



Strategic Plan 2005-08

Final

Contents

Executive Summary	Page 2
Introduction	Page 2
Strategic Planning Process	Page 3
Mission, Vision, Values & Strategy	Page 3
Situation Analysis	Page 4
Accomplishments	Page 5
Strategic Priorities, Objectives & Success Indicators	Page 6
Next Steps & Evaluation Process	Page 10
Conclusion	Page 10
Acknowledgements	Page 10

Executive Summary

The ASH Board of Trustees agreed in February 2004 that the organisation should develop a Strategic Plan to guide the charity over the three year financial years, from April 2005 to March 2008.

During the summer of 2004 over one thousand stake-holders in ASH were asked to provide input through on-line and printed questionnaires as well as in face-to-face interviews. In addition, a small group of selected senior stake-holders joined the Trustees and staff in the first day of the two day planning session. During the second day, the Trustees and staff worked to refine the strategic priorities and objectives of ASH and directed the staff to prepare this strategic plan.

ASH has decided that its six strategic priorities over the next three years will be in the areas of:

1. Advocacy & Policy Development
2. Information & Research
3. Networking & Enabling Networking
4. Governance
5. Resources & Sustainability
6. Image & Communication

The Trustees established a process to monitor, review and evaluate ASH's progress following the implementation of the plan in April 2005. Staff have been charged with the responsibility of achieving various objectives through their annual business plans and the Director will provide Trustees with regular progress reports.

Introduction

ASH is an organisation which provides information on all aspects of tobacco and works to advance policies and measures that will help to prevent the addiction, disease and unnecessary premature death caused by smoking. ASH was established in 1971 by the Royal College of Physicians.

ASH is both a Registered Charity (no. 262067) and a company limited by guarantee and without share capital (registered in England, no. 998971). We currently have a permanent staff of seven based in our London offices and 10 local branches in England, one in the Channel Islands and a national branch in Wales.

ASH receives funds for projects undertaken to further the objectives of the organisation. Currently, funds are provided by the British Heart Foundation (BHF),

Cancer Research UK and the Department of Health. We also receive income from the public as donations, subscriptions and from the purchase of ASH publications.

The Director of ASH is responsible for the day to day running of the organisation and is responsible to a Board of Trustees of up to 12 people. The Board is chosen at the Annual General Meeting, by an Advisory Council of more than 70 eminent people from fields such as medicine, public health, public relations and politics. Our patron is HRH The Duke of Gloucester and the Honorary President of the Advisory Council is Professor Sir Richard Doll. The Chair of the Board is Donald Reid and the Director is Deborah Arnott.

Strategic Planning Process

At its meeting held in February 2004, the Board of Trustees accepted a proposal from the Director that a suitably experienced consultant should be contracted to facilitate a comprehensive evaluation and strategic planning process with a view to developing a three year strategic plan. As a result of this, John Pepin & Associates Limited. were hired as facilitators.

In the early summer of 2004 two separate stakeholder surveys were distributed: the first to 71 individuals and the second to 990. At 91, the response rate was average with 68% being very satisfied with ASH. During late July and early August, 19 staff, trustees and stakeholders were interviewed by the facilitator with a view to giving him a sense of ASH and its culture, identifying issues and to supplement the surveys.

A strategic planning session took place over two days in early September. 14 trustees, staff and stakeholders attended the evening session on the first day, whilst 12 attended the day long second session. Of what follows, the "Mission, Vision, Values & Strategy", "Situation Analysis" and "Accomplishments" were all agreed during the planning sessions, supported by papers and reports provided. The six strategic priorities and related objectives were also agreed at the meeting, however, the success indicators for each of the strategic priorities were drafted later by senior ASH staff. An annual strategic planning cycle was also agreed, including regular evaluation and assessment of objectives.

Mission, Vision, Values & Strategy

Our vision

A world free from the harm caused by tobacco.

Our mission

ASH is a campaigning public health charity working to eliminate the harm caused by tobacco.

Our values

ASH is for public health and tobacco control, not anti-smoker. We aim to be innovative and agenda setting but our policies are always evidence-based. We are committed to the efficient and effective use of resources and work collaboratively with others to pursue our vision.

Our strategy

ASH has a straightforward two-pronged approach:

1. To develop opinion and awareness about the “tobacco epidemic” – this is our information and networking function.
2. To press for concrete policy measures that will reduce the burden of addiction, disease and premature death attributable to tobacco – this is our advocacy or campaigning function.

Situation Analysis

As part of its strategic review ASH used the SWOT / PEST analysis tools during its September sessions. The results were as follows:

Strengths

1. ASH’s analysis and careful use of the available science in an evidence led approach to its work.
2. The website and information functions: the ASH website continues as the first point of call for those seeking information on smoking and health. The information function has been built up over many years and retains a high level of respect.
3. A media presence which far outweighs the size of the organisation. The media tend to come to ASH first for a comment or to be put in contact with relevant experts.
4. High quality and flexible staff.
5. Excellent relationships, built up and maintained over a number of years, with key officials at the Department of Health.
6. Excellent relationships, built up and maintained over a number of years, with our three key funders (British Heart Foundation, Cancer Research UK & the Department of Health).
7. A good reputation as a provider of reliable information and sensible policy solutions, amongst key decision makers, health professionals, journalists etc. Again, this reputation has been accumulated over time
8. Holding a strong ethical position in that the available science and other evidence are incontrovertible - ASH is right about the damage caused by tobacco.
9. People see us as being passionate, expert & committed. In a 2005 survey conducted by BMRB International, just under two thirds of respondents rated ASH’s campaigning as satisfactory or better.

Weaknesses

1. The lack of centrality of tobacco in the political arena. Tobacco issues are not, and are never likely to be, part of the core thinking or concerns of political leaders, opinion formers or the public
2. Although it is clear that harm reduction and nicotine regulation are the next ‘big’ tobacco control policy areas, it is not so clear what the strategy should be.
3. The Board of Trustees and Advisory Council both require a better balance of age, experience and background within their membership.
4. Poorer links with Parliamentarians as compared to our excellent relationship with officials. Though smokefree legislation lobbying is helping to improve this.
5. ASH staff can be too thrifty, having a tendency to under-spend in the early part of financial years and then having to play catch-up.
6. The fact that ASH has a strong ethical position means that there is a danger that it might be seen as, or be portrayed by others as being, self-righteous.
7. As a small organisation operating in a multi-faceted field, ASH needs to remain aware of the potential for staff and it’s other resources to become over-stretched.

Opportunities

1. The current political and societal atmosphere are conducive to progress in tobacco policy areas.
2. Current high levels of political interest in policies relating to inequalities, poverty and social exclusion, all of which have strong links to smoking prevalence.
3. To broaden public and stakeholder support beyond ASH's traditional base, particularly in the areas of youth issues and the environment.
4. The changing face of communications – 24 hour news, world wide web etc. – all means that there are more forms of media than ever before and that they are far easier and cheaper to access than they ever have been.

Threats

1. Political inertia at both national and international level means that doing nothing is always an option.
2. Tobacco industry attacks, lobbying and legal action.
3. ASH has only three key funders – the Department of Health, British Heart Foundation and Cancer Research UK. These might not find new policy areas attractive.
4. Uncertainty as to how to progress the harm reduction agenda most effectively. This area is not well understood and it will be necessary to mobilise support.

Accomplishments

Over the last 5 years ASH was focused on a number of priority areas and had some significant achievements. The following is an overview of these:

Advocacy and policy development

1. Effective input to the Wanless reviews and 'Choosing Health?' consultation for the public health white paper led to a number of policies being included, including the proposal for legislation for smokefree places.
2. An effective campaign is currently being run for smokefree places.
3. The tobacco advertising ban is in force and its effectiveness being monitored.
4. A high tax policy is being maintained and tobacco smuggling is being contained.
5. Smoking cessation services are now part of the mainstream NHS.
6. Harm reduction and nicotine and tobacco regulation are now starting to be accepted by the Department of Health as the next key policy areas.
7. The Framework Convention on Tobacco Control (FCTC) has now been ratified by the UK. With more than 40 ratifications, it came into force on 27th February 2005.

Information, networking and field support

1. The value of this work has been confirmed by several surveys of professional users in public health and tobacco control. Two surveys were undertaken during 2004. In the first, 62% of respondents stated that they are 'very satisfied' with ASH. In the second, 78% of respondents rated ASH as making a 'very good' contribution to the tobacco control effort.
2. The ASH website – has been developed into one of the best tobacco sites in the world. It currently averages 3,000 unique visitors a day.
3. The ASH media and PR function continue to be highly regarded and highly effective, as shown by a survey conducted by Caroline Midmore & Associates during 2004.

Governance

1. Successful handover from longstanding Chair of Trustees.
2. Successful recruitment and handover from one Director to another.

3. An effective and supportive Board of Trustees.
4. Positive relations with the local branches.

Funding issues and sustainability

1. Securing longer term funding from 1 to 3 year periods from all major funders.
2. Introduction of effective risk assessment strategy.

Strategic Priorities, Objectives & Success Indicators

Strategic Priorities are long-term general statements of outcomes. These essentially will help define the development of ASH over the period of this three year strategic plan. In addition, the Strategic Priorities help to provide senior staff with direction as they formulate and update their individual three year business plans.

In constructing the Strategic Priorities during September 2004 session, we tried to ensure that each of the issues arising out of the SWOT analysis were addressed by at least one of the Strategic Priorities.

The Strategic Priorities cover six key areas of ASH's work, both in terms of current activities and future directions. They lay out the main areas of our strategic and business development in the next three years. Once achieved, they will have helped to fulfil ASH's "Mission, Vision & Values".

ASH's six Strategic Priorities are:

1. Advocacy & Policy Development
2. Information & Research
3. Networking & Enabling Networking
4. Governance
5. Resources & Sustainability
6. Image & Communication

In addition, success indicators for each of the objectives have been developed. Success indicators are a broad overview of how ASH will measure its progress and accomplishments.

In detail, the six Strategic Priorities are as follows:

1. Advocacy & Policy Development

To press for concrete and evidence based measures to effect policy change and reduce the harm caused by tobacco.

Objectives:

1. To achieve legislation for smokefree workplaces and enclosed public places.
2. To ensure all tobacco control policies contribute, as far as is possible, to the reduction of health inequalities, poverty and social exclusion.
3. To ensure effective monitoring and enforcement of tobacco control policies such as the advertising ban.
4. To support the maintenance of high tobacco taxation and the minimisation of smuggling.
5. To promote the ratification and effective implementation of the FCTC.
6. To promote the provision of effective information for consumers, such as: mass media campaigns, education and product labelling.
7. To lobby for adequate government investment in tobacco control policies.

8. To promote the most effective stop smoking services.

Success Indicators:

1. Comprehensive smokefree legislation for England in force in all workplaces by 2008.
2. A smuggling protocol to be on the agenda for the 1st Conference of the Parties of the FCTC to be held in February 2006.
3. The development of an agreed position by the public health lobby on harm reduction.
4. The publication of a government policy on harm reduction by 2008.
5. The development of integrated local tobacco control policies in at least 20 Local Authorities by 2007.
6. Full workplace smoking legislation in Wales passed by 2008.
7. A manifesto commitment by the major parties to smokefree legislation, for the general election expected in May 2005.
8. Creation of a parliamentary lobby on the Public Health Bill (to include parliamentarians, NGOs, medical colleges etc.)
9. The development and promotion of an effective and agreed strategy on nicotine regulation and harm reduction.
10. Monitoring and surveys to show whether or not tobacco control policies are being enforced effectively.

2. Information & Research

To maintain, develop and enhance the quality, reputation and integrity of the information which ASH provides.

Objectives:

1. Sound quality control of all information provided.
2. To monitor, analyse and expose the tactics and messages of the tobacco industry.
3. Constant review of informational needs of ASH and others in the field.
4. Effective collection and storage of information required.
5. Ensuring that all information resources are up to date.

Success Indicators:

1. ASH website continues to be seen by other groups as the leading site for information on tobacco control. Measured by regular survey of users.
2. Maintain the level of 'hits' on the ASH website as measured for the quarterly reports to the Trustees.
3. Maintain the number of subscribers to "ASH Daily News".
4. Development of a plan for checking and updating the informational needs of the charity.

3. Networking & Enabling Networking

To be the main nexus for UK tobacco networking. To be the feed-in point and key contributor for regional and international networking within the context of our strategic priorities.

Objectives:

1. To maximise the effectiveness of existing networks and to develop new ones, locally, nationally and internationally. To identify and rank potential new partners.
2. To communicate using materials which are appropriate to the various segments of the target audience.

3. The effective use of technology in servicing and enabling networks.
4. Innovation in the methods used to enable networks.

Success Indicators:

1. Other groups involved in tobacco control continue to expect ASH to take a 'leadership' role in tobacco control. This would be assessed through evaluation.
2. The development of the Secondhand Smoke Steering Group (SHS) and Clear The Air Coalition (CTAC) into effective lobbying instruments.
3. The effective development of the work of the Smokefree Communities/Cities Network.
4. The effectiveness of enabling UKNET, as judged by the level of activity in terms of submissions, continued input to the annual budget submission etc.
5. Periodic survey to ascertain that those taking part are getting what they expect and need from meetings and networks. Maintain the level of success as indicated by the two previous surveys.

4. Governance

To maintain the long-term effective governance of the charity.

Objectives:

1. To ensure the maintenance of best practice in relation to charity, company, employment and other law. In this respect the regular risk assessment process is of particular importance.
2. To implement effective recruitment and succession planning and diversification of the Board of Trustees, Advisory Council and staff.
3. To provide for a regular outside evaluation of the charity and its work which is relevant to its objectives.
4. To conduct an annual review of the strategic plan.

Success Indicators:

1. The Board of Trustees should represent a mix of: people from outside traditional anti-tobacco campaigning; experienced people from the medical/health sector; minority groups; those with technical skills or any special expertise which may be required.
2. The Advisory Council should represent a mix of: minority groups; people from outside tobacco campaigning; experienced people from the medical/health sector; those with technical skills or any special expertise which may be required.
3. The election of Honorary Officers once every three years, as outlined in the current policy of the Board of Trustees, "Procedure for the Election of Honorary Officers".
4. A complete risk analysis review completed once every two years and checked during the preparation of each annual budget. Next complete review due during 2005-06 financial year.
5. A review of requirements of the new SORP completed by the end of 2005.
6. The completion of the annual Companies House filing in January each year.
7. The completion of the annual Charity Commission filing in January each year.
8. Completion of a satisfactory audit each year.
9. Review of the impact of the new Charities Act once approved by Parliament.
10. Review of the Charity Commission proposals on Governance by end of 2005-06 financial year.
11. An evaluation of the Board of Trustees completed by the end of 2006-07.
12. Review and update all policies within the office handbook by end of 2006-07.

5. Resources & Sustainability

To secure appropriate funding and other resources for the achievement of the organisations objectives in a sustainable way.

Objectives:

1. To maintain good relations with the three current key funders.
2. Review periodically other potential sources of funding, especially for new initiatives. Expansion beyond the three key funders should be evidence based and only cost effective grants should be sought.
3. Retaining and recruiting high quality staff.

Success Indicators:

1. Renewal of core funding by BHF and CR-UK for 2005-06.
2. Renewal of Section 64 funding by the Department of Health for 2005-08.
3. Success of planned site visit by BHF and CR-UK during 2005, leading to three year core funding applications at the end of the year.
4. Completion of annual staff reviews and development of the related business plans.

6. Image & Communication

To maintain and develop our image and reputation through the development of rolling strategies/plans for communications, advocacy, PR, marketing and branding which are both closely linked to desired outcomes and cost effective. To promote and employ our information resources effectively.

Objectives:

1. To identify and use the most effective communication routes.
2. To remain aware that different methods of communication may be required for different audiences.
3. Communicate a positive image to both hostile groups and under-utilised stakeholder groups.
4. The introduction of and effective use of any new technologies and methods which are both appropriate and cost-effective.
5. To be creative and innovative – always looking for new opportunities.
6. To develop and maintain performance measures.
7. The effective use of available technology.
8. To develop innovative and effective ways of keeping the harmful effects of tobacco in the public eye, in order to influence opinion formers and decision makers.

Success Indicators:

1. Our 'reach' in both the print and broadcast media should be maintained over a rolling three year period.
2. The appearances of ASH in the "PR Week" NGO watch league table.
3. A lasting shift in public opinion in favour of smokefree workplaces and enclosed public places.
4. The development of an integrated design for all ASH communications.
5. Reputable polling evidence that points to raised public awareness of the principles of harm reduction.

Next Steps & Evaluation Process

The following next steps and evaluation are proposed:

1. Approval of this strategic plan, including the six key strategic priorities, their related objectives and success indicators by the Board of Trustees meeting to be held during March 2005.
2. Evaluate and update this strategic plan as follows:
 - a. quarterly evaluation of individual business plans by senior staff with the Director reporting to the Board of Trustees;
 - b. evaluation of progress of this strategic plan by the Board of Trustees at their quarterly meetings;
 - c. annual evaluation of performance and objectives during January-March of each year as part of the annual staff appraisal system. The Director reports to the Board of Trustees.
3. Implementing the annual business plans and budgeting process.
4. Contract a suitably respected and qualified person, from outside ASH, to conduct a full evaluation of our work once every 3 years.

Conclusion

This plan is the culmination of a process which began with the appointment of a new Director in 2003. Soon after this it was agreed that ASH required a strategic plan if it was to deal most effectively with the challenges it faced in the future.

Implementing the plan over the next three years will be both a challenging and rewarding task for the charity. ASH's work will be focused on each of the six strategic priorities with the aim of fulfilling each of the related objectives by having a business planning process in place to guide us in allocating our resources.

Over the three years the plan will undergo regular evaluation, update and adjustment. By 2008, ASH will have cemented its position as the key organisation in tobacco control in the UK, as well as continuing to play a significant role in the wider international environment.

Acknowledgements

ASH would like to thank the many unnamed individual supporters and stakeholders who completed the on-line evaluation and strategic planning questionnaire distributed during the summer of 2004.

In addition, ASH would like to thank the following individuals for their contributions through face to face interviews and the strategic planning sessions held during September 2004:

ASH Board of Trustees

Professor John Britton	Royal College of Physicians
John Edwards (Treasurer)	British Heart Foundation
Dr Anna Gilmore	London School of Hygiene & Tropical Medicine
Ed Gyde	Munro & Forster Associates
Dr Martin Jarvis	Department of Epidemiology & Public Health, UCL
Trish Jones	North West ASH
Jean King (Vice-Chair)	Cancer Research UK
Dr Jennifer Mindell	London Health Observatory
Donald Reid (Chair)	Watford & Three Rivers Primary Care Trust

David Simpson

International Agency on Tobacco & Health

ASH Staff

Deborah Arnott

Director

Naj Dehlavi

Researcher

Phil Rimmer

Business Manager

Amanda Sandford

Research Manager

Ian Willmore

Public Affairs Manager

Consultants

John Pepin

John Pepin & Associates Limited

Tanya Pepin

John Pepin & Associates Limited

Others

Nick Adkin

Department of Health

Steve Crone

QUIT

Andrew Hayes

London Regional Public Health Group

Paul Lincoln

National Heart Forum

Dr Ann McNeill

Freelance public health consultant

Dr Dawn Milner

Public health practitioner

Jill Rutter

DEFRA

Professor Robert West

Department of Epidemiology & Public Health, UCL

Prepared from notes and transcripts of various meetings by:

Phil Rimmer

Business Manager

October 2004 – March 2005