

[REDACTED]

From: [REDACTED]
Sent: 05 May 2016 08:22
To: [REDACTED]
Subject: FW: Smoking in Cars - Westminster amendment on educational courses

From: [REDACTED]
Sent: 01 October 2015 09:46
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: Smoking in Cars - Westminster amendment on educational courses

Hi [REDACTED]

The UK gov't couldn't answer this enquiry, and our colleagues in London couldn't, it was British Lung Foundation who eventually tracked the proposed amendment down.

There was an amendment in the Lords about it (number 62, I believe). There are some speeches about it, though they don't seem to deal with the educational course thing in very great depth.

Insert the following new Clause—

"Offence of failing to prevent smoking in a private vehicle when children are present

- (1) The Health Act 2006 is amended as follows.
- (2) After section 8 there is inserted—

"8A Offence of failing to prevent smoking in a private vehicle when children are present

- (1) It is the duty of any person who drives a private vehicle to ensure that that vehicle is smoke-free whenever a child or children under the age of 18 are in such vehicle or part of such vehicle.
 - (2) A person who fails to comply with the duty in subsection (1) commits an offence.
 - (3) A person convicted of an offence under this section who has not previously been convicted of such an offence shall have the option of attending a smoke-free driving awareness course in place of paying a fine under subsection (4).
 - (4) A person who does not wish to attend an awareness course or who has previously been convicted of an offence under this section is liable on summary conviction to a fine of £60.
 - (5) The Secretary of State may introduce regulations to alter the level of penalty payable under subsection (4).
 - (6) The Secretary of State shall update all relevant regulations regarding the offence created under subsection (2) within six months of this section coming into force.
 - (7) The Secretary of State shall introduce regulations within six months of this section coming into force to prescribe the format of the awareness course in subsection (3)."
- (3) In section 79(4)(a), for "or 8(7)" substitute ", 8(7), or 8A(5)"."

This is what BLF sent [REDACTED] ground education:

As discussed, I have drafted below a suggested additional amendment which you were considering tabling in addition to the current one, in order to try to force at least a Government commitment to an inquiry into this:

The Government will work with relevant internal and external stakeholders to conduct an inquiry to further explore the impact and implications of second-hand smoking around children in cars and to assess the evidence in this area; and will report its findings back to the House.

Do feel free to use this wording if you would like and if you feel it appropriate. Perhaps Sam can advise on where best in the bill this might be inserted?

You also discussed your concern that the arguments the minister will come back with will focus on the lack of need for legislation when they are already investing in second-hand smoke awareness raising campaigns. We have had a look at the information which exists on the record about the Government's plans for evaluating these campaigns in terms of effectiveness of behavioural change. In case helpful for reference, these following two PQs are the ones you have tabled in regarding the awareness campaigns:

[REDACTED] To ask the Secretary of State for Health how much his Department spent on its smoke-free homes and cars campaign in spring 2012. [144852]

1 Mar 2013 : Column 737W

[REDACTED]: The Department spent £2.3 million on advertising for the Smokefree Homes and Cars campaign in spring 2012.

This is departmental advertising spend only. Advertising spend is defined as covering only media spend (inclusive of agency commissions but excluding production costs and VAT). All figures are rounded to the nearest £10,000. Figures provided are provisional.

[REDACTED] To ask the Secretary of State for Health how his Department plans to measure the effectiveness of its behaviour change campaign to reduce the number of adults smoking in cars carrying children. [106653]

[REDACTED] The Department will use a number of measures to evaluate the effectiveness of its second-hand smoke campaign, which addresses both homes and cars. This includes:

1. Pre- and post-campaign tracking, research surveys with the target audience to measure awareness of the campaign and changes in attitude and behaviour, including whether smokers have made their homes and cars smoke free and whether they have quit smoking.
2. Research with recipients of the Smokefree Kit, which is promoted within the campaign, to assess whether this product further influences changes in attitudes and behaviour change in comparison to those who have solely seen the campaign.
3. Analysis of response data such as visits to the Smokefree website, text responses to the advertising and social media activity.

As you say, they are likely to argue that they have evaluated behaviour change as detailed in the answer immediately above. With this in mind, it might be useful to consider tabling the following additional PQs:

To ask the Secretary of State for Health whether the evaluation of any future second-hand smoke awareness campaigns will include data on the prevalence of adults smoking in cars in which children are present, as reported by the children themselves?

To ask the Secretary of State for Health how evaluation of the second-hand smoke awareness campaigns will measure sustained behaviour change over time?

Finally, you discussed the possibility of cost being raised as a stumbling block to acceptance of the principle of a rehabilitation/education/awareness raising course in lieu of a fine. We have done some initial research online and have come up with the following as good places to perhaps start research on this, which Sam might find helpful:

The following link contains information on the courses below and can be found on the NADIP website:
<http://www.driver-improvement.co.uk/index.php/home>

- Driver Improvement Scheme
- Speed Awareness Course
- RIDE (for motorcyclists)
- Driver Alertness Course
- Driving 4 Change

TTC do courses for Drink Driving <http://www.ttc-uk.com/DrinkDrive.aspx> - drink drivers who referred to this course and successfully complete it are eligible for a reduction in their disqualification of up to 25%. The drink drive course is designed to be educational; covering alcohol education, impact on health, responsible driving, the law, sentencing, and victims. Most courses are run over three days in a two/ three-week period.


The AA website provides awareness courses for:

- Cyclists
- Using a mobile phone whilst driving
- Going through a level crossing whilst driving
- Losing concentration whilst driving

Further details on the below are available on the AA website:

Cycling: The course takes 20 minutes online to do online and costs £16.33. It is educational and can help cyclists avoid a fine: <http://www.theaa.com/aadrivetechnology/driver-awareness/cycle-safe.html>

Mobile phone: The course takes 2h 30 minutes and can help avoid a fine:
<http://www.theaa.com/aadrivetechnology/driver-awareness/call-divert-course.html>


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ASH Scotland website: www.ashscotland.org.uk

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

E-mail your enquiries on tobacco and smoking to
the ASH Scotland Information Service: enquiries@ashscotland.org.uk

Follow us on twitter: @ASHScotland

[REDACTED]

From: [REDACTED]
Sent: 05 May 2016 08:49
To: [REDACTED]
Subject: FW: Further thoughts on the APG submission to UK spending review

From: [REDACTED]
Sent: 16 October 2015 11:03
To: [REDACTED]
Subject: FW: Further thoughts on the APG submission to UK spending review

Hi [REDACTED]

I'm sure you saw the APG submission to the UK 2015 spending review but I was doing a close reading for [REDACTED] and she asked me to copy you in.

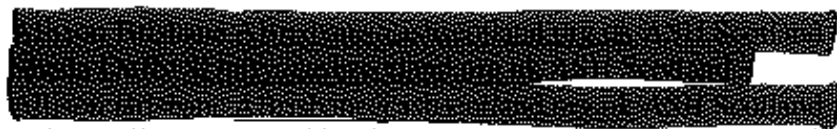
From: [REDACTED]
Sent: 16 October 2015 10:52
To: [REDACTED]
Subject: Further thoughts on the APG submission to UK spending review

Some good messages on the value for money smoking cessation represents, and interesting new data on embedding specialist stop smoking services in GP practices. <http://www.ash.org.uk/spendingreview2015>

The APG

- Want Government funding for tobacco control increased by an additional £100 million a year (so to £300 million). Assert that this could deliver a return on investment of almost 1100% (not a typo) over five years and nearly double the rate of decline in smoking
- Want cost of this additional funding to be met by an increase in existing tax escalator from 2% above RPI (as at present) to 5% above RPI over next five years
- Says NHS England hasn't taken Derek Wanless's dire warning about prevention seriously enough
- Says efficiency savings in NHS unlikely to be met so addressing smoking is more important than ever to address the funding deficit (slightly cold reasoning)
- Plugging the idea that as well as death and disability – *'twenty times the number of smokers that die each year suffer from disease and disability caused by their smoking'* – there are other cost/human implications *'research looking at the social care needs of smokers found on average they needed care and support nine years earlier than ex-smokers and those who had never smoked'*.
- Also pushing the idea (Ref from ASH London Smoking Still Kills) that if the poorest smokers were to quit over half a million households would be lifted out of poverty.
- Notes that measures to reduce smoking prevalence are not just cost effective but also revenue generating....(from Howard Reed, economist)
- Cites CDC's 2014 best practice guide which recommends \$10.53 per capita be spent on tobacco control – not being met in England (should we do this sum for Scotland? Yes, see subsequent email for interesting comparison). States which spend more see better reductions in prevalence. England a long way off so they ask for a further £100 million per annum
- Bigging up P11 QALYs and healthcare interventions. – smoking cessation. 'These are among the most effective of all healthcare interventions, quadrupling the success rate of quit attempts and costing under £1,000 for each additional QALY. This compares with, for example, up to £57,000 per QALY for statins to prevent coronary heart disease.'

- A recent study has shown just how valuable an effective stop smoking service can be to individual GP practices. Twelve month comparative data from a GP surgery in the West Midlands, before, and after, a specialist stop smoking service was hosted in the surgery, shows that the number of registered smokers reduced by 27% , appointments for long term conditions reduced by over 40%, the average home visits per month for smokers with long-term conditions dropped by over 50% and the total unplanned admissions for smokers with smoking related illness reduced by 49%.
- Calling for mass reach health communication interventions.



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[REDACTED]

From: [REDACTED]
Sent: 05 May 2016 08:18
To: [REDACTED]
Subject: FW: Follow-up to issues raised in Health and Sport Committee evidence session
Attachments: ASH Scotland-Additional Comments.docx

From: [REDACTED]
Sent: 01 October 2015 11:56
To: [REDACTED]
Subject: FW: Follow-up to issues raised in Health and Sport Committee evidence session

Dear [REDACTED]

For your information, additional information I've sent today to Health Committee members on a) survey results/public opinion re smoke-free hospital grounds and b) on e-cigarette advertising (with visual comparisons against old style tobacco ads).

You'll have seen the call in BMJ regarding e-cigs and hospitals?

Best wishes

[REDACTED]

From: [REDACTED]
Sent: 01 October 2015 11:47
To: [REDACTED]
Subject: Follow-up to issues raised in Health and Sport Committee evidence session

To: Members of The Scottish Parliament Health and Sport Committee

Dear [REDACTED] MSP, Convener

Please find attached some brief additional comments, following the recent meetings to scrutinise the Health Bill. These include some examples of e-cigarette adverts used elsewhere by brands distributed here, to assist with your consideration of taking powers to regulate domestic advertising of these devices.

I wish you well in your further scrutiny of the Bill and would be happy to provide any further examples or evidence that would be of use to you.

Yours sincerely

[REDACTED]

[REDACTED]

Chief Executive

ASH Scotland
8 Frederick Street
Edinburgh, EH2 2HB



To: Members of the Health and Sport Committee

I am writing with some brief additional comments, following the recent meetings to scrutinise the Health Bill.

Survey data

With regards to the discussions about smoke-free hospital grounds, I would like to stress that the figure I quoted of 73% of the Scottish public supporting the idea of smoke-free NHS grounds came from a YouGov survey and hence was carried out by one of our leading polling organisations, taking great care to provide the most representative sample of the population available. That is why we believe the figure has merit in indicating the balance of public feeling on the issue, and I presented it on that basis.

The Committee's own survey has the merit of enabling other voices to feed in to the debate but such a self-selecting sample cannot be considered to be representative of the population as a whole. A clear indicator of this is that over 60% of the respondents identified themselves as users of electronic cigarettes (the true population figure is likely around one tenth of that).

E-cigarettes advertising restrictions

I noticed reference to a "ban on advertising" of electronic cigarettes during evidence sessions. This is of concern to me, as someone who wishes to see robust regulation of e-cigarette advertising but not an outright ban. I believe that the actual Bill proposal to take powers to determine domestic regulation of e-cigarette advertising is the right balance as it allows for further consideration as to the right form and level of restrictions, and the ability to revise regulations as the market and our evidence base develop.

I believe that electronic cigarettes have the potential to help some smokers to quit tobacco and that there is public confusion over the relative harm of electronic and tobacco cigarettes. So, I'm keen for smokers to receive e-cigarette promotions.

Yet at the same time commercial organisations have an inherent interest in extending their market, and we do not yet have adequate research regarding the long-term effects of using these products. I am concerned to ensure as far as possible that the impacts of e-cigarette advertising on the next generation take us towards the vision for a generation free from tobacco and do not undermine it.

It is true that UK advertising of e-cigarettes has to date been considerably more restrained than for example that in the United States, and I append some examples of US e-cigarette advertising for your information. Taking powers to regulate advertising would create safeguards against such

developments in the market and help ensure that the role of e-cigarettes in public health is as far as possible a positive one.

E-cigarette advertising vs. tobacco advertising

E-cigarette advertising has been observed to use similar design techniques and visual cues to older tobacco advertising. With many e-cigarette products now owned by tobacco companies, it is important that action is taken to ensure that these products are advertised appropriately – encouraging smokers to use them in preference to cigarettes, rather than promoting them to non-smokers. We believe that appropriate regulation of domestic advertising here in Scotland could avert similar promotional approaches being used that could particularly appeal to teenagers. The following examples are taken from the Stanford School of Medicine's Research into the Impact of Tobacco Advertising, available at <http://tobacco.stanford.edu>.

I wish you well in your further consideration of the Bill and would be happy to provide any further examples or evidence that you feel would be of use to you.

Yours sincerely



Chief Executive
ASH Scotland



*Blu e-cigarette (Imperial Tobacco now but Lorillard 2012 – 2014) left.
Marlboro (Philip Morris International), right.*



The Official e-cigarette
of the World Series of Poker



*The World Series of
Poker*

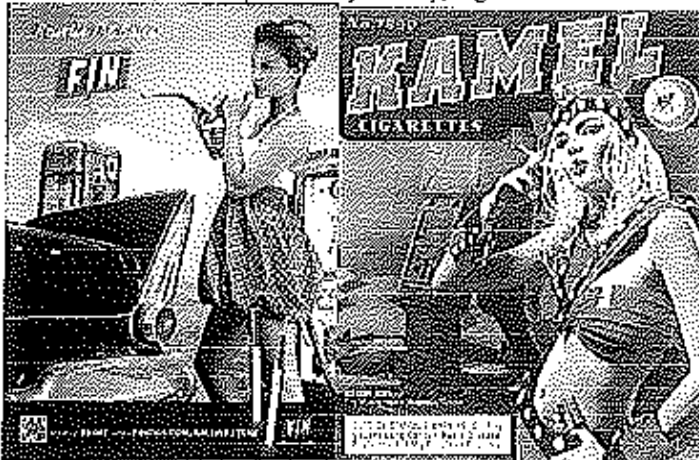


MAY 29 - OCTOBER 31

*E-swisher e-cigarettes (Swisher International Group) left.
Camel (R.J. Reynolds), right.*



*Blu e-cigarette, 2013 (Imperial Tobacco now but Lorillard 2012 – 2014) left.
Winchester, 1973 (R.J. Reynolds), right.*



*Fin e-cigarette (Electronic Cigaretto International Group) left.
Kamel Reds (R.J. Reynolds), right.*



*Blu e-cigarette (Imperial Tobacco now but Lorillard 2012 – 2014) left.
Drum, 1976 (Imperial Tobacco) right.*

[REDACTED]

From: [REDACTED]
Sent: 05 May 2016 08:37
To: Shevlin R (Rebecca)
Subject: FW: dual use tobacco and ecigs

From: [REDACTED]
Sent: 26 November 2015 15:42
To: [REDACTED]
Subject: dual use tobacco and ecigs

Dear [REDACTED]

I'd asked [REDACTED] in our info service to have a look at the latest evidence around dual use of ecigs and tobacco – given I'm hearing a clear message that many smokers take vaping up with the intention of quitting tobacco but that there seems to be a high persistence of longer term dual use with percentages quoted around 60-80% - and no clear evidence that this dual use leads to quitting. Here's what she found

Best wishes

[REDACTED]

These papers came out in July and April this year respectively but the headlines are just starting to filter through. Both very robust studies – and Brose, Hitchman, Brown and McNeill involved in both.

Brose et al (1) (note that the et al includes Ann McNeill and Robert West) and Hitchman (2).

Brose et al:

Brose and colleagues used a national data set from Great Britain (National general population sample of 4064 adult smokers, with 1759 (43%) followed-up) to demonstrate that, in current tobacco cigarette smokers, daily but not non-daily electronic cigarette (e-cig) use shows a significant association with increased tobacco smoking cessation attempts and reductions in smoking behaviour. However, **e-cig use was not shown in this study to be associated significantly with tobacco smoking cessation.** Taken together, this new study and the extant literature provide little empirical support for the contention that e-cig use leads reliably to smoking cessation for the majority of users.

Simon Chapman is already citing this study and noting that **86.1% of daily vapers did not cut back on smoking substantially.**

Hitchman et al:

Whether e-cigarette use is associated with quitting depends on type and frequency of use. Compared with respondents not using e-cigarettes, daily tank users were more likely, and non-daily cigalike users were less likely, to have quit.

I expect that to counter this there are those who will cite the McRobbie et al review but even it rated the quality of evidence low and called for more research. It concluded:

Combined results from two studies, involving over 600 people, showed that using an EC containing nicotine increased the chances of stopping smoking long-term compared to using an EC without nicotine. Using an EC with nicotine also

helped more smokers reduce the amount they smoked by at least half compared to using an EC without nicotine. We could not determine if EC was better than a nicotine patch in helping people stop smoking because the number of participants in the study was low. More studies are needed to evaluate this effect. This study showed that people who used EC were more likely to cut down the amount they smoked by at least half than people using a patch. The other studies were of lower quality, but they supported these findings. There was no evidence that using EC at the same time as using regular cigarettes made people less likely to quit smoking. None of the studies found that smokers who used EC short-term (for 2 years or less) had an increased health risk compared to smokers who did not use EC.

Quality of the evidence

The quality of the evidence overall is low because it is based on only a small number of studies. More studies of EC are needed. Some are already underway.

<http://www.cochrane.org/CD010216/TOBACCO-can-electronic-cigarettes-help-people-stop-smoking-or-reduce-the-amount-they-smoke-and-are-they-safe-to-use-for-this-purpose>

So quite apart from research which appears to show most daily vapers aren't cutting back substantially on smoking, we must return to **the old question of whether there is any health benefit in cutting down....**

and long-term epidemiological data suggests that there is not. Simon Chapman likes to say that risk can't be 'reverse engineered' by cutting down – and he cites four big robust cohort studies (the Scottish one counts as two cohorts and the Korean one is the biggest group at half a million):

- *Long-term follow-up provides no evidence that heavy smokers who cut down their daily cigarette consumption by >50% reduce their risk of premature death significantly. In health education and patient counselling, it may give people false expectations to advise that reduction in consumption is associated with reduction in harm.*
Tverdal A, Bjartveit K. Health consequences of reduced daily cigarette consumption. *Tobacco Control Journal* 2006;15:472-480 doi:10.1136/tc.2006.016246.
<http://tobaccocontrol.bmj.com/content/15/6/472.long>
- *In conclusion, the long-term follow-up of these 2 Scottish cohorts does not provide sufficient evidence of benefit to endorse the Israeli conclusion that "reducing smoking intensity may be advised for heavy smokers who cannot quit abruptly". Existing research does not provide useful guidance for the level of reduction of cigarette consumption required to confer meaningful health benefits. On the other hand, continued smoking, even at low levels, clearly carries substantially increased health risks. Reducing the frequency of smoking should thus primarily be recommended as a short-term step toward cessation.*
Hart C, Gruer L, Bauld L. Does Smoking Reduction in Midlife Reduce Mortality Risk? Results of 2 Long-Term Prospective Cohort Studies of Men and Women in Scotland. *American Journal of Epidemiology* (2013) doi: 10.1093/aje/kwt038. First published online: July 3, 2013. <http://aje.oxfordjournals.org/content/early/2013/07/02/aje.kwt038.full>
- *Smoking reduction was associated with a significant decrease in the risk of lung cancer, but the size of risk reduction was disproportionately smaller than that expected from the reduced amount of cigarette consumption. Although smoking cessation should be the cornerstone of preventing smoking-related cancers, smoking reduction could be considered as a strategy to supplement smoking cessation for those who are unable to quit smoking immediately.*
Song YM, Sung J, Cho H J. Reduction and cessation of cigarette smoking and risk of cancer: a cohort study of Korean men. *Journal of Clinical Oncology*. 2008 Nov 1;25(31):5101-6. doi: 10.1200/JCO.2008.17.0498. Epub 2008 Oct 6.
<http://www.ncbi.nlm.nih.gov/pubmed/18838704>

REFS:

(1) Brose L. S., Hitchman S. C., Brown J., West R., McNeill A. Is use of electronic cigarettes while smoking associated with smoking cessation attempts, cessation and reduced cigarette consumption? A survey with a 1-year follow-up. *Addiction* 2015; 110: 1160–8.

- [Abstract](#)
- [Full Article \(HTML\)](#)
- [PDF\(490K\)](#)

(2) Hitchman SC Brose LS Brown J et al. Associations between e-cigarette type, frequency of use, and quitting smoking: findings from a longitudinal online panel survey in Great Britain. *Nicotine Tob Res.* 2015; 17(10):1187–1194. doi: 10.1093/ntr/ntv078.
http://ntr.oxfordjournals.org/content/17/10/1187.abstract?ijkey=ac0442713e43de409ad7e220c491a3e69c114363&keytype=tf_ipsecsha

[REDACTED]
Chief Executive

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



Help the next generation grow up tobacco-free.

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

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[REDACTED]

From: [REDACTED]
Sent: 05 May 2016 09:06
To: [REDACTED]
Subject: FW: Tobacco Industry Court Case on Standardised Tobacco Packaging Starts Thursday in High Court

From: [REDACTED]
Sent: 08 December 2015 09:51
To: [REDACTED]
Subject: FW: Tobacco Industry Court Case on Standardised Tobacco Packaging Starts Thursday in High Court

Fyi

[REDACTED]

From: [REDACTED]
Sent: 08 December 2015 09:43
To: [REDACTED]
Subject: Tobacco Industry Court Case on Standardised Tobacco Packaging Starts Thursday in High Court

ASH news release: Immediate release: Tuesday 8th December 2015

Tobacco Industry Court Case on Standardised Tobacco Packaging Starts Thursday in High Court

The tobacco industry's legal effort to block the introduction of standardised ("plain") tobacco packaging in the UK starts in the High Court this Thursday (10th December). [1]

The four major manufacturers (British American Tobacco, Imperial Tobacco Limited, Japan Tobacco International and Philip Morris International) are challenging the UK Government and asking the court to rule that the Regulations bringing in standardised packaging are unlawful [2]. If, as ASH expects, the tobacco industry legal challenge fails, all cigarettes and hand-rolled tobacco will have to be manufactured in standard packs from May 2016. Both the Regulations and the Children and Families Act, which gave the Health Secretary the power to regulate pack design, were passed by overwhelming majorities on free votes in both the House of Commons and in the House of Lords.[3]

The tobacco companies, who make the only consumer products in the world that cause half their long-term users to die prematurely, are claiming that the Regulations infringe their human rights and intellectual property rights.

Meanwhile last week, the French National Assembly voted in favour of standardised packaging, and the Irish Dail passed standard packs legislation in March this year. Other countries that are planning to implement this measure include Norway, Canada and South Africa.[4]

ASH is intervening in the case [5] and will be presenting oral arguments, probably on Thursday 16th November.

[REDACTED] Chief Executive of health charity ASH said:

"The court case brought by the tobacco industry to try to block standardised tobacco packaging in the UK begins on Thursday. This is a desperate last ditch move by the tobacco companies to try to protect their right to promote their products in glitzy brightly coloured packaging, hoping that they will attract to children and young people to become the next generation addicted to smoking.

We expect the industry to lose. But of course they still hope that by tying up government officials and the court system for as long as they can, and by making the case as complicated and expensive as possible, they might put off governments in poorer countries than the UK from following our example"

ENDS

Notes and Links

Please Note: the University of Bath Tobacco Control Research Group "Tobacco Tactics" website has an excellent section on standardised packaging in the UK with details of how the policy debate developed in the UK.

[1] Royal Courts of Justice Cause List

CO/2322/2015 The Queen on the application of British American Tobacco Uk Limited v Secretary Of State For Health

CO/2323/2015 The Queen on the application of Philip Morris Brands Sarl v Secretary Of State For Health

CO/2352/2015 The Queen on the application of Jt International Sa v Secretary Of State For Health

CO/2601/2015 The Queen on the application of Imperial Tobacco Limited v Secretary Of State For Health

[2] The Standardised Packaging of Tobacco Products Regulations 2015

[3] On 11 Mar 2015 367 MPs voted in favour of the Standardised Packaging of Tobacco Products Regulations 2015 with just 113 against. In the Lords on 16 March the regulations passed without a division.

[4] Plain Packaging: International Overview. Canadian Cancer Society

http://www.ash.org.uk/files/documents/ASH_960.pdf

[4] Acting for ASH are: solicitors from Leigh Day and barristers Peter Oliver and Ligia Osepciu of Monckton Chambers.

Action on Smoking and Health is a health charity working to eliminate the harm caused by tobacco use. For more information see: www.ash.org.uk/about-ash

ASH receives core funding from Cancer Research UK and the British Heart Foundation.

Contact:

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W: www.ash.org.uk

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Chief Executive

ASH Scotland

[REDACTED]

From: [REDACTED]
Sent: 27 April 2016 14:49
To: [REDACTED]
Subject: FW: 6 montly report to end September
Attachments: ASH Scotland Report to Scottish Government-April to Sept 2015.docx

Categories: Purple Category

[REDACTED]

From: [REDACTED]
Sent: 17 December 2015 17:10
To: [REDACTED]
Cc: [REDACTED]
Subject: 6 montly report to end September

Dear [REDACTED]

Please find appended our first 6 month report under the new reporting arrangements. As discussed, it takes a focus on impacts achieved in relation to our agreed funding objectives for this year under various workstreams.

We would welcome any feedback on the new format ahead of the next report

Kind regards

[REDACTED]

[REDACTED]

Chief Executive

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



This report covers the period April to September 2015 and the activities funded under ASH Scotland's Government grant. It is drawn from a wider organisational annual work-plan report operationalising the objectives from our annual work-plan and implementing our commitments to our various funders.

During this 6 month period we have been active in working with colleges to implement smoke-free campuses, in rolling out work with schools on our smoke-free schools policy, and in partnership work on the Youth Sector Tobacco Prevention sub-group.

We have been busy signing up supporters to the Children's Charter, which we view as an important framework for implementing work towards the national 2034 vision.

We are engaging with organisations whose focus is poverty to develop joined up thinking around poverty and tobacco, and the theme of this year's Cross Party Group meetings has been tobacco and inequalities, from which a report will be written up.

We are working with mental health services and service users, and are in discussions regarding the need to integrate an awareness of physical health into the mental health service provision.

We continue to provide topical and targeted information to support national debates on tobacco and related issues.

Operational Outcome: Youth work services develop more effective responses to tobacco

We have:

- Supported the Youth Sector Tobacco Prevention Group in ongoing network meetings and in delivering the agreed programme of work.
- produced a report on the knowledge, views and preference of youth work in relation to tobacco, following an online survey of youth workers from 130 youth work organisations in Scotland
- published a suite of tailored resources to support youth workers in Scotland engage young people on tobacco
- continued informal links with a number of youth groups, through the East Glasgow partnership, Lothian Association of Youth Groups, NHS Lanarkshire, NHS Borders and Fast Forward, seeking opportunities to improve the tobacco policies of individual groups
- met with Lesley-Anne Naviso at Scottish Borders, and set up a forthcoming meeting with Anne Scrimgeour of SPEN, to discuss support for local projects

7 youth work projects in deprived areas review and adapt policy and practice on tobacco:
And Contacts in other geographical areas are tend up for future work:

While we have engaged with youth work providers at national and local level (through the Youth Sector Tobacco Prevention Group and the local areas mentioned above) we have not had individual youth groups respond to our offer of assistance and will return to those contacts in the second half of the year.

Youth work staff indicate intervention has had positive impact:

Tobacco has been a focus of discussion at most of the main youth workers events – including Youth Scotland's Practical Problems Sensible Solutions Conference, YouthLink Scotland's Annual Conference, Scottish Poor Education Network Conference.

There is now a suite of tailored resources to support youth workers engaging young people on tobacco – by mid-October those had accumulated 4,372 views. These are hosted on the Youthwork Essentials website, the main site used by youth workers in Scotland to access resources.

Main youth sector organisations maintain commitment to working together on smoking prevention:

At the behest of the member organisations, the Youth Sector Tobacco Prevention Group will continue past its original short term lifespan and remain as an informal network to oversee ongoing activity, particularly dissemination of the resources.

An impact assessment of the work of the group has been prepared, which will be discussed at the October meeting with a view to presenting it to the Ministerial Sub-Group on Prevention.

Operational Outcome: More further and higher education campuses become smoke-free

We have engaged with colleges and universities through the National Union of Students Scotland programme Healthy Bodies Healthy Minds and also through direct contact with certain colleges.

We sat on the working group at Dundee and Angus College, advised representatives at Ayrshire College and made initial contact with Forth Valley College, Fife College, Borders College and West Lothian colleges.

We submitted an objection to the planning committee of Aberdeen City Council, in response to an application by Aberdeen University to erect several smoking shelters on one of its campuses.

We met with NUS Scotland to agree plans for supporting colleges and universities applying for Healthy Body Healthy Mind awards in 2015/16. We have collated background research and good practice examples and disseminated these to colleges. A tailored Fastfacts sheet has been produced (<http://www.ashscotland.org.uk/media/5862/5youngpeople.pdf>), designed to support the work around tobacco-free campuses.

4 college campuses make progress towards tobacco-free campus policies:

Dundee and Angus College and Ayrshire College have both adopted tobacco-free college policies, each crediting ASH Scotland support in doing so. We have quotes from each of these indicating that they found ASH Scotland's support to be a significant aid in achieving this.

In addition to this we plan to engage with a further three colleges based on the activity presented for the HBHM award and scope how we may work with them between September and May/June 2015/16. We will approach and Ayrshire College in the first instance.

The Aberdeen University application for smoking shelters was rejected, citing community opposition to the plan. We have written to the University offering dialogue on alternative approaches.

More colleges report back on progress towards the tobacco elements of Healthy Body Healthy Minds awards:

Smoking prevention was included as part of the Healthy Bodies Healthy Minds criteria for the first time, with ASH Scotland advising on the grading system. 15 colleges and universities, the highest number since the award began, submitted their evaluation reports for the Healthy Body Healthy Mind awards last year. All 15 colleges reported they had delivered some level of tobacco work varying from promoting smoking cessation support and health events to delivering smoke-free events and developing campus policies.

19 colleges and universities have signed up for the 2015/16 HBHM awards in 2015/16.

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

This is an area of activity we will focus on in the second half of the year. We have conducted some background research, and initiated conversations internally and with partner organisations, to develop our analysis of the issue and our thinking in this area.

Briefings inform stances taken by partner organisations and of political, media and enforcement audiences:

Public discourse on illicit tobacco indicates ASH Scotland impact on debates:

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

We have joined the Early Years Collaborative and attended several meetings to induct ourselves in the thinking behind this movement and to begin to engage with some of the organisations involved. We have joined a new working group looking at tobacco and the early years.

We have supported NHS Lothian and NHS Forth Valley in developing smoke free homes projects, providing two training sessions and ongoing consultancy to NHS Lothian's project delivered through West Lothian's Early Years Collaborative. Initial discussions have been held with NHS Borders and NHS Lanarkshire to explore the possibility of smoke-free homes projects.

The report on the first year of the Children, Carers and Second-hand Smoke training was delivered to the funders. The work programme for the second year is underway and both the number of events and of participants are on schedule. Training delivery for year 2 has already been agreed with NHS Lothian (4x deliveries) and NHS Tayside (3x deliveries).

We produced, and printed 5,000 copies of, an accessible booklet for professionals to leave with parents, to help them in making their home smoke-free.

ASH Scotland listed as national partner in the Early Years Collaborative:

Complete. The new working group on tobacco has adopted the first two elements of our Charter for a Tobacco-free Generation as it's focus.

Engagement with family support organisation provides learning on enabling grassroots activity on smoke-free homes:

Our support enabled the NHS Lothian project to be launched in May and we will provide further support if requested. As follow-up two early years centres in West Lothian, supporting families in areas of deprivation, have booked our training on Children, Carers and Second-Hand Smoke for their staff teams.

A project plan has been developed for, and agreed by, NHS Forth Valley. 13 professionals have been recruited to date who will attend a briefing session delivered by ASH in Oct to enable them to offer/deliver the intervention. An Early Years Collaborative (EYC) 'test of change' approach will be adopted, evidencing improvement in air quality of smoking homes across Forth Valley.

Demand for our booklet for parents has been high, with over 3,000 copies ordered by local contacts to date.

Feedback has been very positive.

Training attendees have taken further action to promote smoke-free home engagement in their organisation:

The first year report on the training funded by Robertson Trust and Scottish Government was positive, and accepted by both funders. The end of year report, based on participant feedback, evidences the following:

- Increased participant knowledge of SHS issues
- Increased participant confidence in raising the issue of SHS with their clients
- Changes to policy/practice e.g. distributing leaflets to parents, discussing SHS more frequently and with all clients
- Observed health behaviour change among families the participants work with e.g. taking smoking right outside and/or quitting

Targets and outcomes for Year 2 were devised and submitted to The Robertson Trust and a second year funding has been awarded (matched by SGvt).

Operational Outcome: More LAACYP settings have developed and implemented tobacco policies

We have engaged, at varying levels, with Borders, Forth Valley and Tayside to discuss support for tobacco policies for looked after children's services. Engagement with Tayside is just beginning whereas we have attended a number of working group meetings in Forth Valley and assisted with the development and revision of a draft policy. We have proposed a short-life working group be set up by the Ministerial Sub-group on Prevention and will take forward discussions on this idea in the second half of the year.

Three local authority areas review and improve policy and practice:

Borders council policy is complete, awaiting final version.

We sat on the Forth Valley LAACYP Tobacco Policy Working Group which developed a draft policy, although it now looks as if it will not be possible to achieve final agreement amongst all the stakeholders. We are currently investigating means of supporting the local health board and reps from the residential units involved to ensure this work remains active.

NHS Tayside decided to roll out the second-hand smoke training initially and will look at LAACYP policy development in the second half of the year once the training is complete.

Services in other geographical areas consider change:

A meeting has been discussed with NHS Lanarkshire to explore policy development and AQM work in LAACYP settings.

National organisations change guidance, policies and standards:

We have had some engagement with FosterPlus and offered advice and support with reviewing their foster carer tobacco policy. Other national organisations have been difficult to engage and we have agreed with the Chair of the Ministerial Sub-Group on Prevention to discuss an approach through that avenue.

Operational Outcome : Legislation to prohibit smoking in cars with children present has progressed

We produced an evidence review to inform stakeholder involvement in the Parliamentary scrutiny of the Bill.

Stakeholders indicate review has been used to inform discussion:

SCOT members agreed a joint submission to the Stage 1 process, based on a draft text provided by ASH Scotland.

Operational Outcome: There will be increased understanding of, and support for, having certain outdoor areas smoke-free

We have initiated discussions internally, with partner organisations and in the media regarding smoke-free outdoor areas.

We provided information support to the Scottish Government on the evidence base for smoke-free outdoor areas, including research and examples of how other jurisdictions legislate.

Stakeholders indicate review has been used to inform discussion:

Our proposal regarding locally designated smoke-free areas was superseded by a compromise proposal whereby a legal smoke-free boundary be introduced around hospital buildings, with NHS Boards continuing to have policy positions on the rest of the grounds.

We provided support to East Dunbartonshire Local Alliance and to West Lothian Council in the development of their smoke-free play areas.

Operational Outcome: Tackling tobacco is accepted as a key part of tackling health inequalities

We have begun a consultation period, seeking to engage target groups, particularly anti-poverty networks, in a discussion on the relevance of tobacco to their goals. We have developed arguments around smoking and finances, producing two Tobacco Unpacked blogs and providing a further blog for the Scottish Children's Commissioner's website. We used social media to highlight poverty-related results from the Scottish Household Survey in September.

We met with Age Scotland to discuss collaboration on dementia prevention.

Feedback from community and anti-poverty groups indicates that tobacco is being accepted as both cause and effect of inequality, and a necessary part of tackling it:

We have had positive involvement in the Voluntary Health Scotland "Living in the Gap" project, featuring in two of the roadshow events and receiving positive feedback from organisers and attendees.

Following a discussion with the MARCH project they have now agreed to share their poverty and welfare reform focused resources to stop smoking services to raise awareness of signposting individuals affected by poverty or welfare reform. (see outcome 16 below)

Efforts to form a steering group to oversee a proposed STA event on tobacco and poverty have largely recruited existing health individuals, although John McKendrick (academic from Glasgow Caledonian University) has also come on board.

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

This has continued to be a topical issue and we have engaged with the media on an ongoing basis. We produced a detailed analysis of the PHE England evidence review on ects, and information on the impact of TPD in May 2016.

ASH Scotland advice and information has been useful to partner organisations, and recommended approaches have been adopted:

SCOT members and several other organisations used the ASH Scotland response to the call for Stage 1 evidence as the basis for their own responses. The Information Service continues to receive regular enquiries from stop smoking advisors on evidence based best practice (eg GGC maternity smoking cessation services).

We have also provided information briefings to SG about NYP research, reported adverse effects, perspectives on e-cigarette use, and other jurisdictional responses. Also horizon scanning information on tobacco industry investment in novel nicotine delivery devices and on what is known about the displacement of smoked tobacco.

Operational Outcome: Mental health support services more robustly address tobacco use

We conducted a survey through Voluntary Health Scotland (VHS), distributed to its membership, to establish organisational experiences of smoking and/or tobacco-related work in the past. The survey was also intended to help prompt community-based mental health organisations consider if and how tobacco may be impacting on the lives and wellbeing of their service users. Responses were analysed and a report produced which was circulated via the VHS July newsletter.

We have met the relevant professional bodies and are maintaining contact as our work in this area progresses.

We ran a training day for staff and volunteers from Comas on Monday 27th July. The training day allowed for time to discuss next steps for the project, and this generated good solid ideas for moving forward which are now under development with ASH Scotland support (namely setting up Comas own stop-smoking group and a Christmas savings scheme linked with a quit attempt). A further meeting with Comas staff will take place by end of October to further progress the project.

RCPsych members and networks put into practice evidence and guidance provided:

Meetings with both RCPsych and Royal College of Nursing have indicated that neither organisation has a strong focus on the issue, although RCPsych has received concerns from member professionals regarding the practicalities of services going smoke-free.

Action research with Comas enhances learning and informs further action plan:

The project proposal was developed, and it was agreed by Comas in June. Eight members of staff participated in the training day and it evaluated well. Comas is now setting up a stop smoking group in the run up to Christmas 2015.

Operational Outcome: Arguments for reducing the density of tobacco retail outlets in our communities are developed

We have begun the process of developing an analysis of tobacco retail density and exploring policy avenues for reducing this.

The evidence base for reducing density was presented at the ASH Scotland Conference in June and at the June Cross Party Group.

We are taking part in a University of Edinburgh seminar in December to review the available evidence on retail density and discuss policy responses.

Feedback from partner organisations indicates review has informed views going forward:
Our concerns over retail density were presented in meetings with Labour's Jenny Marra and the Liberal Democrats' Jim Humo, with the former particularly interested in developing a response.

Discussion at the Cross Party Group led to Richard Simpson MSP labling a motion for an alcohol register, along similar lines to the existing tobacco register.

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

The evaluation of the Money Advice Service project is underway and going to plan. Initial results are positive, suggesting that both staff and clients are comfortable with smoking being raised during financial advice meetings.

We have begun consideration of the final report, planned for launch in December, and how this will be used to influence how tobacco use is addressed by financial advice services across Scotland. We are considering a key message/call that any mention of tobacco use during a money advice session should trigger the offer of support for stopping smoking.

We have followed up with interested groups in several areas (West Lothian, East Dunbartonshire, Lanarkshire, Fife, Midlothian) seeking commitment to run a Cashtray pilot.

We have explored the role and extent of work undertaken by foodbanks and looked at tangible links e.g. price of a packet of cigarettes and a food bank shopping bag. We will look to the launch of the money advice report as a means of engaging these audiences.

Lesson from Money advice Service and smoking cessation pilot is disseminated and good practice rolled out:

Report planned for launch in December.

Cashtray pilot provides learning on maximising effectiveness of linking smoking cessation to credit union savings:

West Lothian credit union has agreed to run a Cashtray pilot. We have submitted a bid to the Bank of Scotland Foundation to support this. The pilot is planned to start in the first quarter of 2016.

Edinburgh Capital Credit Union (CCU) have agreed to set up the Cashtray accounts. ASH Scotland will be a named supporter and marketing materials are currently being drafted by CCU. Whilst this will not be the full pilot we are seeking, we will have access to data and information relating to these accounts for any analysis. CCU are keen to roll out the account across all of their CU nationally and feel confident that their partnership with Scot West Credit Unions could enable wider engagement.

Plans are in place to run a pilot project with charity shops:

No immediate partners confirmed. BHF (Scotland) and CHSS were identified as potential partners however new Chief Executives for both have recently been appointed and the decision has been taken to prioritise the Cashtray initiative.

A food bank provider is prepared to run a pilot project with us:

This is an exploratory role at this stage and no partners have been identified.

Operational Outcome: The Charter for a Tobacco-Free Generation drives awareness and policy and practice change

We launched the Charter at the Scottish Parliament on 1st April with cross-party support and have begun to promote the Charter to a range of target audiences. A suite of design materials, web pages and guidance documents have been produced.

We have adopted a model whereby we are seeking quality of sign-ups rather than quantity. So that each signatory organisation has to provide information regarding current policies and intended changes, so that we can go back to them after six months to seek evidence of impact.

Media monitoring indicates coverage of end-game discussions:

No obvious media coverage, although we have provided information briefings to the Scottish Government regarding end-game tobacco regulation strategies, and were approached by an MSP seeking to discuss and explore possibilities to support the Singapore Tobacco-free Generation 2000 model.

Partners and other audiences indicate increased awareness and understanding of the 2034 target:

We are taking this forward through promoting the Charter with discussions around signatories taking forward implementation. We will report further when we start to measure impacts amongst signatories.

A wide range of organisations have signed the Charter and indicate changes to policy and practice as a result:

At the end of September nearly 20 organisations had signed the Charter and provided the necessary information regarding their commitments. Two other applications had been declined, as not providing sufficient commitment. An up to date list can be accessed at <http://www.ashscotland.org.uk/supporters>

"Tobacco-free generation" badging features on materials used by schools, youth services, smoke-free events and other work:

Graphic materials have now been produced and have begun to appear on events such as the Scottish Smoking Cessation Conference, and the Scottish Tobacco-free Alliance Annual Learning Day.

Operational Outcome: More local planning structure takes forward a comprehensive tobacco plan

We carried out a telephone survey of local alliance contacts and shared the information with Scottish Government. We are keeping the information as an Excel spreadsheet, updated with any further news or developments we hear of. Key contacts have been added to the new organisational database.

We created a brief guide of policy and information suggestions which could be included within a local tobacco plan and which ASH Scotland could provide support for.

We have up to date understanding of local tobacco control activity:

We have a formalised overview of local activity, which we are keeping updated. Currently 5 areas are considered to have an active, co-ordinated tobacco plan, 8 are developing such, 9 are not working on a co-ordinated plan and 2 are unknown.

Example policies and case studies are being used:

The guide was circulated to contacts in October and will feature in the next report.

We shared the examples in our policy guide with the local tobacco alliance in Scottish Borders, and was well received. They are now taking forward work with looked after children and smoke-free homes.

ASH Scotland is being approached for advice or engagement:

We met with Dermot Gorman to discuss his work pursuing a Lothians tobacco strategy, and commented on a draft strategy produced in Tayside. Support and advice was provided to East Dunbartonshire and Dundee City in their local plan development.

Regional meetings enhance local activity:

We have not organised any regional meetings during this time period. An STA short-life working group on supporting local alliance activity has been agreed. Several volunteers have come forward and the group will begin to meet in the second half of the year.

Operational Outcome: Our international conference will run successfully in finance, numbers and impact

The event took place on 18th and 19th June.

Over 200 attend the event:

Total numbers did not exceed 176 however there was a very enthusiastic attendance by very senior tobacco control representatives and a larger attendance of foreign delegates than the previous event. From discussions we have concluded that our product and marketing were better than for the event two years ago

Event progressed smoothly, meeting financial targets:

The event progressed very smoothly with no significant difficulties. As we did not meet our target numbers attending we did not achieve the targets for income. However with income of £12,956 and outlay of £30,836 the financial surplus was £12,120

Positive feedback and evaluation from attendees:

Evaluation from participants was very positive and we have received a number of very positive statements from international figures.

From the survey of participants:

Overall evaluation of the event: 73% Excellent, 25% Good

Organisation of the event: 66% Excellent, 30% Good

100% agreed or strongly agreed that the the conference provided new insight and knowledge.

Positive feedback was received from delegates regarding the quality of speakers, the international perspectives and representation, and the heightened awareness for all attendees of the importance of their role to contribute to a Smoke-free world.

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

The Information Service continues to provide daily and weekly bulletins, produce a range of briefing materials and answering queries from a range of audiences.

2014/15 annual report produced in a new, more concise, impact-focused format.

We completed a major refresh of www.ashscotland.org.uk with new ASH designs and upgraded CMS

During this period we also provided background information, fact checking and proof-reading for Charter materials.

We met with Scottish Action on Obesity to scope publications we are producing for them in late 2015, with some funding to back-fill capacity in the service. We are also contributing our experience in tobacco control advocacy to help inform their planning and development work.

Daily, weekly and library bulletins prepared and sent timously. 60 weekly bulletins to 310 people, 250 daily bulletins to 240 people, 6 library bulletins to 70 people
Bulletins prepared and distributed to plan. 60 daily bulletins sent out to approximately 234 subscribers, 12 weekly bulletins sent out to approximately 320 subscribers. In review of ASH Scotland bulletins we have agreed to stop producing the library bulletins and to merge the weekly bulletin into a unified ASH Scotland weekly bulletin, produced by the Information Service but covering the range of ASH Scotland's work and being sent to the full list of our contacts.

60 research trawls carried out, with around 12,600 abstracts read to produce weekly research outputs
Weekly research trawls being carried out to plan. 12 research trawls identifying approximately 3,000 items of new research, refined, cat and classed, distributed to subscribers and uploaded to online research archive.

700 enquiries answered, all within 3-day timescale

281 enquiries responded to over 6-month period, all within three day target. 16 of these enquiries were for the Scottish Government.

Evidence review published and disseminated, with positive feedback from stakeholders

The evidence review on smoking and mental health was produced and published. Feedback has been positive.

6 Chief Executive presentations prepared, receiving positive feedback

We produced an hour long presentation for presentation to the respiratory group of the RCN

Produced Chief Executive presentation for STA Annual Learning Day – "What still needs to be achieved and what should we do next"

New and updated briefings and fast facts well used and receive positive feedback

Key dates and statistics updated, major update on illicit tobacco briefing, two new factsheets – tobacco and male fertility, and young people and tobacco produced.

Operational Outcome: The STCA effectively co-ordinates networking, consulting and information exchange relation to tobacco control in Scotland

We have led significant changes to the Alliance over the last six months, including a change of name (from STCA or Scottish Tobacco Control Alliance – to STA or Scottish Tobacco-free Alliance), new rules and categories for membership, a new democratic structure, new approach to working groups, new branding, new web pages and new membership leaflets.

4 page STA Annual review has been produced in time to be distributed at the annual learning day.

STCA Council recruited and members indicate working well:

A new STA Council of 8 endorsed candidates has been formed and is responding to problem solving by email.

First meeting of the new group is in December but they have contributed to the planning of the STA Annual Learning Day in October and Karen Gray from NHS GGC has been elected Chair.

13 STCA bulletins delivered, with positive feedback in membership survey and numbers in receipt steady around 230:

Bulletins distributed as scheduled with occasional substitution of ASH Scotland bulletin due to vacation. The STA bulletin has now become part of a combined ASH Scotland weekly bulletin. While there will be less space for STA news and activity the new bulletin will promote STA actively to an audience of around 1,000 rather than 250.

STCA membership stable in the face of budget and staff cuts across target sectors:

STA membership stands at 180, reflecting a slow, steady recruitment of new members in recent years. To simplify

membership communications, and members' relationship with the Alliance, there is now only one category of membership.

Membership evaluation indicates STCA regarded as highly useful:
No evaluation has been carried out during this time period.

Individual meetings and events held and evaluate well:

One Research Group meeting held in April with only four evaluation sheets completed out of 16. Limited feedback described a useful and worthwhile meeting focusing on E-cig use by young people

A youth focused event was held in Stirling on the 3 September. 35 people attended. The meeting explored tobacco prevention in schools and launched the tobacco policy guide for schools. There were presentations on the experiences of the ASSIST pilot in Scotland and other local updates. Evaluation very favourable - 100% excellent (20) or good (5) overall and rated useful or very useful.

A new STA Tracker has recruited members willing to serve on planning groups for two events: tackling unequal support for smokers with mental ill-health (23 Feb 16); tackling tobacco's contribution to poverty (March 16). Scoping meetings will be held for these in October and November.

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

We continue to engage in a range of ongoing policy communication, with media monitoring and social media engagement on a daily basis. During this period we set up an organisational calendar to help in planning proactive stories.

We have revamped and simplified our suite of bulletins, keeping the daily news bulletin and supplementing this with one weekly bulletin combining ASH Scotland stories, partnerships and alliances, news highlights from the week and the listing of new research. This will go to an expanded audience drawn from our database of contacts.

We launched the new ASH Scotland 'policy platform' programme, with Prof Janet Hoek on lessons from New Zealand, then Dr Chris Paterson on ccig advertising and Prof Mike Daube on lessons from Australia.

Our Tobacco Unpacked blog received 1,500 views during the time period, while our Twitter followers increased to 1900 and 1,250 click-throughs were made on our social media weblinks.

Operational Outcome: ASH Scotland demonstrates good governance practice

The organisation introduced a significantly changed organisational structure at the end of April, having made substantial financial savings through reducing staffing levels.

A new three-year strategy was adopted from April, with new organisational aims and outcomes. A new format for the annual workplan was introduced to reflect those.

Board members satisfied that Board and sub-committees operate effectively (papers, minutes, timings etc):

Regular, timetabled meetings are taking place with papers produced and distributed to schedule.

A new streamlined reporting system was introduced for the Autumn Board meeting and will be kept under review.

The Board carried out a self-survey and skills audit, recruited one new member and is planning for recruitment for two more.

All regulatory requirements are complied with:

The Chief Executive has been registered as new Company Secretary. The 2014-15 annual accounts were audited, approved and lodged with Companies House and OSCR and the annual statistical return submitted.

A comprehensive, forward looking strategic plan underpins all of our work and agreed outcomes are achieved:

The organisational plan is live and acting as the basis for individual workplans. A new system of quarterly meetings to review progress against the plan has been introduced, and feedback has been positive.

Organisation operates within projected budgets and year end financial outcomes match projections:

Staff numbers were reduced from 23 staff (19.5FTE) on 1st April to 19 staff (15.5 FTE) during the period. This equates to approximately £99k saving in 2015-16 although the Board approved an over-spend on this year's budget to allow for redundancy and notice costs, to test the new structure and to aim to bring in some additional funding to support our work.

Following the restructure we are working within the Board-approved overspend for this financial year.

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

At the request of the Finance, Funding and General Purposes sub-committee we produced a template for a fundraising plan, to be submitted to the Board for discussion and approval alongside the annual work-plan and budget ahead of each financial year.

We were interviewed by the CRUK TAG funding committee regarding our application, and had our annual review meeting with Scottish Government. We have initiated regular two monthly telephone updates with CRUK and BHF.

We continue to monitor funding news and staff have been asked to consider fundable projects for the 2016-17 workplan.

Strong relations continue with existing funding partners:
CRUK indicated three year continuation of funding, with slight uplift.

Scottish Government accepted three-year funding proposal, with slight uplift.

Scottish Government and Robertson Trust confirmed continuation of funding for smoke-free homes training

New projects are developed and bids submitted and successful:

Action on Obesity Scotland) has commissioned some information service briefings on specific topics.

We successfully negotiated £18k project funding with NHS Lothian for supporting tobacco-free schools

We are awaiting the outcome of a submission to the Bank of Scotland Foundation to support a Cashray pilot in West Lothian.

An expression of interest to the BUPA Foundation, to increase our support for the Comas project, was not successful.

A bid to Zero Waste Scotland for work engaging primary schools in reducing tobacco litter in playgrounds was not successful.

A joint bid (with ASH Ireland and Slovenian group No Excuse) on supporting tobacco-free campuses to the EU's Erasmus+ fund was not successful.

New income from commissioned work grows each year:

Our landlord has given in principle approval to letting spare office space, although there are outstanding negotiations over whether we can continue to rent out meeting rooms.

As indicated above we have agreed that we are not in a position to provide one-off training services and have forwarded a number of training requests to local NHS boards.

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

We have developed and introduced a new shared contacts database, enabling better recording and sharing of information regarding our organisational contacts. The Access database also makes it easier to quickly mail groups of contacts.

Savings achieved through reviewing services:

A number of savings have been achieved from renewal of contracts:

- Staff Insurance: re-negotiated due to the new structure, savings of approx. £1700 p.a
- Stationery: Moved suppliers which will save us around 4% on stationery costs p.a.
- Rent: the 5 year review resulted in no increase for the remaining 5 years of the lease.
- Franking Machine: Updated software for the same quarterly rates but now toner is cheaper and cost of postage is 1p per letter cheaper.
- Law at Work: Costs are unchanged but avoided any increase and have some free training included.
- Energy: Negotiated a 1 year extension to Electricity and Gas with a small saving of around 1%. Every other quote was an increase of around 10% p.a.
- Photocopier: Current contract due to expire in August 2016. When this expires we will be saving approximately 50% p.a. on a new deal.

Staff survey indicates satisfaction with premises, IT and administrative and management support and that staff settling in after restructure;

The staff survey will be carried out by the end of the calendar year and reported to staff in the final quarter of the financial year. However discussion at the quarterly work-plan meeting gave positive feedback on developments since the restructure. The Chief Executive is conducting follow up discussions with staff individually in November to invite feedback on the new structure.

Health and safety monitoring indicates no substantive concerns:

No substantive concerns have been identified.

Simply Personnel data is up to date and easily accessible;

Implementation is planned for the final quarter of the financial year.