Inverclyde Alliance

AGENDA ITEM NO: 12

Report To:	**Inverclyde Alliance Board**	**Date:**	**14 December 2015**
Report By:	**Brian Moore Chief Officer, Inverclyde Health & Social Care Partnership**	**Report No:**	
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Subject:	**Inverclyde Alliance Tobacco Strategy and Action Plan**		

1.0 PURPOSE

1.1 The purpose of this report is to present a comprehensive Tobacco Strategy and Action plan for Inverclyde for the period 2015 – 2017 and to seek the Inverclyde Alliance Board approval for its implementation.

2.0 SUMMARY

2.1 The Scottish Government's National Strategy, (Creating a Tobacco Free Generation; A Tobacco Control Strategy for Scotland), is a 5 year strategy aimed at addressing tobacco use across Scotland. The overarching aim is to create a tobacco-free generation by 2034, defined as a smoking prevalence of 5% or less.

The Strategy and actions are agreed under the following high level themes:
• Prevention: creating an environment where young people choose not to smoke
• Protection: protecting people from the harmful effects of second-hand smoke
• Cessation: providing help for those who want to stop smoking.

2.2 The Scottish Government's Tobacco Control Strategy has placed responsibility on local authorities and their partners to drive forward the tobacco control agenda through the development of local tobacco plans.

2.3 There has been considerable progress in addressing tobacco use within Inverclyde. Smoking prevalence has reduced by 11% over the last six years; fewer young people have tried smoking; there has been a reduction in adult exposure to second-hand smoke; smoking in pregnancy has reduced over the last two years.

2.4 Whilst this is welcomed, effort needs to continue as smoking continues to be a leading preventable cause of ill health and premature death within Inverclyde.

2.5 The Inverclyde Tobacco Strategy and action plan will aim to address tobacco with our Inverclyde Alliance partners. This strategy sets the detail for the introduction of a local implementation group, consisting of Inverclyde Alliance partners, to set local policy as well as deliver upon a unified agreed action plan.

2.6 This multi-faceted and collaborative approach is required to have a meaningful impact to reduce

smoking prevalence, in particular within our more deprived communities.

2.7 Inverclyde Tobacco Strategy and Action Plan will support the Inverclyde Alliance in achieving the wellbeing outcomes set out in the SOA, to ensure that every child, citizen and community in Inverclyde is safe, healthy, achieving, nurtured, active, respected, responsible and included,

3.0 RECOMMENDATIONS

3.1 The Inverclyde Alliance Board is asked acknowledge progress that has been made to reduce smoking prevalence in Inverclyde and the importance for this work to continue.

3.2 The Board is asked to note and endorse the Inverclyde Tobacco Strategy and Action Plan and its role in continuing to addressing tobacco within Inverclyde. This will contribute towards the Scottish Government's vision of a tobacco-free generation by 2034 within Inverclyde by working towards a smoking prevalence of 5%.

Brian Moore
Chief Officer
Inverclyde Health and Social Care Partnership

4.0 BACKGROUND

4.1 Addressing tobacco is a public health priority for Scotland and Inverclyde. Smoking continues to be a leading preventable cause of ill health and premature death.

4.2 In Inverclyde (2012), there were 163 smoking attributable deaths, 225 lung cancer deaths and 180 COPD deaths, the incidence rate for all are greater than the Scottish average.

4.3 Men are more likely to smoke than women and smoking is associated with life expectancy, within Inverclyde male life expectancy is 6 years less than female (73.7 and 79.9 years respectively).

4.4 Smoking is a key contributory factor towards inequalities in health and healthy life expectancy between the most affluent and poorest within Scotland and within Inverclyde. Across Scotland, there is an incremental increase in smoking prevalence with increased deprivation, SIMD 1 (most deprived) 39% smoke compared to SIMD 5 (least deprived) 11% smoke

4.5 There has been considerable progress in reducing adult smoking prevalence within Inverclyde, 35% of adults in 2008, reported as smoking either every day or some days, this reduced to 23% in 2011 and increased slightly to 24% in 2014. This equates to a 11% reduction in smoking prevalence over the last 6 years

4.6 There is a promising increased trend in the proportion of smokers within Inverclyde who intend to stop smoking. According to the most recent Inverclyde Health and Wellbeing Survey (2014), intention to stop smoking has increased to 39%,

Children and Young People

4.7 Promising data from the Inverclyde Child and Youth Health and Wellbeing survey reported that overall 82% of young people had not tried smoking. However the proportion who had not tried was less when age was taken into account. 93% of S1 and S2 pupils had not tried smoking compared to 69% of S5 and S6 pupils (see figure 1 below). Currently, S1/S2 1%, S3/S4 7% and S5/S6 9% report as currently smoking, this has gradually reduced since 2006, (see figure 2 below)

Figure 1 Proportion never smoked

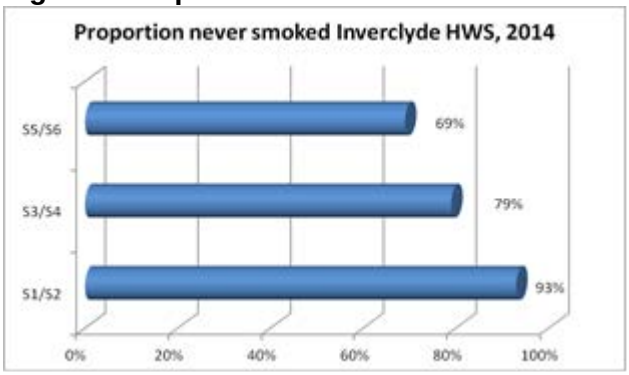
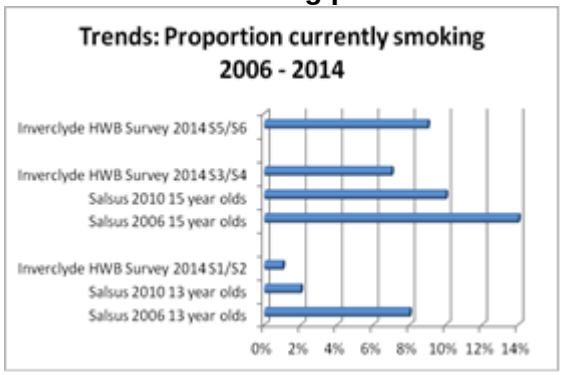


Figure 2 trends in smoking prevalence



4.8 In addition, according to the Inverclyde Child and Youth Health and Wellbeing Survey (2013), 45% of young people, who smoke, want to stop smoking.

Pregnancy

4.9 Smoking in pregnancy continues to be a very real issue and is linked to low birth weight amongst other conditions. Positive trends in relation to this can be seen in the following figures 3 and 4.

Figure 3: Trend smoking pregnancy

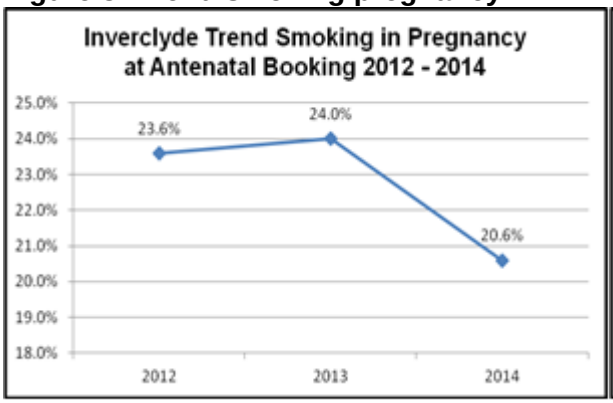
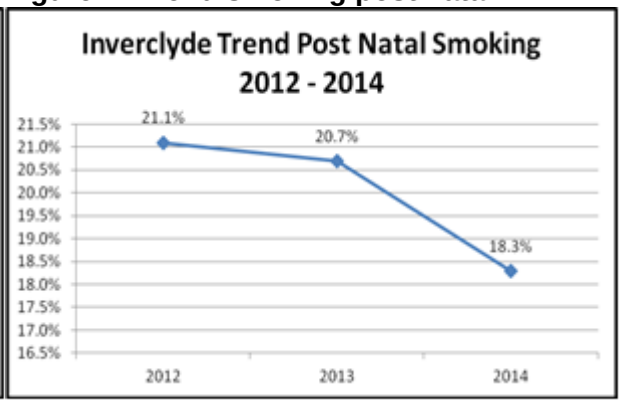


Figure 4: Trend smoking post natal



Tobacco Purchasing

4.10 Since 2007 it is now an offence to sell tobacco products to young people under the age of 18 years, and for someone else to buy tobacco products for them (proxy sale). Findings from the Inverclyde Child and Youth Health and Wellbeing Survey (2014) reported that young people are still accessing cigarettes either purchasing cigarettes themselves or purchased by others, (see table 1). In addition 17% of those who smoke purchased single cigarettes and 43% said they would know where to go for "cheap" tobacco.

Table 1: Access to cigarettes

- I get them from someone I know - e.g. friends or family (52%, 97 pupils)
- I ask an adult I don't know to buy cigarettes/tobacco from (28%, 53 pupils)
- I buy them myself from a shop - e.g. supermarket, newsagent (23%, 43 pupils)
- I buy them myself from a van - e.g. ice cream van or burger van (12%, 23 pupils)
- I ask someone else under the age of 18 to buy me cigarettes/tobacco from a shop (11%, 21 pupils)
- I take them from my parents or other adults (without them knowing) (9%, 16 pupils)
- I get cigarettes/tobacco in some other way (8%, 15 pupils)

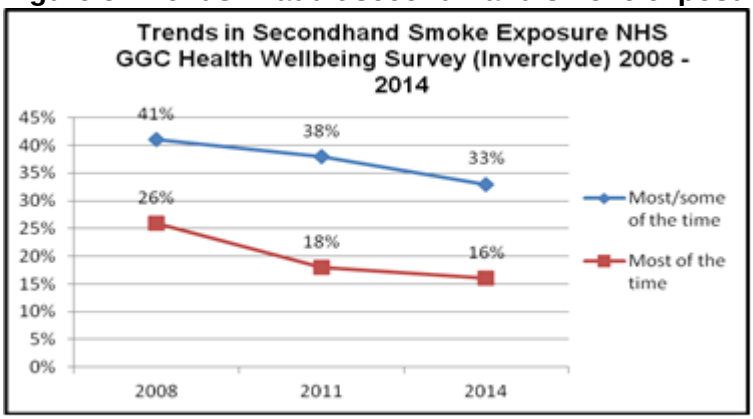
Second Hand Smoke

4.11 Despite the successful introduction of The Smoking, Health and Social Care (Scotland) Act 2005 that no longer permitted smoking in enclosed public spaces, exposure to second-hand smoke still presents a challenge

4.12 Exposure to second-hand smoke causes harm and children are particularly vulnerable to the effects.

4.13 There has been a reduction in second-hand smoke exposure within Inverclyde over the last 6 years. 41% were exposed to second-hand smoke some or most of the time in 2008; this has reduced to 33% in 2014, a reduction of 8%. In addition the proportion that are exposed most of the time has also reduced from 26% in 2008 to 16% in 2014 (see figure 5).

Figure 5: Trends in adult second-hand smoke exposure



4.14 According to the Inverclyde Child and Youth Health and Wellbeing survey (2014) 78% reported that they were exposed to SHS at some point. 7% reported they were exposed every day, 14% often, 56% rarely and 22% never. 42% of children reported that someone smoked at home and when asked where the person smoked:

- 53% (793 pupils) said they smoked outside
- 22% (321 pupils) said they smoked in a particular area in the house
- 20% (296 pupils) said they smoked in one room
- 17% (250 pupils) said they smoked anywhere in the house
- 10% (151 pupils) said they smoked in the car

E Cigarettes

4.15 Electronic Cigarettes or e-cigarettes are battery-powered devices that heat a liquid, often containing nicotine and flavourings, into a vapour that is inhaled A national review on the safety of e-cigarettes concluded that no safety concerns emerged in the short to mid-term use (2 years or less).

4.16 The use of e-cigarettes as a means to stop smoking is increasing however their use in particular with people needs to be monitored. The Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill will introduce various restrictions on the sale (young people under the age of 18 years) and promotion of nicotine vapour products, such as e-cigarettes, thus reducing availability.

5.0 STRATEGY

5.1 The Scottish Government's National Strategy, (Creating a Tobacco Free Generation; A Tobacco Control Strategy for Scotland), is a 5 year strategy aimed at addressing tobacco use across Scotland. The overarching aim is to create a tobacco-free generation by 2034, defined by a smoking prevalence of 5% or less.

5.2 The Strategy sets out required actions for the Scottish Government, Local Authorities, NHS Scotland and the third sector, both individually and in partnership. It also requires individuals, families and communities in Scotland to share and contribute to the vision of a tobacco-free generation. The Strategy builds on the multi-faceted approach, set out in previous tobacco control strategies, balancing a range of national and local actions that complement and reinforce each other.

5.3 The Scottish Government's Tobacco Control Strategy has placed responsibility on local authorities to drive forward the tobacco control agenda through the development of a local tobacco plan

5.4 The Inverclyde Tobacco Strategy and action plan will aim to address tobacco with our Inverclyde Alliance partners. This strategy sets the detail for the introduction of a local implementation group, consisting of Inverclyde Alliance partners, to set local policy as well as deliver upon a unified agreed

action plan.

5.5 The overall aim of the Inverclyde Tobacco Strategy is to improve the health of local people by addressing health inequality and promoting positive lifestyles by reducing the harmful effects of tobacco

5.6 The Strategy and actions are agreed under the following high level themes:

- Prevention: creating an environment where young people choose not to smoke
- Protection: protecting people from the harmful effects of second-hand smoke
- Cessation: providing help for those who want to stop smoking

5.7 A number of key objectives contribute to this aim and set the devolved nature adopted both in approach and ambition:

- Tackling health inequalities is regarded as a key component of reducing smoking prevalence through targeted resources within areas of greatest need.
- Tobacco control measures focus on anti-smoking and refrain from anti-smoker in approach and outcome.
- Non-smoking is promoted as socially normal across Inverclyde.

5.8 In addition, the following core principles support the above and raise the awareness of the work required across partners and professional work streams:

- All non-smokers have a fundamental right not to be exposed involuntarily to second-hand smoke.
- Children and young people have the right to be free from tobacco related advertising and promotion.
- All smokers have the opportunity to access stop smoking advice and support across the local area in a time-efficient and convenient manner.
- Inverclyde is regarded as an area of good practice regarding tobacco control activities

5.9 It is important that actions taken locally address all three high level themes to ensure a meaningful impact within Inverclyde. The impact of tobacco within Inverclyde is significant in relation to healthy life expectancy and its contribution towards health inequalities needs to be addressed. This can only be achieved through effective collaboration with Inverclyde Alliance partners through a unified agreed tobacco strategy and action plan.

6.0 PROPOSALS

6.1 It is proposed that the Inverclyde Alliance Board notes the contents of this report and approve the Inverclyde Tobacco Strategy and Action Plan for the period of 2015 – 2017 for publication and implementation.

6.2 That the Board acknowledges what has been achieved to reduce smoking related harm in Inverclyde and sees the importance of continuing this work through a multi-faceted and collaborative approach in doing so, ensuring Inverclyde's a future generation who are tobacco-free.

6.3 Inverclyde Alliance partners agree to participate in the multi agency group to ensure progress is made against the action plan.

6.4 The Board will receive and review a quarterly activity and progress report relating to the Inverclyde Tobacco Strategy Implementation. A reporting template will be developed.

7.0 **IMPLICATIONS**

Finance

7.1 In order to refocus efforts directed towards reducing tobacco related harm, it may be necessary for Inverclyde Alliance Partners to redistribute resources in line with greatest need

7.2 Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect From	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

7.3 **Legal**

None at the time of this report.

7.4 **Human Resources**

None identified at the time of this report.

7.5 **Equalities**

To ensure the Inverclyde Tobacco Strategy and Action Plan complies with the Equality Act, 2010, an Equality Impact Assessment has been carried out. Smoking is a direct cause of continued inequalities in health. The Strategy and Action Plan will ensure that those who are more likely to smoke are not discriminated against. The EQIA of the Strategy will ensure the needs of those who are more likely to smoke are addressed.

Has an Equality Impact Assessment been carried out?

√	YES (see attached appendix 3)
	NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

7.6 **Repopulation**

None at the time of this report.

7.7 **Inequalities**

Smoking is a key contributory factor towards inequalities in health and healthy life expectancy between the most affluent and poorest within Scotland and within Inverclyde. The overall aim of the Inverclyde Tobacco Strategy is to improve the health of local people by addressing health inequality and promoting positive lifestyles by reducing the harmful effects of tobacco

8.0 CONSULTATIONS

8.1 Consultation with Inverclyde Alliance partners has taken place from the start of development of the Strategy.

8.2 Your Voice agreed to take a summary of the Inverclyde Tobacco Strategy to sub-groups of the Inverclyde HSCP Advisory Group and feedback was supportive and positive. There is a consensus that the work needs to continue, in particular preventing young people from starting to smoke and the use of e-cigarettes. See appendix 3 for more information.

9.0 CONCLUSIONS

9.1 Although progress to address tobacco in Inverclyde continues, the impact of tobacco continues to be a leading, preventable cause of morbidity, premature mortality and inequalities in health. In order to address this we need to implement a multi-faceted and collaborative approach if we are to achieve the Scottish Government's ambition of a tobacco-free generation by 2034. Establishing a Tobacco Strategy and Action Plan that are relevant to Inverclyde will aim to address the impact tobacco has towards our local population.

10.0 LIST OF BACKGROUND PAPERS

10.1 Scottish Government, (2013). Creating a Tobacco-Free Generation, A Tobacco Control Strategy for Scotland. http://www.scotland.gov.uk/Publications/2013/03/3766/0

10.2 Inverclyde Tobacco Strategy and Action Plan appendix 1

10.3 List of Partner organisations – appendix 2

10.4 Equality Impact Assessment – appendix 3

10.5 Your Voice, Inverclyde Community Engagement Forum feedback from sub-groups of the Inverclyde HSCP Advisor Group - appendix 4

Inverclyde Tobacco Strategy

2015 - 2017

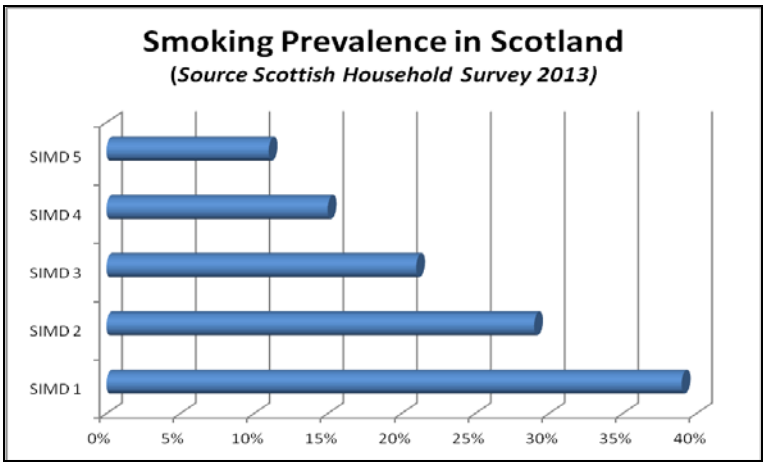
Inverclyde Tobacco Strategy

1. Introduction

Addressing tobacco is a public health priority for Scotland and Inverclyde. Smoking continues to be a leading preventable cause of ill health and premature death. In Scotland smoking is associated with 13,000 deaths, around 56,000 hospital admissions and is estimated to cost £300 to £500 million pounds every year. In addition exposure to secondhand smoke causes harm, children are particularly vulnerable to the effects.[1]

There has been considerable progress in addressing tobacco use within Inverclyde. Smoking prevalence has reduced by 11% over the last six years;[2,3,4] less young people have tried smoking; [5,6] there has been a reduction in adult exposure to secondhand smoke; [2,3,4] smoking in pregnancy (at antenatal booking) has reduced by 3% and maternal smoking prevalence (10 days post natal) has reduced by 2.8% over the last two years.[7] Effort needs to continue to further reduce the impact of tobacco within Inverclyde. The Inverclyde Tobacco Strategy will aim to further enhance this positive progression.

Figure 1 Smoking and deprivation



1.2 Smoking Prevalence in Scotland

Currently it is estimated that 23% of adults in Scotland currently smoke.[8] Overall prevalence is reducing in Scotland however this is less so within areas of deprivation. Figure 1 demonstrates differences in smoking prevalence in relation to

deprivation.[9] There is an incremental increase in smoking prevalence with increased deprivation. As a consequence smoking is a key contributory factor towards inequalities in health and healthy life expectancy between the most affluent and poorest within Scotland and Inverclyde.

1.3 Tobacco Control Scotland

The Scottish Government's National Strategy, (Creating a Tobacco Free Generation; A Tobacco Control Strategy for Scotland), is a 5 year strategy aimed at addressing tobacco across Scotland.[1] The overarching aim is to create a tobacco-free generation by 2034, this is defined as a smoking prevalence of 5% or less. The strategy adopts a multi faceted approach to tobacco control and is laid out under the themes of:

- Prevention – creating an environment where young people choose not to smoke.
- Protection – protecting people from the harmful effects of secondhand smoke.
- Cessation – help for those who want to stop smoking.

Reducing inequalities, partnership working, and assets based approach are key cross cutting themes within the Strategy. The Scottish Government's Tobacco Control Strategy has placed responsibility on local authorities to drive forward the tobacco control agenda through the development of a local tobacco plan. The Inverclyde Tobacco Strategy and action plan will aim to address tobacco with our Inverclyde Alliance partners. This strategy sets the detail for the introduction of a local implementation group, consisting of Inverclyde Alliance partners, to set local policy as well as deliver upon a unified agreed action plan.

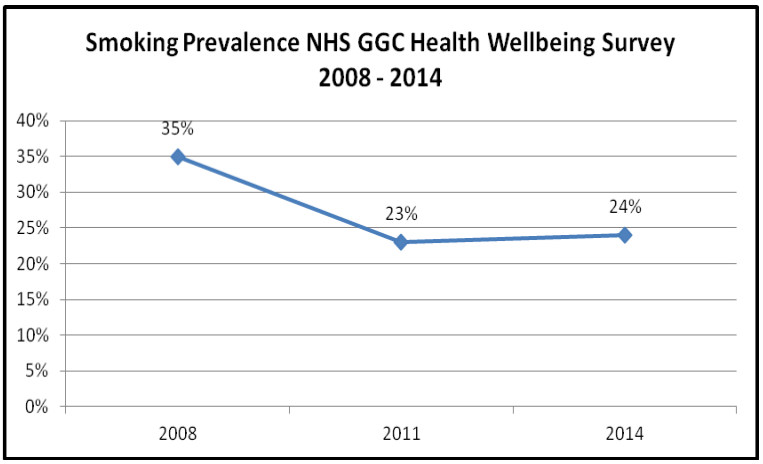
2. Smoking and secondhand smoke exposure Inverclyde

2.1 Adult smoking prevalence

There has been considerable progress in reducing adult smoking prevalence within Inverclyde.[2,3,4] 35% of adults in 2008, aged 16 years and older, reported as smoking

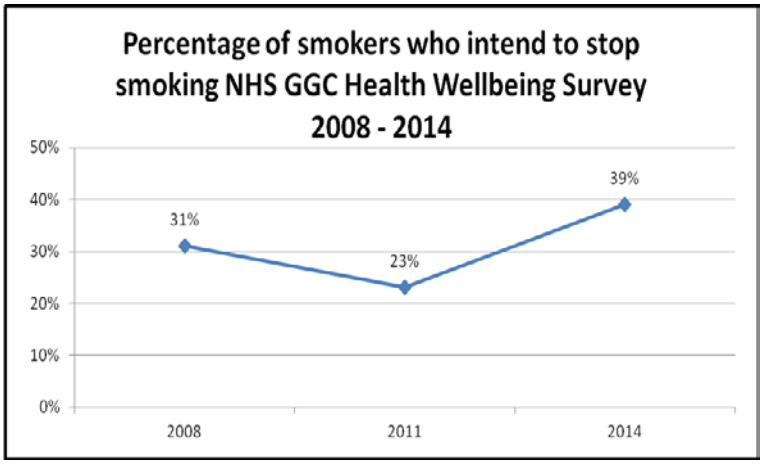
either every day or some days, this reduced to 23% in 2011 and increased slightly to 24% in 2014, (see figure 2).

Figure 2 Trends in Adult Smoking Prevalence



In addition, there had been a downward trend in the proportion of smokers who want to stop smoking however, in the most recent Inverclyde Health and Wellbeing Survey the proportion who intend to stop smoking has increased to 39%, (see figure 3). [2,3,4]

Figure 3: Trends in intention to stop smoking

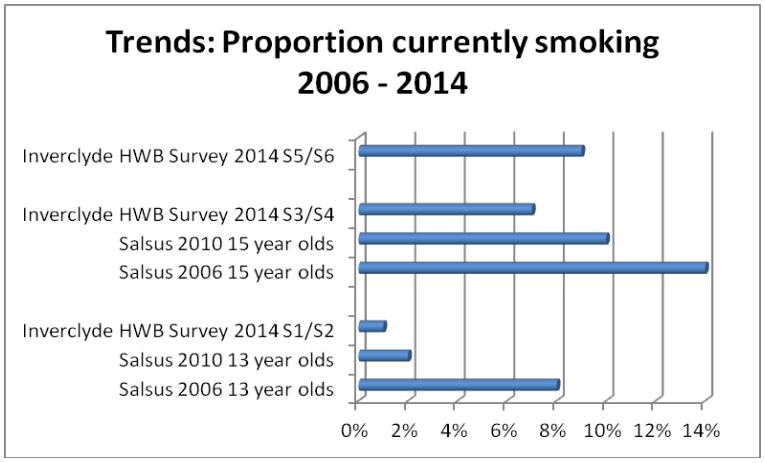


2.2 Smoking Prevalence and young people

According to the 2012 Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS), there has been a notable decline in the proportion of 13 year olds who regularly smoke (8% in 2006 to 2% in 2010), however no statistically significant change to the proportion of 15 year olds (14% to 10%).[6] According to the Inverclyde

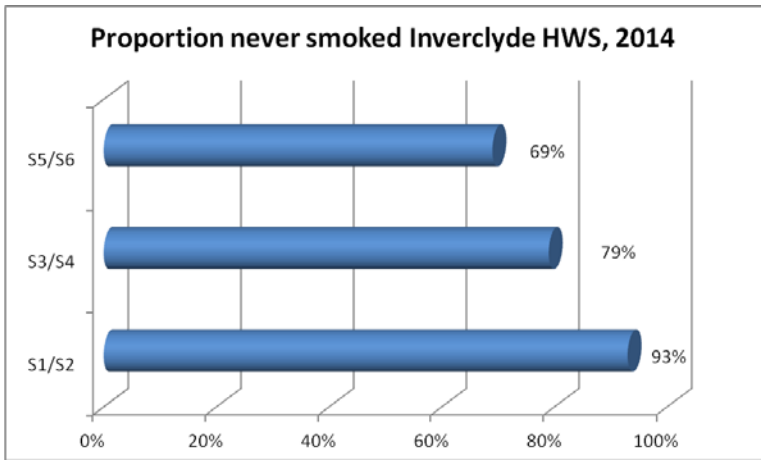
Child and Youth Health and Wellbeing Survey (2013), there is evidence of a further reduction in proportion of S1 – S4 pupils smoking, S1/S2 1%, S3/S4 7% and S5/S6 9% (see figure 4).[5] Note that questions asked about smoking status varies between each survey so cannot be subject to comparison. In addition, current smokers were asked if they wanted to stop smoking 45% yes, 32% said possibly and 23% said no.

Figure 4 Trends in Smoking Prevalence: S1 – S6 Pupils



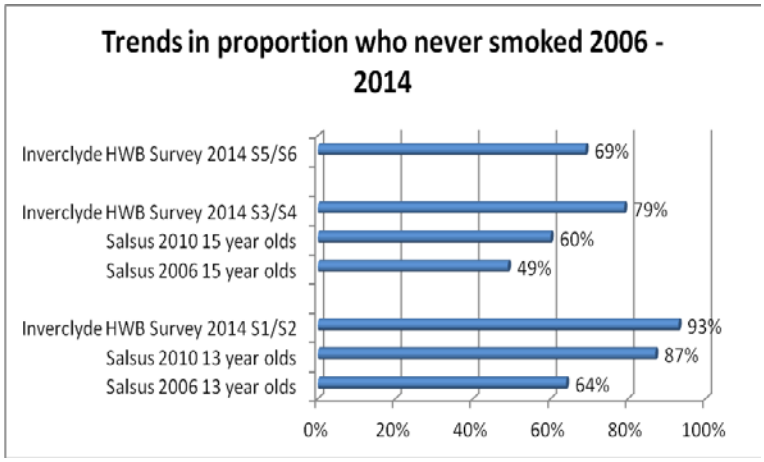
Promising data from Inverclyde Child and Youth Health and Wellbeing survey reported that overall 82% of young people had not tried smoking. However the proportion who had not tried was less when age was taken into account. 93% of S1 and S2 pupils had not tried smoking compared to 69% of S5 and S6 pupils, (see figure 5).[5]

Figure 5 Proportion never smoked: Inverclyde 2014



Comparing this to SALSUS, there some evidence of a reduction in the proportion of young people ever smoking, (figure 6), however, note that the variables differ, the Inverclyde Child and Youth Health and Wellbeing survey reports S1/2, S3/4 and S5/S6 data,[5] SALSUS reports S2 (13 years old) and S4 (15 year old).[6]

Figure 6 Trends in proportion who never smoked 2006 – 2014



2.3 Young People: Access to cigarettes

Since 2007 it is now an offence to sell tobacco products to young people under the age of 18 years, for them to tobacco products if they under the age of 18 years and for someone else to buy tobacco products for them (proxy sale).[10] Findings from the Inverclyde Child and Youth Health and Wellbeing Survey (2014) reported that young people are still accessing cigarettes either purchasing cigarettes themselves or purchased by others, (see table 1). In addition 17% of those who smoke purchased single cigarettes and 43% said they would know where to go for "cheap" tobacco.[5]

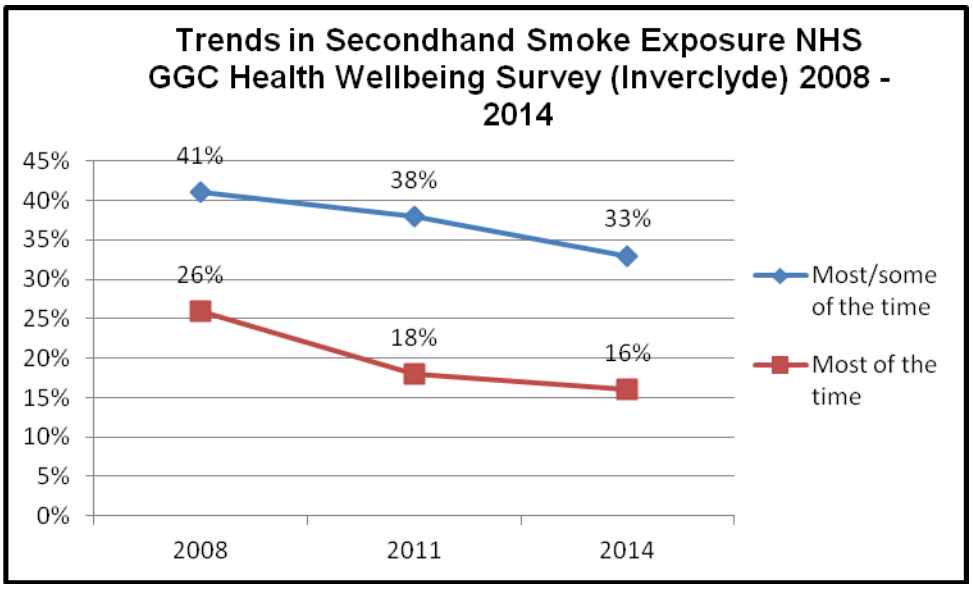
Table 1: access to cigarettes

- I get them from someone I know - e.g. friends or family (52%, 97 pupils)
- I ask an adult I don't know to buy cigarettes/tobacco from (28%, 53 pupils)
- I buy them myself from a shop - e.g. supermarket, newsagent (23%, 43 pupils)
- I buy them myself from a van - e.g. ice cream van or burger van (12%, 23 pupils)
- I ask someone else under the age of 18 to buy me cigarettes/tobacco from a shop (11%, 21 pupils)
- I take them from my parents or other adults (without them knowing) (9%, 16 pupils)
- I get cigarettes/tobacco in some other way (8%, 15 pupils)

2.4 Exposure to secondhand smoke

Despite the successful introduction of The Smoking, Health and Social Care (Scotland) Act 2005 that no longer permitted smoking in enclosed public spaces, exposure to secondhand smoke still presents a challenge.[11] There has been a reduction in adult exposure to secondhand smoke exposure within Inverclyde over the last 6 years. [3,4,5] 41% were exposed to secondhand smoke some or most of the time in 2008 this has reduced to 33% in 2014. In addition the proportion that are exposed most of the time has reduced from 26% in 2008 to 16% in 2014 (see figure 7).

Figure 7: Trends in Adult Exposed to Secondhand Smoke



According to the Inverclyde Child and Youth Health and Wellbeing survey (2014) 78% reported that they were exposed to SHS at some point.[5] 7% reported they were exposed every day, 14% often, 56% rarely and 22% never. 42% of children reported that someone smoked at home. Table 2 provides further information on what young people say where people smoke at home.[5]

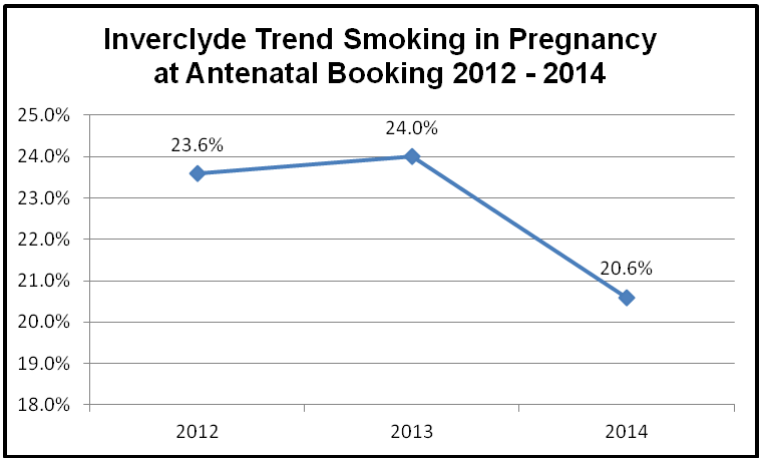
Table 2: Where people smoke in the home

- 53% (793 pupils) said they smoked outside
- 22% (321 pupils) said they smoked in a particular area in the house
- 20% (296 pupils) said they smoked in one room
- 17% (250 pupils) said they smoked anywhere in the house
- 10% (151 pupils) said they smoked in the car

2.5 Smoking in Pregnancy

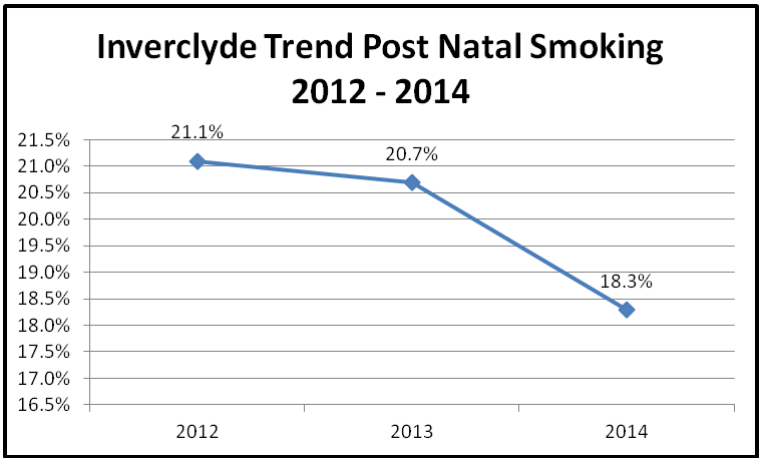
January to December 2014, electronic antenatal booking data reports that 20.6% of pregnant women, within Inverclyde, are still smoking at antenatal booking, this will not include those who stopped prior to their antenatal booking, this has reduced by 3% (23.6%) since 2012.[7] (see figure 8).

Figure 8: Inverclyde Trend Smoking in Pregnancy



Further to this, post natal smoking status is recorded as part of the Child Surveillance Programme. 18.3% are still smoking at first post natal visit (10 days post natal), 27.2% within the most deprived areas.[9] Again, more resent data suggests a downward trend in the proportion still smoking in the post natal period, 21.1% in 2012 to 18.3% in 2014, a reduction of 2.8% (see figure 9).

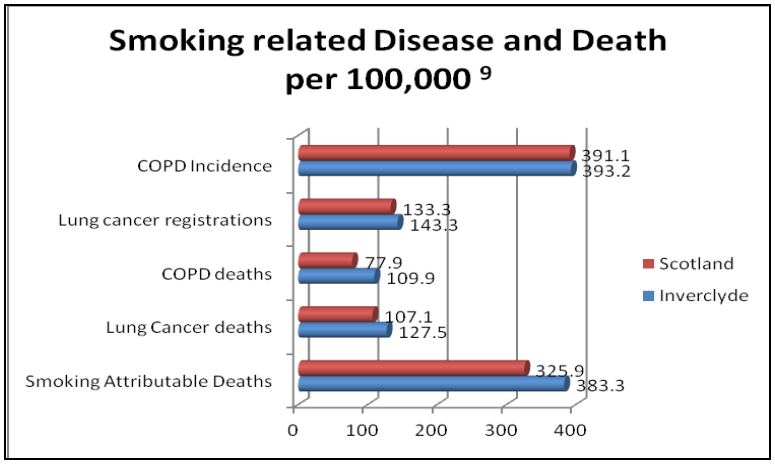
Figure 9: Inverclyde Trend Post Natal Smoking



2.6 Smoking Related Harm and Hospital Admissions

In 2012, there were 5,293 smoking attributable hospital admissions in Inverclyde, a rate of 2,740.6/100,000 in Inverclyde compared to 3,149/100,000 across Scotland. All measures in relation to smoking attributable diseases, such as Chronic Obstructive Pulmonary Disease incidence and mortality, Lung Cancer registration and death and smoking attributable deaths within Inverclyde are greater than the Scottish average, (see figure 10).[12]

Figure 10: Smoking Related Disease and Death in Inverclyde



2.7 Electronic Cigarettes (E-cigarettes)

Electronic Cigarettes or e-cigarettes are battery-powered devices that heat a liquid, often containing nicotine and flavourings, into a vapour that is inhaled.[13] A Cochrane Review on the safety of e-cigarettes concluded that no safety concerns emerged in the short to mid-term use (2 years or less).[14] Overall e-cigarettes are considered 95% less harmful than cigarettes.[15]

Awareness and use of e-cigarettes has increased across Scotland (ASH).[13] According to the NHS GGC Health and Wellbeing Profile (Inverclyde), 2014, 13% of adults in Inverclyde used e-cigarettes in the last year.[4] In addition 50% of respondents agreed or strongly agreed that e-cigarettes encourage people to stop smoking. According to a study in England, approximately 30% of all attempts to stop smoking in the past year involved e-cigarettes, this is higher than any other stop smoking aid.[16] There is also some evidence of increased success in stopping smoking using an e-cigarette when compared to using no help or over the counter

nicotine replacement therapy. The most common reason for using e-cigarettes is to reduce health risks of smoking by either stopping smoking completely and or reducing smoking.

There is a concern that e-cigarettes are a gateway to smoking for young people who would have otherwise never smoked.[13,16] According to the 2013 SALSUS, 6% of 13 year olds and 13% of 15 year olds have either tried or have used e-cigarettes.[6] A recent study in England has explored e-cigarette use among young people.[17] 88% of pupils were aware of e-cigarettes, this increased with age, 80% of 11 year olds and 93% of 15 year olds. 22% of pupils reported that they had used e-cigarettes on at least one occasion. This varied by cigarette smoking status, with regular smokers (89%) more likely to have used e-cigarettes than those who had never smoked cigarettes (11%). Again, e-cigarettes use increased with age, 5% of 11 year olds compared to 35% 0f 15 year olds said they had used e-cigarettes at least once. In addition boys (23%) were more likely than girls (20%), to have used e-cigarettes. The use of e-cigarettes with young people needs to be monitored. The Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill has been circulated for comment.[18] The Bill will introduce various restrictions on the sale (young people under the age of 18 years) and promotion of nicotine vapour products, such as e-cigarettes, thus reducing availabilty.

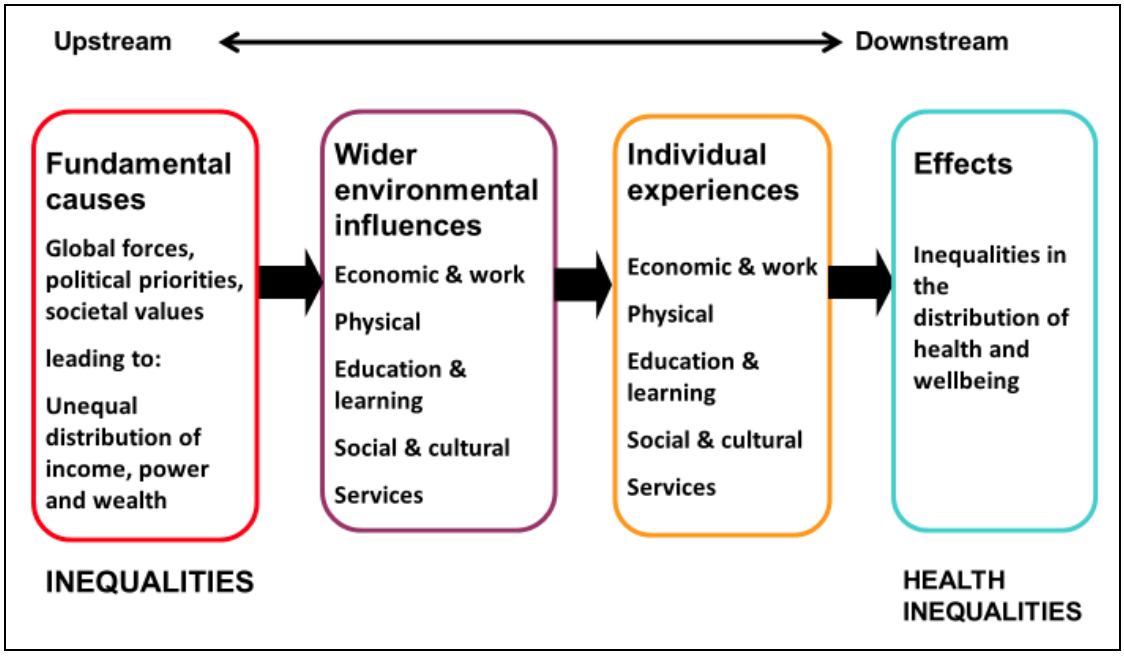
2.7 Smoking and Inequalities in health

Inequalities and inequalities in health remain a significant challenge for Scotland and Inverclyde. Smoking is a direct cause of continued inequalities in health with clear correlation between area deprivation, smoking prevalence and life expectancy.[1] In Inverclyde one in three residents live in areas considered to be within the most deprived 15% in Scotland.[19] Smoking prevalence, including smoking in pregnancy is higher than the Scottish average and life expectancy, in particular for men is less than the Scottish average.[8,12] In addition, smoking related hospital admissions and smoking related conditions such as lung cancer and Chronic Obstructive Pulmonary Disease (COPD) are greater than the Scottish average.[12]

Although focused work on specific risk factors is important, there is evidence that this alone will not reduce inequalities in health. The Ministerial Task Force on Reducing

Health Inequalities reconvened to consider the latest evidence on health inequalities in Scotland and from this a summarised theoretical account of upstream and downstream causes of inequalities and their effect on health inequalities was presented (Figure 11).[20]

Figure 11 Health Inequalities: Theory of Causation *(reproduced with permission from NHS Health Scotland: this info is © NHS Health Scotland.*



In addressing inequalities action is required at all three levels, fundamental, wider and individual level. Inverclyde's Single Outcome Agreement (SOA), delivered through the Inverclyde Alliance, aims to address these determinants, by improving quality of life and wellbeing of people who live in Inverclyde, whilst tackling the inequalities which exist across the area. Inverclyde Tobacco Strategy and Action Plan will contribute to the overall aim of reducing inequalities in health by working closely with partners within the Inverclyde Alliance and assets based approaches.

The priorities outlined within this strategy will assist in the delivery of two of the Single Outcome Agreement (SOA) outcomes:

- The health of local people is improved, combating health inequality and promoting healthy lifestyles

- A nurturing Inverclyde gives all our children and young people the best possible start in life.

The strategy will also help the Alliance to achieve the wellbeing outcomes set out in the SOA, to ensure that every child, citizen and community in Inverclyde are safe, healthy, achieving, nurtured, active, respected, responsible and included, this is summarised in the Nurturing Inverclyde Wheel, (see figure 12).

Figure 12: Nurturing Inverclyde Wheel

2.8 Conclusion

There has been good progress in reducing smoking prevalence for adults, pregnant women and young people within Inverclyde. However the impact of tobacco continues to be a leading, preventable cause of morbidity, premature mortality and inequalities in health. Reducing smoking prevalence with key priority groups is important, in particular young people, pregnant women, those living within areas of deprivation and marginalised members of society, if we are to achieve a tobacco-free generation in Inverclyde by 2034. Inverclyde continues to have clear health inequalities, with smoking prevalence higher across our most deprived communities. However in order to have a real impact on reducing inequalities and inequalities in

health measures to tackle poverty and unemployment can have a bigger impact on tackling this by improving life circumstances for people, rather than just specific, targeted services at individual level. To make the difference we need both, and the wider inequalities can be out with the scope of services' influence.

3. National Policy

3.1 National Tobacco Policy Scotland

There have been a number of national tobacco control initiatives, backed up with local enforcement, including a ban on tobacco advertising since 2002, the introduction of smokefree legislation in 2006, increasing the age for tobacco sales from 16 to 18 in 2007, overhauling tobacco sale and display laws as well as ongoing investment in NHS smoking cessation services.[10,13,21,22]

In 2014, the Scottish Government launched a *'Consultation on Electronic Cigarettes and Strengthening Tobacco Control in Scotland'.*[15] This calls for views on a range of measures to protect young people, including an age restriction on the sale and purchase of e-cigarettes; additional action to control the advertising and promotion of the devices; and legislation to prohibit smoking in vehicles with children on board.[23] This is now progressed to a consultation of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill.[18]

In 2013, the Scottish Government launched their new tobacco strategy for Scotland, Creating a Tobacco-Free Generation; A Tobacco Control Strategy for Scotland.[1] This is five year strategy and aspires to create a tobacco-free generation by 2034, defined as a smoking prevalence among the adult population of 5% or lower, and with a clear focus on those communities at greatest risk of unequal health outcomes. Reducing inequalities, partnership working, and assets based approach are key cross cutting themes within the Strategy.

The Scottish Government's Tobacco Control Strategy has placed responsibility on local authorities to drive forward the tobacco control agenda through the development of a local tobacco plan. The Inverclyde Tobacco Strategy and action plan will aim to address tobacco with our Inverclyde Alliance partners. This strategy

sets the detail for the introduction of a local implementation group, consisting of Inverclyde Alliance partners, to set local policy as well as deliver upon a unified agreed action plan.

3.2 Progress within Inverclyde

There has been a great deal of progress and activity, within Inverclyde, to address tobacco, the following is examples of local activity:

- Availability of smoking cessation services, delivered by trained smoking cessation practitioners, within the community, hospital and maternity settings.
- Inverclyde was the first local authority in Scotland to successfully pilot Smokefree play parks with this initiative being rolled out across the full local authority area.
- A specific smokefree policy has been developed for Looked After and Accommodated Children (LAAC) following good practice evidence base developed by NHS Greater Glasgow and Clyde (NHSGGC).
- Inverclyde was the first local authority to initiate smokefree family events with the first of these taking place at the 2012 Gourock Highland Games.

3.3 Strategic Context

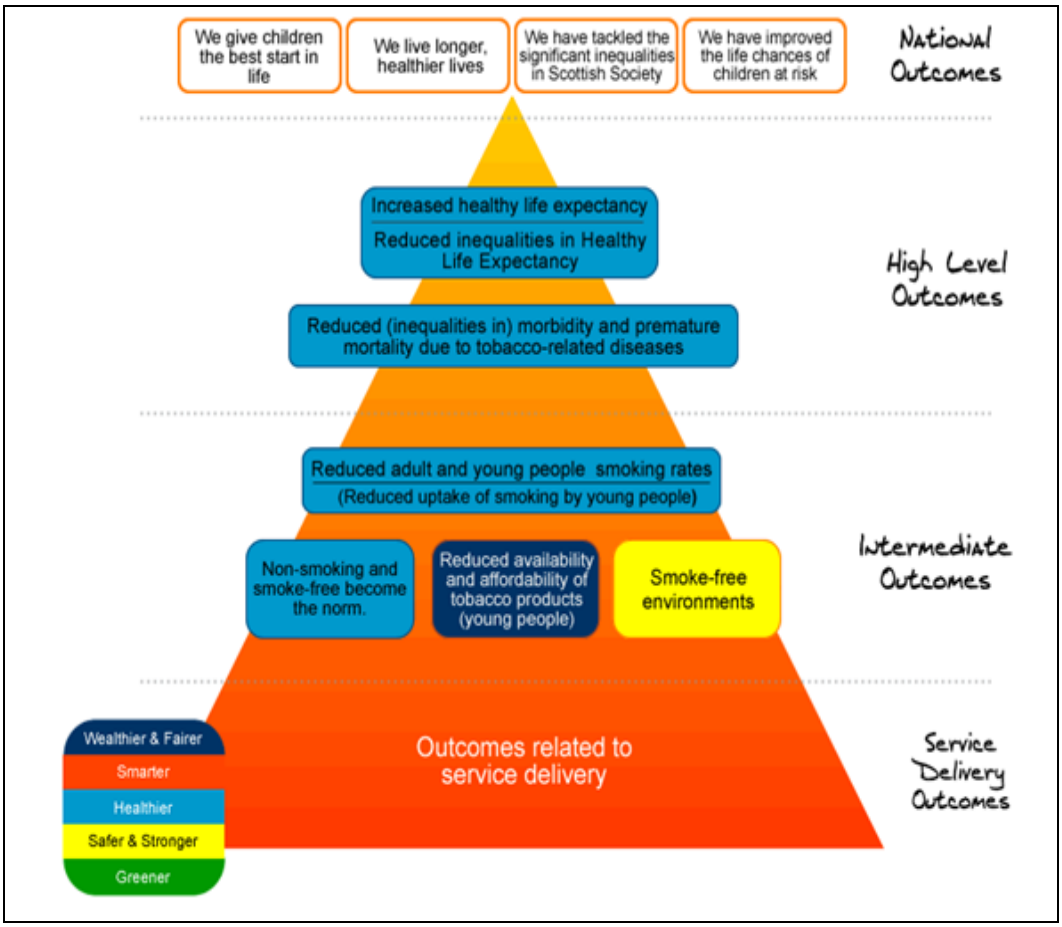
Over recent years a number of key strategic documents have been developed to further highlight the importance of a partnership approach to tackling tobacco. Successive Governments have recognised the importance of this issue through consistent strategic publications. These are noted within appendix 1.

Historically tackling the issue of tobacco and its associated problems has fallen within the remit of health services. Inverclyde Alliance recognises that in order to successfully embed work across prevention, cessation and protection it is crucial to cement this strategy within the working remit of partner agencies. This approach is supported by relevant research which encourages a combination of measures across a multitude of respective organisations and departments.

Implementation of the Inverclyde Tobacco Strategy forms a key component of the Inverclyde Alliance Single Outcome Agreement and Community Planning Framework. NHS Health Scotland has produced outcome framework tools that assist local community planning partners to clarify links between outcomes of services

provided and the shared health improvement outcomes that they are working with partners to achieve. They are designed to assist community planning partners in developing outcomes-focused approaches to planning and performance, figure 13 presents the Tobacco Health Outcomes Triangle.

Figure 13: The Tobacco Health Outcomes Triangle



NHS Health Scotland (2012) – Tobacco Health Outcomes Triangle
http://www.healthscotland.com/OFHI/tobacco/content/outcomes_triangle.html

4. Inverclyde Tobacco Strategy

4.1 Aims, Objectives and core principles of the Inverclyde Tobacco Strategy

The overall aim of the Inverclyde Tobacco Strategy is to improve the health of local people by addressing health inequality and promoting positive lifestyles by reducing the harmful effects of tobacco. A number of key objectives contribute to this aim and set the devolved nature adopted both in approach and ambition:

- Tackling health inequalities is regarded as a key component of reducing smoking prevalence through targeted resources within areas of greatest need.
- Tobacco control measures focus on anti-smoking and refrain from anti-smoker in approach and outcome.
- Non smoking is promoted as socially normal across Inverclyde.

In addition, the following core principles support the above and raise the awareness of the work required across partners and professional work streams:

- All non smokers have a fundamental right not to be exposed involuntarily to secondhand smoke.
- Children and young people have the right to be free from tobacco related advertising and promotion.
- All smokers have the opportunity to access stop smoking advice and support across the local area in a time-efficient and convenient manner.
- Inverclyde is regarded as an area of good practice regarding tobacco control activities.

4.2 Equalities Act, 2010

To ensure the Inverclyde Tobacco Strategy and Action Plan complies with the Equality Act, 2010, an Equality Impact Assessment has been carried out.[24] Smoking is a direct cause of continued inequalities in health. This is evident across Inverclyde where the smoking prevalence, including smoking in pregnancy is higher than the Scottish average, life expectancy, in particular for men is less than the Scottish average and the incidence of smoking related hospital admissions and conditions such as lung cancer and Chronic Obstructive Pulmonary Disease (COPD) are greater than the Scottish average. In addition there are others with certain protected characteristics who are more likely to smoke. For example, people with severe and enduring mental health problems, people who are homeless, Gypsy/Travellers, gay and bisexual men, prisoners and certain age groups e.g. 40 – 64 years of age, are more likely to smoke.[8,12] The Strategy and Action Plan will ensure that those who are more likely to smoke are not discriminated against. The EQIA of the Strategy will

ensure the needs of those who are more likely to smoke are addressed. The EQIA of the Inverclyde Tobacco Strategy is available to view online.[17]

4.3 Targets and Key Performance Indicators

Targets for Inverclyde focus on smoking cessation activity and outcomes for community, pregnancy, hospital and pharmacy stop smoking services. The former HEAT targets and standards have been replaced by a suite of Local Delivery Plan (LDP) standards. These have been grouped as strategic priorities identified in the 2015-16 Strategic Direction / Local Delivery Plan. A smoking cessation LDP standard for 2015/16 has been agreed as follows:

> *NHS Scotland to sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas (60% SIMD areas for island Boards).*

The smoking cessation LDP standard for 2015/16 is measured on 12 week outcomes from the 40% most deprived. At the time of writing this Strategy, Inverclyde specific trajectories have still to be agreed.

4.5 Implementation of Strategy

This strategy has been led by Inverclyde Alliance (Inverclyde Community Planning Partnership), and is supported by Inverclyde Council, the HSCP and NHS Greater Glasgow and Clyde. The collective approach taken confirms a responsive and shared approach which offers the greatest opportunity for sustained success. Contributions from a range of partners have been paramount to the overall coordination and development of this strategy.

Establishing strong community engagement channels will support the work of partners to not only promote services but enact proactive and preventative measures. Involving our local communities in decisions which impact upon them is essential in order to gain a full understanding of their individual needs. Local community engagement networks offer an ideal pathway for this work to be highlighted as well as promote a positive forum for the delivery of future outcomes.

4.6 Monitoring and Evaluation of Strategy

Monitoring of this strategy will inform progress and future direction, and the allocation of both local and wider resources. Progress will be reported primarily through the Inequalities Outcome Delivery Group as a conduit to the wider Inverclyde Alliance Single Outcome Agreement Programme Board. A report will be available quarterly informing progress across all outcomes and will be compiled by partners involved in the delivery of this strategy.

4.7 Funding

In order to refocus efforts directed towards reducing tobacco related harm it will be necessary for Inverclyde Alliance Partners to distribute resources in line with greatest need. This means we will have to ensure we have enough staff to deliver services and enough resources to support them.

Partners will be required to invest their time in supporting action from the Strategy, for example facilitate and attend training, supporting prevention work, referral into the stop smoking services and time required for Tobacco Strategy Local Implementation Group meetings. Support may be required to identify future investment opportunities in order to address the significant tobacco related health inequalities evident across Inverclyde. NHSGGC tobacco prevention budget is a non recurring budget which, at time of writing, is available as a support mechanism for preventative work.

4.8 Action Plan

The action plan developed to support this strategy outlines three key themes for future work:

- Prevention – creating an environment where young people choose not to smoke
- Protection – protecting people from the harmful effects of secondhand smoke
- Cessation – help for those who want to stop smoking

The actions identified that will meet the needs of this strategy have been detailed below with corresponding strategic outcomes. The related performance indicators

are noted within the accompanying action plan which has also been informed by NHSGGC Tobacco Planning and Implementation (PIG) Group.

Each strategic outcome is linked to key actions as follows:

Strategic Outcome	This is the required high level result of the actions and related performance measures. This will detail the difference the strategy will make to the Inverclyde area and its people.
Actions	These are the individual high level actions to be taken in order to address the strategic outcomes. These indicate what needs to happen.
Indicator	Detailed performance indicators which require to be specific, measurable and associated with the strategic outcome.

The following highlights the agreed outcomes with subsequent actions; more detail is included within the Tobacco Action Plan.

1. Smoking Prevention

Strategic Outcome

Actions:

1. 1. Hard to reach groups will be engaged within Inverclyde including those who are not in employment, education or training or who are in settings, occupations or minority groups with higher than average smoking levels.

1. 2. Inverclyde will actively involve children and young people in the planning and delivery of tobacco services and programmes to ensure their perspectives are fully reflected in the approaches adopted and to encourage active citizenship.

1. 3. Organisations and agencies who come into contact with children and young people are encouraged to develop a health leadership role by:

- adopting and enforcing clear no smoking policies.

- reinforcing messages concerning the addictiveness and health risks associated with smoking and secondhand smoke.

1. 4. Training on tobacco will be promoted and facilitated for staff working with young people most at risk from taking up smoking.

There will be fewer people who smoke, particularly within more disadvantaged population groups such as those who are not in employment, education or training or who are in settings, occupations or minority groups with higher than average smoking levels.

2. Stop Smoking Services

Strategic Outcome

Inverclyde will continue to develop and provide comprehensive, integrated and intensive stop smoking services based on the evidence of effectiveness and targeted to the needs of the population, this will include e-cigarettes. This will be guided by national recommendations for stop smoking services and practices and monitored and reviewed in line with national requirements.

Actions:

2.1. Inverclyde will continue to develop and provide comprehensive, integrated and intensive stop smoking services based on the evidence of effectiveness and targeted to the needs of the population.

2.2 The performance of local stop smoking services will be monitored and reviewed in line with national requirements and within the required time frame to inform the targeting of service delivery.

2. 3. All strands of stop smoking services are effectively promoted through awareness raising with the public and health professionals including: Smokefree Community, Pharmacy, Pregnancy, Acute and Butt Out services.

2.4 Stop Smoking services will be vigorously promoted within other services (e.g. debt counselling, housing, social services) which tackle the broader social issues that contribute to smoking behaviour and create barriers to stopping smoking and throughout NHS Contractors and ancillary NHS services.

2.5 Ensure the provision of stop smoking services to young people throughout Inverclyde.

3. Protection (protecting people from secondhand smoke

Strategic Outcome

Individuals exposure to secondhand smoke and the wider harm associated with smoking will be reduced within Inverclyde

Actions:

3.1 Individual exposure to secondhand smoke (SHS) and the wider harm associated with smoking will be reduced within Inverclyde.

3.2 Inverclyde will develop and sustain capacity in relation to tobacco control, building upon strong community infrastructure.

Appendix 1

Relevant policy documentation which support the development of tobacco strategy both locally and nationally:

Creating a Tobacco-free Generation – A Tobacco Control Strategy for Scotland (2013) (pdf, 258kb)
http://www.scotland.gov.uk/Publications/2013/03/3766

Schools (Health Promotion and Nutrition) Scotland Act (2007)
http://www.scotland.gov.uk/Topics/Education/Schools/HLivi/foodnutrition

A Guide to Smoking Cessation in Scotland (2010)
http://www.healthscotland.com/documents/4661.aspx

National Institute for Health and Clinical Excellence (2013)
http://www.nice.org.uk/search?q=smoking+harm+reduction

State of the Nation: Measuring progress towards a tobacco free Scotland (2010)
http://www.ashscotland.org.uk/media/3405/ASH%20Scotland%20STATE%20OF%20THE%20NATION150910.pdf

HEAT (Health Efficiency Access and Treatment) Health Improvement Targets (2013)
http://www.scotland.gov.uk/Publications/2013/11/4395/8

Inverclyde Tobacco Strategy

Action Plan

The following action plan template is designed to provide an overview of tobacco control work directed by national and local targets.

Timescale:

It is anticipated that this work will span the next 2 years and will link directly with the work of the Inverclyde Alliance Single Outcome Agreement. (we use those questions within our planning to reflect an element of self evaluation in the process, and they appear in the action plans for the Directorate Improvement Plans. You don't have to include them, but I thought it might help join the Council and CHCP planning processes up a bit?)

Strategic Outcome	This is the high level result of the actions and related performance measures. This will detail the difference the strategy has made to the Inverclyde area**. This is where we want to be**.
Actions	These are the individual high level actions to be taken in order to address the strategic outcomes. These indicate what needs to happen. **This is how we will get there.**
Indicator	Detail performance indicator which require being specific, measurable and associating with the strategic outcome. **This is how we will know we are getting there.**

1. Smoking prevention

Outcome: There will be fewer people who smoke, particularly within more disadvantaged population groups such as those who are not in employment, education or training or who are in settings, occupations or minority groups with higher than average smoking levels.

Action	Indicator	timescale	Partners
1. 1. Hard to reach groups will be engaged within Inverclyde including those who are not in employment, education or training or who are in settings, occupations or minority groups with higher than average smoking levels.			
1.1.1 Develop partnership working to address potential interactions between tobacco and wider health behaviours with a focus on vulnerable young, specifically young people in care.	a. Number of tobacco awareness sessions for young people in LAAC settings b. Number of CPD training sessions and number of staff trained in tobacco awareness and effective tobacco policy. c. Number of LACYP engaging with stop smoking services.	2017	Health and Social Care Partnership (HSCP) Health Improvement Team, LAAC Nurse, Children & Families Team, staff in Looked After Children and Young People,(LACYP) residential units, Foster Carers, Kinship Carers, adoptive carers. Young carers, Education.
1.1.2 Develop and implement strategies for young people in custody or within the youth justice system	a. Number of tobacco awareness sessions for young people b. Referral activity report	2017	Criminal Justice Services (Youth), Health Improvement Lead for prisons
1.1.3 Ensure joint working with local Alcohol and Drug Partnership (ADP) in relation to potential interactions between tobacco and wider health behaviours including Cannabis use.	a. Progress report on joint activity b. Number of training and awareness sessions delivered c. Referral activity report	2017	HSCP Health Improvement Team, Alcohol and Drugs Partnership, Addiction Services.
Action	Indicator	timescale	Partners

1. 2. Inverclyde will actively involve children and young people in the planning and delivery of tobacco services and programmes to ensure their perspectives are fully reflected in the approaches adopted and to encourage active citizenship			
1.2.1. Ensure continued implementation and development of effective tobacco control education in Inverclyde schools through curriculum for excellence	a. Number of schools signed up for: Name the Teddy, Tradewinds and Smokefree for Me a. Number of CPD sessions delivered to teachers. b. Number of teachers attending relevant CPD training c. Record of relevant discussions / planning outcomes with Health and Wellbeing Steering Group (Education Services)	2017	HSCP Health Improvement Team, Education, NHSGGC Smokefree Services.
1.2.2 Support local authority to deliver the enforcement programme in relation to underage sale of tobacco. Specifically, by supporting the recruitment of young people to become test purchasers.	a. Number of young people recruited each year b. Number of test purchases delivered each year c. Number of training sessions delivered to community wardens.	2017	CHCP HI, Trading Standards Team, young people.
1.2.3 Ensure appropriate engagement of young people in the development of tobacco prevention programmes ensuring a targeted, neighbourhood approach**.**	a. Number of young people involved b. Activity and outcome report with young people c. Report of attendance at Inverclyde Health and Wellbeing Conference on 25th March, involving young people and addressing risky behaviours.	2017	Young people, youth groups, Education Health and Wellbeing Development Officer, Smokefree Services, education, West College Scotland, CHCP HI, CLD, NHSGGC SFS, Weigh to go – Your Voice, More Choices, More Chances.
Action	Indicator	timescale	Partners

1. 3. Organisations and agencies which come into contact with children and young people are encouraged to develop a health leadership role by: • **adopting and enforcing clear no smoking policies** • **reinforcing messages concerning the addictiveness and health risks associated with smoking and secondhand smoke**			
1.3.1. Support the development of Smokefree policies with organisations working with young people aged 16-24.	a. Record of work with relevant organisations b. Number of organisations with Smokefree policy	2017	NHSGGC SFS, CHCP HI, Youth organisations, CVS Inverclyde, Inverclyde Council Community Learning and Development, West College Scotland, Schools, Inverclyde Community Development Trust.
1.3.2 Deliver tobacco awareness sessions with young people, young people aged 16-24 and support Inverclyde Colleges achieving Healthy Body Healthy Mind award by delivering smoking prevention activities.	a. Number of awareness sessions delivered. b. Report on organisations participating. c. Number of young people 16-24 receiving tobacco awareness sessions. d. Number of smoking prevention activities delivered in colleges e. Number of young people engaging with smoking cessation.	2017	NHSGGC SFS, CHCP HI, Youth Providers, West College Scotland, education, Get Ready to Work programmes, Inverclyde Community Development Trust, CVS Inverclyde, Inverclyde Council Community Learning and Development, More Choices, More Chances.
1.3.3 Implement NHS GGC Youth Smokefree Policy guide with identified youth organisations	a. Record of work with local youth organisations b. Number of local youth organisations with a Smokefree Policy in place.	2017	NHSGGC SFS, CHCP HI, CLD-Youth Work Sub Group, Youth organisations, West College Scotland, CVS Inverclyde Life, Uniformed organisations, More Choices, More Chances.

Action	Indicator	timescale	Partners

1. 4. Training on tobacco will be promoted and facilitated for staff working with young people most at risk from taking up smoking			
1.4.1 Ensure tobacco awareness, young people and tobacco and Smokefree policy training is delivered to projects and services working with young people.	a. Number of training sessions delivered. b. Report on organisations participating	2017	NHSGGC SFS, CHCP HI, CLD-Youth Work Sub Group, Youth organisations, West College Scotland, CVS Inverclyde Life, Uniformed organisations, Criminal Justice (Young People), More Choices, More Chances.

2. Stop Smoking

Outcome: Inverclyde will continue to develop and provide comprehensive, integrated and intensive stop smoking services based on the evidence of effectiveness and targeted to the needs of the population, this will include e-cigarettes. This will be guided by national recommendations for stop smoking services and practices and monitored and reviewed in line with national requirements.

Action	Indicator	timescale	Partners
2.1. Inverclyde will continue to develop and provide comprehensive, integrated and intensive stop smoking services based on the evidence of effectiveness and targeted to the needs of the population			
2.1.1 Smokefree Services to continue to deliver current Local Deliver Plan Standard for Smoking Cessation.	a. Numbers engaging b. Numbers setting a quit date c. Numbers successfully stopping smoking in relation to current target.	2017	Community, Pharmacy, Pregnancy, Mental Health, Youth and Hospital Smokefree Services
2.1.2 Ensure the stop smoking services is in line with national recommendations	a. Recommendations implemented b. Service activity report	2017	Community, Pharmacy, Pregnancy, Mental Health, Youth and Hospital Smokefree Services
2.1.3 Cessation services that support the needs of people living in deprived areas and other groups where tobacco use plays a key role in unequal health outcomes (unemployed, homeless, those with mental health issues, LACYP, alcohol and drug dependency, BME, LGBT).	a. Number of priority groups engaging b. Number of priority groups setting a quit date c. Number of priority groups successfully stopping smoking d. Reduction in adult prevalence in SIMD 1 and 2	2017	Inverclyde Smokefree Services, NHS GGC Smokefree Services, Health and Social Care Services, Voluntary Organisations, Prison Service, CLD, CVS, Your Voice, Care Organisations/Homes, Local Community (volunteers), Homeless, Addiction services, River Clyde

			Homes, Family Centres, LACYP, Fostering & Adoption training, Women and Children's Services.
2.1.4 Ensure all Smokefree Service providers are appropriately trained to national standards	a. All practitioners to be trained in Health Related Behaviour Change level one b. All practitioners to be trained in Maudsley / PATH c. All practitioners to be working towards level two health related behaviour training	December 2013 April 2011 March 2014	NHS GG&C Training Quality Group; HSCP training section

Action	Indicator	timescale	Partners
2.2 **The performance of local stop smoking services will be monitored and reviewed in line with national requirements and within the required time frame to inform the targeting of service delivery**			
2.2.1 Local targets specific to each Smokefree Service will be agreed. Data will be collected locally and Board level through data collection services and also recorded through the Organisational Performance Review structure.	For each Service and all services collectively activity is measures against agree targets: a. Numbers engaging b. Numbers setting a quit date a. Numbers successfully stopping smoking in relation to current target.	Ongoing	Community, Pharmacy, Hospital, Mental Health, Youth and Pregnancy services, NHS GG&C data collection services and HSCP planning and performance team.
2.2.2 To increase local awareness and uptake of the Smokefree Pregnancy	a. Numbers setting a quit date b. Numbers successfully stopping	2017	Smokefree Pregnancy service, NHS GG&C data collection services and

Service.	smoking in relation to current target c. Smoking prevalence at antenatal booking and 10 days post natal d. Outcome PDSA Early Years Collaborative.		CHCP planning and performance team, voluntary organisations e.g. Barnardos, Women and Children's Services.

Action	Indicator	timescale	Partners
2.3. All strands of stop smoking services are effectively promoted through awareness raising with both the public and health professionals including: Smokefree Community, Pharmacy, Pregnancy, Acute and Butt Out services			
2.3.1 Campaign to increase uptake of stop smoking services, including dual tobacco and e-cigarette users: community, Butt Out, Acute Pregnancy and Pharmacy	a. Number of promotional campaigns and events delivered b. Number of community engagement sessions delivered c. Number of people engaged via No Smoking Day d. Monitoring report on efficacy of promotional campaigns in relation to service activity.	2017	HSCP Health Improvement Team, Education, Colleges, NHSGGC SFS (Acute, Pregnancy, Community and Pharmacy Services), Corporate Communications.

Action	Indicator	timescale	Partners
2.4 Stop Smoking services will be vigorously promoted within other services (e.g. debt counselling, housing, social services) which tackle the broader social issues that contribute to smoking behaviour and create barriers to stopping smoking and throughout NHS Contractors and ancillary NHS services			
2.4.1 Ensure engagement of service	a. Monitoring report of source of	2017	Inverclyde Tobacco LIG partners,

leads in promotion of stop smoking services	referral b. Number of information sessions delivered to services c. Referral pathways agreed		Service leads and staff from debt counselling, credit union, Health and Social Care Services, Voluntary Organisations, Prison Service, CLD, CVS, Your Voice, Care Organisations, Local Community (volunteers), Homeless, Addiction services, River Clyde Homes CLD, Family Centres. LAAC, Fostering & Adoption training.
2.4.2 Ensure engagement of HSCP and council staff with Smokefree services.	a. Number of staff engaging b. Number of staff setting a quit date c. Number of staff successfully stopping smoking	2017	Health Working Lives, corporate Communications.
2.4.3 Provide training on best practice smoking cessation (particularly brief interventions) to a range of health professionals (drug and alcohol workers, mental health) and other relevant groups including non-health sector professionals who work with disadvantaged populations	a. Number of training sessions delivered b. Numbers trained c. Number of organisation receiving training	2017	Inverclyde Smokefree Services, NHS GGC Smokefree Services, Health and Social Care Services, Voluntary Organisations, Prison Service, CLD, CVS, Your Voice, Care Organisations, Local Community (volunteers), Homeless, Alcohol and Drug Services.
2.4.4 Ensure pathways into Smokefree Services are available to all professionals and potential referring services	a. Referral pathways agreed b. Monitoring report of source of referral c. Number of information sessions delivered to services	2017	GPs, practice staff; dental staff; nursing and midwifery staff (acute, primary care and community), social work, Alcohol and Drug Partnership, money advise services, Inverclyde Corporate Communications.

Action	Indicator	timescale	Partners
2.5 Ensure the provision of stop smoking services to young people throughout Inverclyde			
2.5.1 Deliver Butt Out stop smoking service for young people under 24 years	a. Number of referrals b. Number of young people setting a quit date c. Number of young people successfully stopping smoking	2017	NHSGGC Smokefree Services, Inverclyde Smokefree Services, Youth organisations, CLD, education, West College Scotland, Education Health and Wellbeing Development Officer, More Choices, More Chances.
2.5.2 Take account of the views of young people from Inverclyde Health and Wellbeing Survey in relation to their preferred source of support to stop smoking.	a. Feedback report from Health and Wellbeing Conference on 25th March	2017	Inverclyde Smokefree Services, Youth organisations, CLD, education, West College Scotland, Education Health and Wellbeing Development Officer.
2.5.3 Implement a stop smoking programme for 16-24 year olds in West College Scotland.	a. Number of referrals b. Number of 16 – 24 year olds setting a quit date c. Number of 16 – 24 year olds successfully stopping smoking	2017	NHSGGC SFS, SFS Community and Youth Services, West College Scotland, Inverclyde Community Development Trust, CVS Inverclyde, Inverclyde Council Community Learning and Development.
2.5.4 In support of Inverclyde Smokefree Care Placements Policy for Looked After and Accommodated Children and Young People, deliver tobacco awareness for young people, Butt Out stop smoking service and tobacco awareness training for residential unit staff	a. Number of awareness sessions with LACYP b. Number of awareness sessions with residential unit staff c. Number of referrals d. Number of LACYP setting a quit date e. Number of LACYP successfully stopping smoking	2017	NHSGGC SFS, SFS Youth Service, LACYP Nurse, LACYP Unit staff

3. Protection (Protecting people from secondhand smoke)

Outcome: Individual exposure to Secondhand smoke and the wider harm associated with smoking will be reduced in Inverclyde

Action	Indicator	Timescale	Partners
3.1 Individual exposure to Secondhand Smoke (SHS) and the wider harm associated with smoking will be reduced within Inverclyde			
3.1.1 Support the Government proposed campaign to raise awareness of the harm caused by SHS in enclosed places such as homes and cars and support people to reduce the harm it causes	Local implementation of indicators to be provided by Scottish Government	2017	Inverclyde Smokefree services, Inverclyde Tobacco LIG partners, NHS GGC Smokefree services.
3.1.2 Implement smoke-free grounds across all local authority and NHS localities by, using a partnership approach to share learning and experiences of policy development. • Smokefree hospital grounds within acute settings (March 2015) • Smokefree Mental health grounds (October 2015).	a. Local implementation report b. Number of NHS and Local Authority staff receiving Smokefree Policy training. c. Number of Inverclyde family events are designated Smokefree environments. d. Progress report of implementation of joint NHS and local authority Smokefree policies within the wider context of the integration of adult health and social care	2017	SFS Community Services; SFS NHSGGC; Health & Safety Forum; Inverclyde Smokefree Policy Representatives for, Acute Services, Mental Health Services, Local Authority and HSCP staff, Inverclyde hospitals – management and facilities.

3.1.3 Drive the adoption of smokefree policies in organisations working with vulnerable people	a. Youth smokefree policies (*see prevention section)* b. Residential care homes for the elderly: Scope out issues with staff and residents, including support for people with dementia who smoke.	2017	Inverclyde Smokefree Services, LACYP Nurse, LACYP, Residential Care Homes, Fostering and Adoption Services, Mental Health Services, Residential Care Homes, River Clyde Homes (Sheltered Homes), Care Scotland, Fire Safety, Homeless organisations.

Action	Indicator	timescale	Partners
3.2 Inverclyde will develop and sustain capacity in relation to tobacco control, building upon strong community infrastructure			
3.2.1 Ensure partners within the community voluntary sectors are provided with opportunities to protect people from SHS by working together to reduce exposure to SHS	a. Activity report of jointly promoted local tobacco campaigns b. provide resources to ensure people are protected from SHS and harm	2017	CVS, CLD, Health Improvement, Your Voice, Smokefree Community Services, Inverclyde Carers, ICOD, Inverclyde Community Development Trust, British Lung Foundation.
3.2.2 Ensure all antenatal and postnatal services and adoption, foster, kinship and residential care services support new parents to create a Smokefree home and car by local implementation of NHS GGC Smoking in the Home training and use of resources for relevant professionals and carers.	a. Number of courses delivered b. Number of staff receiving training c. Number of families using the Dylos Machine intervention	2017	Child and Maternal Services, Inverclyde Smokefree Services, Your Voice, Inverclyde Carers, ICOD, Inverclyde Community Learning and Development, LACYP services, Family Nurse Partnership.

3.2.3 Using a co-production model, implement an approach to reduce the availability of and demand for illicit tobacco by developing a toolkit to increase community engagement to address illicit tobacco and continue partnership action to address illicit supply of illicit tobacco.	a. Number of surveys returned c. Number of focus groups held d. Final report and recommendations	2014 2014 2015	NHSGGC and Inverclyde Smokefree Services, Your Voice, CLD.

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Appendix 2 List of Inverclyde Alliance Partners

List of Inverclyde Alliance Partners who support the Inverclyde Tobacco Strategy
Alcohol and Drugs Partnership
Children Families
Community Learning & Development (Youth groups)
Community safety
Criminal Justice Services (Youth)
Early Years Collaborative Programme Manager
Education Health & Wellbeing Development Officer
family Nurse partnership
Health and Homeless
Healthy Working Lives
Inverclyde Community Development Trust
Inverclyde Council Corporate Policy
Inverclyde HSCP Health Improvement
Inverclyde Integrated Drug Service
Looked After & Accommodated Nurse
Mental Health Services
NHS GGC Public Health Directorate
Prison Services
Quality and Development Service (Care Homes)
River Clyde Homes
Scottish Fire and Rescue Service
Trading Standards
West College Scotland
Your Voice
More Choices, More Chances

Appendix 3

Equality Impact Assessment Tool: Policy, Strategy and Plans

(Please follow the EQIA guidance in completing this form)

1. Name of Strategy, Policy or Plan

Inverclyde Tobacco Strategy

Please tick box to indicate if this is: Current Policy, Strategy or Plan ☐ **New Policy, Strategy or Plan** ☒

2. Brief Description – Purpose of the policy; Changes and outcomes; services or activities affected

The Scottish Government's Tobacco Control Strategy has placed responsibility on local authorities to drive forward the tobacco control agenda through the development of a local tobacco plan. The Inverclyde Tobacco Strategy and action plan will aim to address tobacco through Inverclyde Alliance partners with the establishment of a Local Implementation Group.

The Inverclyde Tobacco Strategy aims to support the Scottish Government's ambitious plan to reduce smoking prevalence to 5% by 2034. Reducing inequalities, partnership working, and assets based approach are key cross cutting themes within the Scottish Government Tobacco which we aim to implement across Inverclyde. The strategy is directed by three main headings:

1. **Prevention:** To prevent uptake of smoking by young people
2. **Protection:** To protect people from the harmful effects of secondhand smoke
3. **Cessation**: The provision of stop smoking services

The Strategy will have agreed outputs and outcomes and will be developed and overseen by partners from the Inverclyde Alliance.

3 Lead Reviewer

Brenda Friel, Health Improvement Lead, Inverclyde CHCP

4. Please list all participants in carrying out this EQIA:

Louise McVey, Inverclyde Early Years Collaborative Programme Manager Rosin Lynch, Health Improvement Senior, Public Health Directorate Sara McLaughlin, Health Improvement Senior, Inverclyde CHCP Ian Hanley, Inverclyde Community Safety Fiona Knox, Inverclyde Trading Standards Angela Montgomery, Senior Officer, Extra Care, River Clyde Homes Lynn Cawley, LACYP Nurse Brenda Friel, Health Improvement Lead Maureen O'Neill Craig, Health Improvement Lead George Simmonds, Equalities Officer A copy of the drafted EQIA was emailed to the Inverclyde Tobacco Strategy Local Implementation Group for comment.

5. Impact Assessment

A Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality
Smoking is a direct cause of continued inequalities in health. This is evident across Inverclyde where smoking prevalence, including smoking in pregnancy is higher than the Scottish average, life expectancy, in particular for men is less than the Scottish average and the incidence of smoking related hospital admissions and smoking related conditions such as lung cancer and Chronic Obstructive Pulmonary Disease (COPD) are greater than the Scottish average. There are some protected characteristics where uptake and continuation of smoking is more likely. For example, people with severe and enduring mental health problem, people who are homeless, Gypsy travellers, gay and bisexual men, prisoners and certain age groups e.g. 16 – 39 years and 40 – 64 years, are more likely to smoke. The Strategy and Action Plan will ensure that those who are more likely to smoke are not discriminated against. The EQIA of the Inverclyde Tobacco Strategy will ensure the needs of those who are more likely to smoke are addressed.

B What is known about the issues for different equalities groups in relation to the services or activities affected by the policy?

		Source
All	• There is a close correlation between smoking prevalence and deprivation. Across Scotland, smoking is lowest with the most affluent and incrementally increases with increasing levels of deprivation (SIMD 1 (most deprived) 38% and SIMD 5 (least deprived) 12%. (1)	(1) Tobacco Control Strategy – Creating a Tobacco-Free Generation, A Tobacco Control Strategy for Scotland, (2013).

	• Lung cancer and Chronic Obstructive Pulmonary Disease (COPD) mortality are significantly higher than the Scottish average, lung cancer registration and COPD incidence is higher than the Scottish average. (2) • There are gender differences in smoking prevalence within Inverclyde, more men smoke, women are more likely to engage with stop smoking services however are less likely to stop smoking. (2) • In Inverclyde, smoking can affect all ages, children can be exposed to secondhand smoke, young people will start smoking while they are still at primary or into secondary school, smoking prevalence is highest age groups 16 – 39 years and 40 – 64 years. (2) • Nationally, smoking prevalence is higher with individuals who have a severe and enduring mental health problem. (3) • Smoking is a risk factor for certain types of Dementia (4) • National information informs us that those undergoing or have undergone gender reassignment experience higher reported rates of smoking (5) • Nationally and within Glasgow, smoking prevalence is higher within some Ethnic Minority Groups, for example Eastern European immigrants and Pakistani males. GGC data on ethnicity and smoking in pregnancy Polish and Slovakian women are more likely to continue smoking in pregnancy. (7 & 8) • Nationally, those with a reported a disability were significantly more likely to smoke than those who did not, 34% of those with a limiting long-term condition	(2) Tobacco Control Profile (Inverclyde) (2013) (3) ASH Scotland Tobacco use and people with mental health problems (2011) (4) Smoking and Dementia (ASH Scotland 2013) (5) NHS Health Scotland Equality issues (6) Scottish Health Survey, Equality Group (2012) (7) Smoking Cessation Assessment Report of BME Population living in South East Glasgow CHCP (2010) (8) NHSGGC Smoking in Pregnancy Antenatal Booking Data

	smoked, compared with only 23% and 22% of those with a non-limiting condition or with no condition. (6) • Roman Catholics and those who did not belong to any religion were most likely to be smokers whilst Muslims and Other Christians were least likely to smoke. (6) • Self-identified bisexual (27%) and gay and lesbian respondents (28%) had a slightly higher smoking prevalence than heterosexuals, but the difference was not significant. Those who self-identified as having an 'other' sexual orientation were significantly more likely to smoke than heterosexual respondents (36% compared to 24%). Those who preferred not to answer the question on sexual orientation also had significantly higher smoking prevalence (33%). (6) • Within Inverclyde, approximately 20 – 30% of pregnant women continue to smoke during their pregnancy and find it difficult to stop. (8)	
Sex	There are gender differences in smoking prevalence within Inverclyde, 31.8% men smoke compared to 24.7% of women, both are greater than the Scottish average of 24.6% and 21.5% respectively. High smoking prevalence correlates to lower life expectancy, in Inverclyde smoking prevalence is higher and life expectancy is lower than the Scottish average, in particular men (women 79.9 years, men 73.7 years).	ScotPHO, Tobacco Control Profile (Inverclyde) (2013) ScotPHO, Health and Wellbeing profile (Inverclyde) (2013)
Gender Reassignment	Those who have or are planning to undergo Gender Reassignment are more likely to smoke. Gender reassignment training for staff and other partners to ensure inclusive language is used and being respectful of individual identity.	NHS Health Scotland Equality issues
Race	97% of the Inverclyde population are White Scottish/British/Irish, 1.3% is Asian, Asian Scottish, Asian British and other ethnic groups and 0.1% is Polish. 5.4% of Inverclyde	CENSUS 2011

	households where not all persons are in same ethnic group category. Whilst Inverclyde has a small ethnic population the Strategy is designed to inclusive, access to translators is available, literature will be inclusive, accessible and available in other languages and in Plain English formats as required.	
Disability	Nationally, those with a reported a disability were significantly more likely to smoke than those who did not, 34% of those with a limiting long-term condition smoked, compared with only 23% and 22% of those with a non-limiting condition or with no condition. In Inverclyde 34.1% of the population have one or more long-term health condition and 7.8% have a physical disability. Work is currently being implemented within Inverclyde to support people who have a long term condition or disability, this will include tobacco control measures (1 & 2) Smoking is around twice as common among people with mental health disorders, and more so in those with more severe disease. Smoking rates are reducing however less so among those with mental disorders. Smokers with mental disorders are just as likely to want to quit as those without, but are more likely to be heavily addicted to smoking and are less likely to successfully stop. Within the Inverclyde population 6.4% report as having a mental health condition. Tobacco control measures to include activities for people with a mental health condition (2, 3 & 4). People with a learning disability, Deaf Community and British Sign Language (BSL) users smoke and want to stop smoking. Within Inverclyde population, 8.3% are deaf or have partial hearing loss and 0.6% has a learning disability. Communication pathways and information provision needs to meet their needs and understanding. (2 & 5) Stop smoking practitioners have attended learning disability and Deaf awareness training. Stop smoking practitioners and Strategy partners know how to access BSL	(1) Scottish Health Survey, Equality Group (2012) (2) CENSUS 2011 (3) ASH Scotland Tobacco use and people with mental health problems (2011) (4) Smoking and Mental Health, Royal College of Physicians, 2013. (5) Tobacco and alcohol use in people who have a learning disability: giving voice to their health promotion needs 2009.

	interpreters. Literature will be inclusive, accessible and available in other languages and in Plain English formats as required. Other forms of communication such as text messaging will be used. Smoking prevention work within schools will include special needs schools, activities will be adapted to suit their learning requirements.	
Sexual Orientation	Self-identified bisexual (27%) and gay and lesbian respondents (28%) reported a slightly higher smoking prevalence than heterosexuals, but the difference was not significant. Those who self-identified as having an 'other' sexual orientation were significantly more likely to smoke than heterosexual respondents (36% compared to 24%). Those who preferred not to answer the question on sexual orientation also had significantly higher smoking prevalence (33%). (1) Gay and bisexual men are more likely to smoke at some point in their life. Higher levels of smoking are thought to be due to daily stress caused by homophobia and discrimination. A gap was identified in raising the issue of smoking within organisations which provide support for members of the LGBT community, eg voluntary organisations for those living with HIV. (2) We will identify and make links with local groups who connect with the LGBT community to increase tobacco awareness and local stop smoking and prevention services. Training for staff and other partners to ensure inclusive language is used and being respectful of individual identity.	(1) Scottish Health Survey, Equality Group (2012) (2) ASH Scotland Tobacco use and LGBT communities March 2011
Religion and Belief	In Inverclyde 33% are Church of Scotland, 37% Roman Catholic, 0.2% Muslim, almost 5% are other, 19.2% no religion. (1) Nationally, Roman Catholics and those who do not belong to any religion are more likely to smoke, Muslims and Other Christians were least likely to smoke. (2)	(1) CENSUS 2011 (2) NHS Health Scotland Equality issues (3) Smoking Cessation

	Equality and diversity training and awareness programmes has been undertaken by Smokefree services staff and other partners to ensure culturally sensitive practice for example, confidentiality of service provision was critical to encourage attendance (particularly amongst female South Asian smokers). (3)	Needs Assessment of the BME communities within South East Glasgow CHCP 2010
Age	Smoking can affect all ages, children can be exposed to secondhand smoke, young people will start smoking while they are still at primary or into secondary school. (1 & 2) In Inverclyde smoking prevalence is highest for age groups 16 – 39 years (30.2%) 40 – 64 years (28.2%). (3) A significant amount of tobacco control work is carried out to prevent young people form starting to smoke and reduce the attractiveness and availability of smoking. Targeted work involved Inverclyde alliance partners is included in the strategy.	(1) Inverclyde Child and Youth Health and Wellbeing Survey (2013) (2) Tobacco-Free Generation, A Tobacco Control Strategy for Scotland, (2013). (3) ScotPHO, Tobacco Control Profile (Inverclyde) (2013)
Pregnancy and Maternity	Within Inverclyde, approximately 20 – 30% of pregnant women continue to smoke during their pregnancy and find it difficult to stop. Smoking in pregnancy in Inverclyde is higher than the Scottish average. The impact of smoking during pregnancy affects the mother and the baby impacting the child's health into adulthood. There is a gradient in the proportion who continue to smoke during their pregnancy within SIMD groups. SIMD 1 (most deprived) 34.2% continue to smoke in pregnancy compared to 5.4% (least deprived) SIMD 5. The strategy aims to work with partners to support more pregnant women to stop smoking during pregnancy.	(1) NHSGGC Smoking in Pregnancy Antenatal Booking Data (2) Tobacco Control Profile (Inverclyde) (2013) (3) NHS Health Scotland Equality issues

Marriage and Civil Partnership	N/A	
Social and Economic Status	Smoking is a direct cause of continued inequalities in health with clear correlation between area deprivation, smoking prevalence and life expectancy. (1) In Inverclyde one in three residents live in areas considered to be among the most deprived 15% in Scotland, and the incidence of poverty and deprivation mirrors the stark inequalities in health outcomes. (2) In Inverclyde, smoking prevalence, including smoking in pregnancy is higher than the Scottish average and life expectancy, in particular for men, is less than the Scottish average. (3 & 4) Across Scotland, smoking is lowest with the most affluent and incrementally increases with increasing levels of deprivation (SIMD 1 (most deprived) 38% and SIMD 5 (least deprived) 12%, this will be reflected within Inverclyde. (1) The same applies to the proportion who continue to smoke in pregnancy, SIMD 1 33.7% continue to smoke in pregnancy compared to 5.6% SIMD 5. (4) The strategy includes actions that will target the most deprived in Inverclyde. The Smoking Cessation Health Improvement, Efficiency, Activity and Treatment (HEAT) target is an inequalities focussed target.	(1) Tobacco-Free Generation, A Tobacco Control Strategy for Scotland, (2013). (2) Inverclyde Single Outcome Agreement 2013-2017 (3) NHSGGC Smoking in Pregnancy Antenatal Booking Data (4) Tobacco Control Profile (Inverclyde) (2013)

Other marginalised groups (prisoners, homelessness, addictions, travellers, asylum seekers and refugees etc)	UK data estimates that 77% of homeless people smoke. There are 147 – 179 people per quarter who are homeless within Inverclyde. Actions with this strategy are included in the Health and Homelessness Action Group's Action Plan. (1 & 2) Based on English studies within Gypsy or Irish Traveller groups, 49% and 46% for males and females respectively smoke. Plans are to connect with Health Visiting teams who work with Travellers. 76% of Scottish prisoners said they smoke, around 46% reported that they shared a cell with someone who smokes. Around 56% of those who smoked expressed a desire to stop smoking. Actions within the strategy include working with Prison services, rehabilitation service users and the criminal justice team. (3) In Inverclyde, 4% of 13 year olds and 19% of 15 year olds had tried cannabis (SALSUS). Inverclyde Schools Survey, 9% of pupils said that they had ever used drugs or legal highs from this, the most commonly used drug was cannabis (89%). Actions within the strategy include working with Drug and Alcohol services and service users. (4 & 5) Looked After Children and Young People (LACYP) are more likely to smoke and have poorer health outcomes. In Inverclyde, 18% of young people are in care, this is higher than the Scottish average. Actions within the strategy include working with LACYP, have established connections with local LACYP staff. (6)	(1) Homeless Link (Registered Charity) (2) Inverclyde Planning and Performance homeless data (2014) (3) ASH Scotland Tobacco use, ethnicity and health, 2014 (4) Adolescent Lifestyle and Substance Use Survey (SALSUS) (5) Inverclyde Child and Youth Health and Wellbeing Survey (2013) (6) ScotPHO, Health and Wellbeing profile (Inverclyde) (2014) (7) The Director of Public Health Report: Building Momentum for Change (2013/15)

C Do you expect the policy to have any positive impact on equalities or on different equalities groups?

	Highly Likely	Probable	Possible
General	A reduction in smoking prevalence across Inverclyde will have positive impact on health for all protected characteristics and reduce smoking related inequalities.		
Sex		If we do more targeting work to address the differences in health outcomes for this protected characteristic, linking in with the third sector, work places.	
Gender Reassignment	If we are conscious of inclusive language and being respectful of identity then we are more likely to engage with people with a trans history.		
Race	Inverclyde has a small ethnic minority population, the Strategy is designed to be inclusive, to include access to translators, inclusive literature		

	that is available in other languages and in Plain English format as required.		
Disability	Actions within the strategy and staff training and awareness of this protected characteristic will have a positive impact. An EQIA of the stop smoking services within the community, pregnancy and hospital have been carried out.		
Sexual Orientation	If we are conscious of inclusive language and being respectful of individual sexual orientation then we are more likely to engage with people regardless of their sexual orientation.		
Religion and Belief	Awareness and delivery of culturally sensitive practice and prevention work by Smokefree Services and wider partners will address this protected characteristic.		
Age	Awareness of and focussed work for specific age groups for example 16 – 24 year olds, with support from various partners will have a positive impact.		

Marriage and Civil Partnership	**N/A**		
Pregnancy and Maternity		Collaboration and focussed work to address smoking in pregnancy have a probable impact.	
Social and Economic Status	Focussed neighbourhood working, collaboration with partners and including the wider social determinants of that affect health and reason for continuing to smoke will have a positive impact.		
Other marginalised groups (prisoners, homelessness, addictions, travellers, asylum seekers and refugees etc)	Awareness of marginalised groups within Inverclyde, working collaboratively with partners who have good links with marginalised groups and ensuring information and support is relevant to their needs will have a positive impact.		

D Do you expect the policy to have any negative impact on equalities or on different equalities groups?			
	Highly Likely	**Probable**	**Possible**
General			If we do not understand our population within Inverclyde and work collaboratively with our partners and local people, this could result in a negative impact towards all protected characteristics and increase smoking related inequalities.
Sex			If we do not carry out more targeting work to address the differences in health outcomes and smoking prevalence for this protected characteristic.
Gender Reassignment			If we are not conscious of inclusive language and being respectful of identity then it is possible that we will have a negative impact towards people with a trans history due to their non-participation.
Race			If we do not use available resources such as translators or ensure information is available in different formats for example in different languages or in plain English format then it will be possible to have a negative impact. Non-English speakers will not be aware of services and will feel excluded.
Disability			If we are not aware of the needs of people with a disability, make reasonable adjustments based upon individual needs or do not work

			collaboratively with our partners then we could have a negative impact.
Sexual Orientation			If we are not conscious of inclusive language, being respectful of individual sexual orientation and prevent feeling of being excluded then we could have a negative impact.
Religion and Belief			If we are not mindful of and do not deliver culturally sensitive practice and prevention work by Smokefree Services and wider partners then we could have a negative impact.
Age			If we are not aware of the needs of specific age groups in relation to their participation and non-participation in prevention programmes and engagement in stop smoking services as well as working collaboratively with service users and partners we could have a negative impact.
Marriage and Civil Partnership			N/A
Pregnancy and Maternity			If we do not work collaboratively with our partners and service users and focus our work to address smoking in pregnancy then we could have a negative impact, because pregnant women will continue to smoke during pregnancy.
Social and			If we do not focus our work within certain

Economic Status			neighbourhood, do not work in collaboration with partners and do not include the wider social determinants of health then we could have a negative impact by excluding smokers from our most deprived communities, who will continue to smoke thus contributing towards smoking related inequalities in health.
Other marginalised groups (prisoners, homelessness, addictions, travellers, asylum seekers and refugees etc)			If we are not aware of marginalised groups within Inverclyde, if we do not work collaboratively with partners who have good links with marginalised groups and we do not ensure information and support is relevant to their needs then we could have a negative impact by excluding smokers from marginalised groups, who will continue to smoke thus contributing towards smoking related inequalities in health.

E Actions to be taken		
		Responsibility and Timescale
E1 Changes to policy	Include information on mental health, homeless, cannabis, drugs and Alcohol, LGBT	BF, March 2015
E2 action to	Designing all aspects of service delivery to be as inclusive and respect	Inverclyde Tobacco

compensate for identified negative impact	individual needs across protected characteristics With support from the voluntary sector, obtain views of the strategy from the local community within Inverclyde.	strategy Local Implementation Group (LIG) - Ongoing for the duration of the policy until 2017 May 2015
E3 Further monitoring – potential positive or negative impact	There will be a time lapse in relation to impact Monitoring from early stage/continual monitoring of equalities information Some protected characteristics are collected when clients engage with stop smoking services, this is a Scottish National Minimum Dataset, there are plans being considered to include all protected characteristics Evidence base interventions that ensure inclusiveness Any new information will be used to revise the policy	Inverclyde Tobacco strategy LIG - Ongoing for the duration of the policy until 2017
E4 Further information required	Include information on mental health, homeless, cannabis, drugs and Alcohol, LGBT	BF, March 2015

6. Review: Review date for policy / strategy / plan and any planned EQIA of services

A monitoring framework will be agreed and implemented in place this will include protected characteristics. This will ensure that the strategy will have a positive impact towards smoking related health inequalities. Agreed quarterly/annual reports are planned.

Lead Reviewer: **Name: Brenda Friel**
Sign Off: **Job Title: Health Improvement Lead**

Signature XXXXXX
Date:

Please email copy of the completed EQIA form to eqia1@ggc.scot.nhs.uk

All other enquiries please to:

Alastair Low, Planning & Development Manager, Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital Tel: 0141-201-4817.

Appendix 4

TOBACCO STRATEGY ENGAGEMENT

your voice

Inverclyde Community Care Forum

One voice brings thought.

Background

Your Voice and Inverclyde Health & Social Care Partnership (HSCP) are committed to ensuring that service users, carers and their families' views are taken into account when developing and planning services, to ensure that services are responsive to the needs of the people who use them.

Partnership working with officers from both Inverclyde Council and NHS Greater Glasgow & Clyde has enabled the establishment of Inverclyde HSCP Advisory Group. This enables us to ensure that meaningful community engagement is facilitated in Inverclyde. To this end the Your Voice Network enables local people to collectively bring real issues forward on behalf of the wider community. See below for the Sub Groups/Strategy Groups linked to Inverclyde HSCP Advisory Group.

SUB GROUPS OF INVERCLYDE CHCP ADVISORY GROUP

- ☐ Addictions
- ☐ Adult Protection
- ☐ Carers
- ☐ Children & Young People
- ☐ Disability including Physical and Learning
- ☐ Healthier Lifestyles & Health Inequalities
- ☐ Housing & Homelessness
- ☐ Long Term Conditions & Self Care
- ☐ Mental Health & Wellbeing including Dementia
- ☐ Older People
- ☐ Secondary Care inc Hospital Discharge & Palliative/End of Life Care

The diagram below shows the structural processes for Inverclyde's CHCP and how this connects with Inverclyde Alliance and the Single Outcome Agreement.

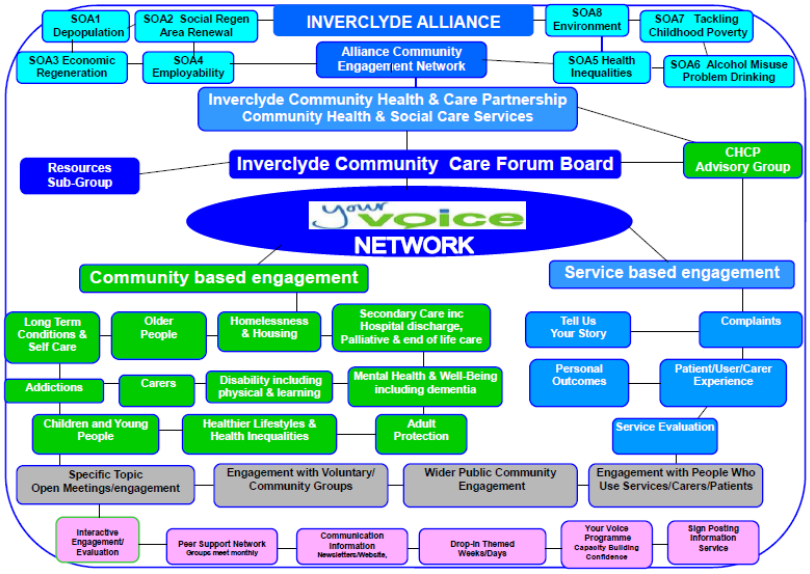

Table 1: Inverclyde Community Health & Care Partnership Engagement Network

On the following dates the Your Voice Team engaged with the following groups on the Tobacco Strategy.

Date	Group Name
14/05/2015	Men's Group
19/05/2015	The Debaters
02/06/2015	COPD Group
03/06/2015	Family Response Group
04/06/2015	Stroke Matters Group
18/05/2015	Mental Health & Wellbeing Sub Group
25/05/2015	HL&HI sub group
14/05/2015	Long Term Conditions Sub Group
04/05/2015	Older Peoples Sub Group
13/05/2015	Disabilities Sub Group
25/05/2015	Carers Sub Group
2005/2015	Secondary Care Sub Group

The Engagement Process

Community engagement with service users, carers and communities of interest was undertaken to raise awareness and ascertain people's knowledge of and thoughts on:
The importance of involving people in the above process is very much the ethos of Your Voice and the HSCP Advisory Network. Your Voice has built capacity and provide appropriate opportunities, encouragement and support to service users, carers and communities of interest in relation to promoting their autonomy, independence and community involvement and:

- Provide service users, carers, communities of interest with appropriate ongoing information
- Encourage and support service users, carers, communities of interest, or those acting on their behalf, to understand the information
- Ensure that service users, carers, communities of interest are enabled to express their views and to make, or participate in decision making processes relating to a wide range of areas and projects
- Collate feedback and relay this information to the relavant bodies

The Tobacco Strategy

The overall aim of Inverclyde Tobacco Strategy is to:

Prevent young people from starting to smoke

- Work with schools / colleges / organisations &community groups that work with young people e.g. Community Learning and Development, Inverclyde Community Development Trust, Children in Care, Youth Justice
- Ensure children under the age of 18 years are not able to buy cigarettes or buy counterfeit cigarettes
- Involve Young People in the work we do

Protect everyone in Inverclyde from the harmful effects of secondhand smoke

- Increase awareness of the dangers of secondhand smoke
- Increase awareness of the benefits of not smoking in the **home and car**
- Work with the local community, voluntary organisations, nurseries, schools, workplaces and youth organisations to create smokefree environments

Help people, who want to stop smoking - stop smoking for good

- Increase awareness of local stop smoking services in Inverclyde
- Provide training about how to talk to someone to find out if they are ready to stop smoking, if they are, provide information on where to get help. The training is for all health service staff, community workers,

voluntary organisations, local authority staff, workplaces, youth organisations.

About the feedback

The following feedback was gathered and has been placed in themes to harness a clear picture of what people said in response to:

1. What are your views on this as a priority for Inverclyde?

- Education is a good priority for Inverclyde
- Think it is a priority in Inverclyde and elsewhere as it is the number one killer and more needs to be done to prevent young people from denial e.g. “I won’t get addicted “or “I must give up before that happens to me”
- Yes it is a priority, people are trying to give it up, and now end up on E cigs - educate young people against smoking
- Shocked at the sale of E cigarettes in the town I feel they are not safe and not enough study has been done to ensure that they are
- E-Cigs – some felt that using e cigarettes have helped them to cope with not smoking
- Important and relevant. Issues with E cigarettes, pipes – anything to do with / associated with smoking
- It seems more and more young ones are smoking – more emphasis should be on photos of cancer on cigarette packets
- Anything that helps young people to see the health risks of smoking is a good idea
- I don’t smoke, I don’t mind others smoking
- People have to want to stop smoking
- Not as important as getting people to stop buying alcohol

2. What do you think will work well from the strategy?

- Better education for everyone
- Parents who smoke may be likely to continue / children as young as 3 should be educated not to
- Prevention through education for/with young people
- Involve young people / communities in anti-smoking campaigns etc.
- Empower children, to say no to smoking. Primary school kids would be assertive – proactive approach against smoking
- Education – children at primary school age, involving young children maybe influence their parents, influence grandparents to stop
- More hard hitting advertisements to help educate young people about the harmful effects on smoking
- More youngsters might take notice off the photos and think twice before lighting up
- Smoke free environments get the message across
- Fine people who smoke in doorways of hospitals/health centres.
- Stopping people smoking near doorways/buildings

3. What do you think could be improved with the strategy?

- Young people's long term health – screening to check if they are prone to diseases such as heart conditions, cancer etc.

- Bring people into schools (anyone inspiring for the kids) – e.g. footballers to speak to the boys and women who have smoked to show others the ageing process and the effects on their teeth, hair and skin

- The Tobacco Strategy is doing a good job at the moment - local schools are delivering skills for life such as the
    - Benefits of Health & Fitness
    - Dangers of Alcohol & Drugs

- Future generations will know the danger. Highly addictive, nature of addiction is denial

- Need to get it into people's heads that smoking is a killer, although it is **never too late to stop**

- Highlight the benefits to life – these are the things you can do if you are a non-smoker

- Show how saving money otherwise spent on cigarettes can be used for something more enjoyable… holidays, clothes etc.

- Electronic Cigarettes – concerns re the lack of research on these items. People are concerned about businesses jumping on the band wagon and selling these products with bright attractive colours and flavours akin to sweeties – children / young people might think this is cool and want to take up 'smoking' e cigarettes

- Stop making E cigarettes attractive to young people. They come out with all these different flavours which are designed to get young people to buy them. I.e. Cherry, vanilla and cola flavours!

- Better advertising – show imagery of lung diseases, pictures of children affected by passive smoking

- Make the packaging plain

- Raising the age limit to 25 for young people purchasing cigarettes - as they mature they can make more informed choices as adults, whether they wish to smoke or not

- 'Social responsibility tax' Nicola Sturgeon has quoted this for beer, perhaps this could also be used for cigarettes

- Double the tax on cigarettes

- Changing the terminology from tobacco to smoking – to broaden strategy to be all encompassing

- Stop selling cigarettes!

4. Do you have any other comments or thoughts?

- Emphasis should be made as to just how **unglamorous** smoking is

- As an ex-smoker, I think smoking should be banned outside pubs and if it would work, no smoking in any public places, parks etc.

- Lack of maturity, people think it is adult and grown up

- Homecare workers / teachers etc, people who work with people, and share confined spaces - smelling of smoke to a non-smoker can be off putting. Also, if people are unwell and have to receive some form of intimate care, the smell of smoke can be offensive to them.