



Western Cheshire
Your partner for longer healthier lives

Western Cheshire Tobacco Control Alliance Strategy

Version	Final
Ratified By	Western Cheshire Tobacco Control Alliance
Date Ratified	17th March 2009
Author(s)	Alison Paul, Julie Webster
Responsible Committee / Officers	Western Cheshire Tobacco Control Alliance
Date Issue	March 2009
Review Date	March 2010 or before
Intended Audience	Partners and colleagues working in Tobacco Control
Impact Assessed	Completed

Further information about this document:

Document name	
Category of Document in The Policy Schedule	
Author(s) Contact(s) for further information about this document	<p>Alison Paul Tobacco Control Alliance Coordinator 01244 650430 Alison.Paul@wcheshirepct.nhs.uk</p> <p>Julie Webster Associate Director of Public Health Telephone: 01244 650232 Email: Julie.Webster@wcheshirepct.nhs.uk</p>
This document should be read in conjunction with	
Published by	<p>Western Cheshire Primary Care Trust 1829 Building Countess of Chester Health Park Liverpool Road Chester, CH2 1HJ Main Telephone Number: 0800 132 966 (Freephone) Main Email Address: feedback@wcheshirepct.nhs.uk</p>
Copies of this document are available from	<p>Extranet: www.wcheshirepct.nhs.uk Website: www.wcheshirepct.nhs.uk Alison Paul Tobacco Control Alliance Coordinator</p>
Copyright © Western Cheshire Primary Care Trust, 2007. All Rights Reserved	

Version Control:

Version History:		
Version Number	Reviewing Committee / Officer	Date
Draft Version 1	Tobacco Control Alliance	21/11/08
	<i>Please note this strategy is subject to review to reflect new National Tobacco Control strategy due to be published in the New Year and other policy guidance. It may also need amendment subject to the views of Cheshire West and Chester Local Authority.</i>	
Final	Tobacco Control Alliance	17/03/09

This document can be made available in a range of alternative formats including various languages, large print, Braille and audio cassette. To discuss your requirements please ring 01244 650368

Nëse keni pyetje ose komente në lidhje me këtë informacion ose dëshironi t'a keni atë të përkthyer në gjuhën tuaj, ju lutemi telefononi në 01244 650368. Ju lutemi thoni emrin e gjuhës tuaj tre herë, së bashku me numrin tuaj telefonik. Ne do të marrim masa që një përkthyes përmes telefonit t'ju telefonojë juve.

Albanian

إن كان يوجد لديك أي أسئلة أو ملاحظات حول هذه المعلومات أو إذا أردت ترجمة لها في لغتك الخاصة، يرجى الاتصال بالرقم 01244 650368. نرجو أن تعطي أسم لغتك ثلاثة مرات سوياً مع رقم هاتفك. سوف نقوم بعد ذلك بالطلب من مترجم ليعيد الاتصال بك.

Arabic

আপনার যদি এই তথ্য সম্পর্কে কোন প্রশ্ন অথবা অভিমত থাকে অথবা সেটা যদি আপনার মাতৃভাষায় অনুবাদ করানো চান তাহলে অনুগ্রহ করে 01244 650368 নম্বরে টেলিফোন করুন। আপনার টেলিফোন নম্বর বলুন ও আপনার ভাষার নাম তিনবার অনুগ্রহ করে বলুন। আপনাকে পুনরায় ফোন বা কল ব্যাক করার জন্যে আমরা একজন দোভাষীর ব্যবস্থা করবো।

Bengali

如果你對本資訊有任何疑問或意見，或者你希望將它翻譯成你的母語版本，請致電 01244 650368。請在電話中說明你所需的語言，以及你的電話號碼（請重複表述三次）。我們會在回復你的電話時安排電話口譯服務。

Cantonese

જો તમને આ માહિતી વિષે કોઈ પ્રશ્નો અથવા ટીકા-ટિપ્પણો હોય અથવા તમારી પોતાની ભાષામાં તેનો તરજૂમો કરવામાં આવે તેવી ઈચ્છા હોય તો, કૃપા કરી 01244 650368 ઉપર ટેલિફોન કરો. કૃપા કરી તમારી ભાષાનું નામ ત્રણ વખત જણાવી, તેની સાથે તમારો ટેલિફોન નંબર આપશો. અમે ટેલિફોન ઈન્ટરપ્રિટર સાથે તમને વળતો જવાબ આપવાની ગોઠવણ કરીશું.

Gujarati

就这一信息如果你有任何疑问或者看法，或者你希望将它翻译成你的母语版本，请致电 01244 650368。请在电话中说明你需要的语言，以及你的电话号码（请重复表述三次）。我们会在回复你的电话时安排电话口译服务。

Mandarin

Jeżeli masz jakieś pytania lub komentarze dotyczące tych informacji lub potrzebujesz otrzymać je przetłumaczone na własny język, prosimy o zatelefonowanie pod numer: 01244 650368. Prosimy o trzykrotne wypowiedzenie nazwy swojego języka oraz podanie numeru telefonu. Zamówimy tłumacza, który do Ciebie oddzwoni.

Polish

ਜੇਕਰ ਇਸ ਜਾਣਕਾਰੀ ਦੇ ਬਾਰੇ ਤੁਹਾਡੇ ਕੋਈ ਸੁਆਲ ਹਨ ਜਾਂ ਕੋਈ ਟਿੱਪਣੀ ਹੈ ਜਾਂ ਤੁਸੀਂ ਇਸ ਦਾ ਤਰਜਮਾ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਕਰਵਾਉਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 01244 650368 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ। ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੀ ਭਾਸ਼ਾ ਦਾ ਨਾਂ ਆਪਣੇ ਟੈਲੀਫੋਨ ਨੰਬਰ ਦੇ ਨਾਲ ਤਿੰਨ ਵਾਰ ਲਵੋ। ਅਸੀਂ ਟੈਲੀਫੋਨ ਦੁਆਰਾ ਵੱਲੋਂ ਤੁਹਾਨੂੰ ਫੋਨ ਕਰਵਾਉਣ ਦੀ ਵਿਵਸਥਾ ਕਰਾਂਗੇ।

Punjabi

اگر اس معلومات سے متعلق آپ کے سوالات ہیں یا آپ کی کوئی رائے ہے یا آپ اس کا اپنی زبان میں ترجمہ کروانا چاہتے ہیں تو براہ کرم ہمیں 01244 650368 پر ٹیلی فون کریں۔ اپنی زبان کا نام اپنے ٹیلی فون نمبر کے ساتھ تین بار کہیں۔ ہم ٹیلی فون مترجم کے ذریعہ آپ کو ٹیلی فون کروانے کا انتظام کریں گے۔

Urdu

Contents

	PAGE
Part One	
1 Introduction	3
2 Our Vision	5
3 Aims	5
4 Objectives	5
5 Governing principles of the Alliance	6
Part Two	
6 Priority One: Reducing smoking rates and health inequalities caused by smoking by making it easier to stop	7
7 Priority Two: Reducing smuggled tobacco in our communities and the availability of tobacco to underage consumers.	7
8 Priority Three: Protecting children and young people from smoking and normalising a smokefree lifestyle.	8
9 Priority Four: Leading by Example: Normalising a Smokefree Lifestyle	9
10 Priority Five: Supporting smokers to quit and finding ways to make services attractive to people who may not think they can quit.	10
11 Priority Six: Marketing and Communication	10
APPENDICES	
A Partners for local tobacco control activity	12
B Proposed Western Cheshire Tobacco Control Alliance Structure	14
C Incidence and prevalence of smoking in Western Cheshire	15
D Monitoring and Evaluation – Targets and Deliverables	17
E Bibliography	18

The following terms are used in this document

[Redacted]	
[Redacted]	

PART ONE

1. Introduction

Smoking is the largest preventable cause of premature death in this country. Half of those who smoke will die from a smoking related disease. The negative health impacts of regular exposure to secondhand smoke have now also been established. Smoking and secondhand smoke have serious health, social and financial costs to individuals and society as a whole. Yet smoking remains commonplace, particularly amongst the most disadvantaged sections of our society. One in four of the adult population in Western Cheshire smoke, but in some areas it can be as high as two adults for every five. In Ellesmere Port the rate of deaths due to lung cancer, where smoking is known to be directly related, is higher than the national average. The North West has with the North East the highest rate of smokers within England, and the second highest rate of smoking attributable mortality, with the North East having the highest rate.

The Western Cheshire Tobacco Control Alliance has been established to provide a means of working in partnership with others to effectively address the range of factors which influence the availability and attractiveness of smoking in our community. Appendix A details the Tobacco Control Alliance members.

The hexagon diagram below is recommended by the Tobacco Control National Support Team as a holistic model of tobacco control for partners to work towards at a local level. Appendix B illustrates the local interpretation of the model.



Smoking is part of the United Kingdom's culture, especially for some communities and groups of people and it is a challenge to change. However the implementation of the smokefree legislation introduced in England in 2007 shows that change is possible. One year on from the Health Act ending smoking in enclosed public places, it was reported that:

- Compliance with smokefree legislation has been consistently high from day one i.e. 98% of all premises and vehicles inspected between July 2007 and March 2008 were smokefree and complying with the requirements of the law.
- The general public and businesses support smokefree law and have quickly adapted to its requirements e.g. 76% of people support smokefree law in workplaces and public places and 70% of people consider that creating smokefree environments has had a positive effect on the health of people in England.
- Air quality in pubs has improved dramatically and is comparable to outdoor air and bar workers' exposure to secondhand smoke has been vastly reduced.
- Local NHS Stop Smoking Services have experienced over 20% increased demand as smokers have benefited from the more supportive environment to quit smoking.

The legislation has been a success however it is necessary to keep the momentum to engender the cultural change that is needed to reduce the prevalence of smoking in our communities.

In addition to communicating health messages we need to do more. This strategy below highlights our priority areas which are:

- 1: Reducing smoking rates and health inequalities caused by smoking
- 2: Reducing smuggled tobacco in our communities
- 3: Protecting children and young people from smoking
- 4: Leading the smokefree agenda by example
- 5: Supporting smokers to quit and finding ways to make services attractive to people who may not think they can quit.
- 6: Marketing and Communications

2. Vision

Our vision is that by 2012

- We will have reduced smoking prevalence for all of our adult population to below that of England.
- Populations and communities where smoking is highest will be given greater opportunity to stop smoking and supporting structures.
- Fewer young people in Western Cheshire will be tempted to start or try smoking.
- All smokers who wish to quit will know exactly where to access appropriate support.
- The support offered to smokers will be appropriate and accessible to all who wish to quit in Western Cheshire, including minority communities, young and old, the housebound, those with learning disabilities, physical disabilities, or mental health problems.
- Workplaces that need support for their workforce regarding smoking cessation or their smokefree policies will be supported.
- Residents across Western Cheshire will understand the importance of keeping their own homes smokefree and that this will be seen as the norm.
- The NHS and local Council will fulfil their role as 'exemplars' with regards to smoking policies.
- A range of partners across Western Cheshire will have a full understanding of the extent of the impact of smoking on health and health inequalities in Western Cheshire and be committed and active in making their own contribution to reducing its impact.

3. Aim

The aim of this strategy is to significantly improve health and reduce health inequalities in Western Cheshire. In the longer term we aim to reduce the incidence of smoking related diseases in our communities. We will do this by bringing together a range of stakeholders to strengthen collaboration on tobacco control measures.

4. Objectives

The Western Cheshire Tobacco Control Alliance's objectives are:

- To reduce the prevalence of smoking within our adult population especially in our routine and manual groups and ultimately areas of greatest deprivation.

- To reduce the numbers of children and young people smoking
- To increase awareness of the dangers of exposure to tobacco smoke in particular to the young and vulnerable.
- To reduce the availability of smuggled tobacco in our communities.
- To ensure that the public sector in Western Cheshire leads by example in the field for our staff and patients/customers/clients.
- To support smokers to quit and find ways to make services attractive to people who may not think they can quit.
- To effectively market and communicate our messages.

5. Governing Principles

Following the recommendations of the Ten High Impact Change Document the governing principles of the Alliance will be to:

- Work in partnership
- Gather and use the full range of data to inform tobacco control
- Use tobacco control to tackle health inequalities
- Deliver consistent, coherent and coordinated communication
- Provide an integrated stop smoking approach
- Build and sustain capacity in tobacco control
- Tackle cheap and illicit tobacco
- Influence change through advocacy
- Help young people to be tobacco free
- Maintain and promote smokefree environments

These principles will inform the commissioning and planning of services and how we communicate and market our messages. Part two of the document outlines the work needed by the Alliance for each of the priority areas outlined in point one.

PART TWO

6. PRIORITY ONE:

Reducing smoking rates and health inequalities caused by smoking by making it easier to stop.

The Target Audience: All smokers.

Compared to the rest of the country smoking prevalence is high in the North West and not surprisingly smoking relating illness and death are higher than the national average too. Reducing the prevalence of smoking in Western Cheshire is crucial and the Alliance supports the Smokefree Northwest proposal to reduce smoking prevalence to 5% by 2030. Stopping smoking although not curing health inequalities is the strongest action we have to improve the health of our population.

The Alliance will lobby the Government to support these prevalence rates. The Alliance understands that several approaches are useful to reach this end goal. Increasing the price of tobacco discourages some smokers from smoking and can be a motivator to stop. Therefore the availability of smuggled tobacco undercuts this policy because cheap illicit tobacco is then available. The Alliance supports strengthening resources and partnership working to tackle smuggled tobacco in our community so that the government's taxation policy is not compromised.

The Alliance also recognises that higher taxation on tobacco can increase poverty for those who buy legal cigarettes, are very addicted and have limited income. The Alliance supports exploring other options to support these members of the community for example financial advice, tobacco reduction programmes, and more intensive stop smoking support.

The Alliance also recognises that given the finite nature of resources, efforts need to be targeted towards helping smokers from routine and manual groups where the rate of smoking is highest. Ultimately by reducing smoking rates in this group we are more likely to make the biggest difference to our overall smoking cessation rates.

7. PRIORITY TWO:

Reducing smuggled tobacco in our communities and the availability of tobacco to underage consumers.

Target audience : All smokers.

Cheap smuggled tobacco undercuts the national taxation policy, is illegal and is linked to funding serious, organised crime such as human trafficking and drugs. Working together in partnership will be our most effective way of tackling this problem. Smuggled tobacco is more accessible in areas of deprivation and support

the cycle of ill health and poverty. Central to the Alliance objectives is to reduce smuggling in our communities.

The Alliance commits to working together and providing the public with safe means to share information with the authorities about the availability of smuggled tobacco. The Alliance also recognises that smuggled tobacco can have a Robin Hood image ie that buying it is not doing any harm apart from reducing the Chancellor of the Exchequer's tax revenue. This image can mask the reality of the crime. The Alliance commits to helping the public make informed choices.

The Alliance will also encourage the Government to lead on this through their marketing strategy and show examples of how smuggled tobacco links to organised crime and other crime such as drug and human trafficking.

The Alliance is committed to working in partnership to make a difference in this area.

Key organisations that work in this field include customs and excise, trading standards, police, health practitioners, the local stop smoking service, the local community, local business, fire and rescue, environmental health and together we can create solid approach to tackling this issue. Key to the partnership will be creating local intelligence and a full range of information about smuggling activity and its effect on the community. The Alliance will also enable agencies to be clear about our communication with the public through effective and consistent messages to be shared across the whole Alliance. The coordinated advocacy, communication and marketing plan will be overseen by the Tobacco Control Alliance Strategy Group.

In October 2007 raising the age of sale from 16 to 18 years old. As with the smokefree legislation which came into force from July 2007 supporting those responsible for ensuring that the law is enforced is also part of the work of the Tobacco Control Alliance. Not only do we need to prevent underage sales in shops we also need to ensure that children and young people do not access tobacco through other means such as vending machines and smuggled tobacco sources.

8: PRIORITY THREE:

Protecting children and young people from smoking and normalising a smokefree lifestyle.

Target Age group: Children and Young People

The Alliance supports initiatives to help stop children and young people from starting to smoke and to find ways to help them stop as soon as possible if they have started. Starting young can lead to a lifetime of tobacco addiction and a three times increased likelihood of dying young due to their smoking behaviour. Currently one in seven fifteen year olds is a regular smoker and one in six mothers smoke throughout pregnancy. Millions of children and young people are exposed to tobacco smoke in homes and cars everyday. (Beyond Smoking Kills)

The Alliance supports Government action to tackle this agenda especially with marketing. The Alliance will explore initiatives to improve knowledge and understanding about this issue locally. Empowering children to make informed choice will be central to the approach. The Alliance especially supports encouraging the young to be advocates on this subject, and will pursue local initiatives to support our children and young people to be involved.

Smokefree Homes and Cars are messages needed in our community to protect children, young people and babies and infants.

The Alliance supports initiatives to bolster the knowledge and understanding in the community for our population to make informed choices.

The Alliance also support efforts to make it easier for pregnant women to stop smoking and continue to stop smoking after the birth of their baby. Programmes of support also need to provide support and guidance for partners and the rest of the family.

9: PRIORITY FOUR:

Leading by Example: Normalising a Smokefree Lifestyle.

Target Age Group: Local Populations

Smokefree Legislation has made public places smoke free. It is important that the public sector leads by example, showing to others the best of policy and implementation of policy.

In addition to smokefree legislation the Department of Health guidelines recommended that the NHS be smokefree. The Alliance fully supports the smokefree message in the NHS and other public sector areas. The Alliance understands the irony of allowing smoking in areas, especially health associated environments, when it is known to do so much harm to health and cause so many illnesses. The Alliance also understands the complexity of smoking, and how for a smoker at times of stress, they may turn to smoking such as if they have become a patient or are visiting a loved one. The Alliance commits to a Smokefree Countess of Chester Health Park and Ellesmere Port Hospital site supported with systems such as stop smoking support, availability of nicotine replacement therapy and other initiatives to support the policy. This project will be supported by our marketing and communication strategy. The Alliance supports the commitment to leading by example and promoting smokefree areas in health areas.

All public sector organisations within Western Cheshire area will also ensure that their policies, and the implementation of policy, is consistent with the smokefree agenda. Maintaining and promoting smokefree environments in the public sector will illustrate to our neighbours, businesses, and general public that we have a consistent approach to this agenda.

10. PRIORITY FIVE:

Supporting smokers to quit and finding ways to make services attractive to people who may not think they can quit.

Target Age Group: All smokers

The Alliance strongly supports the work of the local stop smoking service and the help they can give to people wanting to stop smoking.

The local stop smoking service in Western Cheshire has expanded in size and is structured in a way to support the policy areas of the Alliance, e.g. there is now staff within the service with a remit for secondary care, mental health, young people, maternity, community and business.

The Alliance seeks to support the success of the stop smoking service in:

- Developing a robust smoking cessation and abstinence support system at the Countess of Chester and Ellesmere Port Hospitals.
- The development of effective referrals to the local stop smoking service for pregnant women who smoke and referral into the service after delivery. Parents and other member of the family will also be asked to be smokefree around their baby and children.
- Mental Health Services – ensuring that more people with mental health problems, who traditionally do not access stop smoking support are able to within their patient pathway.
- Community and Workplaces - enabling our target groups, especially routine and manual workers, easy access to services.
- Children and Young People – developing a children and young people friendly referral system.
- To explore alternatives to delivery to appeal to our hard to reach audiences such as routine and manual workers, young people and pregnant women.
- To support a quality, trained and funded service.

9 PRIORITY SIX:

Marketing and Communication.

Target Age Group: Western Cheshire population

The Alliance seeks to take advantage of government campaigns and developments led by Government Office North West. Locally all initiatives will follow these themes. This will create a consistent, coherent and coordinated communication campaign.

APPENDICES

Appendix A

Partners for local tobacco control activity

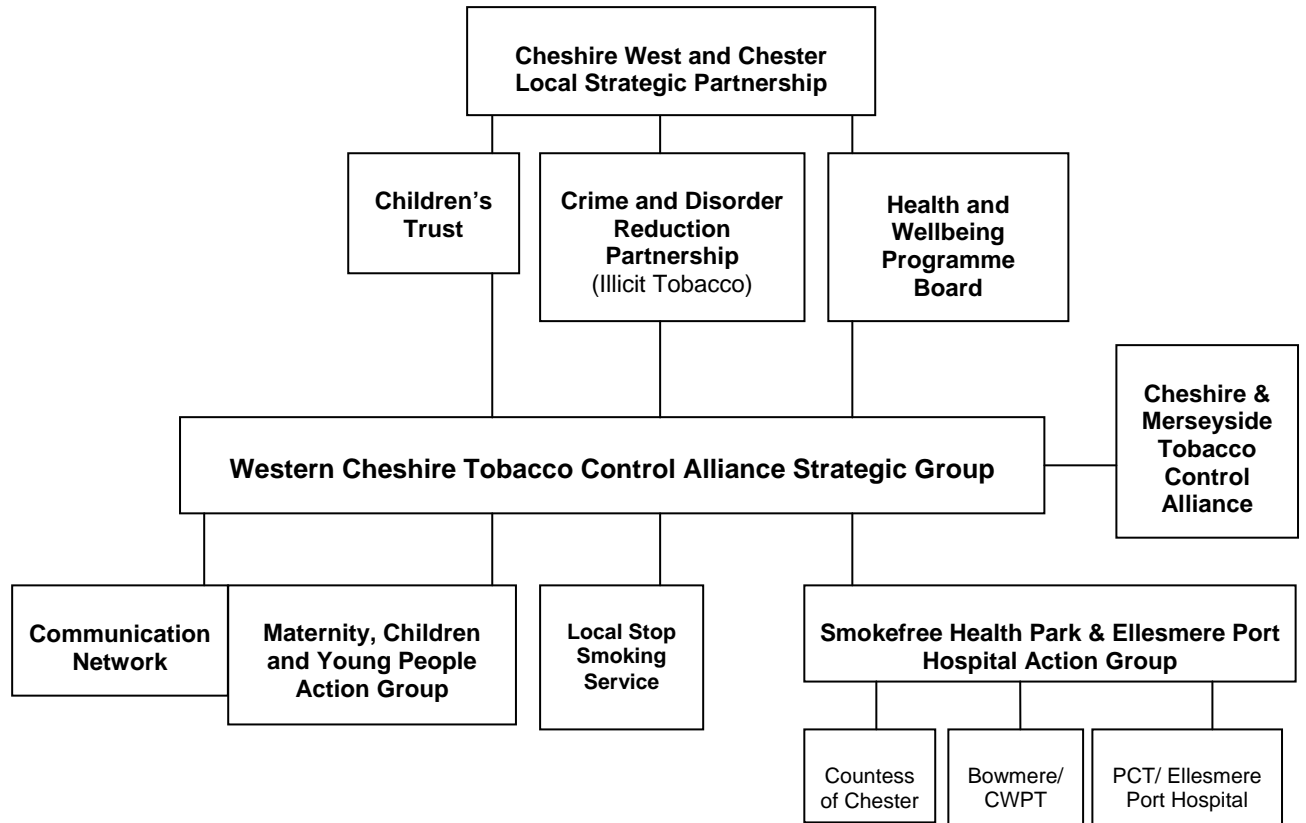
The High Impact Changes document highlights the importance of effective partnerships. These are some of the agencies, groups and individuals that could provide support:

- Health promotion units
- Health and Safety representatives from the Local Authority
- Health professionals
- Respiratory specialists
- Cancer specialists
- Midwives – both hospital and community based
- Health visitors
- Pharmacists
- School nurses
- Dentists
- Primary Care Trust patient panels
- Local Authority Public Health Department
- Trading Standards
- Environmental Health Officers
- HM Revenue and Customs
- Council members
- Leisure and Children's Services
- Council housing and planning departments
- Council community health and social care departments
- Education Department at County Council
- Individual city councillors
- Business leaders
- Chamber of Commerce

- Small business associations
- Hospitality sector representatives
- Lawyers
- Economists
- Business Link
- TUC/individual unions
- Schools and further education colleges
- Healthy School schemes
- Sure Start
- Teachers
- Students
- Parents' organisations
- Youth clubs
- The media
- Non-governmental organisations
- Women's and children's groups
- Environmental groups
- Consumer organisations
- Regional Tobacco Policy Managers
- Department of Health
- Children's Centres

Appendix B

Proposed Western Cheshire Tobacco Control Alliance Structure



Appendix C

Incidence and prevalence of smoking in Western Cheshire

The October 2008 Joint Strategic Needs Assessment in Cheshire and West found that smoking prevalence varies considerably across Western Cheshire, for example, Ellesmere Port and Neston has an estimated smoking prevalence of 24.7%, Chester 20% and Vale Royal 19.4%. High smoking prevalence is associated areas of higher socio-economic deprivation, such as, Ellesmere Port, Blacon, Lache, parts of Winsford and Northwich. (1)

According to registers of General Practitioners in Western Cheshire Primary Care Trust (Graphnet Practices only), around 24.5% of Western Cheshire residents smoke with marked differences between different parts of Western Cheshire. According to this information 42% and 34% of registered patients in the most deprived and second most deprived quintiles smoke compared to 15% in the least deprived. This means that nearly half of West Cheshire smokers live in quintile 1 and 2 where only 30% of our population live. The percentage of people smoking is also higher in younger age groups with 64% of our smokers aged under 50 years.

In the Western Cheshire Primary Care Trust area 13.1% of women were smoking at the time of delivery between April 2007 and March 2008. The percentage of women smoking at the time of delivery has been showing a downward trend since 2005/06. The target for 2010 was met in 2007/08. However reviewing 2003/05 data, 40% of pregnant women in the most deprived areas were smoking at the first appointment compared to less than 5% in the least deprived areas. Similarly over 40% of teenage mothers were smoking at their antenatal appointment compared to 11% of mothers aged 30 and over.

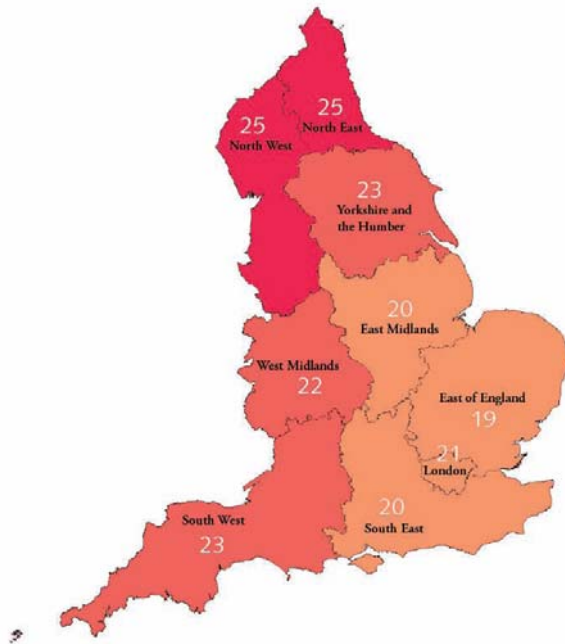
However according to the Consultation into the Future of Tobacco Control the North West and North East are the areas in England with the highest smoking prevalence rate in England. This in turn affects the levels of smoking related deaths.

(1) Joint Strategic Needs Assessment, Chester and Cheshire West, Lifestyles and Risk factors, October 2008,
http://www.wcheshirepct.nhs.uk/default.asp?page=Joint_Strategic_Needs_Assessment/LIFE%20STYLE%20AND%20RISK%20FACTORS.asp

(2) *Consultation on the future of tobacco control, May 2008*

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085114

Cigarette smoking prevalence (%) by Government Office Region in England, 20062 (Consultation into the future of Tobacco Control May 2008) (2)



To summarise in Cheshire and West :

- Smoking remains the main cause of preventable morbidity and premature death; it is the primary reason for the gap in healthy life expectancy between rich and poor.
- Smoking prevalence varies considerably across Western Cheshire. High smoking prevalence is associated areas of higher socio-economic deprivation, such as, Ellesmere Port, Blacon, Lache, parts of Winsford and Northwich.
- Routine and manual workers constitute around half of all smoking adults, making them a priority group for action.
- National evidence suggests that most of the estimated 60,000 smokers in Western Cheshire are likely to want to give up and that smoking cessation programmes significantly aid abstinence.

Appendix D

Monitoring and Evaluation - Targets and deliverables

Smoking Prevalence

Public Service Agreement (PSA) objective to reduce adult (16+) smoking rates to 21% or less by 2010, with a reduction in prevalence among routine and manual groups to 26% or less.

Four Week Quit Targets

2008/2009 target is 1815 four week quitters

2009/2010 target is 1766 four week quitters

2010/2011 target is 1623 four week quitters

Smoking and Pregnancy Target:

The NHS Priorities and Planning Framework contains a target of delivering a one percentage point reduction per year in the proportion of women continuing to smoke throughout pregnancy from 23% to 18% by 2005 and 15% by 2010.

Appendix E

Bibliography

Consultation on the future of tobacco control, May 2008

http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidancedh_085114

Locally partners met on the 3rd September 2008 to discuss the consultation document and to develop a response to submit to the DOH. Views have been incorporated into this strategic document and the action plan.

North of England Cheap and Illicit Tobacco Health Action Plan, June 2008

<http://www.smokefreenorthwest.org.uk/uploads/documents/Illicit%20tobacco%20action%20plan/north%20of%20england%20cheap%20and%20illicit%20tobacco%20draft%20health%20action%20plan.pdf>

Excellence in Tobacco Control: 10 high impact changes to achieve tobacco control, May 2008

http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_084847

NICE Public Health Guidance

Preventing the uptake of smoking by children and young people, July 2008

<http://www.nice.org.uk/guidance/ph14>

Joint Strategic Needs Assessment, Chester and Cheshire West, Lifestyles and Risk factors, October 2008

http://www.wcheshirepct.nhs.uk/default.asp?page=joint_strategic_needs_assessment/life%20style%20and%20risk%20factors.asp

Smokefree England – One Year On, July 2008

http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_085811

Beyond Smoking Kills

http://www.ash.org.uk/files/documents/ash_691.pdf