Ealing Tobacco Control Strategy
2013-2016

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**Why do we need a Tobacco Control Strategy?**

Tobacco control is an internationally recognised, evidence-based approach to tackling the harm caused by tobacco. Comprehensive tobacco control is more than just providing local stop smoking services or enforcing smokefree legislation, it’s about reducing the burden of disease, disability and death related to tobacco use. This can be done through developing a comprehensive, multi-stranded, multi-agency approach as reflected in the Tobacco Control National Support Training (NST’s) hexagon model of integrated local tobacco control (Figure 1).

![Hexagon Model of Integrated Local Tobacco Control](source: Department of Health)

The Tobacco Control Strategy sets out our local joint strategic plans to reduce tobacco use over the next 3 years. This strategy represents an evidence-based approach to tackling this very significant public health challenge at both national and local level. The Ealing Tobacco Control Alliance is committed to the joint development of a coordinated and strategic approach to reducing smoking prevalence and tobacco use in line with national aspirations. The achievement of stop smoking targets remains a key priority for us as well as enforcement of smoke free legislation, under age sales, illegal tobacco and tackling Shisha which also addressed in other Council Plans.
National Context

Smoking is the primary cause of preventable illness and premature death, accounting for approximately 100,000 deaths a year in the United Kingdom. Smoking harms nearly every organ of the body and dramatically reduces both quality of life and life expectancy. Smoking causes lung cancer, respiratory disease and heart disease as well as numerous other cancers in the body including the lips, mouth, throat, bladder, kidney, stomach, liver and cervix. The 2010 US Surgeon General report, ‘How Tobacco Smoke Causes Disease’, concludes that “there is no risk-free level of exposure to tobacco smoke, and there is no safe tobacco product.”

About half of all lifelong smokers will die prematurely, losing on average about 10 years of life. Smoking kills more people each year than the following preventable causes of death combined: [figures for England except HIV which is for UK and traffic accidents for Great Britain]

- obesity (34,100)
- alcohol (6,669)
- road traffic accidents (1,850)
- illegal drugs (1,605)
- HIV infection (504)

The Coalition Government’s “Healthy Lives and Healthy People” plan for reducing tobacco smoking prevalence in England was published in March 2011. This report presents the role of local tobacco control alliances as central to reducing smoking prevalence, emphasises the role of local authorities in leading these alliances, and sets out suggested areas of work.

In March 2011 the Coalition Government launched a new tobacco control plan for England. This includes:

1. **Reduce smoking prevalence among adults in England:** To reduce adult (aged 18 or over) smoking prevalence to 18.5 per cent or less by the end of 2015, meaning around 210,000 fewer smokers a year.

2. **Reduce smoking prevalence among young people in England:** To reduce rates of regular smoking among 15 year olds to 12 per cent or less by the end of 2015.

3. **Reduce smoking during pregnancy in England:** To reduce rates of smoking throughout pregnancy to 11 per cent or less by the end of 2015 (measured at time of giving birth).

Since the structural changes to the NHS in England came into effect in April 2013, the responsibility for managing and delivering stop smoking services has shifted to local government. Local authorities are now expected to provide and measure the performance of local cessation programmes within their area against smoking prevalence indicators set out in the Public Health Outcomes Framework.

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1. ASH Fact Sheet on Smoking Statistics - Illness and death
2. ASH Fact Sheet on Smoking Statistics - Illness and death

TACKLING TOBACCO IN EALING

Vision, Aims and Objectives

Vision

A smoke-free Ealing through reducing the harmful effects of tobacco and protecting health across the population

AIM:
To reduce the prevalence of tobacco use and reduce health inequalities associated with smoking in Ealing.

The Ealing Tobacco Control Alliance will achieve the above by working in partnership, supporting the work of Smokefree Ealing, and by seeking to de-normalise the use of tobacco.

OBJECTIVES:

The overall objectives of tobacco control strategy are:

1. To reduce the negative impact of tobacco use on the lives of residents in the borough of Ealing.

2. By reducing tobacco use, reduce health inequalities in the Borough.

3. To reduce smoking prevalence by 1.5% between 2013 and 2016 measured through GP patient records and the Integrated Household Survey

4. Deliver savings of nearly £6.3 million to the local economy by the end of 2016 by reducing tobacco use. For example, cost to the NHS, loss of productivity, fire damage and litter. (1.5% reduction means 4,026 fewer smokers based on the over 18 population of 268,422)

5. To bring together stakeholders to drive forward the tobacco control agenda in Ealing

6. Support smokers to quit through Smokefree Ealing, with targeted interventions assisting smokers in vulnerable groups

This strategy sets out a range of actions across the following themes:

• **Prevention** - creating an environment where Ealing residents choose not to use tobacco.

• **Protection** – protecting people from the harmful effects of tobacco use.

• **Cessation** – helping people to quit smoking.
Tobacco Control Priorities for Ealing

The Ealing Tobacco Control Strategy reflects the national strategy, focussing on activities that can be most effectively delivered on a local level, underpinned by local analysis and good practice.

The key areas of work will be:
1. Implementing and enforcing legislation to control the sale and use of tobacco.
2. Protecting families and communities from tobacco related harm.
3. Preventing the uptake of smoking by young people.
4. Increasing uptake of smoking cessation services.
5. Communications plan.

Tobacco Control Alliance

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 Tobacco Control Alliance in Ealing brings together stakeholders from a number of agencies addressing tobacco control, smoking prevention and smoking cessation. The Alliance monitors and develops the implementation of the Ealing Tobacco Control Strategy and annual action plans in line with local, regional and national policy. The Alliance meets every quarter and is accountable to the Health and Wellbeing Board.

Alliance members include:
- Trading Standards
- Environmental Health
- Public Health
- NHS including representatives such as Mental Health and Respiratory Services
- Stop Smoking Service
- Schools or Education Representatives
- Fire Services
- Youth & Connexions
- Locally Elected Members
- Housing
- Voluntary services
The Impact of Smoking

Prevalence of Smoking, Preventable deaths and Inequalities

- Smoking is the single greatest cause of illness and premature deaths in the UK.
- Every year, over 100,000 smokers in the UK die from smoking related causes.
- Smoking accounts for over one-third of respiratory deaths, over one-quarter of cancer deaths, and about one-seventh of cardiovascular disease deaths.
- There are about 52,800 smokers in Ealing aged >18 years.
- In Ealing, the rate of smoking related deaths at 184 per 100,000 population is significantly better than the England average of 210 deaths per 100,000 population.
- In Ealing the total annual cost of smoking is £18.5 million, which can be broken down as: NHS costs: £11.7 million, costs to business (productivity losses): £6.6 million and Passive smoking costs: £184 thousand (adults: £130 thousand and children: £53 thousand).³

Ealing's smoking prevalence has increased from 19.2 % in 2010 to 20.1% in 2012. The population of adults aged over 18 in Ealing is 250,000, which makes the estimated number of smokers in Ealing to 52,800. Smoking in the routine and manual labour group was 20.9%, which is lower than the England average (30.3%).⁴ Ward level data is not available and the smallest geography for estimates available is at the level of Middle Layer Super Output Areas (MSOAs).

The distribution of smokers sees the highest rates in Northolt West End (31%), Northolt Mandeville (28%) and Greenford Broadway (24%) in the West and East Acton (23%) in the east of Ealing show significant high levels of smoking prevalence.

The lowest levels of smokers are based in Lady Margaret (12%) North Greenford (12%) and Southall Broadway (13%). There are many more smokers among the most disadvantaged in the population. Smoking is a significant health inequality issue and this is reflected in the population as a whole.

³ [http://www.nice.org.uk/usingguidance/implementationtools/returnoninvesment/TobaccoROITool.jsp](http://www.nice.org.uk/usingguidance/implementationtools/returnoninvesment/TobaccoROITool.jsp)

⁴ Tobacco Control Profiles-2013 [http://www.tobaccoprofiles.info/tobacco-control#gid/1000110/par/E12000007/ati/102/page/0](http://www.tobaccoprofiles.info/tobacco-control#gid/1000110/par/E12000007/ati/102/page/0)
Health inequalities remain a significant challenge in Ealing and this is most starkly demonstrated in terms of healthy life expectancy. From the 2001 Census, male healthy life expectancy at birth ranged from 78 years in the least deprived quintile to 63 in the most deprived quintile – a difference of 15 years. For females, the equivalent figures were 77 and 65 years respectively – a difference of 12 years. The prevalence of smoking varies markedly between socio-economic groups. People in deprived areas are not only more likely to take up smoking, but generally start younger, smoke more heavily and are less likely to quit smoking, each of which increases the risk of smoking-related disease.

Cost of Tobacco
The cost of smoking to our society is high. Action on Smoking & Health (ASH) has produced a ready ‘reckoner’ that provide estimates based on national surveys and research. The ASH model estimates the impact of tobacco control strategies on the number of quitters, the number of new smokers the level of passive smoking in society and the cost of lost productivity from smoking. This tool estimates that in Ealing almost 51,300 population smoke and each year smoking costs society approximately £80 million.

5 Ealing JSNA chapter 17 Life expectancy.
6 [www.ash.org.uk/localtoolkit/docs/Reckoner.xls](http://www.ash.org.uk/localtoolkit/docs/Reckoner.xls)
In Ealing, cigarette breaks and smokers’ sick days cost employers around £34 million every year. The average smoker spends £1000 a year on tobacco, regardless of their socio-economic status. Fires due to smoking cost £3.2 million each year in consequential and response costs.

There is strong evidence on the economic returns and benefits to hospitals and the NHS from increasing referral rates to Stop Smoking services. We have used the national Pre-surgery model and the recent NICE Return on Investment Tool for Tobacco control to calculate costs and savings for Ealing.

The NICE Return on Investment analysis showed that the total annual cost of smoking in Ealing is £14.9 million, out of which approximately £10.74 million are NHS costs.

These analyses suggest that Ealing Hospital could save about £95,456 a year through a “Stop before you Op” service. In the short term (first 2 years), Stop Smoking services could save Ealing an estimated £1 million when combined with a sub-national strategy or £291,239 when the focus is only on a set of simple local strategies employed by the Stop Smoking service. These savings are mainly generated through reduced GP and practice Nurse consultations, outpatient visits, hospital admissions and prescriptions.
Primary Care Initiatives

The evidence for the clinical and cost effectiveness of primary care interventions is compelling. Interventions by primary care staff stimulate quit attempts and result in appreciable numbers of ex-smokers at a population level. Motivating smokers to stop smoking in primary care is likely to reduce demand for treatment for acute illnesses and lessen requirements for cardiovascular and respiratory tract medication. Infants and children of parents who have stopped smoking will also suffer less wheezing and less chest and ear infections resulting in less GP consultations.\(^7\)

Nationally, smoking generates about 1.1 million GP consultations annually (480,000 for ischaemic heart disease, 20,000 for stroke and nearly 600,000 for COPD) and costs the NHS around £1.5 billion a year.\(^8\) It has been calculated that if GP practice staff increased the number of times patients are advised to stop smoking by 50% and recommended the use of NRT, this would result in an extra 18 ex-smokers per five-person general practice, or 75,000 a year national cost of under £700 per life year gained.\(^9\)

More systematic primary prevention in general practice has the potential to improve health outcomes and save costs. For example, five minutes of advice in a general practice setting to middle-aged smokers to quit smoking can increase quit rates and save £30 per person for a cost of £11 per person.\(^10\) Smoking cessation offers substantial cost savings from reduced heart attacks and stroke, paediatric care and post-operative recovery. In summary, helping smokers stop is a highly cost-effective use of NHS resources.\(^11\)

Chronic Obstructive Pulmonary Disease (COPD) is one of the serious consequences of smoking. According to a recent analysis and business case produced by the London Respiratory Team (LRT), smoking cessation and early diagnosis offers the best opportunities to reduce COPD spend and mortality in the long term by reducing the prevalence, identify and treat COPD early in the disease's progression.\(^12\)

GP practices play a key role to initiate the process with a brief intervention during routine consultation to provide initial motivation and encouragement to all smokers, and then refer on to Smokefree Ealing for consistent smoking cessation advice.

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\(^8\) Nicotine Addiction in Britain. A report of the Tobacco Advisory Group of the Royal College of Physicians. Royal College of Physicians 2000


\(^12\) JSNA COPD analysis 2012/13.
There is an expectation that all primary care clinicians have the opportunity to access and complete the National Centre for Smoking Cessation and Training (NCSCT) on-line training module for Very Brief Advice in order to ensure that all smokers are fully aware of the health issues and know how to access stop smoking support. In 2012/13, Smokefree Ealing trained 106 participants to Level 1 and 101 advisors to Level 2. Community level campaigns to improve health behaviours, such as No Smoking Days, have been found to be very cost-effective (£82 per life year gained)\textsuperscript{13}.

Smoking in Vulnerable Groups

Smoking and Young People
The White Paper Smoking Kills shows that people who start smoking at an early age are more likely to smoke for a longer period of time and are more likely to die from a smoking-related disease than other smokers\(^\text{14}\).

Every year, an estimated 205,000 children in the UK start smoking. In 2012, 23\% of 11-15 year olds had smoked at least once\(^\text{15}\).

People who start smoking at a young age have higher age-specific rates for all types of tobacco related cancers. Young smokers are also exposed to more short and long term respiratory symptoms than their non-smoking peers, such as coughing, wheezing and phlegm. Smoking aggravates asthma symptoms in those already diagnosed, and increases the risk of asthma in young people with no history of the condition. It can also lead to impaired lung growth in children and young adults.

Evidence shows that 11 to 16 year olds who smoke can also become dependent on cigarettes, showing signs of addiction within four weeks of starting to smoke. It has even been suggested that smoking a single cigarette is a risk indicator of becoming a regular smoker up to three years later\(^\text{16}\).

Starting smoking is associated with a wide range of risk factors including: the ease of obtaining cigarettes, smoking by peer group, socioeconomic status, tobacco marketing, smoking in films, television and other media. Children who live with parents or siblings who smoke are up to 3 times more likely to become smokers themselves than children of non-smoking households.

There is a strong association between smoking and other substance use, including alcohol. Young people who truant from school or who had been excluded are almost twice as likely to smoke regularly compared to those who had never been truant or excluded.

Smoking and Pregnancy

Smoking during pregnancy causes up to 2,200 premature births, 5,000 miscarriages and 300 perinatal deaths every year in the UK. It also increases the risk of developing a number of respiratory conditions; attention and hyperactivity difficulties; learning difficulties; problems of the ear, nose and throat; obesity; and diabetes\(^\text{17}\).


Smoking and Mental Health

Every year in England over 80,000 people die from smoking related diseases. Having a mental health problem increases the risk of physical ill health. People with mental health problems die on average 16-25 years sooner than general population\(^\text{18}\). Smoking prevalence amongst mental health service users is two to three times higher than within the general population\(^\text{19}\). The public health outcomes framework published in 2011 identified smoking cessation in mental health populations as an important public health intervention, while reduction in premature mortality amongst people with a severe mental illness is also a key objective in the public health outcomes framework, for 2013-2016\(^\text{20, 21}\). Targeted support would save money - £720m is spent annually treating smoking –related illnesses in people affected by mental health problems through hospital admission, GP consultations and prescription\(^\text{22}\).

Smoking Related Fires

Cigarettes and matches are a common cause of fires. Fires started by smoking materials account for one third of all fatalities in accidental house fires in England each year\(^\text{23}\). In London, smoking related fires are the second most common cause of fire in the home. The fires caused by smoking materials result in more deaths than any other type of fire\(^\text{24}\).

Smokeless and Niche Tobacco Products

Smokeless tobacco is defined as any product containing tobacco that is placed in the mouth or nose and not burned. The types of smokeless tobacco products most used in the UK often contain a mix of ingredients including slaked lime, areca nut and spices, flavourings and sweeteners\(^\text{25}\). Products include:

- Gutka, Khaini, Pan Masala or Shupari (betel quid), Shammah and Maras powder (these are sucked or chewed)

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\(^{19}\) Royal College of Physicians and Royal College of Psychiatrists, 2013. Smoking and Mental Health.

\(^{20}\) Department of Health (2011) Healthy Lives, Healthy People: Transparency in Outcomes, proposals for a public health outcomes framework


\(^{22}\) McNally L & Ratschen E. (2010), The delivery of stop smoking support to people with mental health conditions: A survey of NHS stop smoking services. BMC Health Services Research; 10: 179


\(^{24}\) The London Fire Brigade http://www.london-fire.gov.uk/smoking.asp

\(^{25}\) NICE Public Health Guidence 39. Smokeless Tobacco Cessation: South Asian Communities
- Zarda, Qiwam, or Mawa (chewed)
- Lal dantmanjan, Gadakhu, Gul, Mishri, or Creamy Snuff (dental products which are used as toothpaste or rubbed on gums)
- Nass (can be used either nasally or sucked or chewed).

These products are associated with a number of health problems including nicotine addiction, mouth and oral cancer, periodontal disease, heart attack and stroke, problems in pregnancy and following childbirth (including stillbirth, younger gestational age at birth and lower birth weight). The late diagnosis of dental problems (caused because the smokeless tobacco product helps mask the pain) is also a major cause for concern.

Evidence suggests that the South Asian women were 3.67 times more likely to have oral cancer and 2.06 times more likely to have pharyngeal cancer. Areca nut, which is often mixed in with South Asian varieties of smokeless tobacco, is also likely to be linked to the prevalence of oral cancer among this group.

Smokeless tobacco products are readily available in shops in South Asian neighbourhoods in England. Around 85% of the different product types are sold without any regulatory health warning. Generally, they are cheap compared to cigarettes. There are no local estimates available to show how much these products are used by South Asian communities in Ealing.

Shisha, also known as waterpipe, hookah, narghiles or hubble-bubble has traditionally been used in the Middle East and parts of Africa and Asia. Shisha is growing in popularity in western countries and in the UK and appears to be more popular among young people.

There is a common belief that shisha smoking is less harmful and less addictive than cigarette smoking. The water does not filter out harmful substances in the smoke and although not as extensively researched as cigarette smoking, preliminary research suggests that shisha smoking is associated with the same risks as cigarette smoking. Many users believe that herbal shisha products are less hazardous than tobacco products. However, herbal shisha involves burning charcoal which contains extremely toxic chemicals showing that herbals and tobacco shisha smoking are similarly hazardous to health.

After 45 minutes of shisha use, carbon monoxide levels are equal to, or higher than exposure to smoking cigarettes. There have also been reports of CO poisoning. Long term risks include lung cancer, respiratory illness, low birth weight and periodontal disease. There is also evidence that sharing a waterpipe mouthpiece poses a serious risk of transmission of communicable diseases, including tuberculosis. Secondhand smoke from shisha smoking poses a risk to non-smokers from the mixture of exhaled smoke and charcoal used to heat the pipe.

Local Context

**Smoking in pregnancy**

The Ealing prevalence for Smoking At Time Of Delivery (SATOD) is 3.7%, lower than the national average (13.2%). This is supported by smoking in pregnancy interventions conducted locally.

Midwives are provided a smoking in pregnancy training and refresher. This enables them to provide pregnant smokers with brief advice on smoking and to make a referral for stop smoking support. The training also equips midwives to conduct carbon monoxide (CO) checks for all pregnant women and provide appropriate advice according to the CO results. Outcome of CO checks and offer of referrals are recorded in patient notes.

A specialist antenatal stop smoking clinic is conducted every week at the antenatal clinic at Ealing Hospital to increase support access for pregnant smokers who want support to quit smoking. Referred pregnant smokers are also supported in community clinics and participating pharmacies and GP surgeries, with behavioural support and nicotine replacement therapy in accordance with NICE guidelines.

**Smoking and Mental Health**

There are 34,415 adults who have a common mental health disorder in Ealing and 15,504 people are likely to have two or more psychiatric disorder. These figures are to increase by nearly 3% by 2020. Mental health is the highest spend area in Ealing and it is higher than the national average.

Addressing the high prevalence of smoking in people with mental disorder offers the potential to realise substantial cost savings to the NHS as well as benefits in quantity and quality of life in Ealing. There is a need for greater investment in smoking cessation treatment in the mental healthcare context. There is a moral duty to address this problem in the future and to prioritize the rights of people with mental health disorder to the same protection and health intervention as the general population.

To tackle this issue, Smokefree Ealing provides a free stop smoking support and cut down to quit for Mental Health patients to improve their quality of life. The intervention addresses their well-being, physical activities and mental health medication use. Two specialist mental health clinics are conducted every week in West London Mental Health Trust (WLMHT) to support patients in community, in-patient wards and forensic ward in WLMHT. All clinical staff are provided with brief intervention smoking and mental health training. Staff on the ward are able to deliver stop smoking interventions for patients in accordance with NICE guidelines. Smoking cessation is now part of the Physical Healthcare Strategy.

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27 Ealing JSNA Chapter 20
Secondary Care Initiatives
An electronic referral system has been set up on the Ealing Hospital Trust Intranet to enable staff to refer inpatients and outpatients for smoking cessation support. Referred inpatients are seen as soon as possible and provided support and NRT if suitable. Upon discharged, patients are then followed up in the community to continue treatment. Staff are provided with Very Brief Advice training in Multi-Disciplinary Teams and team meetings to increase referrals to Smokefree Ealing, particularly in respiratory, pulmonary and cardiac rehab, and pre-assessment teams to encourage smokers to quit smoking before surgery. Regular promotion stands are held at the Trust to raise awareness of smoking cessation support for both staff and patients. Smokefree Ealing is also supporting the Trust to review its smokefree policy and to ensure that its staff and patients are being provided appropriate stop smoking support.

Smoking and Young People
Although smoking prevalence amongst young people in Ealing is not available, the Ealing Health Related Behaviour Survey 2011 results show that 18% of high school pupils smoked in the past or smoke now. 4% of pupils responded that they smoke ‘occasionally’ or regularly’ and 4% responded that they smoked a least one cigarette in the last 7 days. The survey also revealed that 14% of Primary school pupils think they may smoke when they are older highlighting the need to denormalise tobacco use in Ealing to protect young people.

Smokefree Ealing provides smoking prevention workshops and promotional stands in schools, colleges and youth centres all over Ealing. Cessation support is available at Westside Young Person’s Centre at a weekly stop smoking clinic run by Smokefree Ealing and drop-in clinics at colleges. Smokefree Ealing also provide smoking support in schools for students.

Smokefree Ealing work in partnership with School Health Advisors and Ealing Council’s Children’s Health Improvement Team. They also provide free training for health and community professionals working with young people.

In 2013, Smokefree Ealing piloted a Peer Education project with Year 8 students. Training was delivered to Year 8 students who passed on the smoking information to their peers to encourage the students not to take up smoking. The project showed positive results and will be repeated in schools across Ealing.

A similar project has been run at University of West London where Psychology students are trained to run promotion stands on campus for their fellow students.

Secondhand smoke
No data is available on exposure to secondhand smoke. The Ealing Health Related Behaviour Survey 2011 report that 24% of students responded that at least one

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28 Ealing Health Related Behaviour Survey 2011
person smokes on most days indoors in their home; 10% said more than one person does.

Smokefree Ealing highlights secondhand smoke in level 1 and 2 training for health and community professionals. Maternity teams also remind pregnant smokers of the dangers of secondhand smoke. In June 2013 to coincide with the DH Smokefree Homes & Cars campaign, Smokefree Ealing distributed Secondhand smoke packs to GP’s, Pharmacies and all Children Centres.

Trading Standards
Trader guidance is routinely given out to retailers supplying tobacco products. This outlines their duties not to sell to under 18 years. Test purchasing using underage volunteers had been stopped due to the publication of a new code of practice and restrictions imposed by the Protection of Freedoms Act 2012. Trading Standards now plan to test the shops using a young person who is 18 to see if businesses have an underage policy in place such as Challenge 21.

Trading Standards, police and HMRC work together on visits as part of Operation Condor (tackling unlicensed activity). These visits are primarily looking for non-duty paid on products and counterfeiting.

Officers check that cigarettes, tobacco and niche tobacco products are displaying the appropriate health warnings.

Environmental Health
The list of shisha premises is constantly being updated, taking into account businesses closing and new ones opening up. In the first 9 months of 2013, the number has reduced from 40 to around 24. Some of the reasons for this are because of the partnership work being carried out with the Police licensing, Planning Enforcement, Licensing and the Response Team. This increased co-operation has targeted business to bring them into compliance and those that feel they are unable to comply with legislative requirements, have chosen to stop operating.

The team have sent a guidance letter to all shisha cafes that are currently operating in the borough offering advice on how to comply with Smoking Legislation and other legislation. This was done in co-operation with other council departments such as Licensing, Planning Enforcement, Trading Standards, Police Licensing and Smokefree Ealing.

In 2012, four shisha premises and one public house were prosecuted for smoking offences under the Health Act 2006. Further, five shisha businesses were referred to the Legal team to begin prosecution proceedings.
Smoking and litter
It is estimated that the cost of cleaning smoking related litter costs Ealing Council around £2.2 million. In the UK, cigarettes are the principle source of street litter accounting for 70%-90% of all litter in urban areas\(^\text{29}\).

Smoking Cessation
Smokefree Ealing is commissioned by Public Health (London Borough of Ealing) to deliver the tobacco control strategy for the borough. The service is owned by West London Mental Health Trust but focus of delivery is within primary care. The commissioned remit for the Service is two-fold:

- Deliver a smoking cessation service designed to achieve and deliver our commissioned four week quitter target within primary care.
- Develop a tobacco control strategy that will help reduce prevalence of smoking within the borough by focussing on wider tobacco issues and working with Council and other stakeholders.

Service Aims:
- To deliver a high quality, comprehensive, co-ordinated, accessible, evidence-based, high-efficacy, cost-effective and sustainable smoking cessation service for the Ealing population.
- To increase awareness of and access to stop smoking services in Ealing, and hence achieve an allocated proportion of the local annual target for 4-week quits.
- To increase quit rates, in BME communities, Routine and Manual group, young men and women and pregnant women.
- To promote and provide smoking cessation training at Levels 1 and 2 to a range of multi-disciplinary professionals.
- To manage, motivate, support and pay a network of community-based Level 2 smoking cessation advisers across the borough in a range of contexts to deliver 4-week quits.

Smokefree Ealing is embedded within primary care, running smoking cessation clinics within the community whilst working with a range of community providers. As such, the Service sub-contracts delivery of smoking cessation interventions to Ealing GP Surgeries as well as Ealing Pharmacies. The relationship with these Providers is managed through a service level agreement, allowing Smokefree Ealing to maintain high levels of effective intervention and opportunity for access to clients. In order to support the approximate 4000 clients we see each year we are committed to continually capacity building local smoking cessation advisors to provide exceptional customer service.

As well as supporting smokers to quit, we aim to ensure that those who wish to continue to smoke are aware of the adverse health-effects of smoking. Information and knowledge are therefore key components to support the reduction in smoking prevalence.

Effectiveness of the Smokefree Ealing service

Smokefree Ealing 4 Week Quitter Achievement 2010-13

London Fire Brigade (Ealing)
The Fire Brigade work 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 smoke detectors where needed. They communicate tobacco control messages to the public to reduce harm caused by tobacco-related fires. The Fire Brigade in Ealing visit around 3000 homes every year to offer advice and fit smoke detectors. They have specific targets around vulnerable or ‘at risk’ residents in Ealing and target their visit accordingly. They ask
all residents at visits if they smoke and have referrals cards to pass on to smokers if they would like to quit.

**Voluntary Services**

Ealing Community and Voluntary Service (Ealing CVS) is the umbrella support organisation for voluntary organisations in the borough of Ealing. Ealing CVS support the work of the Alliance by involving voluntary organisations and providing access to wider networks in the community.
Ealing Tobacco Control Strategy Action Plan

This Tobacco Control strategy sets out the key actions under each priority area. We will address these areas jointly as a Tobacco Control Alliance and maximise the use of information and intelligence to support and tackle tobacco in Ealing. The action plan below sets out how the vision and priorities will be taken forward.

The Tobacco Control Alliance will co-ordinate and implement the action plan, reviewing it annually.

In the future, we welcome exploring the potential to work on Tobacco Control initiatives across Pan London or with our neighbouring boroughs.

Monitoring of the Action Plan

This Action Plan is a live document. Responsible leads will be required to report quarterly on activity and outcomes two weeks before Alliance meetings. Updates will be forwarded to the Tobacco Control Specialist, collated and shared at Alliance meetings. Six monthly updates will be available for the Health & Wellbeing Board.
### Ealing Tobacco Control Strategy Action Plan

**Priority Area 1. Implementing and enforcing legislation to control the sale and use to tobacco**

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<th>Proposed Activity/ Key Milestones (Activities to meet objective)</th>
<th>Responsible Lead/Stake holders</th>
<th>Expected outcomes (How success will be measured)</th>
<th>Timescale</th>
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<tbody>
<tr>
<td>1.1 Provision of age restricted sales advice to businesses</td>
<td>Trader guidance is routinely given out to retailers supplying tobacco products. This outlines their duties not to sell to under 18 years. Test purchasing using underage volunteers has stopped due to the publication of a new code of practice and restrictions imposed by the Protection of Freedoms Act 2012.</td>
<td>Continue advice visits to traders and check correct labelling and signage is on display and give information about underage sales. To use young looking 18 year old volunteers to undertake test purchasing. They will enter the shop on their own with no covert surveillance. This is a test to see if the retailer is using a positive age challenge procedure.</td>
<td>Team Leader, Trading Standards &amp; Licensing, Ealing Council</td>
<td>To visit 60 retailers in 4 operations over the year 2012/13. To attempt Test Purchases at 10 premises. To undertake 5 visits by 31 December 2013 &amp; 5 visits by 31 March 2014.</td>
<td>By end of March 2014</td>
</tr>
<tr>
<td>1.2 Taking action against sales of tobacco not labelled with the correct health warnings, counterfeit and illicit</td>
<td>Tobacco products should be supplied with the correct health warnings. This year we have inspected cash and carry wholesalers to establish compliance with the health warnings on tobacco products.</td>
<td></td>
<td>Team Leader, Trading Standards</td>
<td>Inspect 10 cash and carry businesses and assess compliance. Where products are not labelled to investigate the supply back to the source.</td>
<td>October 2013</td>
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<td>1.3 Ensure age of sale is highlighted to young people in all prevention work</td>
<td>Currently done in any prevention work undertaken by Smokefree Ealing. Is also covered in Ealing PSHE scheme of work recommended by Ealing Council.</td>
<td>Include in all prevention work. Including age of sale and information about illicit tobacco content.</td>
<td>Young Persons Advisor, Smokefree Ealing</td>
<td>Deliver minimum 20 workshops per year to young people including age of sale message.</td>
<td>By end of March 2014</td>
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<td>1.4 Niche Products</td>
<td>Limited knowledge is known about products and purchasing</td>
<td>Undertake questionnaire survey with health professionals to assess current awareness of smokeless tobacco. Add question on smokeless tobacco to client satisfaction questionnaire (questionnaire is asked to all clients who set a quit date with the stop smoking service)</td>
<td>Service Lead, Smokefree Ealing</td>
<td>Minimum 50 questionnaires completed by end of August 2013. Minimum 100 4-week client satisfaction questionnaires completed by Smokefree Ealing clients by August 2013.</td>
<td>By August 2013</td>
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<td>1.5 Smokefree Compliance Visits</td>
<td>Regulatory Services are targeting top 7 Shisha bars on their priority list.</td>
<td>Continue to enforce compliance with prohibition of smoking in public areas and react to public complaints.</td>
<td>Regulatory Services Manager</td>
<td>Environmental Health to undertake visits to top 7 priority shisha bars by end of the year 2013.</td>
<td>By December 2013</td>
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</table>

Trading Standards, police and HMRC work together on visits as part of Operation Condor (tackling unlicensed activity). These visits are primarily looking for non-duty paid on products.

To inspect paan shops and assess whether the products inserted into the paan contain chewing tobacco or the banned sucking tobacco.

Assess tobacco products for sampling, which are either:
- not labelled correctly or
- are products suspected of containing tobacco but which is not declared.

At the request of HMRC and the police, to attend enforcement visits looking for counterfeit products.

& Licensing, Ealing Council

Inspector 10 shops selling paan and assess whether the ingredients contain tobacco and that tobacco is correctly labelled.

To submit 5 samples (suspected of containing tobacco to a testing house for analysis. 31 March 2014

The number of visits and quantity of Tobacco seizures by HMRC/Trading Standards. 31 March 2014

By end of March 2014

By end of March 2014
<p>| Other establishments will be highlighted from public complaints. | Conduct visits to Shisha bars to ensure compliance – Top7 of risk rating list | Continue to monitor remainder of the shisha bars and visit if there are complaints, member of team in the area and offences witnessed. Send out Shisha materials to all Shisha bars in Ealing by end of July 2013. Continue to monitor all smoking establishments gathering intelligence from Police, food officers and Response Team Using extra funding, ensure minimum of 12 Shisha bars are compliant by March 2015. Continue with remainder of bars by end of March 2016. | By July 2013 Continue 2014/15 By March 2015. |</p>
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<tr>
<td><strong>2.1</strong> To work closely with the local Fire Service to cascade smoke free home messages at home visits.</td>
<td>The Fire Brigade in Ealing visit around 3000 homes every year to offer advice and fit fire alarms. They have specific targets around types of Ealing residents they need to visit. They ask all residents at visits if they smoke.</td>
<td>Offer Very Brief Advice (VBA) training to all Fire Fighters in Ealing. Provide information cards for Fire Fighters to give to all residents that smoke during home visits. Raising awareness of dangers of smoking in home including Routine and Manual clients. Continue to share cigarette related fire information with the Alliance.</td>
<td>Station Manager, London Fire Brigade, Ealing</td>
<td>Reduction in accidental house fires and fire casualties by end of 2016. Fire service will raise awareness of dangers of smoking in home. Fire Service will have information cards to pass onto smokers by end of August 2013. Monitor how many information cards given out by end of November 2013. Smokefree Ealing will see referrals from clients who have had visit from Ealing Fire Brigade.</td>
<td>By December 2016 By August 2013 By November 2013</td>
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<td><strong>2.2</strong> Smokefree Homes and cars - Raise awareness among parents and carers</td>
<td>Smokefree Homes &amp; Cars campaign June/July 2013. Smokefree Ealing will distribute Secondhand smoke packs to GP’s and Pharmacies. Also provide all Children Centres with Secondhand smoke packs.</td>
<td>Work in partnership with children’s centre’s to deliver information to parents and carers of young children on the benefits of making their homes smoke free. Offer Level 1 training to Children Centres front line staff. Attend quarterly Children Centres Area Partnership meetings. Deliver Secondhand smoke Very Brief Advice (VBA) training to Health Visitors. Create Second Hand Smoke leaflet which includes pledge. Promote at events.</td>
<td>Service Lead, Smokefree Ealing Service Lead, Smokefree Ealing Smokefree Ealing Maternity Advisor Tobacco Control Specialist &amp; Service Lead, Smokefree Ealing</td>
<td>Ensure each Children’s Centre receives 12 packs per centre and information on background of project by August 2013. Level 1 training to four Children Centres per year. Deliver Very Brief Advice (VBA) Training to Health Visitors in Ealing by December 2014. See an increase in referrals received from Health Visitors. 100 Sign ups to Smokefree Homes pledge.</td>
<td>By August 2013 By December 2014 By end of March 2015</td>
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<td>2.3 Raise awareness of niche products</td>
<td>Materials raising awareness of dangers of shisha are used by Smokefree Ealing and Regulatory Services. Article in Around Ealing Magazine June 2013.</td>
<td>Explore an initiative to make children’s play parks in Ealing smokefree.</td>
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<td>Inclusion of niche tobacco products in Level 1 and Level 2 training programmes.</td>
<td>Tobacco Control Alliance, Tobacco Control Specialist</td>
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<td>Awareness campaign highlighting dangers of smoking Shisha.</td>
<td>Undertake discussions by July 2015.</td>
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<td>Run smokeless tobacco campaign in Southall.</td>
<td>Tobacco Control Specialist.</td>
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<td>Niche products covered in all Level 1 and 2 trainings from May 2013.</td>
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<td>Mail out of resources to all schools, children’s centres, community centres and libraries by July 2013. Shisha materials promoted at all events run by Smokefree Ealing.</td>
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<td>Create and distribute information resource on smokeless tobacco for health professionals in Southall by March 2014. Run two Very Brief Advice training sessions on smokeless tobacco by March 2014. Run two promotion events in Southall by March 2014. Set up Smokeless tobacco Clinic to coincide with campaign.</td>
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<td>Run two promotion events in Southall by March 2014.</td>
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<td>Set up Smokeless tobacco Clinic to coincide with campaign.</td>
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<td>Between April 2015 – March 2016</td>
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<td>3.1 Increase awareness of the harms of tobacco among young people through school based initiatives and PSHE lessons.</td>
<td>Smokefree Ealing delivers sessions to high schools and primary schools on a request basis. All High schools are sent information on the services available. Ealing PSHE Scheme of work on tobacco needs has been updated.</td>
<td>Promote the use of trained Smokefree Ealing Advisors to deliver lessons.</td>
<td>Service Lead, Smokefree Ealing</td>
<td>Send Newsletter to all High Schools at the end of summer term and Autumn term. Use links with School’s Health Improvement Team to contact schools and PSHE advisors.</td>
<td>Every Year</td>
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| 3.2 Increase awareness of the harms of tobacco among young people through youth group based initiatives. | Training undertaken in 2012 for Youth workers. Promotion stands held in Youth Centres. Smokefree Ealing’s details are updated on Young Ealing Website. | Co-ordinated visits to all Youth Centres in the borough.  
Level 1 training for 50% of Youth Service staff. Level 2 for selected staff.                                                                                                                                                                                                                                                                                                                                                             | Service Lead, Smokefree Ealing, Health Lead, Ealing Youth Service                                                                          | Visit all Youth Centres once a year and run workshop or promotion stand.  
Level 1 training for 50% of Youth Service staff by December 2014. Level 2 for selected staff – aim for three members of staff to be trained by August 2014.                                                                                                                                                                                                                                                                                                                                                             | By December 2014  
By August 2014                                             |
| 3.3 Increase awareness of the harms of tobacco among young people in Ealing through peer led Initiatives | Peer Educator Pilot project run in Ealing High School. | Roll out Peer Led initiative to secondary schools in Ealing  
Train up young people to become Smokefree Ealing Ambassadors                                                                                                                                                                                                                                                                                                                                                                    | Young Persons Advisor, Smokefree Ealing                                                                                                            | Roll out Peer Led initiative to at least three secondary schools in Ealing by end of academic year 2015.  
Train 2 young people to become Smokefree Ambassadors.                                                                                                                                                                                                                                                                                                                                                               | By July 2015  
By March 2015                                             |
| 3.4 Conduct a smoke free youth campaign.                              |                                                                 | Run competition for young people to design smoking prevention film.                                                                                                                                                                                                                                                                                                                                                             | Young Persons Advisor, Smokefree Ealing                                                                                                            | Offer Cut Films to all schools and colleges. Minimum 8 entries to competition.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 |
| 3.5 Provide a Young People’s friendly stop smoking clinic              | Young persons stop smoking clinic held | Continue providing Young Person’s clinic.                                                                                                                                                                                                                                                                                                                                                                                     | Young Persons Advisor, Smokefree Ealing                                                                                                            | Continue providing Young Person’s clinic.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 |
| once a week at Westside Young Person's centre | Smokefree Ealing | Provide onsite clinics in colleges when required. |
## Priority Area 4. Increasing the impact of smoking cessation service

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<tr>
<td>4.1 Increase the effectiveness of pharmacies and GP providers delivering stop smoking advice.</td>
<td>All providers are visited a minimum once a quarter. Quit rates are closely monitored.</td>
<td>Provider visits undertaken by Smokefree Facilitator once a quarter. Including engaging with inactive providers. Provider should attend one refresher event per year. Carbon Monoxide (CO) monitoring to validate quitters.</td>
<td>Service Lead, Smokefree Ealing</td>
<td>At least 50% of providers delivering at 35% quit rate or above. Ensure increased GP delivery level this year, to obtain at least 600 quitters (12/13 achievement was 542). Ensure sustained Pharmacy delivery in 14/15 to obtain at least 700 quitters this year (12/13 achievement was 755 quitters). At least one Provider meeting arranged by Facilitators each quarter in 2014/15 delivering account management support. Quarterly review of quit rates to ensure quarterly projections being met. Quit rates will be discussed at provider visits and specialist support will be provided to achieve them. Regular auditing of quitter feedback provision to practices. One refresher event, including tobacco control element to be held every year. Two up-skilling events to be held every year. 75% of 4 week quitters will be CO validated.</td>
<td>2014/15 As per contract</td>
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<tr>
<td>4.2 Deliver marketing campaigns to encourage more quit attempts particularly</td>
<td>Delivery of workplace schemes</td>
<td></td>
<td>Service Lead, Smokefree</td>
<td>Run 4 workplace groups per year, particularly focussing on Routine and Manual workplaces.</td>
<td>2014/15 As per contract</td>
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</tbody>
</table>
| Targeted at smokers from more disadvantaged backgrounds and high smoking prevalence groups. | Setting up clinics targeting hard to reach clients and where smoking prevalence is high e.g. job Centre Plus.  
Targeting providers (GP’s and Pharmacies) in deprived areas and where smoking prevalence is high.  
Deliver 982 4-week quitters from BME communities  
Develop appropriate community clinics to target specific communities – Somali & Arabic communities.  
Smokefree Ealing will conduct an audit once a year. | Ealing  
Minimum of 2 clinics run per year with expectation of continuous monitoring.  
Providers (GPs & Pharmacies) signed up to SLA for delivery.  
Smoking status recorded amongst smokers in Practice.  
Smoking cessation interventions offered.  
Enhanced referrals from those Providers not providing full service intervention.  
Undertake review of clinic delivery.  
Provide more appropriate BME clinics opening a new clinic in Acton.  
Recruit to BME Advisor post. | 2014/15 |
|---|---|---|---|
| 4.3 Maintain and continue to reduce Smoking At Time Of Delivery (SATOD) data  
Current rate is 3.7% which is below the national average. | Continue training for all midwives  
Continue CO monitoring at booking and focus on becoming best practice.  
Evaluate CO monitoring, now available on Maternity system.  
Deliver specialist antenatal stop smoking clinic | Maternity Advisor, Smokefree Ealing  
Maintain SATOD.  
Maintain Smoking At Time Of Delivery (SATOD) rate.  
Training to be held once a year.  
50% of all pregnant women to be CO monitored at booking.  
Pregnancy Very brief Advice given to all pregnant smokers and offered referral of support.  
Monitor ongoing effectiveness of clinic, ensuring that ICO (EHT) is providing strategic support in the delivery. | 2014/15 |
| 4.4 Increase referrals and deliver Very Brief Advice | Delivery of appropriate training to support awareness / referrals and delivery of smoking cessation interventions. | Service Lead, Smokefree Ealing  
Delivery of L1 and L2 training at a range of venues to ensure access (including Council venue)  
100 beneficiaries trained at Level 1, improving referrals to the Smokefree | 2014/15 |
<p>| Secondary Care | Enhance referrals through service lines and staff training. Ensure appropriate clinic attendance. Encourage whole trust approach. | Smokefree Ealing Secondary Care Advisor | Increase in Hospital referrals from previous year. | 2014/15 |
| Mental Health | St Bernards site making proposal to go Smokefree. Occupational Health have focussed on protecting staff from second-hand smoke. Smokefree Ealing have run smoking prevention sessions for Well Unit for young people. Staff do VBA with clients | | | |
| | Enhance awareness of health issues related to smoking within wards (St Bernards site) Enhance access to smoking cessation clinics on site (St Bernards) Offer cut down to quit to all in-patients. | Smokefree Ealing Mental Health Advisor | | |
| | New market ing material created and displayed on site. New clinics developed and delivered in partnership with WLMHT staff. 60% of inpatients given effective Very Brief Advice. 70% recording of smoking status. | | | |</p>
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</table>
| 5.1 Promote the worth of Ealing Tobacco Control Alliance through internal and external communications. | Alliance was newly formed in spring 2013. Membership is being established. | Commitment by stakeholders to Alliance and attend meetings held once a quarter  
Undertake ClEAR tool and peer assessment  
Action plan to be evaluated annually, monitored quarterly and RAG rated (quarterly).  
A review of membership will be conducted. | Ealing Tobacco Control Alliance, Tobacco Control Specialist | Clear and consistent message are communicated to the public and have a commitment to the strategy.  
Smokefree Ealing website to include a section on Tobacco Control.  
Undertake ClEAR tool and peer assessment  
Will inform the development and direction of future activities.  
To ensure the right mix of stakeholders are involved and engaged. | By July 2013  
By April 2014 |
| 5.2 Press release and coverage in local newspapers and key websites and communications | Some Smokefree Ealing events are featured in local newspapers and promoted on websites. | Approach press for coverage at every Smokefree Ealing campaign e.g. No Smoking Day, Stoptober.  
Encourage Alliance members to report success, e.g. tobacco seizures | Tobacco Control Specialist, Service Lead, Smokefree Ealing | Link with key Ealing Council, WLMHT, Ealing Hospital and Ealing CCG Communication teams to support events and campaign.  
Advertise in local newspaper once a year.  
Advertise in Around Ealing minimum once a year.  
Promote Smokefree Ealing events to council, hospital and CCG staff using staff Intranet. | Once a Year  
Once a Year |
| 5.3 Organise a minimum of two smoke free campaigns per year across Ealing. | Organise a minimum of two smoke free campaigns per year across Ealing. | Tobacco Control Specialist, Service Lead, Smokefree Ealing | Two campaigns run per year, including comprehensive marketing materials to support. |  |