

ASH Scotland Tobacco & Inequalities Initiative

Appendix 1: Wave One - Theories of Change and follow-ups

Mental Health Projects

Clydesdale LHCC Theory of Change Framework: Wave One Follow-up

Long-term Outcomes: To increase awareness of the ill effects of smoking and provide cessation training to Community Psychiatric Team staff in the LHCC area

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<ul style="list-style-type: none"> • ASH Scotland funding of £4,500 • £4125 from fees paid by staff from outwith the LHCC area for Maudsley training • Venue for training • Smoking Cessation Co-ordinator • External Maudsley trainer • Administrative support • NRT products for staff who are quitting 	<p>Establishment of steering group</p> <p>Consultation of managers</p> <p>Provision of training to staff through steering group</p> <p>Contact Maudsley trainer</p> <p>Venue for training arranged</p> <p>Provision of catering for training days</p> <p>Arrange and advertise training</p> <p>Ongoing monitoring of attitudes and awareness of staff towards smoking</p>	<p>Steering group established (Jun 2005)</p> <p>The steering group was established in April 2005, and the role and remit of the project was agreed.</p> <p>Suitable dates for the release of staff for training arranged (Jun 2005)</p> <p>At a steering group meeting in July 2005 it was decided that more than the 5 CPNs stated in the bid should be trained. This was to take into account potential staff turnover. It was agreed that the training should be provided locally by Professor Hajek as the most cost effective method.</p> <p>Maudsley specialist training advertised amongst staff (Aug 2005)</p> <p>Brief intervention training was also originally intended to be advertised in August 2005, this was actually done in January 2006.</p> <p>Demand for training amongst staff identified and 2 day Maudsley specialist training</p>	<p>Staff enrolled on 2 day Maudsley training course outside LHCC area (Aug/Sep 2005)</p> <p>2 CPNs attended the 2 day specialist training delivered by State Hospital Carstairs.</p> <p>2 day Maudsley training course provided in LHCC area to LHCC and external staff, including 8 CPNS (Oct 2006)</p> <p>7 LHCC CPNs trained</p> <p>14 external staff trained, paying £275 per head. The training was delivered by State Hospital Carstairs. Carried out in Nov 2005</p> <p>1 day Brief Intervention training provided to first cohort of staff (Oct/Nov 2005)</p> <p>This wasn't done due to secondment of the SCC to Agenda for Change job matching panel for two months in August and September 2005. Thus the project was delayed. Brief intervention training was advertised in January 2005 and rescheduled to be delivered</p>	<p>8 CPNs trained in Maudsley programme (originally 5 in bid) and all other staff trained in brief intervention course (Oct 2006)</p> <p>9 LHCC CPNs trained</p> <p>15 external staff trained, paying £275 per head. This was carried out in Nov 2005.</p> <p>Brief Intervention training provided to Community Psychiatric Team (Jan 2006)</p> <p>The brief intervention training had been rescheduled for the third and 10th of March 2006. 11 CPNS were trained. Smoking cessation staff were also supposed to be trained in mental health issues, although this did not transpire as the SCC went on long-term sick leave.</p> <p>Internal evaluation report produced (Mar 06)</p> <ul style="list-style-type: none"> • Change in attitude of staff and carers • Increased awareness of staff and carers of ill-effects of smoking

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
		<p>arranged (Oct 2005) This was done in November 2005.</p>	<p>over the third and 10th of March 2006. 11 CPNs were trained.</p> <p>Feedback from CPNs on Maudsley smoking cessation training (Nov/Dec 2005) A meeting was held with all staff who had been trained to evaluate the training and disseminate relevant Patient Group Direction and patient questionnaires.</p> <p>1 day Brief Intervention training provided to second cohort of staff, including 10 CPNs (Jan 2006)</p> <p>Due to the secondment of the SCC, the first cohort was to be included in January as well. This was then rescheduled for the third and fourth of March 2006</p>	<ul style="list-style-type: none"> Usefulness of staff training <p>The interim report provided to ASH Scotland around this time was very sparse in detail and only partially completed.</p> <p>A final report was never submitted due to the long-term sick leave of the SCC. Moreover, there have been complications in producing financial statements detailing the actual ASH Scotland spend on the project. However, figures on smokers quitting were recorded and also the number of staff trained.</p>

Clydesdale LHCC

Long-term Outcomes: To reduce the number of clients in the LHCC area who smoke through outreach smoking cessation programme

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<ul style="list-style-type: none"> • ASH Scotland funding of £3,000 • Smoking Cessation Co-ordinator • CPNs • Administrative Support (costed at £500) • NRT • 3 CO Monitors (£150 each) • Publicity material: posters, leaflets etc (costed at £1,500) 	<p>Carry out mapping Exercise</p> <p>Identify venues if appropriate</p> <p>Design promotional material</p> <p>Identifying clients</p> <p>Ongoing monitoring of patients accessing service</p>	<p>Steering group established (June 2005)</p> <p>Mapping exercise to identify demand for smoking cessation service and needs assessment initiated (Dec 2005)</p> <p>The mapping exercise has identified a high rate of smoking amongst clients on the active case list, estimated at around 300 of 500 annual referrals.</p> <p>Clients had been identified and recruited by 2 CPNs (who had attended the training at the State Hospital Carstairs) and offered one-to-one support. In January 2005.</p>	<p>Mapping exercise completed by CPNs & clients identified & Report produced (Mar 2006)</p> <ul style="list-style-type: none"> • Number of clients on active case list who smoke identified & their needs assessed. <p>A survey questionnaire was distributed to staff in December 2005, which was due to be completed by February 24 2006. This was to give baseline information on the number of clients on their active caseload who smoked.</p> <p>The CPNs also received referrals through Wishaw General</p> <p>Promotional materials produced and disseminated through CPNs to active case list (Feb 2006)</p> <p>Protocol for Chlozerele prescribed patients discussed and produced (Feb. 2006)</p>	<p>Smoking cessation delivered through trained CPNs to identified clients on active case list and their carers (Mar 2006)</p> <p>Severe & Enduring Illnesses Team had 26 clients (May 06)</p> <p>Focussed Intervention Team did 13 one-to-one (May 06), with a further 6 ongoing.</p> <p>Elderly Team worked with 6 staff members and 1 patient in LHCC area also quit after going on programme.</p> <p>Cessation was delivered in 11 sets until May 2006.</p> <p>47 Set a quit date 32 smoke free at 4 weeks/68% 15 smoke free at 3 months/32% 8 smoke free at one year/17%</p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
			<p>Identify venues for smoking service appropriate for clients needs (Apr 2006)</p> <ul style="list-style-type: none"> • 1-1 home visits • Group sessions • Day hospital visits <p>Cessation support was available in one to one sessions or group support at the day hospital.</p> <p>Intermediate report produced for ASH Scotland (Mar 2006)</p> <ul style="list-style-type: none"> • Increased awareness of ill-effects of smoking amongst clients on the active case list and their carers <p>The interim report provided to ASH Scotland around this time was very sparse in detail and only partially completed.</p> <p>Feedback from CPNs and clients on smoking cessation (Nov/Dec 2006)</p> <p>Feedback from the CPNs was positive, as their training had allowed them to deal with NRT more comfortably. They also noted they preferred delivering cessation in one to one rather than group support as the groups were too big.</p>	<p>Final report produced (Mar 2006)</p> <ul style="list-style-type: none"> • Number of patients accessing service • Number of patients setting quit dates • Number of patients not smoking at four weeks, three months and one year <p>A final report was never submitted due to the long-term sick leave of the SCC. Moreover, there have been complications in producing financial statements detailing the actual ASH Scotland spend on the project. However, figures on smokers quitting were recorded and also the number of staff trained.</p>

National Schizophrenia Fellowship Scotland Theory of Change Framework: Wave One Follow-up
Long-term Outcomes: Involving patients in acute wards to identify displacement activities from smoking

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
£14,810 from ASH Scotland: <ul style="list-style-type: none"> • Part-time Smoking Cessation Co-ordinator • Supervisor • Manager based at Kaleidoscope • Administrative support • ALN tutor and vocational services worker 	Appoint P/T Smoking Cessation Co-ordinator (Nov 2005) Link up existing staff with project Consult staff Consult clients Monthly advisory groups (multi-agency, e.g. Commission for Mental Health, Building Healthy Communities, Smoking Cessation Services, ASH Scotland, Community Mental Health Team) Produce interim report for ASH Scotland Assess viability for potential volunteers	Patients and staff engaged in consultation on client needs and nature of displacement activities (Jan 2006) Activities providers identified and contacted (Feb 2006) Volunteering scheme assessed (Jun/Jul 2006) Buying in of external services assessed (Jun/Jul 2006) e.g. drama groups	Interim report for ASH Scotland produced (Mar 2006) Clear, consistent organisation structure put in place for displacement activities programme (Jun/Jul 2006) Staff and service users consulted for feedback on project (Aug 2006)	Consultation with staff and service users carried out and internal evaluation report produced (Oct 2006)

National Schizophrenia Fellowship Scotland

Long-term Outcomes: Increased awareness of risks of smoking amongst client group and identification of client needs

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
£14,810 from ASH Scotland: <ul style="list-style-type: none"> • Part-time Smoking Cessation Co-ordinator • Supervisor • Manager based at Kaleidoscope • Administrative support • ALN tutor and vocational services worker 	Appoint P/T Smoking Cessation Co-ordinator (Nov 2005) Link up existing staff with project Consult staff Consult clients Monthly advisory groups (multi-agency, e.g. Commission for Mental Health, Building Healthy Communities, Smoking Cessation Services, ASH Scotland, Community Mental Health Team)	Smoking Cessation Co-ordinator recruited (Dec 2005) Tying in existing numeracy and literacy group work with activities to be run by project (Sep 2005) prior to official start of project	Staff consulted on provision of activities and client needs through ongoing one-to-one meetings (Dec 05 – Oct 06) e.g. Activities nurse and ward staff Vocational Services Worker ongoing, weekly visits to ward to discuss lifestyle including smoking ill effects (Sep 2005 – Oct 2006) Patients consulted on ongoing basis (Dec 05 – Oct 06)	Clients informed of ill effects of smoking (Oct 2006) Basic leaflet on ill effects of smoking produced for clients (Oct 2006)

National Schizophrenia Fellowship Scotland

Long-term Outcomes: Joining-up and continuity of smoking cessation on discharge of acute patients and community services

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
£14,810 from ASH Scotland: <ul style="list-style-type: none"> • Part-time Smoking Cessation Co-ordinator • Supervisor • Manager based at Kaleidoscope • Administrative support • ALN tutor and vocational services worker 	Identify particular needs of clients Re-open gym and computer room at hospital	Ongoing consultation with service users on discharge plans and client needs (Dec 2005 – Jan 2006) Consultation with staff on discharge plans (Dec 2005 – Jan 2006)	Service for accessing information on smoking cessation in place for discharged patients and people with mental health problems in community (Apr 2006) Support and advice service set up (May 2006): <ul style="list-style-type: none"> • Relaxation groups • Anxiety management etc. Gym and computer room re-opened (May 2006)	Links established with GPs and Community Mental Health Teams to target information on service (Oct 2006) Discharge plan produced, including smoking reduction and cessation (Oct 2006) Support service in place for discharged patients who require adjustment to medications due to giving up smoking (Oct 2006)

National Schizophrenia Fellowship Scotland

Long-term Outcomes: Provide smoking cessation training and support to ward and NSF staff

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>£14,810 from ASH Scotland:</p> <ul style="list-style-type: none"> • Part-time Smoking Cessation Co-ordinator • Supervisor • Manager based at Kaleidoscope • Administrative support • ALN tutor and vocational services worker 	<p>Deliver training programmes in partnership with Smoking Cessation Services</p>	<p>Smoking Cessation Co-ordinator recruited (Dec 2005)</p> <p>Links with Smoking Cessation Service established (Jan 06)</p>	<p>Ward staff trained on effects of smoking cessation on medication (Jan 2006 – Oct 2006)</p> <p>Ongoing guidance from Smoking Cessation Service, with reciprocal training provided</p>	<p>Training on mental health issues delivered to Smoking Cessation Service team (Aug 2006)</p> <p>Final evaluation report produced (Dec 2006)</p> <p>Sustainability strategy produced (Dec 2006)</p>

Kirkcaldy and Levenmouth CHP Theory of Change Framework: Wave One Follow-up

Long-term Outcome 1: Reduce the prevalence of smoking amongst people who access local community-based mental health services in CHP

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
SMHSCW Key workers Contact Point Protected time Service users Venue Refreshments NHS Support staff CO monitors Leaflets Display materials HP Flipcharts Stationery Funds for rewards etc Evaluation tools Smoking Cessation Team	Map/critique what resources and evidence are currently available Meet with service users to identify their needs and expectations Meet with staff to discuss their views Reach agreement on the objectives of the programme and link this into an appropriate health promotion model / framework Decide on method of delivery i.e. group, one-to-one or both. Clarify if support will be offered out with the programme i.e. via key worker/ telephone/drop in session Reach agreement on operational aspects of the delivery i.e. time, venue, length of programme, number of participants, co-facilitation, intensity and frequency of support offered.	Programme tools and resources identified (Nov 05) Yes. List of references for model created (Jan 06) Focus groups with service users and staff set up to decide objectives and delivery of program (Dec 05) Yes. ISD Database set up for Evaluation purposes (Jan 06) Yes. Agreement reached on draft pilot program (Jan 06) Yes.	Matrix of Evaluation Criteria completed (June 06) Yes. Statement of objectives and protocol of programme drafted by (Feb 06) Yes. 6/8 clients recruited in each site (Jan 06) First Pilot program delivered and evaluated (Jan-April 06) Yes. Subsequent Pilot programs in delivered twice in each site (April - Aug 06) This was not delivered twice in each site as Contact Point felt it was too much too soon.	Programme of smoking cessation support developed and delivered (Sep 06) The project ran in one pilot site, instead of two, with 15 clients instead of 6 – 8 from two sites. The 10 week programme was felt to be fine, with few if any required modifications.

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
	<p>Develop a draft of the proposed programme and seek agreement from staff, service users and steering group to pilot it.</p> <p>Identify any incentives that may be used within this programme Recruit clients to participate in the programme</p> <p>Evaluate this first programme, identify changes required and refine programme as necessary</p>			

Kirkcaldy and Levenmouth CHP

Long-term Outcome 2: Contribute to knowledge base of delivering smoking cessation to clients with mental health difficulties

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>Existing Resource Pack</p> <p>Suggested materials from other projects</p> <p>Internet downloads</p> <p>NHS support staff</p> <p>SMHSCW</p> <p>Smoking Cessation Team</p> <p>Specialist SC staff in Fife</p> <p>ASH Scotland</p> <p>Protected time</p> <p>Stationery</p>	<p>Identify what information staff would like to be included in a pack to support them to deliver the programme based on best available evidence for practice</p> <p>Identify current resources that can be used/adapted to form the basis of this pack</p> <p>Agree format and contents page for the pack</p> <p>Develop a work plan for creating the pack</p> <p>Develop first draft of the pack</p> <p>Consult with local services and specialist staff to ensure that all information is current and accurate (liaise with Fife wide Resource Group)</p> <p>Pilot pack to support delivery of the programme</p> <p>Refine in accordance with changes made to the programme or recommendations from consultation</p> <p>Develop final draft of pack</p> <p>Distribute for consultation and proof reading</p> <p>Make final changes and print pack.</p>	<p>Compile materials for first draft (Sep 05 – Jan 06)</p> <p>Yes</p> <p>Consultation regarding content completed (Feb 06)</p> <p>Yes</p> <p>The short-life Working Group set up to produce the first draft (Jan 06)</p> <p>None of the staff had prior , specialist mental health training. Thus, a key task of the Working Group was to collate information relating to mental health and smoking.</p>	<p>Pack ready for consultation/ proof reading (Aug 06)</p> <p>This was re-scheduled to be complete by the end of January 2007.</p> <p>A workbook was developed for service users and piloted in the first programme.</p>	<p>Resource pack to support the delivery of the smoking cessation programme (Sep 06)</p> <p>This is still in the drafting process and will be completed by the end of January 2007</p>

Kirkcaldy and Levenmouth CHP

Long-term Outcome 3: Reduce the prevalence of tobacco smoking amongst people that access local community-based mental health services in Kirkcaldy and Levenmouth

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>Key workers/ service users Contact Point</p> <p>SMHSCW</p> <p>Smoking Cessation Team</p> <p>Posters/ publicity materials</p> <p>NHS support staff</p>	<ol style="list-style-type: none"> 1. Meet with staff and service users to actively involve them in project development/ implementation 2. Find out about forthcoming local mental health forums and seek permission to attend// display information 3. With permission from service users/staff run articles/updates in local media/newsletters 4. Build relationship with staff and service users at pilot site (Dec 05) 5. Opportunistic informal contact achieved by actively working in the pilot sites 	<p>Focus groups/open discussion groups held with staff and service users (Nov 05) Yes, the results were included in the internal evaluation</p> <p>Promote the Pilot Project and smoking cessation issues locally – in relevant places (Nov 05) Yes</p>	<p>Summary of findings from focus groups completed (Jan 06) Yes</p> <p>Poster displays in pilot centres and at local mental health events (05/06) Yes</p> <p>Articles and updates placed in local media (05/06) An article was printed in the Fife Free Press</p>	<p>Awareness of cessation issues for people that have mental health needs increased amongst staff and service users (Sep 06)</p> <p>The mailing list for the project newsletter has 250 contacts.</p> <p>Cessation issues were also communicated through poster displays at local health events and forums</p>

Kirkcaldy and Levenmouth CHP

Long-term Outcome 4: Reduce the prevalence of tobacco smoking amongst people that access local community-based mental health services in Kirkcaldy and Levenmouth

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
Venue	Meet with Fife smoking cessation co-ordinator and external trainer to plan training	Session aims and objectives. Identified (Nov 05) Yes	Session 1 delivered and evaluated (March 06) Yes	Staff will have been trained and developed skills to discuss smoking cessation issues (Sep 06)
Stationery				
Trainers	Reach agreement on operational aspects of the delivery i.e. time, venue, number of participants, content and delivery	Short life working group to set up support the development delivery and evaluation of training sessions (Nov 05) Yes	Session 2 delivered and evaluated (Aug 06) Yes	Approximately 42 staff have been trained; 26 in Session One and 16 in Session Two.
Evaluation tool				
Delegate packs			Smoking cessation and mental health integrated into local training programme (Sep 06) This has since been pushed forward as the third objective of the Wave Two project	This was carried out by an external practitioner (Brian Pringle) to train people at brief intervention level
Laptop	Develop accurate costing plan	Evaluation tools for event completed (Dec 05) Yes		
Projector	Book venue			No charge was applied to staff for the training.
Flip charts	Develop and circulate "flyer" to advertise the event (8 weeks before event)			
Admin support	Write to delegates to confirm attendance			
Publicity materials	Develop evaluation tools for event			
	Deliver event 1			
	Refine and plan for event 2 as per points 1-7			
	Deliver event 2			

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
	<p>Liaise with Fife smoking cessation co-ordinator regarding increasing access by mental health staff to existing local smoking cessation training programmes</p> <p>Liaise with Fife smoking cessation co-ordinator regarding incorporating smoking cessation and mental health into a local training programme (PATH)</p> <p>Liaise with Fife SC Coordinator to promote access to NHS Fife training (Nov 05)</p>			

Kirkcaldy and Levenmouth CHP

Long-term Outcome 5: Reduce the prevalence of tobacco smoking amongst people that access local community-based mental health services in Kirkcaldy and Levenmouth

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
Time Email Display boards Posters Leaflets	<ol style="list-style-type: none"> 1. Find out about forthcoming local mental health forums and seek permission to attend/display information 2. Meet with representatives and staff from wider mental health organisations as opportunities arise throughout the duration of the project 3. Publicise the project and outcomes 4. Explore opportunities for wider partnership working 5. Create links with relevant voluntary sector services, local authority services and mental health services that work with this client group 	<p>Promotion of the project and smoking cessation issues (05/06) Yes</p> <p>Communication network set up across Fife with Voluntary sector, local authority services, Mental Health and Smoking Cessation Services (Sep 05 – Aug 06)</p> <ul style="list-style-type: none"> • Focus on good practice sharing • Cessation & mental health issues <p>Yes, the onus has been on sharing good practice and lessons learnt from piloting the smoking cessation service</p>	<p>Further promotion of the project and smoking cessation issues (05/06) Yes, this is being continued in Wave Two</p>	<p>Build on existing partnerships and create new links to raise the profile of smoking cessation (Aug 06)</p> <p>Links have either been established or developed further between mental health services and VOs, principally between the project and Contact Point.</p>

Kirkcaldy and Levenmouth CHP

Long-term Outcome 6: Reduce the prevalence of tobacco smoking amongst people that access local community-based mental health services in Kirkcaldy and Levenmouth

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>Time</p> <p>Links with TIG and HP</p>	<ol style="list-style-type: none"> 1. Facilitate links between the pilot sites and the TIG protection subgroup. 2. Facilitate links between the pilot sites and the Fife smoking cessation co-ordinator 3. Explore attitudes and perceptions amongst staff and service users relating to smoke free policies/smoke free areas 4. Discuss the social, environmental and economic factors that affect service users health and help groups identify if other services need to be involved 	<p>Chairperson of the Protection Subgroup of TIG informed about this project. (Nov 05)</p> <p>Fife SC Coordinator informed about this project. (Sep 05)</p> <p>The pilot sites advised about the staff / services that are available to support development of smoke free policies.</p> <p>Policy on the agenda of Pilot site Committees developed (Feb 06)</p>	<p>Ongoing links between pilot sites TIG and HP promoted (Aug 06)</p> <p>Policy agreements by Pilot site committees in line with legislation (June 06)</p>	<p>Support mental health groups to develop smoke free policies (Aug 06)</p> <p><i>This was not necessary due to the implementation of the new legislation</i></p>

Aberdeen Foyer Theory of Change Framework: Wave One Follow-up

Long-term Outcome 1: Reduce number of cigarettes consumed and number of smokers within Aberdeen Foyer

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>£2,300 from ASH Scotland:</p> <ul style="list-style-type: none"> • Aberdeen Foyer Staff • Equipment • Premises • Partnerships & Networks • Transport • Training • CO Monitor • Healthy food bags for each client (weekly over 6 weeks) • Monthly gym passes 	<p>One to one support sessions with client group.</p> <p>Group sessions with client group.</p> <p>Provide information, advice and support for individuals to promote a healthy, holistic lifestyle.</p> <p>Support staff through training and development.</p> <p>Awareness raising campaign.</p> <p>Facilitate young people's involvement in the design and delivery of resources and workshops.</p> <p>Development of promotional resources.</p> <p>Make up 6 Healthy food bags for each client.</p> <p>Provide monthly gym passes for clients.</p>	<p>Project officially launched (April 05) Yes</p> <p>Tobacco awareness workshops promoted at sites (April 05) Yes, as part of general lifestyle awareness</p> <p>Workshops prepared & delivered (April/May 05) Yes</p> <p>Gym passes arranged (April 05) Gym passes were not distributed to all service users. The premise was to provide a reward/incentive with suitable displacement activities, e.g. karate classes as well as gym passes</p> <p>Healthy food bags designed (April 05) Yes</p> <p>7 clients identified and recruited for first stage from accommodation sites and education & training programmes (May/June 05) 6 clients were identified initially and the programme ran with 4 clients,</p>	<p>Clients' needs identified & baseline smoking consumption recorded (July 05) Yes</p> <p>first Stage: 6 week smoking cessation programme delivered to 7 clients at Marywell Centre in Aberdeen (July/August 05)</p> <ul style="list-style-type: none"> • Weekly food bags Yes • Weekly bottled water Yes • Monthly gym passes Yes • Weekly activities planned & delivered Yes • Healthy lifestyles discussed Yes • Ongoing support from smoking cessation advisor made available Yes <p>The programme ran with 4 clients.</p> <p>Certificates and completion vouchers issued to 3 clients (Sept 05)</p> <p>There was a marked reduction in the number of cigarettes consumed by service users, however no one actually quit.</p> <p>Reduction and quit rates recorded amongst participant clients (Sept 05) Yes</p>	<p>*Good practice identified for smoking reduction/cessation programmes (May 06) Still to complete.</p> <p>Moreover, Aberdeen Foyer have asked ASH Scotland to extend the project lifespan to run a third stage in January using underspend from the project.</p> <p>The amended finish date for the project would then be April 2006. This proposal has been accepted by ASH Scotland.</p> <p>The underspend was the result of cost effectiveness.</p> <p>Final report produced (May 06) Client profiles completed with a final report due at the amended project finish date.</p> <p>Two Stages of smoking cessation programme delivered (May 06) Yes, with a third stage to be delivered in January.</p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
			<p>Interim Report Produced (Dec 05) Yes</p> <p>Wave Two of Tobacco awareness workshops promoted at sites (Jan/Feb 06) Yes</p> <p>10 clients identified and recruited from accommodation sites and education & training programmes for Wave Two of smoking cessation programme (Jan/Feb 06) 6 clients were identified and the programme ran with 4 service users.</p> <p>Wave Two, 6 week smoking cessation programme delivered (Mar/April 06) Yes</p> <p>Certificates and completion vouchers issued to clients (May 06) Clients received completion vouchers but weren't interested in certificates</p> <p>Reduction and quit rates recorded amongst participant clients (May 06) Yes. 4 service users stayed on programme, 1 stopped for 3 weeks before dropping to ¾ a day; 2 stopped completely, & 1 stopped, resumed and stopped again.</p>	

SCHY Club/Drop in Centre (Hamilton/Blantyre/Larkhall) Theory of Change Framework: Wave One Follow-up

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes	Long-term outcomes
<p>Smoking cessation co-ordinator</p> <p>3 Community Psychiatric Nurses</p> <p>1 administrator</p> <p>Transport</p> <p>Accommodation for drop-in centres in 3 areas</p> <p>£3,000</p>	<p>Identify clients through referrals to CPNs (April 05)</p> <p>Select venues for groups in 3 areas (April 05)</p> <p>Deliver 1 day rolling training in communication skills for CPNs (May/Oct 05)</p> <p>Deliver 2 day Maudsley training for CPNs (April 05)</p> <p>Produce promotional materials (April 05)</p> <p>Form steering group (April 05)</p>	<p>SCHY Club officially launched (Apr 05)</p> <p>Steering group established (April 05)</p> <p>Promotional material disseminated to health professionals in 3 areas (Apr/May 05)</p> <p>Draft presentation produced (June 05)</p> <p>Clients identified for initial groups in Hamilton, Blantyre and Larkhall (May 05)</p> <p>Establishment of Hamilton group (May 05)</p> <p>CPNs to have received initial training (Apr 05)</p> <p>1 day rolling training programme delivered (May 05)</p>	<p>Reduction of cigarettes consumed by clients by 30%</p> <p>Celebrating Lanarkshire Presentation (Sep 05)</p> <p>Preferential therapy of clients identified, e.g. NRT (Nov 05)</p> <p>Intermediate report produced (Oct 05)</p> <p>1 day rolling training programme delivered (Oct 05)</p> <p>Replacement CPNs trained (Dec 05)</p> <p>Groups set up in Hamilton and Larkhall (Dec 05)</p> <p>Consultation with CPNs on best practice (Jan 06)</p>	<p>Reduction of cigarettes consumed by clients by 60/70% (April 06)</p> <p>Final report produced (Apr 06)</p> <p>Deliver smoking cessation to client groups in 3 areas (April 06)</p> <p>Produce a best practice framework document (April 06)</p>	<p>To reduce/eliminate smoking, and ill health due to smoking amongst clients suffering from mental health problems (May 06)</p> <p>To provide hope and continuous support throughout a quit attempt within a positive, encouraging and motivating environment (May 06).</p> <p>Provide a professional Smoking Cessation Service to a socially excluded group of people (May 06).</p> <p>Use this project as an opportunity to inform on best practice for this client group (May 06)</p>

Black and Minority Ethnic Group Projects

Minority Ethnic Health Inclusion Programme Theory of Change: Wave One Follow-up

Long-term Outcome 1: Improve understanding about the use of paan and smokeless tobacco in BME communities amongst health professionals in Edinburgh

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>£7,500 from ASH Scotland (provided for one year from July 2005)</p> <p>Support from ASH Scotland staff</p> <p>MEHIP team leader (project management)</p> <p>SCLHCC smoking cessation coordinator, project coordination</p> <p>Admin support from MEHIP</p> <p>Project working group (minimal input to date)</p> <p>Some input from other voluntary workers (representing black community development project, Men in Mind, local mosque for instance)</p>	<p>Brief review of existing research evidence on smokeless tobacco</p> <p>Bring together project working group</p> <p>Needs assessment amongst South Asian community in Edinburgh</p> <p>Development of paan resource pack to inform professionals and communities about the risks associated with smokeless tobacco use</p> <p>Liaison with a range of local health professionals regarding the content of the pack</p> <p>Piloting the pack</p> <p>Awareness raising meetings/discussions with South Asian community</p>	<p>Literature review completed Yes</p> <p>Project working group initially formed Yes</p> <p>Questionnaire for needs assessment designed Yes</p> <p>Contents for resource pack agreed (Feb 2006) This is still ongoing, but has been agreed in draft. Staffing issues have affected the level of work committed to the resource pack. The remaining staff are more focussed on outreach work.</p> <p>Format (possibly including DVD) for pack agreed (Feb 2006) It was decided to produce a resource pack in written format. Whoever, the idea for a DVD has been discussed again more recently. If this does happen then it is likely to be combined with the Wave Two project, with costs incurred in that budget.</p> <p>Process of engagement of local health professionals commenced (Nov 2005)</p>	<p>Project working group reformed (July 06) Yes</p> <p>First draft of pack completed (May 06) No, the staff member leading this left in July 2006. This was compounded by further staff losses, which have negatively impacted upon the capacity of MEHIP.</p> <p>Local workers begin delivering information to Asian community about dangers of smokeless tobacco Yes, there has been a significant level of outreach work.</p> <p>Needs-assessment questionnaire distributed No, the focus of the project changed and more emphasis was placed on one-off events.</p> <p>Ongoing awareness-raising amongst local professionals and communities in conjunction with events such as No Smoking Day. Yes, the outreach workers have successfully engaged with members of the selected minority</p>	<p>Draft resource pack piloted No, this was initially re-targeted for November 2006 and has since been put back to next year. Given the staffing issues affecting MEHIP this is unlikely this will be piloted before February 2007. An extra day a week has been freed up for the project manager to work on the project so it will progress, albeit more slowly than had been intended.</p> <p>Final Resource pack fully developed No.</p> <p>Local health professionals have improved awareness of what paan is and how its use can be prevented Yes, paan consumption was included in the local tobacco strategy which was finished in April 2006.</p> <p>Process of pack development helps to make local professionals more aware of needs of Asian community for cessation support This is the essential basis of</p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
		<p>Links with the NHS Lothian smoking cessation service have been developed and also with dental services. This latter connection provided the impetus for the successful Wave Two bid.</p> <p>Literacy coordinator engaged to consider pack contents As noted, work on the resource pack has been limited and consequently the literacy co-ordinator has not been utilised.</p>	<p>ethnic communities. In particular, the impacts of the new legislation and the ill-effects of smoking have been focused on.</p>	<p>Wave Two.</p> <p>MEHIP contributes to development of Lothian Tobacco Strategy Yes.</p>

Minority Ethnic Health Inclusion Programme

Long-term Outcome 2: Change attitudes towards the use of paan and smokeless tobacco in BME communities in Edinburgh

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>£7,500 from ASH Scotland (provided for one year from July 2005)</p> <p>Support from ASH Scotland staff</p> <p>MEHIP team leader (project management)</p> <p>SCLHCC smoking cessation coordinator, project coordination</p> <p>Admin support from MEHIP</p> <p>Project working group (minimal input to date)</p> <p>Some input from other voluntary workers (representing black community development project, Men in Mind, local mosque for instance)</p>	<p>Brief review of existing research evidence on smokeless tobacco</p> <p>Bring together project working group</p> <p>Needs assessment amongst South Asian community in Edinburgh</p> <p>Development of paan resource pack to inform professionals and communities about the risks associated with smokeless tobacco use</p> <p>Liaison with a range of local health professionals regarding the content of the pack</p> <p>Piloting the pack</p> <p>Awareness raising meetings/discussions with South Asian community</p>	<p>Literature review completed Yes.</p> <p>Project working group formed Yes.</p> <p>Questionnaire for needs assessment designed Yes.</p> <p>Contents for resource pack agreed (Feb 2006) This is still ongoing, but has been agreed in draft. Staffing issues have affected the level of work committed to the resource pack. The remaining staff are more focussed on outreach work</p> <p>Format (possibly including DVD) for pack agreed (Feb 2006) It was decided to produce a resource pack in written format. Whoever, the idea for a DVD has been discussed again more recently. If this does happen then it is likely to be combined with the Wave Two project, with costs incurred in that budget.</p> <p>Process of engagement of local health professionals commenced (Nov 2005) Links with the NHS Lothian smoking cessation service have been developed and also with</p>	<p>Project working group reformed (July 06)</p> <p>First draft of pack completed (May 06) No, the staff member leading this left in July 2006. This was compounded by further staff losses, which have negatively impacted upon the capacity of MEHIP.</p> <p>Local workers begin delivering information to Asian community about dangers of smokeless tobacco Yes, there has been a significant level of outreach work.</p> <p>Needs-assessment questionnaire distributed No, the focus of the project changed and more emphasis was placed on one-off events.</p> <p>Ongoing awareness raising amongst local professionals and communities in conjunction with events such as No Smoking Day. Yes, the outreach workers have successfully engaged with members of the selected minority ethnic communities. In particular, the impacts of the new legislation and the ill-effects of smoking have</p>	<p>Draft resource pack piloted No, this was initially re-targeted for November 2006 and has since been put back to next year. Given the staffing issues affecting MEHIP this is unlikely this will be piloted before February 2007. An extra day a week has been freed up for the project manager to work on the project so it will progress, albeit more slowly than had been intended.</p> <p>Final Resource pack fully developed No.</p> <p>Pack disseminated and widely available at local community events/venues No.</p> <p>Pack helps to generate demand for smoking cessation support amongst relevant sections of South Asian community No.</p> <p>Process of pack development helps to make local professionals more receptive to the needs of Asian community for cessation support Partly, the outreach work has collated information on the</p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
		<p>dental services. This latter connection provided the impetus for the successful Wave Two bid.</p> <p>Literacy coordinator engaged to consider pack contents As noted, work on the resource pack has been limited and consequently the literacy co-ordinator has not been utilised.</p>	<p>been focused on.</p>	<p>various alternative modes of tobacco consumption, which has been fed back to health professionals, mostly as part of the Wave Two project. However, the pack itself needs to be finished.</p> <p>Needs assessment completed and used to inform future work This has not been completed to date.</p>

REACH Theory of Change: Wave One Follow-up

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes	Long-term outcomes
<p>£2,885 from ASH Scotland for one year to conduct needs-assessment research examining the prevalence of and attitudes towards BME young people aged 16-24 on the south side of Glasgow</p> <p>Two researchers two evenings per week overtime pay August 05-Feb 06.</p> <p>Supervisory meetings with REACH manager</p> <p>Support and time from local professionals and organisations</p> <p>Admin support</p> <p>Use of rooms in REACH premises</p> <p>ASH Scotland support</p>	<p>Consultation with relevant local organisations serving the BME community</p> <p>Consultation with BME young people in schools (PSE classes)</p> <p>Literature search and review</p> <p>Questionnaire design</p> <p>Topic guide design</p> <p>Data collection and analysis</p> <p>Report writing</p> <p>Dissemination</p>	<p>Local organisations (i.e. libraries, youth projects, GP practices) contacted and consent obtained to distribute questionnaire (not all consented) YES, distributed through Shawlands Academy and Holyrood Academy</p> <p>Relevant literature accessed and questionnaire designed (date?) YES</p> <p>Draft questionnaire piloted (Oct 05) YES</p> <p>Questionnaire distributed (Nov 05) YES, sample size: 120, return of 60 Of 60, 10 were void due to unintelligible responses)</p> <p>Council Education Department contacted for assistance in negotiating access to local secondary schools YES, Shawlands Academy and Holyrood Academy</p> <p>Access to schools obtained (not entirely successful)</p>	<p>Self-completion questionnaires returned (by Jan 06) YES, return of 60 questionnaires</p> <p>Questionnaires analysed (by February 06) YES</p> <p>Topic guide for focus groups designed (drawing on questionnaire findings) YES</p> <p>Focus groups held at two schools (by Feb 06) This was held in a youth club with pupils from Shawlands Academy, but not Holyrood Secondary School. The school wanted it carried out within school times and this clashed with the exam period. A focus group was held with 12 people, aged 15 – 20. All were male. Female respondents were not keen to participate in the focus group due to cultural reasons. Hence the female focus group was cancelled.</p>	<p>Final report completed YES</p> <p>Report launch event held and report disseminated to relevant groups (professionals, government, local agencies, academic bodies) This will take place next week (Beginning 6th November)</p> <p>Local media coverage of launch and report findings Articles have appeared in the local press, e.g. The Glaswegian. The local press will also be invited to the launch of the report</p> <p>Role and remit of REACH promoted through report dissemination To be done</p> <p>Articles published in relevant newsletters YES</p> <p>Feedback to research participants delivered Copies of report distributed to participants through schools</p>	<p>Contribute to the evidence-base on smoking and BME young people YES</p> <p>Raise awareness amongst professionals of the extent of tobacco use amongst BME young people in Glasgow YES, although the research showed that tobacco consumption through smoking cigarettes was prevalent than paan.</p> <p>Inform the development of an advertising campaign about the harmful effects of tobacco, targeted at BME young people YES, the visual/audio project is funded through Wave Two funding from ASH Scotland</p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes	Long-term outcomes
		<p>YES, but through PSE guidance teachers.</p>	<p>Focus group material analysed (by March 06) YES. It was analysed by REACH.</p>		<p>Inform a bid for further funding to conduct more research about effective cessation approaches with BME young people</p> <p>YES, focus of Wave Two project.</p> <p>Inform discussions about developing a specialist smoking cessation service for BME young people in Glasgow</p> <p>Yes, a Smoking Cessation Clinic for BME men (16 – 50 year old) has been set up with the Greater Glasgow Public Health Pharmacy Department The programme is 12 weeks, with 2 in-house pharmacists based at Network House.</p>

Older Adults Projects

NHS Borders Theory of Change: Wave One Follow-up

Long-term Outcome 1: To reduce smoking amongst over 65s in the Borders area

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>Grant: £4,600 (Mainly salary and travel costs) Small contribution towards stationery (letters, cards & gift to residential homes for participation in interviews) Needs Assessment distribution.</p> <p>Staff Time:</p> <ul style="list-style-type: none"> Smoking Awareness Coordinator (lead) (Project Worker) ASH Scotland (advice and information, assistance with literature review) Social Services Director (support for project, providing contacts) 	<p>Literature review</p> <p>Data gathering</p> <p>Writing to prospective interviewees</p> <p>Semi-structured interview development</p> <p>Semi-structured interviews</p> <p>Tel calls & e mail correspondence with other services</p> <p>Writing up & distribution of Needs Assessment</p>	<p>Complete literature review March '06 completed</p> <p>Gather relevant prevalence, social & demographic data and information for Needs Assessment March '06</p> <p>This was completed although there was a slight problem, as the Scottish Executive tobacco targets changed from Jan (up to 65 and over 65 – now figures relate to over 16s) so had to be careful with the wording. The needs-assessment tied in with findings from the Scottish Health Survey. It looked like there was a drop in prevalence but there wasn't</p> <p>Development of semi-structured interview April '06</p> <p>Informal consultation with key stakeholders (managers of residential homes/social care workers at Social Services – seeing if ok to approach people) about project feasibility & seeking their support April '06</p> <p>One of the homes didn't answer the phone at all</p> <p>Write to carers & old people to</p>	<p>Analysis of information and data June/July '06</p> <p>Done end July</p> <p>Final Draft of Needs Assessment completed July '06 and distributed to key stakeholders for consultation.</p> <p>Draft done end August – took a bit longer because of part-time staff.</p> <p>Aimed to get report completed by August as the project worker was going on maternity leave early Sept.</p> <p>ASH Scotland Steering group had been heavily involved at the start of the project but when the delays started happening they said it would be easiest to just keep them up to date via email.</p> <p>Meeting on 5th Oct with steering group – opportunity to comment on final draft. At this point they thought this was the final version but a couple of key players on the steering group were not satisfied with some of the wording – of contextual comments rather than findings (although they had been given the opportunity to comment before this). One member of the steering group wanted them to add research they had done in their own</p>	<p>Completion of a needs assessment to establish the requirement for and attitudes towards a smoking cessation service for over 65s who live in a supported setting in the Eyemouth area.</p> <p>Report found that carers saw no need to stop smoking – they didn't know much about it and they didn't think it was their role so this was a barrier. Also smokers themselves did not necessarily want to stop smoking – didn't know there would be benefits of stopping even at their age. Didn't know about services or NRT etc.</p> <p>The report showed that services aren't needed at this stage. First step is raising awareness of health benefits of stopping smoking – came out of the Oct steering group discussion. Aim is therefore to raise awareness through contacting people who manage carers and organising training, getting press coverage of this work and mentioning health benefits,</p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
	<p>=====</p> <p>Meeting & informal discussions with key stakeholders</p>	<p>request interview appointments April '06 Difficulty getting names for a variety of reasons.</p> <p>Conduct interviews with carers (7 interviews) & over 65s (7 interviews) to ascertain their views on smoking, smoking cessation, gain an understanding of the barriers and how best to design smoking cessation services for them May/June 06</p> <ul style="list-style-type: none"> • Took place in June • Achieved 6 interviews with carers – 3 from one of the homes and 3 from a day centre. • and 4 interviews with smokers – difficult to find people to agree to take part • tried various things – letters to smokers in homes (nobody came forward) info through Older Peoples Advisory Services/ Day Centre/ Healthy Living Centre • In the end 1 focus group with 3 people (after they finished an activity at a day centre) and one interview with one person. • Project didn't know how they would have managed with time if they had got 14 interviewees <p>=====</p> <p>Informal discussions with key stakeholders March '06 onwards Yes.</p>	<p>practice. They negotiated amendments with ASH Scotland and the final draft is now with the stakeholders and is to be confirmed.</p> <p>Overall there were a few procedural problems which can happen when there are people working part-time on a project – not significant problems but would do differently in future.</p> <p>=====</p> <p>Meeting with key stakeholders to review & finalise needs assessment & to agree & endorse service framework & model July '06 Yes.</p>	<p>extending training through existing training provided by the department, advertising cessation services at Eyemouth surgery, highlighting benefits for older people in existing training delivered to primary care staff (e.g. using case study of over 65s).</p>

NHS Borders

Long-term Outcome 2: To raise the profile of smoking and tobacco related issues amongst over 65s, carers and associated agencies throughout the Borders area.

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>Grant: £4,600 (Mainly salary and travel costs) Small contribution towards stationery (letters, cards & gift to residential homes for participation in interviews) Needs Assessment distribution.</p> <p>Staff Time:</p> <ul style="list-style-type: none"> Smoking Awareness Coordinator (lead) (Project Worker) ASH Scotland (advice and information, assistance with literature review) Social Services Director (support for project, providing contacts) 	<p>Meeting with key stakeholders</p> <p>Final version of Needs Assessment produced & distributed</p> <p>Costing of Service Model</p>	<p>Meeting of key stakeholders to review results of needs assessment July '06</p> <p>Oct meeting with steering group mentioned already</p> <p>Discussion with stakeholders about best practice service framework and service model options based on needs assessment July '06</p> <p>Not completed the model as they have decided not to proceed with developing services.</p>	<p>Final version of Needs Assessment. produced and costed model for Eyemouth area included</p> <p>The development of stronger links with residential homes & carers in the Eyemouth area</p> <p>Link are not much stronger with the homes – the time the project worker had spent there was minimal</p> <p>Increased awareness of smoking cessation and tobacco related issues amongst older people, carers & staff in residential homes in Eyemouth, measured through increased uptake of smoking cessation services</p> <p>Not sure of increased numbers Have made a start with raising awareness – at least with the individual contacts the project worker made.</p> <p>Project worker was disappointed with the outcome of the needs assessment but at least it showed lack of knowledge and indicated they need to get people interested in stopping smoking before introducing services.</p>	<p>The development of a model of service, supported by carers, to offer smoking cessation advice to over 65s who live in the Borders area.</p> <p>Not relevant any more. Needs assessment did not demonstrate demand. With this in mind they could have focussed instead on advice work/ training with care homes. Would fit this in with health improvement work across the board. But carers don't necessarily see smoking cessation as part of their role. No clear need for a model at this point.</p>

Braveheart Theory of Change Framework: Wave One Follow-up

Long-term Outcome 1: Getting resistant smokers with CHD to set a quit date and to quit smoking

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>Staff Time:</p> <ul style="list-style-type: none"> • (lead). • Smoking cessation advisor • Volunteers <p>Financial support from ASH Scotland:</p> <ul style="list-style-type: none"> • Salary for smoking cessation nurse advisor £600 • Visual aids and training materials £300 	<p>Purchase of training materials</p> <p>Volunteer training</p> <p>=====</p> <p>Running information sessions for patients and families</p> <p>=====</p> <p>Advertising events</p>	<p>Rolling programme of training for newly recruited volunteers:</p> <ul style="list-style-type: none"> ○ 29 volunteers trained by Dec 05 ○ Training of 8 'Walk leaders' ○ Information meetings <p>=====</p> <p>Information session attendance by Braveheart patients (25 agreed to attend)</p> <p>Only 15 attended due to bus strike and bad weather</p> <p>=====</p> <p>Advertisement of each information meeting. Measure through:</p> <ul style="list-style-type: none"> ○ numbers attending ○ column inches ○ local radio air time. <p>Article not accepted by newspaper</p>	<p>Train an additional 18 volunteers by end of January '06).</p> <p>Train an additional 10 'walk leaders' by Feb '06).</p> <p>20 in total trained</p> <p>=====</p> <p>Information meetings, another 2 by April '06</p> <p>=====</p> <p>Cardiac Rehab patients, aim to reach 120 out of 240 by April '06 and another 120 families.</p> <p>'Keep Ticking' patients and their families invited to attend information sessions</p> <p>200 more Braveheart patients and families to attend by April '06</p> <p>Evaluate effectiveness of information meetings through telephone survey in March 05 (include in evaluation report, see ToC No 2)</p> <p>Too busy due to Smoke Free</p>	<p>All volunteers, Braveheart members, cardiac rehab patients, 'Keep Ticking' patients and their families are made aware of the effects of smoking and second-hand smoke.</p> <p>4 resistant smokers with CHD quit smoking following receipt of smoking cessation advice.</p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
	<p>=====</p> <p>Partnership development</p> <p>=====</p> <p>Smoking Cessation advice for resistant smokers</p>	<p>=====</p> <p>Build on existing partnership with hospital smoking cessation team through recruitment of additional part time staff member for their team.</p> <p>=====</p> <p>Monitor numbers requesting smoking cessation advice.</p> <p>Numbers referred and outcomes recorded</p>	<p>Scotland and 3 other Braveheart evaluations required, intend to do it in phase 2.</p> <p>=====</p> <p>Partnership continues to grow with a joint application for funding to retain the new smoking cessation advisor.</p> <p>=====</p> <p>13 resistant smokers and families with CHD receive smoking cessation advice from trained nurse advisor to be seen by March 06. (10 patients seen by Nov '05)</p>	

Braveheart

Long-term Outcome 2: Getting resistant smokers with CHD to set a quit date and to quit smoking

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>Staff Time:</p> <ul style="list-style-type: none"> • (lead) • Smoking cessation advisor • Volunteers • Management Committee <p>Financial & advisory support from ASH Scotland:</p> <ul style="list-style-type: none"> • Evaluation £100 for staff time 	<p>Conduct evaluation of T&I funded project including:</p> <p>Data collection Questionnaire/focus group questions designed Data analysis</p> <p>Report written & circulated</p> <p>Meetings with Management Committee</p> <p>Draw up request for further funding</p>	<p>Collection of data related to quit attempts, (personal, smoking & demographic information). (March '05)</p> <p>Telephone survey of patients regarding information sessions. (March '05)</p> <p>Data analysis, April 05</p> <p>Short written report 6 months delivered to management committee Nov '05.</p> <p>Feedback to management committee (every 6 weeks).</p>	<p>Evaluate effectiveness of information meetings through telephone survey in March '05 (include in evaluation report, see ToC No 1)</p> <p>Evaluation report written and circulated by May '05.</p> <p>Seek management committee support based on evaluation report to seek further funding for smoking cessation advisor and information sessions.</p>	<p>The Braveheart team disseminate evaluation findings. Findings used to inform best practice in design of future cessation interventions for CHD patients in Falkirk.</p>

LEAP Theory of Change Framework: Wave One Follow-up

Long-term Outcome 1: Decreasing the number of smokers amongst the over 50s in Cambuslang

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>Staff Time:</p> <ul style="list-style-type: none"> • (lead) • Smoking cessation advisor • Smoking Concerns (training, mentoring, advice re development of modified Maudsley Model of smoking cessation support & evaluation support) <p>Funding and advisory support from ASH Scotland</p> <ul style="list-style-type: none"> • Sessional staffing budget £888.50 • Transport £432.00 • Venue hire £270.00 • Publicity, marketing and stationery £300.00 • Hospitality £135.00 • Evaluation £120.00 	<p>Development of modified Maudsley Model based on available literature and local knowledge & experience of working with older people</p>	<p>Development of modified Maudsley Model to include:</p> <ul style="list-style-type: none"> • Smaller group numbers YES, the group numbers were small • Longer sessions Did last longer, two hours instead of one. • Focus on healthy living benefits rather than increased life expectancy/death issues Objective went better than they thought it would. Particularly effects of passive smoking on family members. • Support groups beyond 7/8 weeks (Buddies recruited from amongst quitters who previously attended sc services) One buddy recruited, she now attends groups from onset. A group buddy, rather than individually. • Offer social support Ongoing, day-to-day issues came up. E.g. one lady got 	<p>The use of a modified Maudsley model to deliver smoking cessation services YES</p>	<p>24 older smokers receive smoking cessation advice from a trained advisor by end of funding period 20June 06. YES, more than 24 attended with a couple of drop-offs per group.</p> <p>12 older smokers quitting smoking at 4 weeks following receipt of smoking cessation advice. Yes, at beginning quit rates had 50% success rates which rose to 60% in subsequent groups.</p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
	<p>=====</p> <p>Delivery of smoking cessation support</p> <p>=====</p> <p>Smoking Cessation Advisor training from 'Smoking Concerns' at GGHB</p>	<p>change of housing as a result.</p> <ul style="list-style-type: none"> Transport provided if required <p>Never taken up. Most people happy to make their own way there. A lot of people suffer from coped but they had own transport.</p> <ul style="list-style-type: none"> Alternative coping strategies appropriate for older people <p>Got help of stress programme. They had opportunity to enrol in mainstream stress programme.</p> <ul style="list-style-type: none"> Social aspect of group Important for older people. Some had no previous social life. <p>=====</p> <p>Establish rolling programme of smoking cessation groups: New group to commence every x weeks (First group started in Sept '05) Programmes lasted 9 – 12 weeks with four weeks in between. So, block of 3 months and then 3 – 4 weeks gap.</p> <p>3 GROUPS RAN.</p> <p>=====</p> <p>Rolling programme of training of Smoking Cessation Advisors delivered by Smoking</p>	<p>=====</p> <p>Increasing frequency of groups (new group to commence at the same time as the leap term, e.g, autumn, winter, spring Yes.</p> <p>=====</p> <p>The formation of a well trained body of people who can be used to deliver the modified Maudsley model</p>	

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
	<p>=====</p> <p>Advertisement of groups</p>	<p>Concerns</p> <p>The Smoking Cessation Co-ordinator was trained in first cohort. Smoking Concerns therefore delivered the first support group programme as they were trained.</p> <p>=====</p> <p>Recruitment of smokers via</p> <ul style="list-style-type: none"> ○ Lunch Clubs (MAIN SOURCE) ○ Mail shots ○ Bingo Mecca (0) ○ Bowling Clubs (SOME) ○ Chemists ○ GP Surgeries (1 OR 2) ○ Websites ○ LEAP Newsletter (SOME) <p>First programme had 9, with 6 finishing. Smoking concerns had expected a 50% drop-off. Older people therefore seemed to be more committed than general needs. The groups averaged at 6/7 people, with only one or two people dropping off.</p> <p>Measure success of recruitment to groups via numbers committing to attend smoking cessation groups</p> <p>Smoking Concerns to provide ongoing training updates, marketing support and mentoring</p> <p>This was done.</p>	<p>Yes. ASH Scotland funds only covered one person though. The SCC changed jobs halfway through, so they were seconded half a day a week.</p> <p>=====</p> <p>A well marketed rolling programme of sc groups. Successful recruitment measured via numbers committed to attend sc groups</p> <p>Yes.</p>	

LEAP

Long-term Outcome 2: Increasing activity and social inclusion and changing lifestyles amongst older people in Cambuslang

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>Staff Time:</p> <ul style="list-style-type: none"> (lead) Smoking cessation advisor Smoking Concerns (training, mentoring, advice re development of modified Maudsley Model of smoking cessation support & evaluation support) <p>Funding and advisory support from ASH Scotland:</p> <ul style="list-style-type: none"> Sessional staffing budget £888.50 Transport £432.00 Venue hire £270.00 Publicity, marketing and stationery £300.00 Hospitality £135.00 Evaluation £120.00 	<p>Staff training</p> <p>Liaison with other group/course trainers</p> <p>Monitoring of cross referrals</p> <p>=====</p> <p>Conduct evaluation of T&I funded project including:</p> <ul style="list-style-type: none"> Data collection Questionnaire/focus group questions designed to assess & observe social inclusion & lifestyle information Data analysis Report written & circulated <p>=====</p> <p>User satisfaction survey</p>	<p>Training of smoking cessation advisor to include discussion about broader lifestyle issues Yes, with Smoking Concerns.</p> <p>Liaison with other (e.g. Lifestyle) group/course trainers to develop links and hooks to encourage cross referral/attendance. (Regular staff meetings). Yes, LEAP part of local strategy group. Had strong links with local health org's. E.g. age concern.</p> <p>=====</p> <p>Questionnaire/focus groups conducted with smoking cessation group attendees to assess & observe social inclusion and lifestyle (information all smoking cessation group attendees) The questionnaire focused on smoking habits rather than lifestyle. Had basic info. On lifestyle e.g. how many people in household.</p> <p>=====</p> <p>User satisfaction survey of all smoking cessation service group attendees Yes. No negative feedback recorded. The venue was changed to a pensioners' hall, which was better.</p>	<p>Smoking cessation group attendees also attending other courses e.g. Lifestyle skills class (increasing percentage of smoking cessation attendees also going to attend other courses) Yes. LEAP had stay calm/stay sharp classes that people were referred to.</p> <p>=====</p> <p>Social inclusion & lifestyle questions summarised in biannual reports, circulated to management team, smoking cessation advisors and Smoking Concerns. Yes.</p> <p>=====</p> <p>User satisfaction survey used as feedback loop to modify, adjust and enhance smoking cessation services Yes, the venue was a good example of this.</p>	<p>Improved health, well being and social inclusion amongst LEAP members who have attended smoking cessation services It wasn't just LEAP members who benefited, but went on to become leap members. Within the group, there were members of pensioners' clubs and people without ties to groups were invited along.</p>

LEAP*Long-term Outcome 3: Raising levels of awareness & education about smoking effects and addressing myths amongst older people in Cambuslang*

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>Staff Time:</p> <ul style="list-style-type: none"> • (lead) • LEAP Education Officer • Smoking cessation advisor <p>Advisory, training, mentoring and coordination support from Smoking Concerns:</p> <p>Funding and advisory support from ASH Scotland</p> <ul style="list-style-type: none"> • Sessional staffing budget £888.50 • Transport £432.00 • Venue hire £270.00 • Publicity, marketing and stationery £300.00 • Hospitality £135.00 • Evaluation £120.00 	<p>Smoking Cessation Advisor training from 'Smoking Concerns' at GGHB</p> <p>Development of a modified Maudsley model of smoking cessation delivery that includes an educative component tailored to smoking issues related to older people and addressing myths</p> <p>=====</p> <p>Conduct internal evaluation of T&I funded project including:</p> <ul style="list-style-type: none"> • Data collection • Questionnaire/focus group questions designed • Data analysis • Report written & circulated 	<p>Staff training includes components about raising awareness and education and addressing myths related to smoking and quitting Yes.</p> <p>Members attending smoking cessation group services are given opportunities to discuss:</p> <ul style="list-style-type: none"> • the effects of smoking on themselves and others Yes, passive smoking was a key focus. • the benefits of quitting even in later life Yes, life expectancy could be increased by 15 years was a powerful motivator. • the issues related to second hand smoke and the impact this could have on their families and especially grand children Yes. <p>=====</p> <p>Internal evaluation using questionnaire based survey used to assess percentage increase in awareness & education about smoking effects The evaluation did not include this in the end.</p>	<p>More LEAP members discussing smoking informally and knowledgeably. Yes. They would also use word of mouth to recruit people.</p> <p>=====</p> <p>Results of evaluation summarised in biannual management report and circulated to management team, smoking cessation advisors and Smoking Concerns YES.</p>	<p>Better informed older people in Cambuslang who:</p> <ol style="list-style-type: none"> 1. have more knowledge and understanding about the risks of smoking to themselves and their families Yes. 2. are motivated to quit smoking Yes, higher than 50% quit rates. 3. and who sustain the quit People came back through from first year that didn't sustain the quit. Average of one per group who quit didn't sustain.

LEAP

Long-term Outcome 4: Informing the current debates on the most effective style of smoking cessation service for older people

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>Staff Time:</p> <ul style="list-style-type: none"> (lead) Smoking cessation advisor Smoking Concerns (training, mentoring, advice re development of modified Maudsley Model of smoking cessation support & evaluation support) <p>Funding and advisory support from ASH Scotland</p> <ul style="list-style-type: none"> Sessional staffing budget £888.50 Transport £432.00 Venue hire £270.00 Publicity, marketing and stationery £300.00 Hospitality £135.00 Evaluation £120.00 	<p>Conduct evaluation of T&I funded project including:</p> <ul style="list-style-type: none"> Data collection Questionnaire/focus group questions designed Data analysis Report written & circulated 	<p>Questionnaire surveys to every attendee Yes</p> <p>Random selection of clients for interview Didn't do that</p> <p>Quantitative data collection for all attendees – numbers attending, quit outcome Yes, included in final ASH report</p> <p>Data analysis April '06 Yes</p>	<p>Evaluation report written and circulated by July 06 Delivered to the management committee.</p> <p>Disseminate results of evaluation findings to:</p> <ul style="list-style-type: none"> LEAP Management Committee Yes Smoking Concerns Yes GGHB Yes ASH Scotland Yes 	<p>Testing the effectiveness of a modified Maudsley model smoking cessation intervention. Findings used to inform best practice in design of future cessation interventions for older smokers in Glasgow and beyond.</p> <p>Yes. Factual parts of Maudsley weren't changed per se, but rolled out one-hour sessions to two hour sessions, emphasised accessibility of venue. The length of group was lengthened from 7 weeks to 9 week and then 12-week programme. Also people had option of entering buddy scheme to supply support to subsequent attendees.</p> <p>This was then built into the now ongoing programme.</p>

NHS Orkney Theory of Change Framework: Wave One Follow-up

Long-term Outcome 1: To reduce smoking in socially isolated groups of older people in Orkney

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
Grant: £1,880 Staff Time: <ul style="list-style-type: none"> • HP Officer (lead) • Smoking Cessation specialist (advisor). • Team Manager Home Care, (assistance with questionnaire development) • ASH Scotland (advice and information, assistance with literature review) 	Literature review Needs assessment Questionnaire development and sent out to carers. Data collation and analysis ===== Discussion with key stakeholders	Complete literature review March '05 Yes Gather data and information for Needs Assessment Yes (Dec 05) Conduct questionnaire survey of carers July '05 Yes (Sample: 56; 100% return) 6 months progress report & risk assessment had 80% return). Collation of questionnaire responses and analysis Feb '06 Yes (Analysis was carried out in Dec 05, by external contractor – see notes) ===== Informal consultation with key stakeholders about project feasibility May/June '05 Yes. Once they'd looked at needs assessment with group, they realised there wasn't a need outside generic service. Had meeting with social services and ASH Scotland to talk about feasibility. ASH Scotland (meeting with social services trainer) Sept 05 Yes, see above.	Needs Assessment report completed Dec '05 and distributed to key stakeholders for consultation. Feb '06 Yes. Home care in Orkney is inherently problematic. Timing was good for report, despite the disappointing report. ===== Meeting with key stakeholders to consider next steps Feb'06 Yes, needs assessment showed there wasn't a need for specific service. However, some carers and clients identified to target through generic service.	Completion of a needs assessment to establish the requirement for and attitudes towards a smoking cessation service for socially isolated older people that uses carers to deliver buddy smoking cessation advice and brief interventions. Yes, service built into existing structure.

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
	<p>=====</p> <p>Identify steering group members</p>	<p>=====</p> <p>Form steering group by Dec 05 Yes, drawn from health promotion, Joint Health Improvement Policy Officer, Homecare Manager & would have widened out if undertaking specialist service.</p>	<p>=====</p> <p>Form steering group, first meeting Feb '06 Yes</p> <p>Quarterly steering group meetings, in order to:</p> <ul style="list-style-type: none"> ○ roll out the strategy ○ act as a conduit for publicising project ○ to endorse the new smoking cessation service. <p>No, it was absorbed into generic service.</p>	

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Long-term Outcome 2: To develop partnerships and alliances with other agencies and the voluntary sector to support and develop the Orkney smoking cessation initiative for older people.

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>Grant: £375</p> <p>Staff Time:</p> <ul style="list-style-type: none"> • HP Officer (lead) • Smoking Cessation specialist (advisor). • Team Manager Home Care, (assistance with alterations to risk assessment) 	<p>Meeting with key stakeholders</p> <p>Strategy document produced</p> <p>=====</p> <p>Alteration of risk assessment (part of Health/Social Care Single Assessment Process)</p> <p>=====</p> <p>Meet with <i>Crossroads</i></p>	<p>Meeting of key stakeholders to review results of needs assessment and decision made about need for strategy development Jan '06 Yes</p> <p>Seek agreements with Social Services Trainer about training needs, methods and potential costs, if identified, Mar / '06 Yes</p> <p>Strategy produced and circulated to key stakeholders for comments and feedback. Mar '06 No need</p> <p>=====</p> <p>Updated risk assessment questions to include smoking cessation questions. Yes (Jun 05 – Sep 06, 80% completed – no real need identified)</p>	<p>Final strategy circulated externally April 06. No need identified</p> <p>Carers informed and updated about strategy via newsletter (monthly) and through induction training (every 6weeks).</p> <p>Steering group meetings quarterly.</p> <p>=====</p> <p>Improved relationships and partnership working with common aim to tackle smoking amongst older adults, measured through increase uptake of smoking cessation services Yes, but absorbed into existing service</p>	<p>The development of a strategy to address the issues raised as a result of the needs assessment of the delivery of home based buddy support and brief intervention for smoking cessation for older adults. There was no need for a specific strategy because the need was small enough to be addressed within existing, generic service.</p>

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Long-term Outcome 3: To raise the profile of smoking and tobacco related issues amongst older people, partners and other agencies across the whole of Orkney.

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>Finance: £510</p> <p>Staff Time:</p> <ul style="list-style-type: none"> • HP Officer (lead) • Smoking Cessation specialist (advisor). • Team Manager Home Care, • Social Services Trainer • Steering Group Members 	<p>Assessing need to write and submit a bid for funding to support the home based service.</p> <p>=====</p> <p>Steering group meetings.</p> <p>=====</p> <p>Training of carers</p> <p>=====</p> <p>Produce and distribute a leaflet for older people.</p>	<p>Assess need to submit a bid for further funding for service roll out through steering group consultation. March '06.</p> <p>Yes. No need was identified outside the existing service due to small numbers.</p> <p>=====</p> <p>Support of steering group for bid.</p> <p>Recruitment of carer representative to join steering group to advise on training needs and service roll out. Feb '06</p> <p>=====</p> <p>Training programme developed for carers (Spring '06)</p> <p>=====</p> <p>Leaflet production to inform older people about new smoking cessation service April '06.</p>	<p>Bid written and submitted for more funding to roll out a programme to support a smoking cessation carers service March '06</p> <p>=====</p> <p>Recruitment of a <i>Crossroads</i> representative to join the Steering Committee. April '06</p> <p>=====</p> <p>Training of carers commenced April '06.</p> <p>=====</p> <p>Evidence that carers and older people are more aware of smoking and tobacco related issues through measurement of numbers of referrals to the smoking cessation service.</p>	<p>The development of a bid for further funding based on the needs assessment and strategy and the roll out of services based on the success of the bid.</p> <p>Increased awareness of tobacco related issues and smoking based on the increased uptake of smoking cessation services amongst older people in Orkney.</p>