This PDF File contains two ASH Scotland Documents

Mapping Local Tobacco Control Alliances in Scotland.

ASH Scotland Response to the Mapping Local Tobacco Control Alliances in Scotland Report

April 2007

MAPPING
LOCAL TOBACCO CONTROL ALLIANCES
IN
SCOTLAND

ASH Scotland

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Executive Summary

This mapping exercise was carried out by the ASH Scotland Local Alliances Officer in the summer of 2006 in order to provide information on the extent of local tobacco control alliance work across Scotland. ASH Scotland is very appreciative of the effort and professional support of those who contributed to the mapping exercise

The mapping exercise determined that within most of the 14 Health Boards the Public Health Directorates take the lead for Tobacco Control. Information for the report was obtained by interviewing relevant staff and examining Tobacco Control Strategies, Action Plans and Health Board websites.

The implementation of the smoke free public places legislation, The Smoking Health and Social Care (Scotland) Act 2005, on 26th March 2006 had the effect of concentrating Health Board and Local Authority efforts on the development of smoking cessation services, workplace smoking policies and control measures.

In the run-up period to the implementation, most of the Health Boards had some form of partnership working arrangement with local authority Environmental Health Departments. Close links were also made with other workplace organisations and projects such as Scotland's Health at Work (SHAW), now Scotland's Healthy Working Lives.

This joint working, which was designed to prepare local businesses, workplaces and the general public for the new law, assisted the successful implementation and contributed to the high levels of compliance found throughout Scotland.

Alongside this work, Smoking Cessation Services were preparing themselves for an increase in demand prior to and following the implementation of the legislation.

The report commences with those Health Boards that have the highest concentrations of the most 20% deprived areas, finishing with those with the lowest.

The entry for each Health Board was set out under the headings of Partnership Working-Strategy and Action Plan; Prevention and Education; Smoking Cessation Support; Second-hand Smoke and Protection and Controls. These headings reflect the 'Breath of Fresh Air' chapter headings two to six. The Smoking Cessation Support section is also sub-divided into two further sub headings of General Population and Specific Inequalities Target Groups.

Partnership Working - Strategy and Action Plan

The mapping exercise found that seventy nine percent (79%) of Health Boards have a multi-agency group that is either dedicated to tobacco control or has tobacco control as a part of its remit; 63% of those partnerships are linked into the Joint Health Improvement Planning (JHIP); 36% have a link with their Community Health Partnerships (CHPs) and 36% have some form of link with their Community Planning Partnerships (CPPs).

Membership of the multi-agency groups are generally heavily weighted towards the NHS with Public Health, Health Promotion and Smoking Cessation most likely to have representation and Patient Groups, Dentists and Opticians least likely to be represented. (Appendix B)

Within the Local Authority representation Environmental Health, Education, Trading Standards and the Police Service are most likely to be represented whilst Youth Services, Social Services including Children's and Older People's services, Community Safety, LA elected members, Fire Service and Leisure Services are less likely to have representation.

Other organisations that could enable engagement with the wider community such as Business Organisations, Voluntary Organisations - i.e. those involved with poverty issues, health (e.g. Chest, Heart and Stroke, BHF), single parent families, and children - HM Revenue and Customs, Procurator Fiscal, Community Councils, Community Safety are much less likely to have representation.

Those Smoking Cessation Services that are placed within Drug and Alcohol Services tend to have a wider spread of representation on their groups. These include law enforcement, social services, voluntary groups and elected members. This reflects the additional responsibilities that relate to the control of illegal drugs and alcohol and the disrupting and damaging effect they can have on society.

Some groups that are part of the JHIP and CPP processes have a better representation from local authorities and others such as voluntary organisations within the wider JHIP group. Unfortunately there are quite often low levels of commitment in these groups from those outside of health services with poor attendance at tobacco control meetings, possibly reflecting the low priority given to tobacco control by some.

Of the 14 Health Boards, 64% have a Tobacco Control Strategy, 57% a Tobacco Control Action Plan and 14% a Smoking Cessation Action Plan. Those organisations that do not have a specific Strategy are most likely to rely on the JHIP for their strategy and action/workplan. The Strategy and Action plans are heavily weighted towards smoking cessation services and although most of them make reference to prevention and protection issues there are not many areas in which joint planning and working is taking place within topics such as under-age sales and smokefree homes.

Prevention and Education

All Health Boards provide some form of Prevention and Education support for local schools. This varies from the supply of Smokebusters Teaching Packs for Primary Schools to a comprehensive dedicated peer education and cessation support service staffed by dedicated workers. Some of the schools projects are jointly funded by the Health Board and Local Authority and others have gained funding from Charity funds. Community based education for young people such as those delivered through Youth Clubs and Community Centres are provided by 36% of Health Boards and 14% work with parents. Three Health Boards work with young adults at the pre-conception stage. Some Health Board areas were found to be holding back from developing education packages until the National Pilot Projects had been evaluated.

Smoking Cessation Support

All Health Boards provide smoking cessation support delivered by dedicated Smoking Cessation Advisers mainly running group sessions. One-to-one sessions are often provided by GP practice staff and 57% of Health Boards provide one-to-one support through community pharmacists who also prescribe Nicotine Replacement Therapy (NRT) through a Patient Group Directive (PGD). Some Health Board areas have found that the pharmacist services are attracting more clients from areas of higher deprivation when compared to those clients that use GP practices.

Of those Specific Inequalities target groups, 78% of Health Boards have a dedicated service for pregnant women and some include support for the immediate family, 78% have a dedicated service for young people, 71% work specifically with those with mental health problems or train those employed in the mental health field to provide smoking cessation support, 36% are providing or developing a dedicated service for older people, 21% are providing or developing a service for BME groups and 7% are working with LGBT groups. One Health Board has developed a service for the deaf and hard of hearing community training two people who are able to use sign language in smoking cessation group sessions.

Secondhand Smoke/Smokefree Homes

Glasgow Health Board has the only Smokefree Homes initiative running in Scotland this is jointly funded by Glasgow City Council. They are also working with Glasgow City Council Social Services in relation to Looked-after-children and their exposure to smoke in the home. This work has also highlighted issues about Social Service Staff knowing the retail outlets which sell cigarettes to children and having a duty to inform Trading Standards.

Ayrshire & Arran Health Board are working with the CHP, Community Safety Partnership and Fire Service to develop a bid for funding to implement a smoke free and safer homes initiative targeting pre-school providers within areas of deprivation.

Within their smoking cessation training Orkney Health Board include encouragement for those working with families to address the issue of babies and children's exposure to secondhand smoke.

Dundee City Council Social Services Department has been working with foster carers to ensure that children under their care are provided with a smoke free home. This was a considerable change in policy as previously only children up to 3-years of age were given this protection. Through consultation and close working with the families over a 3-month period there is now a 92% compliance to the policy by smokers from a baseline of 52%.

Protection and Controls

Three Health Boards (Orkney, Ayrshire & Arran and Western Isles) are actively supporting the distribution of the Young Scot PASS cards and two of those are also working in partnership with Trading Standards to reduce under-age sales.

Forty three percent (43%) of Health Boards have written into their strategy/action plan their intention to work with Trading Standards to counteract under-age sales.

One Health Board has been involved in developing a trader's awareness pack and education pack for young people.

Several Local Authorities' Trading Standards departments have developed traders' packs and some have delivered education sessions for retailers but these have tended to be projects which have had a limited amount of funding to support them and they have ceased to operate once the funding source has been lost.

Conclusion

The mapping exercise illustrated instances of partnerships co-ordinating and influencing the development of local activities involving parents, schools and the local community in education programmes for young people; promoting smokefree homes; reducing under-age-sales and further developing stop smoking support.

There are, however very few areas where partnership working under an agreed strategy is sufficiently advanced to be identified as a tobacco control alliance. Coordinated effort is most often associated with the work of Smoking Cessation Services and the need to reduce the incidence of smoking in target groups.

With the creation of CHP's, CPPs, the Scottish Centre for Healthy Working Lives, the Keep Well initiative and the Scottish Executive's continuing drive to change Scotland's unhealthy lifestyles there is a great opportunity for the development of local tobacco control alliances.

ASH Scotland's Local Alliances Project, which was set up to support and develop local tobacco control alliances has taken account of these findings in shaping the direction of the project's work. ASH Scotland's response to the mapping report is set out in the companion document *A response to the mapping of local tobacco control alliances in Scotland*.

LOCAL TOBACCO CONTROL ALLIANCES IN SCOTLAND

1 INTRODUCTION

1.1 The Local Tobacco Alliances Project has been developed by ASH Scotland to support the development and activities of local alliances working on or with a strong interest in tobacco control in Scotland, its aim is to facilitate information sharing and good practice around communicating and implementing Scotland's Tobacco Control Action Plan "A Breath of Fresh Air" (The Scottish Executive. 2004)

Scotland's Tobacco Control Action Plan

1.2 The main points of the action plan are:

- Discouraging young people from starting to smoke to be given utmost priority. Young people must remain our principal target.
- Protecting people from the dangers of second-hand smoke by creating smoke-free environments.
- Broad based partnership working with tobacco control featuring strongly in
  - Community Planning
  - Joint Health Improvement Plans
  - NHS Board Local Health Plans
  - Employers workplace health and welfare policies
- Efforts to enforce the law on sale of cigarettes to under-16s should be intensified.
- Use a range of channels and options for getting the message across.
- Provide cessation services where they are most needed.
- Support the efforts of HM Revenue and Customs to crack down on illegal smuggling operations.
- Monitor the effectiveness of the ban on tobacco advertising.
- Greater understanding of the marketing techniques of the tobacco industry.
- All health professionals to be encouraged and enabled to play a key role in smoking cessation and/or referral to services.

1.3 NHS Health Boards are expected to have a broad based programme of tobacco control action which is monitored through the Performance Assessment Framework.

Smoking prevalence targets

1.4 The 2004 figures for smoking prevalence in the 16-years plus age group were 26.5%, 13 years 6%, 15 years 19% and for women smoking in pregnancy 23.8%. (Appendix A)

1.5 The Scottish Executive has set Health Boards targets for reducing the prevalence of smoking by 2010: (Appendix A)

- general population (16 years plus) to 22%;
- young people (12-15 years) to 11%;
- women smoking in pregnancy to 20%.

1.6 Each Health Board is expected to reduce prevalence by 17% from their 2004 baseline figure. (Appendix A)

1.7 Areas of higher deprivation have higher levels of smoking prevalence than more affluent areas and 10 Health Boards have been set additional targets for lowering prevalence in their most deprived areas from 37.3% in 2004 to 33.2%

in 2008, a 10.9% reduction from a 2002-2004 average baseline figure. (Appendix A)

Prevention 2010 pilot projects (Keep Well)

1.8 The Scottish Executive Prevention 2010 project (Keep Well) has identified 5 Community Health Partnerships (CHPs) with high concentrations of the most deprived 15% of the population to pilot innovative work in preventing the onset of CVD. Although the general target population for this project is 45 to 64 year olds the smoking cessation portion of additional funding can be used to target at risk groups outside of this age range (The Scottish Executive. April 2006).

Community Health Partnerships

1.9 Community Health Partnerships (CHPs) and Community Health and Care Partnerships (CHCP) provide a focus for integration between primary care, specialist services and social care (The Scottish Executive. October 2004). They work in partnership with Local Authorities, the voluntary sector, the public, patients and carers to support the improvement of the health of local communities. They are tasked with identifying the health needs of their local population and developing, monitoring, delivering and reviewing programmes to address these needs. Within the Community Planning framework CHPs are key players in developing Joint Health Improvement Plans (JHIPs) with Local Authorities, Health Boards and other partners.

Community Planning Partnerships

1.10 The Local Government in Scotland Act 2003 set out guidance to Local Authorities to facilitate the creation of Community Planning Partnerships (CPP) in their areas (The Scottish Executive. 2003). These partnerships, consisting of statutory agencies and the community, provide a forum in which agreement on priorities to ensure the effective delivery and provision of services can be reached. These partnerships also have a remit to tackle national priorities in community regeneration, closing the opportunity gap between those living in the most affluent communities and those living in the most deprived communities and improving the quality of life in communities. The partnerships should aim to engage with local communities in order that they play a key role in the process.

Towards a Future without Tobacco – The Report of the Smoking Prevention Working Group

1.11 This report published in November 2006 makes a comprehensive series of recommendations intended to protect and dissuade young people in Scotland from starting to smoke and to deter adults, individually and collectively from encouraging or enabling them to smoke. (The Scottish Executive November 2006) In response to this on 7 December the Scottish Executive launched a 12-week Consultation on the Report's thirty-one recommendations which includes the 'Consultation on the draft Smoking, Health and Social Care (Scotland) Act 2005 (Variation of age limit for the sale of tobacco purchase and consequential modifications) Order' to increase the age of purchase from 16 to 18 years. The Executive have also accepted in principle, subject to the outcome of the consultation, that the recommendations in the report should form the basis of a new 5 year action plan for consideration by the new administration following Scottish Parliamentary elections in May 2007.

2 LOCAL TOBACCO CONTROL ALLIANCES

2.1 ASH Scotland secured funding from the Scottish Executive and Health Scotland for the post of a Local Alliances Officer to take the Local Tobacco Control Alliances project forward and this mapping exercise is part of planned project work and forms the basis for project development.

2.2 Delivering comprehensive tobacco control measures requires partnership working with responsibilities and commitment shared between health services, local authorities, voluntary organisations and communities. One of the first tasks for the Local Alliances Officer was to map all existing relevant partnerships and networks, identifying existing good practice and barriers to extending and implementing this into other areas.

2.3 This report sets out the current position across Scotland with regard to Local Tobacco Control Alliances.

2.4 A template was developed for a broad spectrum of representation that would enable a Tobacco Alliance to address all of those relevant points from 'A Breath of Fresh Air'. These were grouped under the headings of Health, Local Authority and Others. Some of the organisations such as prisons and Sure Start were not relevant to all Health Board areas. i.e. those areas without a prison or Sure Start project. (Appendix B)

2.5 Contact was made, mostly by telephone but with some face-to-face meetings, with all fourteen Health Boards across Scotland and information concerning their current position on tobacco control obtained. Within most Health Boards Public Health Directorates take the lead for developing tobacco control programmes. Subsequently the majority of those who provided information for this mapping exercise worked within Public Health and were either Smoking Cessation Co-ordinators, Tobacco Control Co-ordinators or Public Health Directors/Consultants.

2.6 Each person contacted was asked about their Health Board's:

- tobacco control strategy and action plan;
- strategic and operational groups dealing with tobacco control;
- partnership working in tobacco control;
- smoking cessation service.

2.7 A copy of each Health Board's Tobacco Control Strategy and Action Plan was also requested.

2.8 The following details of each Health Board's tobacco control measures were collected over the period April to June 2006. This information is given in descending order starting with the Health Board with the highest concentrations of the most deprived 20% of the population (The Scottish Executive. September 2005).

2.9 The information is organised under the headings of Partnership Working – Strategy and Action Plan; Prevention and Education; Smoking Cessation Support; Second-hand Smoke; Protection and Controls which reflect the 'Breath of Fresh Air' Chapter Headings two to six. The Smoking Cessation Support section is organised under two further headings of General Population and Specific Inequalities Target Groups.

2.10 Information concerning the smoking prevalence figures was taken from a letter dated 17 January 2006 written by Andy Kerr MSP, Minister for Health & Community Care, to the Chairs of NHS Boards with copies to various other NHS organisations and professionals including Directors of Public Health and Smoking Cessation Co-ordinators, a copy can be seen at Appendix A.

2.11 Information concerning the estimated population figures was taken from the Mid-2005 Population Estimates for Scotland published on 27 April 2006. The figures used were those given for Health Board areas with the exception of Glasgow City and Clyde Health Board and Highland Health Board. These boards were subject to a boundary reorganisation in April 2006 and so estimated population figures for the relevant Local Authorities have been used.

2.12 Information concerning the deprivation figures by local authority was taken from the Scottish Executive publication, 'Scottish Index of Multiple Deprivation 2006'. The column entitled 'National share of the most deprived 20% across Scotland' refers to the percentage of data zones that are in the 20% most deprived nationally. Four Local Authority Areas (Eilean Siar, Moray, Orkney Islands, Shetland Islands) have no data zones in any of the 5%, 10%, 15% and 20% most deprived across Scotland. The column entitled 'Percentage of Local Authority population that are income deprived' provides information within a local context about the level of deprivation in that area. Those Local Authorities with dispersed populations may not have populations in the most deprived 20%, but they all have income deprived within their populations.

3

GREATER GLASGOW AND CLYDE NHS HEALTH BOARD		
Estimated Population 1,119,040		
	SMOKING PREVALENCE (2004 baseline figure)	**2010 Target level**
Overall	28.8%	23.9%
In the 20% most deprived areas	38.5%	34.3%
LOCAL AUTHORITIES	**National share of most deprived 20% across Scotland**	**Percentage of total Local Authority population that are income deprived (number)**
GLASGOW CITY	28.5%	24.7% (142,915)
RENFREWSHIRE	4.6%	14.9% (25,355)
INVERCLYDE	3.8%	19.2% (15,850)
WEST DUNBARTONSHIRE	3.1%	19.6% (17,980)
EAST RENFREWSHIRE	.6%	7.5% (6,685)
EAST DUNBARTONSHIRE	.5%	7.3% (7,820)

Contact: Agnes McGowan – Principal Health Promotion Officer

Deprivation

3.1 Four of the six Local Authorities in the Glasgow and Clyde Health Board area have some of the highest percentages of income deprived population in Scotland. Glasgow city has the highest concentration of income deprived population of any Local Authority in Scotland.

Community Health Partnerships (11)

3.2 Glasgow East; Glasgow West; Glasgow North; Glasgow South East; Glasgow South West; Renfrewshire; Inverclyde; West Dunbartonshire; East Renfrewshire; East Dunbartonshire; South Lanarkshire (jointly with Lanarkshire Health Board)

Prevention 2010 Pilot Project

3.3 Glasgow East and Glasgow North CHPs are included in the first phase of pilots for the Prevention 2010 project, 'Get Well'.

3.4 The additional smoking cessation money will be spent on developing support in the areas of those with mental health problems, the homeless, further expanding the befriending service and increase in capacity of secondary care support to ensure that the increase in demand does not leave the community service unable to cope.

3.5 The recent addition of Clyde to the Health Board area and the development of Community Health Partnerships has led to a re-organisation of the Public Health/Health Improvement department of the Health Board. There are many vacant posts and these include Health Improvement Officers, Public Health Practitioners and Consultants in Public Health.

3.6 Rationalisation of the Clyde smoking cessation service, tobacco policy and tobacco control strategy to bring them in line with Glasgow Health Board's services and policies will happen over the coming 2 years.

3.7 Support has been provided to the South Lanarkshire Council (part of their area comes under Greater Glasgow and Clyde Health Board) lifestyle project 'Up for it', a lifestyles scheme which provides a personalised health improvement programme and includes smoking cessation as one of the core elements.

PARTNERSHIP WORKING - STRATEGY AND ACTION PLAN

3.8 A multi-agency group was formed to develop the Glasgow Tobacco Strategy. The group ceased to exist on completion of the strategy as the Glasgow Community Planning Partnership (GCPP) was considered the most appropriate vehicle for the development of the strategy into action plans. There are no current alliances or partner agency forums working on Tobacco Control within the Greater Glasgow and Clyde Health Board area at present. However ongoing work continues addressing the strategic objectives within the tobacco strategy.

3.9 The Glasgow Community Plan 2005 – 2010 has 'A Healthy Glasgow' as a focus area. The first action on the list is '*We will reduce the harm associated with smoking, drug and alcohol misuse.*' The guiding principles of the Glasgow Community Planning Partnership include '*We will support the development of active and informed communities that can engage with and have an influence on the community planning process*' (Glasgow Community Planning Partnership February 2004 p8, p9).

PREVENTION AND EDUCATION

3.10 The 'Smokefree Class' and 'Smokefree Me' Initiatives have been funded by Glasgow City Council through the Glasgow Healthy City Partnership and are supported by the Education Department of the Council. There is a research project based in schools looking at behaviour and tobacco issues.

SMOKING CESSATION SUPPORT

General Population

3.11 Intensive group support is provided across the health board area with NRT supplied through a Pharmacy Patient Group Direction (PGD). Groups last for 7 weeks and ongoing one-to-one support and NRT can be provided through a pharmacy for a further 5 weeks if required.

Pharmacy

3.12 The 'Starting Fresh' community pharmacy scheme has 200 pharmacies signed up to provide a maximum of 12 weeks support on a one-to-one drop-in basis. Through a PGD the pharmacies are able to directly supply NRT on prescription bypassing the need for the client to visit the GP surgery. This scheme is organised through the Public Health Pharmacist, Liz Grant.

Secondary care

3.13 Pre-assessment prior to surgery, in-patient stop smoking services including 2 weeks NRT on discharge with follow-on through to primary care on discharge which provides telephone support and up to 12-weeks NRT.

Befriending scheme

3.14 The Royston befriending scheme enhances the core Smoking Cessation Service by providing additional support at the pre-contemplative stage and during and following a quit attempt to prevent relapse. There are 15 befrienders supporting 40 smokers for between 3 and 4 months. This is linked to stress management sessions at a local stress centre.

Specific Inequalities Target Groups

Pregnancy

3.15 Community midwives are trained in brief intervention. All pregnant women are Carbon Monoxide tested at booking with referral to specialist midwife smoking cessation adviser providing intensive one-to-one sessions in a community setting and telephone/text message contact with NRT where appropriate.

Mental health

3.16 An Inpatient Service is being developed in Leverndale Hospital and the acute receiving ward at Southern General Hospital. A service protocol is being developed and tested providing combination NRT use and Cut-Down-to-Quit support. A Community Mental Health Nurse was trained as a smoking cessation specialist with the intention of providing support for mental health patients in the community. During the pilot study patients are screened to ascertain whether they would benefit from attending main stream services.

Older people

3.17 There is a stop smoking advisor working with older people in the Cambuslang area, the intensive support model has been adapted to meet the needs of older people.

Deaf and hard of hearing community

3.18 A specific stop smoking course has been developed incorporating sign language in conjunction with a support group for those who are deaf and hard of hearing. Two workers from the support group, who are trained to sign, were trained in smoking cessation and they assist the smoking cessation adviser to deliver the course in a group setting.

Young people

3.19 A Glasgow City Council and NHS Greater Glasgow joint funded post has been created to develop cessation services (including the provision of NRT) and support for Looked-after and accommodated young people.

SECOND-HAND SMOKE

3.20 The joint funded post will also work on developing best practice policies concerning looked-after and accommodated young people and exposure to secondhand smoke.

3.21 The Smokefree Homes and Zones initiative currently being piloted in a deprived area, will be allocated additional funding to develop in other areas of the City if successful. The initial sign up to the project has been disappointing, although this is expected to improve once the initial teething troubles have been addressed. The next phase of the project will be targeting parents of primary school children who use inhalers.

3.22 Joint work with Strathclyde Fire and Rescue Service involved a postcard drop to every household, which provided information about preventing fires caused by cigarettes. Briefings were also given to Fire and Rescue personnel on tobacco awareness.

PROTECTION AND CONTROLS

3.23 The work with looked-after children is likely to include an element on under-age sales and the staff's responsibility to report traders that sell to children.

3.24 No other joint working involving combating the sale of tobacco to under-age customers and the supply of contraband cigarettes has been identified at present.

ASH SCOTLAND FUNDED PROJECTS

3.25 The REACH community health project needs assessment will determine prevalence and patterns of tobacco use by BME young people in Southside of Glasgow. April 2005 for 3 months.

3.26 The REACH community health project will develop a DVD resource on tobacco issues by BME young people in the Southside of Glasgow.

4

LANARKSHIRE NHS HEALTH BOARD		
Estimated Population 556,114		
	SMOKING PREVALENCE (2004 baseline figure)	**2010 Target level s**
Overall	28.8%	23.9%
In the 20% most deprived area	36.3%	32.3%
LOCAL AUTHORITIES	**National share of most deprived 20% across Scotland**	**Percentage of total Local Authority population that are income deprived (number)**
NORTH LANARKSHIRE	10.2%	16.7% (53,795)
SOUTH LANARKSHIRE	6.1%	13.8% (42,200)

Contact: Hazel Meechan, Assistant Health Promotion Manager (Advisory Group Member).
Paul Campbell, Public Health Practitioner, Coatbridge, North Lanarkshire.

Deprivation

4.1 Both North and South Lanarkshire council have significant numbers of data zones across the spectrum of the most deprived 5%, 10%, 15%, and 20% of the population. Some of these deprived areas come within Greater Glasgow and Clyde Health Board area.

Community Health Partnerships (2)

4.2 North Lanarkshire; South Lanarkshire (jointly with Greater Glasgow and Clyde Health Board)

Prevention 2010 Pilot Project

4.3 North Lanarkshire is included in the first phase of pilots for the Prevention 2010 project, 'Get Well'.

PARTNERSHIP WORKING - STRATEGY AND ACTION PLAN

4.4 Lanarkshire do not have a Tobacco Action Plan at present, the Smoking Cessation Action Plan is in the process of being updated.

4.5 There is a Smoking Cessation Advisory Group which covers both North and South Lanarkshire chaired by Dr Lesley Armitage CPH.

North Lanarkshire Tobacco Issues Group

4.6 In North Lanarkshire there is a Tobacco Issues Group (joint Local Authority and Health) which is a sub-group of the JHIP. Membership is made up of Public Health, Smoking Cessation, Primary Care, Environmental Health, Trading Standards and Education.

4.7 The group members feed information into their various organisations i.e. the Quality Improvement Officer for Education feeds into Healthy Schools and Dialogue Youth/Young Scot; Public Health Practitioner feeds into primary care.

4.8 The group has recently become involved in the Community Planning process and through this are linked into Social Services, North Lanarkshire Voluntary Services Council, Police and Fire Services and Community Councils.

South Lanarkshire

4.9 Alliance working in South Lanarkshire is taking longer to develop and there is no joint working on Tobacco Control at present.

PREVENTION AND EDUCATION

4.10 A peer education service for young people called SMILE is delivered by two Youth Smoking Cessation Co-ordinators within secondary schools across Lanarkshire.

SMOKING CESSATION SUPPORT

General Population

4.11 Community smoking cessation services can be accessed through a GP or health professional or by attending group sessions which are held across eight local areas. There are smoking cessation advisers based in most local health care cooperative areas.

Secondary care

4.12 The smoking cessation service based in all three acute hospitals also provides volunteer buddy support. The volunteers visit the patient while they are in hospital and continue providing the support by telephone on discharge. Hospital staff are offered training in Brief Advice. Smoking cessation services are currently provided in Wishaw and Monklands General Hospitals. Proposals are currently being developed for the provision of a smoking cessation service in Hairmyres Hospital.

Specific Inequalities Target Groups

Smoking cessation service study

4.13 Lanarkshire Health Board commissioned a study of their services to identify opportunities and barriers to accessing the smoking cessation service within the regeneration areas in North Lanarkshire. The report was published in May 2006 and services will be redesigned to address some of the issues highlighted concerning timing and setting of the support sessions.

Pregnancy

4.14 The Cross Lanarkshire Action on Smoking in Pregnancy (CLASP) service provides one-to-one face-to-face or telephone support and volunteer buddy support.

Young people

4.15 The SMILE project provides a dedicated smoking cessation service delivered by two Youth Smoking Cessation Co-ordinators within secondary schools, community venues and youth services across Lanarkshire.

Mental health

4.16 Smoking Cessation 'Health for You' Clubs are run in three areas specifically for people experiencing mental health problems. Training for professionals and carers is also provided in order that they are able to provide additional support during a quit attempt.

SECONDHAND SMOKE

4.17 No partnership working addressing second-hand smoke issues in the home was identified.

PROTECTION AND CONTROLS

4.18 The North Lanarkshire Tobacco Issues Group will be looking at ways of combating the sale of tobacco to under-age customers and the issues around the supply of contraband cigarettes.

ASH SCOTLAND FUNDED PROJECTS

4.19 Training CPNs and other community psychiatric personnel to deliver smoking cessation to people with mental health problems May 2005 for 2 years.

4.20 Smoking Cessation 'Health for You' Club targeted group work run by psychiatric nurses delivering the Maudsley model April 2005 for 1 year.

5

LOTHIAN NHS HEALTH BOARD		
Estimated Population 787,504		
	SMOKING PREVALENCE (2004 baseline figure)	**2010 Target level**
Overall	25.7%	21.3%
In the 20% most deprived areas	42.5%	37.9%
LOCAL AUTHORITIES	**National share of most deprived 20% across Scotland**	**Percentage of total Local Authority population that are income deprived (number)**
EAST LOTHIAN	.2%	10.1% (9,210)
EDINBURGH CITY	5.8%	11.4% (51,685)
MIDLOTHIAN	.8%	11.1% (8,870)
WEST LOTHIAN	2.3%	12.8% (20,670)

Contact: Fiona Moore, Smoking Cessation Co-ordinator

Deprivation

5.1 Lothian has concentrated pockets of deprivation in Edinburgh City and West Lothian alongside some of the most affluent areas in Scotland in Edinburgh City and East Lothian and Midlothian.

Community Health Partnerships (4)

5.2 East Lothian, Edinburgh, Mid Lothian and West Lothian.

Prevention 2010 Pilot Projects

5.3 Edinburgh North and South CHPs (funding for one CHP) are included in the first phase of pilots for the Prevention 2010 initiative 'Keep Well'.

PARTNERSHIP WORKING – STRATEGY AND ACTION PLAN

5.4 NHS Lothian had a Tobacco Strategy Reference Group with representatives from the Health Board (Health Promotion Service, pharmacy, mental health, dental health and finance) CHPs and CHCP (Public Involvement, Partnership Forum and Managed Clinical Networks (MCNs)) to develop their Tobacco Control Strategy. The strategy was also sent out for feedback to Lothian Local Authorities and Voluntary Organisations.

5.5 To monitor the strategy, a 'Tobacco Strategy Project Board' consisting of Chairs of the local tobacco alliances, leads in Public Health, Strategic Planning & Modernisation, Finance, CHPs, CHCP and MCNs will be formed. This Board

will be supported by the Smoking Cessation Co-ordinator who will also support the development of Tobacco Alliances at Local Authority/CHP/CHCP level.

5.6 The strategy aims to ensure that community organisations, the voluntary sector and local authorities are involved in the future development of smoking cessation services and tobacco related work in partnership with the NHS.

5.7 The East Lothian Smoking and Health Partnership is chaired by the Environmental Health Manager from East Lothian Council.

5.8 The Midlothian Smoking Cessation Group has evolved into a Tobacco Alliance

5.9 West Lothian Tobacco Issues Group is a multi-agency partnership between statutory and voluntary organisations. The partners include West Lothian Drug Action Team, West Lothian Drug and Alcohol Service, St John's Hospital, West Lothian CHCP, Lothian Health Board, West Lothian Council, ASH Scotland and Bristow Muldoon MSP.

5.10 The group has so far attracted over a quarter of a million pounds of additional funding for West Lothian. The Tobacco Issues worker is based in West Lothian Drug and Alcohol Service which provides a good link to the other addiction services.

5.11 There is no specific Tobacco Alliance in Edinburgh, but the JHIP has a Key Intervention group for tobacco which focuses on Young People and Tobacco.

PREVENTION AND EDUCATION

5.12 Smoking prevention, education and awareness raising sessions are delivered in schools and community settings by a range of staff from the voluntary, education, health promotion and school nursing sectors who have been trained in Young People and Tobacco Issues.

5.13 The 'Health Opportunities Team' has delivered a tobacco awareness-raising pack in primary schools across South East Edinburgh.

5.14 South West and North East Edinburgh Primary Schools had a theatre in education show called "No Smoke without Fire" developed by a range of agencies during March 2005.

5.15 'Packit In' is a secondary school project involving teachers, parents and pupils aimed at delivering prevention awareness-raising sessions in two secondary and their feeder primary schools in West Lothian.

5.16 Curricular input on tobacco prevention is provided in West Lothian Primary School P6/7 classes and primary and secondary schools in Edinburgh, East Lothian and Midlothian.

SMOKING CESSATION SUPPORT

General Population

5.17 Support for staff to stop smoking is provided through smoking cessation specialist facilitators in NHS Lothian workplaces.

5.18 Each of the Lothian CHPs/CHCP/LHPs has one or more dedicated stop smoking facilitator; a range of community workers and healthcare professionals also provide smoking cessation in addition to their core work.

5.19 All CHP/CHCP/LHPs localities provide group and/or one-to-one support through GP practices, primary care staff and pharmacies.

5.20 The Smoking Cessation Development Officer is based with the council and provides smoking cessation support within East Lothian.

Secondary care

5.21 The Lothian University Hospitals Division has a dedicated stop smoking facilitator who provides support for patients including referral on to primary care services on discharge.

5.22 The service is expected to develop and will shortly begin the recruitment process in order to ensure that there is at least one stop smoking worker based in each hospital in Lothian.

Specific Inequalities Target Groups

5.23 Tobacco awareness raising sessions have been carried out with BME groups, the Ageing Well project, Psychiatric Day Centres and Health in Mind in Edinburgh.

5.24 A smoking cessation worker is based within the North West Edinburgh Social Inclusion Partnership (SIP) at Pilton Community Health Project and is providing stop smoking support including peer-led relapse prevention.

5.25 Stop smoking support has been provided in miners' welfare clubs, men's health groups, bingo halls, betting shops and pubs. Stop smoking support is also provided for people within the criminal justice system.

5.26 The Tobacco Issues Worker provides smoking cessation support to low income families through the West Lothian Drug and Alcohol Service.

Pregnancy

5.27 A stop smoking facilitator has been appointed to co-ordinate support for pregnant women across Edinburgh, East and Mid Lothian in addition to providing stop smoking support in those areas that do not have facilitators exclusively supporting pregnant women.

5.28 The 'Stop for Life' smoking cessation support for pregnant women and their partners is a PATH funded project delivered by midwives in the West Lothian area.

5.29 Training in brief intervention and service referral to the cessation pregnancy service is available for those people working with pregnant women who smoke.

Young people

5.30 Stop smoking facilitators have been employed across Lothian to deliver stop smoking support to young people in community education and schools settings.

5.31 Smoking cessation support has been provided in various settings in Edinburgh including; the Underground Project/Rock Trust including young pregnant smokers, Canongate Youth Project, Citadel Youth Centre and 6VT/Edinburgh City Youth Café.

5.32 The Cloud Nine project in West Lothian has a dedicated smoking cessation worker who provides support for vulnerable 12-18 year-olds within community and education settings

Mental health

5.33 A pilot project based in Royal Edinburgh Hospital Acute Psychiatric Services and two LHP areas will develop best practice, integrated care pathway, stop smoking services for inpatients and training for practitioners.

LGBT

5.34 Stop smoking sessions have been provided for staff of LGBT organisations. Groups have been run in the LGBT Healthy Living Centre/Gay Men's' Health Organisation.

BME

5.35 A needs assessment is being carried out prior to developing a service for an ethnic minority group in Edinburgh.

5.36 A multi-agency project to develop a Paan/Smokeless tobacco information sheet for professionals and service users and increase awareness of tobacco among local Arabic and Urdu speaking South Asian and Sudanese communities has been set up with funding from ASH Scotland T&I funds.

SECOND-HAND SMOKE

5.37 No partnership working addressing second-hand smoke issues in the home was identified.

PROTECTION AND CONTROLS

5.38 The Smoking Cessation Co-ordinator contributes to a Lothian and Borders Under-age sales project. The project has produced a trader's awareness pack and an education pack for young people.

ASH SCOTLAND FUNDED PROJECTS

5.39 'Stop for Life' support for pregnant women and partners to stop smoking. March 2003 for 3 years.

5.40 Minority Ethnic Health Inclusion Project delivery of cessation service and producing pack for smokeless tobacco use May 2005 for 12 months.

5.41 Service development and policy work in alcohol unit and two mental health wards May 2006 for 12 months.

5.42 Minority Ethnic Health Inclusion Project needs assessment and delivery work with dentists and ethnic minority tobacco use June 2006 for 12 months.

5.43 'It's Time' a community based smoking cessation service for people aged 50 and over July 2006 for 12 months.

6

TAYSIDE NHS HEALTH BOARD		
Estimated Population 387,908		
	SMOKING PREVALENCE (2004 baseline figure)	**2010 Target level**
Overall	24.4%	20.2%
In the 20% most deprived areas	38.0%	33.9%
LOCAL AUTHORITIES	**National share of most deprived 20% across Scotland**	**Percentage of total Local Authority population that are income deprived (number)**
ANGUS	.7%	11.5% (12,495)
DUNDEE CITY	5.2%	18.6% (26,385)
PERTH AND KINROSS	.8%	9.2% (12,640)

Contacts: Paul Ballard, Consultant in Health Promotion;
Andrew Radley, Lead Pharmacist.
Tobacco Control Senior Health Promotion Officers:
ANGUS, Bill Edwards;
DUNDEE CITY, Mary Colvin;
PERTH & KINROSS, Felicity Snowsill.

Deprivation

6.1 Dundee City Council has the third highest concentration of income deprived population in Scotland while Perth & Kinross has small numbers across the 10%, 15% and 20% most deprived and Angus has small numbers in the most deprived 15% and 20%.

Community Health Partnerships (3)

6.2 Angus, Dundee City and Perth & Kinross

Prevention 2010 Pilot Project

6.3 Dundee City CHP is included in the first phase of pilots for the Prevention 2010 project, 'Keep Well'.

PARTNERSHIP WORKING – STRATEGY AND ACTION PLAN

6.4 Tayside Health Board does not have a formal Tobacco Control Strategy or Action Plan. Throughout 2004 a Best Value Review process involving the Health Board and three Local Authorities was carried out on smoking prevention and cessation activities carried out by Community Planning Organisations across Tayside. Chaired by the Chief Executive of Dundee City Council the review reported in March 2005, summarising the preventative work and setting

out 5 key business plans for the development of cessation services in the region.

6.5 A Senior Health Promotion Officer with responsibility for Tobacco Control is aligned to each CHP area. They are closely involved in the JHIP and Community Planning process for their areas, are members of the Health Improvement Partnerships in their respective areas and currently lead the Tobacco Alliance groups. In each of the CHP areas services have been developed to meet local need but all have a Smoking Cessation Co-ordinator who will be supported by a Lay worker from September 2007.

ANGUS

6.6 Tobacco Alliance Membership has representation from Angus Council (Environmental Health, Trading Standards, Licensing, Publicity, Education); Angus CHP (Management, Smoking Cessation) Tayside NHS (Health Promotion, Communications), Tayside Police.

6.7 The Alliance meets on a monthly basis and an action plan was agreed in November 2005; all actions have been achieved and a follow-up plan to December 2006 is being developed.

DUNDEE CITY

6.8 Tobacco Alliance membership has representation from Dundee City Council (Environmental Health, Licensing, Town Management, Education), Dundee CHP (Healthy Living Initiative, Social Services), Tayside NHS (Health Promotion, Communications), Voluntary Sector.

PERTH AND KINROSS

6.9 The Tobacco Alliance called the Smoke Free Co-ordinating Group is chaired by the Head of Environmental and Consumer Services of Perth and Kinross Council and has two sub groups; the Compliance Group and the Communications, Education and Cessation Group (CECG).

6.10 The Compliance Group is chaired by the Food/Health and Safety Manager and includes Environmental Health, Policy Planning, Personnel, Legal Services, Education and Children's Services, Corporate Services from Perth Council, Perth College and Scotland's Health at Work (SHAW).

6.11 The CECG group meets every 6 to 8 weeks and is chaired by Felicity Snowsill. Representatives include Chamber of Commerce, Perth College, Communications from Perth Council and NHS Tayside, Health and Community Safety Team Leader, Environmental Health, Voluntary Sector and Smoking Cessation.

6.12 These groups were formed to oversee the implementation of the legislation and to ensure that there was sufficient smoking cessation provision for the expected increase in demand. The current action plan has been achieved and the group are now planning the next twelve months.

PREVENTION AND EDUCATION

6.13 A multi-agency programme called 'SAFE ANGUS' is run every May and September. It attracts over 3,000 P7 pupils from across Angus each year and delivers messages on personal safety. The health input looks at the personal dangers of smoking and encouragement for adults to give up.

6.14 A Smoking Prevention/Peer Education Project, based at 'The Corner in Dundee' trains Peer Educators in S3 to design and deliver a smoking prevention programme for P5 pupils and Family Support Centres in the city. The Peer Educators have also scripted, directed, acted, and filmed a live action and animated DVD.

6.15 A Children and Young People Development Worker in Dundee focuses on the 5-12 year-old age group, their parents, carers and grandparents. The work has included producing a pantomime in co-ordination with police, fire service and public health and school health nurses which was delivered in primary schools in 2005 and 2006.

6.16 The Keep Well (Prevention 2010) pilot project proposal 'Addressing Young People's Attitudes to tobacco in Dundee Secondary Schools' will compliment and support the development of these young people's projects in Dundee.

6.17 The Smoking Cessation Co-ordinator in Perth and Kinross is running lunchtime stalls for school transition days and working with school nurses.

SMOKING CESSATION SUPPORT

General Population

6.18 A recent best value review of smoking cessation services was carried out by Tayside Health Board which highlighted that the majority of services were being delivered in the more affluent areas and this has led to a change in the way some services are delivered. The bulk of smoking cessation was delivered by GP practices with the majority of clients coming from Deprivation Category (DEPCAT) 4&5.

Pharmacy

6.19 The Pharmacy Stop Smoking Service is available at 40 pharmacies across Tayside through a Patient Group Direction (PGD) they are also able to prescribe NRT. These pharmacies have a practice population that reflects people living in the most deprived areas of Tayside (DEPCAT 5, 6 and 7).

Specific Inequalities Target Groups

6.20 New cessation groups have been established in a community flat and a resident's association office in Arbroath.

6.21 Lay workers in Dundee City will be trained to deliver smoking cessation and other lifestyle interventions to the target population for the Prevention 2010 pilot project.

6.22 Services are being developed in the three most deprived areas of Angus, Dundee and Perth & Kinross with new locations and times for groups.

Pregnancy

6.23 An intensive programme of training in brief intervention is underway with midwives; pregnant women will be provided with advice and an information pack as well as referral to pharmacists and existing smoking cessation services for support to stop smoking.

6.24 The Smoking Cessation Co-ordinators in all three areas have been concentrating on ‘hard to reach’ groups in socially deprived areas, specifically pregnant women.

6.25 A reward scheme using the Dundee Discovery Card (a smart card issued by Dundee City Council which provides access to leisure facilities and other benefits) has been launched. Pregnant women are helped to stop smoking by their pharmacist and supported by the Dundee Healthy Living Initiative. Several packages of rewards are currently being planned to offer women a useful incentive to stop smoking. The rewards include access to groceries from a local supermarket, use of leisure facilities, use of public transport, pampering therapies such as relaxation and aromatherapy. The women participating in the scheme are eligible to receive the benefits of the scheme throughout pregnancy and for three months after delivery as long as they continue to abstain from smoking.

Mental health

6.26 A project addressing smoking cessation in mental health is currently being negotiated in Dundee City as part of the Prevention 2010 pilot project. Stakeholders have recognised that the innovative work used with other sections of the community would provide a useful way forward with clients with mental health problems i.e. lay workers, peer support and incentives.

6.27 No specific work on smoking cessation is taking place within mental health in Perth and Kinross at present but the development of the new Tayside Smoking Policy has given the Smoking Cessation co-ordinator the opportunity to assist Mental Health sites to start looking at Smoking Cessation Support.

Workplaces

6.28 Joint training is taking place with Scotland’s Healthy Working Lives (formerly SHAW) for workplace staff in smoking cessation to enable them to run smoking cessation groups. There is regular communication with workplaces via newsletters and emails and support provided in areas such as policy development.

SECOND-HAND SMOKE

6.29 No partnership working addressing second-hand smoke issues in the home was identified.

6.30 Dundee City Council have upgraded their policy for fostered and accommodated children. Under fives (previously under threes) will only be placed with non-smokers. New foster carers have to agree to provide a smoke free home for children of all ages and to not smoke in front of children in their care. Current foster carers have been provided with support and training in order to enable them to conform to the new arrangements.

PROTECTION AND CONTROLS

6.31 No partnership working involving combating the sale of tobacco to under-age customers and the supply of contraband cigarettes has been identified at present.

7

AYRSHIRE AND ARRAN NHS HEALTH BOARD		
Estimated Population 367,509		
	SMOKING PREVALENCE (2004 baseline figure)	**2010 Target level**
Overall	28.6%	23.7%
In the 20% most deprived areas	42.5%	37.9%
LOCAL AUTHORITIES	**National share of most deprived 20% across Scotland**	**Percentage of total Local Authority population that are income deprived (number)**
EAST AYRSHIRE	3.1%	16.7% (20,015)
NORTH AYRSHIRE	3.7%	17.3% (23,560)
SOUTH AYRSHIRE	1.6%	13.1% (14,600)

Contact: Michelle Hunt, Tobacco Network Co-ordinator
Claire Black, Smoking Cessation Co-ordinator

Deprivation

7.1 All three Local Authorities have significant populations that are income deprived with estimated smoking rates between 47.1% and 25.2% in postcode areas of East Ayrshire 50.1% and 21.8% in postcode areas of North Ayrshire; 45.7% and 16.7% in postcode areas of South Ayrshire.

Community Health Partnerships (3)

7.2 East Ayrshire, North Ayrshire and South Ayrshire.

PARTNERSHIP WORKING - STRATEGY AND ACTION PLAN

7.3 The Tobacco Strategy Group, which included representatives from Public Health, Pharmacy, CHPs, Hospitals, Health and Safety and Smoking Cessation, has developed a Tobacco Strategy and Local Tobacco Control Action Plan 2006 – 2010 which was approved by the Health Board on 31 May 2006. A 3-month period of patient, public and professional consultation is being planned. At present there are no Tobacco Control Alliances in place although there are plans to develop a Local Alliance, Prevention and Education Group and a network of Smoking Cessation Providers.

7.4 The service (Fresh Air-shire) has been reshaped to provide an integrated smoking prevention and cessation service operated by a Smoking Cessation Co-ordinator and Tobacco Network Co-ordinator with specialist advisors, prevention officers and support staff.

7.5 A marketing strategy for the service has been produced which includes publicity leaflets and materials, a website and advertising in the local media, community radio, buses and Kilmarnock Football Stadium is underway.

East Ayrshire CHP

7.6 East Ayrshire's Community Plan, Improving Health Theme includes targets to increase the number of initiatives to: Prevent young people smoking, support smoking cessation across all population groups and protect the population against the effects of passive smoking. These aims will be achieved in partnership with East Ayrshire Council, Strathclyde Fire and Rescue Service and Voluntary Groups.

7.7 South Ayrshire CHP has drafted a Community Plan and North Ayrshire Council has an extensive Regeneration Outcome Agreement (ROA) both of which include partnership working to enable the increase of smoking cessation service provision within the community.

PREVENTION AND EDUCATION

7.8 South Ayrshire has developed a school based smoking prevention programme, as part of the Big Lottery Funded 'South Ayrshire Schools Tobacco Awareness Project', which will be rolled out across the other two areas. It is intended that this will be fully integrated within the health promoting school framework and that it will become part of the wider framework of addressing tobacco use and the tobacco industry within the school and community.

7.9 The Smoke free class initiative in being piloted with S1 pupils in on Secondary School in East Ayrshire.

7.10 In North and South Ayrshire there are plans for a Peer Education Project in two Secondary Schools which will involve training S1 pupils to deliver tobacco awareness sessions to P5 pupils in the school cluster.

7.11 A drama group in North Ayrshire is producing a play about the tactics of the tobacco companies and how they target young people.

7.12 There are plans to develop community based prevention programmes targeted at children, teenagers, parents and carers.

SMOKING CESSATION SUPPORT

General population

7.13 Pan-Ayrshire smoking cessation service has been established, services are targeted at moderately and heavily dependent smokers and those living in areas of socio-economic disadvantage. A freephone telephone helpline allows for self-referral to the service and additional telephone cessation support. In addition to the dedicated service, GP practices through Ayrshire and Arran also provide smoking cessation support.

7.14 The 'Fresh Air-shire Service' has access to the mobile unit on one day a week which allows them to deliver smoking cessation in the more rural communities.

7.15 Dedicated Smoking Cessation Advisors provide support for the workplace, hospitals, islands and rural communities.

Pharmacy

7.16 More than 80 community pharmacies deliver a 12-week smoking cessation service including the provision of NRT.

Specific Inequalities Target Groups

Mental health

7.17 Smoking cessation programmes are being developed for people with mental health problems and to identify the need of those in local psychiatric units.

Pregnancy

7.18 A pilot project utilising a social marketing approach is aimed at recruiting pregnant women and their partners into services, awareness raising among GP practices and midwifery. A Smoking Cessation Advisor is working in partnership with Maternity Services to develop services for pregnant women.

7.19 Twenty midwives are trained annually in brief intervention.

7.20 Better Neighbourhood Funded project linked with HIF funded Smoking Cessation Service and Buddy Project. Women are recruited at pre-conception, antenatal, and post-natal stages for smoking cessation plus stress management, physical activity, healthy eating and family support. Other family members were also recruited for referral to the regular SCS.

Young people

7.21 School Nurses, Youth Workers and school staff (20 persons per year 2006-2010) receive training in youth based smoking cessation.

7.22 Smoking cessation support including provision of NRT is available in three Secondary Schools with a pilot project due to start in two further Secondary Schools in October 2006. Young people can also self refer to the service via the telephone helpline.

7.23 Specific pilot programmes aimed at teenage girls and to support vulnerable young people within the school and community are being planned

Prisons

7.24 The PATH project in Kilmarnock Prison including a dedicated Smoking Cessation Advisor providing rolling groups has just completed. A DVD for use by prisoners is being produced to provide information about where they can smoke in prison, how the legislation has affected life outside of prison and where they can get support to give up on release. This should be available by October 2006 for use with new prisoners during the induction process.

SECONDHAND SMOKE

7.25 Joint working with CHPs, Community Safety Forums and the Fire Service to develop a bid for funding to implement a smoke free and safer homes initiative targeting pre-five establishments within areas of deprivation across Ayrshire and Arran.

PROTECTION AND CONTROLS

7.26 Links have been made with Dialogue Youth/Young Scot to support the roll out of the Young Scot PASS Card.

ASH SCOTLAND FUNDED PROJECTS

7.27 Smoking cessation support for staff and prison inmates also providing training for staff to deliver smoking cessation to inmates May 2003 for 3 years.

8

FIFE NHS HEALTH BOARD		
Estimated Population 354,519		
	SMOKING PREVALENCE (2004 baseline figure)	**2010 Target level**
Overall	26.4%	21.9%
In the 20% most deprived areas	35.6%	31.7%
LOCAL AUTHORITIES	**National share of most deprived 20% across Scotland**	**Percentage of total Local Authority population that are income deprived (number)**
FIFE	6.1%	12.6% (44,645)

Contact: Carolyn Walker, Tobacco Issues Co-ordinator

Deprivation

8.1 Of the three CHPs Kirkcaldy & Levenmouth has the largest number (10) of ward quintiles in areas of high deprivation and the least (3) in areas of affluence. Dunfermline and West Fife have half that number (5) of most deprived ward quintiles and twice as many (6) in areas of affluence. Glenrothes and East Fife has small levels of deprivation with 1 ward quintile in the most deprived category and 7 in the most affluent.

Community Health Partnerships (3)

8.2 Dunfermline & West Fife, Glenrothes & North East Fife, Kirkcaldy & Levenmouth.

PARTNERSHIP WORKING - STRATEGY AND ACTION PLAN

8.3 A Tobacco Issues Group is a sub-group of the Health and Well Being Alliance and is chaired by the Consultant in Public Health. There are two sub-groups of the Tobacco Issues Group (Protection and Cessation & Prevention). A Smoking Cessation Action Plan was produced in July 2005.

8.4 The Tobacco Issues Group feeds into the JHIP and has representation from NHS Fife (Public Health, Health Promotion), CHPs (Smoking Cessation, Community Services, Patient/Public Rep, Pharmacy) Hospitals (Respiratory and Cardiology specialist, Occupational Health and Safety, Midwifery) Local Authority (Health Promoting Schools, Community Services, Trading Standards, Environmental Health, Education Services).

PREVENTION AND EDUCATION

8.5 Educational resource packs produced by Health Promotion Fife in 2004 have been distributed to all school nurse bases and a variety of educational initiatives on tobacco control take place across the curriculum.

SMOKING CESSATION SUPPORT

General Population

8.6 Smoking Cessation is provided through groups and one-to-one sessions in GP surgeries, pharmacies, and community venues across the three CHP areas.

8.7 The PATH funded project ‘Quit Fit’ in West Fife which is aimed at encouraging people to get fit at the same time as giving up smoking is being run in conjunction with the local leisure services. Sessions have been run in a workplace and a rural community venue as well as the leisure centre in Cowdenbeath.

Pharmacy

8.8 A community pharmacy scheme which was developed by Kirkcaldy and Levenmouth CHP has now been implemented in Glenrothes and North East Fife CHP and within West Fife locality in Dunfermline and West Fife CHP.

Secondary care

8.9 A training needs analysis for staff working with high risk patients in hospital settings will be carried out in 2006 and cessation training programmes will be developed to meet the identified needs. Respiratory nursing specialists currently respond to requests for inpatient support and also provide smoking cessation support to staff, both in primary and secondary care.

Specific Inequalities Targets Groups

Pregnancy

8.10 A midwife led smoking cessation service which provides specialist support for women and their partners ‘Quit for Life’ was officially launched on Monday 23 October 2006 by Health Minister Andy Kerr.

8.11 Fife had previously piloted a buddy scheme through New Opportunities Fund (NOF) funding, the evaluation found that although it offered a valuable social support, it was not effective for pregnant women and did not have a beneficial effect on quit rates within the timescale measured.

Young people

8.12 A Quit Fit group offering smoking session and street dance lessons was set up in a local high school but did not continue due to lack of attendees. Following an informal feedback session with the young people the CHP is considering running the project in a Youth Club.

8.13 Public Health nurses have been trained to run smoking cessation groups in a high school in the Kirkcaldy and Levenmouth CHP area.

8.14 Various initiatives for young people have trialled throughout Fife, but results have been disappointing on the whole.

Mental health

8.15 The group based GUTSE project (Give Up Tobacco Substitute Exercise) was aimed at those with a physical, sensory or learning disability or mental health problem. Recruiting to the project was a major problem.

8.16 In the Kirkcaldy and Levenmouth area funding has been secured for the 'Smokeless' initiative from the ASH Scotland T&I project to raise awareness of smoking cessation and develop an appropriate programme to support smoking cessation for people with mental health problems in a community setting.

SECONDHAND SMOKE

8.17 No partnership working addressing second-hand smoke issues in the home was identified.

PROTECTION AND CONTROLS

8.18 The Public Health Department is leading on the development of a pilot test purchasing scheme with Trading Standards. No joint working involving the supply of contraband cigarettes has been identified at present.

ASH SCOTLAND FUNDED PROJECTS

8.19 'Quit fit' combined physical activity and smoking cessation project began in May 2003 for 3 years.

8.20 'GUTSE' combined physical activity and smoking cessation project is aimed at individuals with physical, sensory or learning disability or a mental health problem May 2003 for 3 years.

8.21 'Smokeless' is aimed at raising awareness, training staff and delivering a smoking cessation service to people with mental health problems 2nd phase funding was given in May 2006 for 6 months.

9

FORTH VALLEY NHS HEALTH BOARD		
Estimated Population 281,764		
	SMOKING PREVALENCE (2004 baseline figure)	**2010 Target level**
Overall	25.0%	20.7%
In the 20% most deprived areas	33.1%	29.5%
LOCAL AUTHORITIES	**National share of most deprived 20% across Scotland**	**Percentage of total Local Authority population that are income deprived (number)**
CLACKMANNANSHIRE	1.3%	15.3% (7,390)
FALKIRK	2.2%	12.9% (19,085)
STIRLING	.8%	10.0% (8,615)

Contact: Kate Johnstone, Smoking Cessation Co-ordinator

Deprivation

9.1 Clackmannanshire and Falkirk have significant levels of deprivation within their populations which are mainly concentrated with the 20% most deprived across Scotland with very small numbers in the 5%, 10% and 15% most deprived. Stirling has a small spread across all percentages of most deprived.

Community Health Partnerships (3)

9.2 Clackmannanshire, Falkirk and Stirling.

PARTNERSHIP WORKING – STRATEGY AND ACTION PLAN

9.3 There is a Tobacco Action Group which is a sub group of the Substance Action Group. Member organisations include Forth Valley Health Board (Public Health, Health Promotion, Finance, Smoking Cessation, Managed Clinical Network (CHD and Diabetes) Clackmannanshire, Falkirk and Stirling Councils (Planning and Resources, Community Health and Safety, Employee Care, Community Planning), Forth Valley Primary Care (Occupational Health, Pharmacy), Falkirk and Stirling Royal Infirmaries (Smoking Cessation, Geriatric Medicine, Intermediate Care and Rehabilitation).

9.4 The Tobacco Action Group produced an Action Plan for 2005/6.

PREVENTION AND EDUCATION

9.5 The Smokebusters teaching pack is available for all primary schools with support available from Health Promotion.

9.6 The Smokefree class initiative is supported in secondary schools.

9.7 Action plan includes reference to exploring links with 'dialogue youth' and other youth services in order to increase the range of information provided to young people on tobacco.

SMOKING CESSATION SUPPORT

General Population

9.8 One evening Drop-in session is run in each of the CHP areas and GP practices provide support sessions.

9.9 Health promotion are running the 'Quit' programme in workplaces Falkirk Council, Job Centre Plus and the Child Support Agency among them.

Specific Inequalities Target Groups

Young people

9.10 Pharmacies are offering smoking cessation support to young people with free NRT.

9.11 Falkirk Children's services have a smoking cessation worker offering support in schools and clubs.

SECONDHAND SMOKE

9.12 No partnership working addressing second-hand smoke issues in the home was identified.

PROTECTION AND CONTROLS

9.13 The action plan highlights working with Trading Standards to reduce under-age sales, and explore links with Dialogue Youth and other youth services to increase the range of information provision to young people.

ASH SCOTLAND FUNDED PROJECTS

9.14 Within the Community Healthy Living Centre develop community based smoking cessation support to motivate and empower older people living in disadvantaged areas to quit. April 2006 for 12 months.

10

GRAMPIAN NHS HEALTH BOARD		
Estimated Population 524,020		
	SMOKING PREVALENCE (2004 baseline figure)	**2010 Target level**
Overall	25.1%	20.8%
In the 20% most deprived areas	43.5%	38.8%
LOCAL AUTHORITIES	**National share of most deprived 20% across Scotland**	**Percentage of total Local Authority population that are income deprived (number)**
ABERDEEN CITY	2.8%	10.8% (22,025)
ABERDEENSHIRE	.6%	7.4% (17,115)
MORAY	.2%	9.3% (8,170)

Contact: David Gow, Tobacco Control Co-ordinator.

Deprivation

10.1 There are great contrasts within Grampian Health Board Area between the affluence of Moray and the level of deprivation in Aberdeen City which is comparable to that found in Falkirk. Although Moray does not have distinct data zones within the 20% most deprived it does have a small scattered population of people living in deprived circumstances.

Community Health Partnerships (3)

10.2 Aberdeen City, Aberdeenshire, and Moray

PARTNERSHIP WORKING – STRATEGY AND ACTION PLAN

10.3 NHS Grampian Public Health Network monitors the Grampian Tobacco Control Strategy and Action Plan. The Health Improvement Network (HI-NET) is used to engage with the wider health improvement community (universities, local authorities, NHS) for consultation on programmes, service development and national issues such as the images to be placed on tobacco packs. Short life working groups are established to support specific elements of the strategy such as, tobacco legislation involving trading standards. A smoking cessation co-ordinating group meets on a regular basis to oversee the running of the service and manage developments..

PREVENTION AND EDUCATION

10.4 Working within schools supporting Health Promoting Schools programme for tobacco control, developing tobacco policies, providing tobacco health promotion activities.

10.5 Other prevention programmes include the 'Young Persons Tobacco Awareness Programme' which run tobacco workshops designed to inform young people of the dangers of tobacco use, the impact of smoking during pregnancy and the influences of marketing. The programme also provides training for professionals who work with children.

10.6 The 'Kids in Condition' interactive health club in primary schools, early years settings and community settings encourages children to adopt a healthy lifestyle including not smoking or being exposed to tobacco smoke.

SMOKING CESSATION SUPPORT

General Population

10.7 The Community 'Intensive' Service runs 6-week group sessions, facilitated by a trained smoking cessation advisor, in community settings across Grampian.

10.8 Providing smoking cessation support in workplaces including NHS and local authorities.

Pharmacy

10.9 Pharmacists are providing some smoking cessation support in all areas and is continually being improved.

Secondary care

10.10 Providing smoking cessation support to patients in cardiac, respiratory and emergency wards.

Specific Inequalities Target Groups

Pregnancy

10.11 Grampian guidelines for smoking cessation in pregnancy including advice on NRT provision have been distributed to all midwives in Grampian. A PGD is in place to allow midwives to prescribe NRT. Training in the use of the guidelines and prescribing of NRT is given to all midwives. Training in smoking cessation support is available to all midwives. NHS Grampian's Brief Advice for smoking cessation in pregnancy training has gained PATH approval. A recent Smoking in Pregnancy campaign is in the process of being evaluated

Young people

10.12 Each of the three CHPs will implement a smoking cessation service for young people by the end of 2006 using elements of 'Fag Break' a three year project funded by Health Scotland which ran in the Murray area from 2003 to 2006.

Mental health

10.13 A Smoking Cessation Specialist for Mental Health is developing tailored smoking cessation support for this client group, supporting staff and voluntary sector workers to support those with mental illness to quit, providing smoking cessation for this client group and facilitating the development of a smoke free

environment and culture within statutory and voluntary mental health organisations.

Prisons

10.14 Pilot project in Peterhead prison to be evaluated and future services to the prison population in Grampian designed around this.

Workplace

10.15 A Smoking Cessation Advisor for Workplaces is providing smoking cessation support in the workplace and delivering awareness raising presentations on the services available. The post was developed with assistance from Scotland's Healthy Working Lives and the advisor works closely with them.

SECONDHAND SMOKE

10.16 No partnership working addressing second-hand smoke issues in the home was identified.

PROTECTION AND CONTROLS

10.17 The Action Plan includes providing support for local authorities to implement the recommendations from the national pilot on underage sales.

ASH SCOTLAND FUNDED PROJECTS

10.18 Aberdeen Foyer tobacco awareness and cessation project for disadvantaged 16-25 year olds April 2005 for 15 months.

11

HIGHLAND NHS HEALTH BOARD		
Estimated Population 303,330		
	SMOKING PREVALENCE (2004 baseline figure)	**2010 Target level**
Overall	26.4%	21.9%
In the 20% most deprived areas	No additional targets set	
LOCAL AUTHORITIES	**National share of most deprived 20% across Scotland**	**Percentage of total Local Authority population that are income deprived (number)**
ARGYLL AND BUTE	0.8%	10.6% (9,630)
HIGHLAND	1.8%	11.3% (23,875)

Contact: Cathy Steer, Health Promotion Manager

Deprivation

11.1 Highland Health Board has no specific targets for reducing smoking prevalence in the 20% most deprived areas although there are significant pockets of deprivation in the Inverness area comparable to areas of Grampian.

Community Health Partnerships (3)

11.2 Mid Highland, North Highland, South East Highland

PARTNERSHIP WORKING – STRATEGY AND ACTION PLAN

11.3 A Tobacco Strategy and Action Plan 2005-2008 was produced in January of this year. Action Point 18 of the action plan addresses the issue of Tobacco control and the development of a multi-agency partnership to take this forward.

PREVENTION AND EDUCATION

11.4 Programme of tobacco prevention being developed and delivered in all primary schools linking with the Health Promoting Schools Scheme.

SMOKING CESSATION SUPPORT

General Population

11.5 There is specialist service in each CHP staffed by dedicated advisers which supports the appropriately trained primary care staff who provide support in GP practices and other community venues. Services are particularly targeted at areas of deprivation.

Pharmacy

11.6 A pharmacy based smoking cessation service is provided by 5 community pharmacies, including provision of NRT through a PGD.

Secondary care

11.7 Developing smoking cessation service for hospital in-patients and referral pathways into the community on discharge.

11.8 Smoking cessation support provided for workplaces including NHS staff through occupational health and referral to community services.

Specific Inequalities Target Groups

Pregnancy

11.9 Developing a midwife led service for pregnant women and their partners.

Young people

11.10 The Stynx smoking cessation project delivered in senior schools is being evaluated in 2006 and further development will follow dependant on the results.

SECONDHAND SMOKE

11.11 No partnership working addressing second-hand smoke issues in the home was identified.

PROTECTION AND CONTROLS

11.12 No joint working involving combating the sale of tobacco to under-age customers and the supply of contraband cigarettes has been identified at present.

12

DUMFRIES AND GALLOWAY NHS HEALTH BOARD		
Estimated Population 147,930		
	SMOKING PREVALENCE (2004 baseline figure)	**2010 Target level**
Overall	22.6%	18.7%
In the 20% most deprived areas	No additional targets set	
LOCAL AUTHORITIES	**National share of most deprived 20% across Scotland**	**Percentage of total Local Authority population that are income deprived (number)**
DUMFRIES AND GALLOWAY	1.2%	11.6% (17,110)

Contact: Trish Grierson, Smoking Cessation Co-ordinator

Deprivation

12.1 Dumfries and Galloway have no specific targets for deprived populations; there are a minimal number of data zones in the most 5% and 10% of deprived populations with slightly higher numbers in the most 15% and 20% deprived populations.

Community Health Partnership (1)

12.2 Dumfries and Galloway

PARTNERSHIP WORKING – STRATEGY AND ACTION PLAN

12.3 There is a Tobacco Strategy Group which developed the tobacco control strategy and oversees the implementation of the action plan. Organisations represented in the group are Dumfries and Galloway Health Board (Smoking Cessation, Health Promotion, Public Health, Occupational Health, Health improvement, Secondary Care Operations) Dumfries and Galloway Council (Education, Community Services, Health Improvement, Environmental Health, Trading Standards) Dumfries and Galloway Constabulary (Substance Misuse, Intelligence), Licensed Trade Association, Building Healthy Communities, Licensed Victuallers Association.

PREVENTION AND EDUCATION

12.4 A Tobacco Control Adviser in Education supports the establishment of smoke-free secondary schools, raises awareness of tobacco issues and develops peer led prevention and cessation initiatives. Originally a Big Lottery funded project sustainability has now been assured with mainstream funding. Resources about tobacco and smoking cessation are distributed to youth clinics and other venues.

SMOKING CESSATION SUPPORT

General Population

12.5 The 'Smoking Matters' service has developed from two part-time Smoking Cessation Advisers delivering one-to-one and group clinics throughout Dumfries and Galloway to the present twelve part-time Advisers working in the general and specialised services. The service runs between 25 to 40 clinic sessions a week with the majority of group sessions being run in the more urban areas and one-to-one sessions in the more rural areas. The service has been extensively advertised and clients can self-refer through the centralised booking service or are referred by a Health professional. NRT is prescribed through the clinics using a PGD.

Pharmacy

12.6 A pilot of pharmacy provided smoking cessation service is being considered the for 2006-2007 action plan.

Secondary care

12.7 There is provision of cessation support in hospitals for both planned and emergency admissions and fast-track referral to the Smoking Matters Service on discharge. A weekly 'Smoking Matters' clinic is run in the hospital for in-patients, out-patients and staff.

Workplace

12.8 The 'Smoking Matters' service provides support and outreach advice to workplaces particularly hospitality and tourism organisations.

Specific Inequalities Target Groups

12.9 The 'Smoking Matters' service delivers groups and one-to-one clinics in community settings in disadvantaged areas. Training and awareness raising sessions are available for volunteer groups. Training and support is being offered to care home staff and residents.

Pregnancy

12.10 A dedicated 'Smoking Matters' cessation adviser specialises in supporting pregnant women.

Young people

12.11 Smoking cessation support is provided for young people within primary, secondary and further education settings.

Mental health

12.12 Training is provided in tobacco awareness issues and the new prescribing protocols for mental health workers and Smoking Matters staff.

Ethnic minorities

12.13 Ensuring all information materials are available in languages to meet the needs of D&G population and that cessation advisers make use of the language telephone line when required.

Prison

12.14 Training and support offered to staff at Dumfries Prison.

SECONDHAND SMOKE

12.15 No partnership working addressing second-hand smoke issues in the home was identified.

PROTECTION AND CONTROLS

12.16 The Action Plan highlights test purchasing and taking action to counter smuggled tobacco as a high priority for Trading Standards, HM Revenue and Customs and Dumfries and Galloway Constabulary.

ASH SCOTLAND FUNDED PROJECTS

12.17 National Schizophrenic Fellowship working with the acute mental health sector providing creative diversionary support to mental health service users who are making a quit attempt. May 2005 for twelve months.

13

SCOTTISH BORDERS NHS HEALTH BOARD		
Estimated Population 109,270		
	SMOKING PREVALENCE (2004 baseline figure)	**2010 Target level**
Overall	23.5%	19.5%
In the 20% most deprived areas	No additional targets set	
LOCAL AUTHORITIES	**National share of most deprived 20% across Scotland**	**Percentage of total Local Authority population that are income deprived (number)**
SCOTTISH BORDERS	0.5%	9.3% (10,170)

Contact: Dr Alan Mordue, Consultant in Public Health Medicine

Deprivation

13.1 Scottish Borders do not have specific targets for areas of deprivation although there are small significant pockets of deprivation within the 15% and 20% most deprived populations.

Community Health Partnership (1)

13.2 Scottish Borders

PARTNERSHIP WORKING – STRATEGY AND ACTION PLAN

13.3 A Tobacco Strategy Group and sub-groups for Prevention, Cessation and Passive smoking were formed to develop a Tobacco Strategy which was approved by the Health Board in May 2006. Organisations represented on the groups are Borders Health Board (Public Health, Smoking cessation, Occupational Health, Health Promotion, Social Inclusion and Diversity, Health and Safety), Scottish Borders Council (Education) Scottish Borders Tourist Board, Borders Voluntary Youth Work Forum. The Strategy Group reports to the JHIT and the Tobacco Strategy is consistent with the JHIP.

PREVENTION AND EDUCATION

13.4 Developing a whole school approach linking with Health Promoting Schools to include curriculum development, staff awareness and training, and the school smoking policy. This is expected to cover all schools by 2010, further work on prevention is identified in the Tobacco Strategy and this will be taken forward after consideration of the report from the national group examining evidence on effectiveness of this work.

13.5 The JHIP Healthy Communities Model will work towards changing the social norms in relation to smoking.

SMOKING CESSATION SUPPORT

General Population

13.6 NHS borders service has four main elements, the specialist service delivering community based groups; GP Health Centre based delivered by trained health professionals mainly on a one-to-one basis; a pharmacy service and support through the workplace.

Pharmacy

13.7 Pharmacy based twenty local pharmacies providing one-to-one support including prescribing of NRT.

Secondary care

13.8 Pilot service which has developed brief advice training and referral pathways for secondary care including CVD, diabetes, surgical pre-assessment, respiratory.

Workplace

13.9 Workplace based provided by occupational health providing mainly group support including prescribing NRT, available to NHS and other workplace staff.

Specific Inequalities Target Populations

Pregnancy

13.10 A Pilot project for pregnant smokers based on the West Lothian 'Stop for Life' programme is taking place in areas of deprivation within Hawick, North Galashiels and Stow.

Young people

13.11 There are no dedicated smoking cessation services for young people at present, but will look to develop these when the Young Peoples Pilot report is produced by Health Scotland.

Mental health

13.12 Links with psychiatric services to be developed, needs assessment carried out and brief intervention training for staff to be provided.

SECONDHAND SMOKE

13.13 It is planned that a multi-agency group created to support the introduction of the smoking ban in March 2006 will resume to review local implementation. A policy for the protection of staff working in homes has been agreed with the local authority. No partnership working addressing second-hand smoke issues in the home in relation to babies and children was identified.

PROTECTION AND CONTROLS

13.14 Aiming to work with Trading Standards to develop schemes to discourage and monitor under-age sales.

ASH SCOTLAND FUNDED PROJECTS

13.15 Needs assessment and designing of good practice for training and smoking cessation delivery to older adults May 2005 for 12 months.

14

WESTERN ISLES NHS HEALTH BOARD		
Estimated Population 26,260		
	SMOKING PREVALENCE (2004 baseline figure)	**2010 Target level**
Overall	27.0%	22.4%
In the 20% most deprived area	20.9%	18.6%
LOCAL AUTHORITIES	**National share of most deprived 20% across Scotland**	**Percentage of total Local Authority population that are income deprived (number)**
EILEAN SIAR	0%	14.3% (3,765)

Contact: Donella Campbell, Smoking Cessation Adviser

Deprivation

14.1 The smoking prevalence 2004 baseline figure for the 20% most deprived area in the Western Isles is calculated from survey data which used very small numbers and has resulted in a lower smoking prevalence rate than that for the general population.

14.2 Although the numbers of those living in deprivation are small it is a significant number as a percentage of the Western Isles population.

Community Health Partnerships

14.3 No Community Health Partnerships decided as yet.

PARTNERSHIP WORKING – STRATEGY AND ACTION PLAN

14.4 The Alcohol, Drugs and Smoking Action Team (ADSAT) is a multi-agency partnership of senior representatives from NHS Western Isles, Comhairle nan Eilen Siar, Lews Castle College, Northern Constabulary, the Criminal Justice Service and community and voluntary sectors.

14.5 The Action Team is represented on Community Planning Partnership's Community Well Being Forum which has representation from Social Services, Housing, Education, Sustainable Communities, Fire Service and LHCC.

14.6 A Tobacco Strategy was produced for the period 2005/2007.

PREVENTION AND EDUCATION

14.7 A multi-agency group is shortly to be formed to progress the issue of smoking prevention.

14.8 Smoking education sessions have been held at local educational establishments.

SMOKING CESSATION SUPPORT

General Population

14.9 Smoking cessation support is provided through one-to-one or group sessions through GP practices and the Smoking Cessation service.

Secondary Care

14.10 Patients in the Western Isles Hospital are offered assistance to stop smoking.

Specific Inequalities Target Groups

Pregnancy

14.11 In recent years midwifery staff were provided with training. All pregnant women are given a smoking and pregnancy baby pack. Pregnant women can also be referred to the smoking cessation

Young people

14.12 One of the eight pilot projects in Scotland aimed at young people WI Quit Smoking and Young People supports smokers between 16 and 25 years to cut down or stop smoking. It is delivered in schools, colleges, clubs, workplaces and clinics. There are one-to-one and group support sessions including residential weekends and the smoking cessation specialist can prescribe NRT through a PGD circumventing the need for young people being required to visit the GP.

SECONDHAND SMOKE

14.13 No partnership working addressing second-hand smoke issues in the home was identified.

PROTECTION AND CONTROLS

14.14 The ADSAT Committee in conjunction with the Comhairle nan Eilean Siar Trading Standards Department has initiated the introduction of the Proof of Age Validate Cards which have had a high uptake.

14.15 A problem has been highlighted with the supply of untaxed cigarettes and tobacco from offshore workers.

ASH SCOTLAND FUNDED PROJECTS

14.16 The Buddy project offering support to those in geographically isolated areas was funded to April 2005.

15

ORKNEY NHS HEALTH BOARD		
Estimated Population 19,500		
	SMOKING PREVALENCE (2004 baseline figure)	**2010 Target level**
Overall	22.4%	18.6%
In the 20% most deprived areas	No additional targets set	
LOCAL AUTHORITIES	**National share of most deprived 20% across Scotland**	**Percentage of total Local Authority population that are income deprived (number)**
ORKNEY	0%	7.8% (1,525)

Contact: Andrea Spence-Jones, Health Promotion Officer

Deprivation

15.1 Orkney has no data zones within the 5%, 10%, 15% or 20% most deprived populations.

Community Health Partnerships

15.2 There is no CHP decided at present.

PARTNERSHIP WORKING – STRATEGY AND ACTION PLAN

15.3 A multi-agency Drug, Alcohol and Smoking Action Team (DASAT) has a Strategy group and an Operational group with a Services sub-group.

15.4 The Strategy group is chaired by the Director of Social Services and the Operational group is chaired by the Mental Health and Substance misuse Team Leader.

15.5 Across the groups there is representation from NHS Orkney (Health Promotion, Public Health, Smoking Cessation, Drug & Alcohol Services, Mental Health, Nursing and Allied Health Professional) Orkney Islands Council (Education, Social Services, Environmental Health, Trading Standards, Dialogue Youth, DASAT, Community Safety, Community Liaison, Finance and Housing, Non Exec Board Member) Northern Constabulary, SACRO (Safeguarding Communities, Reducing Offending, Elected Representative), Orkney Alcohol Counselling and Advisory Service, AA, Orkney Blide Trust, Criminal Justice, Crossroads Carers Association, Procurator Fiscal, Orkney Area Licensing Board, Boozebusters, Orkney Islands Property Development Ltd.

PREVENTION AND EDUCATION

15.6 Throughout 2006/7 there are plans to:

- Integrate information on tobacco dependency and smoking cessation techniques and resources into schools substance use education.
- In partnership with parents and schools produce a homework booklet for primary school children on substance use related issues.
- Employ a Young Persons Substance Misuse Worker through Dialogue Youth/Young Scot to expand the availability of proactive substance use education to young people.
- Ensure all schools have policies in place to manage incidents of substance misuse.

SMOKING CESSATION SUPPORT

General Population

15.7 Expand the Smoking Cessation Service to provide services in all geographical areas to meet the particular needs of those on a low income, young people, pregnant women, those with mental health problems and dual tobacco and cannabis users.

Secondary care

15.8 Providing motivational interviewing and brief intervention training for staff to raise awareness of smoking cessation opportunities for both planned and emergency admissions.

Specific Inequalities Target Groups

Pregnancy

15.9 Support for midwives to gain skills in smoking cessation in order to provide support to pregnant smokers.

Young people

15.10 Support provided for vulnerable young people through integrated Community Schools, Community Social Services and the Housing division.

Prisons

15.11 Review and develop throughcare and aftercare for prisoners returning to Orkney.

Mental health

15.12 Providing training in smoking cessation support to those working with people with mental health problems.

SECONDHAND SMOKE

15.13 As part of the smoking cessation training and education those working with families are encouraged to discuss how to reduce babies and children's exposure to passive smoking.

15.14 Working with the Licensing Board continuing support is provided to licensed premises to comply with the Smoking, health and social care (Scotland) Act 2005.

PROTECTION AND CONTROLS

15.15 The implementation of Young Scot proof of age cards is supported.

15.16 Operation Kaliber aimed at confiscating alcohol and tobacco from young people to be implemented.

15.17 Work with retailers to ensure compliance with the law and discourage unsupervised siting of tobacco vending machines is taking place.

ASH SCOTLAND FUNDED PROJECTS

15.18 A needs assessment for Home Support smoking cessation services in Orkney April 2005 for 12 months.

16

SHETLAND NHS HEALTH BOARD		
Estimated Population 21,940		
	SMOKING PREVALENCE (2004 baseline figure)	**2010 Target level**
Overall	22.2%	18.5%
In the 20% most deprived areas	No additional targets set	
LOCAL AUTHORITIES	**National share of most deprived 20% across Scotland**	**Percentage of total Local Authority population that are income deprived (number)**
SHETLAND	0%	8.8% (1,930)

Contact: Claire Jamieson, Health Improvement Specialist Advanced

Deprivation

16.1 Shetland has no data zones within the 5%, 10%, 15% or 20% most deprived populations.

Community Health Partnership (1)

16.2 Shetland CHP

PARTNERSHIP WORKING – STRATEGY AND ACTION PLAN

16.3 A multi-agency multi-disciplinary steering group develops the Tobacco Control Action Plan and oversees implementation of the work. Member organisations of the group are Shetland Health Board (Public Health, Health Promotion, Alcohol/Drug Action Team) Shetland Council (Education, Trading Standards, Youth Services, Human Resources, Environmental Health), Northern Constabulary, Community Drugs Team, Alcohol Advice Centre, Shetland Youth Information Service.

16.4 An Action Plan was developed in 2004 this is in the process of being updated.

PREVENTION AND EDUCATION

16.5 Prevention and education work is carried out in schools through Health Promoting Schools and work with the Health Promotion Department and Shetland Youth Information Service. Advice and Information is available through the Health Promotion Resource Centre which also co-ordinates relevant national campaigns.

16.6 A protocol and guidelines for working with young people who are caught smoking at school will be developed.

SMOKING CESSATION SUPPORT

General Population

16.7 The smoking cessation service in Shetland has recently been reviewed and re-launched. All Health Centres in Shetland can provide one-to-one support and free NRT. Health Improvement Practitioners (smoking cessation advisers) run a weekly drop-in at the Leisure Centre in Lerwick and will be running groups (following a six-week programme) in workplaces, community settings and primary care as required, where possible with co-facilitators from the 'host' organisation. Services are advertised in local press and on radio station as well as on cartons of locally produced Shetland milk.

Specific Inequalities Target Groups

Pregnancy

16.8 Midwives and health visitors can provide smoking cessation support or refer to the specialist advisor.

Young people

16.9 Youth workers are trained as smoking cessation facilitators. A tobacco/smoking cessation project has been running at Shetland youth Information Service as part of a research project, involving a chat room and website. This is currently under review pending results of the national research.

16.10 Future plans include embedding smoking cessation services in education, housing, social care, mental health and drug and alcohol services with particular emphasis on disadvantaged groups such as people with mental health problems and older people.

SECONDHAND SMOKE

16.11 No partnership working addressing second-hand smoke issues in the home was identified.

PROTECTION AND CONTROLS

16.12 Implementation of the smoking ban is led through Environmental Health. There is currently no test purchasing in Shetland.

17 CONCLUSION

17.1 Tobacco control in Scotland has quite rightly in the past few years focused on supporting smokers to give up in order to reduce the damage smoking does to the health of the individual. More recently with the introduction of the Smoking Health and Social Care (Scotland) Act 2005, the highlight has also been on the damage done to non-smokers' health by secondhand tobacco smoke.

17.2 The health service and local authorities are developing and delivering services to meet these needs.

17.3 The enthusiasm and dedication of those involved in tobacco control in Scotland reflects in the advances made in the support provided for smokers who want to stop and the successful introduction of the first legislation in the UK to provide smokefree enclosed public places.

17.4 The prevalence of smoking amongst the general population has been slowly decreasing (Scottish Executive 2006) and there are signs that the smokefree legislation is benefiting workers especially in pubs and restaurants. (Menzies, D., et al. 2006)

17.5 However there are many sections of the population these improvements are not reaching. (The Scottish Executive 2004; Information Services Directorate 2005; The Scottish Executive 2005)

- Smokers living in deprived areas are less likely to give up than those living in more affluent areas thus widening the health inequalities gap.
- Prevalence rates among young people have remained fairly static since 2000 at 14% for 15-year-old boys and 24% for 15-year-old girls.
- Smoking in pregnancy remains unacceptably high especially in areas of deprivation.
- Smoking prevalence rates are high among heavy drinkers, homeless people, prisoners and those with mental health problems.
- Babies and young children continue to be exposed to secondhand smoke in the home even though they are more susceptible than adults to the dangers that this smoke poses.
- Children continue to purchase cigarettes from retail outlets.
- Smuggled and counterfeit cigarettes and tobacco are freely available in some areas of Scotland.

17.6 There were some very successful partnerships taking place across Scotland prior to the implementation of the smokefree legislation which has laid the groundwork to further develop tobacco control. The time is now right to expand the tobacco control community to incorporate all those organisations and groups that will benefit from a reduction in tobacco use and can assist in penetrating those hard to reach sections of the population.

17.7 There are sections of the health community directly affected by clients who smoke both within community and secondary care that are not involved in local partnerships. They include, among others, dentists, opticians, pharmacists, respiratory specialists, heart specialists, midwifery, paediatricians, obstetricians and patient groups.

17.8 Similarly very few partnerships have representation from children's and adult social services, youth services and Drug and Alcohol Teams.

17.9 High smoking rates do not just affect the health and care services. Smokers are more likely to take sick leave than their non-smoking colleagues and are more likely to suffer from a chronic illness and not be able to work through to full retirement age. Smoking materials are the biggest cause of death from fires in the home. Young people who smoke are more likely to start drinking alcohol under-age and to use illegal drugs than their non-smoking counterparts.

17.10 Clearly there are issues here for local employers, fire and rescue services, the police and the local community as a whole and again these are groups which are poorly represented on local partnerships.

17.11 A shared health and local authority responsibility provides an opportunity to raise the profile of tobacco control within disciplines such as children's and adult's social services, community safety and community development.

17.12 In some areas where the Tobacco Control Leads employed by the Health Board work within a Local Authority/CHP area there are good links and working relationships which would enable effective alliance development. In other areas where this is less developed and reorganisation within the Health Boards is taking place to accommodate the new CHP structures there is less cohesion. Whilst these CHPs are still developing it will require a dedicated champion and take a considerable amount of effort to bring an alliance together.

17.13 Those health service employees who have responsibility for developing tobacco control are quite often also the lead for smoking cessation services. Although they would like to be able to devote more time to tackling the wider tobacco control issues, smoking cessation work often has to take priority.

17.14 Community Planning Partnerships which involve local authorities, CHPs, voluntary groups, community groups and local businesses provide the opportunity to raise the profile of tobacco control at a community level. Tobacco use directly affects their priorities of community regeneration, closing the opportunity gap and improving the quality of life in communities.

17.15 Obtaining buy-in from local communities has to be a priority if we are to be successful in taking forward the prevention and protection aspects of Scotland's Tobacco Control Action Plan. The Health Service cannot take on the full responsibility for this; they have been at the forefront of tobacco control development and are quite rightly concentrating much of their efforts within their smoking cessation services.

17.16 For local tobacco control alliances to be successful connections must be made with all levels of local authority, including elected members and policy directors. They and the local community, including local businesses, need to be convinced of the benefits to them of reducing the prevalence of smoking especially in areas of deprivation, protecting babies and children from

secondhand smoke, preventing young people from gaining access to cigarettes and reducing the illegal supply of tobacco and cigarettes.

17.17 Co-ordinating smoking cessation and prevention activities through a local Tobacco Control Alliance can increase the effectiveness of individual interventions and encourage those outwith the recognised sphere of tobacco control activities to become involved.

17.18 Research has shown that a multi-component approach, incorporating both national and local activities, can have a positive effect in delaying the uptake of smoking among young people as well as reducing smoking prevalence. (Biglan, A. et al. 1995; 1996; 2000) (Forster, J.L et al. August 1998) (Lantz, M.P. et al. October 1999)

17.19 National tobacco control activities such as raising the tax on tobacco; smokefree public place legislation; banning advertising; and anti-tobacco media campaigns are managed by Scottish Executive and National Government bodies and are largely outwith the control of local alliances. Although there are always opportunities to become involved in consultations, fact-finding exercises and research projects that help to determine government policy.

17.20 Local alliances can co-ordinate and influence the development of local activities involving parents, schools and the local community in education programmes for young people; promoting smokefree homes; reducing under-age-sales and developing stop smoking support.

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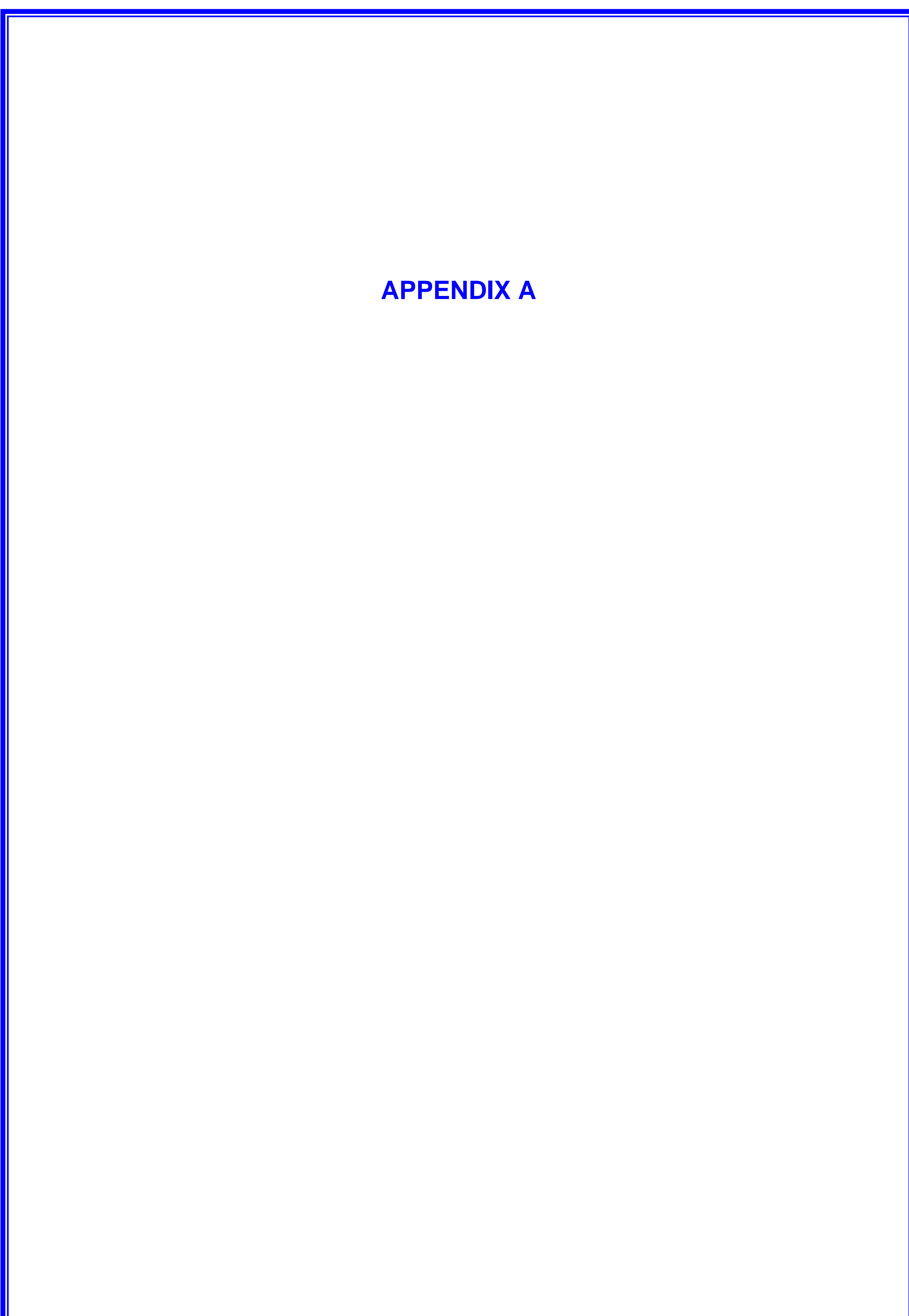
GLOSSARY OF TERMS

ADSAT	Alcohol, Drugs and Smoking Action Team
BHF	British Heart Foundation
BME	Black and Ethnic Minorities
CECG	Communications, Education and Cessation Group, Perth and Kinross
CHCP	Community Health and Care Partnership
CHP	Community Health Partnership
CPN	Community Psychiatric Nurse
CPP	Community Planning Partnership
CVD	Cardio Vascular Disease
DASAT	Drug, Alcohol and Smoking Action Team
DEPCAT	Deprivation Category
DPH	Director of Public Health
GCPP	Glasgow Community Planning Partnership
GP	General Practitioner
GUTSE	Give Up Tobacco Substitute Exercise
JHIP	Joint Health Improvement Plans
LHCC	Local Health Community Council
LHP	Local Health Partnership
LGBT	Lesbian, Gay, Bisexual, Transgender
MSP	Member of the Scottish Parliament
NHS	National Health Service
NOF	National Opportunities Fund
NRT	Nicotine Replacement Therapy
PASS	The Proof of Age Standards Scheme
PATH	Partnership Action on Tobacco and Health
PGD	Patient Group Direction
ROA	Regeneration Outcome Agreement
SCS	Smoking Cessation Service
SHAW	Scotland's Health at Work (now Scotland's Healthy Working Lives)
SIP	Social Inclusion Partnership
T&I	Tobacco and Inequalities


APPENDIX A

SCOTTISH EXECUTIVE

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Executive, NHS Quality Improvement Scotland
Scottish Specialists in Pharmaceutical Public Health
Health Promotion Managers
NHS Health Scotland
Chief Executive CoSLA

17 January 2006

Dear Colleague

DELIVERY OF TOBACCO CONTROL AND SMOKING CESSATION SERVICES BY THE NHSiS: MANAGING PERFORMANCE AND SHARING SUCCESS

I believe that we share a future vision of a Scotland which has attained the lowest levels of smoking prevalence in Europe and is benefiting from all the economic, health and social gains that would flow from such an achievement. ill particular, we have previously discussed the real and tangible gains for the NHS in Scotland which could be delivered by a reduction in tobacco consumption.

In order to achieve this, we need to focus on the outcomes that our collective work on tobacco is designed to achieve, namely stopping people from smoking by delivering effective cessation support and preventing initiation into tobacco use. Together with protecting people from second hand smoke, these priorities make up the three key planks of our national tobacco control policy. They should also guide the development of your strategies at local level.

In the course of 2005-6, significant funding for cessation services has come on stream in Scotland for the first time. Those resources will continue to flow into the NHSiS throughout this funding period. I know that people are working locally to design and deliver services on this basis and I expect every Health Board in Scotland to continue to give this work the highest possible priority in 2006.

However, delivering services is not enough. We also need to know whether these services are working. 'Working', means attracting the right people in through the right doors; providing

individuals with the support that is appropriate for them; creating the conditions for a successful quit attempt; and - critically - making sure that the key data is recorded at each stage in the process. It is about locating services in the context of a local tobacco control action plan where you work with partners to ensure that issues such as communication; education and referral are properly joined up and designed in the best interests of the individual. It is about working with the SE Health Department and NHS Health Scotland to ensure that your policies and services conform to an agreed vision for tobacco control, while making full use of the opportunities for using local flexibility to meet local circumstances. Above all, it's about reducing the number of people in Scotland who smoke.

Annex A to this letter reiterates our priorities and sets out what we are doing to help you to drive forward success in tobacco control. We're making our major contribution from the centre by implementing comprehensive smoke-free legislation in March 2006. The rest is up to you to deliver to the very best of your ability. Working together, I am confident that we can make progress towards our vision of a Scotland free from its current burden of tobacco-related disease.

ANDY KERR

ANNEX A

(i) Population target for adult smoking prevalence in Scotland

The current population target commits us to reducing the rate of smoking among adults aged 16-64 to 29% by 2010. The 2004 Scottish Household Survey showed a reduction in smoking prevalence in this age group from 30.9% (2003) to 29.3% (2004). A further drop of only 0.3% or about 10,000 smokers is required to reach the 2010 target. This is a significant achievement and one which was made largely prior to the establishment of the integrated cessation services we have today.

It is therefore appropriate that we review this target to make it more challenging and a driver to further success in reducing smoking prevalence. We have also decided to remove the current upper age limit on the target and to re-base the target accordingly. It is never too late to stop smoking and we must send a signal that the smoking status of those 65 and over is equally important to us. Re-basing the current prevalence rate (29.3%) to 16+ gives a current prevalence of 26.5%. The new target we are aiming for is to reduce that figure to **22% by 2010**.

You will recognise that this is one of the key targets in the new Local Delivery Plan (H.02T) and that 'numbers smoking' is one of the key measures for 2006-07. Future issues of the Plan will be updated with these figures but you should be planning for them now. Annex B to this letter breaks the national target down by Health Board in order to give you your local version of the population target. The local targets are derived by applying the national reduction target to current estimates of local prevalence. **Tobacco Control Division would welcome your comments on these local targets by 10 February 2006; subject to any such comments we intend to finalise them for issue in early March.**

It goes without saying that a fall in smoking prevalence in your area will reflect more than the performance of the local smoking cessation services. The additional resources made available for SCS in the current years are precisely that - additional - and are intended to bolster existing work within Health Boards on tobacco control strategies including SCS. We do not anticipate that you will meet your local targets purely through delivering cessation services. Hence the continued focus on overall smoking prevalence, both locally and nationally.

(ii) Population targets for smoking among young people and pregnant women

Data shows that good progress was made towards achieving the young people's (12-15) targets between 1996 and 2000. Since 2000 there has been more limited progress. I have concluded that the current targets remain challenging and achievable, but I am asking Lawrence Gruer's Expert Group, (currently looking at Education and Prevention issues), to review these targets as part of their current work. In the meantime, locally driven work with young people should remain a priority for you. A drop in the numbers being initiated into smoking at this age can have a very significant impact on the adult prevalence figures within a few years and may also prevent young people from moving onto other substance use such as Cannabis.

There was limited progress between 1995 and 2002 towards our targets for reducing smoking in pregnancy. By 2004, the rate had dropped to 23.8% and I am therefore hopeful that the 2005 target of 20% will be met. This area should continue to be seen and treated as a priority.

ANNEX A

You may be aware that NR T has recently been licensed for use with pregnant women and those under 18. NHS Health Scotland will be issuing guidance to you on this shortly. I hope that this will allow us to accelerate progress towards both of these targets.

(iii) National inequalities targets

Again, you will have noted that the inequalities targets feature in the Local Delivery Plan (H.O I T). These include the target of increasing the rate of improvement in adult smoking and smoking during pregnancy in the most deprived communities by 15% by 2008. For that sector of the population, this means reducing adult smoking prevalence to 33.2% (similarly re-based to 16+) and reducing smoking by pregnant women to 32.2%.

This is one of the most challenging areas of your work and one of the most important. Research shows that people in more deprived communities do seek out services, but they often need more intensive and tailored help to quit. I have already spoken and written to you about the need to design and locate services to make them as accessible as possible and we will be looking for evidence that this is happening on the ground. As with the population targets, each qualifying Health Board will be given a local target for a reduction in adult smoking prevalence and smoking in pregnancy in the most deprived communities. Again, these are derived by applying the national reduction target to current estimates of the local situation and are attached at Annex C. As with the population targets, any comments on these local inequalities targets should be with the Department by 10 February 2006.

We will not narrow the gap without making a significant and concerted effort. In order to boost progress in this area, I have decided to allocate a substantial portion of the additional £2m identified for smoking cessation services in 2006-7 to the most deprived communities. This will be done by making the resources available to those Health Boards and CHPs which are piloting the Prevention 2010 initiative. The precise mechanisms for doing this and the levels of funding for each area are still under discussion. However, I am confident that these resources will allow us to do some very significant work in the areas of our population where around one in every three adults still smokes. Strategies undertaken in these pilot areas will be monitored and evaluated so that we can learn more about what is effective and share that learning with colleagues around the country.

I remain open-minded on how we can best allocate the further £2m due to come on stream in 2007-8; it may be that other priority groups would benefit from additional targeted resources in this way. I will be discussing this in due course with the Scottish Ministerial Working Group on Tobacco Control but if you have any suggestions, please do feed them in.

(iv) The National Smoking Cessation Services Management Information System the critical importance of data

It is essential for future service design and resource allocation that we know what the outcomes are for the people who access our smoking cessation services. In other words, are people successfully stopping smoking? There is no substitute for recording and analysing an agreed set of data and I trust that the importance of this is now recognised in all Boards. We need to know what is working and for whom. This is as true for those operating at a local

level, deciding which pattern of services to run next year, as it as for those of us at the centre who have to make major funding decisions.

I expect all Boards to be able to tell me by the end of the next financial year: how many people have achieved a validated 4 week quit success through accessing their smoking cessation services and to have as much information as possible about 12 week and 52 week quits; what % of smokers are accessing SCS in their Board area and what % of smokers from the most deprived postcode areas are accessing SCS and achieving a 4, 12 or 52 week quit. This is basic management information and you should be eager to use it to inform your own local planning. I am disappointed that it has taken longer than planned for all Boards to migrate onto the new system and I will be looking at the comparative data reports with interest once these are available.

(v) Working towards an assessment framework for tobacco control in Scotland

As this letter indicates, my message to you is twofold: **focus on outputs and in doing so, design whatever services best meet the needs of the smokers in your area**. I have always said that I do not want to be prescriptive in telling you how to do this, but to provide you with as much support and guidance as you require. To this end, the Executive has been working with ASH Scotland and the PATH initiative to draw together in one place what they consider to be the key components of a model tobacco control policy, a 'gold standard' to which all Boards should aspire.

A model policy would, among other things, promote:

- investment in the training of specialist staff and the subsequent protection of their time to deliver SCS;
- consistent recording of data in general and follow-up data in particular;
- the provision of evidence-based behavioural support;
- the delivery of services in settings which were accessible and attractive to key clients; the
- evaluation of effectiveness of interventions with target groups;
- working with partners (including local authorities and schools) to meet the needs of the local population;
- the active support of staff in giving up smoking.

As this model develops, NHS Health Scotland will work with Boards to advise, co-ordinate and support you in putting evidence and policy into practice in relation to tobacco control. In particular, Health Scotland will assist you in developing policies and designing services which meet the identified 'gold standard' criteria.

In 2007-8 we will be reaching the end of the current funding period. Significant resources will have been put into smoking cessation services for three years and tobacco control should have had a significantly enhanced profile at Board level. I believe that this will be an appropriate time to assess how effectively Health Boards in Scotland are delivering services for their local populations and whether they have established the internal capability to deliver an effective tobacco control programme.

ANNEX A

I have therefore asked officials to work with Health Scotland, ASH Scotland and other partners to develop a performance assessment framework for tobacco control. This framework would encompass delivery of the key targets in the Local Delivery Plan and set these in the wider context of Boards' tobacco control policies and strategies for addressing other priority areas such as young people and pregnant smokers. It would of course closely reflect the 'model' tobacco control policy which is outlined above and there will be opportunities for all of those involved in tobacco control to have an input into its development.

I anticipate that this work would be undertaken in the second half of 2007 in order to inform decisions about funding beyond the current period.

ANNEX B

Population targets broken down by Health Board

Target: **To reduce the smoking rate for adults aged 16+ by 17.0% from 26.5% in 2004 to 22.0% in 2010**

Notes: Data from the Scottish Household Survey is used to monitor this target

	Estimated Number of Smokers				Smoking Rates		
	2004 Baseline	Target Reduction	2010 Target Level	% Target reduction	2004 Baseline	Target Reduction	2010 Target Level
Greater Glasgow	205,067	34,861	170,206	17.0%	28.8%	4.9%	23.9%
Lothian	166,307	28,272	138,035	17.0%	25.7%	4.4%	21.3%
Lanarkshire	129,049	21,938	107,110	17.0%	28.8%	4.9%	23.9%
Grampian	107,312	18,243	89,069	17.0%	25.1%	4.3%	20.8%
Argyll and Clyde	87,978	14,956	73,022	17.0%	26.0%	4.4%	21.6%
Ayrshire & Arran	85,557	14,545	71,012	17.0%	28.6%	4.9%	23.7%
Tayside	77,551	13,184	64,367	17.0%	24.4%	4.1%	20.2%
Fife	76,144	12,944	63,200	17.0%	26.4%	4.5%	21.9%
Forth Valley	56,791	9,654	47,137	17.0%	25.0%	4.2%	20.7%
Highland	45,267	7,695	37,572	17.0%	26.4%	4.5%	21.9%
Dumfries & Galloway	27,434	4,664	22,771	17.0%	22.6%	3.8%	18.7%
Borders	20,921	3,557	17,365	17.0%	23.5%	4.0%	19.5%
Western Isles	5,794	985	4,809	17.0%	27.0%	4.6%	22.4%
Shetland	3,859	656	3,203	17.0%	22.2%	3.8%	18.5%
Orkney	3,543	602	2,940	17.0%	22.4%	3.8%	18.6%
Scotland	**1,098,690**	**186,777**	**911,913**	**17.0%**	**26.5%**	**4.5%**	**22.0%**

ANNEX C

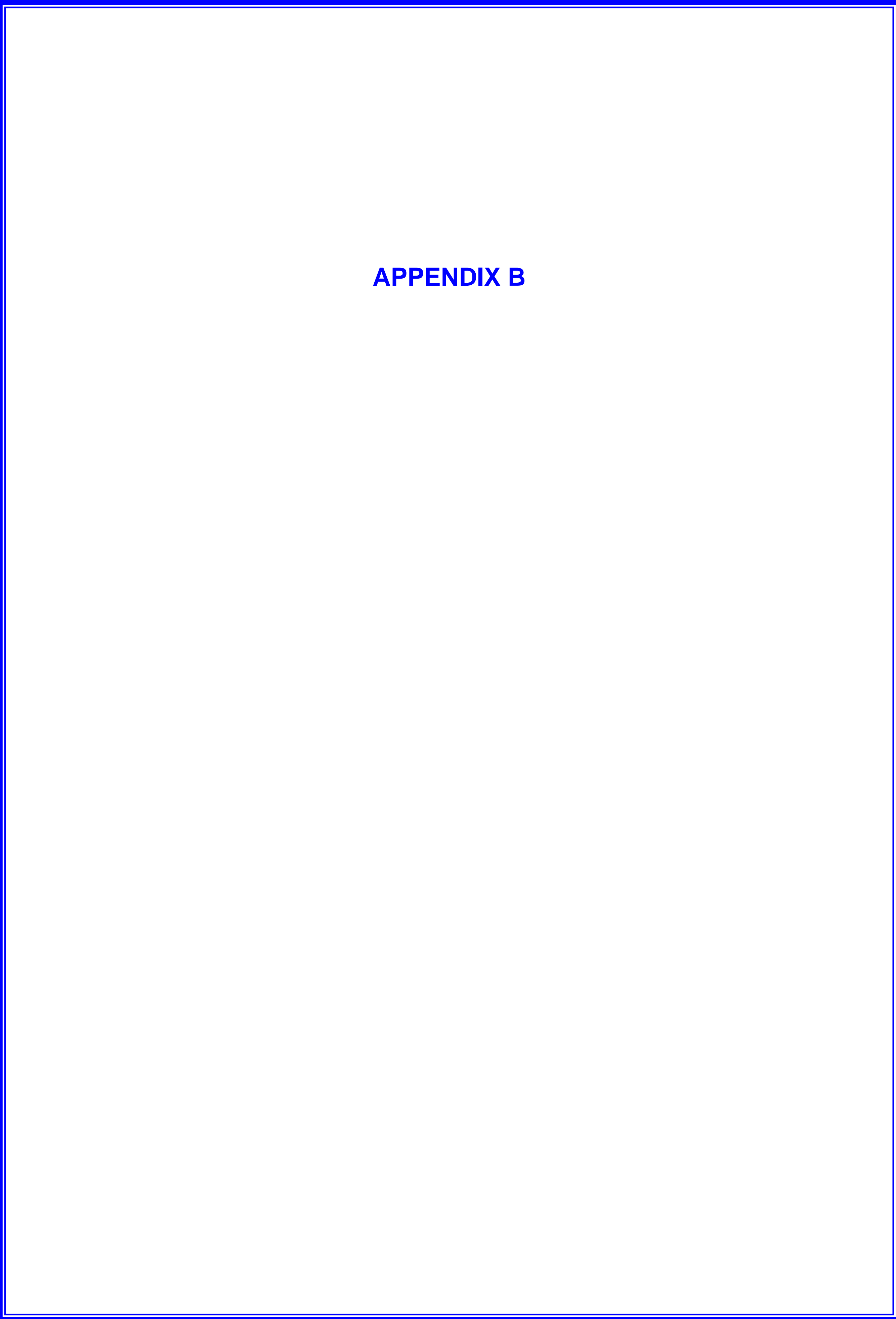
Inequalities targets broken down by Health Board area

Target: **To reduce the smoking rate for adults aged 16+ in the most deprived areas of Scotland by 10.9% from 37.3% in 2004 to 33.2% in 2008**

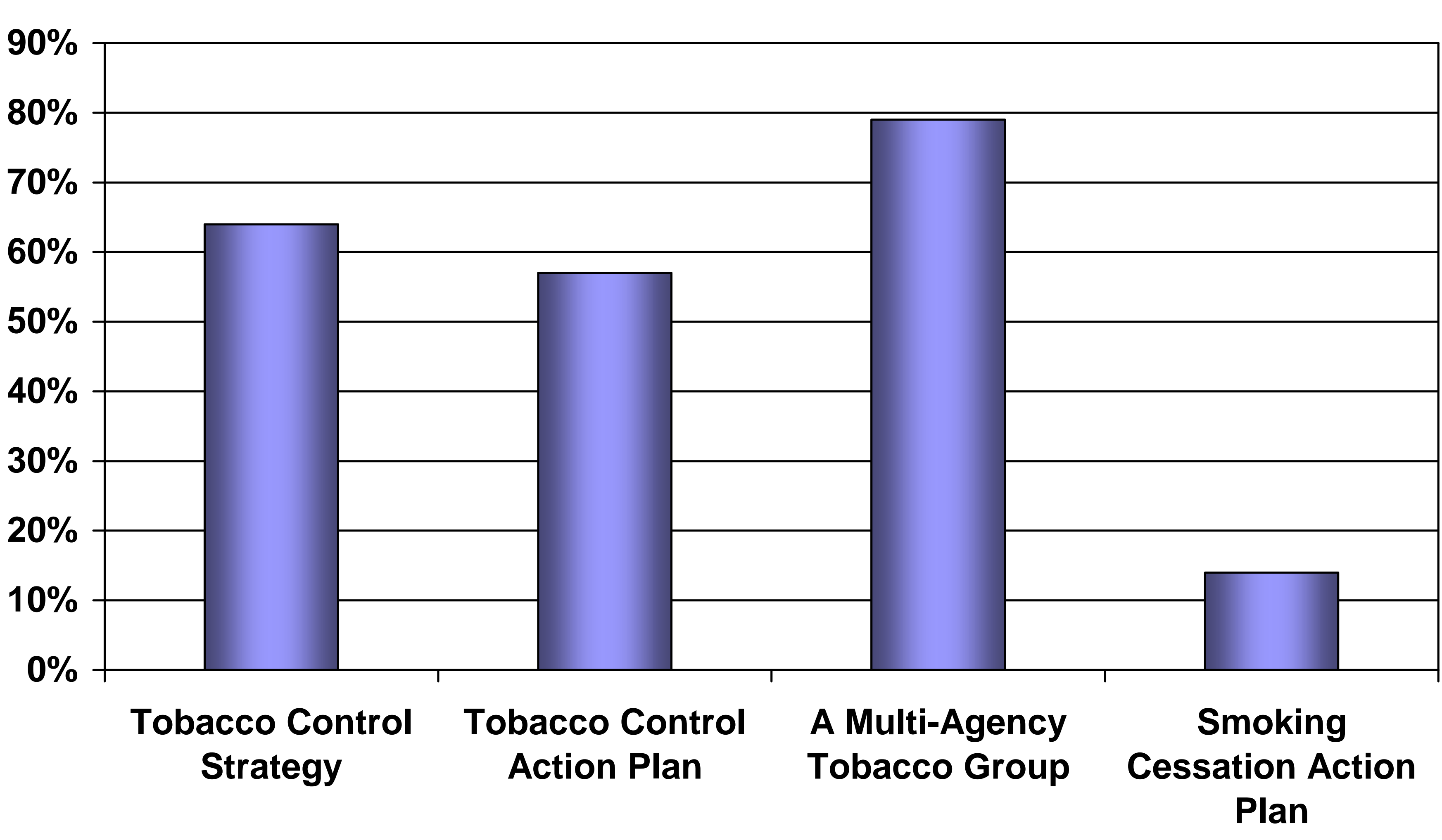
Notes: As survey data from the Scottish Household Survey is used to monitor this target, there is a need to use data from an average 3-year period 2002-2004 in order to derive reliable estimates of smoking in the most deprived areas, by NHS Board.

Data from 2002-2004 is used as a baseline to calculate the 10.9% target reduction for each NHS Board with postcode sectors in the 20% most deprived areas in Scotland.

	Estimated Number of Smokers				**Smoking Rates**		
NHS Board	Average 2002-2004	Target Reduction	Target Level	% Target reduction	Average 2002-2004	Target Reduction	Target Level
Greater Glasgow	136,888	14,921	121,967	10.9%	38.5%	4.2%	34.3%
Lanarkshire	50,424	5,496	44,928	10.9%	36.3%	4.0%	32.3%
Argyll & Clyde	36,113	3,936	32,177	10.9%	35.7%	3.9%	31.8%
Lothian	22,709	2,475	20,234	10.9%	42.5%	4.6%	37.9%
Ayrshire & Arran	21,793	2,375	19,418	10.9%	42.5%	4.6%	37.9%
Tayside	20,286	2,211	18,075	10.9%	38.0%	4.1%	33.9%
Grampian	11,494	1,253	10,241	10.9%	43.5%	4.7%	38.8%
Forth Valley	7,455	813	6,642	10.9%	33.1%	3.6%	29.5%
Fife	5,387	587	4,799	10.9%	35.6%	3.9%	31. 7%
Western Isles	851	93	758	10.9%	20.9%	2.3%	18.6%
Borders	0	0	0				
Dumfries & Galloway	0	0	0				
Highland	0	0	0				
Orkney	0	0	0				
Shetland	0	0	0				
Scotland	**313,399**	**34,161**	**279,239**	**10.9%**			



APPENDIX B


Health Board Tobacco Control
90%
80%
70%
60%
50%
40%
30%
20%
10%
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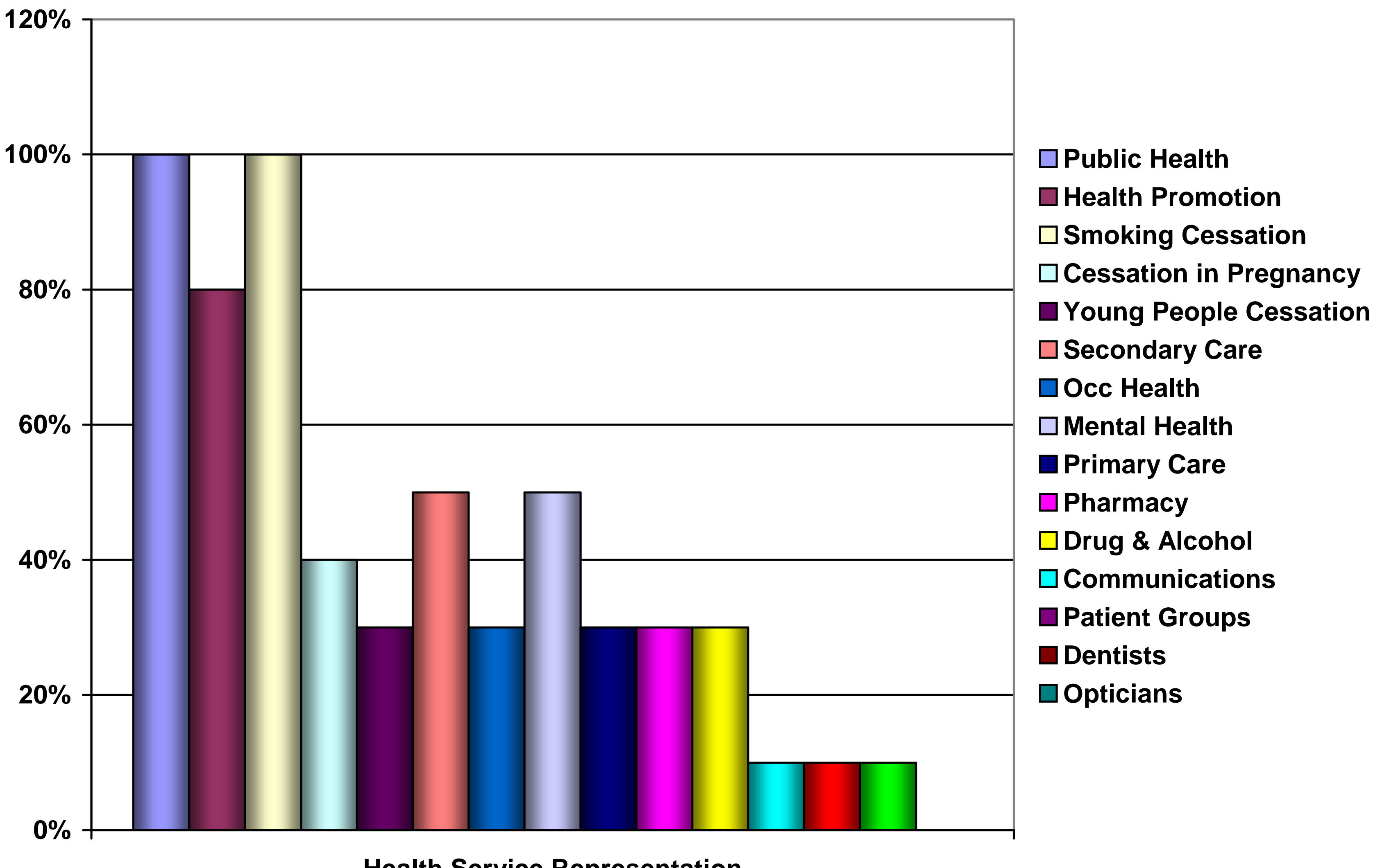
Tobacco Control Strategy
Tobacco Control Action Plan
A Multi-Agency Tobacco Group
Smoking Cessation Action Plan


120%
100%
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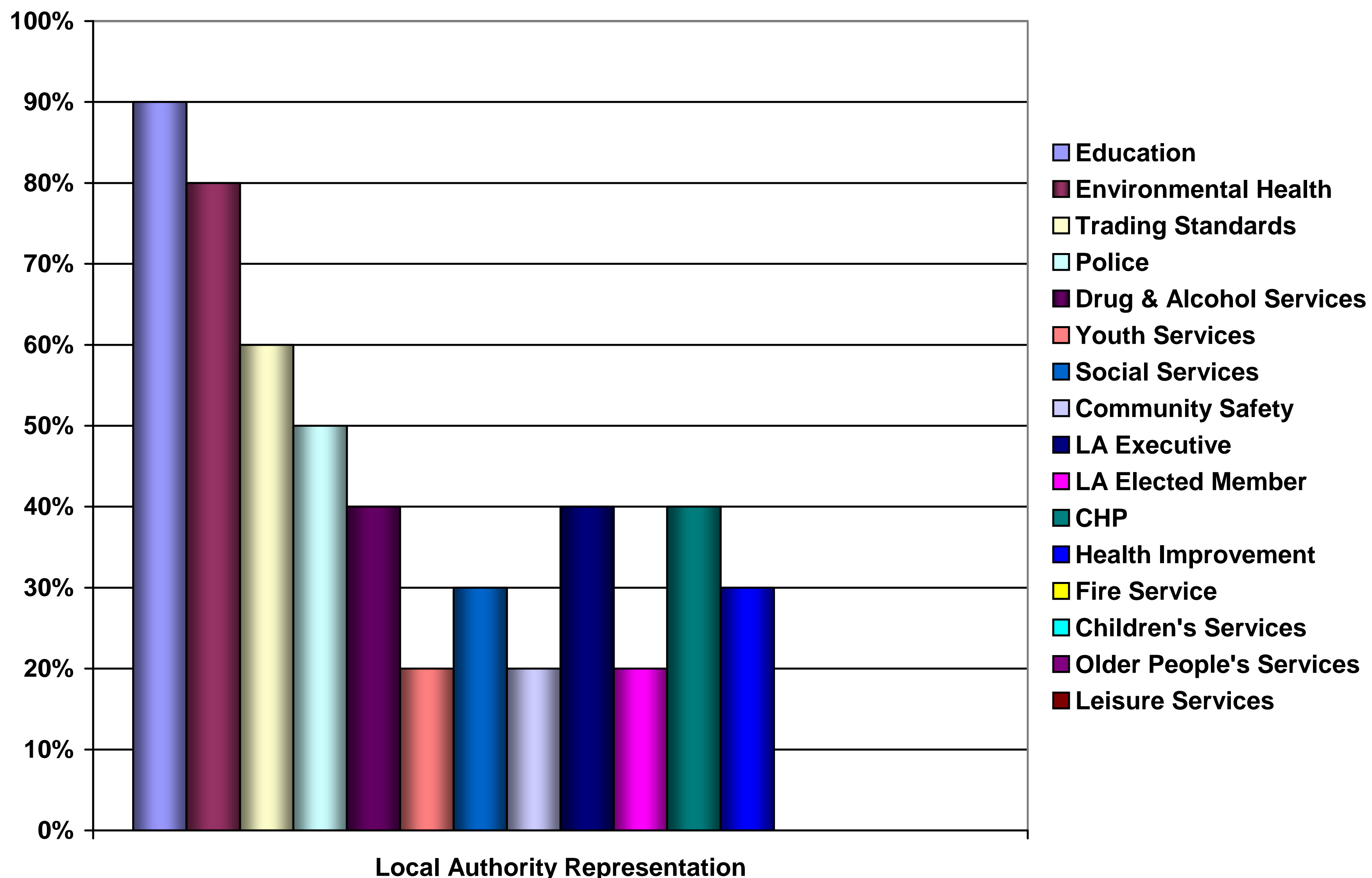
Health Service Representation
Public Health
Health Promotion
Smoking Cessation
Cessation in Pregnancy
Young People Cessation
Secondary Care
Occ Health
Mental Health
Primary Care
Pharmacy
Drug & Alcohol
Communications
Patient Groups
Dentists
Opticians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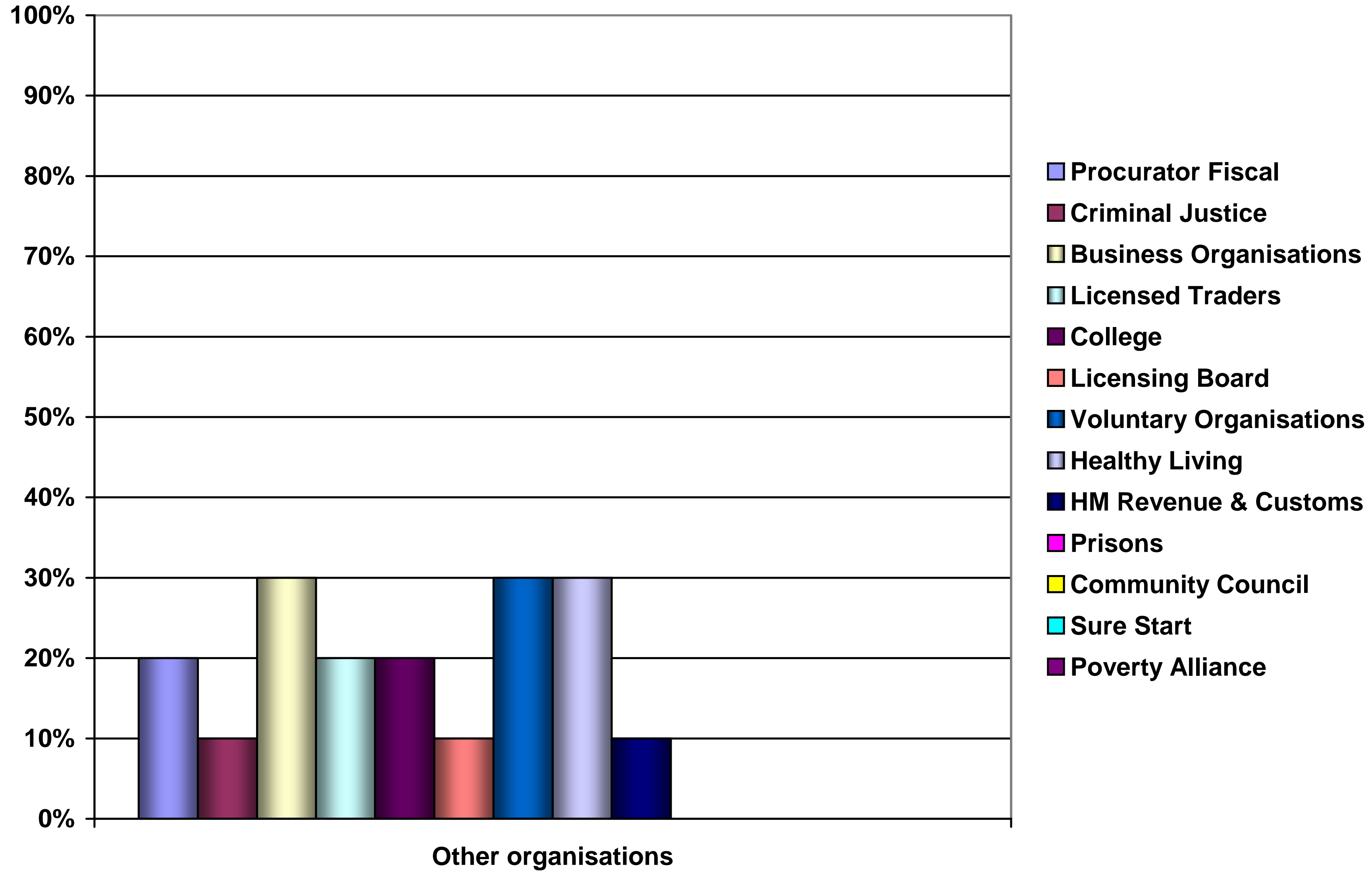
Local Authority Representation
Education
Environmental Health
Trading Standards
Police
Drug & Alcohol Services
Youth Services
Social Services
Community Safety
LA Executive
LA Elected Member
CHP
Health Improvement
Fire Service
Children's Services
Older People's Services
Leisure Services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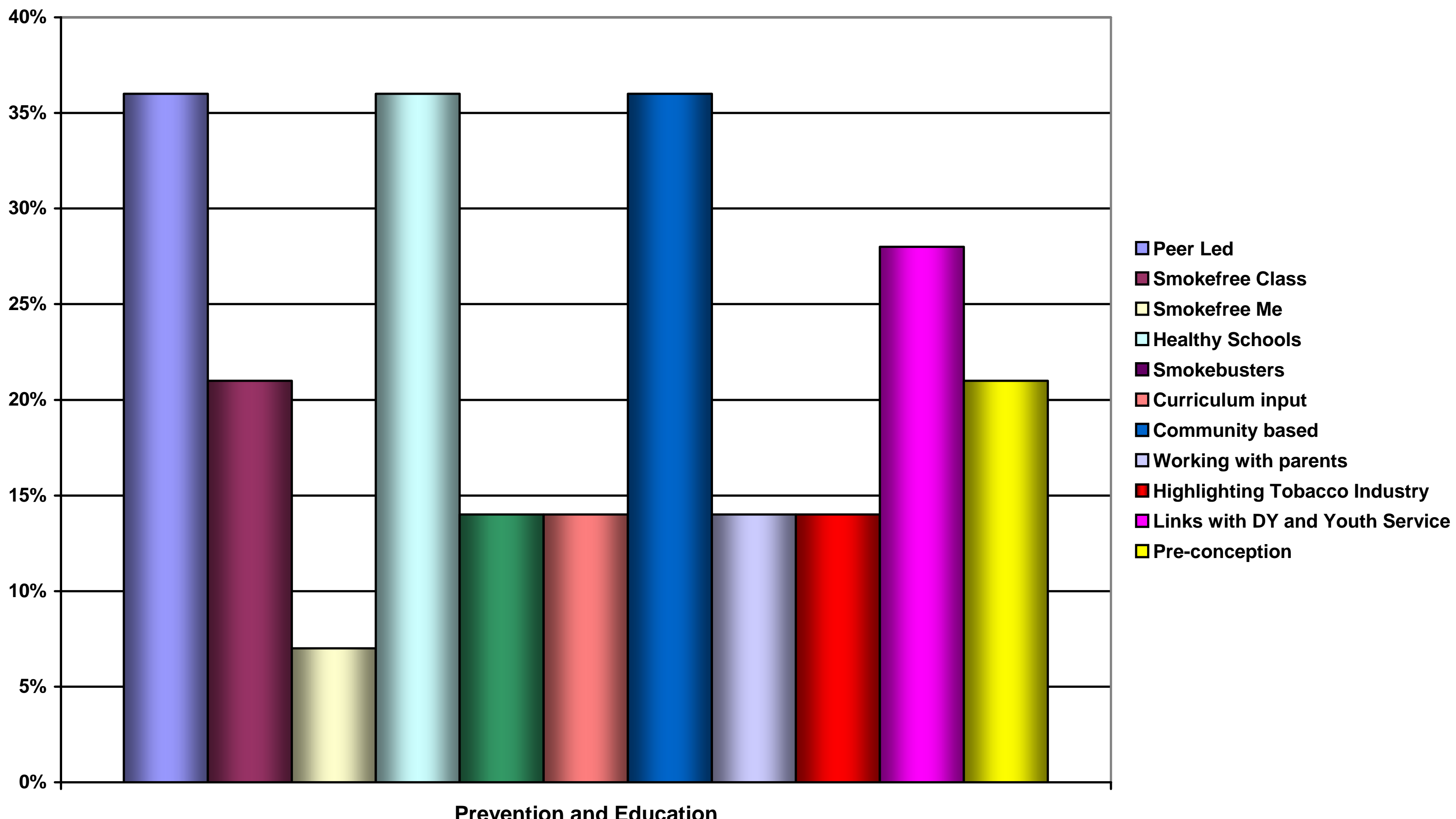
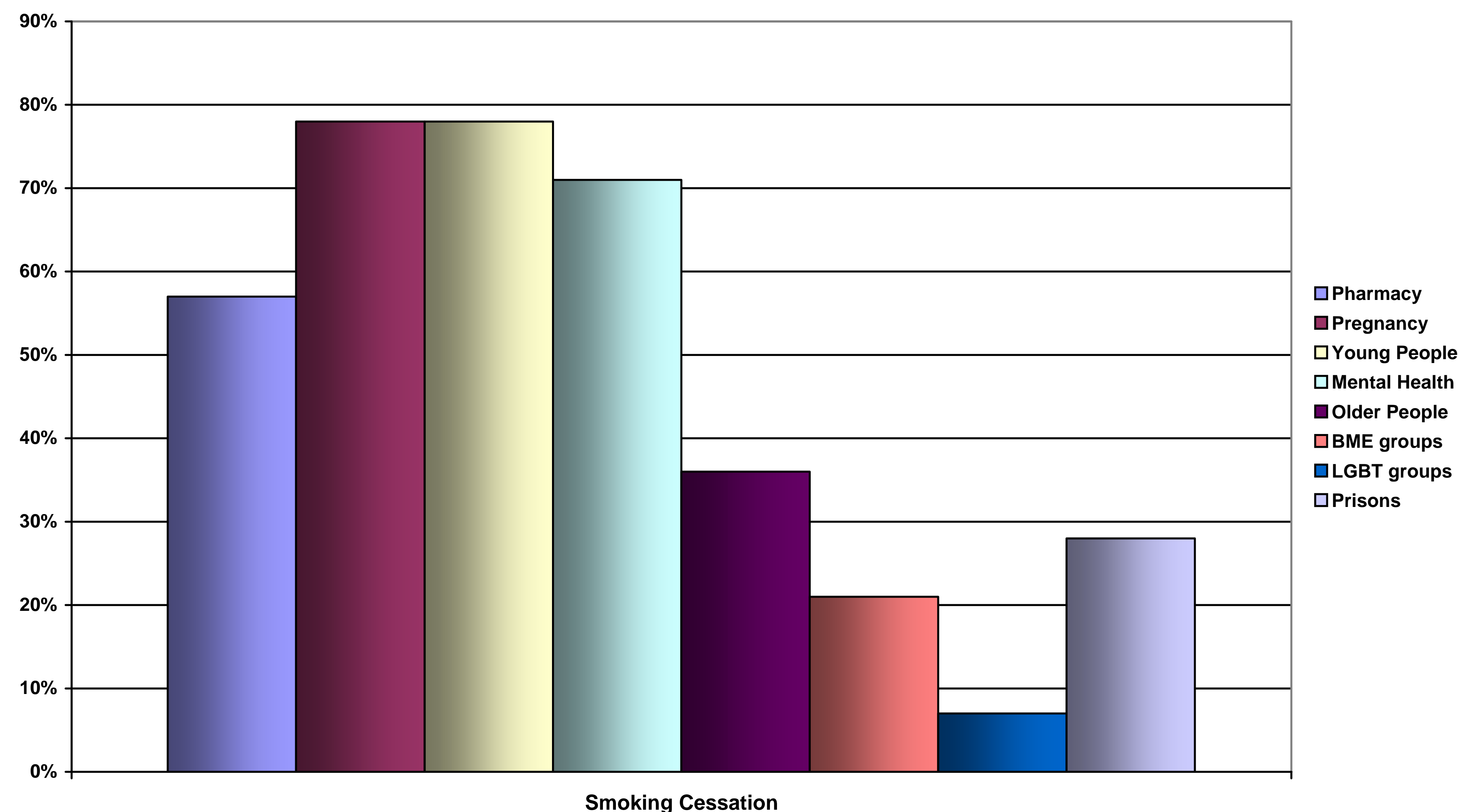
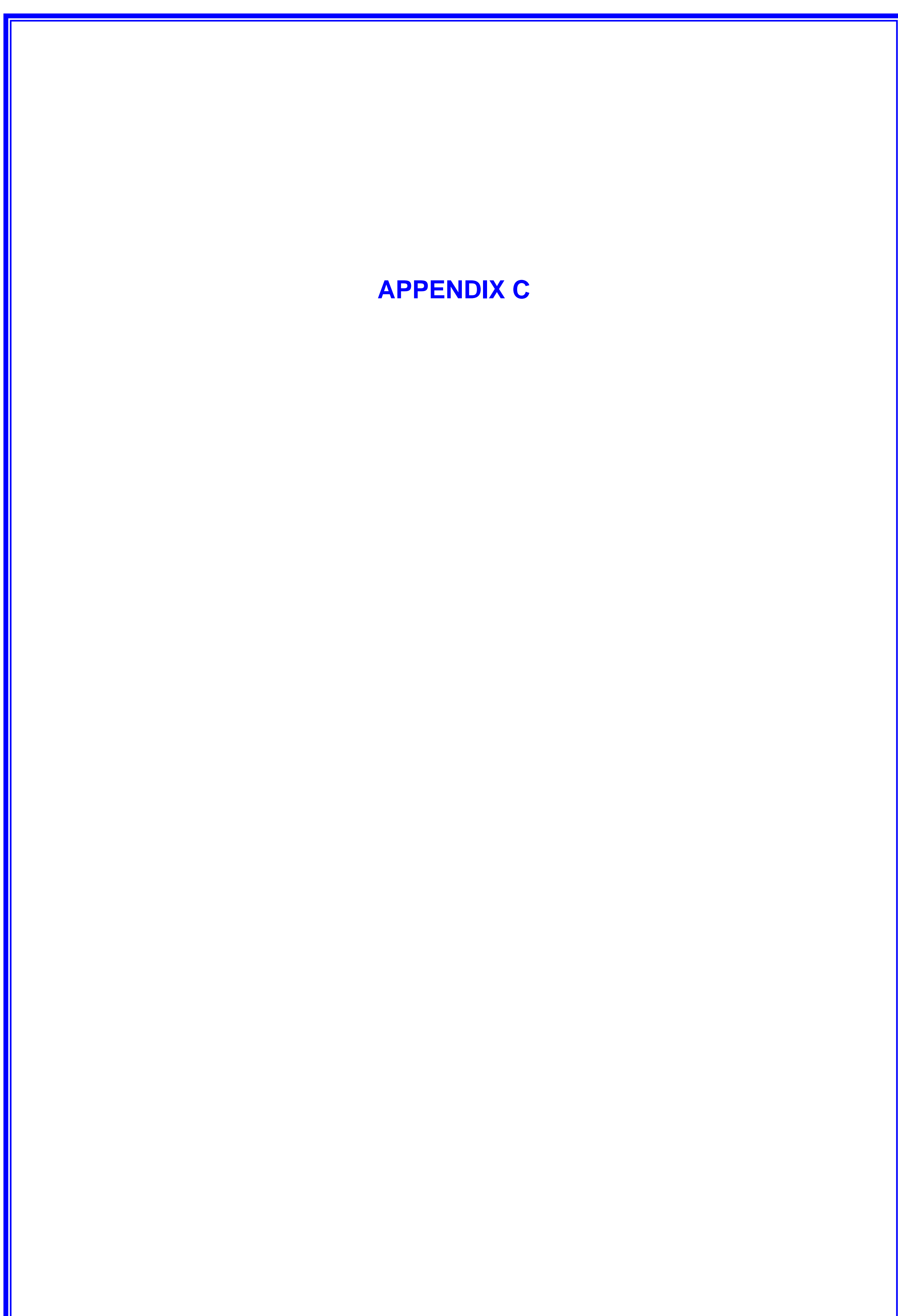
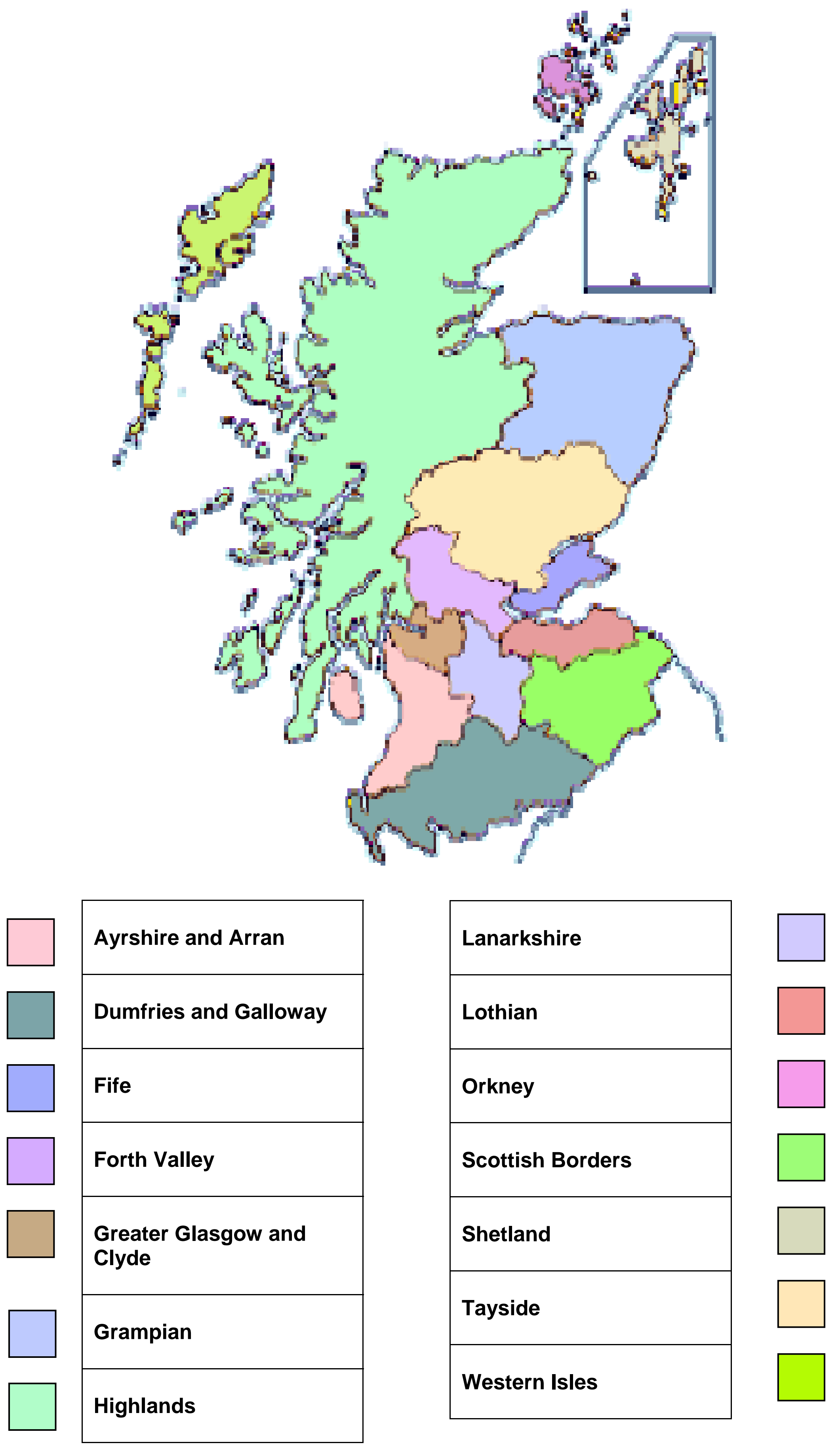
Other organisations
Procurator Fiscal
Criminal Justice
Business Organisations
Licensed Traders
College
Licensing Board
Voluntary Organisations
Healthy Living
HM Revenue & Customs
Prisons
Community Council
Sure Start
Poverty Alliance


Percentage of Health Boards providing Prevention and Education Interventions
40%
35%
30%
25%
20%
15%
10%
5%
0%
Prevention and Education
Peer Led
Smokefree Class
Smokefree Me
Healthy Schools
Smokebusters
Curriculum input
Community based
Working with parents
Highlighting Tobacco Industry
Links with DY and Youth Service
Pre-conception


Perecentage of Health Boards providing dedicated Smoking Cessation Support for
Specific Population Groups and in Specific Settings
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Smoking Cessation
Pharmacy
Pregnancy
Young People
Mental Health
Older People
BME groups
LGBT groups
Prisons



APPENDIX C



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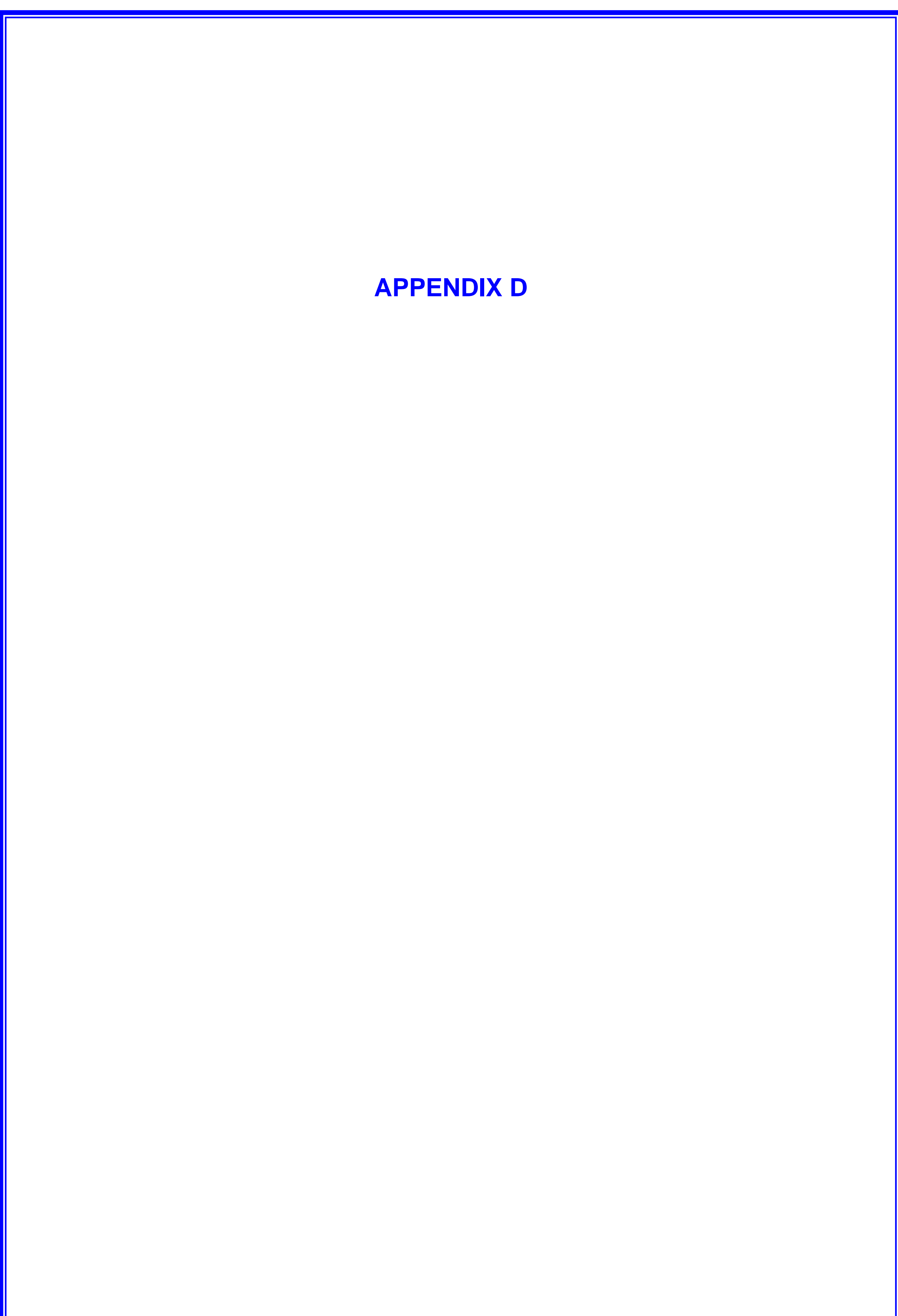
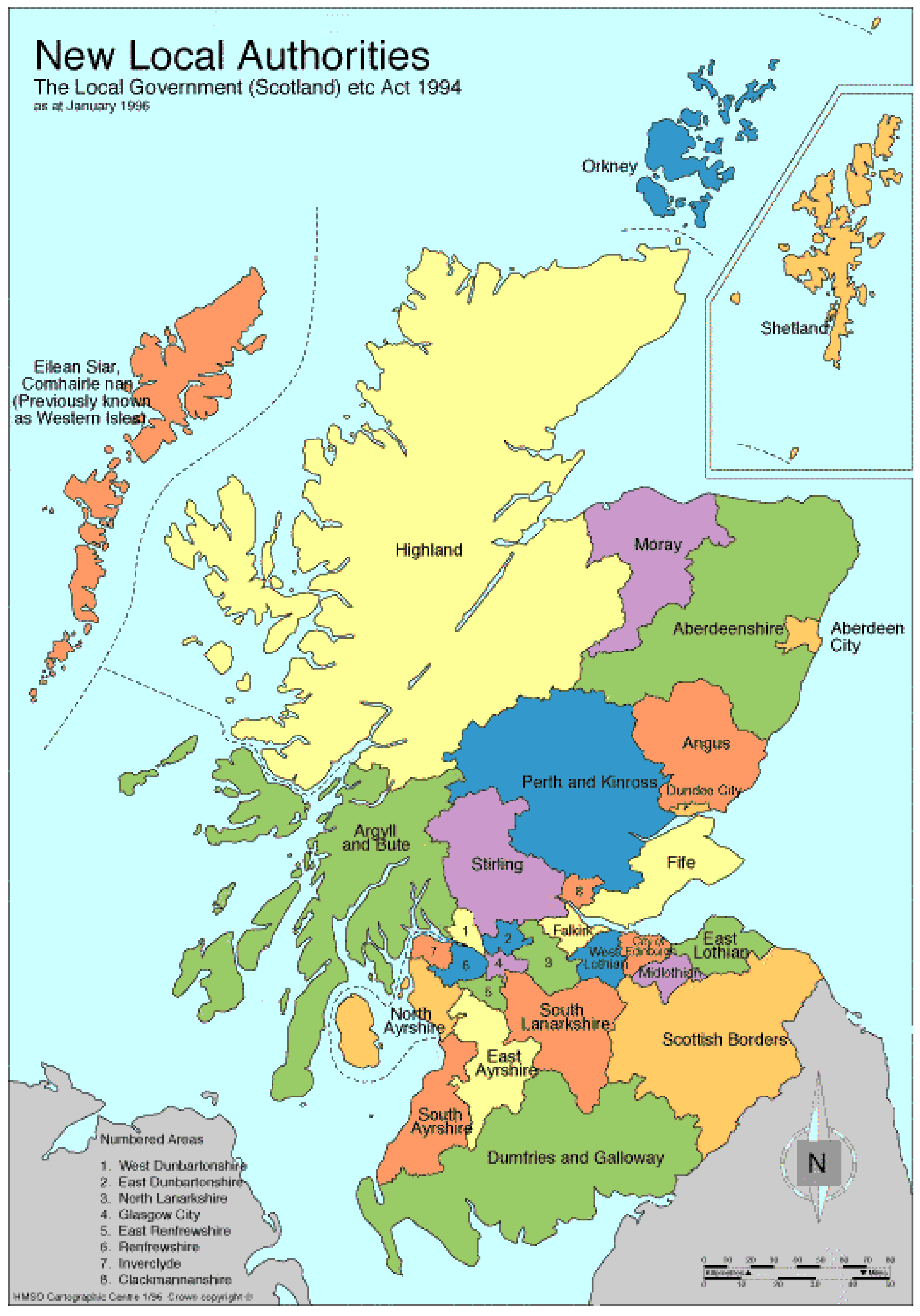


APPENDIX D



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Response to the Mapping Local Tobacco Control Alliances in Scotland Report

Introduction

The Local Tobacco Control Alliances Project was developed by ASH Scotland in partnership with the Scottish Executive and NHS Health Scotland to support and develop multi-agency tobacco control alliances working at local and regional level in Scotland.

A need for targeted support to develop such alliances, which could not be met from existing resources, had been identified consistently in successive STCA[1] Strategic Plans and through ASH Scotland's wider work. The implementation of smoke-free legislation also stirred a widespread interest in partnership working on tobacco at a local level, and prompted ASH Scotland to propose a project to support the creation and development of local tobacco alliances.

The proposal was based on a recognition of the value of local alliances. Multi-sectoral local tobacco alliances can bring together all organisations in an area that have an interest in tobacco control activities and by co-ordinating their efforts provide an opportunity to increase their reach and effectiveness. As well as linking together organisations that are already engaged in tobacco reduction work, local alliances can build a wider network of support from within a local community.

In the project proposal the stated aims were to:

- Support the development and activities of local tobacco control alliances.
- Disseminate research and policy information and good practice guidelines.
- Provide an ongoing review of good practice and identification of issues arising post-implementation of Scotland's clean air legislation.

As groundwork, phase-one of the Local Alliances Project involved the Project Officer undertaking a mapping of existing local tobacco control alliance activity across Scotland's Health Boards. The fieldwork was carried out between April and October 2006, with the report of the mapping exercise to which this document is a response published in March 2007.

This paper identifies some of the strengths and weaknesses highlighted in the report and outlines how ASH Scotland's Local Alliances Project will respond to the findings.

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[1] The STCA is a multi-disciplinary, multi-sectoral body of over 120 organisations concerned with the impact of tobacco on Scotland and its people. It provides a forum for information exchange and a voice for those working in the tobacco field to influence policy development. Management of the STCA is provided by ASH Scotland with funding support from the Scottish Executive.

Key Findings from the Report

The mapping exercise identified that 79% of Health Boards record some form of multi-agency group with an interest in tobacco operating in their area. 63% of these were linked into the Joint Health Improvement Planning (JHIP) processes, 36% to Community Health Partnerships (CHPs) and 36% to Community Planning Partnerships (CPPs). The NHS is the primary contributor to the majority of groups hence a tendency towards a strategic and planning focus that is weighted towards the delivery of smoking cessation services.

Wide multi-sectoral representation on local tobacco alliances is currently rare, though groups with a wider remit incorporating illegal drugs and alcohol tend to have a more diverse membership. There are some good examples of wider cross-sectoral working on tobacco, such as the West Lothian Tobacco Issues Group (TIG), which is established as a three way partnership between West Lothian CHCP, West Lothian Council and West Lothian Drug and Alcohol Service. TIG contributes to Community Planning and to Lothian Health Board's Tobacco Control Strategy and Action Plan. Currently an agreement between the three main partners provides funding for a tobacco control support worker. Through its activities, TIG has been able to coordinate statutory and voluntary sector activity that has extended the reach of smoking cessation service coverage in disadvantaged areas and for young people.

Overall, the mapping exercise showed that the following sectors were not generally represented:

- social, youth and community services
- businesses and workforce representatives
- voluntary organisations
- community groups and patient representative groups
- health care providers outside of public health, health promotion and specialist smoking cessation services

Although many local tobacco strategies mention wider aspects of tobacco control such as under-age sales or smuggled cigarettes, these are often identified as the particular responsibility of single agencies, especially where they form part of an overall Joint Health Improvement Plan.

The mapping report identified little evidence of co-ordinated tobacco control planning beyond the NHS Health Service-based delivery of smoking cessation services, and little evidence of resources being pooled to facilitate wider tobacco control approaches, outwith specific project work funded by the Scottish Executive and NHS Health Scotland such as the Tobacco and Inequalities and PATH projects managed by ASH Scotland. Opportunities to address the burdens that tobacco places on deprived communities, to coordinate statutory and voluntary sector activities, and to increase the reach and impact of tobacco related initiatives are therefore being missed.

The mapping exercise did record a few excellent examples of partnership work around Scotland, driven by people directly involved in tobacco control from smoking cessation, Health Promotion, Environmental Health and Trading Standards backgrounds. In some cases these were generated by the need to co-ordinate activities ahead of the implementation of smoke-free legislation.

The mapping exercise did identify some examples of good practice and innovation involving partnership working in, for example, developing support for smoke-free homes, reducing the under-age sale of tobacco, implementing the smoke-free legislation, and reducing children's exposure to smoke in foster care. However, many of the projects and innovations identified were in fact stand alone ASH Scotland/NHS Health Scotland or other limited funding type projects and lacked the benefit of being part of a strategically coordinated tobacco control alliance.

A great deal of good will and enthusiasm was expressed across Scotland during the mapping exercise for the idea of greater cooperation between agencies and organisations already involved in tobacco control. Some Health Board areas are engaged in building up alliances and expressed a desire for support in doing this more effectively.

A number of Health Boards surveyed indicated that support and co-ordination for local tobacco alliances work at a national level would help those involved in developing such alliances to engage with each other, share information and experience, and access research, information and examples of best practice.

There are different approaches within Health Board areas about the optimal structure, function and resourcing of effective local alliances. In most Health Board areas, multi-agency groups are brought together for a period of time to develop a tobacco control strategy and action plan but are disbanded once these are complete, with the responsibility for implementation being given over to the Health Board or CHP. The opportunity for co-ordinated follow-through from the strategic planning including shared communications and added value activities is therefore lost.

Community Planning Partnerships which already involve local authorities, Community Health Partnerships, voluntary groups, community groups and local businesses can provide an ideal existing platform from which to develop local tobacco control alliances. Their priorities of community regeneration, closing the opportunities gap, and improving the quality of life in communities are directly adversely impacted by tobacco use. The mapping exercise identified a requirement for high level leadership and guidance to ensure that Community Planning Partnerships and CHPs delegate appropriate staff and resources to the development and operation of effective local alliances.

Support for Alliance Building

To meet the needs identified during the mapping exercise, ASH Scotland, in the first phase of the Local Alliances Project, will:

- Build a communications network using both electronic and print media, issue regular information briefings on key and current issues, and provide opportunities for alliances to exchange intelligence and information whatever their stage of development.

- Maintain a record of local tobacco control activity from across Scotland to ensure continued communication and learning and to promote the sharing of good practice.

- Produce web-based guidance to enable the development of local tobacco alliances. This will assist them in becoming effective by reviewing their membership profile and recruiting further stakeholders so the alliance is fit for

purpose, by encouraging the sharing of resources to achieve shared goals, and by suggesting actions and issues that could benefit from joined up planning and activities.

- Signpost and produce web-based information, including providing access to policies and guidelines and to relevant research, highlighting best practice and approaches, and providing useful contacts.

- Develop a media support pack to enable alliances to establish good relations with local media and to understand how to take advantage of various campaigns days and events to take forward strategic priorities.

- Organise regional seminars both to generate dialogue and engagement, and to explore how national tobacco control priorities can translate into practical action at a local level.

These will support the practical creation and ongoing development of local tobacco control alliances in Scotland. They will also build up a national network of peer support, and provide a national focus for learning about and from the work of these alliances.

Conclusion

Based on the findings of the mapping exercise, Scotland's local tobacco alliances are currently an under-used resource by partners out with the NHS. Until now, they have been largely viewed in utilitarian terms – in many areas either set up just to develop local tobacco strategies and plans but disbanded before their implementation, or so led by NHS partners that they end up functioning mainly as support and advisory groups to the NHS for delivering smoking cessation services.

The Local Alliances Project provides for the first time a national focus for local tobacco control alliances. It will actively disseminate relevant information and resources, and seek to build and communicate a vision of what can be achieved through such alliances, and how they can deliver results for their individual stakeholder members.

Phase one of the Local Alliances Project will focus on developing a communications infrastructure, on providing guidance and resources for creating and further developing such alliances, and on outreach in order to communicate the value and potential for local tobacco control alliances within local areas. The project will continue to work closely with and to link into existing structures and initiatives such as the Keep Well projects.

Local alliances can make a valuable contribution to implementing Scotland's national tobacco strategies, and can enable local agencies to maximise their own resources and impacts, achieving greater reach and impact than the sum of their individual parts.

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