

[REDACTED]

From: [REDACTED]
Sent: 22 August 2017 14:37
To: [REDACTED]
Subject: FW: ASH Scotland grant reports and 2017-18 workplan
Attachments: ASH Scotland-Report to Scottish Government-Oct 16 to Mar 17.docx;
correctedversionASH Scotland Info Service report to end March 2017-final.docx;
ASH Scotland workplan 2017-18-final draft.docx

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: FOI

For FOI

[REDACTED]
The Scottish Government
Tobacco Control Team
Health Improvement Division
Area 3 E St Andrew's House
EDINBURGH
EH1 3DG

From: [REDACTED]
Sent: 18 May 2017 16:18
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: ASH Scotland grant reports and 2017-18 workplan

Dear [REDACTED] and [REDACTED]

With apologies, the amended version of the information service report is now attached.

Best wishes

[REDACTED]
From: [REDACTED]
Sent: 18 May 2017 14:33
To: [REDACTED]
Cc: [REDACTED]
Subject: ASH Scotland grant reports and 2017-18 workplan

Dear [REDACTED] and [REDACTED] (others fyi)

Please find appended our 6 month overview report with a narrative introduction on our year's activities; an information service report which goes into more detail on the support activities provided to the whole organisation for the 6 month period; and our draft annual work-plan for this year which will be finally approved at our Board meeting on 1 June and covers all our proposed activities for this financial year, colour coded by funders.

I'll be happy to discuss any of this further with you, and look forward to our annual review and catch up meeting in due course

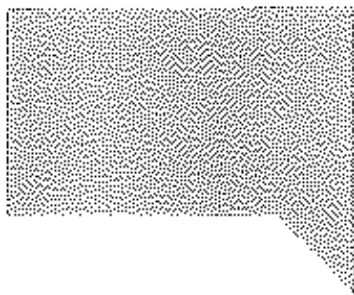
Kind regards


Chief Executive

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ASH Scotland's vision is of a healthier Scotland, free from the harm and inequality caused by tobacco.



Impact |

Let's talk about smoking and mental health

Action on Smoking & Health (Scotland) (ASH Scotland) is a registered Scottish charity (SC 010412) and a company limited by guarantee (Scottish company no 141711).

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8x more

cigarette outlets than pharmacies.

*So in Scotland
it is easier to
buy poison
than medicine.*

ash
scotland
Taking Action on Smoking and Health

ASH Scotland

Scottish Government Report October 2016 to March 2017

ASH Scotland is a registered Scottish charity (SC 010412) and a company limited by guarantee (Scottish company no 141711).

ASH Scotland funding report Oct 2016 – Mar 2017

Overview of work in the financial year 2016-17

ASH Scotland's vision is of a healthier Scotland, free from the harm and inequality caused by smoking. This report relates to those elements of our work funded by the Scottish Government and should be taken alongside the separate report on the Information Service activity jointly funded with British Heart Foundation.

In order that more young people will choose to remain free from tobacco, we develop and disseminate good practice and support activities in youth smoking cessation and smoking prevention work, working with a wide range of partners interested in the health and welfare of young people. This year we have supported the development of comprehensive policies in schools and youth work organisations and provided training and support to help support families in deprived communities in creating smoke-free homes. Our work on establishing smoke-free college campuses continues, and we continue to maintain the Tobacco-free Generation web-pages, providing user-friendly resources for front-line staff engaging young people.

So that more people live their lives free from second-hand smoke, we worked with partners to support the reach of the national Take it Right Outside campaign, and offered practical support to assist families in deprived communities in creating smoke-free homes. We also worked with LAACYP (Looked after and accommodated children and young people's) services and national organisations, promoting best-practice tobacco policies and advising on practical implementation.

To help more people stop smoking, particularly from deprived communities, we have been working to support money advice services to join up with stop-smoking service provision, and have been sharing information and calculations about the financial impacts of smoking and potential savings. We have made significant advances in our engagement with community based mental health services, and improved our communication with service user groups. The launch of our IMPACT guidance for services was warmly received by voices from across the sector.

ASH Scotland funding report Oct 2016 – Mar 2017

To build greater support for a tobacco-free generation, we continued to develop and promote Scotland's Charter for a Tobacco-free Generation, persuading an increasingly wide range of organisations to sign up and commit to practical actions towards achieving the 2034 vision. We continue with advice and support to the creation of local tobacco plans and alliances, and the national STA (Scottish Tobacco-free Alliance, formerly STCA) has involved members in a new operational model, with short-life working groups enabling collaborative working on some of the most pressing issues in tobacco control.

We effectively drive wider action on smoking and health, this year through forging new joint activities with partners working in drugs, alcohol and obesity, but also through the continued operation of our Information Service, which is available as a free public resource to all interested in tobacco control in Scotland and ensures that our work is underpinned by the best available evidence.

We continue to ensure that our own governance is carried out to the highest standard and in the 2017-18 financial year we will be formulating ASH Scotland's next 3 year strategic plan.

The following grid reports on the activities funded by the Scottish Government's grant funding in the period Oct 2016-March 2017, and is supplemented by a more detailed report on the information service work, which is jointly funded by the Scottish Government and the British Heart Foundation. However the budget report at the end of this report includes the information service funding with other Scottish Government grant funding.

Strategic Outcome 1: More young people will have chosen to be free from tobacco

High Level Outcome 1a: Tobacco is less attractive to young people

Operational outcome 1: More youth work services promote a tobacco-free culture

We have:

- Maintained the Youth Sector Tobacco Prevention Group as a loose network bringing all the national youth work agencies together to discuss smoking prevention
- Maintained the Tobacco-free Generation web resource, hosted on the Youth Scotland “Youthwork Essentials” site, and made further links with mental health online resource Aye Mind
- Delivered winter workshops/presentations to youth workers and youth work managers, with workshop and market place stand at the Big Skills event

Impact this year included:

- Our “tweet a week” initiative co-ordinated all the youth work agencies in promoting tobacco messages via social media, creating around 500 click-throughs to the Tobacco-free Generation web resources from August
- The Tobacco-free Generation web resources were accessed nearly 5,000 times over the year
- Supporting NHS Dumfries and Galloway to develop the Youth Beatz festival as a smoke-free event
- Over 100 youth workers directly engaged through workshops, with positive evaluation indicating increased knowledge and confidence
- Youth organisations signing the Charter for a Tobacco-free Generation included the Scottish Youth Parliament, Youth Highland, Urban Fox and Citade! Youth Centre

Operational outcome 2: More further and higher education campuses promote a tobacco-free culture

We have:

- Produced and distributed a user-friendly “5 Steps” guide to creating a Tobacco-free College Campus
- Joined the College Development Network Health and Safety Officers network and presented to group meeting
- Supported a further year of the Healthy Body Healthy Mind awards, developing an associated training session, delivered at two NUS Scotland events and directly to staff at Glasgow City College
- Organised a Policy Platform discussion on smoke-free campuses with a researcher from Dublin

Impact this year included:

- Fife College and Dundee and Angus College became the first colleges to sign the Charter for a Tobacco-free Generation
- 11 institutes submitted HBHM evaluation reports in April, including commitment on tobacco, with some institutes demonstrating their commitment to changing culture while others simply promote details of stop smoking services on No Smoking Day

ASH Scotland funding report Oct 2016 – Mar 2017

- Edinburgh College, West Lothian College and City of Glasgow College directly supported to develop their policies through cross campus working groups.

Operational outcome 3: More schools promote a tobacco-free culture

(Tobacco Strategy actions – 14: service providers; 15: 16-24 age group; 34: local authority grounds)

Our direct work with schools was supported through another funding stream, while the following contextual work was within the Scottish Government youth funding stream

We have:

- Arranged for the Tobacco-free Schools policy guide, our guidance on electronic cigarette policy and a link to the TFG pages to be made available on the Times Educational Supplement (TES) webpage
- Held a stall at the Scottish Learning Festival to promote the Tobacco-free Schools guide directly to teachers
- Worked with NHS Greater Glasgow and Clyde to distil our learning on tobacco-free schools into user-friendly resources for use across Scotland

Impact this year included:

- On the TES pages the policy guide was viewed 23 times and downloaded 16 times, the electronic cigarette guidance was viewed 19 times and downloaded 11 times and the Tobacco-free Generation link was viewed 10 times and downloaded 6 times
- 35 teachers engaged one-to-one at the Scottish Learning Festival
- Individual schools from Arbroath and Armadale to Perth and West Lothian have signed the Charter for a Tobacco-free Generation

Strategic Outcome 1: More young people will have chosen to be free from tobacco High Level Outcome 1b: Tobacco is less available to young people

Operational outcome 4: There is better understanding and enforcement of supply-side regulations

(Tobacco Strategy actions – 20: tobacco retailers register; 21: rigorous enforcement)

Our work relating to regulatory activity in this area was carried out under a separate funding stream, with the following activity coming under our youth funding from Scottish Government

We have:

- Contributed to discussion at the Ministerial Research Sub-group on young people's attitudes to proxy purchase of tobacco
- Produced analysis of the role of proxy purchase in young people's ability to obtain tobacco, and distributed this to public health networks to initiate discussion of the attitudes and culture allowing this to take place

Impact this year included:

ASH Scotland funding report Oct 2016 – Mar 2017

- Published blog pieces and a Scotsman article on why people buy tobacco for kids
- Achieved agreement from members of the Youth Sector Tobacco Prevention Group to have proxy purchase as a focus for the group in coming months

Strategic Outcome 2: More people of all ages will live their lives free from second-hand tobacco smoke High Level Outcome 2a: More people choose to make their homes smoke-free

Operational outcome 5: More family support organisations are promoting smoke-free homes
(Tobacco Strategy actions – 26: supporting families; 28: REFRESH follow-on; 29: children's exposure to SHS; 30: awareness campaigns; 34: local authority grounds)

The majority of our work in this area was carried out through the special project funding, jointly between Scottish Government and the Robertson Trust, which has been included in this report. Additional training and development work was commissioned by another funder.

We have:

- Delivered on the third year of the Children, Carers and Second-hand Smoke training;
- Completed the development of a 'parents SHS' resource pack to be used to facilitate delivery of parent workshops in early years settings;
- Raised awareness of the smoking in cars legislation among our early years networks and their contacts/families;
- Planned for an STA smoke-free homes event to take place in June 2017, reviewing the three years of the CCSHS project;
- Quantified and communicated the inequality evident in SHS data relating to both areas of deprivation and the age of children exposed to SHS in the home;
- Developed a Training for Trainers course, to help maintain activity levels once the funding period finishes

Impact this year included:

- Orders for over 1000 copies of a parents' SHS leaflet, and professionals version, received from health and early years professionals across Scotland;
- 50 early years professionals trained in supporting families to make their homes smoke-free
- Resource pack for supporting parents launched, and requested by ten organisations

Operational outcome 6: More LAACYP settings are promoting a tobacco-free culture

(Tobacco Strategy actions – 11: looked after children; 14: parenting strategy; 15: 16-24 age group; 26: smoke-free homes; 29: children's exposure to SHS; 34: local authority grounds)

We have:

- Provided intensive advice and support to the Care Commission in the develop of new guidance on tobacco-free policies for providers of residential care for children
- Communicated the forthcoming guidance to all tobacco sector contacts/organisations via the ASHS and STA bulletins;
- Provided consultation advice to a children's residential provider, regarding the content and approach of what will become a model tobacco policy;
- Provided consultation advice to NHS Forth Valley on incorporating tobacco into their local corporate parenting delivery plan;
- Held initial discussions with Children 1st to plan action to consult with kinship carers and train helpline staff;

ASH Scotland funding report Oct 2016 – Mar 2017

- Briefed LACYP mental health researchers at University of Glasgow to inform integration of SHS exposure into their research.

Impact this year included:

- Production of strong Care Inspectorate guidance, that we felt happy to endorse, against which all residential care providers for children will be inspected
- Production and dissemination of strong model tobacco policy for children's residential care
- Care provider A Life Explored, and the Care Inspectorate itself, have both signed the Charter for a Tobacco-free Generation

Strategic Outcome 2: More people of all ages will live their lives free from second-hand tobacco smoke
High Level Outcome 2b: There are fewer outdoor spaces where people are exposed to second-hand smoke

No Scottish Government funded activity in this area was planned during the time period.

Strategic Outcome 3: More people will have stopped smoking, particularly from deprived communities
High Level Outcome 3a: Smokers live in an environment which is more conducive to stopping

Operational outcome 7: More community and anti-poverty interests accept tobacco as a key part of tackling health inequalities

(Tobacco Strategy actions – 2: health inequalities)

Our work relating to political influencing activity in this area, particularly around the Scottish Parliament elections, was carried out under a separate funding stream.

We have:

- Attended a number of health and/or inequalities events to raise discussion of synergy between tobacco control and anti-poverty work
- Made initial approach to disability organisations to raise discussion of high smoking rates amongst certain groups of people living with disabilities
- Produced new calculation of the average annual costs to smokers in Scotland, disseminated as part of Challenge Poverty Week

Impact this year included:

- Reached agreement with the Poverty Alliance that they will collaborate with us on surveying anti-poverty groups on their views on, and approaches to, tobacco control
- Interest from certain disability organisations in initiating discussion and research into the experiences and perceptions of smokers within this sector

Operational outcome 8: An appropriate, bespoke regulatory framework for electronic cigarettes is implemented

(Tobacco Strategy actions – 45: harm reduction)

Our work relating to political influencing activity in this area, particularly around the Scottish Parliament elections and legislation, was carried out under a separate funding stream.

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We have:

- Hosted an expert group on e-cigarettes to consider options for domestic advertising restrictions, disseminating notes from the discussion to inform ongoing consideration by academics, civil servants and policy makers
- Produced guidance on e-cigarette policy for services working with young people, endorsed by national youth work organisations

Impact this year included:

- The e-cigarette guidance for young people's services was endorsed by the main youth work agencies, creating a clear, unified approach for services to follow

Operational outcome 9: Mental health support services more robustly address tobacco use

(Tobacco Strategy actions – 32: mental health facilities)

(Route map to 20:20 vision for health and social care – key deliverable 2)

Our work surrounding the consultation in developing a new mental health strategy for Scotland was funded through another source. Our work engaging with community-based mental health services was supported by a grant from the Edinburgh and Lothians Health Foundation, complemented with staff time funded from the Scottish Government inequalities stream, and so is reported on here.

We have:

- Continued to develop relationships with a growing number of mental health support organisations, including Support in Mind, Penumbra, Turning Point and Link Living.
- Organised STA mental health mini-summit on Smoking and Mental health for NHS Grampian which took place on 13th June, 20 delegates from NHS Grampian and third sector community based organisations attended
- Following extensive fieldwork carried out last year we developed and consulted on a guidance pack for community-based mental health organisations to engage with smoking amongst their client group
- Developed and delivered a pilot 'smoking and mental health' training course in November 2016 for a mix of NHS and third sector mental health practitioners within the Borders area. This was a half day training course aimed to challenge attitudes and perceptions, build confidence and knowledge levels of participants, and encourage mental health support workers to engage in the topic of smoking with the people they support.
- Worked with the Royal Edinburgh Hospital to deliver a consultation with patients, staff, families and carers on their current smoking policy and associated challenges. Following the completion of the fieldwork, a report will be drafted in April 2017 and a meeting with REH colleagues scheduled to take place on 17th May 2017 to discuss findings
- Delivered two TARS sessions for the Scottish Drugs Forum, enabling consideration of smoking behaviours amongst people using drugs.
- Received additional £60k funding from the Scottish Government to continue the IMPACT project for a further 12 month period. The focus of this work will be further engagement with third-sector mental health organisations within the Edinburgh and Lothian's area, supporting the implementation and uptake of the Guidance, developing and delivering a training course and signposting practitioners to use the IMPACT project website.

ASH Scotland funding report Oct 2016 – Mar 2017

Impact this year included:

- IMPACT resource pack launched in March and positively received across the sector
- Consultation with staff, patients and families at the REH means that the learning and recommendations from the project have been rooted in the experience of those affected, and will be available to inform ongoing work
- 12 mental health professionals attended the pilot training event, providing positive feedback and learning to inform the final product
- Engagement with Scottish Drugs Forum network provided updated knowledge regarding lived experience in this group, particularly their report that smoking was more difficult to quit than drug use
- Follow-on project funding received from the Scottish Government to continue the IMPACT project for a further 12 month period. The focus of this work will be further engagement with third-sector mental health organisations within the Edinburgh and Lothian's area, supporting the implementation and uptake of the Guidance, developing and delivering a training course and signposting practitioners to use the IMPACT project website. A roll-out model will also be developed which will require discussions with NHS and other partners at both local and national levels. Recruitment will take place for a new Mental Health Engagement Officer to provide additional capacity for this work.

Strategic Outcome 3: More people will have stopped smoking, particularly from deprived communities **High Level Outcome 3b: More people want to stop smoking**

Operational outcome 10: There is greater support for reducing the density of tobacco retail outlets in our communities
(Tobacco Strategy actions – 20: review of retailers register)

Lobbying activity around the Scottish Parliament elections was supported by a different funding stream.

We have:

- Agreed to be on advisory group for CRUK research project reviewing retail register. First meeting took place in January

Impact this year included:

Operational outcome 11: We have better knowledge on supporting communities to stop smoking

(Tobacco Strategy actions – 2: health inequalities; 37: people-centred services)

We have:

- Completed the pilot Cashtray scheme with West Lothian Credit Union, writing up a report and preparing recommendations for how to take this line of work forward.
- Continued to disseminate the report and recommendations from the Money Advice pilot, including at the Improvement Service, Faculty of Public Health and Smoking Cessation conferences
- Met with partner organisations, including Citizens Advice Scotland, Money Advice Scotland and Edinburgh City Food Poverty Working Group to explore materials and training for financial support workers, which will be produced next year

ASH Scotland funding report Oct 2016 – Mar 2017

- Contributed to external events, including Financial Inclusion Week and Challenge Poverty Week, to introduce stop smoking support as part of support to increase financial capability

Impact this year included:

- Learning from the Cashtray pilot was written into a summary report, which has informed discussion with partners as to follow-up activity
- Contacts and learning were accumulated, that will enable production and distribution of materials and training in 2017-18

Operational outcome 12: We have greater understanding of how people respond to smoking and dementia

(Tobacco Strategy actions – 2: health inequalities; 15: 16-24 age group)

Lobbying activity around the Scottish Parliament elections and the new dementia strategy were supported by another funding stream.

We have:

- Developed the Dementia DEFENCE framework, setting out how living well and healthily can significantly reduce dementia risk
- Gathered a coalition of 12 organisations to form a Steering Group for the campaign, which has met twice and communicates electronically between meetings
- Agreed a forward work plan for the coalition

Impact this year included:

- Setting up of new group to take forward dementia prevention work and the agreement of a forward workplan to develop and test campaign resources

Strategic Outcome 4: There will be greater support for a tobacco-free generation

High Level Outcome 4a: More people support the 2034 vision and know what it is

Operational outcome 13: The Charter for a Tobacco-Free Generation inspires more organisations to act on tobacco

(Tobacco Strategy actions – 2034 target)

We have:

- Continued to market the Charter to new audiences, with 93 new organisations signing up this year, bringing the total number of supporters to 130.
- Celebrated the first Charter Awards given to eight organisations for their efforts in tackling the harm caused by tobacco.
- Issued 26 press releases, produced 14 Charter Highlights articles, published 6 Tobacco Unpacked blog articles and circulated 4 Charter E-Updates.
- Delivered 5 external presentations - NHS Lanarkshire Cessation Advisors meeting. Resulted in follow-up meeting with NHS Lanarkshire Healthy Working Lives Team to support local workplaces to sign the Charter (local resource in development). Presentations also delivered to: STA Annual Learning Day, West Lothian Tobacco-free Strategy Group, East Renfrewshire Tobacco Alliance, National Cessation Managers Group
- Hosted 4 marketplace stalls at Scottish Smoking Cessation Conference, Scottish Learning Festival, Stillbirth & SUDI conference and STA ALD.

ASH Scotland funding report Oct 2016 – Mar 2017

- Focused on supporting the cascading effect of the Charter - encouraging health boards, tobacco alliances and community planning partnerships to engage their partner agencies in signing up individually and promoting to local organisations with an interest in children, young people and families work.
- Agreed an outline for recruitment of individual Charter champions to be pursued in spring 17.

Impact this year included:

- More organisations, and with greater diversity, signed the Charter in its second year and committed to reviewing policy and practice to bring about a Tobacco-free Generation. Increasing numbers are new contacts for ASH Scotland.
- Charter “firsts” this year included: First optometrist, football club, pharmacy, college, third sector interface, local authority, Health and Social Care Partnership, Community Planning Partnership, Community Trust, residential care provider, fostering and adoption agency and nursery.
- 60% of signatories reaching the one-year mark received a “commendation” in recognition of the actions taken to deliver a Tobacco-free Generation

Strategic Outcome 4: There will be greater support for a tobacco-free generation

High Level Outcome 4b: Policy and practice changes to reflect the 2034 vision

Operational outcome 14: More local planning structures take more comprehensive action on tobacco

(Tobacco Strategy actions – 3, 11, 19 local tobacco plans)

We have:

- Published a Guide for Community Planning Partnerships, relating tobacco control activity to the partnership goals, enabling local staff to easily integrate actions on tobacco into their plans
- ASH Scotland staff proactively engaged with development of local plans in various areas
- Telephone interviews were completed with 21 local areas to obtain the best information of local tobacco control activity.
- Created and maintained a database with information on the majority of bodies providing some degree of coordination or oversight of tobacco control in local areas. In every health board area in Scotland action is being taken to reduce the prevalence of smoking and to reduce exposure to SHS. Coordination of this activity varies across the country in terms of where leadership originates and the extent to which local authorities participate in strategic planning.

Impact this year included:

- Supported NHS Dumfries and Galloway to create a strategic tobacco plan which refers explicitly to the Charter and adopts the Charter ideal of a generation from tobacco
- Supported Borders Community Planning Partnership to devise a workplan involving members of the CPP with the expressed intention of being able to demonstrate commitment to the Charter principles
- Supported East Dumbarton health and Social Care Partnership to endorse the Charter as part of their strategy and to use the Charter principles as a driver for future work including smoke-free outdoor events
- Persuaded NHS Fife to adopt the Charter and integrate it into their developing strategy

ASH Scotland funding report Oct 2016 – Mar 2017

- Aberdeen Tobacco Alliance hosted a Charter focussed 'lunch n learn' session for staff
- Persuaded Dundee Alliance to adopt the Charter and commit to make changes to their activity to better support the principles

Strategic Outcome 5: ASH Scotland will effectively drive wider action on smoking and health High Level Outcome 5a: Other organisations are able to make a greater contribution

Operational outcome 15: We will provide a top quality information service providing the best available evidence on tobacco and health

(Tobacco Strategy actions -

Information Service activity is covered in a separate report

Operational outcome 16: The STA effectively co-ordinates networking, consulting and information exchange relating to tobacco control in Scotland

(Tobacco Strategy actions -

We have:

- Focused on creating action through the STA Short-life Working Groups, sought input from the membership on the operation of these groups, maintained the STA website and bulletin entries.
- Set up new short-life working groups on the 16-24 age group and on culture around proxy purchase of tobacco

Impact this year included:

- STA membership has increased slightly, at a time when the sector more generally is contracting, and now stands at 245 members
- Annual Learning Day brought together over 60 individuals from a range of interested sectors and from across Scotland
- 16-24 working group met twice and has agreed to focus on the employability support sector, achieving initial contact with various organisations working in this sector
- The proxy purchase working group achieved agreement on a week of action later in the year, supporting local activity to influence attitudes on proxy purchase

Operational outcome 17: Scotland has a strong, co-ordinated voice campaigning for tobacco control measures in Scotland

(Tobacco Strategy actions -

Campaigning activity, including through the SCOT coalition, is supported by a different funder.

Operational outcome 18: ASH Scotland informs debates on tobacco, health and inequalities

(Tobacco Strategy actions -

We have:

- Co-ordinated a range of partners on activity around No Smoking Day on March 8th.
- Circulated MSP briefing notes on topics including a Fairer Scotland, standardised packaging, second-hand smoke and the health and economic benefits of reducing smoking prevalence in the current session of Parliament

ASH Scotland funding report Oct 2016 – Mar 2017

- Created media comment on topics including mental health, economic costs of smoking and dementia prevention
- Organised policy platform round-table discussions: Smoking in prisons in Nov 2016, Smoke-free campuses in Feb 2017, Emergent marijuana industry in March 2017
- Joined with ASH partners in commissioning a YouGov survey on public attitudes to tobacco control measures

Impact this year included:

- Co-ordination of national message and image for No Smoking Day, including social media and press. The NSD thunderclap had a social reach of 236,860, and our bitly link and the thunderclap drove approximately 1600 direct clicks through to the NSD resource page.
- Nearly 3,000 visitors accumulated over 7,000 page views on our Tobacco Unpacked blog
- Our Twitter followers increased to 2,450, with over half a million impressions over the year
- Continued opinion polling evidence that tobacco control measures are popular, often amongst smokers as well as non-smokers

Strategic Outcome 5: ASH Scotland will effectively drive wider action on smoking and health **High Level Outcome 5b: ASH Scotland is well-run, efficient and effective**

Operational outcome 19: ASH Scotland demonstrates good governance practice

We have:

- Conducted an away day/induction process for new Board members including strategy, governance expectations and financial procedures
- Secured a clean audit report
- Filed OSCR and Companies House returns
- Reviewed and updated the remit of Board subcommittees
- Continued to update and review the risk register

Impact this year included:

- All regulatory duties carried out successfully

Operational outcome 20: Long term, sustainable and diverse funding is secured to fund all of our work

We have:

- Explored new avenues for funding projects around dementia prevention, support for care environments and engagement with family support services
- Negotiated with BHF over the processes for our next grant application
- Developed a joint proposal with the Poverty Alliance to consult with anti-poverty groups
- Had positive discussions with NHS Lothian about continuing the schools work

ASH Scotland funding report Oct 2016 – Mar 2017

Impact this year included:

- ASH Scotland roughly broke even in our budget over the year

Operational outcome 21: Staff are equipped and supported to contribute to the delivery of organisational objectives

We have:

- Reformatted all staff meetings and workplan reporting meetings to ensure they are effective in allowing staff to contribute
- Held one to one interviews with all staff to review the survey and organisational issues
- Conducted a salary scale check to test the restructure, under a Board working group and with inputs from HR firms

Impact this year included:

- Maintaining a stable staff team

ASH Scotland funding report Oct 2016 – Mar 2017

Financial Report October 2016 to March 2017

	Core	Policy & Information	Inequalities & Youth
Government Funding	128,322	39,167	126,890
Staff costs	110,313	78,643	127,970
Property costs	21,676	-	-
Services	7,565	-	-
Equipment Costs	8,449	1,518	-
Resources	1,653	734	5,843
Infrastructure costs	-43,858	16,025	27,833
Website	-	-20	651
Meetings and travel	1,673	228	1,452
Professional services	11,170	-	-
Miscellaneous	541	-	-
Depreciation	-506	-100	-199
Events	639	-	-
TOTAL EXPENDITURE	119,315	97,028	163,550

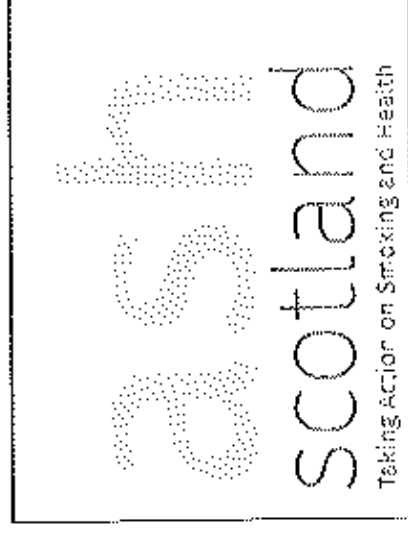
Note:

- Balance of Core expenditure is made up from other funding sources and generated income.
- The Policy & Information work is jointly funded with British Heart Foundation.
- Government Funding above does not include the funds for Second Hand Smoke.

8x more

cigarette outlets than pharmacies.

*So in Scotland
it is easier to
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ASH Scotland

Information Service

Scottish Government Report 01 October 2016 to 31 March 2017

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ASH Scotland Information Service report Oct 2016 – Mar 2017

Strategic Outcome 1: More young people will have chosen to be free from tobacco

1a: Tobacco is less attractive to young people

Operational outcome 1: More youth work services promote a tobacco-free culture

(Tobacco Strategy actions – 13: work with youth sector, 14: work with service providers, 15: 16-24 age group, 34: local authority grounds)

Information Service input and progress in reporting period 01 Oct 16 – 31 Mar 17:

In the lead-up to the ban on selling electronic cigarettes to children, which came into force across Scotland on Saturday 01 April 2017, we have worked ahead of this to publicise the new law, for example in our regular bulletins and through fact-checking the guidance on electronic cigarettes produced for services working with children, young people and families.

October saw the publication of the Scottish Adolescent Lifestyle and Substance Use Survey (SALSUS) data from 2015. This showed 15 year olds' regular smoking declining by 2% to 7% in 2015, with 13 year olds' smoking static at 2%. There was a great deal of media interest in these figures and we provided analysis and briefings to the Chief Executive which were also disseminated to our networks.

We continue to contribute to the YouthWork Essentials site tobacco control section: www.youthworkessentials.org/youth-tobacco.aspx and have been supporting the continued development of the Tobacco-free generation resources for youth workers: www.ashscotland.org.uk/what-we-do/children-young-people-and-tobacco/tobacco-free-generation-web-page/

We continue to support the development and provision of Information and Resource sessions for youth workers:

www.ashscotland.org.uk/media/news/2016/09/information-and-resource-session-for-youth-workers/

Operational outcome 2: More further and higher education campuses promote a tobacco-free culture

(Tobacco Strategy actions – 15: 16-24 age group)

Information Service input and progress in reporting period 01 Oct 16 – 31 Mar 17:

We continue to support tobacco-free campuses www.ashscotland.org.uk/what-we-do/children-young-people-and-tobacco/tobacco-free-campus/ and their sponsorship of the Healthy Body Healthy Mind Award, a partnership initiative between NUS Scotland and Scottish Student Sport that is funded by

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the Scottish Government.

The Information Service also organised a policy platform in February at which Assistant Professor Chris Seitz focused on smoke-free campuses in the USA, alongside observations from Irish and Scottish universities. This was a well-attended event which attracted great interest from policy makers, civil servants and academics.

We collated and reviewed the latest research evidence to produce a Fastfacts briefing on:

- [Young people, mental health and smoking \(October 2016\)](#) for use in promoting smoke-free campus work

Operational outcome 3: More schools promote a tobacco-free culture

(Tobacco Strategy actions – 14: service providers; 15: 16-24 age group; 34: local authority grounds)

Information Service input and progress in reporting period 01 Oct 16 – 31 Mar 17:

We have supported the development of the Tobacco Free Schools campaign www.ashscotland.org.uk/what-we-do/children-young-people-and-tobacco/tobacco-free-schools/ both by providing information to underpin their policy guide and by producing short focused briefings they find useful in educational settings: www.ashscotland.org.uk/fastfacts

In March we organised a research group on ASSIST, with case studies on tobacco, drugs and young people's sexual health. This was another well-attended event which attracted interest from civil servants, voluntary sector groups, health boards and academics.

The Information Service recorded and edited video footage for online use with smoke-free schools work.

Strategic Outcome 1: More young people will have chosen to be free from tobacco High Level Outcome 1b: Tobacco is less available to young people

Operational outcome 4: There is better understanding and enforcement of supply-side regulations

(Tobacco Strategy actions – 20: tobacco retailers register; 21: rigorous enforcement)

Information Service input and progress in reporting period 01 Oct 16 – 31 Mar 17:

October saw the publication of the Scottish Adolescent Lifestyle and Substance Use Survey (SALSUS) data from 2015. This showed 15 year olds' regular smoking declining by 2% to 7% in 2015, with 13 year olds' smoking static at 2%. There was a great deal of media interest in these figures and we provided analysis and briefings to the Chief Executive.

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The regulations on standardised packaging came into force on 20th May 2016, alongside the EU Tobacco Products Directive (which also covers devices which contain or are capable of containing nicotine). We are currently planning media coverage for the end of the one year compliance period in May 2017.

We have continued to

- publish the latest research in our online research archive to inform campaigns and work on this issue throughout Scotland: www.ashscotland.org.uk/what-we-do/supply-information-about-tobacco-and-health/tobacco-related-research.aspx

We have continued to highlight

- historically low levels of illicit tobacco and to signpost the public to TSSintel@cosla.gov.uk and Freephone Crimestoppers on 0800 555 111
- and to update our [evidence briefing on illicit tobacco](#) (November 2016)

Strategic Outcome 2: More people of all ages will live their lives free from second-hand tobacco smoke **High Level Outcome 2a: More people choose to make their homes smoke-free**

Operational outcome 5: More family support organisations are promoting smoke-free homes

(Tobacco Strategy actions – 26: supporting families; 28: REFRESH follow-on; 29: children's exposure to SHS; 30: awareness campaigns; 34: local authority grounds)

Information Service input and progress in reporting period 01 Oct 16 – 31 Mar 17:

We supported the ASH Scotland engagement team's development of a second-hand smoke activities and resources pack for use in parent sessions or parent classes. This pack is available to anyone who completes (or has previously completed) the free ASH Scotland one day 'children, carers and second-hand smoke' training course.

We continue to support members of the public affected by smoke drift and cigarette-related litter in communal areas such as stairwells, landings and lifts. We continue to advise private and social landlords, tenants, and homeowners on their limited protections against second-hand smoke. Evidence from contact with the Scottish Parliament Information Service (SPICE) suggests that constituents are increasingly raising this as an issue with MSPs.

We are in the early stages of developing a policy position on smoke-free social housing.

We continue to maintain and disseminate legacy work from the REFRESH project.

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As noted above evidence from contact with the Scottish Parliament Information Service (SPICE) suggests that constituents are increasingly raising this as an issue with MSPs.

We supported our colleagues in developing a new Scottish Tobacco Alliance Resource to help with community planning

Operational outcome 6: More LAACYP settings are promoting a tobacco-free culture

(Tobacco Strategy actions - 1.1: looked after children; 1.4: parenting strategy; 15: 16-24 age group; 26: smoke-free homes; 29: children's exposure to SHS; 34: local authority grounds)

Information Service input and progress in reporting period 01 Oct 16 – 31 Mar 17:

We supported our engagement colleagues in their work with the Care Inspectorate and a residential provider to develop policy guidance for residential providers. As a result of this engagement, the Care Inspectorate launched this guidance called Creating a tobacco-free culture: guidance for providers of residential care for children and young people in April 2017.

We also produced an ASH Scotland viewpoint: Helping children and young people who are looked after to grow up free from tobacco' (March 2017)

Strategic Outcome 3: More people will have stopped smoking, particularly from deprived communities **High Level Outcome 3a: Smokers live in an environment which is more conducive to stopping**

Operational outcome 7: More community and anti-poverty interests accept tobacco as a key part of tackling health inequalities
(Tobacco Strategy actions - 2: health inequalities)

Information Service input and progress in reporting period 01 Oct 16 – 31 Mar 17:

We supported Challenge Poverty Week and Financial Capability Week: <https://tobaccounpacked.wordpress.com/2016/11/10/why-ash-scotland-is-supporting-financial-capability-week/>
...and are planning our support for World No Tobacco Day's theme of how tobacco causes global poverty (May 31st) www.who.int/campaigns/no-tobacco-day/2017/event/en/

We produced a FastFacts on :

- Smoking and poverty (October 2016)

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A new cross party group (CPG) 'Improving Scotland's Health: 2021 and beyond', the secretariat of which is undertaken jointly by ASH Scotland and Alcohol Focus Scotland (AFS) has been established. The group is also supported by Obesity Action Scotland and SHAAP (Scottish Health Action on Alcohol Problems). This new CPG focuses on public health and on tackling non-communicable diseases, with a special interest in health harming commodities.

We will continue to highlight the true cost of smoking to Scotland's poorest communities:

- online in our blog: <https://tobaccounpacked.wordpress.com/>
- and at www.ashscotland.org.uk/what-we-do/tackle-inequalities/
- as well as to seek links with organisations who deal with debt and poverty, such as the Poverty Alliance and Citizens Advice Scotland.

Operational outcome 8: An appropriate, bespoke regulatory framework for electronic cigarettes is implemented

(Tobacco Strategy actions - 45: harm reduction)

We produced briefings on:

- *Electronic cigarettes* (updated March 2017)
- *Second-hand vaping* (March 2017)
- *Indoor vaping* (November 2016)

We continue to collate and disseminate the latest research on electronic cigarettes

- *E-cigarettes 2017*
- and to provide information about the effects both of the Scottish Government legislation and the Tobacco Products Directive:
- www.ashscotland.org.uk/what-we-do/campaign/e-cigarettes/

Operational outcome 9: Mental health support services more robustly address tobacco use

(Tobacco Strategy actions - 32: mental health facilities)

(Route map to 20:20 vision for health and social care - key deliverable 2)

Information Service input and progress in reporting period 01 Oct 16 - 31 Mar 17:

We supported the inception, development and launch of the **IMPACT Project**

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We were active in arguing for the inclusion of smoking in the Scottish Government's new 10 year mental health strategy. The strategy now states - *Action 29: Work with partners who provide smoking cessation programmes to target those programmes towards people with mental health problems.*

Operational outcome 12: We have greater understanding of how people respond to smoking and dementia

(Tobacco Strategy actions – 2: health inequalities; 15: 16-24 age group.)

Information Service input and progress in reporting period 01 Oct 16 – 31 Mar 17:

We have worked alongside many partners including Age Scotland, Obesity Action Scotland, and Alcohol Focus Scotland to create the Dementia DEFENCE initiative. We have established a shared online platform and are actively collaborating to find ways of raising awareness the modifiable risk factors for dementia and how organisations can support individuals to reduce that risk. We are currently collaborating with Age Scotland to run a series of focus groups exploring these attitudes www.ashscotland.org.uk/dementiadefence and continue to campaign for concerted Scottish Government action in line with well-resourced and highly publicised campaigns already in place in other parts of the UK.

Strategic Outcome 4: There will be greater support for a tobacco-free generation **High Level Outcome 4a: More people support the 2034 vision and know what it is**

Operational outcome 13: The Charter for a Tobacco-Free Generation inspires more organisations to act on tobacco
(Tobacco Strategy actions – 2034 target)

Information Service input and progress in reporting period 01 Oct 16 – 31 Mar 17:

The Information Service continues to support the development of Charter materials and their online presence, and to offer tobacco control information support to Charter signees.

Strategic Outcome 5: ASH Scotland will effectively drive wider action on smoking and health **High Level Outcome 5a: Other organisations are able to make a greater contribution**

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Operational outcome 15: We will provide a top quality information service providing the best available evidence on tobacco and health
(Tobacco Strategy actions –

ASH Scotland Information Service core activities

We provide information on a range of tobacco-related and public health subjects including:

- a subject listing of [parliamentary questions](#)
- the [national evaluation of Scotland's smoke-free legislation](#)
- links and updates on [Scotland's tobacco control legislation](#)
- [information briefings](#) - referenced briefings and evidence reviews available to download
- [fast facts](#) - one page briefings summarising key tobacco control issues
- [key topics](#) in tobacco control with links to more information
- information resources for young people with [links to homework sites, quizzes, and age specific advice on smoking and health](#)
- [statistics](#)
- links to other organisations who provide information on [tobacco-related health conditions](#)

The ASH Scotland Information Service also provides:

- a current awareness service supplying [daily and weekly bulletins](#) by free e-mail subscription
- a [library of tobacco control resources](#)
- a list of [relevant online resources](#) including briefing papers, policies, reports and consultation responses
- a media cuttings archive going back to 1993
- an online archive of [tobacco related research](#)
- the [ASH Scotland website](#).

During this reporting period the ASH Scotland Information Service:

- handled 259 enquiries
- researched and compiled 120 daily bulletins sent out to 266 daily bulletin subscribers
- researched and compiled 25 weekly updates sent to 535 weekly update subscribers. All bulletins regularly achieve an almost 25% open rate - the industry average is 21.15%
- updated our 9 page key statistics factsheet:
www.ashscotland.org.uk/media/63259/ashs_smokingstats_factsheet.pdf

Produced:

- Electronic cigarettes briefing (updated March 2017)

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- Second-hand vaping briefing (March 2017)
- Lung cancer in Scotland evidence review (January 2017)
- Smoking, second-hand smoke and male fertility (January 2017)
- Illicit tobacco (updated November 2016) Fast facts:
- Smoking and health inequalities (Updated December 2016)
- Second-hand smoke is harmful to pets (December 2015)
- Smoking-related litter (October 2016)
- Smoking and poverty (October 2016)
- Young people, mental health and smoking (October 2016)

In this reporting period we also produced a new series of Viewpoint articles, which aim to explain clearly, simply and concisely the position we take on important issues. These articles represent ASH Scotland's views.

- Looked after children and young people (March 2017)
- New tobacco products: heat-not-burn (December 2016)
- Indoor vaping (November 2016)

We attend SCOT group meetings, Cross Party Group meetings, the Scottish Smoking Cessation Conference and some STA events. Colleagues promote our service at all external events and we have good follow up enquiry information to support this.

We also produced four presentations for the Chief Executive during this reporting period.

The ASH Scotland website remains a key communications channel for campaigning and awareness raising. The site is updated daily with the addition of our daily bulletin and weekly with an update bulletin. It's also kept current with regular blog posts and Tweets. Our extensive research archive is updated weekly from PubMed trawls as is our database of PQs when the Scottish Parliament is in session.

The site is supported by a content management system (CMS) which allows for multiple users and is updated regularly across all work streams.

Our No Smoking Day thunderclap had social reach of 236,860, and we got 90% of the way to our target, gained 178 followers in that reporting period and sent 414 tweets. Our bitly link and the thunderclap generated approx. 1600 direct clicks through to the NSD resources

We currently have 2,479 followers on Twitter.

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Operational outcome 17: Scotland has a strong, co-ordinated voice campaigning for tobacco control measures in Scotland

(Tobacco Strategy actions -

Information Service input and progress in reporting period 01 Oct 16 – 31 Mar 17:

We attend SCOT group meetings, Cross Party Group meetings, the Scottish Smoking Cessation Conference and some STA events. Colleagues promote our service at all external events and we have good follow up enquiry information to support this.

Operational outcome 18: ASH Scotland informs debates on tobacco, health and inequalities

(Tobacco Strategy actions -

Information Service input and progress in reporting period 01 Oct 16 – 31 Mar 17:

As noted above we have supported Challenge Poverty Week and Financial Inclusion week; blogged regularly on the links between smoking and poverty and continue to seek links with organisations which seek to address inequalities. In this reporting period we produced 9 blog pieces with a focus on smoking and health inequality.

We currently have 2,479 followers on Twitter, aim to send a minimum of 3 tweets a day, and have tweeted extensively on the links between tobacco and inequalities.

The Information Service represents ASH Scotland at the Research and Evaluation Sub-Group. There has only been one meeting during this period.

As noted above, we worked with MSPs and partner organisations to establish a new Cross Party Group - Improving Scotland's health: 2021 and beyond. This ground-breaking and popular group brings together the thinking around reducing the harms from tobacco, alcohol and poor diet, and implementing health-harm prevention strategies; ASH Scotland and Alcohol Focus Scotland share the secretariat. As tobacco cuts across so many of Scotland's policy areas, we also have involvement in Cross Party Groups on respiratory health, heart disease and stroke, and chronic pain, and a watching brief on mental health, arthritis and musculoskeletal conditions, diabetes and health and inequality. October 2016 marked Challenge Poverty week which we supported by providing figures arguing the case for tackling tobacco as a key part of restoring greater health and wealth to communities impacted by smoking.

We held one research group meeting, on the evaluation of ASSIST. We held three policy platforms: Chris Seitz focused on smoke-free campuses in the USA, with observations from Irish and Scottish universities too. Rachel Barry looked at Big Tobacco's dealings within the emergent marijuana industry in certain US states and Uruguay. Kate Hunt looked at research she'd undertaken with Helen Sweeting about smoking in prisons.

YouGov survey fieldwork was undertaken between 16th February and 19th March 2017. The survey (n1088) was carried out online, and the key findings have been used extensively in consultations and in media releases. This survey is important in demonstrating public support for ongoing tobacco control measures and likely support for further measures.

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Funding

The following statement covers income and expenditure from 1 October 2016 to 31 March 2017. Variations against budget are primarily due to timing in expenditure.

REQUESTED FUNDING

	1 October to 31 March 2017 BUDGET	ACTUAL
Scottish Government Grant	39,187	39,187
Other Grants/Generated Income	57,299	57,399
	<u>96,486</u>	<u>96,586</u>

EXPENDITURE

	1 October to 31 March 2017 BUDGET	ACTUAL
Staff Costs	80,740	78,643
Equipment	1,800	1,518
Resources	4,450	734
Website	5,400	-20
Meetings & Travel	2,000	228
Infrastructure Costs	16,025	16,025
Depreciation	500	150
	<u>110,915</u>	<u>97,278</u>

ASH Scotland workplan for third year of strategy: April 2017- March 2018

Working on the basis that the 5 Strategic Outcomes and 10 High Level Outcomes are largely fixed for the three years of the strategy, with the Operational Outcomes available to adapt and develop year on year.

Strategic Outcome 1: More young people will have chosen to be free from tobacco High Level Outcome 1a: Tobacco is less attractive to young people

Operational outcome 1: Youth work sector delivers a more effective response to tobacco use
(Tobacco Strategy actions -- 13: work with youth sector; 14: work with service providers; 15: 16-24 age group; 34: local authority grounds)

Areas of work we will take forward:

- Continue low level support to Youth Sector Tobacco Prevention Group to meet biannually, with particular emphasis on promoting the Tobacco-free Generation and effective tobacco policies
 - Involve the Youth Sector Tobacco Prevention Group in consulting on and developing new messages and materials on changing attitudes to proxy purchase
 - Maintain ongoing youth consultation role for the Group (if Scottish Govt funding continues)
- Report - [redacted] Officer time - [redacted]

Outcome indicators:

- YSTPG meets twice, with all the main national youth work agencies maintaining engagement
- Report and clear recommendations produced that are based on the views and experiences of young people
- Numbers visiting the Tobacco Free Generation web pages and number of resource downloads. Number of interactions with youth work weekly Tweet.

Operational outcome 2: Training, employability and further education settings are more effective in preventing tobacco use

(Tobacco Strategy actions -- 15: 16-24 age group)

Areas of work we will take forward:

- Scope the landscape surrounding health, inequalities and smoking experienced by young adults to inform and drive actions of the STA working group on this issue
- Identify key stakeholders concerned with young adults in training, employability and further education to inform the development of next steps in this area
- Continue to support colleges to review and develop their tobacco policies and sign up to the Charter

Outcome indicators:

- Group has prepared analysis and recommendations for 16-24 age group which have been fed in to strategy discussions
- Have continued engagement with tobacco policy working groups at a number of individual colleges, demonstrating progress towards tobacco-free campuses

<p>- Support the 2017/18 Healthy Body Healthy Mind award, run by NUS Scotland Report - [redacted] Officer time - [redacted]</p>	<p>Have effectively engaged with Healthy Body Healthy Mind award, ensuring tobacco retains a prominent place</p> <p>Number of HBHM Award participants accessing the eLearning</p>
<p>Operational outcome 3: More schools achieve tobacco-free status, particularly in disadvantaged areas (Tobacco Strategy actions – 14: service providers; 15: 16-24 age group; 34: local authority grounds)</p>	
<p>Areas of work we will take forward:</p> <ul style="list-style-type: none"> - Continue to deliver the NHS Lothian schools project, supporting secondary schools to develop tobacco policies (funded by NHS Lothian) - Use the learning from the Lothian pilot to promote the tobacco-free schools approach to teachers elsewhere in Scotland so that they may follow the project approach themselves <p>Report - [redacted] Officer time - [redacted]</p>	<p><i>Outcome indicators:</i></p> <p>Number of schools signing up to become tobacco-free, and number successfully achieving this.</p> <p>Number of schools in disadvantaged areas signing up to become tobacco-free and number successfully achieving this.</p> <p>Materials marketed generally to schools across Scotland, with feedback on impact collated</p>
<p>Strategic Outcome 1: More young people will have chosen to be free from tobacco</p> <p>High Level Outcome 1b: Tobacco is less available to young people</p>	
<p>Operational outcome 4: Young people live in a culture which is less tolerant of proxy purchase (Tobacco Strategy actions – 20: tobacco retailers register; 21: rigorous enforcement)</p>	
<p>Areas of work we will take forward:</p> <ul style="list-style-type: none"> - Use the learning arising from the Youth Sector Tobacco Prevention Group consultation with young people to develop campaign messaging on proxy purchase - Engage a wide variety of stakeholders to buy in to the resulting campaign messaging - Co-ordinate local partners in running this awareness-raising campaign across Scotland <p>Report - [redacted] Officer time - [redacted]</p>	<p><i>Outcome indicators:</i></p> <p>Number of stakeholders who sign up to take specific action as part of campaign, with collated evidence of use around Scotland</p>

Strategic Outcome 2: More people of all ages will live their lives free from second-hand tobacco smoke
High Level Outcome 2a: More people choose to make their homes smoke-free

Operational outcome 5: More family support organisations are promoting smoke-free homes
 (Tobacco Strategy actions – 26: supporting families; 28: REFRESH follow-on; 29: children’s exposure to SHS; 30: awareness campaigns; 34: local authority grounds)

<p>Areas of work we will take forward:</p> <ul style="list-style-type: none"> - Deliver last three months of Children, Carers and Second-hand Smoke project, making final reports to funders (Funded by Robertson Trust/SG) - Run “train the trainer” session for family support staff looking to continue working with families after the project ends - Continue to promote the smoke-free homes support materials we have produced, so that they get used by family support services and wider organisations after the main project has finished 	<p>Outcome indicators:</p> <p>Numbers attending training and their evaluation, drawn from final report for Children, Carers and Second-hand Smoke project</p> <p>Numbers ordering pack for working with parents</p> <p>Quantify follow up training and learning opportunities we provide, helping to create an environment which sustains the legacy of the project</p>
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Operational outcome 6: More LAACYF settings are promoting a tobacco-free culture

(Tobacco Strategy actions – 11: looked after children; 14: parenting strategy; 15: 16-24 age group; 26: smoke-free homes; 29: children’s exposure to SHS; 34: local authority grounds)

<p>Areas of work we will take forward:</p> <ul style="list-style-type: none"> - Reconvene Advisory Group of professionals working in this field - Develop smoke-free homes guidance, support pack and learning resources for kinship carers - Engage civil servants and local authorities to ensure smoking prevention is considered as part of health and well-being for looked after children - Support the implementation of Care Inspectorate Guidance for residential providers 	<p>Outcome indicators:</p> <p>Care Inspectorate guidance launched and recognised part of the expectations placed on residential care providers</p> <p>National and local officials agree to better collating and reporting of data on LAC and tobacco</p> <p>Tailored smoke-free homes support materials created and being promoted through kinship care networks</p>
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Strategic Outcome 2: More people of all ages will live their lives free from second-hand tobacco smoke
High Level Outcome 2b: There are fewer outdoor spaces where people are exposed to second-hand smoke

No plans for substantive activity in this area but we will continue to monitor developments and support local activity through the Charter

Strategic Outcome 3: More people will have stopped smoking, particularly from deprived communities
High Level Outcome 3a: Smokers live in an environment which is more conducive to stopping

Operational outcome 7: More community and anti-poverty interests accept tobacco as a key part of tackling health inequalities

(Tobacco Strategy actions – 2: health inequalities)

Areas of work we will take forward:

- Conduct review of how we communicate, revising the narrative we use in relation to smokers, inequality and choice
- Carry out qualitative research with representatives of anti-poverty organisations, in partnership with Poverty Alliance (if funded by CRUK TAG grant)
- Engage in consultation with individual members of disadvantaged communities, delivering on the Scottish Cancer Foundation funding (funded by Scottish Cancer Foundation)
- Produce and distribute awareness-raising materials on the impact of smoking on mental health

Report – [redacted], Officer time – [redacted]

Outcome indicators:

- New communications guidelines produced, with input from relevant external voices, and introduced to staff with discussions of when and how to use
- Report written up from community consultation, including key results and recommendations
- Briefing launched, with information collected on reach, downloads and feedback

Operational outcome 8: Mental health support services more robustly address tobacco use

(Tobacco Strategy actions – 45: harm reduction)

Areas of work we will take forward:

- Follow up launch of IMPACT pack with more intensive roll-out and engagement across Lothians, ensuring take-up amongst contacts and further learning regarding implementation (funded by additional SG project grant)
- Produce and distribute awareness-raising materials on the impact of smoking on medications
- Work with the STA and health boards to engage NHS structures in helping cascade and support IMPACT activity amongst mental health support services

Outcome indicators:

- Repeat of benchmark survey to show if confidence and knowledge levels have increased amongst support services we are engaged with.
- Report to SG sets out numbers of packs in place in services, numbers attending training and hits on IMPACT website as well as discussing engagement, impact and learning from

<p>Report – [redacted] Officer time – [redacted]</p> <p>roll-out across Lothians</p> <p>Number of health boards supporting and cascading implementation of IMPACT guidance in their areas</p>	<p>Operational outcome 9: There is greater support for addressing the over-supply of tobacco (Tobacco Strategy actions – 32: mental health facilities) (Route map to 20:20 vision for health and social care – key deliverable 2)</p> <p>Areas of work we will take forward:</p> <ul style="list-style-type: none"> - Prepare and disseminate briefing notes and messaging on current regulation of tobacco supply, highlighting the ease and convenience of obtaining tobacco - Compile a report setting out what public health work could be done with £30million a year raised through a Public Health Levy. Ask partner organisations to say what public health gains they could achieve with specific sums <p>Report – [redacted] Officer time – [redacted]</p>
<p><i>Outcome indicators:</i></p> <p>Messaging agreed, and presented in briefings and blogs, regarding ease of buying and selling tobacco</p> <p>Report produced, with widespread partner input, showing public health benefits of levy income.</p>	<p>Strategic Outcome 3: More people will have stopped smoking, particularly from deprived communities</p> <p>High Level Outcome 3b: More people want to stop smoking</p> <p>Operational outcome 10: More financial support services see stopping smoking as part of the advice package they offer to clients (Tobacco Strategy actions – 20: review of retailers register)</p> <p>Areas of work we will take forward:</p> <ul style="list-style-type: none"> - Develop user-friendly materials for services to have to hand and to use in illustrating the financial benefits of stopping smoking to clients - Develop short online learning package and promote to staff in a range of financial support services, from CABs to foodbanks - Publish “how to” guide for Cashtray schemes and promote to credit union networks <p>Report – [redacted] Officer time – [redacted]</p>
<p><i>Outcome indicators:</i></p> <p>Number of partner organisations agreed to endorse materials and promote to their networks.</p> <p>Cashtray guide produced and circulated to number of credit unions, with take-up monitored</p>	<p>Operational outcome 11: A varied Dementia Defence coalition is promoting positive messages on living well to reduce dementia risk (Tobacco Strategy actions – 2: health inequalities; 37: people-centred services)</p>

<p>Areas of work we will take forward:</p> <ul style="list-style-type: none"> - Hold a number of focus groups with adults in their 40s, 50s and 60s to develop and test messaging on dementia risk reduction and write-up recommendations 	<p>Report – [redacted] Officer time – [redacted]</p>	<p>Operational outcome 12: No Smoking Day acts as an effective support and encouragement, reaching people who smoke, particularly in disadvantaged communities (Tobacco Strategy actions – 2: health inequalities; 1.5: 16-24 age group):</p>	<p>Outcome indicators:</p> <ul style="list-style-type: none"> - Focus groups held through the Summer and Autumn enable production of report and tailored recommendations - Proposal developed for ensuing public awareness campaign - Number of organisations engaging with DEFENCE campaign
<p>Areas of work we will take forward:</p> <ul style="list-style-type: none"> - Review No Smoking Day 2017 and plan to maximise co-ordination and impact of No Smoking Day 2018 - Plan, co-ordinate and deliver campaign for No Smoking Day 2018 	<p>Report – [redacted] Officer time [redacted]</p>	<p>Strategic Outcome 4: There will be greater support for a tobacco-free generation High Level Outcome 4a: More people support the 2034 vision and know what it is</p>	<p>Outcome indicators:</p> <ul style="list-style-type: none"> - Report with data and recommendations from 2017 produced - Plan prepared and partners on board to deliver impactful 2018 activity and national co-ordination
<p>No plans for substantive activity in this area but we will continue to monitor developments</p>		<p>Strategic Outcome 4: There will be greater support for a tobacco-free generation High Level Outcome 4b: Policy and practice changes to reflect the 2034 vision</p>	
<p>Operational outcome 13: The Charter for a Tobacco-Free Generation inspires more organisations to act on tobacco (Tobacco Strategy actions – 2034 target)</p> <p>Areas of work we will take forward:</p> <ul style="list-style-type: none"> - continue to promote to organisations, building numbers of Charter signatories - developing programme of individual Charter Champions - Refresh the Charter text to provide clarity that reducing adult prevalence is a valid means 		<p>Outcome indicators:</p> <ul style="list-style-type: none"> - Number of Charter signatories continues to grow at current rate 	

<p>of helping create a tobacco-free generation, and hence of delivering on the Charter principles</p> <ul style="list-style-type: none"> - Develop new resources and guidance in partnership with agreed target communities of interest e.g. sport, play, smoke-free schools <p>Report – [redacted] Officer time - [redacted]</p>	<p>Number of Charter signatories reporting positive impact in their 6-month and 1-year evaluation</p> <p>New Charter champions pledge and take action on each of the Charter principles</p> <p>6+ major organisations show success in cascading Charter endorsement</p>
<p>Strategic Outcome 5: ASH Scotland will effectively drive wider action on smoking and health</p> <p>High Level Outcome 5a: Other organisations are able to make a greater contribution</p> <p>Operational outcome 14: We will provide a top-quality information Service providing the best available evidence on tobacco and health</p>	
<p>Areas of activity we will take forward:</p> <ul style="list-style-type: none"> - Develop and introduce a new range of evidence based resources for schools and other organisations to support their tobacco control work - Develop and introduce a new range of evidence based resources for schools and other organisations to support their tobacco control work - Develop and introduce a new range of evidence based resources for schools and other organisations to support their tobacco control work <p>Report – [redacted] Officer time [redacted]</p>	<p><i>Outcome indicators:</i></p> <ul style="list-style-type: none"> - Successful report to the funders, meeting agreed commitments - All enquiries dealt with within agreed timeframe - Daily bulletins produced to time - All planned briefings produced and promoted - Annual survey collates feedback on satisfaction and impact from enquirers
<p>Operational outcome 15: The STA effectively co-ordinates networking, consulting and information exchange relating to tobacco control in Scotland</p> <p>(Tobacco Strategy actions -</p> <p>Areas of activity we will take forward:</p> <ul style="list-style-type: none"> - Further develop and promote the suite of ASH Scotland support measures and resources for local alliances <p><i>Outcome indicators:</i></p> <ul style="list-style-type: none"> - Annual Learning Day maintains attendance numbers and evaluates well 	

<ul style="list-style-type: none"> - Provide support to local activity as and when opportunities arise - Run effective annual learning day and member engagement with strategy development - Maintain levels of membership numbers and engagement, supporting short-life working groups on proxy purchase, 16-24 age range and smoke-free homes - Support the development of the next generation of tobacco control activists <p>Report – [REDACTED] Officer time [REDACTED]</p>	<p>Bank of local tobacco control strategies increases from 8 to 12</p> <p>STA at least maintains membership numbers and three active short-life working groups reporting on the impact of their work</p> <p>The STA Research Group maintains membership and activity levels</p>
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Operational outcome 16: ASH Scotland influences debates on tobacco, health and inequalities

(Tobacco Strategy actions -

<p>Areas of work we will take forward:</p> <ul style="list-style-type: none"> - Revise communications plan, including review of website - Support regular meetings and electronic communication for the SCOT coalition - Ensure regular media comment through letters, articles and comments - Work to inform and influence development of next tobacco control strategy - Support regular meetings of the <i>Improving Scotland's Health: 2021 and beyond</i> CPG - Produce reports on the economic costs of tobacco use to society and to the individual <p>Report – [REDACTED] Officer time [REDACTED]</p>	<p>Outcome indicators:</p> <p>New communications plan produced and feeds in to development of new ASH Scotland strategy</p> <p>SCOT coalition facilitates member organisations in feeding in to new Scottish Government strategy</p> <p>Report on number and form of media and Parliamentary mentions</p> <p>CPG meets regularly and maintains involvement of MSPs and external organisations</p> <p>Economics reports produced and promoted, with evidence of impact gathered</p>
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Strategic Outcome 5: ASH Scotland will effectively drive wider action on smoking and health
High Level Outcome 5b: ASH Scotland is well-run, efficient and effective

<p>Operational outcome 17: ASH Scotland demonstrates good governance practice</p>	
<p>Activities. We will:</p> <ul style="list-style-type: none"> - Carry out consultation with Board, staff and external stakeholders to develop next organisational strategy - Maintain robust financial systems and regular monitoring and reporting of financial situation - Ensure ongoing governance and reporting including annual review of policies with Law at Work, annual audit, reports submitted to OSCR, Companies House - Support the maintenance and activity of a properly constituted Board Report - [REDACTED]. Admin time [REDACTED] 	<p>Outcome indicators:</p> <p>Board meetings run smoothly and members satisfied with support provided and best-practice governance</p> <p>All statutory administrative and financial obligations fulfilled</p>
<p>Operational outcome 18: Sufficient funding is obtained to maintain current staffing and activity levels</p>	
<p>Activities:-</p> <ul style="list-style-type: none"> - New funding plan for the year agreed by the Board, focusing efforts on funders most likely to understand and to support us - At least 2 successful funding bids through the year enable the organisation to break even over the year - Start discussions with Scottish Govt about next three year grant funding application. Report - [REDACTED] 	<p>Outcome indicators:</p> <p>ASH Scotland breaks even over the year</p> <p>Report on funding activity, and outcomes, produced</p>
<p>Operational outcome 19: Staff are equipped and supported to contribute to the delivery of organisational objectives</p>	
<p>Activities:-</p> <ul style="list-style-type: none"> - Regular supervision meetings and annual reviews for all staff, with training and development needs identified - Annual organisational work-plan, monitored by quarterly reporting and meetings with senior staff Report - [REDACTED] 	<p>Outcome indicators:</p> <p>All performance management meetings take place, with forms produced to schedule</p> <p>Regular work-plan and all staff meetings take place and produce activity reports</p>

Appendix 1: Potential additional work, if new funding or resourcing allows

- Support the set-up and delivery of tobacco-free schools work targeting disadvantaged areas
- Work with family support services to trial offering range of support/interventions to parents/carers who are struggling to make their home smoke-free
- Work with local authorities and housing associations to raise awareness of smoke-drift in shared blocks and promote mediation
- Deliver on the joint project with the Poverty Alliance consulting with anti-poverty and community groups on their attitudes towards smoking
- Package of work to commission/support review of smoking and drug interactions, ideally with Royal College of Pharmacists or other body. Following this, and IMPACT work, engage with Deep-End GPs and initiate dialogue about improving patient outcomes
- Support Royal Edinburgh in implementing improved tobacco-free policy
- Develop a public-facing Dementia Defence campaign with user-friendly materials and website, recruiting further organisations to be part of the coalition

Appendix 2: Possible items for strategy influencing

- Maintenance of tobacco budget at current levels
- All Govt-supported youth training or employment schemes to have a tobacco-free policy (with ASH Scotland providing guidance and support to ensure not just tick-box exercises??)
- Every college in Scotland to achieve tobacco-free status
- Continuation of Take it Right Outside promotional campaigns
- Accurate recording of smoking and smoke exposure amongst looked after children, leading to setting of national target to reduce these
- Addressing inequality as headline message for the strategy, with target/ambition of reducing inequality in tobacco use over the timescale of the strategy
- Measure smoking rates amongst people with mental health issues and aim to reduce at same rate as wider population
- Accurate recording of smoking amongst people with mental health issues, leading to setting of national target to reduce this
- Reducing tobacco use to be integrated into inequalities and anti-poverty strategies across government
- Support for dementia defence public health campaign
- Public Health Levy, with funds invested in public health
- Focus on getting tobacco into other strategies – e.g. anti-poverty/inequality, pregnancy, parenting, youth employment, youth work, financial inclusion...

Appendix 3: Possible themes for online learning modules

- Creating a Tobacco-free Campus. Distilling knowledge from our training course and 6-stpe leaflet, aimed at college staff and officers and ideally a condition of Healthy Body Healthy Minds awards.
- Creating a Tobacco-free School. Collate the learning from our Lothians project, particularly the recent summary materials. Aimed at the main body of schools in Scotland, who we will not be looking to provide direct support to.

[REDACTED]

From: [REDACTED]
Sent: 21 August 2017 17:00
To: [REDACTED]
Subject: FW: SG reporting
Attachments: Scottish Government 2016-17-TEMPLATE- final reporting format.docx

Follow Up Flag: Follow up
Flag Status: Completed

Categories: FOI

[REDACTED]

For inclusion in FOI

[REDACTED]

The Scottish Government
Tobacco Control Team
Health Improvement Division
Area 3 E St Andrew's House
EDINBURGH
EH1 3DG

From: [REDACTED]
Sent: 06 July 2016 10:15
To: [REDACTED]
Cc: [REDACTED]
Subject: SG reporting

Dear [REDACTED] and [REDACTED]

In previous years we have set up an annual meeting with the tobacco policy team (often in June) to finalise work-plans and reporting and to take a view of progress over the year past and a wider view of the year ahead. This builds on the general regular dialogue through our catch up meetings. Please find appended the format for this year's SG funded work (omitting the Robertson Trust which is reported separately), with the proposed outcome indicators filled in.

This is an extract from our main annual organisational work-plan which includes further work streams that are funded by CRUK, BHF, the Robertson Trust, Lothians Health Foundation etc.

Perhaps we can discuss this further when you have had the chance to review it?

Kind regards

[REDACTED]

[REDACTED]
Chief Executive

ASH Scotland
8 Frederick Street
Edinburgh, EH2 2HB

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Fax: 0131 225 4759
Web: <http://www.ashscotland.org.uk>

ASH Scotland's vision is of a healthier Scotland, free from the harm and inequality caused by tobacco.

Stop neglecting the physical health of people with mental health issues



One third of tobacco is used by people with mental health issues.

The next national mental health strategy must commit to breaking
the link between smoking and mental health.



Action on Smoking & Health (Scotland) (ASH Scotland) is a registered Scottish charity (SC 010412) and a company limited by guarantee (Scottish company no 141711).

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**Partial ASH Scotland workplan for second year of strategy: April 2016 – March 2017
Work funded by the Scottish Government .**

ASH Scotland’s 5 Strategic Outcomes and 10 High Level Outcomes are defined for the three years of our strategy, with the Operational Outcomes adapted and developed year on year.

This document is an extract from the wider annual organisational work-plan which identifies all planned work and commitments to funders.

**Strategic Outcome 1: More young people will have chosen to be free from tobacco
High Level Outcome 1a: Tobacco is less attractive to young people**

<p>Operational outcome 1: More youth work services promote a tobacco-free culture (Tobacco Strategy actions – 13: work with youth sector, 14: work with service providers; 15: 16-24 age group; 34: local authority grounds)</p>	
<p>Areas of work we will take forward:</p> <ul style="list-style-type: none"> - Provide ongoing, lower-level support to the Youth Sector Tobacco Prevention Group as it continues to meet and moves focus to inequalities - Engage local authority partners in areas where there is no strategic approach in order to encourage individual services to adopt a tobacco-free culture - Support youth organisations to develop effective tobacco policies, working with local authority partners at area level rather than with individual services, particularly those areas where there is currently no strategic approach. - Respond to approaches from individual services and contacts on an ad hoc basis providing consultancy and advice to support moves to a tobacco-free culture - Shift language and emphasis away from leading on tobacco policies and instead emphasise the need to promote a tobacco-free culture, and lead with the Charter as 	<p><i>Outcome indicators:</i></p> <p>Members of the YSTPG continue to commit to the group, with three meetings through the year generating further dissemination and promotion of the tobacco-free generation web resources.</p> <p>YSTPG discussions identify new activity to address inequality.</p> <p>YSTPG members take action to address their own policies and practice.</p> <p>Three local authority areas promote action for tobacco-free culture to youth services in their area.</p> <p>Records show that all enquiries responded to appropriately.</p>

<p>engagement tool/ask</p>	<p>National and local youth work organisations sign up to Scotland's Charter for a Tobacco-free Generation</p>
<p>Operational outcome 2: More further and higher education campuses promote a tobacco-free culture (Tobacco Strategy actions – 15: 16-24 age group)</p>	
<p>Areas of work we will take forward:</p>	<p><i>Outcome indicators:</i></p>
<ul style="list-style-type: none"> - Scope and engage national groups/networks to identify channels for creating national guidance and pressure in support of tobacco-free culture in further and higher education 	<p>All relevant national bodies identified and engaged, with any appropriate organisations taking action to promote tobacco-free culture.</p>
<ul style="list-style-type: none"> - Continue to support NUS Scotland in delivering the Health Bodies Healthy Mind programme, supporting the ongoing development of tobacco-free culture in the criteria and consider links with our mental health work. Support the panel in reviewing 2015/16 evaluation reports, prepare guidance materials for elected officers/leads taking part in 2016/17. Deliver workshop for participants, with NUS, in November 	<p>Growth in number and quality of tobacco-related actions submitted by colleges and universities as part of HBHM applications.</p>
<ul style="list-style-type: none"> - Share good practice and develop and promote a range of briefing and guidance materials to encourage and support action on campus. Prepare and promote good practice case studies. Produce a 5-step guide to creating a tobacco-free culture on campus. 	<p>Positive engagement with three colleges on implementing the guides to creating a tobacco-free culture</p>
<ul style="list-style-type: none"> - Support Dundee and Angus College in implementing their Clean Air Policy and engage with the evaluation process 	<p>Dundee and Angus College, plus at least one other college, indicate ASHS support has played significant part in their progress</p>
<ul style="list-style-type: none"> - Respond to approaches from individual colleges on an ad hoc basis providing consultancy and advice to support moves to a tobacco-free culture. Offer free 1-hour TARS or paid-for half-day training courses 	<p>Records show that all college approaches responded to appropriately</p>
<ul style="list-style-type: none"> - Shift language and emphasis away from leading on tobacco policies and instead emphasise the need to promote a tobacco-free culture, and lead with the Charter as engagement tool/ask 	<p>Two colleges become new Charter signatories.</p>
<ul style="list-style-type: none"> - Research evidence review on links between smoking and attainment/life outcomes, presenting as discussion document or policy statement if insufficient evidence 	

<p>Operational outcome 3: More schools promote a tobacco-free culture (Tobacco Strategy actions – 14: service providers; 15: 16-24 age group; 34: local authority grounds)</p>	
<p>Areas of work we will take forward:</p> <ul style="list-style-type: none"> - Promote Scotland's Charter for a Tobacco-free Generation to all participating schools - Promote schools activity on the Charter, including at STA event, to schools participating in ASSIST, on GLOW and through networks such as Scottish Parent Teacher Council 	<p>Outcome indicators:</p> <p>All aspects of the service level agreement and work-plan delivered to the satisfaction of funders</p> <p>All 12 participating schools agree a tobacco policy and implement associated action plan</p> <p>All 12 participating schools sign the Charter</p> <p>A further 10 schools achieve Charter status</p>
<p>Strategic Outcome 1: More young people will have chosen to be free from tobacco High Level Outcome 1b: Tobacco is less available to young people</p>	
<p>Operational outcome 4: There is better understanding and enforcement of supply-side regulations (Tobacco Strategy actions – 20: tobacco retailers register; 21: rigorous enforcement)</p>	
<p>Areas of work we will take forward:</p> <ul style="list-style-type: none"> - Work with local trading standards contacts to support initiatives to discourage proxy sales 	<p>Outcome indicators:</p> <p>Continue to challenge tobacco industry misinformation regarding illicit in media and parliament citing HMRC statistics showing historically low levels</p>
<p>Strategic Outcome 2: More people of all ages will live their lives free from second-hand tobacco smoke High Level Outcome 2a: More people choose to make their homes smoke-free</p>	
<p>Operational outcome 5: More family support organisations are promoting smoke-free homes (Tobacco Strategy actions – 26: supporting families; 28: REFRESH follow-on; 29: children's exposure to SHS; 30: awareness campaigns; 34: local authority grounds)</p>	
<p>Areas of work we will take forward:</p>	<p>Outcome indicators:</p>
<p>Operational outcome 6: More LAACYF settings are promoting a tobacco-free culture (Tobacco Strategy actions – 11: looked after children; 14: parenting strategy; 15: 16-24 age group; 26: smoke-free homes; 29: children's exposure to SHS; 34: local authority</p>	

<p>grounds)</p>	<p>Areas of work we will take forward:</p> <ul style="list-style-type: none"> - Work with new short life advisory group to develop and deliver a work-plan on Looked After and Accommodated Children and Young People - Review and update LACYP policy exemplar document based on input from advisory group members, adapted for different sectors and considering links to our mental health work - Promote inclusion of tobacco in local Corporate Parenting Plans - Shift language and emphasis away from leading on having a tobacco “policy” and instead emphasise the need to promote a tobacco-free culture and lead with the Charter as engagement tool/ask - Partner with the Care Inspectorate to produce guidance on tobacco-free culture within residential child care services. 	<p><i>Outcome indicators:</i></p> <p>Group established and meetings underway, with invited participants committing to being involved and official backing from Prevention Sub-Group. Work-plan developed and signed-off, with initial activity underway.</p> <p>Examples of local Corporate Parenting Plans referencing tobacco use</p> <p>Service providers and national organisations provide positive feedback on exemplar and integrate it into their own work</p> <p>First LACYP services become Charter signatories</p> <p>Care Inspectorate guidance signed-off and integrated into their work.</p> <p>Positive evaluation of ASH Scotland training for Care Inspectorate staff</p>
<p>Strategic Outcome 2: More people of all ages will live their lives free from second-hand tobacco smoke High Level Outcome 2b: There are fewer outdoor spaces where people are exposed to second-hand smoke</p>		
<p>Strategic Outcome 3: More people will have stopped smoking, particularly from deprived communities High Level Outcome 3a: Smokers live in an environment which is more conducive to stopping</p>		
<p>Operational outcome 7: More community and anti-poverty interests accept tobacco as a key part of tackling health inequalities (Tobacco Strategy actions – 2: health inequalities)</p> <p>Areas of work we will take forward:</p> <p><i>Outcome indicators:</i></p>		

<ul style="list-style-type: none"> - Continue to develop narrative for compassionate, non-judgemental approach to tobacco and inequalities. - Prepare an evidence review/policy report on tobacco and inequalities, to underpin ongoing work in this area 	<p>Community, social welfare and anti-poverty groups engage in developing a social model of tobacco use and commit to incorporating this in their ongoing work</p>
<p>Operational outcome 8: An appropriate, bespoke regulatory framework for electronic cigarettes is implemented (Tobacco Strategy actions – 45: harm reduction)</p> <p>Areas of work we will take forward:</p> <ul style="list-style-type: none"> - Develop and disseminate updated evidence reviews/statements as the situation develops, particularly with regard to e-cigarette retail and marketing - 	<p><i>Outcome indicators:</i></p> <p>ASH Scotland evidence informs development of the new regulations</p> <p>ASH Scotland evidence informs approach taken by NHS, local authorities and other bodies</p> <p>Emphasis on reducing tobacco use is reflected in political and media discussions on electronic cigarettes</p>
<p>Operational outcome 9: Mental health support services more robustly address tobacco use (Tobacco Strategy actions – 32: mental health facilities) (Route map to 20:20 vision for health and social care – key deliverable 2)</p> <p>Areas of work we will take forward:</p>	<p>Feedback from mental health services indicates that materials are being displayed and taken up,</p> <p>Further engagement work with services such as the Stafford Centre and Comas</p> <p>Feedback from other addictions services indicates that Comas case study has informed their work</p>
<ul style="list-style-type: none"> - Produce new Fastfacts on how tobacco relates to specific areas of mental health - Update the mental health evidence review, adding policy narrative and recommendations - Produce basic/introductory materials on smoking and mental health and disseminate widely to services around Scotland - Finish the project with the Comas service and write up and disseminate a report on the learning. Consider how this can be taken up with other organisations working with people recovering from addictions 	<p>Operational outcome 9: Mental health support services more robustly address tobacco use</p> <p>(Tobacco Strategy actions – 32: mental health facilities) (Route map to 20:20 vision for health and social care – key deliverable 2)</p> <p>Areas of work we will take forward:</p> <ul style="list-style-type: none"> - Produce new Fastfacts on how tobacco relates to specific areas of mental health - Update the mental health evidence review, adding policy narrative and recommendations - Produce basic/introductory materials on smoking and mental health and disseminate widely to services around Scotland - Finish the project with the Comas service and write up and disseminate a report on the learning. Consider how this can be taken up with other organisations working with people recovering from addictions

Strategic Outcome 3: More people will have stopped smoking, particularly from deprived communities

High Level Outcome 3b: More people want to stop smoking

<p>Operational outcome 10: There is greater support for reducing the density of tobacco retail outlets in our communities (Tobacco Strategy actions – 20: review of retailers register)</p> <p>Areas of work we will take forward:</p> <ul style="list-style-type: none"> - Review international evidence on retail density and produce a position paper to inform policy discussions 		<p>Retail bodies begin to accept idea of support to diversify away from tobacco</p> <p>ASH Scotland has clear, informed proposals ready to propose to the review of the Tobacco Retailers Register</p>
<p>Operational outcome 11: We have better knowledge on supporting communities to stop smoking (Tobacco Strategy actions – 2: health inequalities; 37: people-centred services)</p> <p>Areas of work we will take forward:</p> <ul style="list-style-type: none"> - Deliver the Cashtray pilot in West Lothian, carry out evaluation and disseminate the findings. If indications are positive then promote the idea to credit unions in other parts of Scotland - Seek to engage and influence national bodies and guidance related to financial advice services, so that staff are directed to engage with clients on smoking behaviours - Continue collaboration with NHS GGC to follow-up money advice report - Seek to develop partnerships with money advice services in other areas, through promoting the recommendations in the money advice report - Explore the potential for partnerships and/or pilot projects with foodbanks 		<p>Outcome indicators:</p> <p>Cashtray evaluation indicates project has run smoothly and produces good outcomes with a strong cost-benefit ratio</p> <p>West Lothian credit union agrees to continue with Cashtray work</p> <p>Other areas of Scotland agree to run self-funding Cashtray projects</p> <p>National organisations integrate tobacco into guidance and good practice on financial support</p> <p>We have evidence of change of practice in GGC area and elsewhere</p> <p>We have agreed plans for a pilot project in partnership with a food bank</p>
<p>Operational outcome 12: We have greater understanding of how people respond to smoking and dementia (Tobacco Strategy actions – 2: health inequalities; 15: 16-24 age group.)</p>		

<p>Outcome indicators:</p> <p>Ayrshire College campaign runs smoothly and evaluation gives useful information as to how dementia awareness impacts on young people's attitudes and behaviours on tobacco</p> <p>Focus groups provide useful insights into approaches and messaging which could help persuade/support middle-aged people to stop smoking</p> <p>A range of interest groups agree a co-ordinated plan of action to promote dementia risk reduction</p> <p>Feedback from Age Scotland indicates positive response and take-up of the new information materials</p>	<p>Areas of work we will take forward:</p> <ul style="list-style-type: none"> - Work with Age Scotland to produce information materials on smoking and on keeping good health in older age and reducing dementia risks - Bring together individuals and organisations interested in the various dementia risk factors to initiate discussion as to a joined-up approach on dementia risk reduction - Update the evidence review and supporting web pages
<p>Strategic Outcome 4: There will be greater support for a tobacco-free generation</p> <p>High Level Outcome 4a: More people support the 2034 vision and know what it is</p> <p>Operational outcome 13: The Charter for a Tobacco-Free Generation inspires more organisations to act on tobacco (Tobacco Strategy actions – 2034 target)</p>	
<p>Outcome indicators:</p> <p>Number of Charter signatories continues consistent growth</p> <p>Evaluation indicates that signing the Charter is leading to measurable changes in organisational activity</p> <p>The list of Charter signatories becomes more diverse, with increasing numbers of organisations which are new to us and to the issue of tobacco use</p> <p>Feedback indicates that Charter resources are well received and being used</p>	<p>Areas of work we will take forward:</p> <ul style="list-style-type: none"> - Continue to promote the Charter to new audiences and networks and encourage more organisations to sign up - Support Charter signatories to deliver positive outcomes relating to the Charter. Develop and disseminate resources to support the delivery of the Charter; increase the use of these resources. - Develop and launch the Tobacco-free Generation Awards Scheme - Conduct evaluation of the feedback received from signatories and begin to report on impact

<ul style="list-style-type: none"> - Encourage NHS Boards, local alliances, voluntary sector umbrella groups and others to act as multipliers, cascading the Charter through their networks 	<p>The first Charter Awards are announced and well received</p> <p>"Tobacco-free generation" badging features on materials used by external agencies</p>
<p>Strategic Outcome 4: There will be greater support for a tobacco-free generation</p> <p>High Level Outcome 4b: Policy and practice changes to reflect the 2034 vision</p>	
<p>Operational outcome 14: More local planning structures take more comprehensive action on tobacco (Tobacco Strategy actions – 3, 11, 19 local tobacco plans)</p>	
<p>Areas of activity we will take forward:</p>	
<ul style="list-style-type: none"> - Continue to monitor local alliances and local plans and to hold the best available map of tobacco activity across Scotland 	<p><i>Outcome indicators:</i></p> <p>We are able to draw upon the most accurate picture of tobacco control activity across Scotland</p>
<ul style="list-style-type: none"> - Attend enough local tobacco meetings around Scotland to maintain active engagement with key players and to inform and influence local plans 	<p>We maintain working relations with local tobacco control contacts across Scotland</p>
<ul style="list-style-type: none"> - Working with the short life group of the STA, develop and promote model local tobacco plan and case studies and topic themes (e.g. tobacco and youth work). Promote these, particularly to areas where we are not aware of an existing plan 	<p>Feedback indicates that case study ideas and diagrams are being used</p>
<ul style="list-style-type: none"> - Identify ways in which tobacco control activity can support SOA's and HSCP objectives and prepare diagrammatical representation of how tobacco control can contribute to achieving other policy goals 	<p>Examples indicate that we have influenced local tobacco activity in different areas</p>
<ul style="list-style-type: none"> - Engage with individual alliances and tobacco plans as and when opportunities arise 	
<ul style="list-style-type: none"> - Produce statistical databases which can generate snapshots of how tobacco use affects individual local authorities. 	
<p>Strategic Outcome 5: ASH Scotland will effectively drive wider action on smoking and health</p> <p>High Level Outcome 5a: Other organisations are able to make a greater contribution</p>	

Operational outcome 15: We will provide a top quality information service providing the best available evidence on tobacco and health

(Tobacco Strategy actions -

Areas of activity we will take forward:

- Produce daily and weekly bulletins in a reliable and consistent manner
- Maintain Scotland's only tobacco-based library and up to date research database
- Provide a free enquiry service on all matters relating to tobacco in Scotland to both internal and external audiences
- Carry out 1 new detailed evidence review and revise existing mental health and dementia reviews
- Analyse new survey results and other statistical information and keep published accounts up to date
- Conduct weekly research trawls
- Provide content for Chief Executive presentations
- Carry out website maintenance, training and development
- Produce 4 new information briefings and update 6 briefings; produce 4 fast facts
- Engage with the STA Research Group and SCOT coalition to ensure best evidence informs debates

Outcome indicators:

- Bulletins and research updates sent out to time every week
- Click through and open rates surpass industry standards.
- 100% of enquiries dealt with within agreed timescale and the numbers reported upon
- Internal and external feedback indicates research reviews well received and are influencing activity in these areas
- Internal and external feedback indicates briefings and Fastfacts well received and are influencing activity in these areas
- 12 presentations delivered, with positive feedback received
- Website operates efficiently with prompt news and updates

Operational outcome 16: The STA effectively co-ordinates networking, consulting and information exchange relating to tobacco control in Scotland

(Tobacco Strategy actions -

Areas of activity we will take forward:

- Maintain and facilitate the Scottish Tobacco-free Alliance in partnership with a Council elected by the membership

Outcome indicators:

- STA Council meets regularly and members engage with the work of the alliance

<p>- Widen and develop membership of the STA (both by geography and sector), maintain records and develop brand recognition</p> <p>- Organise and facilitate national and local meetings/events to discuss issues agreed by the membership as pertinent.</p> <p>- Support and facilitate short-life working groups on mental health, poverty and local tobacco control</p>	<p>STA membership shows growth in both numbers and variety</p> <p>All STA events through the year achieve target numbers attending and evaluate well</p> <p>The three short-life working groups successfully engage members in their work and can point to impact through events, briefings and information disseminated</p>
<p>Operational outcome 17: Scotland has a strong, co-ordinated voice campaigning for tobacco control measures in Scotland (Tobacco Strategy actions -</p>	
<p>Areas of work we will take forward:</p> <ul style="list-style-type: none"> - Evidence-based responses to relevant consultations, Parliament debates and news stories - Send representation to the following meetings, and provide any evidence reviews or background papers to support discussion: <ul style="list-style-type: none"> • Ministerial Advisory Group, • Ministerial Sub-Group on Research • Ministerial Sub-Group on Enforcement • Ministerial Sub-Group on Youth Prevention 	<p>Response submitted to all relevant consultations, with review of how eventual outcome matches with our calls</p> <p>Active engagement with each of the Ministerial groups, with records showing impact of our involvement</p> <p>YouGov survey conducted and ongoing information on attitudes to tobacco in Scotland obtained</p>
<p>Strategic Outcome 5: ASH Scotland will effectively drive wider action on smoking and health</p> <p>High Level Outcome 5b: ASH Scotland is well-run, efficient and effective</p>	
<p>Operational outcome 18: ASH Scotland demonstrates good governance practice</p>	
<p>Activities, We will:</p>	<p><i>Outcome indicators:</i></p> <p>Board satisfied it has a range of skills and expertise and</p>
<p>- Support the maintenance of a suitably constituted Board (meetings, recruitment, training</p>	

<p>etc)</p> <ul style="list-style-type: none"> - Underpin arrangements for meetings of the Board and sub-committees (papers, minutes, timings etc) - Carry out necessary functions to comply with regulatory requirements - Conduct an annual planning process and set in place systems to review and evaluate progress against the plan - Maintain financial systems to accurately record and report on all financial activity. - Ensure budgeting and reporting systems provide accurate, up-to-date information to the management team and Board. - Ensure that analysis of costs per activity are undertaken to inform decision making 	<p>training needs identified and met</p> <p>Papers are prepared and sent out in a timely fashion for each meeting</p> <p>All business and charity requirements and commitments are met</p> <p>Full clean financial audit process</p>
<p>Operational outcome 20: Long term, sustainable and diverse funding is secured to fund all of our work</p>	
<p>Activities: We will:</p> <ul style="list-style-type: none"> - Seek to bridge the initial funding gap in order to cover our planned budget, then consider how we can bring in funds to increase capacity and take on new work areas - Develop and maintain a funding plan, taken to each meeting of the FFGP Sub-Committee meetings, setting out how we will meet future funding needs - Maintain and strengthen mutually beneficial relationships with our long-term partners. - Develop innovative projects, with clear health and social impacts, enabling us to develop partnerships with new funders. 	<p>Outcome indicators:</p> <p>Organisation maintains at least existing staffing and activity levels without making a financial loss</p> <p>At least one new funder awards a grant to the organisation</p> <p>Regular funding bids are submitted, to develop work in core areas identified above, with enough successful applications to grow our work-plan</p>
<p>Operational outcome 21: Staff are equipped and supported to contribute to the delivery of organisational objectives</p>	

<p>Activities. We will:</p> <ul style="list-style-type: none"> - Review premises expenditure on an ongoing basis to ensure best value and quality is achieved. - Review quality of services on an ongoing basis to ensure standards are maintained. - Maintain office premises to a high standard, meeting health and safety and environmental requirements - Monitor and update IT systems to ensure they are fit for purpose and operate efficiently - Maintain high administrative standards to support all staff - Hold accurate, verified and updated central information - Review organisational staffing requirements and capacity - Ensure staff objectives are in line with the strategic plan and give staff clear guidance on responsibilities and expectations - Ensure all staff receive regular support through the review and planning structure - Develop, review and maintain appropriate policies and procedures to recruit, develop and support staff 	<p>Outcome indicators:</p> <p>Premises expenditure is maintained or reduced over the year</p> <p>Staff survey and annual interviews with Chief Executive indicate satisfaction with facilities, with the running of the organisation and with policies and procedures</p>
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Proposal for grant to support IMPACT implementation



1. Context:

The links between smoking and mental health are strong and enduring. Smoking rates are much higher amongst people with mental health issues, who now account for at least a third of all tobacco used. While people in this group are as likely to want to stop smoking as the general population, they are less likely to manage to do so.

Long considered to be beneficial to mental health, and used by many seeking a coping mechanism for stress, anxiety and boredom, we now have consistent evidence that smoking is detrimental to mental health as well as physical health and that stopping smoking is associated with improvements in depression, anxiety, stress and psychological quality of life.

The Scottish Government tobacco control strategy introduced a vision of a "tobacco-free Scotland" by 2034, where fewer than 5% of adults smoke. The continuing use of tobacco by people with mental health issues presents a significant threat to this goal, and it is difficult to see Scotland achieving the target without breaking the link between smoking and mental health.

A new ten-year mental health strategy for Scotland will shortly be released, which will make it clear that improving the physical wellbeing of people living with mental health issues should be a national priority. Smoking is the largest contributor to physical ill-health amongst this group.

Scotland's National Outcomes include "We live longer healthier lives" and "We have tackled the significant inequalities in Scottish society." Currently people with mental health issues can expect to die 10-20 years earlier than the general population, with higher smoking rates a key driver of this health inequality.

The National Indicators include "Improve mental well-being" and "Reduce the percentage of adults who smoke". With a clear evidence base that smoking harms mental health, and that a large and increasing proportion of tobacco is used by people within this group, reducing smoking rates amongst people with mental health issues can make a substantial contribution to delivering these outcomes.

2. IMPACT project:

The IMPACT (Improving Mental and Physical health, Achieving Cessation Targets) project was initially funded by a two-year grant from the Edinburgh and Lothians Health Foundation, topped up by additional staffing capacity from within the existing ASH Scotland inequalities funding from Scottish Government. This first phase of the project will be completed by May 2017.

Phase 1 of the IMPACT project produced a detailed evidence review on smoking and mental health, mapped community-based mental health services across the Lothians and engaged in a wide-ranging consultation with service staff and managers, and the people they support. The learning from this consultation informed development of guidance documents to support these services in engaging with their clients on tobacco use.

The guidance focuses on a message of "Let's talk about smoking" and, rather than promote a directive stop smoking message, uses the AID acronym to suggest structuring conversations around Ask, Inform, Discuss. The intention is to foster exploration of the particular needs, wishes and aspirations of the individual and to seek alternative, less harmful coping mechanisms which work for them.

The guidance pack was launched on 21st March 2017 and is supported by a website at www.impact.scot

At the end of the first phase of the project it is felt that we have a significantly increased understanding of the connections between smoking and mental health, how this relationship is perceived by both service staff and service users, the lack of a concerted response by services and how a voluntary, non-judgemental, individual-centre approach is most likely to be taken on board by services and deliver effective change for their client group.

3. IMPACT phase 2 - proposal for a one-year follow-up grant:

The aim of the second phase of the IMPACT project is to take the newly produced guidance and to establish it as a tried, tested and accepted part of community-based mental health interventions across the Lothians. We intend that this progress, integration and further learning will leave us well placed to then roll out the IMPACT guidance across Scotland.

The IMPACT guidance was produced in consultation with the mental health community, and has been well received. To ensure that the guidance brings about significant change to policy and practice we will now focus on promoting the guidance to services, talking to services about their hopes, concerns, opportunities and barriers to using the guidance, and supporting them in integrating the guidance into their day-to-day practice.

During the first phase of the project we received consistently positive engagement from services, and service users, when we were able to sit down with them to discuss the issue. However we also continually found that people were busy with their existing concerns, had little time to consider anything new and were under significant time pressures that made it difficult to attend external events or to consider issues perceived as non-essential.

The new mental health strategy will help with that latter concern, but in addition we propose a model of working based on staff capacity to go out to our target audience, to meet with them at their own premises to explain the guidance, talk through any questions they may have and encourage, to provide training for staff and to support them in changing their own policy and practice. Our learning from the work so far is that there is simply no substitute for having friendly, knowledgeable face-to-face contact.

We will recruit a new full-time Officer post, ideally someone with knowledge and experience of the target sector. Using the learning, and contacts, from the first stage of the IMPACT project this Officer will take on an outreach/engagement role, their job being to be out and about in the sector, getting to know the services and meeting their support needs.

This post will be managed and supported by a part-time Development Lead in ASH Scotland's offices. We will arrange a year-long transfer of capacity (essentially a sabbatical) of an individual from our existing inequalities team to take forward this work, so that we utilise and build upon the learning and experience from our work to date. This individual will oversee the training elements of the support and also ensure communication and co-ordination with the ongoing elements of ASH Scotland's work on inequalities, poverty and mental health and ensure coordination with other national agencies.

To evaluate the progress and impact of the project we will:

- Monitor take-up of the IMPACT guidance pack, ensuring our printed supply makes its way onto the desks of practitioners across the region
- Collate feedback from managers and staff, measuring their understanding and acceptance of the issue, how much they have used the guidance and how helpful they have found it to be
- Seek input from service users as to whether they have welcomed the support offered on smoking, whether they have found it useful in addressing their needs and what impact they feel it has made to their own physical and mental well-being
- Seek to capture learning about the types of support needed to embed use of the resource in community services

This learning will be collated in a report to be compiled at the end of the period.

4. Budget

Staff Costs *	50,730
Recruitment	675
Equipment	525
Travel/Events/Materials	2,810
Overheads **	5,260
	60,000

* Staff Costs	Salary	NI	Pension	Insurance/Training	TOTAL
Development Lead	14,286	845	1,000	340	16,471
Officer	27,161	2,622	1,901	590	32,274
Administration	1,704	131	119	31	1,985
					50,730

** Overheads

This includes Property, Services, Comins, IT, Accounting & Legal