

National Assembly for Wales
[Health and Social Care Committee](#)
[Inquiry into the progress made to date on implementing the Welsh Government's Cancer Delivery Plan](#)
Evidence from Ash Wales – CDP 06



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David Rees, AM
Chair, Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
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CF99 1NA

Dear Mr Rees

Re: Health and Social Care Committee inquiry into progress made to date on implementing the Welsh Government's Cancer Delivery Plan

1. ASH Wales is the only public health charity in Wales whose work is exclusively dedicated to tackling the harm that tobacco causes to Welsh communities. Further information about our work can be found at <http://www.ashwales.org.uk/>
2. In line with its organisational objectives, ASH Wales has a strong interest in seeing that the prevention element of the Welsh Government's Cancer Delivery Plan is delivered effectively. Smoking is the single biggest cause of cancer in the world and the principal avoidable risk factor. Of the 5,450 deaths in Wales among people aged 35 and over that were attributed to smoking in 2010, 2,480 were due to malignant cancers. 80% of deaths from lung cancer were considered to be attributable to smoking¹. A large number of studies have shown that smoking cessation can significantly reduce the likelihood of developing smoking-attributable cancers.
3. The Welsh Government's Tobacco Control Action Plan, published in 2012, sets a target of reducing smoking prevalence rates to 16% by 2020, from a current prevalence rate that remains stubbornly high at 23%. This is clearly an ambitious target. As giving up smoking is a key step for individuals taking responsibility for their own health, and reducing their risk of developing cancer, it is essential to recognise that the Tobacco Control Action Plan underpins the preventive element of the Cancer Delivery Plan as well as in a number of other Welsh Government plans.
4. Currently, ASH Wales has major concerns about the leadership, accountability and monitoring structures for both of these plans. Without changes, progress will not be made. The following issues need to be addressed in order to ensure that the targets set out in both plans are achieved:
 - Clear leadership

¹ Public Health Wales Observatory (2012): *Tobacco and Health in Wales*, p34.

Available at:

[http://www2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf/61c1e930f9121fd080256f2a004937ed/509486bfd300fdef80257a29003c3c67/\\$FILE/Eng%20Smoking%20Report%20LowRes.pdf](http://www2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf/61c1e930f9121fd080256f2a004937ed/509486bfd300fdef80257a29003c3c67/$FILE/Eng%20Smoking%20Report%20LowRes.pdf)

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- Buy-in from key delivery partners and stakeholders
 - Consistent strategic representation on delivery boards
 - A more formal and robust accountability structure
5. The delivery of the Tobacco Control Action Plan is critical to the outcomes of a number of other Delivery Plans, including the subject of the current inquiry. Reducing the smoking prevalence rate will, over the longer term, impact upon cancer prevention. We are now into the third year of the Tobacco Control Action Plan with no tangible progress towards the main target. We would therefore request that the Committee, as a matter of urgency, hold an inquiry into the implementation of the Tobacco Control Action Plan.
6. We are raising these concerns because we want the Tobacco Control Action Plan to successfully achieve its core aim. Reaching this prevalence rate target will have positive implications in prevention work for a range of diseases, including many forms of cancer. We look forward to working together to making this happen.

Yours faithfully



Elen de Lacy
Chief Executive, ASH Wales