Delivering a Smokefree 2030:
the role of supra-local tobacco control
Summary

The 1-minute summary

1. Regional programmes have good evidence of impact and a majority of stakeholders would welcome programmes being established across whole country.

2. The functions of a programme that experts broadly agreed on include; action on illicit tobacco, communications campaigns, making the case for tobacco control, policy and intervention development and supporting local implementation.

3. Footprints need to be determined based on local infrastructure and with consent of local government. But they must also have regard to networks important to the function of regional tobacco control such as trading standards and TV regions.

4. Fully funded programmes will require additional national resources to enable achieve full potential but regional programmes can still be effective on modest budgets.

5. Best way to establish programmes across the whole country is through national leadership driving action but must be predicated on local buy-in.

The 5-minute summary

Research purpose and approach
To understand the historical models for Regional Tobacco Control (RTC) and where the opportunities are for further development to contribute towards an overarching strategy to secure the Government's goal of a smokefree country by 2030 and reduce health inequality. ASH and University of Nottingham undertook a series of semi-structured interviews and focus groups of professionals with expertise in or influence over RTC. This was supplemented by a literature review and survey of the then Public Health England regional leads. Ideas were then tested with ADPH networks, OHID, DHSC and NHSE.

What is the current regional infrastructure?
There is inconsistency in how tobacco control is undertaken regionally despite evidence for the impact of regional programmes on speeding reductions in smoking. Some areas had almost no infrastructure beyond the networks supported by PHE/ OHID while others had long established and impactful programmes.

What do functions should effective regional models have?

- **Illicit tobacco:** Tackling illicit tobacco requires shared approach across local government boundaries and involving wider enforcement organisations. There is existing infrastructure in the 9 Trading Standards regional offices which can facilitate working and models from the

North East and elsewhere show enforcement collaboration combined with communications campaigns can have effect at scale.

- **Communications and campaigns:** Communications and mass marketing can be best done at scale benefiting from economies of scale and mapping on to radio and TV regions while being able to tailor approaches regional and connect in more effectively with local communications activity.

- **Making the case for effective tobacco control:** The independent and authoritative role which regional programmes played was valued. Programmes staffed by topic experts and benefiting from independence from any one institution are able to make a strong case for impactful policy action.

- **Policy and intervention development:** A team of topic experts to support development of effective policy and interventions on a 'do once and do well' basis.

- **Facilitating and developing local approaches:** Regional programmes have played an important role in supporting local implementation and sharing practice across areas enabling better local implementation.

In addition to these functions there were other wider characteristics seen as important to facilitate an effective regional programme. These included having a team with strong expertise in tobacco control, the ability and mandate to build meaningful and agile relationships with local and national partners and a dedicated and distinctive programme of work on tobacco that was able to link creatively with the wider health agenda.

What footprint should it operate on?

There was no consensus on what footprint a model was most optimal. Since the closure of regional Government Offices, the expansion of devolved city regions and the evolution of the NHS infrastructure areas can look very different from each other. Regional footprints need to be responsive to this variation while noting the importance of the following footprints:

- ADPH networks
- Trading standards networks
- TV regions
- City regions
- ICS footprints
- OHID regions

What would a regional model cost?

Based on highest historical levels of funding for North East programme a regional programme for a population of 5 million would need:

Activity	Spend
Illicit tobacco programme	£500,000
Data analysis and evaluation	£400,000
Policy development	£250,000
Staffing	£1,000,000
Total	**£2,120,000**

An additional 2.3 million would be needed for best practice behaviour change campaigns – however this would vary depending on national spend. A regional communications function is, however, critical for success of the programme.

It is evident that regional programmes can still have impact with smaller budgets. The Yorkshire and Humber programme with a minimal budget has been able to deliver on many of the functions identified as important though engagement in some of the most impactful activity such as mass media has been limited.

How should programmes be initiated where they don't exist?
There was no single view on how programmes should be instigated in areas where they currently don't run – though a majority support areas without a programme having one.

Given the importance of determining a programme on a footprint that makes sense to those within it and the centrality of building partnerships across many different stakeholders an approach that secures local consent will be important. This will be best achieved through the role of a trusted regional convener such as RDPH

However, national leadership and additional funding is a likely pre-requisite for establishment of programmes and securing that they have the functions, expertise and mandate that matches the evidence for what will be effective.