

Chief Medical Officer, Public Health and Sport Directorate
Public Health Division

T: 0131-244 2174 E: [REDACTED]



[REDACTED]
ASH Scotland
Frederick Street
EDINBURGH
EH2 2HB

2 April 2012

Dear [REDACTED]

PROPOSAL FOR CONTINUED FUNDING OF PATH ACTIVITIES APRIL 2012- SEPT 2013

Further to [REDACTED] letter of 20 January 2012 regarding continued funding of your PATH Activities, I am pleased to advise you that we are able to offer you funding as follows:

April 2012- March 2013		April 2013 – September 2013	
Training & Development	£310,000	Training & Development	£155,000
Inequalities -	£170,000	Inequalities	£85,000
Youth Development	£ 55,000	Youth Development	£27,500
Total	£535,000	Total	£267,500

We intend to make payment on a quarterly basis in advance as detailed in Schedule 1 to the attached Conditions of Grant. This funding will be paid upon receipt of a signed copy of the Conditions of Grant. In accordance with standard practice we will make payments direct to the organisation's bank.

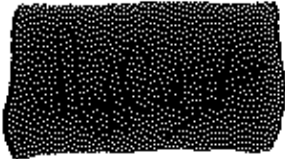
As is the case with all public funds, Scottish Ministers have to demonstrate to the Scottish Parliament that PATH is an effective initiative, which provides value for money. Consequently, it is crucial that PATH's work is evaluated rigorously in terms of meeting agreed outcomes.

We shall therefore be grateful to receive a quarterly progress report on how PATH is progressing in meeting agreed objectives.

As indicated in [REDACTED] letter our intention to move to a commissioning model for tobacco training during financial year 2013-14. The funding allocated will therefore allow transitional arrangements to be put in place to enable you to prepare for the new model of training delivery which will emerge following the review of PATH. The new contract for subsequent commissioning of training and development work will be in light emerging priorities from the new Tobacco Control Strategy. Regarding the Inequalities and Youth Development funding the question of the most appropriate method of funding will need to be considered once the Strategy has been published.

If you are prepared to accept the offer of grant on the terms and conditions stated, the top copy of the Conditions of Grant should be signed and returned to me as soon as possible. You should retain the other copy for your records.

Yours sincerely



Head of Alcohol and Tobacco Policy

Grant Conditions- PATH Activities

1. The whole amount of the grant, or at the discretion of the Scottish Government, part of that amount, shall be repaid by you should any of the following occur:
 - failure to comply with any terms and conditions contained in the grant offer, except where the Scottish Government has previously agreed in writing to the waiving of that term or condition;
 - any information given in connection with the application for grant is found to be false or misleading, or fails to disclose a material fact bearing upon consideration of the application;
2. No grant may be carried forward from one year to the next. Any grant that is not spent on the purpose for which it has been given, in the year it is awarded, must be repaid to the Scottish Government immediately.
3. The Grantee shall keep and maintain for a period of 3 years after the expenditure occurs, adequate and proper records and books of account recording all receipts and expenditure of monies paid to it by the Scottish Ministers by way of Grant. The Grantee shall afford the Scottish Ministers, their representatives, Audit Scotland and other such persons as the Scottish Ministers may reasonably specify from time to time, such access to those records and books of account as may be required by them at any reasonable time in response to a written request for such access from the person seeking it and the Grantee shall provide reasonable assistance and explanation as the person carrying out the inspection may from time to time require.
4. The Grantee shall where reasonably practicable acknowledge in all publicity material the contribution of the Scottish Ministers to its costs. The Scottish Ministers may require to approve the form of such acknowledgement prior to its first publication.
5. The Grantee shall submit six-monthly reports detailing the progress made towards the stated aims and objectives of the Grant.
6. As soon as possible after the end of the financial year in which grant is payable, the Grantee shall submit to Scottish Ministers its accounts showing all expenditure incurred by the Grantee during that Financial Year.

ACCEPTANCE OF GRANT We accept the foregoing conditions of grant. Signed..... (By a person duly authorised to sign on behalf of ASH Scotland) Date.....	BANK DETAILS Name and Address of Bank: Sort Code: Account Number:
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Schedule 1

Payment of Grant

1. The Grant shall be paid by the Scottish Ministers to the Grantee in the following instalments:

	Amount	Payment Date
Payment 1	£133,750	April 2012
Payment 2	£133,750	July 2012
Payment 3	£133,750	October 2012
Payment 4	£133,750	January 2013
Payment 5	£133,750	April 2013
Payment 6	£133,750	July 2013

Chief Medical Officer, Public Health and Sport Directorate
Public Health Division



E: [REDACTED] T: 0131-244 2174

[REDACTED]
ASH Scotland
Frederick Street
EDINBURGH
EH2 2HB

2 April 2012

Dear [REDACTED]

PROPOSAL FOR CONTINUED FUNDING OF INFORMATION SERVICE 2012-2015

I am pleased to advise you that we are able to offer you funding of £70,500 in each of the financial years 2012-13, 2013-14 and 2014-15 for your Information Service.

We intend to make payment on a quarterly basis in advance as detailed in Schedule 1 to the attached Conditions of Grant. The first instalment will be paid upon receipt of a signed copy of the Conditions of Grant. In accordance with standard practice we will make payments direct to the organisation's bank; therefore I would be grateful if you could confirm ASH Scotland's bank account details.

As is the case with all public funds, Scottish Ministers have to demonstrate to the Scottish Parliament that ASH Scotland is an effective organisation, which provides value for money. Consequently, it is crucial that ASH Scotland's work is evaluated rigorously in terms of meeting agreed outcomes. We shall therefore, be grateful to receive every six months an updated work plan outlining how ASH Scotland is progressing in meeting agreed objectives.

If you are prepared to accept the offer of grant on the terms and conditions stated, the top copy of the Conditions of Grant should be signed and returned to me as soon as possible. You should retain the other copy for your records.

Yours sincerely

[REDACTED]

[REDACTED]

Head of Alcohol and Tobacco Policy

Grant Conditions- ASH Scotland Information Service

1. The whole amount of the grant, or at the discretion of the Scottish Government, part of that amount, shall be repaid by you should any of the following occur:
 - failure to comply with any terms and conditions contained in the grant offer, except where the Scottish Government has previously agreed in writing to the waiving of that term or condition;
 - any information given in connection with the application for grant is found to be false or misleading, or fails to disclose a material fact bearing upon consideration of the application;
2. No grant may be carried forward from one year to the next. Any grant that is not spent on the purpose for which it has been given, in the year it is awarded, must be repaid to the Scottish Government immediately.
3. The Grantee shall keep and maintain for a period of three years after the expenditure occurs, adequate and proper records and books of account recording all receipts and expenditure of monies paid to it by the Scottish Ministers by way of Grant. The Grantee shall afford the Scottish Ministers, their representatives, Audit Scotland and other such persons as the Scottish Ministers may reasonably specify from time to time, such access to those records and books of account as may be required by them at any reasonable time in response to a written request for such access from the person seeking it and the Grantee shall provide reasonable assistance and explanation as the person carrying out the inspection may from time to time require.
4. The Grantee shall, where reasonably practicable, acknowledge in all publicity material the contribution of the Scottish Ministers to its costs. The Scottish Ministers may require to approve the form of such acknowledgement prior to its first publication.
5. The Grantee shall submit six-monthly reports detailing the progress made towards the stated aims and objectives of the Grant.
6. As soon as possible after the end of the financial year in which grant is payable, the Grantee shall submit to Scottish Ministers its accounts showing all expenditure incurred by the Grantee during that Financial Year.

<p><u>ACCEPTANCE OF GRANT</u></p> <p>We accept the foregoing conditions of grant.</p> <p>Signed..... (By a person duly authorised to sign on behalf of ASH Scotland)</p> <p>Date.....</p>	<p><u>BANK DETAILS</u></p> <p>Name and Address of Bank:</p> <p>Sort Code:</p> <p>Account Number:</p>
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Schedule 1

Payment of Grant

1. The Grant shall be paid by the Scottish Ministers to the Grantee in the following instalments:

	Amount	Payment Date
Payment 1	£17,625	April 2012
Payment 2	£17,625	July 2012
Payment 3	£17,625	October 2012
Payment 4	£17,625	January 2013

Chief Medical Officer, Public Health and Sport Directorate
Public Health Division

T: 0131-244 2174 F: 0131-244 2157
E: [REDACTED]



[REDACTED]
ASH Scotland
Frederick Street
EDINBURGH
EH2 2HB

2 April 2012

Dear [REDACTED]

CORE GRANT

I am writing to you regarding the continuation of the organisation's core grant .

I am pleased to be able to confirm that Scottish Ministers are prepared to offer funding, for the financial years 2012-13, 2013-14 and 2014-15 towards the objectives identified in your application. The amount of grant we can offer is as follows:

2012-13	£255,000
2013-14	£255,000
2014-15	£255,000

The funding is offered on the basis that the funded activity is compatible with the priorities of Scottish Ministers and in particular any priorities identified as a consequence of the new Tobacco Control Strategy.

We intend to make payment on a quarterly basis, in advance, in April, July, October and January as detailed in Schedule 1 to the attached Conditions of Grant. The first instalment for the new financial year will be paid upon receipt of a signed copy of the Conditions of Grant. In accordance with standard practice we will make payments direct to the organisation's bank.

As will be the case with all public funding issues, we will need to be able to demonstrate to the Scottish Parliament that ASH Scotland is an effective organisation which is providing value for money. Consequently, it is crucial that ASH Scotland's work is rigorously evaluated in terms of quality as well as quantity. We shall, therefore, be paying close attention to the 6-monthly grant progress reports referred to in the grant conditions.

If you are prepared to accept the offer of grant on the terms and conditions stated, the top copy of the Conditions of Grant should be signed and returned to me as soon as possible. You should retain the other copy for your records.

Yours sincerely

[Redacted Signature]

[Redacted Name]

Head of Alcohol and Tobacco Policy

CONDITIONS OF GRANT

Definitions and Interpretation

1. In these Conditions, the words and expressions set out in Schedule 2 shall have meaning ascribed to them in that Schedule.

Purpose of the Grant

2. The Grant shall only be used as a contribution to core costs i.e.: **the day to day costs of the organisation and all other necessary purposes** and for no other purposes whatsoever.

3. No part of the Grant shall be used to fund any activity carried out, or material published by the Grantee, which is party political in intention, use, or presentation or appears to be designed to affect support for a political party.

Payment of Grant

4. The Grant shall be paid by Scottish Ministers to the Grantee in accordance with the terms of Schedule 1 attached hereto.

5. As soon as possible after the end of the financial year in which grant is payable, the Grantee shall submit to Scottish Ministers its accounts showing all expenditure incurred by the Grantee during that Financial Year.

6. In the event that the amount of the Grant paid by the Scottish Ministers to the Grantee during that Financial Year exceeds the amount of the expenses reasonably and properly incurred by the Grantee in connection with the Project in that Financial Year, the Grantee shall within 28 days of receiving a written demand in respect thereof from the Scottish Ministers, repay to the Scottish Ministers the amount of such excess. In the event that the Grantee fails to pay such amount within the 28 day period, the Scottish Ministers shall be entitled to interest on the sum at the rate of 2 per cent per annum above the base lending rate (or the equivalent) of the Royal Bank of Scotland plc prevailing at the time of the written demand from the date of the written demand until payment in full of both the sum and the interest thereon.

7. Notwithstanding any provision of this Agreement, the foregoing provisions of clauses 4,5 & 6 and Schedule 1 shall be subject to the following: -

The Scottish Ministers shall not be bound to pay the Grantee, and the Grantee shall be deemed to have forfeited and to have no claim against the Scottish ministers in respect of, any instalment of the Grant which has not been claimed by the Grantee in accordance with the preceding clauses 5 & 6 by 31 March in the Financial Year in which it should have been claimed, irrespective of the cause of the Grantee not making such a claim.

Inspection and Information

8. The Grantee shall keep and maintain for a period of 3 years after the expenditure occurs, adequate and proper records and books of account recording all receipts and expenditure of monies paid to it by the Scottish Ministers by way of Grant. The Grantee shall afford the Scottish Ministers, their representatives, Audit Scotland and other such persons as the Scottish Ministers may reasonably specify from time to time, such access to those records and books of account as may be required by them at any reasonable time in response to a written request for such access from the person seeking it and the Grantee shall provide reasonable assistance and explanation as the person carrying out the inspection may from time to time require.

9. The Grantee shall ensure that adequate internal expenditure controls are in place and that resources are used economically, effectively and efficiently.

10. The grantee shall submit six-monthly reports detailing the progress made towards the stated aims and objectives of the Grant as specified in the Grant application form.

Assets and equipment

11. The Grantee shall not, without prior written consent of the Scottish Ministers, dispose of any equipment purchased with grant funds within 5 years of the award being made, where the equipment has a minimum value of £1,000 at the time of disposal.

Publicity

12. The Grantee shall where reasonably practicable acknowledge in all publicity material the contribution of the Scottish Ministers to its costs. The Scottish Ministers may require to approve the form of such acknowledgement prior to its first publication.

Compliance with the Law

13. The grantee shall ensure that in relation to the project, they and anyone acting on their behalf shall comply with the relevant law for the time being in force in Scotland.

Default

14. The Scottish Ministers may re-assess, vary, make a deduction from, withhold, or require immediate repayment of the Grant or any part of it in the event that: -

14.1 The Grantee commits a Default;

14.2 The Scottish Ministers consider that any change or departure from the purposes for which the Grant was awarded warrants an alteration in the amount of the Grant.

14.3 If at any time within the duration of the Agreement: -

(a) The Grantee passes a resolution that it be wound up, or a court makes an order that the Grantee be wound up, in either case otherwise that for the purposes of

reconstruction or amalgamation, or circumstances arise which would enable a court to make such an order or the Grantee is unable to pay its debts within the meaning of section 123 of the Insolvency Act 1986;

(b) A receiver, manager, administrator or administrative receiver is appointed to the Grantee, or over all or part of the property which from time to time be comprised in the property and undertaking of it, or circumstances arise which would entitle a court or a creditor to appoint such a receiver, manager, administrator or administrative receiver.

15. In the event that the Grantee becomes bound to pay any sum to the Scottish Ministers in terms of the preceding clause 14, the Grantee shall pay the Scottish Ministers the appropriate sum within 28 days of a written demand for it being given by or on behalf of the Scottish Ministers to the Grantee. In the event that then Grantee fails to pay such sum within the said period of 28 days, the Scottish Ministers shall be entitled to interest on the said sum at a rate of 2 per cent per annum above the base lending rate or the equivalent of the Royal Bank of Scotland plc prevailing at the time of the written demand, from a date of the written demand until payment in full of the said sum and interest.

16. Notwithstanding the provisions of the foregoing clause 15 in the event that the Grantee is in breach of any of the conditions specified in these Conditions, the Scottish Ministers may, provided that breach is capable of a remedy, postpone the exercise of their rights to recover any sum from the Grantee in terms of the said clause for such a period as they see fit, and may give written notice to the Grantee requiring it to remedy the breach within such period as may be specified in such notice, and in the event of the Grantee failing to remedy the said breach within the period specified, the Grantee shall be bound to pay the said sum in accordance with the provisions of the foregoing clauses.

17. Any failure or omission by the Scottish Ministers to exercise or delay by the Scottish Ministers in exercising, any rights or remedy to which they are entitled by virtue of the foregoing clause 16 shall not be construed as a waiver of such rights or remedy.

18. The Grantee shall not be entitled to assign, sub-contract or otherwise transfer its rights or obligations under the Agreement without the prior written consent of the Scottish Ministers.

Termination

19. Notwithstanding the preceding clauses, of these Conditions, the Agreement may be terminated by Scottish Ministers giving not less than 3 months' notice in writing.

Continuation of Conditions

20. These conditions shall continue to apply for a period of 5 years after the end of the financial year in which the final instalment of the Grant was paid.

<p><u>ACCEPTANCE OF GRANT</u></p> <p>We accept the foregoing conditions of grant.</p> <p>Signed..... (By a person duly authorised to sign on behalf of ASH Scotland)</p> <p>Date.....</p>	<p><u>BANK DETAILS</u></p> <p>Name and Address of Bank:</p> <p>.....</p> <p>.....</p> <p>Sort Code:</p> <p>Account Number:</p>
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Schedule 1

Payment of Grant

1. The Grant shall be paid by the Scottish Ministers to the Grantee in the following instalments:

	Amount	Payment Date
Payment 1	£63,750	April 2012
Payment 2	£63,750	July 2012
Payment 3	£63,750	October 2012
Payment 4	£63,750	January 2013

Schedule 2

Definitions

"Agreement" means the agreement constituted by the Scottish Ministers' invitation to apply for a grant, the Grantee's Application, the Award Letter, the Grantee's acceptance of the offer made in the Award Letter and these Conditions;

"Application" means the application for a Grant made by the Grantee;

"Award Letter" means the letter offering the Grant to the Grantee to which these Conditions are annexed;

"Conditions" means these grant conditions;

"Core Cost" means the day to day costs of the organization and all other necessary purposes.

"Default" means:

(a) Any breach of the obligations of either party under this Agreement (including, but not limited to, any breach of any undertaking or warranty given under or in terms of this Agreement);

(b) Any failure to perform or the negligent performance of any obligation under this Agreement;

(c) Any breach of any legislation; or

(d) Any negligence or negligent or fraudulent mis-statement, or any other default,

In all cases by either party, its employees, agents or representatives;

"Financial Year" means a period from 1 April in one year until 31 March in the next;

"Grant" means the grant offered by the Scottish Ministers to the Grantee as specified in the Award Letter, as varied from time to time in accordance with these Conditions;

"Grantee" means the <Name of organisation>

"Intellectual Property Rights" means all rights of ownership, including all copyrights and other intellectual property rights in books, leaflets and other printed and published materials in whatever form produced as part of the Project by or on behalf of the Grantee including all reports and any such published materials stored in or made available by means of an information technology system and the computer software relating thereto and all patents, trademarks, registered designs and other rights in the nature of intellectual property;

"Project" means the purpose for which the Grant has been awarded as described in the Award Letter;

"Payment" means each of the payments specified in Schedule 1 hereto.

[REDACTED]

From: [REDACTED]
Sent: 22 May 2012 11:23
To: [REDACTED]
Cc: [REDACTED]
Subject: ASH Scotland Year End Reports
Attachments: ASH Scotland Core Funding Report Oct 11 to March 12.docx; Information Service Report Oct 11 to March 2012.doc; PATH Report April 11 to March 2012.docx

Hi [REDACTED]

Please find attached the ASH Scotland year end reports for Core activity, the Information Service and PATH (covering Training & Development, Inequalities and Youth Development). The following general points should be noted:

- The reports cover the activities identified in the funding applications submitted in January 2011 and the budgets have been adjusted to take account of funding received.
- The Core and Information Service reports cover the period October 2011 to March 2012. The PATH reports cover the whole year so that total annual numbers may be included.
- Where numbered objectives do not run consecutively, the gaps are because we are only reporting on 2011/12 and there is no activity for that objective in that year.
- Work highlighted in green is new work during this year.

There was a significant underspend on the PATH Inequalities budget this year due to long term sickness absence of the Inequalities Officer. We recognise that under the terms of the funding award, particularly in the current economic climate, that this funding should be returned. However, if it were possible to retain this funding we have a number of initiatives where this would provide a valuable contribution to taking them forward and would be happy to provide further information for your consideration.

Thank you very much again for the continued support of our work, it is greatly appreciated, and please let me know if I can provide any further information.

Kind regards

[REDACTED]
[REDACTED]
Director of Business
ASH Scotland
8 Frederick Street
Edinburgh
EH2 2HB

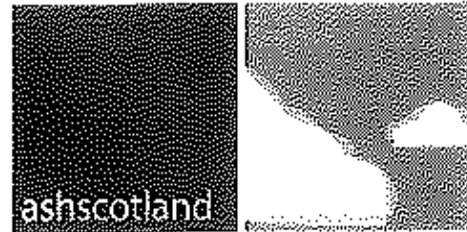
Telephone: 0131 220 9476
FAX: 0131 225 4759
WEB: www.ashscotland.org.uk
[REDACTED]

[Click here to join ASH Scotland as a Smoke-free Supporter and support our vital campaign work.](#)

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

As a charity, we need your donations to continue working towards a tobacco-free Scotland. You can donate to us securely online at <http://ashscotland.workwithus.org>

E-Mail Disclaimer



ASH Scotland

16b Funding Report

Policy and research

Communications and advocacy

Scottish Tobacco Control Alliance (STCA)

Governance and management

Oct 2011 – Mar 2012

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

POLICY & RESEARCH

Key objectives	Gov Strat	Action	Time-scale	Outcome(s)	Measures	Progress to date
1: Support implementation of tobacco policy priorities	BFA SPAP	<p>Implementation of wider government tobacco policy</p> <p>Participation in the Scottish Ministerial Working Group on Tobacco Control and sub-group, the Ministerial Age-Related Sales Enforcement Group and any other relevant consultative meetings.</p> <p>Review, analyse and communicate research findings to support implementation of key policies.</p>	2011 – 2014	Social change – increased public support for a smoke-free Scotland, ongoing recognition of Scotland as a world leader in tobacco control	<p>Attendance and effective contribution at meetings.</p> <p>At least 4 consultation responses per year providing evidence and policy analysis to improve joined-up health improvement and tobacco policy</p>	<p>Attendance at Ministerial Working Group on Tobacco Control Nov 2011.</p> <p>Attendance at Age Related Sales Enforcement Group 12 September 2011.</p> <p>Attendance at one Research and Evaluation subgroup meeting, Dec 2011 – Theme: Smoking and body weight</p> <p>Through CRUK-funding, arranged for guest speaker George Thomson (University of Otago, Wellington) to present to the SCOT group and Scottish Gov staff (Nov 11).</p> <p>Submitted budget response (Nov 11), and response to the Welsh Government's consultation on a performing arts exemption for the smoke free premises etc. (Wales) regulations (2007).</p>
	BFA SPAP	<p>New national tobacco control strategy</p> <p>Review progress against existing strategies. Collate and summarise evidence base for new approaches</p>	2011 onwards	Social change – increased public support for a smoke-free Scotland, ongoing recognition of Scotland as a world leader in tobacco control	<p>Strategy section of our website (Beyond Smoke-free) updated at least quarterly to show progress and summarise new evidence</p> <p>Advice and evidence provided to government as requested, including participation in strategy development group.</p>	<p>Beyond smoke-free section of website has been reviewed and updated with new material, references and links, every 4-5 weeks.</p> <p>Supported SG strategy group through providing briefings for group meetings.</p>

Key objectives	Gov Strat	Action	Time-scale	Outcome(s)	Measures	Progress to date
	MHS	<p><i>Guidance for mental health settings</i></p> <p>Provide expert advice on baseline and follow up monitoring of practice within services. Review and communicate evidence base on effective implementation of smoke-free settings</p>	2011 – 2014	<p>Challenge poverty and inequalities – reduced second-hand smoke exposure among mental health service users</p>	<p>Agreement with Health Scotland on most appropriate baseline and monitoring of progress</p> <p>Evidence base reviewed quarterly and communicated through STCA groups and other fora</p> <p>Feedback on implementation issues to Government</p>	<p>Information Service collates research papers relating to smoking and mental health; regularly reported in STCA and Library Bulletins.</p>
	HT	<p><i>Development of the smoking cessation dataset</i></p> <p>Provide expert advice to Minimum Dataset project board and short-life group on cessation longer term follow-ups</p> <p>Provide email and telephone support as required to users of the dataset</p> <p>Conduct or contribute to research and analysis, at the request of the MDS project board</p>	Ongoing	<p>Smoking cessation – services have access to the data they need to monitor and improve their effectiveness</p>	<p>Attendance and effective contribution at meetings.</p> <p>User enquiries responded to within agreed timeframe</p> <p>Project board requirements met timeously and effectively</p>	<p>Attendance at quarterly project board meetings.</p> <p>Enquiries being answered within agreed timeframe.</p> <p>Carrying forward work for a short-life subgroup on cessation follow-ups, including a mapping exercise on current practice, and finalising a consultation options paper.</p>

Key objectives	Gov Strat	Action	Time-scale	Outcome(s)	Measures	Progress to date
2: Analyse progress towards a tobacco-free Scotland	LHL	Review statistics and progress towards national targets	Oct/Mar annually	Social change – trends in tobacco use and impacts of tobacco control policies are better understood	Two reviews of key statistics and targets published and circulated each year	Last update was in March, next one in October.
	RED	Review single outcome agreements and report on CPP progress against tobacco related indicators	Annually each summer	Social change – local level implementation of national policy and practice is better understood	Reports published and circulated within six months of each new set of SOAs or progress reports CPPs receive constructive feedback on their progress	We have been in touch with the Local Government Outcomes and Partnerships Unit at the Scottish Government, and have been advised that they will be producing an overview report of the SOA approach and a review of CPP and SOAs. We will therefore await the outcomes of these outputs before proceeding on any work as agreed.
3: Fill gaps in the evidence base	HT	Research support to PATH as agreed, to achieve PATH action plan	Ongoing	Smoking cessation – increased quality and reach of stop-smoking services, and a more supportive environment for quitting	Research requirements within agreed PATH action plan are met	Designed an appropriate evaluation plan for PATH's planned intervention in money-management services in North Lanarkshire and Glasgow.
	SPAP	Communicate findings of REFRESH smoke-free homes study (Lottery funded) and making links with other work	2011 – 2014	Challenge poverty and inequalities – reduced exposure to second-hand smoke for children in deprived communities	Attendance and effective contribution to Health Scotland second-hand smoke practitioner network Policy recommendations emanating from REFRESH are achievable and progress is made.	Attended and contributed to one SHS practitioner network meeting (Feb 12), where findings of REFRESH were presented. Contributed to the development of the 24-30 month national review dataset, which includes key questions on SHS exposure in the home.

Key objectives	Gov Strat	Action	Time-scale	Outcome(s)	Measures	Progress to date
						<p>Two REFRESH papers have been accepted for publication in peer-reviewed journals, one in Tobacco Control, and one in Nicotine and Tobacco Research. A third paper is in submission with Health Education Research. The team is also currently writing a paper for Nursing Times.</p> <p>The REFRESH work was launched at the Scottish Smoking Cessation Conference (Nov 12). The work was also presented at the World Conference on Tobacco or Health in Singapore (Mar 12) and at the NHS Early Years Conference (Mar 12).</p> <p>Abstracts have been submitted for the International Primary Care Respiratory Group (April 12), the UK National Smoking Cessation Conference (June 2012) and the Children in Scotland conference (Nov 12).</p> <p>The REFRESH team has continued to disseminate the work of the project, including through the development of a website (www.refreshproject.org.uk) which includes sections specifically for parents and practitioners on creating a smoke-free home/raising the issue.</p>
	LHL NI BFA	Sharing learning Ministerial Research and Evaluation sub-group and STCA Research Group –	Three times per year (each)	Partnerships – improved cross-disciplinary working to tackle tobacco	Attendance and effective contribution at research meetings Annual report to WHO/ Framework Convention Alliance	Attendance and effective contribution at one Ministerial Research and Evaluation subgroup meeting (Dec 11), with a smoking and body weight theme. An evidence-based briefing was prepared in advance of this meeting for discussion by the group.

Key objectives	Gov Strat	Action	Time-scale	Outcome(s)	Measures	Progress to date
		<p>deliver themed research briefings and presentations at meetings</p> <p>Sharing Scottish learning internationally and learning from other countries' experience - through presenting at national and international events, reports to the WHO and Framework Convention Alliance, etc.</p>	<p>group)</p> <p>2011 - 2014</p>		<p>on progress in Scotland</p> <p>Quarterly meetings of ASH 5 Nations group to share evidence/policy development</p> <p>At least one Scottish conference presentation and one conference presentation outwith Scotland per year</p>	<p>Continue to be involved in Globalink and Framework Convention Alliance.</p> <p>ASH 5 Nations meeting in Cardiff in December 11 plus quarterly teleconferences taking place.</p> <p>STCA Research Group met 7 October 2011 to discuss analysis and practice updates relating to cessation in pregnancy. The Research Group also met on 24 Feb to discuss the evidence base for plain packaging legislation.</p>
	QS	<p><i>Smoking reduction</i></p> <p>Seek non-statutory funding for a research project to improve our understanding of the views and needs of heavy smokers and the potential benefits of reducing smoking where quitting is not achievable; cascade learning through our wider work</p>	<p>2011-2013</p>	<p>Challenge poverty and health inequalities – smokers have a voice within our work, and the benefits of smoking reduction are better understood</p>	<p>New non-statutory funding attracted to add value to our workplan</p> <p>Research report influences policy and practice</p> <p>Smokers' panels engage a range of smokers from deprived areas and continue to feed their experience into our work</p>	<p>Harm reduction work has been put on hold because of other more pressing areas of research/policy development.</p> <p>Two-year project to run a Smokers' Panel in Glasgow has been developed, with Roy Castle Lung Cancer Foundation keen to be involved as partners. Seeking non-statutory funder.</p>
	QS	<p><i>Prevalence within key groups</i></p>	<p>Ongoing</p>	<p>Challenge poverty and health</p>	<p>At least 2 consultation responses per year make the</p>	<p>The Government has completed a major revision of its routine survey instruments</p>

Key objectives	Gov Strat	Action	Time-scale	Outcome(s)	Measures	Progress to date
		Ongoing work to improve evidence on smoking prevalence in minority groups		inequalities – rates of tobacco use within different population groups are better understood, allowing services to meet a wider range of needs.	case for improved data on smoking prevalence	recently and there have been no national consultations requiring a response.
4: Ensuring easy access to new policies, guidance and evidence		Keeping the policy & research section of the ASH Scotland website fresh and current by updating the content on a regular basis, ensuring it is easy to navigate and has links to relevant areas	Ongoing	Partnerships – widespread access to the knowledge base to more effectively tackle tobacco issues.	Website is updated with relevant material within 2 working days of publication Website navigation and structure reviewed annually	Website material reviewed and amended where appropriate.
5: Support our organisation to improve its outcomes focus		Provide advice and expertise to ASH Scotland staff on reporting against indicators and outcomes associated with our strategic logic model	Quarterly 2011 – 2014	ASH Scotland is an effective organisation	Quarterly board meetings receive transparent reports on progress towards our strategic goals, one strategic plan theme per meeting	Prepared statistics for each quarterly board meeting (13 Dec 2011 and 15 Mar 2012) demonstrating progress towards outcomes.
		Support staff and wider tobacco control practitioners to develop research tools	Ongoing 2011-2013	ASH Scotland is an effective organisation; tobacco control practice is evidence-based	Requests for support and advice are met Research tools developed are made more widely available through STCA and our website	REFRESH How to Guide launched (Jan 12). 400 hard copies distributed to a range of practitioners including SHS practitioners, health visitors, pre-school managers/workers and oral health nurses. Requests for electronic copies have also been met

Key objectives	Gov Strat	Action	Time-scale	Outcome(s)	Measures	Progress to date
						and disseminated. The guide is currently being evaluated using materials developed in-house by the REFRESH team.

COMMUNICATIONS & ADVOCACY

Key objectives	Gov strat	Action	Time-scale	Outcome(s)	Measures	Progress to date
1. Support effective implementation of Tobacco Act	PMS SPAP	Challenge tobacco industry misinformation through concerted communications plan	Ongoing to Oct 2013	Youth smoking prevention – young people perceive cigarettes as less accessible; longer term, youth smoking rates are reduced	At least one news release every six weeks on value of measures in Tobacco Act and the need for effective implementation	End of September – ring round to local radio and release to remind retailers to sign up to Scottish register. (limited coverage) 22 December, 2011 – ASH Scotland welcomes Big Tobacco dropping court challenge to display ban in England 15 January 2012 – Response and radio interviews to SG announcement of retail display maximum size announcement 2 February, 2012 – ASH Scotland release in response to rejection on appeal of Imperial Tobacco's challenge to Tobacco & Primary Medical Services (Scotland) Act 2010. 1 March – coverage in Tayside in Courier, Radio Tay and STV on illicit, proxy purchase and retailers illegally selling to children
2. Communicate the need for a comprehensive approach to tobacco control	BFA SPAP	Lead a campaign for a new tobacco control strategy for Scotland Work in conjunction with, and provide advice on effective approaches to national campaigns and mass media activities. Analyse gaps and develop responses where possible.	2011 – 2012	Social change – increased public support for a smoke-free Scotland and reduced tobacco harm	Members of Scottish Coalition on Tobacco support call for a new strategy Attendance and effective contribution to any Government advisory groups on mass media or communications work to support tobacco control	Have arranged discussions on progress in developing the new strategy with SCOT, STCA and Cross Party Group in Parliament, allowing opportunities for range of professionals in Scotland to feed in to process. There have been no mass media advisory groups to date.

Key objectives	Gov strat	Action	Time-scale	Outcome(s)	Measures	Progress to date
3. Challenge public complacency around tobacco supply, image, and initiation into smoking	BFA SPAP	Communicate findings of research, inequalities and youth development projects Ongoing media work to rebut and challenge misinformation	Ongoing 2011 – 2014	Social change – increased public support for a smoke-free Scotland and reduced tobacco harm	Robust findings effectively communicated - at least 4 different news media report each set of findings in positive light Same-day responses to tobacco industry misinformation through news releases, providing comment, articles and letters to editor	29 September 2011 - Comment on Lancet report and 'myth' of tobacco taxes funding health services – Herald, P&J, STV News, Real Radio 11 October 2011 - Platform comment piece in Scotsman on plain packs and tobacco industry marketing tactics 12 October 2011 - Comment on Smoking in Films issued to Daily Express (not used) 26 October 2011 - Interview with Sheila on BBC Radio challenging attitudes to recording tobacco as COD on death certificates 15 November 2011 - Comments from Sheila issued about protecting children from smoke in cars. Raising awareness of dangerous levels 17 December 2011 - Response to e-cigarettes piece in Scotsman highlighting danger of 'normalisation' of smoking 11 January 2012 - Evening Times feature on smoking habits in the home and dangers still present even when smoking at door/window – Refresh project March – Comment of the Day in Daily Record on tobacco and health inequalities March 26 – coverage on sixth anniversary highlighting smokers support for smoke free
4. Enable young people to debate/influence tobacco	SPAP	Communicate Youth Development work including celebrating young people's successes and	Autumn each year 2011 –	Youth smoking prevention – young people are better equipped to recognise and resist	Crofton Award receives growing profile and nominations each year Youth-targeted industry	Crofton Award winners covered in Evening Times Social media strategy in development to engage groups with Crofton Award

Key objectives	Gov strat	Action	Time-scale	Outcome(s)	Measures	Progress to date
policies, particularly those aimed at them and their peers		leading rapid response to youth-targeted industry initiatives	2012	tobacco industry marketing	activities flagged up to practitioners and youth groups within 2 days of first mention	
5. Improve our engagement with current and former tobacco users	NI PS	Develop smokers' panels to test their response to new tobacco control initiatives Ensure views of smokers and ex-smokers engaged in research projects are fed into our policy and communications work Review and update case studies on ASH Scotland website	May 2011 – Jan 2013 April 2011 – Dec 2012	Social change – increased public support for a smoke-free Scotland	Four smokers' panels established (linked to separately-funded smoking reduction research project) Views of panels are recorded and recommendations fed into workplans	Two-year project to run a Smokers' Panel in Glasgow has been developed, with Roy Castle Lung Cancer Foundation keen to be involved as partners. Seeking non-statutory funder. New case studies relating to plain packaging issue being recruited.
6. Continue to challenge and expose the multinational tobacco industry and its allies	PMS	Daily review of key news media, trade press and industry publications Analysis of industry approaches and immediate rebuttals of industry misinformation	Ongoing 2011 – 2014	Social change – increased understanding of the industry's role rather than the individual's choice	All key news stories circulated daily through e-bulletin Same-day responses to tobacco industry misinformation through news releases, providing comment, articles and letters to editor	Daily bulletin continues to be issued Editors' letters issued on same day basis over last six months in response to tobacco industry, or those acting on behalf, including: health inequalities, pension plan policy of local authorities, Adam Smith institute and plain packaging, increase in illicit due to tobacco duty and plain packs. Comment pieces in Scotsman, Evening News and Courier on effect of smoke-free legislation and tobacco industry tactics.

Key objectives	Gov strat	Action	Time-scale	Outcome(s)	Measures	Progress to date
7. Celebrate Scotland's tobacco control achievements and share our experience internationally.	NI	<p>Communicate successes and benefits of smoke-free and tobacco control laws, cessation services and prevention plan.</p> <p>Continue to build links with tobacco control movements internationally</p> <p>Market and promote activities and services delivered by ASH Scotland, PATH and STCA.</p>	Ongoing 2011 – 2014	<p>Partnerships – Scotland continues to be recognised as a world leader in tobacco control and a good model for other countries.</p>	<p>At least one news release every six weeks showcasing Scotland's successes in tobacco control</p> <p>Information posted on Globalink within 24 hours of launch of any new initiative/success story</p> <p>Major steps forward included in news round up of BMJ Tobacco Control journal</p> <p>Service targets delivered</p>	<p>Responses sent to counter Simon Clark (Forest) assertion that increased duty will mean increase in illicit – not covered.</p> <p>September 2011 comment on success of NHS Stop-smoking services figures.</p> <p>December 2011 – comment on record low numbers of smoking prevalence among young people</p> <p>December 2011 – Real radio interview about children's attitudes to smoking- many would give up xmas presents if parents would quit</p> <p>50th anniversary smoking kills release issued and interview given.</p> <p>February 2012 - Comment on University of Glasgow study on improved birth complications stats related to smoke free</p> <p>March 2012 sixth anniversary of smoke free – coverage in newspapers and on local radio</p> <p>Comment pieces in Courier, Evening News on smoke-free and shaking off sick man of Europe tag</p> <p>No Smoking Day – releases issued on growing number of Scots going smoke-free and success of legislation</p>

Key objectives	Gov strat	Action	Time-scale	Outcome(s)	Measures	Progress to date
						Promoting ASH Scotland work: PATH and Training Marketing plan being developed; Info service marketing plan being developed; new materials being looked at and promotional materials redesigned; Job Done leaflet produced to increase awareness and engage with services; Social media plan and viability developed and to be actioned; looking into multimedia to promote;

SCOTTISH TOBACCO CONTROL ALLIANCE (STCA)

Key objectives	Gov strat	Action	Time-scale	Outcome(s)	Measure	Progress to date
1. Continue to support the Scottish Tobacco Control Alliance (STCA) to flourish as an effective network	BFA SPAP	Facilitate meetings of Tobacco Control Issues Group, Promoting Cessation and Health Group (formerly Cessation in Pregnancy group), Youth and Tobacco Forum, Smoking and Mental Health Working Group.	Ongoing	Partnerships – more effective cross-disciplinary work through national and local level tobacco alliances, maximising impact of work and resources.	Three meetings per year per group	Over 6 month period since last report: 2 TCIG meetings 2 Research Group meetings 2 Promoting cessation and Health Group meetings 1 SMHWG meeting 1 Youth Forum meetings
		Annual whole alliance meeting			At least 60 attendees	Scheduled for 21 June 2012
		Secretarial assistance to elected co-ordinating group			Four quorate meetings per year	2 meetings of Co-Group held during time period
		Weekly electronic bulletin and website updates as required	Ongoing	The alliance communicates effectively with members	At least 70% satisfaction rate from bulletin users survey	Bulletin sent regularly. 97% agreed the STCA Bulletin is a valuable resource (June 2011 survey)
		Market and promote STCA membership to broaden the range of organisations participating		2011 2012 2013	At least 70% satisfaction rate from membership survey	Survey shows membership believes STCA to be a "valuable", "useful", "accessible" professional support. http://www.surveymonkey.com/sr.aspx?sm=rB05Eu70hFgLY9F_2boST1IGF2lfN1Se90172AQaXYFY_3d
					Non-health sector membership increases as a proportion of the whole	4 new members since October 2012 and numbers holding up in difficult economic times. Evaluation scheduled for August 2012.

Key objectives	Gov strat	Action	Time-scale	Outcome(s)	Measure	Progress to date
		Review the purpose of topic and working groups to refocus and revitalise group activity if required and end redundant activities.	2011 2012 2013	Activity is focused where it can make most impact	Co-group leads annual review each summer	TCIG refocused on local alliance support: 2 regional meetings held (Aberdeen, Arbroath) Cessation in Pregnancy group has broadened remit into new Promoting Cessation and Health Group, which has met for first time. Useful ideas generated for improving referral systems.
		Continue to review the range of options open for the future funding of the alliance, with the view to making it increasingly self-financing.	2011 2012 2013	The alliance becomes more sustainable	All funders' requirements met, from a mix of statutory and non-statutory sources Income from members continues to grow	Requirement for membership support for STCA funding incorporated into a draft Charter. Fees for tobacco/substances conference held in March 2012 helped raise funding towards the cost of staging other activities.
2. Through the STCA, inform and encourage practitioners to implement policy priorities	PMS SPAP	Promote and coordinate surveys of young people's access to tobacco amongst alliance partners.	2011- 2012	Young people's access routes are better understood	Report produced to inform Youth Forum members and wider stakeholders	Case study of surveying youth procurement published in partnership with North Ayrshire Council. Survey form developed and deployed in Angus as part of a Local Alliance initiative.
	BFA	Continue to build links between research, policy and practice by organising meetings and conferences, coordinate information exchange through the STCA Research Group and other fora.	2011- 2014	Research knowledge and methodology is shared with researchers and practitioners.	Three meetings per year	2 meetings of Research group held this period. 7.10.12 Statistical Analysis and Practice updates relating to cessation in pregnancy; supported referral improvements. 24.2.12 Evidence base for plain packaging legislation; informed advocates prior to opening of UK Government consultation.

Key objectives	Gov strat	Action	Time-scale	Outcome(s)	Measure	Progress to date
	HT QS	Through the Scottish Smoking Cessation Conference enhance the knowledge base of the cessation service workforce.	2011 2012 2013	Good practice is shared and new research disseminated (Agreement of partners required)	At least 70% of delegates satisfied that the conference met its objectives and their learning needs	Conference held 22 November 11 Overall evaluation of the event Excellent or Good 80% (92%) Gained useful knowledge Strongly Agree or Agree 94% (96%) Will change working as a result Strongly Agree or Agree 68% (73%) Made new work contacts Strongly Agree or Agree 76% (78%)
	BFA	Support the Co-ordinating Group to review outcomes of STCA meetings, to make recommendations to the Ministerial Working Group and other relevant bodies, and to track progress	Ongoing	Activity is focused where it can make most impact	Quarterly reports to Co-Group summarise recommendations/ issues raised and track progress made	Reporting completed as planned. Feeding into Government's Short-life Working Group on Tobacco Control Strategy through Chair of Coordinating Group and others.
	PMS SPAP	Facilitate meetings of tobacco control professionals to coordinate activity to reduce the supply and demand for illicit tobacco, share information, establish a wider network of interest.	Ongoing	Illicit tobacco remains a priority across the tobacco control professions	One meeting of TCIG on this theme annually	Illicit tobacco has been on the TCIG meeting agenda twice with a major meeting launching an Angus initiative on illegal tobacco in March addressed by Mary Cuthbert and the North of England Health Initiative to Reduce Illicit Tobacco Use. Second case-study on illicit published. Survey of young people's access made available to local alliances.
		Ensure easy access to new policies, guidance and evidence by keeping the ASH	ongoing	Widespread access to the knowledge base to more effectively tackle	Website updated weekly. Navigation and content reviewed quarterly	Major review of content and presentation agreed and will be actioned in August.

Key objectives	Gov strat	Action	Time-scale	Outcome(s)	Measure	Progress to date
		Scotland website fresh and current by updating the content on a regular basis, ensuring it is easy to navigate and has links to relevant areas		tobacco issues.		
3. Support focussed joint working to tackle health inequalities	PMS SPAP	Collect and disseminate good practice on smoking related health education. Through the Youth and Tobacco Forum and other STCA meetings and working groups make tested techniques and materials available to others.	2011-2014	Shared learning, joint working and reduced duplication	Three meetings per year	Two meetings of the Youth and Tobacco Forum held this period. Particular focus on issues relating to 18 to 24 year olds. Partnership meeting with NHS GGC Youth Action Team and linked with the Dundee Keep Well Project on youth prevention work.
4. Building from the Local Alliances project, help new and developing local tobacco control alliances to engage in national level debate on	BFA SPAP EW	Provide direct input where possible by participating in meetings and providing advice (linking to PATH activity). Support local alliance co-ordinators to lead on maintaining communication channels developed	Ongoing 2011-14 2011-14	Strengthened acceptance of and application of tobacco control policies at community level. Ensures the legacy of Local Alliances work is fed into PATH activity.	PATH workplan measures achieved At least 2 newsletters per year produced by volunteer local alliance co-ordinators and disseminated through our networks Local alliances micro-site successfully integrated into Information webpages	Updated contacts with local alliance representatives and established the value of the TCIG as a forum to raise local awareness using the TCIG as a national forum for those issues.

Key objectives	Gov strat	Action	Time-scale	Outcome(s)	Measure	Progress to date
translating policy to action		by the LA project Maintain a user-friendly website with advice for local alliances				
		Develop the Tobacco Control Issues group of the STCA as an interface for local/national information sharing and policy development.	2011 - 2014	Strengthened local alliances and better sharing of local good practice.	Three meetings per year	Implemented for August 2011 first meeting of newly focused group: Aberdeen 13 Sept 2011 then Arbroath 010312.
5. Build links across alliances (STCA, Scottish Coalition on Tobacco and PATH)		Ensure joint working opportunities are identified across all ASH Scotland managed partnerships STCA representatives attend SCOT coalition meetings SCOT members encouraged to take part in relevant STCA activity PATH developments disseminated through STCA events and communications	Ongoing	Partnerships – more effective cross-disciplinary work to support tobacco control Improved joint working and value for money.	Duplication is identified and removed Annual attendance and effective contribution at coalition meetings Increased input of SCOT members into STCA events and groups Relevant PATH developments given agenda space at all STCA meetings	Activity on-going

GOVERNANCE & MANAGEMENT

Key objectives	Action	Time-scale	Outcome(s)	Measure	Progress to date
1. Ensure sufficient resources available to deliver on objectives	Prepare annual budget to ensure efficient financial monitoring.	Annual and monthly	Organisation operates in a financially prudent manner and is sustainable.	Actual expenditure meets projections	Financial statements have been prepared and reviewed by Budgets holders, SiMT and Board on a quarterly basis.
	Maintain relationships with current funders by ensuring objectives are met on time and in budget and financial reports and updates are comprehensive and submitted on time.	In line with grant terms	Funding is maintained and continues	Funding report requirements are met on time and in budget.	All reporting requirements met within the required time frame.
2. Effective Governance in line with best practice.	Diversify funding by developing new funding streams through trusts, identifying opportunities to generate income and sharing costs with partners.	Ongoing	Resources are available to meet strategic objectives and respond to new opportunities. Organisation is less dependent upon any single funding stream.	Number of funding sources and generated income increases.	The Management team meets on a regular basis to review funding situation and progress initiatives. Generated income, although budgeted at a relatively low level, is 163% more than budgeted.
	Legal and reporting requirements are met with OSCR and Companies House.	Annually	Organisation is legally compliant.	Required documentation submitted by deadlines.	All required reports submitted.
	Monitor Board performance to ensure they are actively engaged and suitably trained and experienced.	Annually following AGM	Board is equipped to provide strategic guidance and effective governance.	Review carried out annually.	Reviewed at March Board meeting and training needs agreed.

Key objectives	Action	Time-scale	Outcome(s)	Measure	Progress to date
	Hold regular Board and sub-Committee meetings and produce performance monitoring reports on progress towards objectives.	Quarterly	Board is provided with appropriate information to review organisational performance, undertake strategic planning and financial prudence.	Four each of Board and relevant sub-Committee meetings held each year with appropriate papers provided in timely fashion.	Four Board meetings and four each of Policy and FFGP (Finance, Funding & General Purposes) sub-committee meetings held with minimum 80% by Board members.
3. Effective management systems and style	Ensure that effective processes, policies and procedures are in place to meet objectives.	Ongoing	Organisation is equipped to meet strategic objectives	Monitor through review and planning process and adapt where necessary.	Annual review and planning carried out for all staff during February to facilitate cohesive annual planning.
	Undertake short, medium and long term planning and monitoring to ensure that objectives are met.	Ongoing	Incremental steps to achieving high level outcomes are planned for and achieved.	Long term strategic, annual and individual workplans are prepared and monitored in line with our logic model.	Reviewed by SMT and Board.
4. Effective staff with skills and structures appropriate to the needs of a dynamic operating strategy	Monitor key indicators of staff performance and satisfaction to ensure staff are equipped to meet objectives. Take action as required.	Quarterly	Staff are motivated and appropriately skilled to meet objectives.	Monthly review and planning sessions are held between line manager and staff member. Development needs are agreed and actioned where required.	Regular review and planning meetings undertaken for all staff. The majority of staff undertook some level of training or personal development during the year.
	Ensure job objectives map to the strategy	Annually	Objectives are met.	Annual review and planning meeting identifies key objectives, linked to the strategy, for monitoring throughout the year.	Annual review and planning carried out for all staff during February to facilitate cohesive annual planning.

The tables above show progress on what we set out to achieve, show fit with ASH Scotland's priorities and how it fits with key government strategies by supporting the delivery and implementation of the following:

HT	Smoking cessation HEAT targets
SPAP	Scotland's Future is Smoke-free: A Smoking Prevention Action Plan
PMS	Tobacco and Primary Medical Services Act 2010
QS	NHS Scotland Quality Strategy
EW	Equally Well
BFA	A Breath of Fresh Air
MHS	Achieving Smoke-free Mental Health Services in Scotland
National Outcomes/Indicators	
LHL	We live longer healthier lives
NI	We take pride in a strong, fair and inclusive national identity
RED	Reduction in the percentage of the adult population who smoke to 22% by 2010
PS	Our public services are high quality and continually improving

Profile on Core Funding & Expenditure 2011-12 Funding

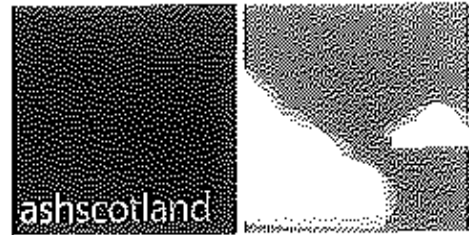
Our budgeted projections are based on full cost recovery methods to ensure that our work is adequately funded and sustainable. We endeavour to achieve best value by negotiating fixed price contracts for services and getting several competitive quotes for all purchases. Salary levels follow the SCVO scales and are set using job evaluation techniques developed in conjunction with ACAS. The remainder of the funding required will come from funding applications submitted to a variety of sources, project management income, interest on investments and generated income.

INCOME

	<u>Budget 2011/12</u>	<u>Actual 2011/12</u>
Scottish Government 16B Grant	255,000	255,000

EXPENDITURE

	<u>Budget 2011/12</u>	<u>Actual 2011/12</u>
Staff costs	372,832	369,887
Property costs	77,750	75,637
Services	14,535	12,505
Equipment costs	13,495	15,779
Resources	4,000	5,421
Meetings and travel	6,500	10,801
Events	13,000	7,749
Professional Services	10,640	9,184
TOTAL EXPENDITURE	512,752	506,963



ASH Scotland Information Service

Scottish Government Review Report
01 October 2011 to March 31 2012

ASH Scotland is a registered Scottish charity (SC 010412) and a company limited by guarantee (Scottish company no 141714).

Key objectives	Govt. strategy	Action	Timescale	Outcome(s)	Measures	Progress to date
1. Provide high quality, relevant information and effectively communicate the evidence base for tobacco control	SPAP PMS	Continue to gather and disseminate evidence to support effective implementation of Tobacco and Primary Medical Services (Scotland) Act 2010 and regulations	Ongoing 2011 –2014	Youth smoking prevention - tobacco uptake and youth smoking rates are reduce Increased awareness of health impact of second-hand smoke	All new and emerging evidence from Scotland and overseas flagged up in bulletins, to Policy and Research team and (where relevant) Scottish Government and other key contacts	International research trawl updated and disseminated weekly: www.ashscotland.org.uk/information/tobacco-related-research Statistical information updated to include lung cancer trends in Scotland (source: Cancer Research UK), chronic respiratory disease and ischaemic heart deaths in Scotland (source: General Register of Scotland vital events) and smoking among 13 and 15 year olds in Scotland (source: Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) National Report: Smoking, drinking and drug use among 13 and 15 year olds in Scotland in 2010) www.ashscotland.org.uk/ash/4196 National evaluation of smoke-free legislation and associated data continues to be updated: www.ashscotland.org.uk/ash/5510 Continue to collate online resources for ASH Scotland youth development projects: www.ashscotland.org.uk/projects/youth-development/information-for-professionals and to showcase key materials on the Tobacco information Scotland website: www.tobaccoinscotland.org.uk/page.cfm?pageid=7&section=home Also collate and maintain 'homework pages' for school children researching projects: http://www.ashscotland.org.uk/ash/3405 In response to increased enquiries on the subject, Information Service researched and produced Tobacco smoke drift at home (February 2012) (pdf, 106kb) (May 2011) (pdf 71kb) Support development of REFRESH Project website – www.refreshproject.org.uk

Key objectives	Govt. strategy	Action	Timescale	Outcome(s)	Measures	Progress to date
	MHS QS EW	Collate findings to support the implementation of guidance for smoke-free environments in mental health services	Ongoing	Challenge poverty and inequalities – reduced tobacco use among marginalised groups	Support the Research and Evaluation sub-group of the Ministerial Group on Tobacco Control All new and emerging evidence from Scotland and overseas flagged up in bulletins, to Policy and Research team, Scottish Tobacco Control Alliance and Tobacco and Inequalities team	Produced a briefing on smoking and socio-economic inequalities for the Research and Evaluation sub-group of the Ministerial Group on Tobacco Control. Provided information and statistics to support the planning and development of joint ASH Scotland conference on tobacco and substance abuse. Researched and produced briefing on <u>Smoking, alcohol and opioid dependence (March 2012) (pdf, 124kb)</u> to be launched at the conference. Supported Scottish Tobacco Control Alliance (STCA) illicit tobacco initiative in March 2012: http://www.ashscotland.org.uk/alliances/scottish-tobacco-control-alliance-%28stca%29/stca-illicit-tobacco-initiative including production of case studies outlining local initiatives.
	LHL BFA QS	Support the wider work of ASHS through building the evidence base to contribute to policy development and making links across projects and alliances	Ongoing 2011 –2014	Partnerships – improved cross-disciplinary working to tackle tobacco	All ASH Scotland's work is based on the best quality evidence, properly referenced	Worked with Communications Officer to promote media features on tobacco and health. Recent examples include briefings to support the introduction of plain packaging, to publicise 50 years of progress since launch of 'Smoking and Health' report, and to highlight ongoing interference by the tobacco industry. Provided research updates and news items which form the basis of STCA weekly bulletins. Support information needs of STCA staff and membership. Highlight benefits of STCA membership to public health professionals via enquiries and website. Assisted in development and production of fact-based brieflist

Key objectives	Govt. strategy	Action	Timescale	Outcome(s)	Measures	Progress to date
						<p>'Job done' which outlines continuing burden of tobacco in Scotland http://www.ashscotland.org.uk/media/job-done</p> <p>Supported Crofton Awards, announced in September, which are sponsored by ASH Scotland and the Royal Environmental Health Institute Scotland (REHIS). These awards recognise young people's projects in Scotland which educate their peers about tobacco firm's tactics and the harms of smoking.</p> <p>December 2012 – disseminated news of record lows in youth smoking as shown in Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) National Report.</p> <p>2012 YouGov poll of public attitudes on a range of tobacco control issues organized and carried out. Results released in April.</p>
	BFA SPAP	Develop annual opinion polling on key tobacco control measures in partnership with sister ASH organisations in Great Britain	March 2012 March 2013 March 2014	Social change – increased public support for a smoke-free Scotland, ongoing recognition of Scotland as a world leader in tobacco control	External publication of key findings	
	SPAP BFA	Provide themed briefings to Ministerial working group on tobacco control research sub-group	3 meetings per year, ongoing 2011-14	Partnerships – improved cross-disciplinary working to tackle tobacco	Three themed research briefings per year, discussed with sub-group, refined if necessary and then published	December 2011 briefing: Cigarette smoking and body mass index. This briefing was on two specific areas: the effect that cigarette smoking has on body mass index (BMI) and the link between smoking cessation and the 'obesity epidemic'.
	NI	Contribute to WHO, FCA and other	As required	Social change – ongoing recognition of	Annual reporting to WHO and FCA within required	Support and develop bid to host 2015 World Congress on Tobacco or Health in Edinburgh – bid not successful Providing information to the Global Smoke-free Partnership

Key objectives	Govt. strategy	Action	Timescale	Outcome(s)	Measures	Progress to date
		international reports on the progress of tobacco control in Scotland		Scotland as a world leader in tobacco control	timescales	Information and briefings provided for coverage of smoke-free public places legislation anniversary on 26 th March.
	HT QS PS	Provide information on the evidence base to support the work of PATH, including: updating the evidence base for existing training summarising the evidence base for new training developments (eg youth cessation, second-hand smoke) Supporting ongoing CPD for trained workers by providing updates on evidence and practice	To meet requirements of agreed PATH work plan 2011-14 and help fill gap left by research officer post coming out of PATH	Partnerships – improved cross-disciplinary working to tackle tobacco	PATH training is based on up to date, robust research evidence	<p>Provided referencing and evidence base for revised PATH modules on training to deliver brief interventions, and on interventions specific to dental health settings. Provided research, referencing and fact-checking for new PATH modules covering tobacco and cannabis, and on youth cessation training.</p> <p>Continued to support enquiries from PATH module students and to provide additional guidance on literature searches, access to journals etc.</p> <p>Results of research trawl disseminated weekly to smoking cessation workers and public health professionals.</p> <p>Monitored Scottish Parliament, publicised relevant PQs and maintained subject based archive of those relevant to tobacco control and public health. We also monitored relevant debates and committee meetings to provide Chief Executive and policy section with immediate information briefings. Similarly, relevant new government documents are monitored and key points identified</p>

Key objectives	Govt. strategy	Action	Timescale	Outcome(s)	Measures	Progress to date
2. Provide a high quality, free enquiry service and information resource which is well-used	BFA SPAP HT PS	Continue to provide support to tobacco control and cessation workers through speedy enquiry response	2011- 2014	All actions within this objective meet our strategic plan outcome: Partnerships – improved cross-disciplinary working to tackle tobacco	All enquiries answered within 3 days or agreed timescale	Continued to answer a range of complex enquiries from members of the public, public health professionals, the Scottish Government, and Members of the Scottish Parliament in addition to supporting the information needs of staff and PATH students. 260 enquiries were dealt with in this reporting period – all within timescale. Continued to support smoking cessation workers by identifying stop smoking literature in different languages and formats. Continued to support smoke-free health services by identifying good practice and benefits of smoke-free environments for staff, visitors and patients.
		Market the service/library through voluntary sector networks and professional bodies	2011- 2014		Range of enquiry sources continues to grow, increasing non-cessation settings	SHINE information requests suggest that we are the only Scottish source of the key tobacco control journals and this helps raise our profile within the broader health information community. Whilst most enquiries are from public health professionals, there has been an upsurge of enquiries from the public about gaps in legislation (tenements and doorways) and smoke-drift in the home and workplace.
3. Review and update our information	BFA SPAP HT	Build the library collection and ensure it is well-catalogued; further develop themed bank of tobacco control press cuttings	2011- 2014		Annual review of library collection to ensure relevant new texts included, weeding out unnecessary material.	The library shelving has been reorganised and relabelled to allow better display of key items and ease of use. We continue to review the extensive collection of materials about the development of smoke-free policies donated by Stewart Maxwell MSP and have also merged inherited stock from the Health Scotland library in Edinburgh. 372 new items were added to the library catalogue. We have been publicizing the press cuttings and were recently visited by academics from the Glasgow Centre for Population Health (GCPH) who plan to use them as the basis for research.
		Continue to develop breadth and	Ongoing 2011- 2014	All actions within this objective meet our	Subscriptions continue to grow	Daily bulletins (207 subscribers); weekly bulletins (230 subscribers). The ASH Scotland weekly bulletin also forms the basis of the weekly STCA bulletin (234 subscribers) and the quarterly PATH bulletin (262 subscribers). These subscribers

Key objectives	Govt. strategy	Action	Timescale	Outcome(s)	Measures	Progress to date
tools		reach of daily and weekly bulletins		strategic plan outcome: Partnerships – improved cross-disciplinary working to tackle tobacco		are also part of a special campaigns list which will be used to gather support for plain packaging.
		Continue to improve currency, breadth and reach of ASH Scotland and TIS websites	Ongoing 2011- 2014		Website architecture and navigation reviewed quarterly ASHS website updated daily Visit numbers grow substantially	We are working to improve the reach of our websites by adding social marketing features. We are already active on Twitter, have a Chief Executive's blog and hope to add a Facebook page in May 2012. The ASH Scotland website attracted more than 22,000 visitors during this reporting period; Tobacco Information Scotland attracted almost 8,000 visitors.
		Produce accessible, themed public fact sheets in response to emerging issues or frequent enquiries			4 per year, distributed through our website, events and relevant networks	<ul style="list-style-type: none"> • Smoking, alcohol and opioid dependence (pdf, 124kb) (March 2012) • Cigarette smoking and body mass index (pdf, 112kb) (February 2012) • Tobacco smoke drift at home (February 2012) (pdf, 106kb)
		Continue joint working with organisations in the field of drugs and alcohol, and other public-health related groups, to develop	2011-14		Produce one joint factsheet or briefing per year	We are currently researching a briefing on smoking and rheumatoid arthritis which we hope will support a campaign being run by the National Rheumatoid Arthritis Society later in the year.

Key objectives	Govt. strategy	Action	Timescale	Outcome(s)	Measures	Progress to date
		accessible information materials				
		Support ASH Scotland to quality-assure our outputs through fact checking, referencing and proof reading	Ongoing 2011-2014	ASH Scotland is an effective organisation.	All ASH Scotland outputs meet our internal style guide and quality expectations	Worked with REFRESH project to produce accessible website for parents and professionals. Worked on development of materials for media, PATH and STCA.

The table above sets out what we planned to achieve over the funding period. It also shows how it fits with ASH Scotland's priorities to deliver outcomes and how it fits with key government strategies by supporting the delivery and implementation of the following:

- HT Smoking cessation HEAT targets
 - SPAP Scotland's Future is Smoke-free: A Smoking Prevention Action Plan
 - PMS Tobacco and Primary Medical Services Act 2010
 - QS NHS Scotland Quality Strategy
 - EW Equally Well
 - BFA A Breath of Fresh Air
 - MHS Achieving Smoke-free Mental Health Services in Scotland
- National Outcomes/Indicators
- LHL We live longer healthier lives
 - NI We take pride in a strong, fair and inclusive national identity
 - RED Reduction in the percentage of the adult population who smoke to 22% by 2010
 - PS Our public services are high quality and continually improving

Information Service Income and Expenditure to 31.03.12

	Budget to March 2012	Actual to March 2012
<u>REQUESTED FUNDING</u>		
Scottish Government 16B Grant	70,500	70,500
British Heart Foundation Grant	72,000	72,000
	142,500	142,500
<u>EXPENDITURE</u>		
Staff costs	109,892	110,076
Resources	14,000	14,570
Website	5,000	2,724
Meetings and travel	600	430
Infrastructure costs	13,047	13,047
	142,539	141,847
TOTAL EXPENDITURE		



PATH is a joint initiative between ASH Scotland, NHS Health Scotland and the Scottish Government to reduce the prevalence of tobacco use in Scotland.

ASH Scotland

PATH (Partnership Action on Tobacco and Health)

Funding Report

1 April 2011 – 31 March 2012

**Training & Development
Inequalities
Youth Development**

Training & Development

The strategic objectives of PATH's training and development work are to:

- Promote best practice through evidence based training
- Increase the quality and consistency of tobacco related training in Scotland.
- Broaden the range and scope of tobacco related training in order to increase the number of people trained in tobacco issues
- Ensure that everyone who needs tobacco related training has equal opportunity to access it
- Enhance the professional standing of the smoking cessation specialism, through developing validation and accreditation systems
- To improve the experience of clients attending stop smoking service

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
1. To develop a new national training strategy for stop smoking services	Explore with Health Scotland and key stakeholders the requirement for an updated national training strategy If need established, develop a national training strategy, with consultation and expert input as required	2011-12 2012-13	To ensure that any training strategy developed will reflect the needs of services and practitioners, takes into account new developments in both the tobacco and learning and development fields and can be implemented effectively	Written recommendations on national training strategy produced for discussion with PATH partners	It was agreed by the Partners half way through the year not to progress with this objective as the new strategy for tobacco control which is in the development stages will influence the direction and content of future training provision.
2. To provide appropriate training at Standard B for staff new to stop-smoking support work	Deliver standard Introduction to Stop-Smoking Support course centrally Deliver version of Introduction to Stop-Smoking Support course tailored to local needs	Annually 2011-14 Annually 2011-14	Equip staff including pharmacy who have recently come into post or taken on smoking cessation duties to a basic knowledge and skills level Equip staffing including pharmacy who have recently come into post or taken on smoking cessation duties to a basic knowledge and skills level	Course offered maximum of 4 times per annum and delivered to a minimum of 6 and maximum of 14 participants on each course Course offered maximum of 6 times per annum, to at least 3 Boards and delivered to a minimum of 6 and maximum of 14	3 courses delivered centrally at ASH Scotland offices - 23 participants in total drawn from 5 NHS Boards, 4 higher/further education establishments, 3 third sector organisations and prison services. 7 courses delivered locally to 3 Boards (Shetland, Tayside, Lanarkshire - 83 participants in total).

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
	Develop a procedure for coaching/mentoring of smoking cessation staff for use by managers for a set period after staff complete the Introduction course to bring advisers up to standard B in both skills and knowledge Review and amend as necessary	2011-12	To provide service managers with a framework for supervision and guidance for new staff to build their skills and promote safe reflective practice.	<p>participants on each course</p> <p>Consultation and scoping around existing practice complete.</p> <p>Draft procedure produced and consulted upon</p> <p>Procedure finalised and offered to Boards</p>	<p>This work was due to be carried out in the later months of 2011/12 but in light of the new tobacco control strategy and new funding arrangements proposed for PATH T&D, it was agreed by the Partners not to progress with this objective and to carry it forward into the workplan for 2012/13. This has been done.</p> <p>(see also Objective 4 below)</p>
3. To provide training at Standards C & D for smoking cessation professionals (PATH academically accredited modules in partnership with Glasgow Caledonian University)	<p>Deliver 2 intakes of Standard C module 'Individuals & Groups' per annum</p> <p>Deliver 1 intake of Standard D module 'Wider Professional Issues' per annum</p>	Annually 2011-14	<p>Ensure that staff providing specialist services are trained to a high standard and can demonstrate they have an excellent grasp of the needs of clients and the theory of behavioural support and pharmacotherapy</p>	<p>Minimum 12 and maximum of 36 registered students in total; 85% pass rate for those being assessed.</p> <p>Minimum of 6 and maximum of 24 registered students in total; 85% pass rate for those being assessed</p>	<p>Individuals & Groups Module:</p> <ul style="list-style-type: none"> 30 students completed, (19 accredited passes, 11 CPD) 15 currently undertaking module (Students from Ayrshire & Arran, GGC, Highlands, Lothian, Grampian, Fife, Shetland, Dumfries & Galloway and Tayside Boards, and State Hospital.) <p>Wider Professional Issues module:</p> <ul style="list-style-type: none"> 6 students completed (4 accredited passes, 2 CPD) 6 currently undertaking module (Students from Fife, Grampian, Lothian and Forth Valley Boards.)
4. To provide appropriate Continuing Professional Development (CPD) opportunities	Issue 6-monthly newsletter/ update to all those completing accredited modules and consider how to address new topics or skills that are necessary for CPD	2011-14	Assisting staff to keep their knowledge, skills and practice up to date.	2 newsletters/updates per annum issued	Newsletter distributed to approx 200 contacts in July and December

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
for smoking cessation professionals	Explore the establishment of minimum CPD requirements for stop smoking advisers	2011-12	Establish the need for and structure of a CPD framework which ensures safe, effective and efficient practice	Written recommendations on next steps towards establishment of minimum CPD requirements produced for discussion with PATH partners	This was to be done in conjunction with the scoping work mentioned in Objective 2 above. As that action was postponed, so too is this action and it now forms part of the workplan for 2012/13.
5. To raise awareness of tobacco harm and encourage referral to stop-smoking services	*Develop and pilot smoking awareness session as part of induction for all NHS staff	2011-13	To equip all new staff with a basic knowledge of how to carry out a brief intervention and ensure they know what services are available locally. To increase quit attempts and referrals to services.	Working with at least one Board, pilot session developed, trialed and evaluated in that Board area	In the first half of the year, we began work with NHS Grampian to take forward this development through adaptation of the PATH e-learning object but due to reduced internal capacity in Grampian, despite our best efforts little progress was made. It was agreed by the Partners that we would explore the possibility of progressing this piece of work on a national basis during 2012/13.
	*Maintain, update and review existing Raising the Issue of Smoking (RIS) courses (generic, pregnancy, mental health)	2011-14	Ensure staff have a sound knowledge base and skills to provide brief interventions to trigger quit attempts and engagement with local services.	All three courses maintained, updated and reviewed on an annual basis in line with new information/practice and feedback from participants/trainers.	All packs and the e-learning object have been reviewed and revised. The generic and pregnancy packs (along with the e-learning object) were published in early September. The mental health pack was more fully revamped with the revised version checked by appropriate staff on local Boards; it was made available in October.
	*Work with Health Scotland to deliver RIS generic, pregnancy and mental health courses delivered across Scotland	2011-14	Ensure staff have a sound knowledge base and skills to provide brief interventions to trigger quit attempts and engagement with local services.	Maximum of 8 RIS courses delivered, with 6-16 participants per course across Scotland per annum	Local demand has been for the introduction course rather than the RIS courses. It would appear that Boards have enough trained RIS deliverers to cope with demand. However, the new mental health course was delivered twice by PATH in NHS Highland to 15 participants in November; this was shadowed by a local trainer who will then roll-out further. According to the NHS Health Scotland

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
					Monitoring and Tracking database, there were 42 deliveries across Scotland of Raising the Issue courses reaching 417 participants in total.
	*Working with NES, maintain /develop R/IS materials for allied health professionals (e.g. dentists, pharmacists)	2011-14	Ensure staff have a sound knowledge of the effects of tobacco use and a good knowledge and skills base to provide brief interventions to trigger quit attempts and engagement with local services.	At least once a year, a meeting with relevant personnel from NES and the appropriate discipline will be undertaken to review current materials and adapt as necessary	Version of e-learning module for pharmacy updated to align with master version; published by NES in December 2011. Version of e-learning module for the dental team completed and handed over to handover to NES in January 2012.
	*Working with Health Scotland, explore the development of training around smoke-free homes and second-hand smoke (SHS)	2011-14	Reduce SHS in the home by training staff in effective interventions, learning from the REFRESH project and emerging evidence	Relevant meetings at Health Scotland and other forums around smoke-free homes and second-hand smoke attended and PATH input/activity reported to partnership.	Supported the STCA Smoke free homes conference in March and training carried out by Roy Castle Foundation in May and June. Had internal discussions around the results of the Refresh project (ASH Scotland, Aberdeen and Edinburgh Universities, funded through Big Lottery) and how to communicate the learning through conferences (Upcoming Scottish smoking cessation conference), media and input into a printed How to Guide for practitioners. Again, progress on specific training developments has been postponed awaiting the new tobacco control strategy.
	Assist Tobacco & Inequalities to develop/deliver short awareness raising session packs for use with adult voluntary orgs	2011-14	To equip the staff to raise the issue of smoking to achieve both education/prevention and cessation outcomes.	See key objectives 1, 12, 13 and 15 of the Inequalities section	Ongoing – in-house training provided to Inequalities staff around training techniques, learning styles and some co-delivery to develop skills and confidence with good results. See Inequalities report for further details of these sessions.
6. To pilot appropriate	Develop and pilot an undergraduate session	2011-14	By incorporating tobacco issues in undergraduate training then	Working with at least one higher education	No progress – there seems to be little appetite for this within universities given the

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
training in brief intervention around smoking at undergraduate level	suitable for delivery to nursing and allied profession including pharmacy students		addressing behaviour change becomes a core task for relevant professions. Training at this stage reduces problems of releasing staff from clinical settings once qualified.	establishment, pilot session developed, trialed and evaluated Recommendations made for national roll out	current financial constraints. Edinburgh University Dental department showed some promise initially but then felt their curriculum had too many pressures on it at present without trying to implement something new. <i>Discuss this at the next meeting with Government to establish whether this work continues in light of commissioning training from September 2013</i>
7.Ensure specialist smoking cessation service staff have the knowledge and skills to engage with and effectively treat target groups with particular needs	Develop training on <ul style="list-style-type: none"> specialist support for smokers experiencing significant mental health problems; and specialist support for young people 	2011-12	Ensure that staff providing specialist services have an excellent understanding of the behavioural support & pharmacotherapy issues relating to the particular client group, improving both uptake of service and practitioners' success rates.	Training materials developed and produced through consultation with key stakeholders	Mental health: RIS pack extensively reviewed/ revised; this also provides resources to support the move towards smoke-free mental health services. Discussion with Boards revealed very small audience for specialist training at present so we delivered a CPD learning event in December to bring advisers new to the client group into contact with more experienced practitioners; 18 participants. A one-day version of 'Introduction to Stop Smoking Support' was developed to suit NHS Highland cessation 'champions' within their mental health services. Delivered December 2011 to 11 participants; this is now available for delivery to other Boards. Youth: Specialist one-day training for advisers who are, or may soon be, supporting young people to quit; developed with assistance from youth organisation (Fast Forward) to be co-delivered with them in April 2012. Fully booked (16 participants, 6 on waiting list).

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
9. To ensure that all training around stop-smoking support is of an acceptable standard	<p>Consider the recommendations that come out of the current review of the Training Approval Scheme</p> <p>*Work with Health Scotland to provide support to local trainers delivering RIS courses by phone, e-mail and on-site surgeries</p>	2011-12	Establish whether there is a need for a national approval scheme for tobacco training	Report written and recommendations considered by PATH partners	Completed. Following an external review, the Approval Scheme was officially closed and all Boards informed.
		2011-14	Capacity building and ensuring that staff have ongoing access to a national trainer to help them in the running of the course and ensure quality	Assistance to trainers provided on demand and recorded; a maximum of 100 hours per annum in total will be provided.	<p>Demand from trainers for support has been much less than previously, possibly because they are more experienced; support has been around building on existing trainers' skills and experience rather than inducting or supporting new trainers (but see next item).</p> <p>The majority of support requests continue to be around issues with the VLE; this is addressed at regular meetings with Health Scotland. Around 40 hours of e-mail and phone support was provided to trainers this year.</p> <p>A CPD workshop for RIS trainers delivered in Inverness in April – 14 participants (5 in person, 9 by Video Conferencing). Boards represented were Highland, Lothian, Orkney and Grampian.</p> <p>In March 2012, we supported Health Scotland to deliver a CPD event looking at generic Health Behaviour Change; this was attended by both tobacco and alcohol trainers.</p>
		2011-13	Develop a registration scheme which helps both maintain quality and allows access to accurate data around training activity locally	Trainer registration system / quality assurance framework developed and implemented.	Only 3 new trainers have been registered this year; 2 at Aberdeen Foyer for whom an on-site induction to the courses and the VLE was provided, and 1 in NHS Highland who was joining an established group of experienced trainers whom it was felt would

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
					<p>support and induct her sufficiently. In neither of these cases was the new process appropriate but it will remain in place for use when required.</p> <p>Additionally, an introduction to the 'mechanics' of the RIS course was delivered to support a new administrator within Forth Valley who would be dealing with that side of the training.</p>
	<p>Review the content and delivery of training for trainers' RIS courses in light of the Generic Health Behaviour Change agenda</p>	2011-14	<p>To ensure course content and methods of delivery are up to date and take on any new developments in both the tobacco and learning and development fields. Provides ongoing support to trainers and helps towards ensuring quality</p>	<p>Measures to be agreed following outcome of discussions with Health Scotland</p>	<p>A brief review of the training for trainers course was undertaken but as progress towards the generic health behaviour change approach has been slower than anticipated, no major alterations were required.</p>
	<p>Working with Health Scotland, review and act upon the evaluation data relating to RIS courses. Working with Health Scotland, review and amend as necessary the evaluation process relating to RIS courses. Review and amend as necessary the evaluation processes relating to the Introduction course and accredited modules.</p>	2011-14	<p>Ensure evaluation processes are up to date and we are acting on outcomes To gather evidence around the effectiveness and impact of PATH training over the range of courses as budget/need allows.</p>	<p>RIS evaluation data collated and passed to partnership on an annual basis. Evaluation feedback incorporated into annual review of RIS courses. RIS evaluation systems reviewed and updated annually and any changes reported to partnership. Evaluation processes reviewed, amended as necessary and</p>	<p>Feedback from evaluations was used to inform the review of the RIS packs although there was little of any substance and in general comments were very positive. Quarterly reports on RIS deliveries across Scotland are discussed at regular meetings with Health Scotland but to date there is still insufficient data to draw any meaningful conclusions; in addition the coverage of the data is patchy geographically. Health Scotland is currently looking at their evaluation processes and systems and will advise of any changes.</p>

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
	Review and act upon evaluation data relating to the Introduction course and accredited modules.			implemented in full. Evaluation data collated and passed to partnership on an annual basis. Evaluation feedback incorporated into review of course/modules.	
10. To ensure PATH training is accessible to all	Investigate and implement ways to deliver training to address difficulty in releasing staff from clinical areas throughout Scotland and the additional accessibility issues experienced by staff based in remote and rural areas (VC, hosting on own VLE, use of webcasts)	2011-14	Due to a variety of reasons (budgetary, increase in mandatory training, difficulty in releasing staff from clinical areas) training is being squeezed within NHS Boards. These areas have been identified by some rural service managers as ways to help their staff access training.	Report and recommendations produced	Have delivered via video-conferencing both the information session for the accredited modules and the CPD for trainers event. Have managed to carry out more training locally for rural areas including Highland and Shetland. Have managed to meet the needs of Dumfries and Galloway. No formal work done as yet re developing our own VLE or exploring other developments such as apps. On the whole we have managed to make the training more accessible for specialist stop-smoking workers and would hope we could cover what additional steps we should take as part of the development of new training strategy.
	Explore and scope the benefits and possibilities for modularisation / mini-sessions – courses done over a number of short sessions	2011-14	To provide choices on ways for local services to implement the required training and increase accessibility	Report and recommendations produced	Have adapted the new RIS mental health training to fit into this mini or modular approach where there are various areas that could be covered in the training and local staff select the ones that best suit the needs of their area. This also provides resources to support the move towards smoke-free mental health services. Similar work has been done with the Introduction course.

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
	Explore the demand for and benefits of developing bite-size learning, apps /podcasts	2011-14	To provide easily accessible updates for the full range practitioners involved in smoking cessation including within pharmacy	Written recommendations on next steps towards development of such materials produced for discussion with PATH partners	Again, no progress as this will be informed by the new strategy.
11. Training input to other initiatives within PATH or its partners	Develop or provide input into training which may be required by the partnership to help PATH reach its goals.	ongoing	Adapt to needs of PATH partnership and or partners Ensuring a flexible and speedy approach to new opportunities or emerging priorities	Six-monthly updates to partnership	In-house training provided to inequalities staff around training techniques, learning styles and some co-delivery to develop skills and confidence with good results. Representation and support in planning and delivering the Scottish Smoking Cessation Conference 2011; similar involvement with 2012 event.
12. Income generation to Training & Development	With partners, develop a strategy for income generation for the Training & Development element of PATH	2011-12	To generate money which can be fed back into the work of PATH and reduce the amount of money required centrally To identify funding opportunities to secure funding for additional areas of work	Report and recommendations produced for discussion with PATH partners	In light of the proposed changes to the funding of training provision for cessation workers, no formal strategy has been developed; this objective has, in practical terms, been overtaken by events. However, we have begun to generate income beyond student fees through the delivery of a Tobacco with Cannabis course and delivering Brief Intervention Training for a voluntary drug agency. We also have agreement through the Partners to look at developing new partnerships to support the funding of the various elements of PATH.

Where an action has a * beside it, this paragraph is relevant.

In light of the Health Behaviour Change Competency Framework published in December 2010, these areas of work may be affected. At this point, we know little about the plans for implementing this framework other than an intention by Health Scotland to explore the possibility of developing a suite of

courses consisting of a core health behaviour change training module with topic specific bolt-ons around alcohol, tobacco, etc. It will be a sizeable task to map the PATH courses to this framework if this is required, and adapting existing RIS courses to fit with any new generic module to avoid duplication, could involve substantial work. Unfortunately, we are unable to quantify this work nor to offer any timescale as we have not yet been involved in any discussions with Health Scotland around these proposals. However, we will work with the PATH partners to adapt the proposed workplan as necessary to facilitate this move towards generic training.

Inequalities

The strategic objectives of PATH's inequalities work are to:

- Raise awareness of the issues and inequalities some communities across Scotland face in relation to tobacco and health
- Establish good practice that can be disseminated and implemented across Scotland
- Raise awareness, challenge preconceptions, and stimulate positive change in policy and practice
- Form partnerships that will increase capacity, maximise sustainability and keep tobacco and inequalities issues high on local and national agendas

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
1. Continue to run an effective Mental Health and Tobacco Forum supporting staff to implement policy priorities and address tobacco use	Forum meetings planned and held to deliver the annual programme as agreed by stakeholders	2011-14	Assist the implementation of <i>Achieving smoke-free mental health services in Scotland</i> by the promotion of good practice throughout Scotland maximising resources and reducing duplication of effort. Ensuring stakeholder involvement in measuring effectiveness and making recommendations for future direction.	Hold a minimum of 4 meetings annually Reports from the meetings produced and disseminated Annual detailed report produced	On-going - We held one large event in May on moving mental health services towards becoming smoke free. This was attended by over 60 people made up of practitioners, managers and policy makers and was in reality a mini conference with guest speakers and discussion groups. The next meeting was held in December in Edinburgh. Due to there being no responses received to attend the meeting scheduled for 27 th March the meeting was postponed to May. This means we will only have carried out two meetings which is due to a combination of a larger event in May and capacity issues due to long term sick leave. Dates for meetings till the end of 2012 have been confirmed for May, September and December. However we will be holding an internal meeting to discuss the future direction of the group.
2. Support the development of mental	Attend meetings nationally and locally to develop mental health	2011-13	Additional support and expertise brought to these projects	Attendance and effective contribution at meetings	Reports on the meetings have been produced and circulated to attendees Due to capacity issues through long term sick leave attendance at national and local events has been limited to date.

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
health-focussed smoking prevention and cessation work nationally and locally	and tobacco work and carry out agreed actions Supply accurate information to organisations, their staff and service users Disseminate effective approaches to engaging with people experiencing mental health issues		Ensure that the work and developments they are undertaking are communicated in the wider tobacco control field Increased capacity nationally and locally Adoption and dissemination of evidence-based approaches	Reports on activity contained within PATH reporting process	<p>Attended:</p> <ul style="list-style-type: none"> Scotland's Mental Health Strategy Conference in November Ethnicity in Mind Seminar (Mental health and ethnicity) in March <p>We have fed into a response to the Consultation on Scotland's Mental Health Strategy which closed in January - highlighting gaps regarding tobacco control measures and mental health. A letter was submitted in March to Nicola Sturgeon MSP and it was acknowledged in the response in late March that our views will be considered when the new strategy is published in Summer 2012.</p> <p>Completed a case study with staff from the State Hospital on their step-by-step use of the <i>Smoke-free mental health services in Scotland</i> Implementation guidance. Currently exploring avenues for publishing articles around this – requires some sensitivity as to where this is disseminated at request of the State Hospital.</p> <p>ASH Scotland Briefing updated April 2011 - Tobacco use and people with mental health problems.</p> <p>See detail under Mental Health Forum Work with NHS Lothian:</p> <ul style="list-style-type: none"> Gained support and backing from board to develop and submit a funding proposal to the Edinburgh and Lothian Health Foundation (January) to support community groups in addressing
3. Supporting tobacco-focussed poverty and inequalities work at a	Engaging with CHPs within areas of deprivation to support them in tackling tobacco within inequality groups	2011-14	Increased roll-out of effective integrated tobacco control activity to reduce health inequalities Reducing duplication between	Engaged with two different Health Boards at CHP level each year. Reports prepared of activity, impact and	

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
CHP level	This could include training, awareness-raising, surveys and evaluation, user involvement, service redesign and focussed on any inequality/target group		areas and supporting evidence-based practice in engagement with hard to reach groups- Quality Strategy Reduction of health and social inequalities caused by tobacco	lessons learned and added value that this has given locally	<p>tobacco and engaging with cessation services in the Lothian area.</p> <ul style="list-style-type: none"> Held discussions to explore how we can support filling the gap caused by them losing their training post and on gathering evidence of outcomes on a range of interventions. <p>Work with NHS Lanarkshire:</p> <ul style="list-style-type: none"> Supported the design of a survey around evaluation of training provision, and trained and supported the worker so that she could carry this type of activity out herself from now on. Supported and contributed to the development of pre-, post- and 3-month follow-up training survey's to evaluate impact of tobacco training to money advice advisor for the money management funding proposal (along with NHS Greater Glasgow and Clyde - see also section 8). <p>Work with NHS Greater Glasgow and Clyde:</p> <ul style="list-style-type: none"> Supported the development of a survey questionnaire around service provision and engagement with 16-24 year olds, collated responses and provided a report of findings. Agreed and contributed to a 2-year funding proposal to support work with youth organisations around tobacco polices in the GG&C area. 4 workshops held with Smoking cessation staff in Glasgow in November to identify strategies and skills which can be used to increase engagement.

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
					<ul style="list-style-type: none"> Contributed evidence based, good practice and background information for short-life expert working group meeting on BME, Gender and Age by NHS GG&C's tobacco team - January. From the discussions engagement with BME groups was felt to require the most immediate action for GG&C. Outcome of meeting to be fed back to Tobacco Planning and Implementation Group (PIG) to agree on future action. Agreed and contributed to a 2 year funding proposal to support work with BME organisations around tobacco in the GG&C area.
					<p>Work with NHS Fife:</p> <ul style="list-style-type: none"> Identified possibly work involving GP engagement with stop smoking service. Further discussions required for possibility of work progressing May/June. Also possible work to evaluate perceptions and attitudes of service users and smokers towards the cessation service including experience of friends and families. Further discussions required for possibility of work progressing May/June.
					<p>Work with NHS Forth Valley:</p> <ul style="list-style-type: none"> Identified possible work involving CVS awareness and understanding of tobacco policies, with some possible awareness raising session delivery. Waiting to confirm date and availability to discuss how we take this forward.

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
					Other areas identified require some further discussions. Met and discussed possible areas of support with NHS Dumfries and Galloway. Whilst we were able to link in the training team with some work relating to tobacco and mental health no specific areas identified have progressed due to local capacity and current workloads.
4. Increasing activity and focus on tobacco as a priority inequality issue	Establish a national forum for tobacco and inequalities.	2011-12	Develop strategic partnerships where there is mutual benefit in addressing tobacco and inequalities	Meetings held 3 times per year. Effective strategic partnerships created.	Hosted Smoke-free cup meeting in May to support and bring together interested parties in getting involved in this work championed by NHS Greater Glasgow and Clyde. Focus on this work was renewed after the return of the Inequalities Manager from maternity leave in September. Three, 2-hour seminars took place in November, December and February to highlight the inequality issues that tobacco effects, to encourage engagement around these issues and to pave the way to developing an effective forum. 18 organisations attended. Follow-up meetings scheduled for June/August/February.
5. Increased understanding of the needs of smokers within low income groups who would like to reduce/stop smoking	Pilot work on developing a tool to measure soft or intermediate outcomes for clients trying to stop through services and if positive encourage roll-out throughout Scotland	2011-14	Improved evidence of positive outcomes for smokers who find it hard to quit	Learning from pilot work is disseminated and influences practice in services.	On-going - Have made presentations to Scottish Government and tried to use underspend from financial year 2010-11 to take this forward. However, present economic climate is making securing funding, including from local boards, unachievable. We will continue to pursue opportunities, but at present it is unlikely this will be progressed during this financial year. Internal meeting held and further work will continue to explore funding to progress this.

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
6. To raise the issue of tobacco use and products amongst south Asian communities and wider ethnic minority groups.	Continued dissemination of DVD and resources developed within ASH Scotland and previously funded projects	2011-14	Increased awareness for BME community and staff working with his community of the range of tobacco products and the harm they cause within BME groups and stop-smoking services	Report on activity contained with Inequality update reports	<p>Took part in a World Health Organisation event in partnership with MEHIS to highlight the issue. We continue to encourage the use of the DVD both locally and nationally.</p> <p>Had three meetings with MEHIS in May, September and March to discuss work relating to the DVD, exploring other areas of work with the proposal to wind down our active involvement in dissemination of the DVD. We had initially agreed to manage and hold funds accrued through the sale of the DVDs outside of Scotland however due to low sales we have now agreed to distribute future copies for free to several practices located in the most deprived areas based on the outcome of the 2011 census.</p> <p>Responded to a request to provide information relating to good practice and recommendations to highlight minority ethnic smoking, tobacco use and issues to the chair of the minority ethnic sub-group (DMEG) of the Scottish Diabetes Group to support the Scottish Diabetes Action Plan 2010-2013.</p> <p>Contributed to a 2 year funding proposal to support work with BME organisations around tobacco policies in the GG&C area.</p> <p>Attended: Ethnicity in Mind event – March; Improving community health through effective engagement event – Sept</p>
7. To raise awareness of tobacco	Deliver targeted tobacco awareness-raising workshops annually with	2011-14	Increased awareness of tobacco use and its relevance to other social and health	8 workshops delivered each year	First workshop held in Inverness and resulted in Sexual health services joining up with local cessation service. Two further

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
<p>issues within poverty and inequality- focussed organisations and groups</p>	<p>service providers working with inequality groups at a local or national level Promote T&I work outcomes and information relating to tobacco and inequalities</p>		<p>inequalities within non-health related organisations and services increased prevention and brief intervention work in these groups</p>	<p>4 articles submitted to relevant journals and publications Presentations/ workshops delivered at a minimum of two conferences each year</p>	<p>workshops both held in July were delivered at Waverley Care in Edinburgh with 9 members of staff and the second with 4 staff members from LGBT Youth Scotland held in Glasgow. A fourth was held with Addiction / C+ / Positive lives with 5 Managers from across Scotland in December. All four were evaluated positively. Have marketed the workshops to HIV voluntary organisations. Delivery of several sessions for 2012/2013 are currently being scoped for delivery to:</p> <ul style="list-style-type: none"> • Salvation Army; • East Lothian Volunteer Development Centre; and Cambuslang / Rutherglen • Community Health Initiative/Scottish Healthy Living Alliance • NHS Forth Valley <p>Article on Tobacco and Inequalities submitted and published in issue 59 of the March 2012 'farechoice' - Community Food and Health Alliance quarterly Newsletter</p> <p>Contacted Attitude (gay men magazine) to scope interest in article around smoking. No response.</p>
<p>8. Pilot work between money management staff within councils and</p>	<p>Develop a referral pathway between money management and cessation services Carry out training of</p>	<p>2011-14</p>	<p>Build improved referral pathways for smokers with financial concerns Evidence gathered on the effectiveness of this approach</p>	<p>Work with Glasgow and North Lanarkshire Councils and smoking cessation services to pilot approach</p>	<p>An outline proposal with full cost for a 2 year project has been completed. The proposal was submitted to North Lanarkshire Money Advice Service who will be submitting this for funding from Money Advice Service (managed by CoSLA) on</p>

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
stop-smoking services	<p>money management staff in Raising the Issue of Smoking.</p> <p>Evaluate and write up findings</p> <p>Establish any unmet resource requirement, construct and submit a funding application</p>		<p>and lessons learned for potential national roll out</p>	<p>Produce report containing process, numbers of clients referred, attended and who made a successful quit attempt</p>	<p>behalf of all partners including ASH Scotland and NHS GG&C and NHS Lanarkshire. The funding framework and criteria are currently being drawn up by the funders and await guidance to tailor the proposal to this framework later this spring (date TBC).</p> <p>The pre and post evaluation tool for the training element of this project is complete.</p> <p>£2,000 funding received from NHS GG&C partner as contribution towards evaluation costs.</p>
9. Engaging with LGBT service providers	<p>Dependent on recommendations from the LGBT service engagement TNA which will be completed by March 2011</p>	2011-12	<p>Identify barriers and solutions to addressing tobacco within services which cater for the needs of the LGBT community</p>	<p>Report with recommendations presented to PATH partners for discussion and decisions about any future activity</p>	<p>Report completed and disseminated.</p> <p>Have held awareness raising workshops with 2 LGBT /Sexual health organisations and have joined them up where possible with local cessation services and further training opportunities.</p> <p>Have provided signposting's to the Youth and Tobacco Forum and sent other relevant information including details of local stop smoking services.</p>
10. Work with NHS Boards and CHPs to run cessation road shows in areas of social deprivation	<p>Organise road shows which bring together local stakeholders such as GPs, pharmacists, specialist cessation services, local inequality CHP posts, voluntary organisations, midwives, practice nurses, mental health staff etc.</p>	2011-14	<p>Encourage engagement from a wider group of stakeholders</p> <p>Assist local services to market their service to local stakeholders</p> <p>Help keep tobacco a priority in front line staffs day to day activity</p>	<p>Maximum of four road shows held annually.</p> <p>Wider group of stakeholders engaged</p> <p>Increased referrals into services identified through National Database</p>	<p>Discussions happening with NHS Lothian, Dumfries and Galloway, Fife and Forth Valley to explore ideas surrounding this.</p> <p>Due to the Scottish Government undertaking local social marketing activities in the health board areas around February we felt that it would be more appropriate to wait for these to end before approaching again with the offer.</p> <p>Despite some initial interest and making the</p>

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
	Highlight local activity and engage with key stakeholders letting them know the services that are available locally and the support available both locally and nationally.		Ensure ongoing and increased referrals into services to help achieve HEAT targets		offer to all health boards at the Stop Smoking managers meeting in September and one-one-meetings to explore this further, there has been no uptake for support to deliver this. On discussion with the PATH partners it was agreed that this could be removed from the work plan.
11. Encourage increased tobacco activity within non NHS settings that engage with people experiencing poverty and associated health inequalities	Developing a project plan to secure funding of around £50,000 to develop and oversee a small grants fund to stimulate new tobacco-focussed activity within community settings.	2011-12	Supports cessation HEAT target plus Equally Well – role of voluntary sector in health improvement Supporting capacity building at a local level	Funding secured	Requested that we used some of the underspend from 2010-11 for this purpose, but was unsuccessful as there were other pressures for funders. On discussion with the PATH partners it was agreed that this could be removed from the work plan.
12. Work with Scottish Prison Service and other hard to reach groups to explore how to more effectively engage with them	Complete mapping of current service provision within the SPS Discuss and agree any further action with NHS Scotland and Scottish Government in relation to Smoking Prevention Action Plan Action 4	2011-12 2011-12	Provide a clear picture of service provision to assist in the transfer of service to local health boards Support SPAP Action 4 (To explore with relevant interests and agencies steps which might be taken to engage with harder to reach groups such as those who are not in employment, education or training or who are in occupations or settings with	Mapping of current service provision within the SPS completed and discussed with key stakeholders Action plan discussed and any further action agreed with NHS Health Scotland and Scottish Government	Completed the mapping exercise and report on the SPS tobacco policies and stop smoking provisions. Following discussion with NHS Health Scotland it was agreed no further action would be required by us with regards to prison settings and tobacco. This in part is due to the significant changes made regarding tobacco policies since 2006. With the pending plans for NHS Boards to take over delivery of health services within prisons it was agreed that any inconsistencies within the report regarding service provision (e.g. NRT provision and 1-1 support) would be

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
			higher than average smoking levels including through engagement with the Scottish Prison Service and HM Forces)		<p>addressed once the transition is completed this year.</p> <p>Following early discussion with NHS Health Scotland it was agreed that we would undertake a survey to explore work currently being led at a board level regarding engagement with NEET, Armed Forces and SPS to support the SPAP 4 Action 4 for the Prevention Action Plan. The survey and report of the key findings was produced and submitted to PATH partners. To support the survey findings a quick review of existing literature around tobacco related work in relation to the Armed Forces was undertaken and a report was submitted to the PATH partners (Celia Gardiner).</p> <p>In further discussions with NHS Health Scotland no resources were identified that would take this action further at this point. As a result NHS Health Scotland agreed to feed this back to Scottish Government and to request that any further action regarding these identified groups be considered for the new Tobacco Strategy.</p>
13. Ensure easy access to new policies, guidance and evidence relevant to poverty and inequalities-focussed professionals	Keeping the ASH Scotland website fresh and current by updating the content on a regular basis, ensuring it is easy to navigate and has links to relevant areas	Ongoing	Staff involved in poverty and inequalities work have easy access to comprehensive, evidence-based information on effective approaches to tobacco control issues	<p>Inequalities section of our website is updated within 2 working days of publication</p> <p>Inequalities section navigation and structure reviewed annually</p>	<p>Website kept up to date and had a major clean up in the summer.</p> <p>Bulletin continues to have updates on relevant areas of research, policy and news.</p>

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
14. To encourage early years services supporting children and families to address tobacco issues	Work with Health Scotland to discuss and scope an action plan to address tobacco in early years services	2011-12	Supports Early Years Framework – focus on empowering children and families using the strength of universal services to deliver prevention and early intervention. Helping equip professionals with knowledge and skills to allow them to raise smoking-related issues	Action plan formulated	NHS Health Scotland, who were leading on this piece of work, are not in a position to take this forward. Following discussion with NHS Health Scotland it was agreed that we could remove this from the work plan as an action. At present ASH Scotland is undertaking work in this area through the Refresh Project. We are presently looking for ways for our Inequalities and Young people's work to engage with this issue
15. Work with Scottish Government and local health boards to develop an effective patient pathway to and from primary and secondary care for patients smoking cessation needs	Map current practice across Scotland Work with Health Scotland and a short life group to make recommendations that can be implemented by boards.	2011-12	Supports HEAT and the Quality Strategy by ensuring that the people who have stopped or are planning to stop are able to receive the intervention they need, in a planned and coordinated fashion	Mapping complete and gaps and good practice Identified Recommendations identified and implemented by boards	NHS Health Scotland, who were leading on this piece of work, are not in a position to take this forward. Following discussion with NHS Health Scotland it was agreed that we could remove this from the work plan as an action.
16. Feed into national strategy and policy developments the lessons learned from our and others' inequalities	Support PATH partners and stakeholders (as required) to develop clear communication around tobacco and its relation with poverty and inequality groups and vice versa Feed into external policy	ongoing	Ensure the needs and experiences of inequality groups and agencies are reflected in future policy and strategy direction	Effective participation in Scottish Government and Health Scotland working groups Activities undertaken and key issues arising reported on Evidence of	Information briefing on smoking, HIV and hepatitis C (May 2011) was produced by the information service and mailed out targeting well-being and sexual health. Three, 2-hour seminars took place in November, December and February to highlight the inequality issues that tobacco effects, to encourage engagement around these issues and to pave the way to

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
work and highlight gaps in knowledge and research	development around these issues			contribution to consultation papers	developing an effective forum. 18 organisations attended we are currently awaiting responses to follow-up invitation to join forum.
				Met with the new Health Inequalities Alliance based in Scotland to explore how we might work with this group in the future.	
				Have joined the Cross party group on health inequalities and attended 2 meetings -- informing future direction of the group and feeding into wider national priorities.	
				Continuing to engage with the Community Health Advisory Group at a voluntary and community level.	
				Arranging a visit in the next financial quarter (2012/13) to the Roy Castle Foundation based in Liverpool to learn from their experiences of delivering stop smoking support within disadvantaged communities which we can take back and inform our future work.	

Youth Development

The strategic objectives of PATH's youth development work are to:

- To identify and promote best practice in smoking cessation and prevention work with young people through a range of developmental and dissemination activities aimed at establishing needs and enhancing and communicating the evidence-base.
- Develop and disseminate information and resources in relation to youth and tobacco activities.
- Work collaboratively with partner organisations on youth and tobacco activities to increase the profile of youth and tobacco issues and the capacity to address them

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
1. Continue to run an effective Youth and Tobacco Forum supporting practitioners to implement policy priorities	Forum meetings planned and held to deliver the annual programme as agreed by stakeholders	2011-14	Ensure the Youth Forum and its networks support and implement the SPAP and Tobacco Act Information and evidence sharing and networking across Scotland. Promotion of good practice throughout Scotland maximising resources and reducing duplication of effort. Ensuring stakeholder involvement, measuring effectiveness and making recommendations for future direction	Hold a minimum of 4 meetings annually Reports from the meetings produced and disseminated Annual detailed report produced	Three meetings held this year and reports produced. These meetings remain well attended and are planned to meet the needs of the members and to ensure that new policies and developments are communicated and discussed. The meeting scheduled for 8 th December had to be cancelled due to severe weather, which is why only 3 meetings were held.
2. Support existing Local Alliances and Tobacco Planning groups	Providing information, advice and support to ensure prevention and youth-focussed work is a cornerstone of local alliance activity and that it is being evaluated. Supporting local planning	2011-14	Dissemination of effective approaches to engaging with young people Support ongoing implementation of the Smoking Prevention Action Plan	Contact and effective working relationships maintained with Local Alliances information on activity contained within PATH reporting process	On-going – We have updated and disseminated the calendar of health promotion and other events such as religious days, that local alliances and practitioners could use to raise the profile of tobacco control and link in with target groups. We have supported the STCA Tobacco control issues group which has taken on a regional format for this year.

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
					<p>We have developed and co-ordinated the distribution and analysis of a survey on illicit tobacco with young people in the Angus area. Part of the rationale for this was to stimulate and focus activity for the local Angus Tobacco Alliance.</p> <p>One of the youth forum events took place in Dundee as part as a larger Keep Well event focussing on young people</p> <p>A member of staff sits on NHS Lothian Strategy group</p>
3. Support the development of youth smoking prevention and cessation work nationally and locally	<p>Attending meetings to develop youth and tobacco work and carry out agreed actions.</p> <p>Accurate information supplied to organisations, their staff and service users</p> <p>Dissemination of effective approaches to engaging with young people</p>	2011-14	<p>Additional support and expertise brought to these projects</p> <p>Ensure that the work and developments they are undertaking are communicated in the wider tobacco control field</p> <p>Increased capacity nationally and locally</p> <p>Ensure adoption and dissemination of evidence-based approaches</p>	<p>Attendance and effective contribution at meetings</p> <p>Reports on activity contained within PATH reporting process</p> <p>Presentations at six meetings and events.</p> <p>Showcasing resources and toolkits developed locally.</p>	<p>Have worked with Royal Environmental Health Institute of Scotland (REHIS) in promoting and delivering the Crofton Award. Funding for this has also been secured for the next financial year.</p> <p>Showcased and supported the launch of local packs aimed at supporting co-ordinated approaches to prevention and cessation.</p> <p>Continue to work with NHS Glasgow to support the W West youth advocacy project. Worked with NHS Glasgow and provided support to NHS Lothian, NHS Lanarkshire and NHS Fire.</p> <p>Supported the Bridges Project, Musselburgh and Gorgie Mills School, Edinburgh to produce and launch smoking prevention DVDs.</p>
4. Establish the training	Carry out a Training Needs Analysis for staff	2011-12	Evidence of gaps in training provision and the needs of	Production of Training Needs Analysis report	TNA carried out and report completed. We managed to secure good buy in and

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
needs of youth workers to help them carry out effective tobacco awareness-raising and smoking prevention	who work with young people within a youth work setting to establish their needs and preferred model of delivery in tobacco awareness-raising training and smoking prevention Feed the results to the PATH Partners meeting for consideration		youth workers in knowledge, skills and preferred methods of delivery	with clear recommendations on content, format and approach for effective, accessible training	participation in the report survey. Have identified a partner agency to help us develop a funding application to secure funds to take this piece of work forward.
5. Explore the potential for further funded cessation and prevention pilot work with young people as detailed in the prevention action plan	Work with Health Scotland to complete a report based on the research commissioned by them, for submission to Scottish Government Further work to be discussed	2011-12	Smoking Prevention Action Plan Action 10 delivered	Report produced by Health Scotland and PATH and submitted to Scottish Government for consideration Dependent upon outcome of discussion with PATH partners	Research completed and this along with a report was submitted to Scottish Government. The report will be considered in the development of the next Scottish tobacco control strategy.
6. Assist partners to effectively embed tobacco education in schools, further education and training	Discuss with LTS and Health Scotland how PATH can contribute to the integration of tobacco education within the Curriculum for Excellence	2011-12	Supporting the Smoking Prevention Action Plan Actions 1, 2 and 3	Discussions held and key responsibilities identified	Nine local smoking prevention workers took part in a survey which aimed to capture the process undertaken locally for integrating tobacco into curriculum or excellence. The responses were then used to develop a case study which highlighted the learning from this process. This process helped to inform and promote how to meet experiences and outcomes through tobacco/smoking education.
7. Clarify the issues relating to cannabis	Establish a short term Tobacco and Cannabis expert working group to identify the main issues	2011-12	Better understanding of the issues that cannabis raises within tobacco control	Expert working group formed and meets to an agreed timetable	This was deemed not to be required as we have made significant progress in developing training, making links with substance agencies and supported the

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
within a tobacco context for workers and young people				Main issues identified and reported on	STCA in a tobacco and substance conference which was held in March 2012
8. Increase youth involvement in tobacco control policy, initiatives and activity	Encourage and support youth involvement at national and local levels.	2011-14	Enable young people to debate and influence tobacco policies Improved consultation with young people around approaches and policies	Evidence of increased and more effective activity	Continue to run the Crofton Award. In late January ASH Scotland hosted a visit by W-West. There was a member of staff from the Scottish Government's tobacco programme present. We also asked the group to outline what they thought should be in the next Tobacco control Strategy. Sheila Duffy then fed this into government as part of the new strategy development Supported researchers to reach groups of young people in informal settings as part of research that is being carried out into young people's engagement with tobacco use by Edinburgh and Stirling Universities
9. Raise awareness of young people and youth workers regarding wider tobacco issues	Build relationships with tobacco control advocates globally	2011-14	Keep global issues of tobacco on the youth and tobacco agenda Increase workers' and young people's knowledge of the actions of the tobacco industry and their effects	Good relationships developed with tobacco control advocates	Went with W-WEST to Uruguay to consult on the transferability of Uruguay Breathes Encourage member of youth forum to attend other STCA groups. We are in the process of starting work around bringing an interactive tobacco education display to Glasgow from Uruguay. This will be in partnership with Greater Glasgow health board, Durham University and the Glasgow Science Centre. A field trip to Uruguay was completed in February.
10. Increase the number of	Through the Youth and Tobacco Forum share	2011-14	Reduction of young people's initiation into smoking and	Increase in smoke-free and restricted tobacco	This has been as on-going priority within youth forums and youth forum members.

KEY OBJECTIVES	ACTIONS	TIME-SCALE	OUTCOME	MEASURES	REPORT
smoke-free youth events	<p>intelligence of smoking and tobacco promotion at events attended by young people</p> <p>Encourage the development of tobacco policies within health and local authority youth-focussed projects to ensure that where possible events they are running are smoke-free</p> <p>Campaign for outdoor events such as music and sporting venues to restrict tobacco use or adopt a smoke-free norm</p>	2011-1	working towards a culture change to de-normalise tobacco use	use youth events	<p>Glasgow, Lanarkshire and Lothian have all made significant progress in this area.</p> <p>We are in discussions with NHS GG&C about carrying out work to promote more holistic tobacco policies for youth groups where this area would be addressed.</p> <p>We were successful in a joint funding submission, with NHS GG&C Smokefree Services, to NHS Glasgow for a collaborative research project to engage with third sector organisations that regularly come into contact with vulnerable and disadvantaged young people across the NHS GG&C Health Board area.</p> <p>Engagement with these organisations will facilitate a deeper understanding of smoking policies, current extent of enforcement and organisational structures within each organisation. This will create an opportunity to encourage these organisations to actively use their tobacco policies in order to educate and influence the positive life choices of staff and service users.</p>
11. Ensure easy access to new policies, guidance and evidence relevant to youth workers	<p>Keeping the ASH Scotland website fresh and current by updating the content on a regular basis, ensuring it is easy to navigate and has links to relevant areas</p>	ongoing	Staff involved in youth tobacco control issues have easy access to comprehensive, evidence-based information on effective approaches	<p>Youth dev section of website is updated within 2 working days of publication</p> <p>Youth dev section navigation and structure reviewed annually</p>	Ongoing and updated

PATH Income and Expenditure to 31.03.12

	Training & Development		Inequalities		Youth Development	
	Budget	Actual	Budget	Actual	Budget	Actual
Brought Forward	23,275	23,275	12,672	12,672	-	-
Scottish Government Grants	286,725	286,725	157,328	157,328	55,000	55,000
Health Scotland	33,500	33,500	-	-	-	-
TOTAL	343,500	343,500	170,000	170,000	55,000	55,000

	Training & Development		Inequalities		Youth Development	
	Budget	Actual	Budget	Actual	Budget	Actual
Staff costs	280,939	286,950	145,537	136,995	44,027	45,491
Resources	8,000	6,383	6,000	2,948	3,000	885
Meetings and travel	9,000	10,740	3,000	3,217	2,000	1,760
Professional Services (inc OSCES)	12,000	12,843	-	-	-	-
Infrastructure costs	36,832	36,832	18,463	18,463	6,924	6,924
TOTAL	356,771	353,748	173,000	161,623	55,951	55,060

Note:

- Balance of T&D expenditure is funded through generated income.
- Inequalities staff costs are underspent due to long term sickness absence of Inequalities Officer.

(10,248)

8,377

(60)