobacco Control Strategy and annual action plans in line with local, regional and national policy. The alliance meets quarterly and is accountable to the Health and Wellbeing Board. <http://bit.ly/1QjpKRC>

Smokefree Hertfordshire

Smokefree Hertfordshire, Hertfordshire's Tobacco Control Alliance, is made up of a Tobacco Control Board which includes senior decision makers from the local authority and district councils and partners including fire and rescue services and trading standards and environmental health and a broader alliance group which includes wide membership from organisations both internal and external to the local authority. Preventing the uptake of smoking and a focus on populations with a high smoking prevalence and vulnerable groups are key priorities. An annual tobacco control conference is held to share good practice with all stakeholders Hertfordshire's strategic plans are available to share and can be found here: <http://bit.ly/1nfvP7i> <http://bit.ly/1pNt65A>

Smokefree Devon

The Devon Smokefree Alliance is chaired by the council's Chief Executive and has a Steering Group which meets every four months. The Steering Group has a reporting link to Health and Wellbeing Board where performance indicators are tracked on adult smoking prevalence and smoking in pregnancy. <http://bit.ly/21aWlJ0>

Strategic alliance relationships

The role of Elected Members

Elected members are concerned with local issues and will have experience of speaking publicly about them. Executive councillors, particularly the Leader of the Council and both Health and Children's portfolio holders, will have influence over high level decisions. Tobacco affects numerous policy areas and although only some Councillors have roles which directly relate to Health and Wellbeing, all have a role in championing the health of the residents in their ward and may be useful advocates for the alliance.

A 2015 national survey of tobacco control leads^{vi} in local authorities found that active political support from the leader, the member for health and wellbeing (or equivalent) and senior officers was the single most important factor in shaping a positive outlook for tobacco control: it was associated with a higher perceived priority for tobacco control, a more optimistic view of the future of smoking cessation and tobacco control services, and with the integration of tobacco control in the wider business of the council.

Useful resources to brief elected members on tobacco control:

- Smokefree Action Coalition Q&A: [Making the case for strong local tobacco control](#)
- 2 page briefings for Councillors on specific issues including litter, impact on young people, health inequalities are available via the [ASH Local Toolkit](#)
- [Local Costs of Smoking](#)
- [ASH: Health Inequalities Resource Pack](#)
- The beginning section of the document may also be useful in answering questions about the purpose of the alliance.

The role of the Health & Wellbeing Board

Health and Wellbeing Boards have strategic influence over commissioning decisions across health, public health and social care, bringing together clinical commissioning groups and councils to develop a shared understanding of the health and wellbeing needs of the community.

A formal link between the Health & Wellbeing Board and the alliance, whether this is through shared membership or a regular report from the alliance to the Board, will help to align your activity and keep strategic leaders informed around tobacco control work happening locally.

Useful resources to brief Health & Wellbeing Board members on tobacco control:

- [Social care report](#)
- [NHS Statement of Support for Tobacco Control](#)
- [ASH Local Toolkit](#)

The role of the Director of Public Health

Directors of Public Health are strategic leaders for public health. Some alliances include DsPH as members and others don't but either way they are key stakeholders in action and outputs of an alliance and so it is very important that they are engaged with tobacco control and the work of the local alliance.

A core area of public health practice is assessing the evidence of interventions, programmes and services to improve population health and wellbeing. A key part of engaging the DPH will involve building confidence that tobacco control work programmes are based on sound national and local evidence that assures progress towards key outcomes.

DsPH also take a strategic lead on health inequalities and provide leadership to programmes that reduce them. Working to quantify the impact of comprehensive tobacco control on health inequalities will help you to present a strong case to the DPH.

Useful resources to brief DsPH on tobacco control:

- [ASH Local Toolkit](#)
- [ASH: Health Inequalities Resource Pack](#)
- Local statistics on health inequalities are available via Public Health England's [Local Tobacco Profiles](#).

Alliance stakeholder and members relationships

The role of alliance members

A good place to start is by reviewing what is already happening in the field of tobacco, and finding out who's who. A stakeholder analysis is a good way to map local stakeholders and to identify their potential relationship with the alliance.

Useful resources for stakeholder analysis

- Section 2.2 of the [Tobacco Control alliances: a Toolkit for London](#) document includes a useful table of key tobacco control stakeholders and levers for engagement and templates for assessing stakeholder interests and involvement levels
- Undertaking a [CLear self-assessment](#)

The key partners and members for your alliance will depend very much on local priorities and the role played by different stakeholders will change over time as different projects require that they be more or less actively engaged.

It is important to remember that tobacco control work may not be the core role of those you wish to take an active role in the alliance so making a strong case for their involvement will be essential.

The following is not an exhaustive list but will provide a starting point for engaging core members of the alliance:

- The role of the Fire Service

Detailed ASH briefing available here: [Tobacco Alliance FAQ: Fire Services](#)

Each year around 2,700 fires in England are caused by cigarettes and smoking related materials. These fires result in approximately 87 deaths per year and cost the national economy £766m every year.^{vii}

The Fire Service works to prevent fires and provide information about smoking in the home, and how to avoid accidental fires from starting. They offer home visits to assess fire risk, provide personalised advice and fit fire alarms where needed. They communicate tobacco control messages to the public to reduce harm caused by tobacco-related fires. Working with the Fire Brigade within the alliance will help to join up local tobacco control messages and raise the profile of these issues.

- The role of NHS Organisations

Detailed ASH briefing available here: [Tobacco Alliance FAQ: NHS Organisations](#)

The NHS presents a key opportunity to reach a wide number of smokers. Every year nearly 80,000 people die prematurely from smoking related diseases. Many more live with costly long term illnesses. This places a considerable financial burden on the NHS, costing in excess of £2 billion a year.^{viii}

While some public health responsibilities have been transferred to local government the NHS continues to have an important prevention role, both as commissioners and as champions of tobacco control services locally. NHS organisations therefore have an important role to play in a local tobacco control alliance.

- The role of District Councils

Although existing services and additional public health capacity varies between district councils, every district has a role in improving health outcomes for local residents. Smoking cessation services are often based at district level and other specific areas affected by smoking which fall within the responsibilities of district councils include:

- Street cleaning: cigarette butts are a major cause of litter. It costs an estimated £342 million annually to clean smoking-related litter from streets in England.
- Environmental health: this includes ensuring smoke-free laws are applied and can also involve dealing with smoking related issues within homes and workplaces. This can include making sure tenants and workers aren't affected by smokedrift and second-hand smoke.

District councils can play an active role on a tobacco alliance by sharing local information and rolling out alliance projects in their areas.

Useful resources:

[ASH Local Briefing: Litter](#)

[Local Costs of Smoking](#)

[ASH: Health Inequalities Resource Pack](#)

[Tobacco Alliance FAQ: Environmental health](#)

- The role of Environmental Health

Detailed ASH briefing available here: [Tobacco Alliance FAQ: Environmental health](#)

Environmental Health Officers are public health professionals primarily concerned with protecting the public from harmful exposures in the environment and improving public health. They are vital partners in the work of local tobacco control alliances as they are responsible for monitoring compliance and enforcing Smokefree legislation, as well as related complaints including noise and litter, working closely with local businesses to ensure compliance.

- The role of Trading Standards

Detailed ASH briefing available here: [Tobacco Alliance FAQ: Trading Standards](#)

Trading Standards services are central to tobacco control. Trading Standards services support legitimate businesses by working to remove counterfeit products, including cigarettes and other tobacco products, from the market. By preventing and prosecuting underage sales of tobacco, they play a key role in protecting children from the harm caused by tobacco.

- The role of the Police

Detailed ASH briefing available here: [Tobacco Alliance FAQ: Police](#)

The Police are responsible for reducing criminal activity and enforcing the law. This includes ensuring that smokefree laws and other tobacco-related legislations are adhered to as well as reducing the availability of illicit and counterfeit tobacco. By joining the Tobacco Control alliance, the police can join forces with other tobacco control stakeholders to enhance the effectiveness of this work.

- The role of children’s services

Detailed ASH briefing available here: [Tobacco Alliance FAQ: Children’s services](#)

Under the Children’s Act 2004, local authorities have a duty to promote co-operation between each of the authority’s relevant partners to improve the five *Every Child Matters* outcomes for children. Reducing smoking rates by playing an active role in the work of a local tobacco alliance can contribute positively towards achieving these outcomes.

Getting started¹

1. A vision for the alliance

A strong vision statement will unite the alliance in working towards a common goal and the process of coming up with a joint statement will develop links between members.

Case studies: Vision Statements

- [Breathe2025](#): “to see the next generation of children born and raised in a place free from tobacco, where smoking is unusual.”
- “[The Lewisham Smokefree Future Delivery Group](#) involves a wide range of local organisations. It reports to the Lewisham Health and Well Being Board on its three year delivery plan towards Lewisham’s vision for a smoke free Lewisham where future generations are protected from tobacco related harm and live longer, healthier lives. A future free from tobacco use will mean all Lewisham residents will not suffer disability or die early and unnecessarily from illnesses related to smoking.”
- [Smokefree Coventry](#): “Our vision is to strive for a Smokefree future for Coventry; where our communities, homes, cars and workplaces are free from the harms of tobacco and where people lead healthier and longer lives. We aim to reduce smoking prevalence to 14% by 2020 and less than 5% by 2035.”

2. Identifying priorities and setting outcomes

Identifying key priorities for the alliance will be critical in maintaining momentum and planning future work. There are a number of way to approach this including:

- Mapping current tobacco work against local priorities
- Undertaking a [CLear self-assessment](#)
- Undertaking a [CLear peer assessment](#)
- Mapping current activity against [Local Government Declaration](#) commitments

Useful Resources:

[PHE JSNA support pack: Key data sources for planning effective tobacco control](#)

¹ This section is adapted from the [Tobacco Control alliances: a Toolkit for London](#) document, from page 30.

Case studies: Identifying priorities

Smoke Free Newcastle: Mapping current activity

“The alliance was established in 2004 and evolved after consideration of the evidence of effectiveness for tobacco control and a need to work in greater partnership to have improved impact on smoking prevalence levels in the city. Mapping was undertaken to identify the tobacco control action already underway in the city and any gaps in provision. The alliance is long established but is continually developing and improving to meet specific needs and priority areas.” **Judith MacMorran, Co-ordinator, Smoke Free Newcastle**

Smokefree Hertfordshire: CLear

Jim McManus, Director of Public Health said the process “pinpointed our strengths and usefully identified opportunities to consider for improvement...The review was instrumental in helping us get every NHS agency in Hertfordshire to sign up to a new NHS plan for smoking including making smoking cessation in mental health settings a priority... So CLear has done the job for us.” Hertfordshire County Council won the overall CLear award in 2015 and you can view their report here: [Hertfordshire CLear Report](#).

3. Developing a tobacco control strategy/plan

A local tobacco control strategy will help to formalise the commitment of partners and will provide strategic direction to the alliance. The process of developing a strategy should engage partners from as early on in the process as possible. Senior management support is important at every stage of developing a strategy, and regular feedback to senior colleagues to keep them updated about emerging themes and actions will help to maintain their support and position the tobacco control strategy in the context of local priorities as it develops.

For newly formed alliances, the [Local Government Declaration on Tobacco Control](#) and the [NHS Statement of Support for Tobacco Control](#) also provide a useful starting point in planning alliance work, ensuring that plans to take action to meet the commitments of the pledges are in place.

Example outline structure for tobacco control strategy

1. Overall strategic objective/vision
Example: reduce prevalence of tobacco use
2. Strategic aims/priorities
Examples: 4-week quit target, reduce health inequalities, reduce smoking in pregnancy
3. Operational objectives
Examples: prevent uptake of tobacco use, support smokers from target groups to quit, tackle illicit tobacco sales
4. Key performance indicators
Examples: Secondary school survey reported smoking prevalence, number of 4-week quitters broken down by occupational group, test purchasing success rate
5. Actions
Examples: Test purchasing, stop smoking services in community venues, communication campaigns

Examples of local alliance tobacco control strategies:

- [A Smokefree Future: A Tobacco Control Strategic Plan for Hertfordshire: 2016-2018](#)
- [Coventry's Smokefree Strategy](#)
- [The Ealing Tobacco Control Strategy](#)
- [Smokefree Camden and Islington 2016-2021](#)
- [Smokefree Devon Alliance Strategy 2012-15](#)

4. Launching & publicising the alliance

Launching the alliance publicly provides a good opportunity to:

- Publicly declare the Council's commitment to tobacco control
- Signpost the public to Stop Smoking Services
- Engage additional stakeholders with the work of the alliance.

Timing the launch to maximise coverage and use the opportunity as effectively as possible may involve waiting until a specific alliance project is complete or to tie it in with a national tobacco control event such as [No Smoking Day](#) or [World No Tobacco Day](#).

Signing the [Local Government Declaration for Tobacco Control](#) and/or the [NHS Statement of Support for Tobacco Control](#) to publicly declare support in your locality to tackling the harm caused by tobacco control can both provide a useful media opportunity both for alliances that are being set up or more established alliances who want to publicise their work and the harm caused by tobacco.

Case studies: Alliance press releases

- [Milton Keynes Alliance Launch for Stoptober](#)
- [Stockport Council: No Smoking Day](#)
- [Hertfordshire County Council: Hertfordshire's pledge to stub out smoking – NHS Statement](#)

Useful resources:

- [Local Government Declaration on Tobacco Control](#)
- [NHS Statement of Support for Tobacco Control](#)
- Please email admin@smokefreeaction.org.uk if you would like to request a quote for a press release.

Keeping going

Monitoring and evaluating

To ensure that the alliance is achieving its objectives and improving on outcomes for the community the partnership should be regularly reviewed. The process for monitoring and evaluation actually starts at the point where the partnership develops a vision, and the evaluation plan needs to develop from this early stage, alongside the agreement of outcomes, targets and actions to achieve them. There are many models for evaluation and it is worth exploring these to ensure you use a framework that is best suited to your needs.

Examples of useful models and strategies to do so include:

- [The LeaP model](#) (see page 11 on the linked document) for planning specific actions and activities

- Monitoring progress against local and national indicators
- Referencing progress against the local tobacco plan and broader priorities
- An annual alliance report setting out progress towards alliance goals (see for example: [Smokefree Devon, End of Year Report 2014-15](#))
- Setting up task and finish groups to look into and make recommendations in specific areas.

Useful resources

- Public Health England [Good practice prompts for planning comprehensive local tobacco control interventions in 2016-17](#)
- ASH holds a bank of case studies on specific projects carried out by alliances in a number of policy areas across the country – please email admin@smokefreeaction.org.uk to enquire.
- ASH local alliance briefs on [Trading Standards](#) & [Children's Services](#) include local case studies.
- The [Smoking in Pregnancy Mapping report](#) outlines work undertaken by various alliances to reduce the rates of women smoking during in pregnancy.

Case studies: Long running alliances – how has the alliance changed over time?

Smoke Free Middlesbrough

“The alliance has always had a targeted approach to tackling tobacco, with an action plan based on the key strands in the national tobacco plan. The main aim has been to reduce tobacco prevalence and target health inequalities, with prevention and enforcement work playing an equal part in the alliance. This activity is influenced by national policy and legislation as well as local priorities. The alliance has also played a key role in lobbying for change, working with partners such as Fresh North East to respond to national consultations of relevance to tobacco control.

In its early stages, the alliance focussed on identifying and raising awareness of the role of each partner in contributing to tobacco control and getting people to work together. Over time, the alliance has become more focussed on identifying gaps in provision and key problem areas and trying to find solutions to tackle them. Tackling smoking rates at time of delivery, tackling the supply of illegal tobacco and improving the engagement of the BME community with the Stop Smoking service have been some of the priority areas in recent years.

The alliance has a small budget which is used to fund work linked to the priorities. With budgetary pressures on all partners the focus is now on working smarter, targeting specific concerns identified in the clear assessment and finding innovative ways to achieve results with less resources. Greater accountability has been built into the alliance with members taking ownership of specific strands of work, providing updates at the alliance meetings and reporting progress against targets quarterly.

The alliance is constantly looking to improve, reviewing its membership and its priorities annually, taking into account national policy, regional policy, local needs and CLEAR recommendations.”

Smokefree Newcastle

“Fresh – Smoke Free North East; the UKs first tobacco control office was established not long after Smoke Free Newcastle. The local alliance shared its experience and practice within the region and has supported Fresh and its work throughout its history to ensure provision is ‘joined up’. This evidence based approach is effective and has led to large reductions in smoking across both the city and the region.

The alliance has always used an 8 strand approach to which all partners contribute. The initial focus was on the lobbying for smoke free legislation and then its implementation. Lobbying and advocacy has played a significant role in the alliance which is supported by Fresh.

The pressure to attain ‘4 week’ quits was an early pressure for stop smoking services and has been a focus within some alliance work over the years. However the overarching priority is the need to address health inequalities which is a focus within plans. National policy and legislation influence the work with the tobacco ‘end game’ becoming a new focus.

The alliance re-examines its priorities annually in line with national policy, regional policy and local needs. It is responsive to need within the clear evidence based framework it has set out.”

ⁱ Jha, et al. Social inequalities in male mortality, and in male mortality from smoking: indirect estimation from national death rates in England and Wales, Poland, and North America. Lancet, 2006.

ⁱⁱ HSCIC, [Statistics on Smoking: England, 2015](#) Health and Social Care Information Centre, 2015

ⁱⁱⁱ Goldberg D. [NYC smoking rate drops to lowest on record](#) Politico New York, 16 Sept 2015

^{iv} ASH, [Local Costs of Smoking](#), 2016

^v ASH, [Cost of smoking to social care](#), 2015

^{vi} ASH/CRUK, [Reading between the lines](#), 2016

^{vii} ASH, [Local Costs of Smoking](#), 2016

^{viii} ASH, [Local Costs of Smoking](#), 2016