

# Tobacco Free Cardiff Strategy 2008–2011 Draft



Take the first step  
*No Smoking day*



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**MAE AMSER MWG AIL-LAW AR BEN  
TIME'S UP FOR SECOND-HAND SMOKE**



CARDIFF  
HEALTH ALLIANCE  
CYNGHRAIR IECHYD  
CAERDYDD



Bwrdd Iechyd Lleol  
Local Health Board  
Caerdydd  
Cardiff



Cardiff  
Caerdydd  
A Proud Capital  
Prifddinas Falch



CYNGOR IECHYD CYMUNED CAERDYDD  
CARDIFF COMMUNITY HEALTH COUNCIL



voluntary action cardiff  
gweithredu gwirfoddol caerdydd



NHS  
WALES  
GIG  
CYMRU



National Public Health  
Service for Wales  
Gwasanaeth Iechyd Cyhoeddus  
Cenedlaethol Cymru



**This Strategy and accompanying Action Plan is available from Cardiff Health Alliance:**

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The criteria in Appendix A of the Council's Welsh Language Scheme (Guidance on which documents should be bilingual) have been applied to this document. It is classified as a strategy and assessed as not required to be bilingual.

Cafodd y meini prawf yn Atodiad A o Gynllun Iaith Gymraeg y Cyngor (Canllawiau ar y dogfennau a ddylai fod yn ddwyieithog) eu cymhwyso i'r ddogfen hon. Cafodd ei dosbarthu fel strategaeth a chafodd ei asesu fel nad yw rhaid iddi fod yn ddwyieithog.

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## FOREWORD

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Cardiff Health Alliance recognises the importance of addressing the issue of tobacco and smoking in Cardiff. Tobacco is still a major cause of illness and death amongst the population of Wales, and is a key indicator of health inequalities (Beyond Smoking Kills, 2008).

The Tobacco Free Cardiff Strategy 2008-2011 will contribute to Cardiff Health Alliance's vision to improve health and well being and reduce health inequalities in Cardiff, outlined in the Cardiff Health, Social Care and Well Being Strategy (CHA, 2008a). The Tobacco Free Cardiff Strategy aims to reduce the prevalence of tobacco use across Cardiff.

This strategy follows on from the Smoke Free Cardiff Strategy 2006-2008 and continues to build on national policies and documents including the Smoking Kills white paper (DoH, 1998). Local partnerships have gone from strength to strength and recognise the importance of incorporating and addressing the need to tackle tobacco use across the city.

The Cardiff Health Alliance is committed to the strategic aims, vision and action plan of the Tobacco Free Cardiff Strategy and ratified the draft Strategy at the Board meeting in February 2009. The Strategy provides an integrated approach and tackles the widest impact of tobacco use on the health and well being of Cardiff residents.

Cardiff's vision to become a World Health Organisation (WHO) Healthy City and address the wider health determinants of tobacco use, will build upon existing initiatives and policies relating to the tobacco control agenda.

The success of the Strategy is reliant upon the engagement and commitment of all stakeholders, including local government, health services, and voluntary and community sectors working in partnership.

The Health Alliance would like to take this opportunity to thank the Tobacco Free Cardiff Partnership for their continued commitment in developing this valuable Strategy towards improving the health of Cardiff citizens.



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February 2009



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## 1.0 INTRODUCTION

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Despite many achievements in tobacco control over recent years, over a quarter of the adult population in Wales still smokes and smoking remains by far the largest cause of preventable premature death, killing more people each year than alcohol, obesity, road accidents and illegal drugs put together. In addition, millions of children and young people are still harmed by tobacco on a daily basis and the deep health inequalities created by smoking have barely shifted. (Beyond Smoking Kills, 2008).

The White Paper 'Smoking Kills' (DoH, 1998) defined a comprehensive tobacco control strategy that has put the UK among the world leaders in tobacco control. Much of what Smoking Kills set out to do has been achieved i.e. prohibition of most tobacco advertising, the creation of NHS Stop Smoking Services, smoke-free legislation, etc., however there is still further work to be done.

The harm of tobacco can be reduced by helping smokers to quit, reducing exposure to second-hand smoke and preventing people from starting smoking in the first place. As banning tobacco products is not an option, the very best that tobacco control can do is to reduce the harm that tobacco inflicts on smokers, on smokers' children and families, and on society as a whole. As the harm of tobacco recedes, so the benefits of improved health and well being increase.

Tobacco control also has a major role to play in reducing health and social inequalities. It is proven that the more deprived you are, the more likely you are to smoke and furthermore, smokers from disadvantaged backgrounds are also more likely to die or suffer injury from smoking-related fires. As smoking prevalence is highest in the population groups least able to afford to smoke, smoking deepens deprivation, social inequalities and child poverty (ASH, 2008).

The momentum for change that has been building over the last decade must continue - public support for tobacco control interventions has never been higher and international evidence demonstrates that greater investment in tobacco control could intensify the decline in smoking prevalence. Ongoing improvement cannot be taken for granted; a comprehensive and sustained approach is needed.

This Tobacco Free Cardiff Strategy outlines the local strategic approach to tobacco control in Cardiff. It has been developed by the Tobacco Free Cardiff Partnership, a task group of the Cardiff Health Alliance - a partnership of key organisations spanning the local authority, health service and voluntary sector. This document is a joint vision of tobacco control in Cardiff over the next three years and is informed by the vision and strategic direction laid out in 'Smoking Kills' (DoH, 1998), the Cardiff Community Strategy 2007-2017 (Cardiff Council, 2007a) and the Cardiff Health, Social Care & Well Being Strategy 2008-2011 (Cardiff Health Alliance, 2008).

This Strategy is intended to highlight priority targets and objectives which will address health concerns and improve health opportunities for the citizens of Cardiff, targeting people whose current lifestyles pose a risk to their health. The Strategy will be supported by an action plan outlining duties, responsibilities, and timeframes to ensure that all involved local agencies are working together effectively to ensure that the aims and objectives of the Strategy are achieved and monitored. An annual summary of achievements will be collated and fed back to the Cardiff Health Alliance and the Health, Social Care and Well Being Strategy.

## 2.0 THE VISION FOR TOBACCO CONTROL IN CARDIFF

The links between tobacco use and health are inextricable. Tobacco is the largest single cause of avoidable ill health and early death in Wales (WAG, 2007a). There are clear links between tobacco use and health inequalities, higher smoking rates are seen amongst the most deprived socio-economic groups (WAG, 2007a).

This Strategy provides guidance to policy makers and practitioners on the key strands of tobacco free action: prevention, smoking cessation, reducing exposure to environmental tobacco smoke and protection. The Strategy recognises and addresses the issue of tobacco use and health inequalities. Policy makers have a direct impact on addressing these inequalities.

With the planned development of the World Health Organisation (WHO) Healthy City status for Cardiff, such policies will also be supported by a strategic approach to local planning and development to impact at the greatest level.

The Strategy aims to continue to unite and coordinate a focused approach across the city to the health improvement agenda with regard to tobacco control initiatives and raise its importance at all levels.

### The Vision

*"To promote a supportive tobacco free environment and reduce smoking prevalence within Cardiff"*

### Strategic Aims

1. To *prevent* people from starting smoking
2. To reduce health inequalities by *reducing the exposure* of the most disadvantaged and vulnerable members of society in Cardiff to the *harmful effects of environmental tobacco smoke*
3. To increase numbers of people accessing *cessation* services
4. To provide *protection* through effective regulatory enforcement measures

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## 3.0 SETTING THE SCENE

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### WORLDWIDE CONTEXT

#### WHO Framework Convention on Tobacco Control (2003)

Worldwide action around controlling tobacco use has been implemented. The World Health Organisation (WHO) Framework Convention on Tobacco Control (WHO FCTC) is the first treaty negotiated under the auspices of the World Health Organisation. The WHO FCTC is an evidence-based treaty that reaffirms the right of all people to the highest standard of health (WHO 2003). The treaty has 168 signatories, including the UK, and sets out measures to address tobacco use, including price and tax measures, protection from second-hand smoke, packaging and labelling, education, tobacco advertising and cessation support.

#### MPOWER: A Policy Package to Reverse the Tobacco Epidemic (2008)

The WHO has developed MPOWER as a policy package to build upon the measures of the WHO FCTC that have been proven to reduce smoking prevalence (WHO 2008b). The MPOWER package provides tools for local policy-makers to use in reducing tobacco use prevalence. The package states that countries need to:

- M**onitor tobacco use
- P**rotect people from tobacco smoke
- O**ffer to help to quit tobacco use
- W**arn about the dangers of tobacco
- E**nforce bans on tobacco advertising and promotion
- R**aise taxes on tobacco products

### NATIONAL CONTEXT

A number of key policy documents have driven the tobacco control agenda in recent years and are summarised below.

#### Smoking Kills (1998)

Tobacco control activity is currently informed by the 1998 White Paper for England and Wales 'Smoking Kills' (DoH, 1998). This report is a key document and was a milestone in public health in the UK. The paper set out the Government's proposals for tackling smoking levels and defined a comprehensive tobacco control strategy. There were three main objectives within this paper:-

- reduce smoking among children and young people
- to help adults - especially the most disadvantaged - to give up smoking
- to offer particular help to pregnant women who smoke

Since the publication of 'Smoking Kills' there have been many achievements such as smoke-free legislation, prohibition of most advertising and the creation of smoking cessation services. These achievements are outlined in this Strategy on page 10.

#### Beyond Smoking Kills (2008)

Beyond Smoking Kills (ASH, 2008) set out the progress that has been made since the Smoking Kills paper was published in 1998. Smoking prevalence has reduced in Wales and is now 25% (compared to over 35% in 1978). The achievements are outlined on page 10 of this Strategy.

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## Consultation on the Future of Tobacco Control (2008)

In May 2008 the Department of Health published a consultation paper as the first step to producing a new national tobacco control strategy. The responses to the consultation have been provided to Ministers to support their decision making on future tobacco control policies and inform the development of the strategy (DoH, 2008a)

### NICE Guidance

The National Institute for Clinical Excellence (NICE) is an organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. Three key guidance documents around tobacco control have been produced by NICE.

NICE Public Health Guidance 10: *'Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities'* (NICE, February 2008) makes recommendations on effective methods of increasing smoking cessation rates amongst these population groups.

NICE Public Health Guidance no 1: *'Brief interventions and referral for smoking cessation in primary care and other settings'* (NICE, March 2006) provides guidance on brief interventions for smoking cessation and describes the approaches to be taken by primary care and other health professionals.

NICE Public Health Guidance no 14: *'Mass-media and point-of-sales measures to prevent the uptake of smoking by children and young people'* (NICE, July 2008) makes recommendations regarding media campaigns and illegal sales to those under 18. The guidance describes a range of measures to prevent illegal sales under the Criminal Justice and Immigration Act, due to come into force in March 2009.

### Health Challenge Wales (2005)

The Welsh Assembly Governments scheme, 'Health Challenge Wales', was developed and launched in 2004 as a response to documents such as 'Well Being in Wales' (WAG, 2002b) and encourages everyone to play a part in improving health in Wales. Health Challenge Wales was developed to contribute towards the aim of preventing ill health in the population of Wales. Members of the public are signposted to information or activity that can help them improve their own health. It also engages with organisations to look after the health of their staff and customers.

### Better Health, Better Wales (1998)

The Welsh Assembly Government set out its approach to tackle the improvement of the health and well being of the people of Wales through 'Better Health, Better Wales' (NAW 1998).

### Designed for Life (2005)

The Welsh Assembly Government set out in its 'Designed for Life' strategy (WAG 2005) key actions which were to be taken in Wales by 2008:-

- Every smoker who wants to quit smoking will have access to an NHS smoking cessation service within one month of referral
- Three quarters of state schools will participate in the Welsh Network of Healthy School Schemes and all by 2010 (this action will include smoking prevention programmes)
- Further steps will have been taken towards eliminating smoking in public places, including issuing guidance to NHS bodies by March 2006 on smoke free NHS premises

### Our Healthy Future (due to be published in draft format April 2009)

The Welsh Assembly Government is working with its partners to develop 'Our Healthy Future', which will set the strategic direction for public health until 2020. A Public Health Framework will form part of this Strategy.

## LOCAL CONTEXT

### Proud Capital: Cardiff Community Strategy 2007 - 2017

*Proud Capital: Cardiff Community Strategy 2007-2017* (Cardiff Council, 2007a) outlines the new agenda for Cardiff and is the result of wide consultation among public, private and voluntary sector organisations. The strategy sets out the overall vision, framework and commitment of partners that will help shape other strategies and plans. The Community Strategy is structured around the key themes Economic Well Being, Social Well Being, Environmental Well Being and Cardiff Connections (illustrated opposite). One of the key areas of focus is health and the strategy identifies the need to address smoking and tobacco use to improve the health of the population.



### Cardiff Health Alliance

Cardiff Health Alliance (CHA) is a partnership of key organisations spanning the local authority, the health service and the voluntary sector and is facilitated by the Health Partnership Team of Cardiff Council. A range of multi-agency Well Being Task Groups have been established by the Health Alliance to take forward specific areas of work (Appendix 1). Each task group is guided by a multi agency steering group. The task groups include:

- Physical Activity and Health Steering Group
- Food and Health Steering Group
- Tobacco Free Cardiff Group
- Mental Health Promotion Sub-Group
- Healthy Ageing Planning Group

### Health Challenge Cardiff

Under the direction of WAG, Cardiff Health Alliance has developed a local version of Health Challenge Wales. Health Challenge Cardiff takes forward locally, the aim of promoting and expanding local health improvement activity. Integral to this, is the development of a dedicated local Health Challenge Cardiff website, which includes information about tobacco and smoking, and the branding of all health improvement activities across the health and well being task groups.

### *'Cardiff - Working Towards a Healthy City'*

#### Health, Social Care & Well Being Strategy 2008 - 2011

The Local Health Board (LHB) and Local Authority have a statutory duty to develop and implement a local strategy to address the health and well being needs of the local population. The Health, Social Care & Well Being Strategy (HSC&WB) is a three-year plan which supports the vision for Cardiff set out in the Community Strategy. In Cardiff, the Cardiff Health Alliance provides the partnership forum to oversee the development of the HSC&WB Strategy on behalf of the statutory partners.

*'Cardiff, Working Towards a Healthy City (2008-2011)'* (CHA 2008) follows on from *'Meeting the challenge' (2005-2008)* and aims to ensure that Cardiff residents are able to enjoy a healthy, active and long life, with the opportunity to maintain and improve their health. The Strategy outlines the key challenges and priorities for Cardiff and how the relevant organisations, working in partnership, plan to tackle them. The priorities have been developed using the findings of an assessment looking at the health needs of the city and through discussion with key stakeholders including Cardiff Council, Cardiff Local Health Board, Cardiff and Vale NHS Trust, Voluntary Action Cardiff and the voluntary sector. It also takes into consideration priorities identified by the WAG.

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Tackling smoking prevalence is addressed in section 3 of the Strategy, 'Promoting and Improving Health', which outlines the commitment to helping people to stop smoking by providing support and advice.

### **Cardiff Children and Young Peoples Plan 2008 - 2011**

This is the first comprehensive plan for the children and young people of Cardiff, which has been produced by the city's Children and Young People's (C&YP) Partnership and supports the vision for Cardiff set out in the Community Strategy. Key sectors and relevant partners are all represented on the C&YP Partnership Board, so that the work is integrated closely with the strategic planning of CHA, the Community Safety Partnership and the Voluntary Sector Compact.

The plan builds on what children and young people have said they want in Cardiff and on the work of many organisations who have contributed to its development. The C&YPP has set up five "Core Groups" to deliver its aims: Health, Well Being and Social Care; Purposeful Learning; Participation and Involvement; Nurturing Families and Communities; and Leisure, Play and Culture. The work of each of the groups has been informed by a comprehensive needs assessment and by the local priorities identified in response to the National Service Framework for Children, Young People and Maternity Services.

The reduction of smoking by children and young people is a key priority within Core Aim 3 of the Plan, 'Health, Freedom from Abuse and Exploitation'. The plan outlines the need to ensure effective links and partnership working and work within the context of the Health, Social Care and Well Being Strategy 2008-2011.

### **Healthy Cities**

The Cardiff: Proud Capital Strategy (Cardiff Council, 2007a), Cardiff Health, Social Care and Well Being Strategy (CHA, 2008) and the Cardiff Children and Young People's Plan (Cardiff Council, 2008) incorporate Cardiff's commitment to achieving WHO Healthy City status. The WHO Healthy Cities programme will provide an overarching strategic framework for promoting and improving the health of the population of Cardiff. Working towards Healthy City status will require engagement by partners at all level.

The Healthy Cities programme is a dynamic approach and the programme has evolved over 5 year phases, which have specific themes. Cardiff plans to apply for Phase V of the programme, which will be launched in spring 2009. The programme will provide a co-ordinated, high profile approach and will raise the importance of health and well being across many aspects of city life. It will cover all major health determinants and bring together existing health and well being activities and influence areas that impact on health including strategic planning, economic development, transport, housing and education.

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## **TOBACCO CONTROL ACHIEVEMENTS**

Since the publication of 'Smoking Kills' in 1998 there have been huge achievements made in tackling the issue of tobacco and smoking in the UK. Smoking Kills set out the government's approach and provided a framework for developing initiatives and approaches to tobacco control. The number of people who smoke has steadily decreased over the last ten years, in Wales the smoking prevalence rate is now 25% according to 2005/06 rates reported in the Welsh Health Survey (Wales Centre for Health, 2007).

### **Smoke-free legislation 2007**

In April 2007 legislation was introduced to ban smoking in all enclosed public places in Wales. The aim of the smoke-free legislation is to protect workers and the public from the harmful effects of second-hand smoke, which research has shown is a major risk to public health. In 1998, the UK Scientific Committee on Tobacco and Health (SCOTH) issued a major report which concluded that exposure to second-hand smoke can cause lung cancer and heart disease in adult non-smokers and respiratory disease, cot death, middle ear disease and asthmatic attacks in children. An updated review of relevant studies (SCOTH, 2004) found that evidence of the hazardous nature of exposure to environmental tobacco smoke has consolidated over the last five years. The committee concluded that second-hand smoke is a serious public health risk.

The Welsh Assembly Government estimates that the smoke-free legislation will prevent over 400 deaths each year among non-smokers from heart disease, cancer, stroke and respiratory illness in Wales.

### **Rise in minimum age for purchase of cigarettes**

Smoking behaviour often begins during adolescence. In 2005/06 34% of girls and 26% of boys reported first smoking at age 13 or younger in Wales (WHO, 2008a) and 23% of girls and 12% of boys aged 15 reported to smoking at least once a week.

From 1<sup>st</sup> October 2007 the minimum age for purchasing tobacco was raised from 16 to 18 years and new provisions to monitor the selling of tobacco to young people were introduced.

### **Legislation on under-age tobacco sales, including from vending machines**

In March 2009 the Criminal Justice and Immigration Act is due to come into force. The Act outlines a range of measures including fines for retailers who enable under-sales of tobacco, including sales from vending machines.

### **Ban on open display of cigarettes**

In December 2008 the Government announced its intention to ban the open display of cigarettes in shops and supermarkets in an attempt to reduce smoking prevalence, particularly amongst young people. The ban will come into force between 2011 and 2013.

### **Tobacco product labeling**

The Smoking Kills paper set out to increase the impact of health warning labels on tobacco products. Over time this led to the subsequent White Paper, Choosing Health (DoH 2004) proposing that warnings on tobacco products should include pictures. This proposal was implemented from October 2008, when picture warnings began being used on cigarette packaging.

The descriptions of the contents of tobacco products has also been changed, descriptions such as 'low tar' cannot be used.

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## Smoking cessation services

Enabling people to quit smoking was a key theme of 'Smoking Kills'. The All Wales Smoking Cessation Service was officially re-launched as 'Stop Smoking Wales' by the Chief Medical Officer, Dr Tony Jewell, in November 2007. Stop Smoking Wales (SSW) provides evidence based, behavioural support and treatment for adult smokers who wish to quit (NPHS, 2008). Smokers are four times more likely to quit with support from specialist services. SSW focuses on four priority areas:

- Pre-operative services
- Maternity services
- Mental health
- Children and young people

In 2007/08, over 12,000 people contacted SSW, and over 7,000 people participated in the treatment programme (55.5% of all contacts made). 59.2% (4,181) people who participated in a SSW programme self reported that they have quit at 4 week follow up, this figure has risen from 50.7% in 2006/07. A third of those eligible for follow-up at 12 months reported that they were still not smoking at 12 months (NPHS, 2008).

## No Smoking Day

No Smoking Day is a key annual public health event and provides a key focus for Welsh smokers who wish to stop. The NPHS and key partners, including Stop Smoking Wales and ASH Wales, support the awareness raising and delivery of the campaign. The aim of the campaign is to raise awareness of the issues around smoking and tobacco, for example the health implications or financial cost of smoking and encourage people to access cessation services to help them quit.

No Smoking Day is a well evaluated initiative and has been proven to encourage smokers to quit. It has been the UK's largest public health campaign since 1984. 1.2 million smokers stopped smoking on No Smoking Day 2008 (Sauntoo, 2008). The Tobacco Free Cardiff Partnership supports the campaign locally by distributing resources and co-ordinating activities.

## Smoke Free Cardiff project

Between 2004 and 2007 the Smoke Free Cardiff project addressed smoking issues amongst three distinct target groups: young people, low income employees in small and medium sized workplaces and Bangladeshi and Pakistani men in Cardiff. The project was funded by two grants from the Big Lottery Fund.

The project made contact with approximately 5,000 beneficiaries via the work in the community, at awareness raising events and through specific interventions. Some of achievements of the Smoke Free Cardiff project include:

- Facilitation of 2Tuff2Puff (adolescent smoking cessation programme) in 30 venues with 1400 young people
- Over 20 professionals trained to deliver 2Tuff2Puff programme with young people
- 2Tuff2Puff programme handbook developed and produced
- Annual Smoke Free Ramadan campaigns organised
- Stop smoking group for Somali men facilitated
- Smoke Free Workplace toolkit developed and distributed to over 200 businesses
- High profile campaigns and events organised throughout the project

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## Children & young people's initiatives

Within schools, several initiatives are in place with the aim of preventing children and young people from starting smoking, and provide smoking cessation support to those who do smoke.

- Smoke Bugs is an initiative delivered in primary schools in Wales and aims to teach children aged between 8 and 11 about the dangers of smoking.
- The Smoke Free Class initiative is a Europe wide competition for children in years 7 and 8. Classes pledge to remain smoke free for the period of the competition and can win cash for their schools through prize draws.
- The ASSIST programme focuses on secondary school aged children in year 8. Young people are trained to be 'peer supporters' and intervene with their peer in day to day situations to discourage them from smoking.

## Local awareness raising events

Raising awareness of the health impacts around tobacco and smoking takes places at community and young people's events during the year by partners such as ASH Wales, NPHS, SSW and Cardiff Council. These events include the annual Big Weekend, facilitated by Cardiff Council.

## DEVELOPMENT OF THE TOBACCO FREE CARDIFF STRATEGY

The Tobacco Free Cardiff Strategy 2008-2011 builds upon the achievements of the previous Cardiff Smoke Free Strategy 2006-2008 (Cardiff Health Alliance, 2006) recognising the key drivers that are currently influencing the smoking and tobacco agenda. Production of the Strategy and Action Plan has been the responsibility of the Tobacco Free Cardiff Partnership.

The strategy aims to achieve an innovative and holistic approach to tackling the impact of smoking and tobacco use on health within the population of Cardiff. The primary aim of the strategy is:

### **To promote a supportive tobacco free environment and reduce smoking prevalence within Cardiff**

There are four strands of this comprehensive strategy to tackle smoking and tobacco use:-

1. Prevention
2. Reducing exposure to environmental tobacco smoke
3. Cessation (stopping smoking)
4. Protection

These four strands have been developed following the previous Cardiff Smoke Free Strategy 2006-2008 which set out three key strands (prevention, cessation and protection). It was agreed by the Tobacco Free Cardiff group that another strand around reducing exposure to environmental tobacco smoke was needed in order to address this issue.

This Strategy sets out its objectives and intended action under these four key areas.

## Tobacco Free Cardiff Partnership

For several years a partnership approach to smoking and tobacco control has been taken in Cardiff, currently led by the Tobacco Free Cardiff Partnership. This group was originally established in response to recommendations made in the 'Smoking Kills' White Paper. The group led the smoke-free agenda from 1999, including the Smoke Free Cardiff projects between 2005 and 2007, before becoming the current Tobacco Free Cardiff Partnership.

The Tobacco Free Cardiff Partnership is a subgroup of the Cardiff Health Alliance and is made up of a wide range of partners, who all contribute to tackling smoking issues across the city. It includes representatives of Cardiff Council (Environmental Health, Trading Standards, Youth Service), Cardiff Local Health Board (Cardiff Local Public Health Team), Cardiff & Vale NHS Trust (including School Health Nursing Service), Cardiff Health Partnership Team, Stop Smoking Wales and ASH Wales (see Appendix 2 for membership list).

## 4.0 DETERMINANTS OF HEALTH

The health of individuals and populations is influenced both positively and negatively by a wide range of inter-related factors. These factors, also known as the determinants of health, are presented in Figure 2 as layers of influence, starting with the individual and moving to wider society.

At the core of the model are fixed determinants which exert the greatest influence over an individual's health such as age, sex and genetics. The surrounding layers of the model can potentially be modified to achieve a positive impact on population health:

- Individual lifestyles factors such as smoking habits, diet and physical activity have the potential to promote or damage health.
- Social and community networks such as interactions with friends, relatives and mutual support within a community can influence health.
- General socio-economic, cultural and environmental conditions such as living and working conditions, food supplies, access to essential goods and services, and the overall economic, cultural and environmental conditions prevalent in society as a whole (Cavill *et al.*, 2006).

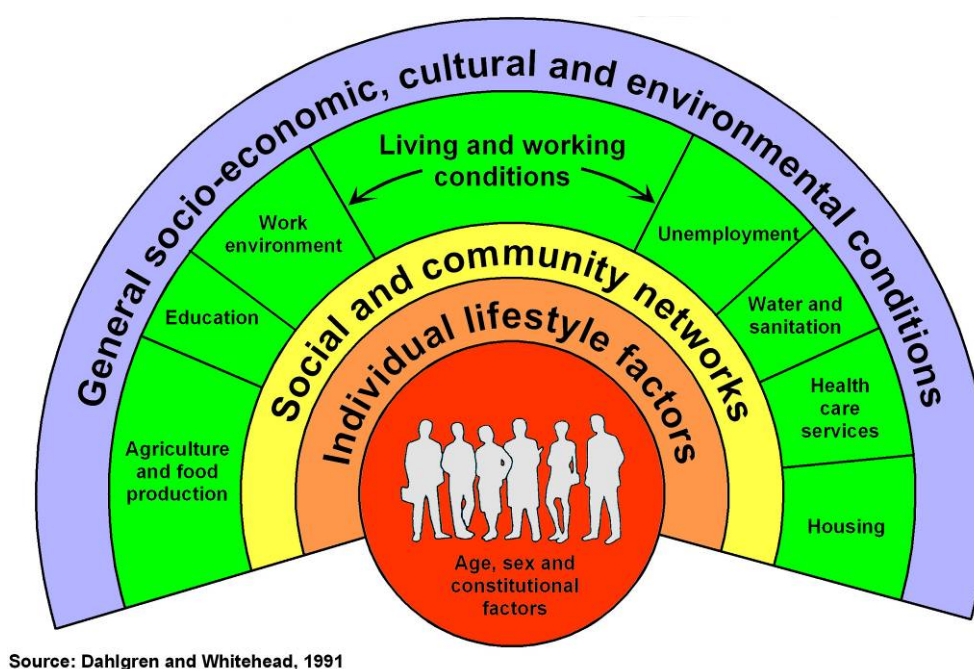


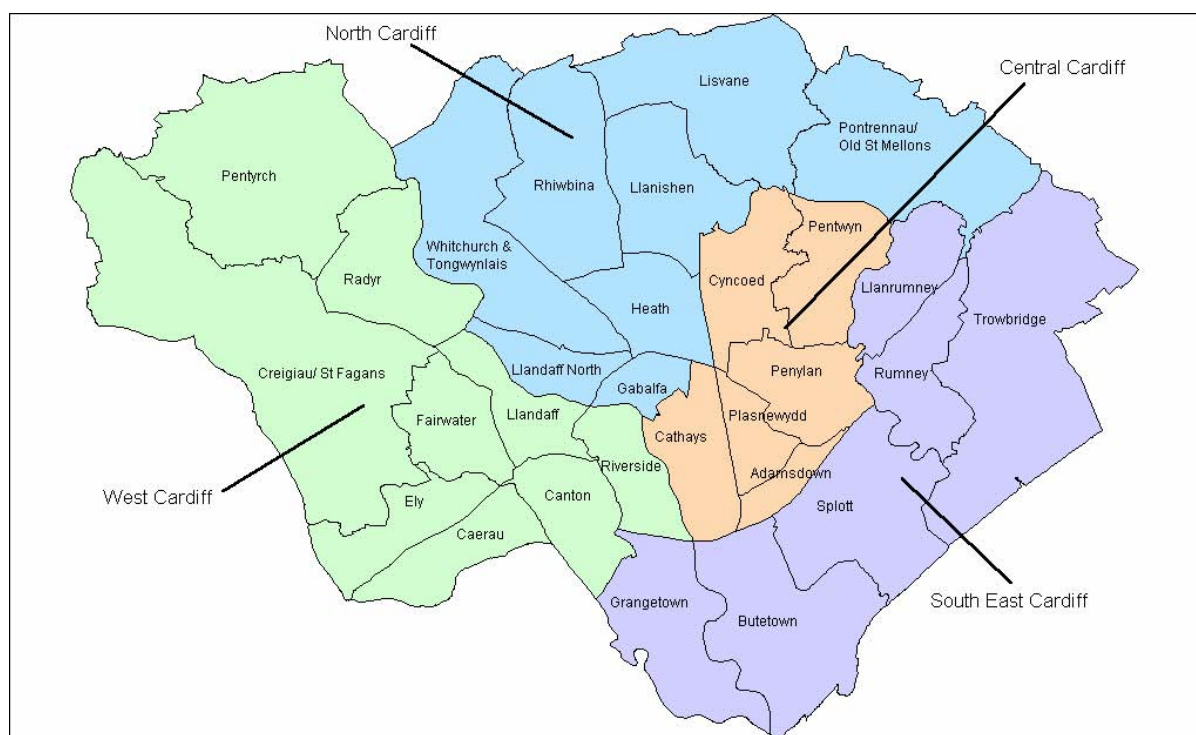
Figure 2: The Main Determinants of Health Model (Dahlgren and Whitehead, 1991)

An individual's health is influenced by each layer of the model, and it is recognized that all layers of the model interact. In order to achieve the Strategy's vision and improve the health and well being of Cardiff, it is imperative to have a Tobacco Free Strategy with commitment from a range of partners, organisations and key agencies that have influence and involvement across all three layers of the model (individual, social and community, and socio-economic, cultural and environmental).

## GEOGRAPHICAL AREA

The Tobacco Free Cardiff Strategy focuses on the geographical areas of the City and County of Cardiff as illustrated in Figure 3.

**Figure 3: Geographical Map of Cardiff Areas**



Cardiff has developed dramatically over the last twenty years, with major regeneration and economic development, transforming the City into a confident, ambitious capital City committed to achieving a high quality of life for local residents and communities. The National Health Service Administrative Register (NHSAR), a register detailing the number of people registered with GPs, reports a Cardiff population of 353,000 in 2006, whereas the ONS mid-census reports a Cardiff population of approximately 317,500. The population has increased rapidly over the last five years and it is anticipated that this trend will continue (CHA, 2008).

As the Capital City of Wales, Cardiff is the regional hub and metropolitan centre for many activities including sport, culture and tourism, attracting large numbers of visitors on both a regular and special events basis, and also commuters (approximately 72,000 daily). Cardiff has a diverse community, with a minority ethnic population of 11.7%, originating from over 100 countries around the world (CHA, 2008). In addition, there has been an increase in the number of migrant workers (some 4,000) and full-time students (approximately 30,000). The resultant cultural diversity makes Cardiff a city of opportunity and an exciting place to live, work and play.

Whilst prosperity and a thriving economy are key features of Cardiff's success, the city experiences serious inequalities. Cardiff is 'a tale of two cities', with a prosperous northern area and a 'southern arc', which experiences high levels of multiple deprivation. The Welsh Index of Multiple Deprivation (WAG, 2008), highlighted that Cardiff is one of three local authority areas in Wales containing communities whose multiple deprivation levels are in the worst 10% in Wales.

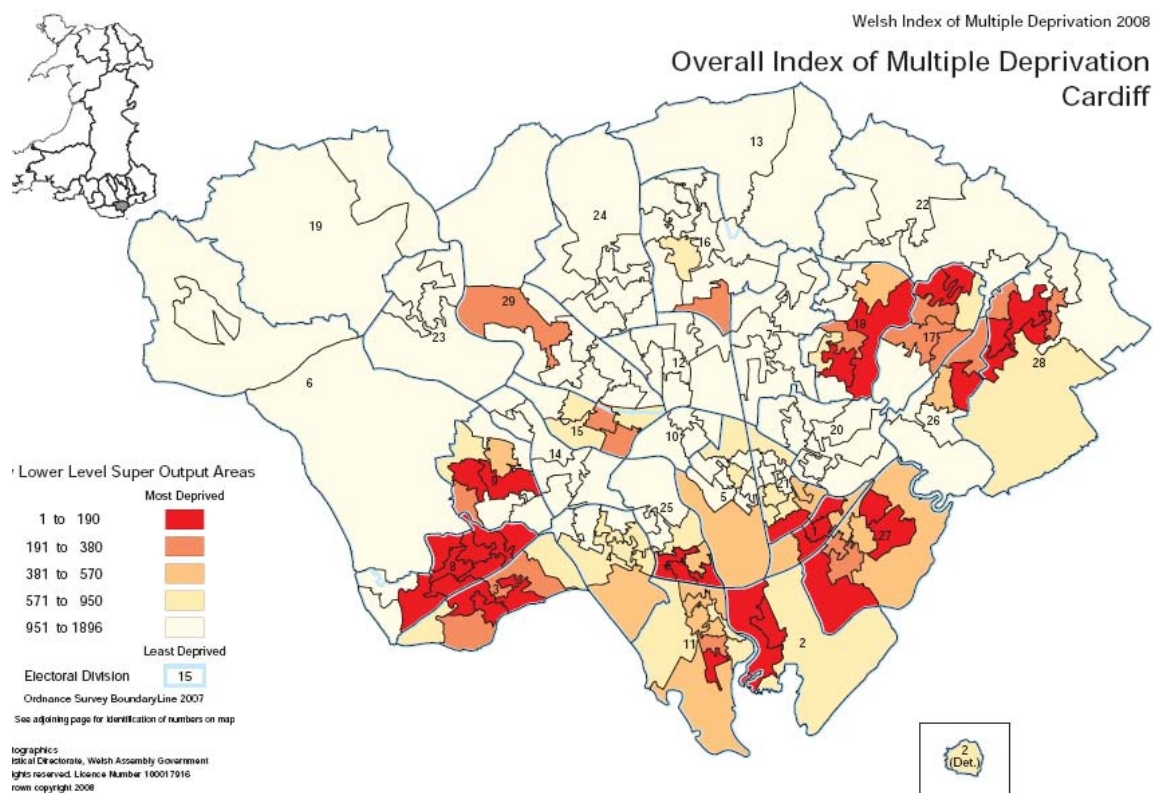
The city has a number of groups with particular health needs who predominantly reside in the south east locality of the city. For further information regarding these priority groups please refer to the Cardiff Health Needs Assessment (CHA, 2007; CHA, 2004) and the Cardiff HSC&WB Strategy (CHA, 2008).

## HEALTH INEQUALITIES

The term 'health inequalities' refers to the gap in health between different population groups, such as better-off communities and more deprived communities, or people with different ethnic minority backgrounds (Ewles and Simnett, 2003). The Welsh Index of Multiple Deprivation (WAG, 2005b) is a measure of deprivation and is assessed in small locality areas known as Lower Tier Super Output Areas (LSOA), of which Cardiff has a total of 203. These locality areas are smaller than local authority wards. The Welsh Index of Multiple Deprivation uses scores from Income, Employment, Health, Education, Skills and Training, Geographical Access to Services, Housing, and Physical Environment.

As seen in Figure 4, it is evident that the south of Cardiff experiences the higher levels of deprivation as illustrated by the darker colours. This supports the perception of the north / south divide, as the north of Cardiff is among the most affluent in Wales (with Penylan 7 the least deprived LSOA in Wales), whereas the south of Cardiff is among the most deprived (with Butetown 2 the second most deprived LSOA in Wales).

**Figure 4: Welsh Index of Multiple Deprivation by Lower Tier Super Output Area in Cardiff**



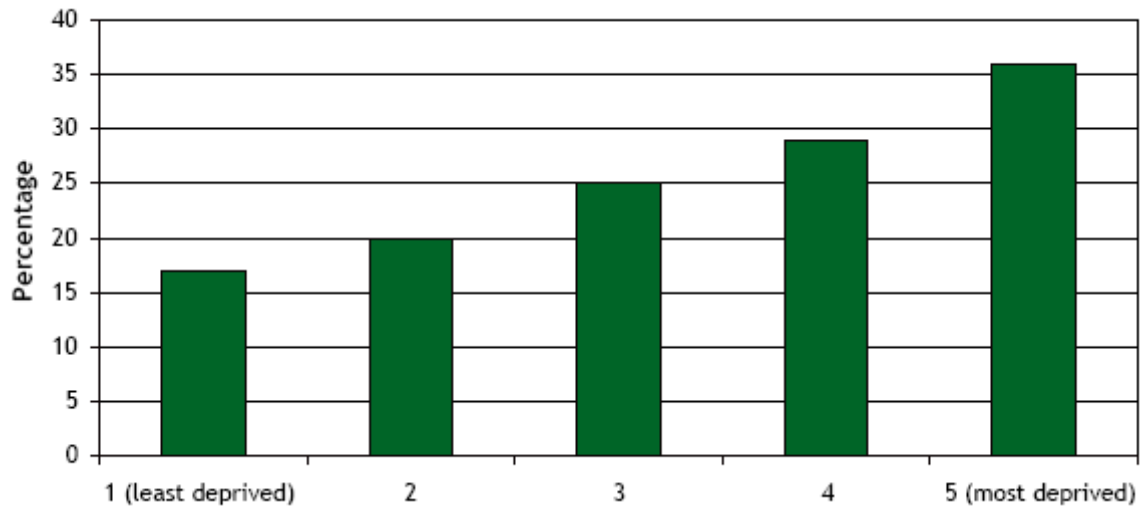
**Figure 4: The diagram shows the levels of deprivation in Cardiff by Lower Tier Super Output Areas (LSOAs), as given in the Welsh Index of Multiple Deprivation (WAG, 2008). LSOAs are shaded red according to the ranking of deprivation, 1-5. The bright red LSOAs (ranked 1 to 190) denote the areas of highest deprivation and the lightest cream LSOAs (ranked 951 to 1896) denote the areas of least deprivation.**

There is a close link between health inequalities and smoking and tobacco use. Figure 5 illustrates that individuals living in more deprived areas have higher rates of smoking than those in more prosperous areas. There is clearly a divide between the most affluent and least affluent groups in terms of smoking prevalence (DoH 2008b).

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**Figure 5: Links between health inequalities and deprivation: Residents who smoke by deprivation fifth**

Data source: Welsh Health Survey (2005/06), Welsh Index of Deprivation 2005



**Figure 5: The figure shows adult smokers analysed by area deprivation, illustrating the percentage of people who smoke in each deprivation fifth. The original data was derived from the Welsh Health Survey 2005/06 (WCfH, 2007)**

On average, people from socially deprived groups die six years earlier than their more affluent counterparts - a trend which is reflected in death rates from major killers as well as their risk factors such as tobacco use (WHO, 2003). Smoking has been shown to be the main cause of differences in death rates in middle age across socio-economic groups (DoH, 2008b)

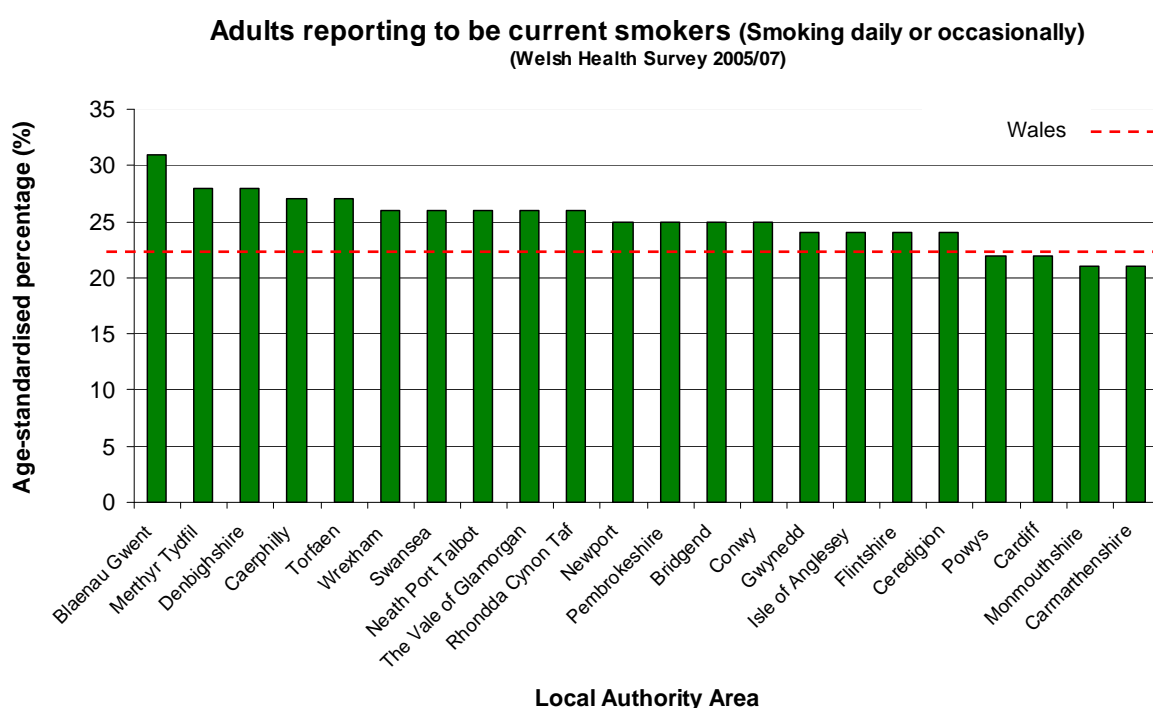
## 5.0 SMOKING AND TOBACCO AND THE KEY ISSUES

### WHAT ARE THE KEY HEALTH ISSUES?

Tobacco is the single greatest avoidable cause of death in Wales today. Most of those who die from tobacco related illnesses do so from one of three main diseases associated with cigarette smoking; cancer, chronic obstructive lung disease (bronchitis and emphysema) and coronary heart disease (Cardiff Health, Social Care & Well Being Strategy 2008-2011). The relative risk of cardiovascular disease for smokers is more than twice that of a non-smoker (Doll et al 2004).

22% of people in Cardiff smoke (Welsh Health Survey, 2005/07). The Welsh average is 25%. Figure 6 illustrates smoking prevalence across Wales.

**Figure 6: Adults reporting to be current smokers (2005/07)**



**Source: Welsh Health Survey 2005/07**

Higher prevalence of smoking exists in certain population groups e.g. Bangladeshi community, young women (Richardson and Crosier, 2001; WHO 2008a). In the UK, around 5% of Bangladeshi women smoke, and over 40% of Bangladeshi men (DoH, 2008b).

Smoking has been shown to have short-term effects on young people's health, including decreased lung function, decreased physical fitness, increased asthmatic problems and increased coughing, wheezing and shortness of breath. According to data from the HSBC 2005/06 study, 23% of girls and 12% of boys aged 15 years reported to be smoking at least once a week (WHO 2008a).

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## LOCAL HEALTH NEEDS

### Cardiovascular disease

The single largest cause of death in Cardiff is cardiovascular disease (CHA, 2008). One of the major determinants is smoking. The areas of Cardiff with the highest mortality rates from all circulatory disease (including stroke and CHD) are mostly around the Central and South East localities (CHA, 2008). South Asians, particularly Bangladeshis and Pakistanis, have significantly higher coronary heart disease prevalence and mortality than the general population. African-Caribbean population have a much higher prevalence of and mortality from hypertension and stroke (Raleigh and Polato, 2004).

### Cancer

There is a well established causal link between tobacco smoking and lung cancer. Tobacco smoking has also been linked with cancer of the larynx, kidney, bladder, stomach, oral cavity and oesophagus (WHO 2008b) and more recently with bowel cancer (Botteri et al, 2008). Nine of the ten highest rates of cancer are found in the southern arc area of Cardiff (CHA 2008)

### Respiratory Disease

Mortality associated with respiratory disease is higher in Cardiff than the overall Welsh rate of 82.8 per 100,000. The highest rates are found in the West, Central and Southern South East districts (CHA, 2008).

## SECOND-HAND TOBACCO SMOKE

Scientific evidence has firmly established that there is no safe level of exposure to second-hand tobacco smoke (SHS), and a number of serious illnesses in adults and children are attributable to SHS (WHO 2007). In 2007 the Welsh Assembly Government introduced a ban on smoking in all public areas in Wales in order to try and address the issue of second hand smoke, the only effective way to protect the population from the harmful effects of SHS is to implement 100% smoke-free environments.

In 2005/07 the Welsh Health Survey questioned whether people were regularly exposed to other people's tobacco smoke in a range of public places, 66% of non-smokers said that they were. Most reported that they were exposed in pubs and other public places. The ban on smoking in public places introduced in 2007 has a direct impact on the numbers of people affected by SHS, with the majority who are still exposed being so through their home or other people's homes.

The effects of introducing smoke-free environments has an immediate impact on pollution levels (such as carbon monoxide) which are dramatically reduced. This leads to better worker health in workplaces and also can have an impact on reducing consumption of cigarettes amongst smokers. There is also some evidence that young people are less likely to begin smoking if they are not exposed to environments where other people are smoking (WHO 2007).

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## RATIONALE OF STRATEGY

The Tobacco Free Cardiff Strategy aims to improve the health of the population of Cardiff and reduce inequalities by reducing smoking and tobacco use. In order to address these issues a broad population approach is adopted and additional targeted action is outlined to address the specific needs of sections of the population. Specific actions will be targeted towards lower socio-economic groups, young people and minority ethnic groups.

The Strategy for 2008-2011 builds on the Cardiff Smoke Free Strategy 2006-2008 (Cardiff Health Alliance, 2006).

The Tobacco Free Cardiff Strategy (2008-2011), has four strategic aims:

1. To *prevent* people from starting smoking
2. To reduce health inequalities by *reducing the exposure* of the most disadvantaged and vulnerable members of society in Cardiff to the *harmful effects of environmental tobacco smoke*
3. To increase numbers of people accessing *cessation* services
4. To provide *protection* through effective regulatory enforcement measures

These strategic aims are incorporated in the annual Action Plan developed by the Tobacco Free Cardiff Partnership.

The format of the Strategy has been aligned with corresponding health and well being based strategies published by the Cardiff Health Alliance; Cardiff HSC&WBS 2008-2011 (CHA 2008); the Cardiff Physical Activity and Health Strategy 2008-2011 (CHA, 2008b); and the Cardiff Food and Health Strategy 2008-2011 (CHA,2008c). This is to ensure a more efficient and coherent partnership approach to aid joint working to improve the health of the local population across all health and well being agendas.

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## STRATEGIC AIM 1

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**To prevent people from starting smoking, particularly children and young people, by minimising exposure to factors which are likely to contribute to the initiation of smoking.**

Preventing the uptake of smoking by young people in particular is a key part of developing a supportive tobacco free culture in Cardiff where non-smoking is seen as the norm.

Two key areas have been identified to address the issue of smoking and tobacco use for the population of Cardiff:

**i) Reduce exposure of young people to seeing influential others smoking eg peers, parents, teachers, youth workers, coaches.**

**ii) Increase awareness of the issues surrounding tobacco**

Public education through mass media and education about the dangers to health of tobacco use can influence an individual's decision to start or continue to smoke (WHO 2008b). Support for measures to reduce advertising and remove branding and logos is included within the action plan. Smoking prevention initiatives ASSIST, Smoke Bugs and Smoke Free Class are school based and aim to prevent young people from starting smoking.

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## STRATEGIC AIM 2

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**To reduce health inequalities by reducing the exposure of the most disadvantaged and vulnerable members of society in Cardiff to the harmful effects of environmental tobacco smoke.**

With the implementation of smoke-free legislation in Wales in 2007, the main environmental exposure to tobacco smoke takes place in the home and in private cars. Smoke free legislation does not extend to private homes or vehicles used for private purposes.

In order to reduce the exposure of the most disadvantaged and vulnerable members of society, especially children, funding will be sought to develop a Smoke Free Homes project in Cardiff. Needs assessments have identified that young people in particular are vulnerable to the effects of second-hand smoke and a smoke-free homes initiative would provide some protection from this exposure.

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## STRATEGIC AIM 3

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**To increase the numbers of people accessing specialist smoking cessation services, especially those from lower socio-economic groups, pregnant women and black & minority ethnic groups.**

Giving up smoking has many positive health benefits for the individual, but evidence demonstrates that people are four times more likely to give up if they receive professional help from a specialist support service.

Stop Smoking Wales offers specialist support across Wales to people who wish to stop smoking. Over the term of this Strategy, SSW will focus on developing targeted services to support the priority areas of:

- Pre-operative services
- Maternity services
- Mental health
- Children and young people

SSW will be supported to ensure that a culturally sensitive service can be offered to all communities in Cardiff. There can be many barriers within communities which prevent people accessing cessation support. The Stop Smoking Wales service will aim to identify and overcome barriers where possible. The needs of young people will also be considered to enable them to access appropriate smoking cessation services.

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## STRATEGIC AIM 4

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**To ensure that effective regulatory enforcement measures are implemented and maintained in relation to tobacco control (including age of sale, smoke free public places, advertising and promotion of tobacco, and smuggling)**

The protection of non-smokers from the harmful effects of tobacco smoke is a key aim of this strategy, and by creating more smoke-free places a more supportive environment is established for smokers to be able to give up if they choose to.

The potential environmental impact of the smoke-free legislation in displacing tobacco litter outdoors will be monitored and addressed through close work with the Trading Standards and Environmental Health departments of Cardiff Council.

**i) Reduce availability and limit access to cigarettes through awareness and enforcement of age of sale legislation in premises generally and in relation to vending machines.**

The enforcement of age of sale legislation will help to limit children and young people's access to cigarettes. Spot checks will be carried out with vendors to ensure that they are complying with legislation.

**ii) Advocate for additional regulatory tobacco control measures (for example smoke free vehicles, licensing of tobacco sales)**

Co-ordinated regulatory functions aid the identification and enforcement of public and work vehicles not complying with the smoke free law.

## 6.0 IMPLEMENTATION, MONITORING AND EVALUATION

This three year Tobacco Free Cardiff Strategy (2008-2011) is intended to highlight the importance of addressing tobacco use for the health of the population and identify the key measures that will be needed within the city to achieve changes in smoking and tobacco use.

### The Vision

*"To promote a supportive tobacco free environment and reduce smoking prevalence within Cardiff"*

### Strategic Aims

1. To *prevent* people from starting smoking
2. To reduce health inequalities by *reducing the exposure* of the most disadvantaged and vulnerable members of society in Cardiff to the *harmful effects of environmental tobacco smoke*
3. To increase numbers of people accessing *cessation* services
4. To provide *protection* through effective regulatory enforcement measures

An action plan has been created to implement, monitor and evaluate the Strategy and deliver the vision and strategic aims for Cardiff. The action plan has been developed through a consultation process with the Tobacco Free Cardiff Group members and wider partners to identify priority actions. The action plan addresses duties, responsibilities and timeframes to ensure that all partners are working together effectively.

The three year Action Plan (2008 – 2011) will be reviewed on an annual basis by the Tobacco Free Cardiff Partnership to ensure that the aims and objectives of the strategy are achieved and monitored. This monitoring will be fed into the Health, Social Care and Well Being Strategy performance management framework.

This Strategy will be reviewed in 2011 and updated to reflect the changing needs of the population of Cardiff.

The current Tobacco Free Cardiff Action Plan is available to view at [www.cardiffhealthalliance.org](http://www.cardiffhealthalliance.org)

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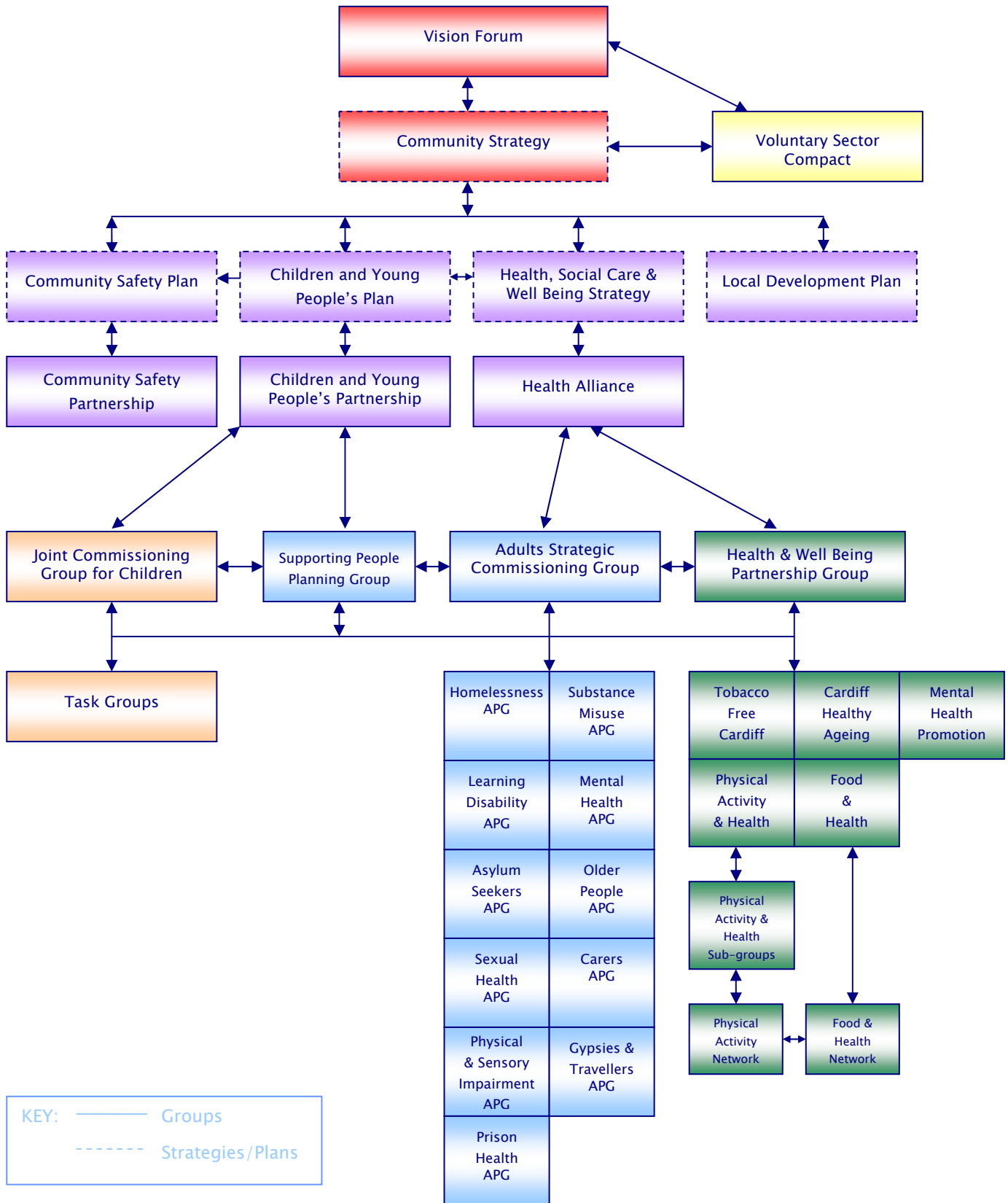
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# APPENDIX 1

## CARDIFF HEALTH ALLIANCE PARTNERSHIP STRUCTURES



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## **Vision Forum**

The Proud Capital Vision Forum is Cardiff's Local Strategic Partnership and was established in October 2006. It brings together the key senior members of public, voluntary and private sector organisations from across the capital to identify a long term vision for the area and to initiate joint projects that promote the economic, social and environmental well being of those who live and work within the city and the wider region.

## **Cardiff's Four Key Strategies**

The Cardiff Community Strategy, the Children and Young People Plan (C&YPP), the Health Social Care and Well Being Strategy (HSC&WBS) and the Local Development Plan (LDP) are the four key strategies for Cardiff and give strategic direct to work and other documents across the city.

## **Cardiff Health Alliance**

The Health Alliance is the key strategic health and social care partnership in Cardiff with local authority, health services and voluntary sector membership. Established in 2000, the initial focus was to consider factors which contribute to health, health gain and reducing inequalities in health. Over time, the Health Alliance widened its scope to include health and social care services in response to WAG policies and initiatives, in particular the responsibility to develop and implement a Health, Social Care and Well Being Strategy on behalf of the Council and LHB. Consequently, the Alliance now provides the forum for strategic liaison between partner organisations on a range of health, social care and well being issues.

## **Health & Well Being Partnership Group**

The Health & Well Being Partnership Group is a multi-agency forum of representatives involved with the planning of health and well being activities for Cardiff, thereby ensuring that the well being elements of the Health Social Care & Well Being Strategy are developed, implemented and monitored in line with the agreed objectives.

## **Well Being Task Groups**

As part of the work of the Health Alliance a range of multi-agency well being task groups have been established to take forward specific areas of work. Each task group is guided by a steering group consisting of representatives from key organisations.

## **Strategic Commissioning Group**

The SCG is a multi-agency forum of representatives involved with the planning of health and social care services for adults in Cardiff. The SCG inform joint planning across health and social care and ensures that the Health Social Care & Well Being Strategy is developed, implemented and monitored in line with the agreed objectives of the commissioning authorities.

## **Advisory Planning Groups**

The SCG provides the leadership and direction to a range of Advisory Planning Groups (APGs). The Chairs of the APGs are constituent members of the SCG. These multi-agency groups each focus on a specific client group. The role of each APG is to ensure the efficient and effective joint planning of agreed health and social care services for relevant service user groups, as expressed within the Health, Social Care & Well Being Strategy.

## **Voluntary Sector**

There are an estimated 2500 voluntary organisations in Cardiff (national, regional and local). Of these, 1334 have an interest in health, social care and well being, working with children and families, young people, older people and communities. Of these 457 are national organisations, 142 are regional and 735 are local organisations.

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## APPENDIX 2

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### TOBACCO FREE CARDIFF PARTNERSHIP MEMBERSHIP

POSITION	ORGANISATION
Principal Health Promotion Specialist	National Public Health Service (NPHS)
Health & Well Being Co-ordinator	Cardiff Council – Adult Services
Director	ASH Wales
Senior Health Promotion Specialist	National Public Health Service (NPHS)
Trading Standards Officer	Cardiff Council – Trading Standards
Research and Policy Officer	ASH Wales
Well Being Project Officer	Cardiff Council – Adult Services
Health Improvement Officer	Cardiff Council – Strategic and Environmental Planning
School Health Nurse	Cardiff & Vale NHS Trust
Smoking Prevention Co-ordinator	NPHS
Smoking Cessation Specialist	Stop Smoking Wales
Health Promotion Practitioner	Stop Smoking Wales
Project Officer	NPHS – ASSIST



Take the first step  
**No Smoking day**



**MAE AMSER MWG AIL-LAW AR BEN  
TIME'S UP FOR SECOND-HAND SMOKE**