



Department  
of Health &  
Social Care

# Tobacco Control Plan Delivery Plan 2017 - 2022

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# Contents

Tobacco Control Delivery Plan 2017 - 22.....	1
Contents .....	3
Introduction .....	1
How to use this document.....	2
Prevention First.....	3
Tobacco Control Delivery Plan - Prevention First .....	4
1.1 Work to eliminate smoking among under 18s and achieve the first smokefree generation.....	4
1.2 Stamping out inequality: smokefree pregnancy - reduce the prevalence of smoking during pregnancy to improve life chances for children .....	5
Supporting smokers to quit .....	8
Tobacco Control Delivery Plan - Supporting smokers to quit .....	9
2.1 Stop smoking services.....	9
2.2 Parity of esteem: supporting people with mental health conditions - reduce the prevalence of smoking in people with mental health conditions.....	11
2.3 Backing evidence based innovation: develop a strong evidence base on the full spectrum of nicotine delivery products .....	13
2.4 A Smokefree NHS, leading by example: create and enable working environments which encourage smokers to quit .....	15
Eliminating Variation in smoking rates .....	18
Tobacco Control Delivery Plan - Eliminating variation in smoking rates .....	19
3.1 A whole system approach; develop all opportunities within the health and care system to reach out to the large number of smokers engaged with healthcare services on a daily basis.....	19
3.2 Local inequalities: eliminating health inequalities through targeting those populations where smoking rates remain high .....	22
3.3 Public awareness: use mass media campaigns to promote smoking cessation and raise awareness of the harms of smoking .....	24
3.4 Smokefree places: explore further opportunities to protect people from the harm of secondhand smoke .....	25
3.5 Tobacco control intelligence: ensure our strategies are effective and evidence based.....	27
Effective enforcement .....	30
4.2 Taxation: maintain a robust tax regime for tobacco and reduce discrepancies in product prices ....	31
4.2 Illicit tobacco: implement the illicit tobacco strategy and reduce the market share of these products .....	32
4.3 Regulation and enforcement: improve the use and effectiveness of sanctions and monitor the development of novel products .....	34
4.4 Leaving the European Union: review where the UK's exit from the EU offers us opportunities to further improve public health .....	36

Annex A - Core metrics for Tracking Progress on Ambitions .....37

# Introduction

Towards a Smokefree Generation, the Tobacco Control Plan for England 2017-22 was published by the Government in July 2017 to continue leading the national effort on tobacco control. The plan identifies key specific areas of focus including to:

- Reduce the prevalence of 15 year olds who regularly smoke from 8% to 3% or less by the end of 2022.
- Reduce smoking prevalence amongst adults in England from 15.5% to 12% or less by the end of 2022
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population by the end of 2022.
- Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less by the end of 2022.

Delivery of these ambitions will be monitored through a delivery plan, involving inter-departmental collaboration and local partnerships, with a cross-government oversight body to provide governance. This body will be composed of DHSC, HMT, HMRC, HO, MOJ, PHE and NHSE. The Delivery Plan includes actions for these national agencies. It also sets out a number of areas where we would encourage local areas to work collaboratively to address smoking. These local actions are set out in various parts of the Plan under the title "we want to see".

## How to use this document

This delivery plan should be used in conjunction with the [Tobacco Control Plan for England](#). You should refer to the control plan for the background and national policy position. The delivery plan is composed of four sections, namely:

- a) prevention first
- b) supporting smokers to quit
- c) eliminating variation in smoking rates, and
- d) effective enforcement.

These sections set out national commitments and actions around the four themes of the tobacco control plan. The Delivery Plan identifies lead agencies, milestones and metrics to measure success. It will be for lead agencies to determine how to deliver those actions, but all have committed to their delivery.

Reducing inequalities is a key priority for the health and care system and tackling smoking is a critical means of achieving this. For example, reaching out to smokers already engaging with NHS services will have a positive effect in reducing inequalities, focusing the most effective interventions on the most deprived and vulnerable smokers. Throughout this Plan we have sought to identify how we can best focus efforts on the most disadvantaged.

# 1. Prevention First

The main activity here will be to support people not to start smoking, while working to eliminate smoking among under 18s. To improve life chances for children, prevention means working towards a reduction of smoking prevalence during pregnancy, with emphasis on supporting women from deprived populations, under-served communities and those in routine and manual occupations.

## Local Delivery

Local delivery is at the root of prevention. Interventions will range from providing smoking cessation training to health professionals who have face to face interactions with patients to leading local action tailored to meet the demands of specific populations. Local tobacco control involves a range of activity including prevention programmes, the delivery of services to support smokers to stop smoking as well as the enforcement of tobacco regulations. Local authorities, funded by the Government's public health grant, have responsibility for commissioning local tobacco control interventions. This gives local Government the flexibility to design services which meet the needs of their unique populations. Public Health England will provide local authorities with a range of data including the Local Tobacco Control Profiles for England and Public Health Outcomes Framework data, as well other public health tools and resources for delivery of stop smoking services.

PHE and NHSE will hold a national lead role for delivery and governance of the "prevention first" workstream, working with their clinical and public health partners nationally and at the local level. See the detailed programme of activities in paragraphs 1.1.1 to 1.2.8.

# Tobacco Control Delivery Plan - Prevention First

## 1.1 Work to eliminate smoking among under 18s and achieve the first smokefree generation

Ref	Key programme / activity	Key milestones	Delivery date	Lead Agency	Metrics
1.1.1	Provide access to training for all health professionals on smoking cessation, particularly those working with mental health patients	<ul style="list-style-type: none"> <li>a) Train health professionals as per the National Training Function contract</li> <li>b) Update and review existing smoking cessation training modules</li> <li>c) Design and deliver targeted online training modules for healthcare practitioners</li> <li>d) Work with National Centre for Smoking Cessation and Training and other partners to maximise uptake and get feedback</li> </ul>	<ul style="list-style-type: none"> <li>a) March 2018</li> <li>b) Annually until March 2022</li> <li>c) March 2018</li> <li>d) Ongoing until 2022</li> </ul>	a) PHE	1. Number of health professionals including mental health staff accessing training, identified through reports from training provider- National Centre for Smoking Cessation and Training (NCSCT) and Health Education England (HEE)
1.1.2	Review the type and level of sanctions for tobacco retailers who repeatedly break laws designed to protect young people.	<ul style="list-style-type: none"> <li>a) Produce a court sentencing summary with cases and maximum levels of fines on tobacco offences</li> <li>b) Meet the Sentencing Council to discuss preliminary review considerations</li> <li>c) Monitor the sanctions throughout the duration of the Tobacco Control Plan</li> <li>d) Complete the sanctions review with recommendations</li> </ul>	<ul style="list-style-type: none"> <li>a) Sept 2018</li> <li>b) Oct 2018</li> <li>c) Annually until 2021</li> <li>d) March 2022</li> </ul>	a) DHSC	1. Statistics on tobacco offences and sentences

## 1.2 Stamping out inequality: smokefree pregnancy - reduce the prevalence of smoking during pregnancy to improve life chances for children

Ref	Key programme / activity	Key milestones	Delivery date	Lead Agency	Metrics
1.2.1	Analyse current practice in maternity services, to assess the use of CO monitoring and the implementation of smokefree policies across England	a) Utilise data from the Child and Maternity Dataset and evaluation of the Stillbirth Reduction Care Bundle to produce a report on current practices (including CO monitoring) in maternity services	a) Nov 2018	a) PHE	1. Current practices in maternity services (produced with NHSE and NHS I)
1.2.2	Work to reduce smoking in pregnancy through Carbon Monoxide testing at antenatal care and referral to stop smoking services through the Saving Babies' Lives Care Bundle	a) Conduct a carbon monoxide test on all pregnant women at their antenatal booking appointment b) Refer as appropriate to a stop smoking service/specialist, based on an opt out system c) Perform an independent evaluation of the care bundle to determine whether it has an effect on reducing stillbirth	a) Ongoing b) Ongoing c) Aug 2018	a) NHSE	1. Proportion of all pregnant women who have been CO tested at antenatal appointment (Maternity Trust by deprivation decile) 2. Proportion of trusts by deprivation decile reporting full CO testing for pregnant women
1.2.3	Include the recording of the outcome of Carbon Monoxide screening within the Maternity Services Dataset, which is the standard record of maternity care to accurately measure actual smoking behaviour beyond self-reporting bias	a) NHSE and NHSD include carbon monoxide testing in v2.0 of the Maternity Services Dataset b) Agree the best point during the ante or intrapartum pathway to collect CO testing data c) Maternity Service Dataset with CO testing operationalised	a) Dec 2017 b) Dec 2017 c) April 2019 d) Sept 2019	a) NHSE	1. CO testing included in MSDS 2. Best points of CO testing and frequency during pregnancy agreed 3. New smoking in pregnancy indicators included in routine publications

## Tobacco Control Plan Delivery Plan 2017 - 2022

		d) Publish data with new CO indicators			
1.2.4	Develop a joint work plan setting out recommendations for how local areas can work together to achieve the government's ambition on reducing smoking in pregnancy	<ul style="list-style-type: none"> <li>a) Integrate into delivery plan for work stream 9 (Improving Prevention) of the Maternity Transformation Plan.</li> <li>b) Plan to be agreed by Smokefree Champions at NHS E and PHE</li> <li>c) Cascade through Local Maternity Systems</li> <li>d) Produce a 'return on investment' tool .</li> <li>e) Produce a smoking in pregnancy model prevention pathway illustrating effective care from preconception to 6-8 weeks</li> </ul>	<ul style="list-style-type: none"> <li>a) Jan 2018</li> <li>b) May 2018</li> <li>c) Oct 2018</li> <li>d) March 2019</li> <li>e) Dec 2018</li> </ul>	<ul style="list-style-type: none"> <li>a) PHE</li> <li>b) NHSE</li> </ul>	<ul style="list-style-type: none"> <li>1. Delivery of stream 9 of the MTP measured by a highlight report every other month to the Maternity Transformation Programme Board and twice yearly deep dive to the NHS Prevention Board.</li> <li>2. Costs and savings of interventions associated with smoking in pregnancy</li> </ul>
1.2.5	Through the Maternity Transformation Programme, an initiative within the 5 Year Forward View, which will modernise and enhance maternity care NHS England will work with PHE to reduce stillbirths, neonatal and maternal deaths, by consistently emphasising opportunities to achieve and sustain smokefree pregnancies	<ul style="list-style-type: none"> <li>a) PHE lead the Improving Prevention work stream for the Maternity Transformation Programme (MTP).</li> <li>b) Identify interdependencies across the MTP, with actions on smokefree pregnancy highlighted in other relevant work stream plans</li> <li>c) Evaluate the funding programme (£1.95m NHSE) to 26 CCGs with the highest rates of smoking at time of delivery</li> </ul>	<ul style="list-style-type: none"> <li>a) ongoing</li> <li>b) Dec 2017</li> <li>c) Oct 2018</li> </ul>	<ul style="list-style-type: none"> <li>a) NHSE</li> <li>b) PHE</li> </ul>	<ul style="list-style-type: none"> <li>1. Publish outcomes report on funding</li> <li>2. Smoking in pregnancy at the time of delivery in 26 CCGs supported by the programme</li> </ul>
1.2.6	Continue to work with the Smoking in Pregnancy Challenge Group, a partnership between the Royal College of Midwives, the Royal College of Paediatrics and Child	<ul style="list-style-type: none"> <li>a) Challenge Group to write annually to the PH Minister on activity and progress, to which the Minister responds. PHE to contribute to response to these letters</li> </ul>	<ul style="list-style-type: none"> <li>a) Annually, autumn</li> <li>b) April 2018</li> </ul>	<ul style="list-style-type: none"> <li>a) PHE</li> </ul>	<ul style="list-style-type: none"> <li>1. Publication and cascade of resources - as hosted on Challenge Group website</li> </ul>

## Prevention First

	Health, the third sector and academia, to improve smoking cessation in pregnancy	b) Collaboration agreement established with Challenge Group for the development of resources to enhance knowledge and skills of Health Care Professionals on the issue of smoking in pregnancy			
1.2.7	<b>We want to see:</b> all CCGs, Trusts and local councils fully implementing NICE Guidance including Smoking: stopping in pregnancy and after childbirth (PH26) which recommends that all pregnant women are CO screened and those with elevated levels referred via an opt-out system for specialist support	Trusts: a) Routine CO screening and recording of smoking status of all pregnant women. b) Training for all maternity staff on addressing the issue of smoking. c) Clear pathways into specialist stop smoking support for all pregnant women who smoke.	a) Annually b) Annually c) Annually	Delivery: a) Local health System (trusts)  Support: b) NHSE & PHE	By deprivation decile, percentage of: 1. all pregnant women CO screened per trust 2. all maternity staff trained on stop smoking 3. pregnant smokers referred to specialist support services
1.2.8	<b>We want to see:</b> local areas - especially those with smoking in pregnancy prevalence above the national average - identifying local Smokefree Pregnancy Champions to consider how prevalence can be reduced in their locality and lead action to achieve this	Local Systems: a) Identify and train local smoke free champions b) Refresher and network support for champions	a) Annually b) Annually	Delivery: a) Local health System  Support: b) NHSE & PHE	By deprivation decile: 1. Number of Smokefree Champions trained per locality

## 2. Supporting smokers to quit

The majority of smokers in England want to quit and more effort will be made to support them in doing so. Smokers who use stop smoking services are up to four times more likely to quit successfully compared to those who choose to quit without help. The most effective approach remains the provision of specialist behavioural support combined with pharmacotherapy as provided by evidence based local stop smoking services. As such, local areas may find it more effective to look at how referrals to and uptake of evidence based stop smoking services can be increased, rather than looking at alternative or combined services to support smokers to stop smoking.

Most people today know that smoking is bad for their health, however, the full extent of the health risks associated with smoking are less well known. Most people know of the link between smoking and cancer, lung disease and heart disease. But fewer people are aware that each year smoking is also associated with more physical and mental health conditions.

In addition to practical actions on stop smoking services, a range of tobacco control measures including raising awareness on the dangers of tobacco will be implemented to support smokers to quit and discourage people from starting to smoke. Over the course of this tobacco control plan, the efforts of national and local Government, as well as health and care systems across England will collectively deliver interventions geared towards quitting and reducing smoking among women and men across the population, and those in target groups: young people, pregnant women, people with mental health conditions and those working in routine and manual occupations.

From running Stoptober campaigns to workplace based interventions and online training activities, the “supporting smokers to quit” workstream will be led by PHE and NHSE. Further details in paragraphs 2.1.1 to 2.4.4

# Tobacco Control Delivery Plan - Supporting smokers to quit

## 2.1 Stop smoking services

Ref	Key programme / activity	Key milestones	Delivery date	Lead Agency	Metrics
2.1.1	Continue to monitor effectiveness of stop smoking services and support local authorities to refocus support to quit	<ul style="list-style-type: none"> <li>a) Review quarterly statistics on stop smoking services, published by NHS Digital.</li> <li>b) Publication and on-going promotion of Models of Service document to support local commissioners in decisions regarding evidence based service provision.</li> <li>c) Continued procurement of a National Training Function to provide on-line training and expert advice for commissioners and practitioners.</li> </ul>	<ul style="list-style-type: none"> <li>a) Ongoing through 2022</li> <li>b) Sept 2017, ongoing</li> <li>c) Ongoing through 2022</li> </ul>	d) PHE	<ul style="list-style-type: none"> <li>1. Quarterly statistics on stop smoking services by deprivation decile</li> <li>2. Number of downloads of Models of Service document</li> <li>3. Number of people accessing training, identified through quarterly reports from training provider</li> </ul>
2.1.2	Ensure that local health professionals have access to the information and training they need to provide effective help for smokers to quit	<ul style="list-style-type: none"> <li>a) Continued procurement of an online training provider function</li> <li>b) Continue to established targeted training resources to healthcare professional groups</li> </ul>	<ul style="list-style-type: none"> <li>a) Annual; Review, March 2018</li> <li>b) Ongoing through 2022</li> </ul>	c) PHE	<ul style="list-style-type: none"> <li>1. Number of people accessing training, identified through quarterly reports from training provider</li> <li>2. Number of new resources produced</li> </ul>
2.1.3	<b>We want to see:</b> Local areas developing their own tobacco control strategies, based on NICE evidence-based guidance	<p>Local Systems:</p> <ul style="list-style-type: none"> <li>a) Clear positioning of tobacco control within strategic health and wellbeing objectives</li> </ul>	April 2018 - onwards	<p>Delivery:</p> <ul style="list-style-type: none"> <li>a) Local system</li> </ul>	<ul style="list-style-type: none"> <li>1. Locality smoking prevalence by deprivation decile</li> </ul>

Tobacco Control Plan Delivery Plan 2017 - 2022

		<ul style="list-style-type: none"> <li>b) Conduct tobacco control needs assessments to identify local priority groups and actions</li> <li>c) Sustainability and Transformation Plans (STPs) demonstrate an explicit link between evidence of need and service planning</li> <li>d) Provide evidenced-based stop smoking interventions</li> </ul>		<p>Support:</p> <ul style="list-style-type: none"> <li>b) PHE</li> </ul>	
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## 2.2 Parity of esteem: supporting people with mental health conditions - reduce the prevalence of smoking in people with mental health conditions

Ref	Key programme / activity	Key milestones	Delivery date	Lead Agency	Metrics
2.2.1	Develop and disseminate materials to support staff in mental health trusts to implement NICE Guidance PH45 and PH48, which outline the recommendations for reducing the harm from smoking and for helping people stop smoking for people using maternity, mental health and acute services respectively	<ul style="list-style-type: none"> <li>a) PHE to re-launch and support the use of self-assessment tools for mental health trusts, acute trusts and maternity services</li> <li>b) NHSE to facilitate via contractual levers the transition to smokefree in all mental health trusts including designing and implementation of smokefree policies in mental health settings</li> </ul>	<ul style="list-style-type: none"> <li>a) Relaunched Nov 2017, support ongoing</li> <li>b) Ongoing till 2022</li> </ul>	<ul style="list-style-type: none"> <li>a) PHE</li> <li>b) NHSE</li> </ul>	<ul style="list-style-type: none"> <li>1. Number and lists of local areas completing self-assessment tools</li> <li>2. Progress towards implementation of Smoke free policies and guidance</li> </ul>
2.2.2	Explore how to integrate further stop smoking support with addiction services and services for people with mental health conditions	<ul style="list-style-type: none"> <li>a) Include integration of stop smoking support and mental health services in the self-assessment exercise in milestone a), activity 2.2.1</li> <li>b) Support Mental Health and Smoking Partnership to promote links and closer working of addiction service with smoking cessation and mental health trusts</li> </ul>	<ul style="list-style-type: none"> <li>a) Jan 2018</li> <li>b) July 2018</li> </ul>	<ul style="list-style-type: none"> <li>a) DHSC</li> </ul>	<ul style="list-style-type: none"> <li>1. Integration in self-assessment tools and frameworks</li> <li>2. Mental Health and Smoking Partnership outcomes linking to addiction services</li> </ul>
2.2.3	Work with the Mental Health and Smoking Partnership of Royal Colleges, third sector organisations and academia to consider the evidence on how to reduce the prevalence of smoking among people with mental health conditions	<ul style="list-style-type: none"> <li>a) Maintain the observer position on the Mental Health and Smoking Partnership Group.</li> </ul>	<ul style="list-style-type: none"> <li>a) Ongoing through 2022</li> </ul>	<ul style="list-style-type: none"> <li>a) PHE</li> </ul>	<ul style="list-style-type: none"> <li>1. Smoking prevalence in people with mental health conditions</li> </ul>

## Tobacco Control Plan Delivery Plan 2017 - 2022

2.2.4	Identify and rectify gaps in data on smoking and mental health which show prevalence, trends and the level of stop smoking support provided in order to have a comprehensive picture of the problem	<ul style="list-style-type: none"> <li>a) PHE to produce a scoping report on the existing gaps on smoking and mental health data</li> <li>b) DHSC to form a multi-agency task and finish group to prioritise objectives to delivery this commitment</li> <li>c) National Agencies to take forward recommendations as a priority action</li> </ul>	<ul style="list-style-type: none"> <li>a) March 2018</li> <li>b) April 2018</li> <li>c) May 2018</li> </ul>	<ul style="list-style-type: none"> <li>a) PHE</li> <li>b) DHSC</li> <li>c) NHS Digital</li> </ul>	<ul style="list-style-type: none"> <li>1. New statistical reports published without data gaps</li> </ul>
2.2.5	Support the implementation of commissioning levers associated with Commissioning for Quality and Innovation and Sustainability and Transformation Partnerships: the "preventing ill health by risky behaviours – alcohol and tobacco CQUIN", which includes a requirement for clinicians to undertake assessment and arrange for intervention where appropriate in relation to smoking status	<ul style="list-style-type: none"> <li>a) PHE to promote and support delivery of PH48 self-assessment tools for Mental Health and Acute Trusts</li> <li>b) PHE to establish and maintain dedicated CQUIN guidance on Gov.uk website</li> <li>c) PHE to evaluate the delivery of the preventing ill health CQUIN</li> <li>d) NHS England to disseminate guidance to support Trusts to implement the full <a href="#">Physical health and Preventing Ill Health CQUINs</a>, including refs to smoking cessation guidance</li> <li>e) NHS I to support 25 MH Trusts with a structured QI programme on improving physical health for people with SMI, entitled Closing the Gap.</li> </ul>	<ul style="list-style-type: none"> <li>a) Ongoing</li> <li>b) Ongoing</li> <li>c) May 2020</li> <li>d) Nov 2018</li> <li>e) March 2019</li> </ul>	<ul style="list-style-type: none"> <li>a) NHSE</li> <li>b) PHE</li> </ul>	<ul style="list-style-type: none"> <li>1. Percentage of service users in secondary care receiving an assessment of smoking status</li> <li>2. Percentage of service users in secondary MH settings receiving an evidence based smoking cessation intervention PH SMI CQUIN and Risky Behaviours CQUIN audit data</li> <li>3. Number and lists of trusts fully achieving the thresholds for full and partial payments according to the CQUIN schemes</li> </ul>
2.2.6	<b>We want to see:</b> Commissioners and providers of the local health and	Mental health trusts/CCGs:		Delivery:	<ul style="list-style-type: none"> <li>1. Local systems to track</li> </ul>

## Supporting smokers to quit

	social care system assessing the need of stop smoking support for people with mental health conditions and delivering targeted and effective interventions	a) Develop pathways into effective stop smoking support for people with mental health conditions	a) Oct 2018	a) Mental health trusts, CCGs, LAs	achievement locally
2.2.7	<b>We want to see:</b> NICE guidance PH48 and PH45 fully implemented in all mental health contexts. This will mean the full roll out of comprehensive smokefree policies in all mental health units by 2018, as recommended in the 2016 Independent Mental Health Taskforce Report 'The Five Year Forward View for Mental Health'	Mental health trusts/CCGs: a) Undertake assessments of policy and practice associated with NICE guidance (including CLear Deep Dive) b) Implement comprehensive smokefree policies including access to stop smoking support as per pathways in 2.2.6	Nov 2018	Delivery: a) Mental health trusts, CCGs  Support and monitoring: b) PHE & NHS E	By deprivation decile: 1. Number and lists of trusts completing policy assessments associated with NICE guidance and CLear 2. Number and lists of trusts implementing comprehensive smokefree policies

## 2.3 Backing evidence based innovation: develop a strong evidence base on the full spectrum of nicotine delivery products

Ref	Key programme / activity	Key milestones	Delivery date	Lead Agency	Metrics
2.3.1	Monitor the impact of regulation and policy on e-cigarettes and novel tobacco products in England, including evidence on safety, uptake,	a) Monitor the outputs of the Committee on Toxicity (COT) on safety of e-cigarettes and novel tobacco products	a) annually b) March 2018 (then annually)	a) DHSC	1. PHE annual e-cigarette evidence publications

## Tobacco Control Plan Delivery Plan 2017 - 2022

	health impact and effectiveness of these products as smoking cessation aids to inform our actions on regulating their use	b) Track the evidence published through the PHE e-cigarettes evidence review (2.3.2 below) and commission further work to address the emerging evidence			
2.3.2	Update PHE evidence report on e-cigarettes and other novel nicotine delivery systems annually until the end of the Parliament in 2022 and will include within quit smoking campaigns messages about the relative safety of e-cigarettes	a) PHE COT secretariat to provide evidence base on heat not burn products to COT and authors of EC Evidence Update. b) Annual evidence report published	a) Complete b) Annually (first report Jan 2018)	a) PHE	1. Number of academic references and citations
2.3.3	Continue to provide smokers and the public with clear, evidence based and accurate information on the relative harm of nicotine, e-cigarettes, other nicotine delivery systems and smoked tobacco, to enable informed decision-making. This will include the publication of an assessment of the risks of nicotine addiction	a) Stoptober 2017 campaign b) Health Harms 2018 campaign c) Assessment of risks of nicotine addiction commissioned as part of e-cigarette evidence review. See 2.3.2	a) Sept-Oct 2017 b) Jan 2018 c) Dec 2017	a) PHE	1. Stoptober evaluation report 2. Campaign evaluation report with metrics on C2DE groups 3. Evidence on nicotine addiction published
2.3.4	Provide evidence based guidance for health professionals to support them in advising smokers who want to use e-cigarettes or other nicotine delivery systems to quit	a) Delivery of on-line training module for stop smoking practitioners and other healthcare professionals to enhance their knowledge of e-cigarettes and support their work with smokers.	a) Sept 2018	a) PHE	1. Number of people accessing training, identified through quarterly reports from training provider
2.3.5	Ensure that the route to medicinal regulation for e-cigarette products is fit for purpose so that a range of safe and effective products can potentially	a) Engage with companies who have been in contact for scientific/regulatory advice as a follow up to discuss whether further	a) Aug 2018 b) Sept 2018	a) MHRA	1. Myth busters brief on medicinal e-cigarette licensing 2. Meeting report/update with

## Supporting smokers to quit

	be made available for NHS prescription	<p>assistance was required</p> <p>b) Produce a myth busters document clarifying the route to e-cigarette medicinal licensing</p> <p>c) Host a meeting with e-cigarette trade associations to explore views of Small and Medium Enterprises (SME) on e-cigarette medicinal licensing</p>	c) Aug 2018		SME views on e-cigarette medicinal licensing
2.3.6	Based on the evidence reviews undertaken by PHE, review policy and regulation of nicotine delivery systems to provide an environment that facilitates smokers taking action to improve their health and the health of those around them, whilst minimising any risk of new nicotine addiction in children	<p>a) Use PHE evidence reviews for subject report on nicotine delivery systems</p> <p>b) Review policy and regulation of nicotine delivery systems as part of post-implementation review (PIR)</p>	<p>a) June 2018</p> <p>b) May 2020</p>	a) DHSC	<p>1. Subject reports and indicators on nicotine delivery systems from PHE review</p> <p>2. Post implementation review reports publication</p>

## 2.4 A Smokefree NHS, leading by example: create and enable working environments which encourage smokers to quit

Ref	Key programme / activity	Key milestones	Delivery date	Lead Agency	Metrics
2.4.1	Support NHS England to help smokers using, visiting or working in the NHS to quit	<p>a) Promote and support NICE PH48 self-assessment tools for Trusts</p> <p>b) Stoptober campaigns to include materials for Smokefree NHS</p>	<p>a) Ongoing</p> <p>b) Oct 2017</p>	a) PHE	1. Number and lists of local areas by deprivation decile completing self-assessment tools (approximate – intelligence from PHE Centre leads and downloads from the website). Further

Tobacco Control Plan Delivery Plan 2017 - 2022

					<p>metrics supporting this deliverable will be supported with data and analysis from/by NHSE on:</p> <ul style="list-style-type: none"> <li>• Number of people trained in VBA</li> <li>• Number and lists of Trusts complying with CQUIN</li> <li>• Number and lists of Trusts complying with smokefree NHS standards</li> </ul>
2.4.2	Support NHS Trusts and secondary care units to implement NICE guidance PH48 on stopping smoking for people using maternity, mental health and acute services	<p>a) PHE to promote the use of self-assessment tools in 2.2.1 for mental health trusts, acute trusts and maternity services</p> <p>b) NHS E to track progress and sustainability of smokefree trusts to support areas of highest need</p>	<p>a) Oct 2018</p> <p>b) Jan 2019 and annually through to 2022</p>	<p>a) PHE</p> <p>b) NHSE</p>	1. Number and lists of trusts by deprivation decile that are smokefree
2.4.3	Work with willing employers to develop advice for how employers across different industries can best support their workforces to stop smoking including the implementation of NICE guidance PH5 on workplace interventions to help people stop smoking	a) Publication of 'PHE BITC Alcohol, Drugs and Tobacco Toolkit for Employers'	a) May 2018	a) PHE	<p>By region:</p> <p>1. Number of downloads of the toolkit</p>

## Supporting smokers to quit

<p>2.4.4</p>	<p><b>We want to see:</b> All employers making good use of information and momentum generated by national campaigns such as ‘Stoptober’ and regional campaigns to promote stopping smoking amongst their employees</p>	<p>Local Systems: Trusts/CCGs/LAs</p> <ul style="list-style-type: none"> <li>a) Utilise national campaigns to engage local populations with stop-smoking messaging</li> <li>b) Embed the promotion of evidenced – based stop smoking support within workplace health strategies</li> <li>c) Work with local employers to provide targeted stop smoking support in accordance with NICE Guidance (PH5 and QS82)</li> </ul>	<p>Jan 2019 onwards</p>	<p>Delivery:</p> <ul style="list-style-type: none"> <li>a) LAs/CCGs/Trusts</li> </ul> <p>Support:</p> <ul style="list-style-type: none"> <li>b) PHE</li> </ul>	<p>1. Local systems to assess achievement locally</p>
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### 3. Eliminating Variation in smoking rates

To reduce the regional and socio-economic variations in smoking rates, we need to achieve system-wide change and target our actions at the right groups. Helping smokers to quit is the job of the whole health and care system. As smokers experience a greater incidence of poor health and disease, the health system will already be regularly engaging with them. We must exploit these opportunities and make every contact count. But regional variation in smoking prevalence, as well as digital developments and the changing dynamics of a digitally engaged public means that we must ensure approaches are evidence based to bring about the cost effective delivery of public behaviour change.

To ensure we are addressing health inequalities we need to target those populations where smoking rates remain high, using mass media campaigns to promote smoking cessation and raise awareness of the harms of smoking, protect people from the harm of secondhand smoke and ensuring our strategies are effective and evidence based.

In paragraphs 3.1.1 to 3.5.7 we detail actions that will be implemented through the course of the plan to achieve milestones towards the elimination of smoking rates. Key national agencies leading these actions are DHSC, PHE, NHSE and NHS Digital.

# Tobacco Control Delivery Plan - Eliminating variation in smoking rates

## 3.1 A whole system approach; develop all opportunities within the health and care system to reach out to the large number of smokers engaged with healthcare services on a daily basis

Ref	Key programme / activity	Key milestones	Delivery date	Lead Agency	Metrics
3.1.1	Work with the Academy of Medical Royal Colleges, as well as charities and the research community, to develop guidance and messages for professionals across the health and care system on the delivery of stop smoking interventions	<ul style="list-style-type: none"> <li>a) PHE to continue working closely with UKCTAS, UKCRF and Royal Colleges to ensure information and messages are of high quality and evidence based.</li> <li>b) PHE to continue working with Smoking in Pregnancy Challenge Group, Mental Health Partnership to further engage with health professionals and ensure consistent messaging on key issues.</li> <li>c) DHSC to convene a meeting with the AMRC and partners for action plan and guidance development</li> </ul>	<ul style="list-style-type: none"> <li>a) Annually</li> <li>b) Annually</li> <li>c) Oct 2018</li> </ul>	<ul style="list-style-type: none"> <li>a) PHE</li> <li>b) DHSC</li> </ul>	<ul style="list-style-type: none"> <li>1. PHE to provide an annual narrative on action against milestones</li> </ul>
3.1.2	Support the provision of training for health professionals to provide evidence based interventions that support patients to give up smoking	<ul style="list-style-type: none"> <li>a) Online training and materials provided through the NCSCT</li> </ul>	<ul style="list-style-type: none"> <li>a) Nov 2018, reviewed annually</li> </ul>	<ul style="list-style-type: none"> <li>a) PHE</li> </ul>	<ul style="list-style-type: none"> <li>1. Number of people accessing training, identified through reports from training provider</li> </ul>
3.1.3	Consider the need for including advice on smoking in all relevant new and updated guidelines	<ul style="list-style-type: none"> <li>a) Update smoking guidance on smoking cessation interventions and services, and</li> </ul>	<ul style="list-style-type: none"> <li>a) March 2018</li> </ul>	<ul style="list-style-type: none"> <li>a) NICE</li> </ul>	<ul style="list-style-type: none"> <li>1. Publication of guideline: Smoking cessation interventions and services and publication of</li> </ul>

Tobacco Control Plan Delivery Plan 2017 - 2022

		<p>a suite of tobacco updates</p> <p>b) Consider how best to cross-refer to current smoking guidance in all relevant new and updated guidance</p> <p>c) Support implementation of guidance through the development of quality standards, and implementation tools</p>	<p>b) ongoing</p> <p>c) ongoing</p>		the 'tobacco update'
3.1.4	<b>We want to see:</b> all health professionals engaging with smokers to promote quitting	<p>Local Systems: Trusts/CCGs/LAs</p> <p>a) Healthcare professionals training to offer very brief advice on smoking.</p> <p>b) Establish pathways into specialist stop smoking support across the local healthcare systems</p>	<p>a) Jan 2019</p> <p>b) June 2019</p>	<p>Delivery:</p> <p>a) NHSE/ Trusts/ CCGs/ LAs</p> <p>Support:</p> <p>b) PHE</p>	<p>1. Use metric from 1.1.1</p> <p>2. Risky Behaviours CQUIN data</p>
3.1.5	<b>We want to see:</b> all commissioners taking up the 2017-19 Commissioning for Quality and Innovation framework which includes tobacco as a national indicator for clinicians to undertake assessment and arrange for intervention where appropriate in relation to smoking status	<p>Local systems: Trusts</p> <p>a) Implementation of the Risky Behaviours CQUIN</p>	<p>a) Dec 2018</p>	<p>Delivery:</p> <p>a) Trusts</p> <p>Support:</p> <p>b) PHE/ NHSE</p>	<p>1. Uptake and impact of CQUIN, outcomes as defined within CQUIN indicators</p>
3.1.6	<b>We want to see:</b> all NHS hospitals fully implementing NICE PH48 guidance supporting cessation in secondary care	<p>Local systems: Trusts</p> <p>a) Undertake assessments of Trust smokefree status against NICE guidelines</p>	<p>a) Dec 2018</p>	<p>Delivery:</p> <p>a) Trusts</p>	<p>1. Number and lists of trusts by deprivation decile with a smokefree status and fully</p>

Eliminating Variation in smoking rates

		PH48		Support: b) PHE/ NHSE	implementing NICE guidelines PH48 2. 7-point scale assessment of smokefree status for all Trusts
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### 3.2 Local inequalities: eliminating health inequalities through targeting those populations where smoking rates remain high

Ref	Key programme / activity	Key milestones	Delivery date	Lead Agency	Metrics
3.2.1	PHE will support local councils in their evidence based local tobacco control plans through the development of work on sector-led improvement driven by the local councils working together to drive performance	<ul style="list-style-type: none"> <li>a) PHE to relaunch CLear tools; aimed at local systems to undertake an assessment of their Tobacco Control activity.</li> <li>b) PHE Centres/Regions to establish workstreams in support of local implementation with local system.</li> </ul>	<ul style="list-style-type: none"> <li>a) Nov 2017</li> <li>b) Ongoing, complete Nov 2018</li> </ul>	a) PHE	Number and lists of local areas by deprivation decile undertaking CLear peer-assessment
3.2.2	PHE will publish an annual Joint Strategic Needs Assessment support pack to help local councils to commission comprehensive tobacco control interventions	<ul style="list-style-type: none"> <li>a) Develop annual JSNA / Commissioning Support packs</li> <li>b) Undertake a review of support materials annually</li> </ul>	<ul style="list-style-type: none"> <li>a) Oct 2017, annually</li> <li>b) Oct 2018, annually</li> </ul>	a) PHE	<ul style="list-style-type: none"> <li>1. Number of people accessing JSNA Commissioning Support packs identified through downloads and distribution networks</li> <li>2. Annual updates of the support packs</li> </ul>
3.2.3	PHE will target support at those areas with high levels of smokers advising on commissioning and delivery of stop smoking services	<ul style="list-style-type: none"> <li>a) Publication of Models of Service document to support local commissioners in decisions regarding evidence based service provision.</li> <li>b) PHE to target marketing and campaigns activity to C2DE groups.</li> </ul>	<ul style="list-style-type: none"> <li>a) Sept 2017</li> <li>b) Annually</li> </ul>	a) PHE	1. Number of downloads of Models of Service document
3.2.4	<b>We want to see:</b> Regions and individual local councils coming together to agree local ambitions around which collective action can be	<p>Local Systems: LAs</p> <ul style="list-style-type: none"> <li>a) Establish networks for local ambitions between regions and councils where</li> </ul>	<ul style="list-style-type: none"> <li>a) Jan 2019</li> </ul>	<p>Delivery:</p> <ul style="list-style-type: none"> <li>a) LAs</li> </ul>	1. Local systems to assess achievement locally

## Eliminating Variation in smoking rates

	organised	applicable		Support: b) PHE	
3.2.5	<b>We want to see:</b> Local health and wellbeing partners participating in 'CLear', an evidence based improvement model that can assist in promoting local tobacco control activities	Local Systems: LAs/CCGs a) Carry out CLear self-assessment and Deep Dives as appropriate b) Undertake CLear peer-review to reflect on local activities.	a) Annually b) Mar 2019	Delivery: a) LAs/ CCGs Support, monitoring: b) PHE & NHS Commissioning	By deprivation decile: 1. No of local areas showing trends in prevalence for adults in the routine and manual population 2. No of local areas reporting quit rates 3. Number and lists of local areas undertaking CLear peer-assessments
3.2.6	<b>We want to see:</b> Local councils identifying the groups and areas with the highest smoking prevalence within their local communities and taking focused action aimed at making reductions in health inequalities caused by smoking in their population	Local Systems:LAs/CCGs a) Develop action plans to reduce tobacco related health inequalities (recommended for all LAs and required for LAs with high smoking prevalence) b) Implement stop smoking interventions targeting priority populations	a) May 2018 b) June 2018 onwards	Delivery: a) LAs/ CCGs Support, Monitoring b) PHE	By deprivation decile: 1. Number and lists of LAs narrowing the prevalence gap between most deprived and least deprived populations

### 3.3 Public awareness: use mass media campaigns to promote smoking cessation and raise awareness of the harms of smoking

Ref	Key programme / activity	Key milestones	Delivery date	Lead Agency	Metrics
3.3.1	Continue to use mass media campaigns to promote smoking cessation and raise awareness of the harms of smoking. This will include the funding and delivery of Stoptober	<ul style="list-style-type: none"> <li>a) PHE to provide updated tobacco control marketing strategy</li> <li>b) PHE to continue delivering Stoptober annually</li> <li>c) PHE to launch Health Harms campaign 2018</li> </ul>	<ul style="list-style-type: none"> <li>a) Sept 2018</li> <li>b) October, annually</li> <li>c) Dec 2018</li> </ul>	a) PHE	<ul style="list-style-type: none"> <li>1. Evaluations of annual Stoptober campaign including by socioeconomic group</li> <li>2. Evaluation of Health Harms 2018</li> </ul>
3.3.2	Continue to review the effect of marketing campaigns in comprehensive action to reduce smoking and maintain an effective, evidence based approach towards behaviour change marketing	<ul style="list-style-type: none"> <li>a) Review the effectiveness of PHE tobacco control marketing strategy</li> </ul>	<ul style="list-style-type: none"> <li>a) Apr 2019</li> </ul>	a) PHE	<ul style="list-style-type: none"> <li>1. Review report on marketing strategy with indicators</li> </ul>
3.3.3	<b>We want to see:</b> Local areas working together to explore if regional and cross-regional approaches could offer a greater return on investment for stop smoking campaigns	<p>Local system: LAs</p> <ul style="list-style-type: none"> <li>a) Explore collaborative opportunities with innovative return on investment in stop smoking services</li> </ul>	<ul style="list-style-type: none"> <li>a) Nov 2018</li> </ul>	<p>Delivery:</p> <ul style="list-style-type: none"> <li>a) Local system: LAs</li> </ul> <p>Support:</p> <ul style="list-style-type: none"> <li>b) PHE</li> </ul>	<ul style="list-style-type: none"> <li>1. Local systems to assess achievement locally</li> <li>2. Annual narrative on supra-local collaboration</li> </ul>

### 3.4 Smokefree places: explore further opportunities to protect people from the harm of secondhand smoke

Ref	Key programme / activity	Key milestones	Delivery date	Lead Agency	Metrics
3.4.1	Assess the evidence base around perception and role-modelling for smokefree outdoor places	a) PHE to produce an evidence review on smokefree outdoor places	a) Dec 2018	a) PHE	1. Published evidence review report with perceptions on smokefree outdoor places
3.4.2	Support local areas looking to implement local smokefree policies differentiating the levels of harm caused by existing tobacco products including e-cigarettes and other novel products	a) PHE to progress discussions around smokefree social housing b) PHE to provide local support on different harms of nicotine inhaling products using commissioning tools and JSNA information packs (see section3.2.2)	a) Ongoing, complete Dec 2018 b) Dec 2018	a) PHE	1. Number and lists of local areas by deprivation decile accessing info packs and implementing e-cigs advice in their Stop Smoking Services
3.4.3	Implement smokefree policies across all prisons in England	a) Phased roll out of smoke free to all closed prisons subject to readiness assessment b) Deliver NRT services within all smoke free prisons	a) April 2018 b) April 2018	a) HMPPS b) NHS/PHE	1. Number and lists of prisons that are smokefree; Number of smoke free prisoner places; Number of prisoners accessing NRT support; Number of non-smokers as registered on HMPPS CNOMIS 2. Number and lists of smokefree prisons fully accessing NRT services.

## Tobacco Control Plan Delivery Plan 2017 - 2022

<p>3.4.4</p>	<p>Support the implementation of smokefree policies across all hospitals in England</p>	<p>a) PHE to support access to NICE PH48 self-assessment tools for Trusts (CLear Deep Dives)</p> <p>b) NHSE and PHE to finalise the definition of smokefree policy as complying with all NICE PH48 recommendations (where all patients are asked about their smoking; offered support; and this is complemented by a non-smoking estate.)</p> <p>c) NHSE to facilitate development and implementation of smokefree policies in all hospitals and trusts</p>	<p>a) Complete (relaunch Nov 2018)</p> <p>b) Aug 2018</p> <p>c) Mar 2020</p>	<p>a) PHE/ NHSE/ Local system</p>	<ol style="list-style-type: none"> <li>1. Number and lists of local areas by deprivation decile completing self-assessment tools (approximate – intelligence from PHE Centre leads and downloads from the website)</li> <li>2. Smokefree policy defined and guidelines for local systems to adapt published</li> <li>3. Number and lists of hospitals which have implemented smokefree policies; Number of people trained in VBA; Number and lists of Trusts complying with CQUIN; Number and lists of Trusts complying with smokefree NHS standard</li> </ol>
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### 3.5 Tobacco control intelligence: ensure our strategies are effective and evidence based

Ref	Key programme / activity	Key milestones	Delivery date	Lead Agency	Metrics
3.5.1	Continue to develop and monitor the evidence base to identify and respond to emerging issues	<ul style="list-style-type: none"> <li>a) PHE: provide an annual epidemiological update to DHSC to form the basis of PHE review of emerging issues</li> <li>b) DHSC advise on policy focus of the PHE evidence review in consideration of epidemiological updates</li> </ul>	<ul style="list-style-type: none"> <li>a) Annually</li> <li>b) Annually</li> </ul>	<ul style="list-style-type: none"> <li>a) DHSC</li> <li>b) PHE</li> </ul>	<ul style="list-style-type: none"> <li>1. Update reports</li> <li>2. Review focus and content</li> </ul>
3.5.2	Evaluate and monitor the effect of substantive tobacco control measures implemented or taking effect over the course of this plan	<ul style="list-style-type: none"> <li>a) Develop a post-implementation review plan and timetable</li> <li>b) Evaluate pieces of tobacco legislation implemented over the course of this plan</li> </ul>	<ul style="list-style-type: none"> <li>a) March 2018</li> <li>b) March 2020</li> </ul>	<ul style="list-style-type: none"> <li>a) DHSC</li> </ul>	<ul style="list-style-type: none"> <li>1. Post implementation review plan with timetable and type of evidence required</li> <li>2. PIR publications on gov.uk with Regulatory Policy Committee rating</li> </ul>
3.5.3	Consider how tobacco control measures could be better embedded into existing NHS data collections	<ul style="list-style-type: none"> <li>a) Explore scope to run the SDD annually</li> <li>b) Explore using Maternity Services Dataset for other smoking in pregnancy indicators (in addition to SATOD)</li> <li>c) Explore how a routine and more reliable prevalence of smoking in people with serious mental health conditions can be obtained from the Mental Health Minimum Dataset and reporting on this routinely</li> </ul>	<ul style="list-style-type: none"> <li>a) Ongoing</li> <li>b) June 2018</li> <li>c) June 2018</li> </ul>	<ul style="list-style-type: none"> <li>a) DHSC</li> <li>b) NHS Digital</li> </ul>	<ul style="list-style-type: none"> <li>1. SDD returning to an annual survey or report on justification for a bi-annual survey</li> <li>2. Further information collected about women smoking at different times in pregnancy and CO verified smoking status.</li> <li>3. Mental health and smoking questions being asked in same survey</li> </ul>

## Tobacco Control Plan Delivery Plan 2017 - 2022

3.5.4	Explore how more frequent and reliable data could be collated to better inform tobacco control measures which aim to support people with mental health conditions	<ul style="list-style-type: none"> <li>a) Explore scope to use the HSE as a measure for smoking prevalence amongst those with common mental health conditions</li> <li>b) Milestone 3.5.3 c) applies</li> </ul>	a) Sept 2018	a) NHS Digital	<ul style="list-style-type: none"> <li>1. Smoking prevalence among people with common mental health conditions in HSE</li> <li>2. Smoking prevalence in people with serious mental health conditions reliably measured through appropriate database</li> </ul>
3.5.5	Review how the prevalence of young people who smoke is measured as well as their attitudes to smoking to inform policy on reducing smoking prevalence for young people	<ul style="list-style-type: none"> <li>a) NHSD: Assess the impact of methodology on smoking data collections in youth, including areas reported in A.8 Potential Impact of Methodology of What About Youth Survey.</li> <li>b) DHSC: Develop policy questions to explore the trends of prevalence smoking (risky behaviours ) among youth</li> </ul>	<ul style="list-style-type: none"> <li>a) Complete</li> <li>b) March 2018</li> </ul>	<ul style="list-style-type: none"> <li>a) NHS Digital</li> <li>b) DHSC</li> </ul>	<ul style="list-style-type: none"> <li>1. Report and recommendations on best practice for smoking data collections in youth</li> </ul>
3.5.6	Continue to work to improve the reliability of data measures for smoking during pregnancy, by removing 'unknowns' from the calculation of Smoking Status at Time of Delivery and reviewing the point at which smoking status is recorded for pregnant women	a) Work with the Indicator and Methodology Assurance Service to improve smoking in pregnancy data including milestones in activity 1.2.3	a) Complete	a) NHS Digital	<ul style="list-style-type: none"> <li>1. Additional data being collected on women smoking in pregnancy, including CO verified smoking status throughout the duration of pregnancy</li> </ul>

### Eliminating Variation in smoking rates

3.5.7	Continue to develop the evidence base by funding further tobacco control research	<ul style="list-style-type: none"> <li>a) Track the progress of Policy Research Programme grants and ensure they continue to provide evidence to inform national policy</li> <li>b) Continue funding national official reports on smoking statistics</li> </ul>	<ul style="list-style-type: none"> <li>a) Annually</li> <li>b) Annually</li> </ul>	a) DHSC	<ul style="list-style-type: none"> <li>1. Number of peer reviewed PRP publications</li> <li>2. Annual and bi-annual smoking statistics by ONS and NHS Digital</li> </ul>
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## 4. Effective enforcement

Tobacco is the deadliest commercially available product in England, with tobacco regulations serving to safeguard people, particularly children and young people, from the avoidable premature death and disease tobacco use causes. Comprehensive enforcement of tobacco regulation is an important strand of tobacco control to maximise the public health benefit delivered by tobacco regulations. Non-compliance with tobacco regulations seriously undermines public health and damages legitimate local business. Local enforcement is the responsibility of local authorities, but at the national level we want to ensure that we maintain a robust tax regime for tobacco and reduce discrepancies in tobacco product prices. We also want to improve the use and effectiveness of sanctions and monitor the development of novel products and review our regulatory framework once we exit the European Union.

The UK remains a world leader in tobacco control, independent experts have rated UK tobacco control as the best in Europe. The Government has a proven track record in reducing the harm caused by tobacco. Within the course of the plan, paragraphs 4.1.1 to 4.4.1 outline specific interventions that will be implemented to maintain this position. These interventions will be led by DHSC, HMT and HMRC.

## 4.2 Taxation: maintain a robust tax regime for tobacco and reduce discrepancies in product prices

Ref	Key programme / activity	Key milestones	Delivery date	Lead Agency	Metrics
4.1.1	Continue the policy of maintaining high duty rates for tobacco products to improve public health	a) Tobacco duty rates maintained in annual budgets till the end of Parliament	a) Annually	a) HMT	a) Duty and revenue on cigarettes available through HMRC – Tobacco Duties Bulletin

## 4.2 Illicit tobacco: implement the illicit tobacco strategy and reduce the market share of these products

Ref	Key programme / activity	Key milestones	Delivery date	Lead Agency	Metrics
4.2.1	Continue to work with other EU Member States on implementation of the track and trace and security marking requirements of the Tobacco Products Directive and the WHO FCTC Illicit Trade Protocol	<ul style="list-style-type: none"> <li>a) Contribute to EU legislation for implementation of Track and Trace System</li> <li>b) Implement track and trace System</li> </ul>	<ul style="list-style-type: none"> <li>a) Complete</li> <li>b) Nov 2019</li> </ul>	<ul style="list-style-type: none"> <li>a) HMRC</li> <li>b) HMRC</li> </ul>	<ul style="list-style-type: none"> <li>1. Track and trace system legislation in place</li> <li>2. Successful roll out of the track and trace system</li> </ul>
4.2.2	Improve the use of sanctions to address tobacco fraud, in particular for repeat offenders	<ul style="list-style-type: none"> <li>a) Publish response to formal consultation</li> <li>b) Develop standard operating model with Trading Standards</li> <li>c) Further work with enforcement partners and representative bodies on sanctions options</li> </ul>	<ul style="list-style-type: none"> <li>a) November 2017</li> <li>b) 2018/19</li> <li>c) 2018/19</li> </ul>	<ul style="list-style-type: none"> <li>a) HMRC</li> <li>b) HMRC</li> <li>c) HMRC</li> </ul>	<ul style="list-style-type: none"> <li>a) Publication of the consultation</li> <li>3. National roll-out of standard operating model</li> <li>4. Advice to Ministers on possible new sanctions</li> </ul>
4.2.3	Continue engagement with the media to raise awareness of tobacco duty evasion, its effect on society and the consequences for those involved in the fraud	<ul style="list-style-type: none"> <li>a) Cross Government Group (CGG) message agreed and tested to decrease demand; and</li> <li>b) CGG Pilot campaign</li> </ul>	<ul style="list-style-type: none"> <li>a) 2018/19</li> <li>b) 2018/19</li> </ul>	<ul style="list-style-type: none"> <li>a) HMRC</li> </ul>	<ul style="list-style-type: none"> <li>1. Successful pilot campaign</li> <li>2. Business case developed for national roll-out</li> </ul>

## Effective enforcement

4.2.4	Ratify and implement the WHO FCTC Protocol on Illicit Tobacco as soon as the required legislation has been approved by Parliament	a) UK to pass legislation for implementation of FCTC protocol b) UK to ratify the FCTC Protocol	a) 2018 b) 2018	a) HMRC b) HMRC	Legislation passed Protocol ratified
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### 4.3 Regulation and enforcement: improve the use and effectiveness of sanctions and monitor the development of novel products

Ref	Key programme / activity	Key milestones	Delivery date	Lead Agency	Metrics
4.3.1	Offer magistrates reliable information about the severity and impact of tobacco crimes and explore options for sentencing guidelines	<ul style="list-style-type: none"> <li>a) Summary of tobacco crimes and sentences and link to actions in 1.1.2 and 4.2.2</li> <li>b) Liaise with MoJ and the Sentencing Council to discuss tobacco sanctions – one meeting</li> </ul>	<ul style="list-style-type: none"> <li>a) Aug 2018</li> <li>b) Sept 2018</li> </ul>	a) DHSC	a) Summary of tobacco crimes and sanctions
4.3.2	Meet legal requirement to review the impact of new tobacco regulations including: the Tobacco and Related Products Regulations 2016 and the Standardised Packaging of Tobacco Products Regulations 2015	<ul style="list-style-type: none"> <li>a) Develop a post-implementation review plan and timetable</li> <li>b) Evaluate pieces of tobacco legislation implemented over the course of this plan</li> </ul>	<ul style="list-style-type: none"> <li>a) March 2018</li> <li>b) March 2020</li> </ul>	a) DHSC	<ul style="list-style-type: none"> <li>a) Post implementation review plan with timetable and type of evidence required</li> <li>b) PIR publications on gov.uk with Regulatory Policy Committee rating</li> </ul>
4.3.3	Continue to publish information on all meetings with the tobacco industry to further transparency. The exception is for commercially or operationally sensitive information	<ul style="list-style-type: none"> <li>a) Routinely liaise with DH and cross-government officials to publish meetings with industry</li> </ul>	<ul style="list-style-type: none"> <li>a) Ongoing, routine</li> </ul>	a) All	a) All non-commercially sensitive meetings published

## Effective enforcement

4.3.4	Limit direct contact with the tobacco industry to that necessary to discuss the implementation of regulatory provisions or operational matters, and more broadly encourage tobacco companies to engage with the government in writing rather than face to face, email or phone communications so as to maximise transparency	a) Active reminders in the officials and delivery groups to limit contact with industry	a) Ongoing	a) All	a) Standing item on officials and delivery group meeting agendas
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#### 4.4 Leaving the European Union: review where the UK's exit from the EU offers us opportunities to further improve public health

Ref	Key programme / activity	Key milestones	Delivery date	Lead Agency	Metrics
4.4.1	Review measures and activities which are affected by the UK's exit from the EU, including the identification of de-regulatory measures that further health objectives	i. Milestones under discussion		1. DHSC	1. Metrics under discussion

## Annex A - Core metrics for Tracking Progress on Ambitions

TCP programme	Metric(s)	Frequency	Source
1.1	Reductions in smoking in pregnancy Target <=6% by end 2022.	Quarterly	Smoking Status at Time of Delivery – NHS (SATOD)  Discussions in progress to assess how this metric can be measured throughout pregnancy and/or after birth.
1.2	Annual smoking prevalence amongst adults (18+) Target <=12% by end 2022.	Annual	Office for National Statistics (ONS) from Annual Population Survey
1.3	Smoking prevalence among young people 11-15 year old Smoking Drinking and Drugs Survey Target <=3% by end 2022	Biennial	NHS Digital SDD report is was published biannually, next report will be 2019. We will assess how the measure can be repeated annually
1.4	Reduction in inequality gap Ratio and absolute difference of routine & manual and the general adult population	Annual	Office for National Statistics (ONS) from Annual Population Survey

## Annex B - List of Acronyms

AMRC	Academy of Medical Royal Colleges
BITC	Business in the Community
C2DE	The three lowest categories on social scale, including skilled non-managerial, routine, manual and unskilled workers
CCG	Clinical Commissioning Group
CGG	Cross Government Group
CLeaR	Challenge, Leadership and Results model for tobacco control assessment
CO	Carbon Monoxide
COT	Committee on Toxicity
CNOMIS	Central National Offender Management Information System
CQUIN	Commissioning for Quality and Innovation Framework
DHSC	Department of Health and Social Care
FCTC	Framework Control on Tobacco Control
GPES	General Practice Extraction Service
HEE	Health Education England
HMPPS	Her Majesty's Prison and Probation Service
HMRC	Her Majesty's Revenue and Customs
HMT	Her Majesty's Treasury
HO	Home Office
HSE	Health Survey England
JSNA	Joint Strategic Needs Assessment
LA	Local Authority

## Effective enforcement

MHSDS	Mental Health Services Dataset
MOJ	Ministry of Justice
MSD	Maternity Services Dataset
MTP	Maternity Transformation Programme
NCSCCT	National Centre for Smoking Cessation and Training
NHS D	NHS Digital
NHS E	NHS England
NHS I	NHS Improvement
NICE	National Institute for Health and Care Excellence
NRT	Nicotine Replacement Therapy
ONS	Office for National Statistics
PH	Public Health
PHE	Public Health England
PIR	Post Implementation Review of legislation
PRP	Policy Research Programme
SATOD	Smoking at time of delivery
SDD	Smoking Drinking and Drugs Survey
STP	Sustainability and Transformation Partnerships
SME	Small Medium Enterprise
UKCTAS	UK Centre for Tobacco and Alcohol Studies
UKCRF	UK Clinical Research Facilities Network
VBA	Very Brief Advice
WHO	World Health Organisation