



# Ayrshire and Arran Tobacco Control Strategy

Volume 1  
(Strategy and Action Plan)  
2012 / 2021

Strategy approved by NHS Board 08 August 2012  
"Moving Towards a Smoke Free Ayrshire and Arran"





## Contents

---

	Page
1. Executive summary	4
2. Vision, principles, aims and objectives and outcomes for this strategy	5
3. Strategic context	6 - 9
4. Current service profile	10
5. Achievements since 2006	11
6. Priorities 2010 – 2015	12
7. NHS Ayrshire & Arran tobacco controls outcome model	12 - 17
8. Engagement plan	18 - 19
9. Consultation	20
10. Performance management framework	21
11. Financial framework	21
12. Single impact assessment	22
Appendix 1 – Action plans 2012 – 2015	23 - 46

Copies of supplementary documents are available on request from the Public Health Department:

- Appendix 2 – Volume 2 – Ayrshire and Arran NHS Tobacco Control Strategy fact file
- Appendix 3 – Full report from engagement on the draft Ayrshire and Arran NHS Tobacco Control Strategy
- Appendix 4 – Full Single impact assessment
- Appendix 5 – Full report on consultation on the draft Ayrshire and Arran Tobacco Control Strategy

## 1. Executive summary

---

1.1 Smoking is the most preventable cause of ill-health and premature death in Scotland. Every year there are more than 13,000 smoking related deaths. If the health of the people of Ayrshire and Arran is to be improved and health inequalities reduced, tobacco control must be a top priority. Accordingly, Tobacco is one of four public health priorities identified within NHS Ayrshire & Arran.

1.2 NHS Ayrshire & Arran developed a five year Tobacco Strategy and Local Control Action Plan which was endorsed by the NHS Board in 2006, following the publication of A Breath of Fresh Air for Scotland: Tobacco Control Action Plan (2004), the Scottish Government national strategy.

This national strategy set out three main areas for action: prevention, protection and cessation.

The Scottish Government indicated that a new Tobacco Control Strategy will be produced during their term in parliament, however as yet there has been no indication of a timeline for this work.

1.3 In 2010, at the end of the Tobacco Strategy and Local Control Action Plan, it was agreed to formally review the Ayrshire and Arran strategy and update it with a view to developing a ten year strategy with an initial three year action plan. The development of this strategy has been led by the NHS in collaboration with Community Planning Partners.

1.4 A formal review of the existing strategy began in early 2011 led by Public Health. The Tobacco Strategy Group who oversaw the implementation of the previous strategy was disbanded at this time as the membership had diminished considerably over the lifetime of the strategy and required to be refreshed.

A strategy development group was established consisting of members of the Public Health Department and Policy Planning and Performance Department to review and update the current strategy, using outcome focussed methodology.

1.5 The group initially gathered together relevant epidemiology and evidence on the current issues, pressures on tobacco related services and assessed those that are or will become drivers for change in the next five years and beyond. This evidence was gathered together and forms volume 2 (fact file) of the strategy – appendix 2 – available on request from the Public Health Department.

An initial stakeholder event was held in late January 2011 bringing together representatives from the NHS and partner agencies. The successes from the previous strategy were presented, along with the challenges that remain and are likely to be part of the new strategy. The outputs from this workshop were used to underpin the resulting logic models and action plan.

A multi-agency task and finish group met on three occasions during the summer of 2011 to further develop the strategy, action plan and the engagement process. Professions from within the NHS were represented – Oral health, PFPI, Addictions, Pharmacy, Mental Health, Integrated Care and Emergency Services, and other partners – Local Authority, Police Service, Fire Service, Trading Standards.

## 2. Vision, principles, aim and objectives and outcomes for this strategy

---

2.1 This strategy aims to consolidate successes as well as addressing new challenges and future priorities and for the NHS to work across Ayrshire and Arran in a much more joined up way with partner agencies.

2.2 Following on from NHS Ayrshire & Arran's mission statement: "The healthiest life possible for the people of Ayrshire and Arran", the vision for this strategy is:

"Working Towards a Smoke Free Ayrshire and Arran".

The principles underpinning the development of this strategy are as follows;

- reducing inequalities in health
- taking a multi-agency approach
- promoting non-smoking as the social norm
- activities should be anti-smoking and not anti-smoker
- all smokers have the right to receive stop smoking advice and support through NHS services and other sources within the community
- children have the right to be free from exposure to any form of tobacco advertising and promotion
- services should concur with current best practice, best available research and through the involvement of public and/or service users
- organisations involved in the department of the strategy should be exemplar employers and adopting smoke free grounds.

2.3 The aim of this strategy is to protect and improve the health of people living and working in Ayrshire and Arran by reducing the use of tobacco and exposure to second hand smoke, particularly targeting populations in areas of greatest need over a ten year period.

2.4 The objectives are as follows:

- enabling and supporting people, particularly young people, to resist the pressure to start smoking
- actively encouraging and supporting people who smoke to stop through the provision of high quality evidence based services
- protecting the population of Ayrshire and Arran from the dangers of second hand smoke.

2.5 The outcomes for this strategy are reflected in the outcomes model presented on page 13.



### 3. Strategic context

---

- 3.1 There are a number of key policy documents that support the development of the Tobacco Control Strategy and the drive for a reduction in the consumption of tobacco has been widely supported across the political landscape of Scotland since devolution. Successive governments have recognised the economic and health related benefits that can be repeated from a reduction in Scotland's high smoking rates.
- 3.2 **A Breath of Fresh Air for Scotland<sup>1</sup>**, a national tobacco strategy, was produced in 2004. This outlines Scotland's ambitions and commitments for the reduction in tobacco consumption, providing an action plan which covers prevention and education, protection and controls and the expansion of smoking cessation services. This document committed ring fenced monies for smoking cessation services up to 2008, which was subsequently extended to 2011. 'A Breath of Fresh Air for Scotland' also addressed passive smoking, highlighting the impact that smoking in public places has on the public's health. This document paved the way for the 'Smoking, Health and Social Care (Scotland) Act', by actioning a public consultation on the impacts of a ban on smoking in public places, an act that was passed in 2005.
- 3.3 The Smoking, Health and Social Care (Scotland) Act prohibits smoking in enclosed spaces with a few exceptions. These include designated rooms in residential accommodation, adult hospices or designated laboratory rooms. An extensive evaluation measured the outcomes of the smoking ban in terms of; compliance; tobacco-related morbidity and mortality; knowledge and attitudes; socio-cultural adaption; economic impacts on the hospitality sector; and health inequalities. This evaluation outlined the benefits of this legislation and showed that as a result, there had been;
- a 17 per cent reduction in heart attack admissions to nine Scottish hospitals. This compares with an annual reduction in Scottish admissions for heart attacks of 3 per cent in the decade before the ban
  - a 39 per cent reduction in second hand smoke exposure to 11 year olds and in adult non-smokers
  - an 86 per cent reduction in second hand smoke in bars
  - an increase in the proportion of homes with smoking restrictions
  - no evidence of smoking shifting from public places into the home
  - high public support for the legislation even among smokers, whose support increased once the legislation was in place.
- 3.4 This act clearly benefited the health of the nation and acts as support for continued investment in smoking prevention and control measures. In 2006, '**Towards a Future Without Tobacco: The Report of the Smoking Prevention Working Group<sup>2</sup>**' was published. This report provided key recommendations which aimed to protect and dissuade all young people in Scotland from starting to smoke and to deter adults from encouraging or enabling them to smoke. The report makes 31 separate recommendations – summarised within the report on pages seven to ten – to protect or dissuade young people from starting to smoke and to deter adults from broad headings of targets, research, reducing availability, discouraging young people from smoking, encouraging and enabling young regular smokers to stop, and making it happen. The working group conducted a thorough investigation of smoking related issues and provided a strong evidence base for action. The recommendations from this working group formed the basis for Scotland's smoking prevention action plan, described below.

<sup>1</sup> A Breath of Fresh Air for Scotland (Scottish Executive, 2004)

<sup>2</sup> Scottish Executive, 2006

- 3.5 **Scotland's Future is Smoke-Free: A Smoking Prevention Action Plan**<sup>3</sup> highlights the Scottish Government's strategic objective for a healthier Scotland which states that, 'We will help people to sustain and improve health, especially in disadvantaged communities, ensuring better, local access to health care'. The actions being taken to discourage young people from smoking as recommended by the Smoking Prevention Working Group tie in closely with this objective. The actions are compiled under five headings – Health Education and Promotion, Reducing the Attractiveness of Tobacco Products, Reducing the Availability of Tobacco Products and Reducing the Affordability of Tobacco Products.
- 3.6 Health Education and Promotion – this section describes the actions currently underway that aim to raise awareness of the dangers of smoking, including smoking education within schools, national media campaigns and activities undertaken by NHS Boards as part of their tobacco control programmes. Health education and promotion also includes **Schools (Health Promotion and Nutrition) Scotland Act 2007**<sup>4</sup> which ensures that health promotion has a central and continuing focus in education. Actions included in this section include developing advice, guidance and proposals aimed at helping schools and authorities to achieve the benefits sought through **Curriculum for Excellence**<sup>5</sup>, Scotland's curriculum for 3 – 18 year olds.
- 3.7 Reducing the Attractiveness of Tobacco Products – this section highlights and addresses the influence that marketing and promotion of tobacco products has on customers. It outlines the restrictions on tobacco marketing that had already been introduced, including televisual, press and billboard advertising along with the introduction of hard hitting health warnings on all cigarette packs. This section then highlights further action which includes the restriction of displaying tobacco products at the point of sale, the desirable move to plain packaged tobacco products and recommends to all agencies in contact with children to enforce a no smoking policy in all areas frequented by children e.g. playgrounds.
- 3.8 Reducing the Availability of Tobacco Products – the Scottish Government plans to work closely with the Convention of Scottish Local Authorities (COSLA) and Local Authorities to ensure a stricter enforcement of tobacco control laws. Along with this, a system of licensing is proposed to make tobacco enforcement procedures more robust.
- 3.9 Reducing the affordability of tobacco products – it is well established that reducing the affordability of tobacco products results in a marked decrease in tobacco consumption. It is made clear that the Scottish Government will continue to encourage the UK Government to continue using taxation of tobacco products as a tool to lower tobacco consumption. It is explained that the Scottish Government will also work closely with Her Majesty's Revenue and Customs to reduce illicit sales of tobacco products in Scottish communities.
- 3.10 The Scottish Ministerial Working Group on Tobacco Control oversees the implementation of this action plan and an additional £1.5m was allocated to NHS Health Boards to support the implementation of this action plan. The evaluation of this action plan is included in the wider tobacco control research and evaluation programme for 'A Breath of Fresh Air for Scotland'.
- 3.11 In 2010, **A guide to smoking cessation in Scotland**<sup>6</sup> was produced by Action on Smoking & Health Scotland (ASH Scotland), NHS Health Scotland, the Royal College of General Practitioner and the Scottish Government. The purpose of this guide is to inform NHS policy and practice in smoking cessation by bringing together up-to-date, evidence-informed, advice on helping people to stop

<sup>3</sup> Scottish Government, 2008

<sup>4</sup> Schools (Health Promotion and Nutrition) Scotland Act (2007)

<sup>5</sup> Curriculum for Excellence 2008

<sup>6</sup> A guide to smoking cessation in Scotland, ASH Scotland, The Royal College of General Practitioner and the Scottish Government (2010)

smoking. This guide is split into two components. The first component acts as a guide for health and health related practitioners, providing an outline of the importance of brief interventions in helping people in Scotland to stop smoking as well as highlighting the pathway for smokers quitting. The second component acts as a guide for strategic approaches to smoking cessation and is more applicable to tobacco policy makers. This follows on from the smoking cessation guidelines and the smoking cessation update.

- 3.12 The Curriculum for Excellence aims to achieve a transformation in education in Scotland by providing a coherent, more flexible and enriched curriculum from 3 to 18 years old. The curriculum includes the totality of experiences which are planned for children and young people through their education, whenever they are being educated. Curriculum for Excellence explains that the health and wellbeing framework are the responsibility of all adults, working together to support the learning and development of children and young people. The health and wellbeing framework included in Curriculum for Excellence begins with describing the features of the environment that will nurture and support the health and wellbeing of children and young people. It stresses the importance of delivering health information early in life because these lessons are applicable throughout life. The need for positive and productive partnership working in developing effective tobacco prevention measures is made explicit. The competencies required to give brief advice and in providing specialist support were outlined in the [Scottish National Training Standards: Stop-Smoking Support](#)<sup>7</sup>, 2003, updated in 2004, 2007 and 2009. The Smoking Cessation Training Standards were produced to 'enhance smoking prevention and cessation team (Fresh Airshire). The training standards outline the skills and knowledge that would be gained by participants on completion of courses.

These were specified at different levels:

- a) Training for brief advice
- b) Training for an introduction to stop smoking support
- c) Part one training for specialist stop smoking support
- d) Part two for specialist stop smoking support.

- 3.13 [State of the Nation: measuring progress towards a tobacco free Scotland](#)<sup>8</sup>– this document, produced by ASH Scotland, reviews key targets set by the Scottish Government in working towards a tobacco free society. Using the same format as the government's 'Scotland Performs' assessments, it shows what we have achieved, and what more there is to do.
- 3.14 A HEAT (Health Improvement, Efficiency, Access and Treatment) health improvement target was set for smoking cessation which required that each NHS Board should, 'through smoking cessation services, support 8% of each Board's smoking population to successfully quit (at one month post quit) over the period 2011 - 2014.

<sup>7</sup> Scottish National Training Standards: Stop-Smoking Support (updated 2009)

<sup>8</sup> State of the Nation: measuring progress towards a tobacco free Scotland. ASH Scotland (2010)



- 3.15 Nationally, targets for tobacco were set within 'Towards a future without tobacco', these targets are:
- reduce the prevalence of smoking among adults (16+) in Scotland from 26.5% (2004 baseline) to 22% by 2010-11-15
  - reduce the percentage of women who smoke during pregnancy from 29% (1995 baseline) to 20% by 2010
  - reduce the prevalence of regular smoking among 13 year old girls (defined as smoking one or more cigarettes per week) from 5% (2006 baseline) to 3% in 2014 and among 13 year old boys from 3% to 2%
  - reduce the prevalence of regular smoking among 15 year old girls (defined as smoking one or more cigarettes per week) from 18% in 2006 to 14% in 2014, and among 15 year old boys from 12% to 9%
  - reduce the prevalence of smoking among 16 to 24 year olds from 26% (2006 baseline) to 22.9% in 2012.
- 3.16 In England, the National Institute for Clinical Excellence (NICE) produced a guideline for **smoking cessation services in primary care, pharmacies, local authorities and workplaces**. The guidance is for NHS and other professionals who have a direct or indirect role in – and responsibility for – smoking cessation services. The document lists four recommendations that have been identified as key priorities for implementation, on the basis of: impact on health inequalities, impact on health of the target population, cost effectiveness, balance of risks and benefits, ease of implementation, speed of impact. Other NICE guidelines relating to tobacco include '**Brief interventions and referrals for smoking cessation**' and the soon to be published 'Smoking cessation services for people using smokeless tobacco'.
- 3.17 This strategy will attempt to ensure a balance between improving the tobacco related outcomes for the most vulnerable groups as well as for the whole population. This focus is reflected in the strategy's actions plans.

## 4. Current service profile

---

- 4.1 NHS Ayrshire & Arran is in the mid south west of Scotland and covers a population of 370,000. The area is a mix of rural and urban communities. Within NHS Ayrshire & Arran there are economic and health inequalities, areas of major deprivation are located next to areas of relative affluence.
- 4.2 Significant challenges to tobacco control in Ayrshire and Arran include:
- high levels of smoking in Ayrshire and Arran, particularly in areas of deprivation
  - high levels of young people taking up smoking
  - evidence of increasing use of illicit tobacco
  - evidence of links between tobacco and cannabis.
- 4.3 Tackling tobacco related issues is a complex public health priority requiring a partnership approach. The previous strategy was very NHS focused and therefore limited in its outcomes.
- 4.4 Much of the smoking cessation and prevention work in Ayrshire and Arran is led by the Public Health Department and the Fresh Air-shire Smoking Prevention and Cessation Specialist Service.
- 4.5 This work is both strategic and operational. The Fresh Air-shire team works closely with partners in delivering prevention programmes, undertaking research and providing specialist smoking cessation support. The team liaises closely with Pharmacy Services in relation to the community pharmacy based smoking cessation service.
- 4.6 Fresh Air-shire teams are based in each of the three locality areas and provide group, one-to-one or telephone support to clients in hospitals, GP surgeries, community venues and in Kilmarnock prison.
- 4.7 To a lesser extent smoking cessation advice is also delivered within GP surgeries and by practice nurses.
- 4.8 The team offers “Raising the issue” training to NHS and non-NHS staff with the aim of increasing referrals to the service. This training has already been taken up by Local Authority Staff, Allied Health Professionals, Nursing Staff, etc.

## 5. Achievements since 2006

---

5.1 Since the publication of the 2006 - 2010 strategy, a number of improvements and enhancements have been made including:

- development of a Specialist Smoking Cessation and Prevention Service – Fresh Airshire. This service offers one-to-one, group and telephone support in hospitals, GP practices and in community venues across Ayrshire and Arran, focusing predominantly on areas of deprivation
- development of a local Pharmacy based Smoking Cessation Service, prior to the introduction of the national service and contract
- development of a Smoke Free Cars and Homes Campaign
- given advice to organisations and agencies before and after the ban on smoking in public places and assisting in developing Tobacco Policies
- development of School Based Smoking Prevention Programmes
- trained the wider workforce in raising the issue of smoking and sign posting appropriately to cessation services
- establishment of a smoking cessation service in Kilmarnock prison
- establishment of smoking cessation champions in Mental Health Services and a gradual transition from smoking rooms within psychiatric units to external designated smoking areas
- undertaking social marketing work to devise appropriate and targeted campaigns and develop services fit for purpose.

5.2 The outcomes of this work include:

- reduced prevalence in smoking rates in Ayrshire and Arran
- enhanced access to Smoking Cessation Services by increasing the number of locations and times of service delivery and focussing on areas of deprivation
- increased knowledge of Tobacco Control matters in professionals and the public
- increased skills in the specialist, pharmacy and generic workforce.

5.3 Many of these continue to be key outcomes for the service, which is reflected in the outcomes models outlined later in this [document](#).

## 6. Priorities 2012 – 2015

---

6.1 From evidence available, including stakeholder feedback during the engagement process, a list of priority areas has been identified. These are:

### Prevention:

- develop prevention programmes with colleagues in primary, secondary and further education
- combine prevention work with current cessation work within mental health services to prevent those with mental health problems taking up smoking.

### Cessation:

- increase the awareness and knowledge of the impacts of smoking and second hand smoking and the necessity to signpost to smoking cessation services
- work with addiction services in addressing the links between smoking and cannabis use, particularly in young people
- pregnant women who smoke remain a key target group.

### Protection:

- roll out further awareness and campaigns in relation to the effects of second hand smoke, particularly with families with children where adults in the family smoke
- work with Trading Standard and the Police Service in combating the wide availability and use of illicit cigarettes.

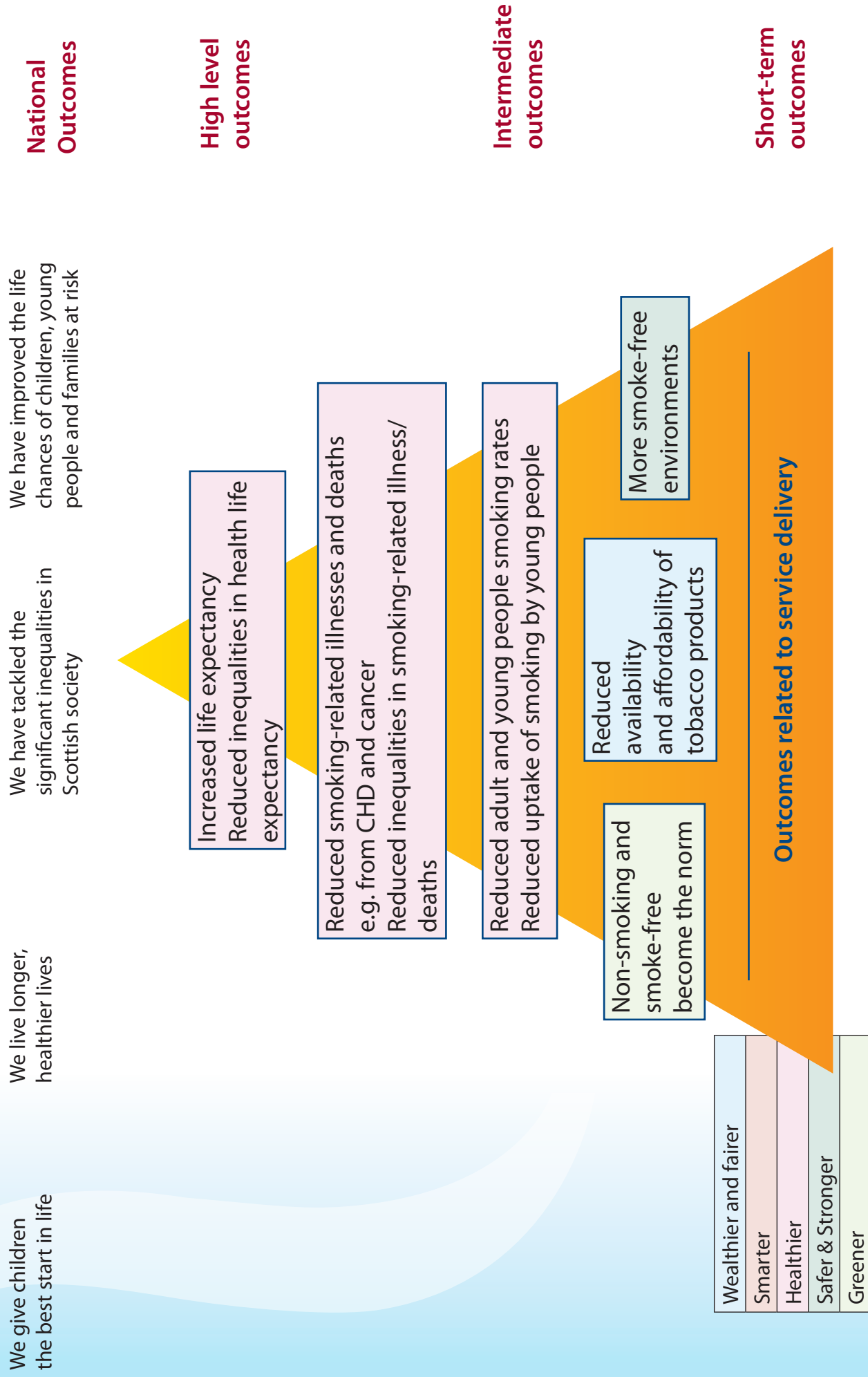
These need to be addressed whilst building on existing achievements, enhancing Tobacco Control partnerships and embedding continuous quality improvement processes within service delivery further.

## 7. NHS Ayrshire & Arran Tobacco Control Outcome Model

---

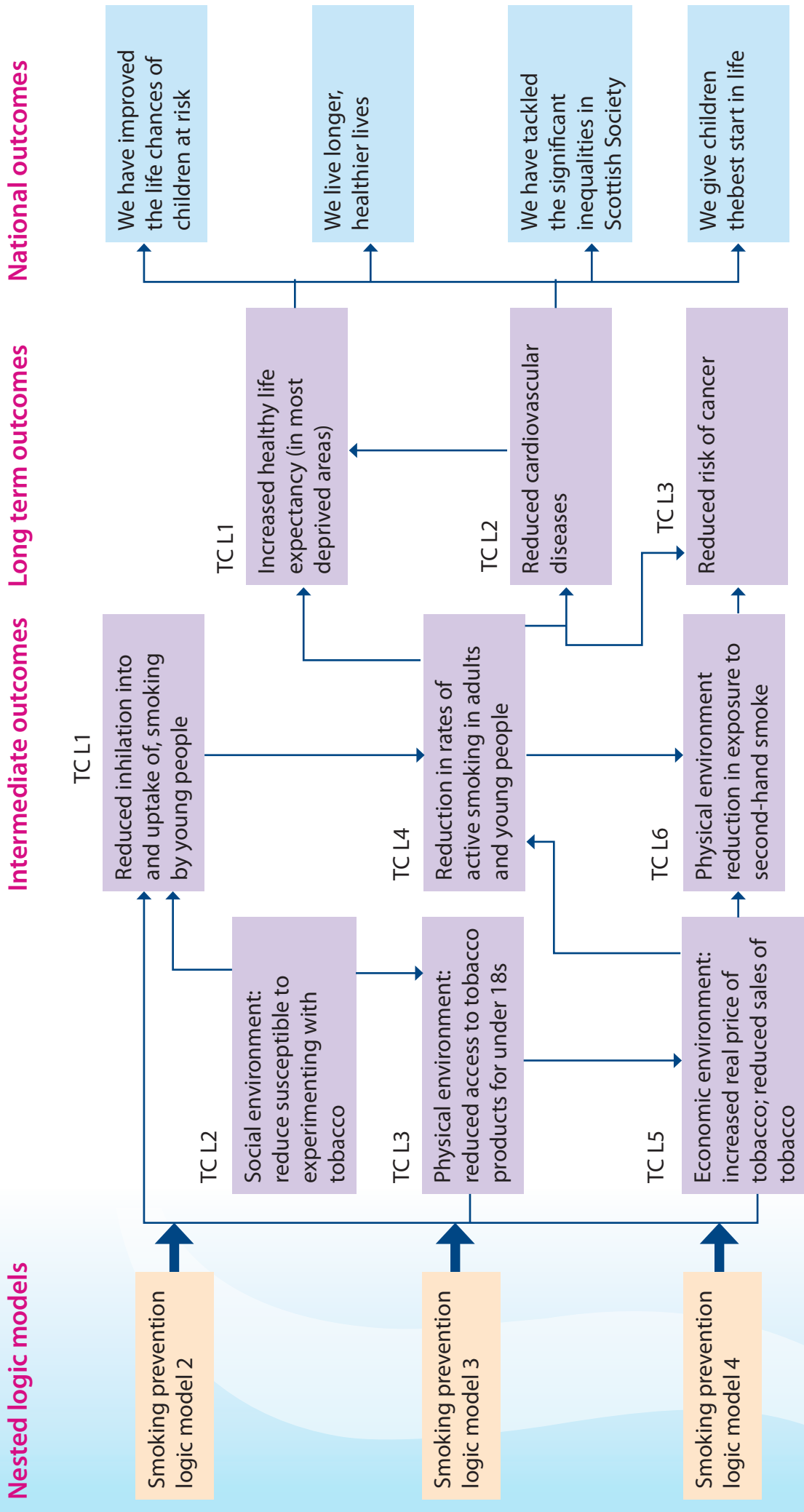
- 7.1 A high level Outcomes Model was developed based on the national model, to make the link between the actions and priorities of this plan and the national and local priorities and outcomes. It also enables the development of an effective performance management process.
- 7.2 The completed Outcomes Models for Tobacco Control are outlined on the following pages.

# Outcomes triangle – tobacco control

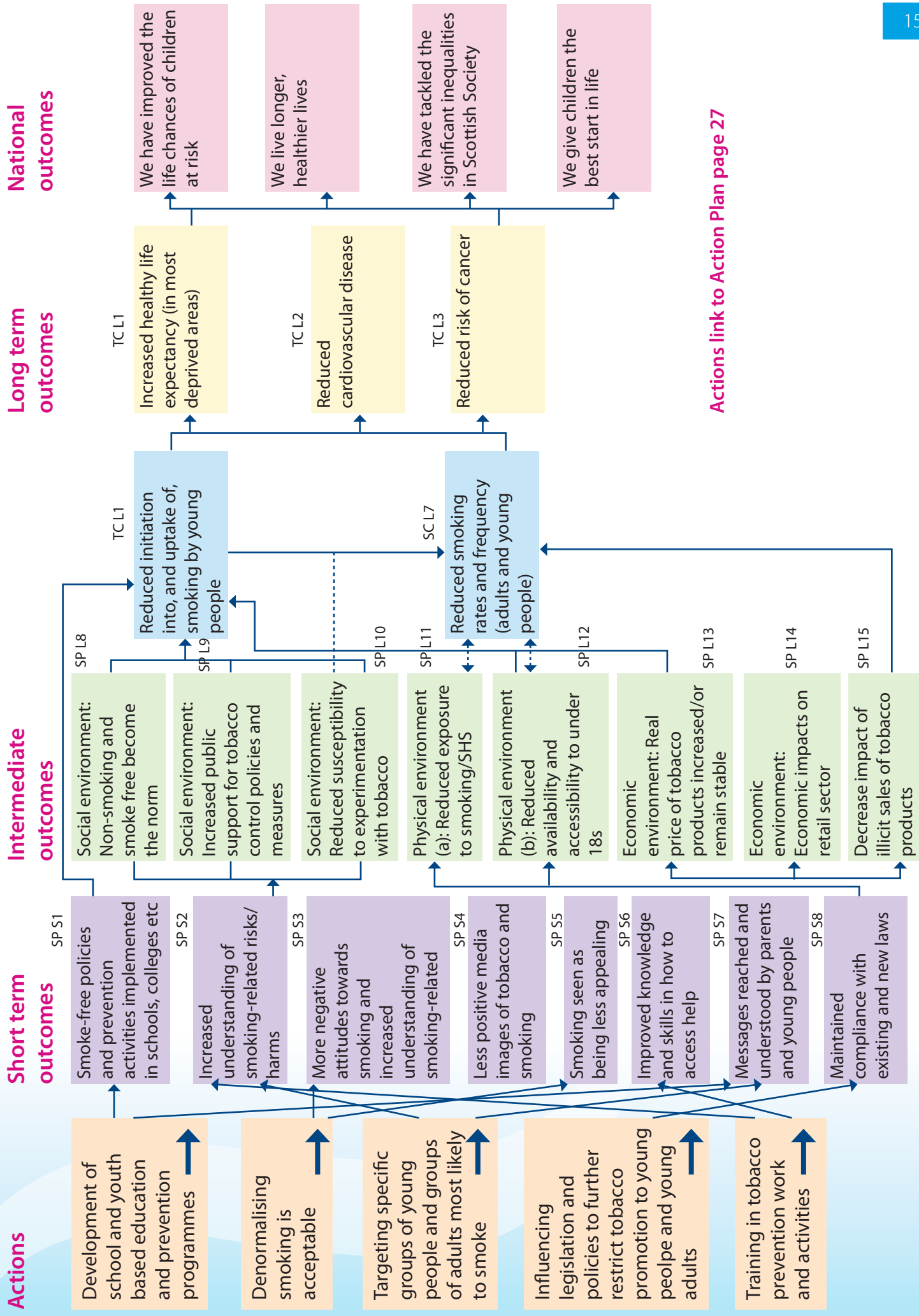




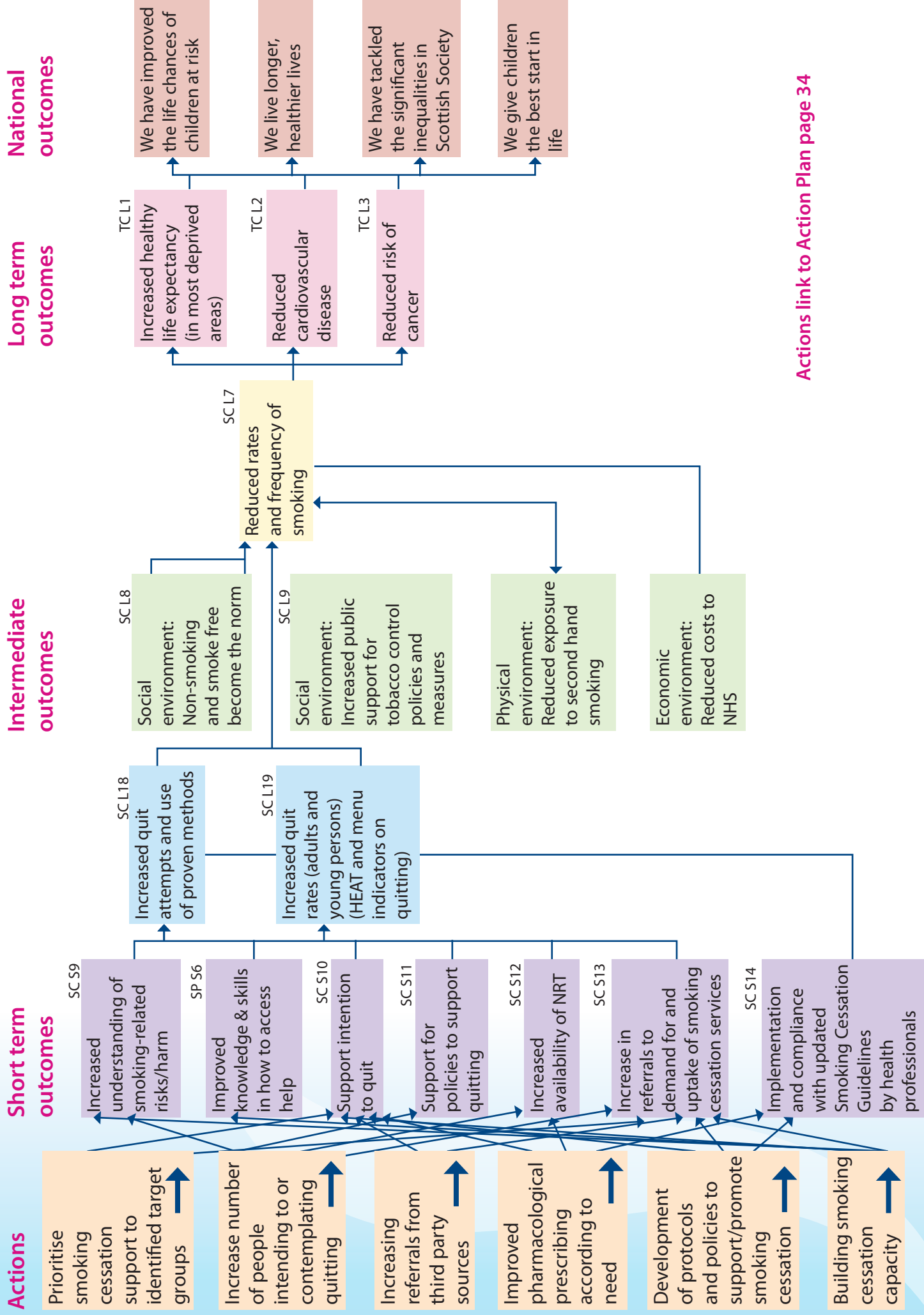
# Logic model 1: Tobacco control - strategic level



# Logic model 2: Smoking prevention



# Logic model 3: Smoking cessation



Actions link to Action Plan page 34

# Logic model 4: Protection

## Actions

- Ensure age restriction legislation is adhered to
- Develop non smoking champions
- Develop partnerships with money advice services (economic environments)
- Develop campaign calendar relating to tobacco
- Community Planning Partners support tobacco campaign delivery
- Adopt a multi agency approach to enforcement
- Consider an NHS Ayrshire & Arran approach to smoke free grounds
- Consider an NHS Ayrshire & Arran approach to tobacco related employment policy
- Restriction of supply of illicit tobacco

## Short term outcomes

- HP S15: Increased awareness and understanding of risks/har, associated with SHS (inc. homes and cars)
- HP S16: More negative attitudes towards SHS exposure
- HP S17: Campaigns reach public and messages understood
- SP S5: Smoking seen as being less appealing
- HP S18: Maintain compliance with smoke free legislation

## Intermediate outcomes

- HP L21: Social environment: Changes in smoking cultures: Non-smoking and
- HP L22: Social environment: Changes in smoking cultures: Increased public support for smoking ban
- HP L23: Physical environment: Fewer opportunities to smoke
- HP L24: Physical environment: Extension of smoke free environment
- HP L25: Physical environment: Reduced exposure to SHS (including in homes and vehicles)
- HP L26: Economic environment: Bariable economic impacts on hospitality and retail sector
- SCL17: Economic environment: Reduced costs to NHS

TCL20: Reduced rates and frequency of smoking

## Long term outcomes

- TCL1: Increased healthy life expectancy (in most deprived areas)
- TCL2: Reduced cardiovascular disease
- TCL3: Reduced risk of cancer

## National outcomes

- We have improved the life chances of children at risk
- We live longer, healthier lives
- We have tackled the significant inequalities in Scottish Society
- We give children the best start in life

Actions link to Action Plan page 41

## 8. Engagement

---

- 8.1 On advice from colleagues within the Patient Focus and Public Involvement team, the VOICE internet community engagement tool was used to guide on appropriate engagement on the development of the strategy, and there has been extensive engagement to date. This has elongated the strategy development process, however this period of engagement has harnessed the interest and commitment from Community Planning Partners, which was absent in the previous strategy.
- 8.2 A stakeholder event was held in January 2011 and a multi-agency task and finish group met on three occasions during May to July 2011 to further develop the strategy.
- 8.3 The Tobacco Control Strategy Development Group distributed a consultation document to partner organisations and members of the public, which aimed to gauge opinion on the current draft of the Ayrshire and Arran Tobacco Control Strategy.

In total, 74 responses were received. It is apparent that the overwhelming majority of those who responded 86.1% (62) agreed with the vision and key areas of the strategy. Replies were received from smokers, non-smokers and ex-smokers.

To analyse the responses, a thematic content analysis was conducted, with the following key themes being identified:


1. Smokers rights
2. Protection from second hand smoke, particularly among children and young people
3. Prevention work with young people, including primary school age children
4. Viability, legality and clarity of strategy
5. The importance of partnership working and links with other services
6. Benefits of quitting and ease of access to smoking cessation services.

In addition helpful and very supportive comments were also received from the Scottish Government. All comments influenced the final strategy and action plan.

A copy of the full engagement report is available from the Public Health Department on request.

- 8.4 In addition the Tobacco Strategy Development Group considered it essential to meet with the Officer Locality Groups (OLGs) to discuss how the strategy may be implemented in each of the three localities. Presentations were given to the following groups:
- North Ayrshire Adult OLG
  - East Ayrshire Children's OLG
  - South Ayrshire Adult OLG
  - South Ayrshire Children's OLG.



- 8.5 Busy agendas did not permit attendance and discussion at all of the OLG's, however within each locality a mechanism has been agreed as to how the strategy will be implemented. In addition a presentation was also given to the North Ayrshire CHP Forum.
- North Ayrshire – plan to set up a Tobacco Sub Group of their Inequalities Group to take the strategy forward.
  - East Ayrshire – following a presentation to the Joint Officer's Group the plan is to take appropriate actions through a number of their relevant Community Planning thematic groups.
  - South Ayrshire – a group is already in situ which took forward actions from the previous strategy. The Scottish Government visited in 2010 to ascertain how tobacco control is taken forward with a Community Health Partnership and commended this group on their work to date. This group will re-fresh its membership and take forward the new strategy within South Ayrshire.
- 8.6 Each locality plans to take forward the work in a slightly different way, however all are committed to this being a priority and will be included in Single Outcome Agreements.
- 8.7 Comments received at each of these presentations also influenced the final strategy and action plan.
- 

## 9. Consultation

---

- 9.1 Following endorsement of the draft Tobacco Control Strategy for a period of formal consultation at the NHS Board Meeting in February 2012 consultation took place between the beginning of March and end of May 2012.
- 9.2 The VOICE internet community engagement tool was again used to facilitate the consultation process and a variety of different methods were used to gather the best possible feedback. These included:
- Consultation Questionnaire
  - Mail shot/Formal Written Response
  - Awareness Raising and Focus Group Discussion
  - Capturing Patient Experience.
- 9.3 Overall the Tobacco Control Strategy has been well received, with feedback suggesting that the actions included are largely those that contributors support.

As a direct result of this public consultation however, the following actions have been highlighted and the strategy has been amended or enhanced accordingly:

- A confirmed focus on the prevention of smoking, addressing school aged children in particular, using an range of approaches to de-normalise attitudes to smoking, and reduce the pressures experienced by young people
- Influencing government legislation to increase the price of tobacco and the age at which this can be legally purchased
- Consideration of the local approach to smoke free NHS grounds in the absence of legislation, in particular stopping smoking at hospital entrances
- Consideration of working with partners to extend smoking bans in outdoor public areas e.g. outside shops, in shopping areas, outside train stations and in bus shelters
- Utilise TV campaigns and other communication methods so that the right messages are getting to the right people. This will mean linking with Scottish Government who have the remit for social marketing relating to tobacco
- Attention to the perceptions of smokers who feel their rights are being reduced and that smoking restrictions lead to enforced cessation
- The targeting of cessation support to particular groups and those who may find it difficult to quit (e.g. pregnant women, homeless clients, and those with addiction problems). Also consideration of the provision of wider holistic supports, including access to dietary advice and exercise facilities for those considering cessation
- The development of stronger links between NHS Ayrshire & Arran and partners (including Community Planning, Fire and Rescue Service and Trading Standards) in the delivery of actions within the Tobacco Strategy, and the enforcement of legislation in relation to illicit tobacco and breaches of smoking bans.

A copy of the full consultation report is available from the Public Health Department on request.


## 10. Performance management framework

---

- 10.1 Partners to this Plan view its implementation as part of the broader range of policies and programmes intended to modernise service provision with an aim of making these services more equitable, safe, effective and efficient. A rigorous system of outcome monitoring and evaluation is therefore required.
- 10.2 Performance management will be focused on how the outcomes of this Plan are delivered and how these link to the wider strategic expectations of NHS Ayrshire & Arran. It will also link to existing performance measures such as “Healthcare Quality Strategy for NHS Scotland”; Ayrshire Single Outcome Agreements; HEAT and “Ayrshire and Arran Performs”.
- 10.3 The implementation of this strategy and management of associated risks will be project managed by the Public Health Department and overseen by the multi-agency Tobacco Control Programme Board. The detail of the performance management will be undertaken as part of the strategic performance framework “NHS Ayrshire and Arran Performs”.

## 11. Financial framework

---

- 11.1 This strategy has been completed within the framework agreed as part of NHS Ayrshire & Arran’s Sustainable Future Plan. This assumes the development of sustainable health and care pathways and effective public health interventions.
  - 11.2 Current funding for Tobacco Control is derived in a small part from core funding, but mostly from ring fenced Tobacco Cessation and Prevention funding. This strategy has been developed based on the prediction that there will be a continuation of the Scottish Government funding, however this is not guaranteed beyond March 2012.
  - 1.3 To meet existing and future challenges, improved efficiency in working will be required to ensure the most efficient use of available resources. Therefore, any investment stated or implied within this document will be met through rigorous reprioritisation of existing resources.
- 

## 12. Single Impact Assessment

---

- 12.1 This document has been written within the parameters of the Ayrshire and Arran Single Impact Assessment, which ensures that non-discriminatory practices are being followed and NHS Ayrshire & Arran remains compliant with legislation:
- addressing the needs of those people who require communication in an alternative format e.g. other languages or signing. Additionally, some patients may have difficulties with written material. This includes information for people with learning difficulties
  - addressing the Tobacco Control issues of people with physical disability or impairment
  - in some circumstances there may be religious and/or cultural issues which may impact on service delivery e.g. choice of gender of health care professional.
- 12.2 This strategy has been fully impact assessed. For details of the full Single Impact Assessment – contact the Public Health Department.

## Appendix 1

### Action Plans 2012-2015

The actions identified to meet the outcomes of the strategy have been grouped into the key priority areas identified earlier in this [document](#). Each action is linked into the strategy's outputs and outcomes as follows:

<b>Action</b>	These are the key high level actions to be taken.
<b>Outputs</b>	A measure of the high level action description as outlined in the outcomes triangle.
<b>Outcomes</b>	These are what would be the result or consequence of the implementation of the action. For the purposes of this Plan, these will be defined as one or more of the short term outcomes outlined in the outcomes triangle.
<b>Performance Indicators</b>	These should be both specific and measurable and directly link to the outcome.
<b>Timescales</b>	These outline the period by which targets should be achieved and initial outcomes can begin to be measured.

A detailed implementation plan for each local authority area will be developed based on this action plan.

This strategy focuses on the high level actions, which are less likely to change, but will be reviewed by the Tobacco Control Programme Board.



## Tobacco strategy action plan - Service delivery

The layout of the action plan is in three sections:

- Smoking Prevention (SP)
- Smoking Cessation (SC) and
- Protection (HP)

Below the short term outcomes and indicators are listed for each section:

Prevention			Cessation			Protection		
Code	Short term outcomes	Indicators	Code	Short term outcomes	Indicators	Code	Short term outcomes	Indicators
SP.S1	Smoke free policies and prevention activities implemented in schools, colleges etc	Rates of smoking amongst young people	SC.S9	Increased understanding of smoking related risks/harm	Trajectory for HEAT target	HPS15	Increased awareness and understanding of risks/harm associated with SHS (incl. homes and cars)	% reporting any SHS exposure
SP.S2	Increased understanding of smoking related risks/harm	Reduced frequency of smoking of young people	SP.S6	Improved knowledge and skills in how to access help	% reduction in smoking cessation therapies prescribed without support	HPS16	More negative attitudes towards SHS exposure	Illicit sales of tobacco products as percentage of total tobacco market

Prevention			Cessation			Protection		
Code	Short term outcomes	Indicators	Code	Short term outcomes	Indicators	Code	Short term outcomes	Indicators
SP.S3	More negative attitudes towards smoking and increased understanding of smoking related harm	Young people's attitudes to smoking and quitting	SC.S10	Support intention to quit	Increase in numbers of direct referrals to specialist	HPS17	Campaigns reach public and messages understood	Number of compliance checks conducted by trading standards
SP.S4	Less positive media images of tobacco and smoking	Young people's attitudes to smoking and quitting	SC.S11	Support for policies to support quitting	% of pregnant smokers referred to specialist smoking cessation service	SP.S5	Smoking seen as being less appealing	Young people's attitudes to smoking and quitting
SP.S5	Smoking seen as being less appealing	Young people's attitudes to smoking and quitting	SC.S12	Increased availability of NRT	Increase in number of referrals to specialist	HPS18	Maintain compliance with smoke free legislation	Number of compliance checks conducted by trading standards
SP.S6	Improved knowledge and skills in how to access help	Young people's attitudes to smoking and quitting	SC.S13	Increase in referrals to, demand for and uptake of smoking cessation services	% reduction in smoking cessation therapies prescribed without support			

Prevention			Cessation			Protection		
Code	Short term outcomes	Indicators	Code	Short term outcomes	Indicators	Code	Short term outcomes	Indicators
SP.S7	Messages reached and understood by parents and young people	Young people's attitudes to smoking and quitting	SC.S14	Implementation and compliance with updated Smoking Cessation Guidelines for Health Professionals	% reduction in smoking cessation therapies prescribed without support			
SP.S8	Maintained compliance with existing and new laws	Number of compliance checks conducted by trading standards						

## Key Priority Issue - Prevention

Action	Timeline	Leads	Progress	Short term outcomes
<b>1. Development of school youth based education and prevention programmes</b>				
<b>Sub-action 1a.</b>				
Development of 'toolkit' of tobacco prevention and education resources for ages 0-25, (including evaluation of existing resources and development of new resources)	2013 – 2014 Year 2	Local Authorities (Education)  NHS Ayrshire & Arran  Fire Service	List of fit for purpose resources available through Health Information Service	S1. Smoke free policies and prevention activities implemented in schools and colleges  S7. Messages reached and understood by parents and young people
<b>Sub-action 1b.</b>				
Development of guidance on the use of Tobacco education and prevention resources that will support high standards of delivery	2013 – 2014 Year 2	Local Authorities (Education)  NHS Ayrshire & Arran  Fire Service	Guidance produced	S1. Smoke free policies and prevention activities implemented in schools and colleges  S7. Messages reached and understood by parents and young people
<b>Sub-action 1c.</b>				
Develop prevention curriculum for youth groups and services for young people, including peer led approaches to prevention	2013 – 2014 Year 2	Local Authorities (Education)  NHS Ayrshire & Arran  Youth Services	Curriculum in place  Curriculum being utilised by youth groups and services for young people	S1. Smoke free policies and prevention activities implemented in schools and colleges  S7. Messages reached and understood by parents and young people

Action	Timeline	Leads	Progress	Short term outcomes
<b>Sub-action 1d</b>				
Educate pupils on the risks of fires from smoking	2012-2015 Year 1 - 3	NHS Ayrshire & Arran  Fire Service	Education packs developed and distributed to schools	S1.  Smoke free policies and prevention activities implemented in schools and colleges  S7.  Messages reached and understood by parents and young people
<b>Sub-action 1e</b>				
Educate school children on the new legislation and make them aware of the new offences	2012 -2013 Year 1	Local Authorities (Trading Standards)  NHS Ayrshire and Arran	Education packs developed and distributed to schools	S1.  Smoke free policies and prevention activities implemented in schools and colleges  S7.  Messages reached and understood by parents and young people
<b>2. De-normalising Smoking as Acceptable</b>				
<b>Sub-action 2a.</b>				
Use of social marketing approach to inform the development of tobacco prevention and education work, targeted to those most affected by tobacco	2012-2015 Year 1 - 3	NHS Ayrshire & Arran  Local Authorities (Trading Standards)	Three campaigns developed and delivered using social marketing standards	S3.  More negative attitudes towards smoking and increased understanding of smoking related harm  S5.  Smoking seen as less appealing



Action	Timeline	Leads	Progress	Short term outcomes
<b>Sub-action 2b.</b>				
Young people - Scoping of social norms approach to change beliefs that initiate or promote smoking	2012-2015 Year 1 - 3	Local authorities (Education)  NHS Ayrshire & Arran  Youth Services	Scoping report (including literature review) outlining proposal for a SN project with agreed outcomes	S3. More negative attitudes towards smoking and increased understanding of smoking related harm  S5. Smoking seen as less appealing
<b>Sub-action 2c.</b>				
Wider family - Identification of influence of multi-generational family norms and expectations about smoking (link to the existing culture, siblings, parents, grandparents etc.)	2012-2015 Year 1 - 3	Local authorities (Education)  NHS Ayrshire & Arran  Youth Services	Literature review  Development of family based work as identified by literature review and local knowledge	S3. More negative attitudes towards smoking and increased understanding of smoking related harm  S5. Smoking seen as less appealing
<b>Sub-action 2d.</b>				
Parents and carers - Supporting parents and carers in tobacco prevention and education in respect of their children	2014-2015 Year 3	Local authorities (Education)  Local authorities (Social work services)  NHS Ayrshire & Arran  Youth Services	Tobacco prevention and education materials aimed at parents and carers	S3. More negative attitudes towards smoking and increased understanding of smoking related harm  S5. Smoking seen as less appealing

Action	Timeline	Leads	Progress	Short term outcomes
<b>Sub-action 2e.</b>				
Extension of smoke free cars and homes campaign to areas and groups whose awareness of risk is low	2012-2015 Year 1 - 3	NHS Ayrshire & Arran  Local Authorities  (Community Learning and Development)	Tobacco prevention and education materials aimed at parents and carers	S3.  More negative attitudes towards smoking and increased understanding of smoking related harm  S5.  Smoking seen as less appealing
<b>Sub-action 2f.</b>				
Collate and disseminate up to date research on the effects of third hand smoke on babies, children, young people and adults and pets	2012-2015 Year 1 - 3	NHS Ayrshire & Arran  ASH Scotland  Refresh project  School of Veterinary Medicine and Local Veterinary Practices	Campaign materials  Publicising research findings	S3.  More negative attitudes towards smoking and increased understanding of smoking related harm  S2.  Increased understanding of smoking related risks/harms  S7.  Messages reached and understood by parents and young people

Action	Timeline	Leads	Progress	Short term outcomes
<b>3. Targeting specific groups of young people and adults most likely to smoke</b>				
<b>Sub-action 3a.</b>				
Research young peoples smoking habits to inform preventative actions	2013 – 2014 Year 2	NHS Ayrshire & Arran  Local Authorities (Trading Standards)	Research report  Mapping exercise	S6.  Improved knowledge and skills in how to access help  S7.  Messages reached and understood by parents and young people
<b>Sub-action 3b.</b>				
Identify approaches to prevent initiation in young men and women (under 25)	2013 – 2014 Year 2	NHS Ayrshire & Arran  Local authorities (Education)  Youth Services  FE and HE sectors	Initiatives specifically targeting young men and young women developed	S6.  Improved knowledge and skills in how to access help  S7.  Messages reached and understood by parents and young people
<b>Sub-action 3c.</b>				
Identify approaches to prevent initiation in adults who may start smoking later in life e.g. people with learning disabilities or mental ill health	2013 – 2014 Year 2	NHS Ayrshire & Arran  Local authorities (Education)  Local authorities (Social Work services)  Independent sector	Initiatives specifically targeting people with learning disabilities or/or mental ill health developed	S2.  Increased understanding of smoking related risks/harms  S5.  Smoking seen as less appealing  S6.  Improved knowledge and skills in how to access help

Action	Timeline	Leads	Progress	Short term outcomes
<b>Sub-action 3d.</b>				
Target young people in specific geographical areas with high smoking rates and develop programmes as appropriate	2012-2015 Year 1 - 3	NHS Ayrshire & Arran  Local authorities (Education)	Evidence of projects and initiatives in these areas	S6. Improved knowledge and skills in how to access help S7  S7. Messages reached and understood by parents and young people
<b>4. Influencing legislation and policies to further restrict tobacco promotion to young people and young adults</b>				
<b>Sub-action 4a.</b>				
Influencing Scottish Government to strengthen legislation to prevent uptake of smoking	2012-2015 Year 1 - 3	NHS Ayrshire & Arran	Smoke free cars and parks, plain packaging	S8. Maintained compliance with existing and new laws  S4. Less positive media mages of tobacco and smoking
<b>Sub-action 4b.</b>				
Whole setting, smoke free approach, within the further/higher education	2013-2014 Year 2	NHS Ayrshire & Arran  FE and HE sectors	Integration of cessation support and policies in regular curricular	S8. Maintained compliance with existing and new laws

Action	Timeline	Leads	Progress	Short term outcomes
<b>5. Training in tobacco prevention work and activities</b>				
<b>Sub-action 5a.</b>				
Promote and facilitate training on tobacco education and prevention, for staff working with young people	2013-2014 Year 2	NHS Ayrshire & Arran  Local authorities (Education)  Youth Services	Development of training pack  6 courses delivered	S2. Increased understanding of smoking related risks/harms  S6. Improved knowledge and skills in how to access help
<b>Sub-action 5b.</b>				
Development of multi-agency training for community groups/volunteers/peers to "raise the issue" of smoking and prevention with friends and family	2012-2014 Year 1-2	NHS Ayrshire & Arran  Local authorities (Education)  Local authorities (Community Learning and Development)  Youth Services	Development of training pack  4 courses delivered	S2. Increased understanding of smoking related risks/harms  S6. Improved knowledge and skills in how to access help
<b>Sub-action 5c.</b>				
Inform local retailers on the legal consequences of underage sales of tobacco	2012-2015 Year 1 - 3	NHS Ayrshire & Arran  Local Authorities (Trading Standards)	Information materials devised and distributed	S2. Increased understanding of smoking related risks/harms  S6. Improved knowledge and skills in how to access help

## Key Priority Issue - Cessation

Action	Timeline	Leads	Progress	Short term outcomes
<b>1. Prioritise smoking cessation support to identified target groups</b>				
<b>Sub-action 1a.</b>				
Increase the number of smoking cessation support/groups in deprived areas and HMP Kilmarnock	2012 – 2015  Year 1-3	NHS Ayrshire & Arran	HEAT target met as groups are operating in deprived area	SCS.9  Trajectory for HEAT
<b>Sub-action 1b.</b>				
Continue established pathways and delivery of smoking cessation for pregnant women	2012 – 2015  Year 1-3	NHS Ayrshire & Arran	Increase number of 4 week quits in pregnant women  Increase number of sign ups to smoke free homes by pregnant women	SC.S11  % of pregnant smokers referred to specialist smoking cessation service
<b>Sub-action 1c.</b>				
Ensure young people who wish to stop smoking have access to cessation support services	2012 – 2015  Year 1-3	NHS Ayrshire & Arran  Local Authorities (Education)  Youth Services  Further Education/ Higher Education Sector	Clear referral pathways for young people in place  Increase in numbers of those who work with young people trained on “how to raise the issue of smoking”  Smoking cessation champions embedded in settings for young people	SC.S10  Increase in numbers of direct referrals to specialist
<b>Sub-action 1d.</b>				
Target smokers with long term conditions (including mental illness and learning disabilities) through a variety of channels including MNC’s and relevant inpatient/ outpatient services	2012 – 2015  (Year 1–3)	NHS Ayrshire & Arran	Referral pathways established in clinical settings  Evidence of relevant client group on FA database  Smoking cessation champions embedded in clinical settings	SC.S13  % reduction in smoking cessation therapies prescribed without support

Action	Timeline	Leads	Progress	Short term outcomes
<b>Sub-action 1e.</b>				
Develop smoking cessation interventions for cannabis users	2013 – 2015 (Year 2–3)	NHS Ayrshire & Arran  Local Authorities (Trading Standards)	Referral pathway in place from Addiction Services/ Trading Standards  Number of referral and quit attempts	SC.S13  % reduction in smoking cessation therapies prescribed without support
<b>Sub-action 1f.</b>				
Ensure smoking cessation support/ groups are available at times and locations suitable for clients needs and level of smoking	2012 – 2015 (Year 1–3)	NHS Ayrshire & Arran  Community Pharmacies	Client satisfaction survey  Shared care programmes	SC.S10  Increase in numbers of direct referrals to specialist  SCS.9  Trajectory for HEAT
<b>Sub-action 1g.</b>				
Review the developing evidence based to implement smoking cessation support which meets the needs of target groups e.g. cut down to quit	2012 – 2015 (Year 1–3)	NHS Ayrshire & Arran	Innovative programmes e.g. cut down to quit developed and evaluated	SC.S13  % reduction in smoking cessation therapies prescribed without support
<b>2. Increase number of people intending to or contemplating quitting</b>				
<b>Sub-action 2a.</b>				
Provide ongoing publicity for smoking cessation services and access to pharmacotherapies	2012 – 2015 (Year 1–3)	NHS Ayrshire & Arran  Community Pharmacies	Annual evaluation of marketing plan	SC.S12  Increase in number of referrals to specialist  SC.S13  % reduction in smoking cessation therapies prescribed without support



Action	Timeline	Leads	Progress	Short term outcomes
<b>Sub-action 2b.</b>				
Ensure smoking cessation is part of the treatment plan for NHS Ayrshire & Arran patients	2012 – 2015 (Year 1–3)	NHS Ayrshire & Arran	Pilot project undertaken in Respiratory Wards and evaluated prior to roll out	SC.S11 % of pregnant smokers referred to specialist smoking cessation service  SC.S13 % reduction in smoking cessation therapies prescribed without support
<b>Sub-action 2c.</b>				
Increase recruitment of smoking cessation champions (i.e. trained staff who assume a lead for smoking cessation within their work setting) who can influence and inform others within a range of settings	2012 – 2015 (Year 1–3)	NHS Ayrshire & Arran	Increase in number of champions  Increase in provision of training to champions	SCS.9 Trajectory for HEAT target  SC.S13 % reduction in smoking cessation therapies prescribed without support
<b>Sub-action 2d.</b>				
Use developing evidence base to plan and implement innovative ways to encourage quit attempts	2012 – 2015 (Year 1–3)	NHS Ayrshire & Arran	New Programmes developed  Increase in referrals into service	SCS.9 Trajectory for HEAT target  SC.S11 % of pregnant smokers referred to specialist smoking cessation service  SC.S13 % reduction in smoking cessation therapies prescribed without support

Action	Timeline	Leads	Progress	Short term outcomes
<b>3. Increasing referrals from third party sources</b>				
<b>Sub-action 3a.</b>				
Smoking Cessation advice and onward referral should be uniform and part of treatment planning	2012 – 2015 (Year 1–3)	NHS Ayrshire & Arran	Increased number of referrals from acute and primary care  Referral pathways in place	SCS.9 Trajectory for HEAT target  SC.S10 Increase in numbers of direct referrals to specialist  SC.S13 % reduction in smoking cessation therapies prescribed without support
<b>Sub-action 3b.</b>				
Develop and maintain links between Keep Well and Fresh Air-shire to increase smoking cessation referrals	2012 – 2013 (Year 1)	NHS Ayrshire & Arran	Increased referrals from Keep Well	SCS.9 Trajectory for HEAT  SC.S13 % reduction in smoking cessation therapies prescribed without support
<b>Sub-action 3c.</b>				
Seek smoking cessation update sessions at GP protect learning time events	2012 – 2013 (Year 1)	NHS Ayrshire & Arran	On agenda and session delivered  Increased referral from Primary Care	SC.S13 % reduction in smoking cessation therapies prescribed without support

Action	Timeline	Leads	Progress	Short term outcomes
<b>4. Improved pharmacological prescribing according to need</b>				
<b>Sub-action 4a.</b>				
Provision of pharmacological therapies to be accompanied by appropriate behavioural support	2012 – 2013 (Year 1)	NHS Ayrshire & Arran	Reduction in pharmacological therapies prescribed without support from Specialist service or Pharmacy	SC.S12 Increase in number of referrals to specialist SC.S14 % reduction in smoking cessation therapies prescribed without support
<b>Sub-action 4b.</b>				
Increase awareness of availability of Varenicline through pharmacy based services	2012 – 2013 (Year 1)	NHS Ayrshire & Arran	Increased numbers accessing pharmacies prescribing varenicline support  Shared care programmes in place	SC.S10 Increase in numbers of direct referrals to specialist
<b>5. Development of protocols and policies to support/promote smoking cessation</b>				
<b>Sub-action 5a.</b>				
Increase awareness of smoking cessation guidelines/ appropriate referral pathways, amongst all health/ local authority stakeholders	2012 – 2015 (Year 1–3)	NHS Ayrshire & Arran  Local Authority	Clear referral pathways in place for all staff who raise the issue of smoking with patients/clients	SC.S13 % reduction in smoking cessation therapies prescribed without support SC.S14 % reduction in smoking cessation therapies prescribed without support

Action	Timeline	Leads	Progress	Short term outcomes
<b>Sub-action 5b.</b>				
Ensure emphasis is given to encourage NHS staff to quit/prevent smoking	2012 – 2015 (Year 1–3)	NHS Ayrshire & Arran	Increase in the number of staff quitting	SC.S10 Increase in numbers of direct referrals to specialist  SC.S13 % reduction in smoking cessation therapies prescribed without support
<b>6. Building smoking cessation capacity</b>				
<b>Sub-action 6a.</b>				
Maximise capacity to deliver smoking cessation	2012 – 2015 (Year 1–3)	NHS Ayrshire & Arran	Establishment of evening and weekend groups.  Role of volunteers/peer support in smoking cessation explored  Review specific support requirements in rural and island communities and develop context appropriate supports	SCS.9 Trajectory for HEAT
<b>Sub-action 6b.</b>				
Develop an annual training plan that targets key staff that could support patients who smoke	2013 – 2015 (Year 2–3)	NHS Ayrshire & Arran	Increase in the number of participants on training courses run  Increase in number of referrals from those who have been trained	SC.S10 Increase in numbers of direct referrals to specialist  SC.S13 % reduction in smoking cessation therapies prescribed without support

Action	Timeline	Leads	Progress	Short term outcomes
Sub-action 6c.				
Continue to deliver awareness sessions for midwifery staff to ensure all midwifery staff are trained	2012 – 2013 (Year 1)	NHS Ayrshire & Arran	Increase in number of referrals  Increase in 4 week quits from pregnant women and their families	SC.S11  % of pregnant smokers referred to specialist smoking cessation service

## Key Priority Issue - Protection

Action	Timeline	Lead	Progress	Short term outcomes
<b>1. Ensure age restriction legislation is adhered to</b>				
Sub-action 1a.				
Promote and ensure age checking is standard practice in local businesses	2012-2015 Years 1-3	Local Authorities (Trading Standards) Police	Audit of local businesses age checking procedures completed	S18. Maintain compliance with smoke free legislation
Sub-action 1b.				
Continue inspection of premises to ensure age restriction legislation being adhered to	2012-2015 Years 1-3	Local Authorities (Trading Standards and Environmental Health)	Audit of premises inspection	S18. Maintain compliance with smoke free legislation
Sub-action 1c.				
Introduce closure notices for non compliance	2012-2015 Years 1-3	Local Authorities (Trading Standards)	Production of closure notice policy	S18. Maintain compliance with smoke free legislation
<b>2. Develop non smoking champions</b>				
Sub-action 2a.				
Identify organisations that have exemplary practices in relation to smoking at work and/ or smoke free grounds	2012-2013 Year 1	Healthy Working Lives	Criteria for 'no smoking champions' agreed  No smoking champions identified	S5. Smoking seen as being less appealing
Sub-action 2b.				
Promote organisations with exemplary practice to local businesses as examples of good practice	2012-2015 Years 1-3	Healthy Working Lives	Publicity materials designed, published and delivered	S5. Smoking seen as being less appealing

Action	Timeline	Lead	Progress	Short term outcomes
<b>3. Develop partnerships with money advice services</b>				
Sub-action 3a.				
Undertake a pilot in East Ayrshire to obtain agreement from money advice service on promoting financial benefits of quitting smoking	2012-2013 Year 1	Local Authorities  Money Advice Services	Evaluation report produced from pilot	S5.  Smoking seen as less appealing
Sub-action 3b.				
Implement recommendations from pilot on financial benefits of quitting smoking, across Ayrshire	2013-2015 Years 2-3	Local Authorities  Money Advice Services	Implementation plan for recommendations developed and delivered	S5.  Smoking seen as less appealing
Sub-action 3c.				
NHS to provide publicity materials for display	2012-2013 Year 1	NHS Ayrshire and Arran	Materials displayed	S17.  Campaigns reach public and messages understood
<b>4. Develop campaign calendar relating to tobacco</b>				
Sub-action 4a.				
Identify campaigns in existence that support all workplace staff in challenging second hand smoke	2013-2014 Year 2	Healthy Working Lives	Report produced with recommendations for campaign use  If no campaigns in existence, consider recommendations for development in future years of implementation of tobacco action plan	S16.  More negative attitudes towards SHS exposure



Action	Timeline	Lead	Progress	Short term outcomes
<b>Sub-action 4b.</b>				
Design and implement a campaign relating to people's rights relating to second hand smoke, that is suitable for vulnerable adults exposed to second hand smoke in the home	2013-2014 Year 2	Local Authority (Environmental Health Trading Standards)  NHS Ayrshire & Arran	Campaign designed, delivered and evaluated	S16.  More negative attitudes towards second hand smoke
<b>Sub-action 4c.</b>				
Develop campaign to increase knowledge and understanding of risks associated with illicit tobacco	2013-2014 Year 2	Fresh Air-shire  Local Authorities (Trading Standards)	Campaign designed, delivered and evaluated	S17.  Campaigns reach public and messages understood
<b>5. Community planning partners support tobacco campaign delivery</b>				
<b>Sub-action 5a.</b>				
All tobacco related campaigns have multi-disciplinary sign up	2012-2015 Years 1-3	NHS Ayrshire & Arran  Community Planning Partners	Campaign plans have evidence of multi disciplinary sign up	S17.  Campaigns reach public and messages understood
<b>Sub-action 5b.</b>				
All Community Planning Partners facilities support tobacco related displays	2012-2015 Years 1-3	NHS Ayrshire & Arran  Community Planning Partners  Environmental Health	Communication plan to keep Community Planning Partners informed is developed and agreed	S17.  Campaigns reach public and messages understood
<b>6. Adopt a multi-agency approach to enforcement</b>				
<b>Sub-action 6a.</b>				
Maintain the multi-agency Tobacco Enforcement Group	2012-2015 Years 1-3	Trading Standards	Attendance records at meetings  Continued participation by all partners in delivery of actions	S18.  Maintain compliance with smoke free legislation

Action	Timeline	Lead	Progress	Short term outcomes
<b>7. Develop an NHS Ayrshire &amp; Arran approach to smoke free grounds</b>				
Sub-action 7a.				
NHS and local authorities to adopt smoke free grounds	2012-2015 Years 1-3	NHS Ayrshire & Arran  Local Authorities	Evidence from smoke free NHS and Local Authority grounds from across UK considered and plans developed locally	S5.  Smoking seen as being less appealing
<b>8. Consider an Ayrshire &amp; Arran approach to tobacco related employment policy</b>				
Sub-action 8a.				
Adapt guidance for use with a wider range of employers to facilitate the implementation of no smoking policy	2012-2013 Year 1	Healthy Working Lives  Local Authorities  (Environmental Health)	Guidance considering measures to: reduce second hand smoke exposure, illicit tobacco and extension of smoke free environments	S5.  Smoking seen as being less appealing  S15.  Increased awareness and understanding of risks/ harm associated with second hand smoke (including homes and cars)
Sub-action 8b.				
Produce guidance for employers approaches to enforcing no smoking policy	2012-2013 Year 1	Local Authorities  (Environmental Health)	Guidance produced	S5.  Smoking seen as being less appealing
Sub-action 8c.				
Consider current legislation and policies in relation to second hand smoke in relation to staff who attend client's homes	2012-2013	Healthy Working Lives	Scoping exercise undertaken and report produced  Recommendations considered for how this issue should be approached  Campaign developed and implemented	S18.  Maintain compliance with smoke free legislation

Action	Timeline	Lead	Progress	Short term outcomes
<b>Sub-action 8d.</b>				
The management of smoking in work vehicles agreed between key agencies	2012-2013 Year 1	Local Authorities (Environmental Health)  Police	Environmental Health and Police have the opportunity to discuss and clarify their respective agencies role in managing smoke in work vehicles, and this is shared with partners	S18. Maintain compliance with smoke free legislation
<b>Sub-action 8e.</b>				
Information on current legislation for employers in taxi firms provided to allow dissemination to staff on how smoking in work vehicles will be managed	2013-2014 Year 2	Local Authorities (Trading Standards Licensing)	Implementation plan for managing smoking in work vehicles produced	S18. Maintain compliance with smoke free legislation
<b>9. Restriction of supply of illicit cigarettes</b>				
<b>Sub-action 9a.</b>				
Maintain prevention of sales of illicit tobacco products from shops, markets and non-retail premises	2012-2015 Years 1-3	Local Authorities (Trading Standards)	Number of seizures of illicit tobacco products	S18. Maintain compliance with smoke free legislation
<b>Sub-action 9b.</b>				
Continue to implement programme of test purchasing	2012-2015 Years 1-3	Local Authorities (Trading Standards)	Record of premises test purchased and outcome	S18. Maintain compliance with smoke free legislation
<b>Sub-action 9c.</b>				
Agreement to compile intelligence on where illicit tobacco is being sold on a multi-agency basis	2012-2015 Years 1-3	Local Authorities (Trading Standards)  Police	Agreement in place on how and where intelligence will be stored	S18. Maintain compliance with smoke free legislation

Action	Timeline	Lead	Progress	Short term outcomes
<b>Sub-action 9d.</b>				
Implement programme of spot checks on retailers for illicit tobacco	2012-2015 Years 1-3	Local Authorities (Trading Standards)	Record of premises spot checked and outcome	S18. Maintain compliance with smoke free legislation
<b>Sub-action 9e.</b>				
Identify campaigns in existence that raise awareness of illicit tobacco campaign	2013-2014 Year 2	Local Authorities (Trading Standards)  NHS Ayrshire & Arran	Report produced with recommendations for campaign use  If no campaigns in existence, consider recommendations for development in future years of implementation of tobacco action plan	S17. Campaigns reach public and messages understood
<b>Sub-action 9f.</b>				
Trading standards educate and train NHS staff on the topic of illicit tobacco and how this is enforced	2013-2014 Year 2	Local Authorities (Trading Standards)  NHS Ayrshire and Arran	Training incorporated in to mandatory staff training, delivered and evaluated	S16. More negative attitudes towards second hand smoke exposure



