

ASH Scotland Tobacco & Inequalities Initiative

Appendix 2: Wave Two - Theories of Change and follow-ups

Mental Health Projects

Penumbra Theory of Change Framework: Wave Two Follow-up

Long-term Outcomes: To reduce the prevalence of smoking amongst the client group in Edinburgh and the Lothians and facilitate a smoking cessation culture within Penumbra

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>£14,989 ASH Scotland:</p> <ul style="list-style-type: none"> • Staff Costs (P/T Smoking Cessation Worker 15 months) £10,249 • Supplies & services (inc. publicity & PCs) £1,200 • Transport £250 • Admin £3,290 	<p>P/T smoking cessation worker will meet with Penumbra support workers and engage with clients</p> <p>P/T smoking cessation worker enrolled on 12 month Glasgow Caledonian training course</p> <p>Produce leaflet providing information on smoking cessation support</p> <p>Produce client pack Includes information on smoking effects, healthy eating & healthier lifestyles.</p> <p>Monitoring and evaluation</p>	<p>Invitation to Support Workers to apply for a 3 day a week secondment as SCW – 21st April 2006.</p> <p>Initiative launched – 5th June 2006.</p> <p>SCW appointed – End of May 2006. SCW involved in a car accident resulting in her absence for 5 months and the project being put on hold.</p> <p>Training of SCW – 16th June & 27th June 2006. Brief and in-depth intervention training.</p> <p>P/T smoking cessation worker will have met with staff in five support teams (June 06)</p> <p>Write & send letter to Support Workers asking if they would like to be Smoking Cessation Advisers (July 07)</p> <p>Leaflet providing information on service will have been distributed to clients (Aug 06)</p>	<p>Reading packs distributed to staff (Jan 07) A briefing is sent out to all support staff explaining the role of the SCW and the content of the programme they would be offering service users. The briefing also explains the role of Support Workers in supporting service users through the programme – completed within the first 6 weeks.</p> <p>Initial training delivered to member of staff in each of five support teams (Mar 07) Organise training for Support Workers (July 07)</p> <p>Write & send letter to Support Workers asking if they would like to be Smoking Cessation Advisers (July 07)</p> <p>Contact & train 5 Support Workers ((August 07)</p> <p>The SCW is currently undertaking a smoking cessation training course at Glasgow Caledonian University. It is made up of 3 modules, brief</p>	<p>Support workers trained in smoking cessation, with capacity to train further staff</p> <ul style="list-style-type: none"> • Brief intervention • In-depth intervention • Adapted for clients with specific mental health issues <p>(Aug 07) This is on target.</p> <p>Smoking cessation training will be assessed on suitability of being rolled out at a national level and/or fed into SVQ (L3 or L4) (Aug 07) This to be followed up by Penumbra management.</p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
		<p>Leaflet and letter hand delivered to all service users who smoke providing details about the project and inviting them to an initial meeting with the SCW – completed by Jan 2007.</p> <p>P/T Smoking Cessation worker will have established networks with GPs to assess effects of non-smoking on medication (ongoing) It has not been necessary to have much contact with GPs as clients have typically contacted GPs themselves about NRT. It is recommended to clients that they personally write to GPs if they intend to quit.</p> <p>Client packs will be produced and clients engaged with (Aug 06) Contained information about ill effects of smoking, NRT, effects of reducing, action plans, personalised pros and cons of stopping smoking, barriers to quitting. It was largely adapted from existing NHS material (Jan/Feb 07)</p> <p>Pilot smoking cessation programme will have been established (Aug 06) Design individual programmes</p>	<p>intervention, 1-1 sessions and group sessions. Continue training (complete first module) (May 07)</p> <p>Cessation programme refined further and guidelines developed to aid trained support staff in delivery of cessation (Apr 07) Due to the shortening of the project timespan it was decided not to run a pilot but start delivering the cessation programme straight away.</p> <p>Monitoring of reduction/ quit rates, recording of CO levels 2 of the 6 clients on 1-1s have quit (after 6 weeks). The other 4 have significantly cut their smoking consumption and are aiming to quit.</p> <p>Interim report for ASH Scotland (Feb/Mar 07) Six months evaluation – completed Feb 2007.</p> <p>Mental Health Today Conference Paper delivered (July 2007)</p>	<p>Smoking cessation programme developed delivered by support workers in each of the five teams (Aug 07) Start to handover clients to Support Workers (Sep 07)</p> <p>Final Report to ASH Scotland (Aug 07) Collect together all statistics for evaluation. Start evaluation & report writing (Sep 07)</p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
		<p>that act as a template for working with service users – completed by Jan 2007.</p> <p>Arrange initial appointment to engage with clients (Feb 07)</p> <p>Implement one to one programme sessions (Mar 07). Cessation has been delivered in 1-1 sessions due to nature of client group. Cessation is currently delivered to 6 or 7 clients (As of June 07).</p> <p>Initial questionnaires distributed to clients and CO levels recorded (Aug 06) Incorporated into client packs that were sent out (Jan/Feb 07)</p> <p>3 month evaluation and review of A & O carried out (Sep 06) This was changed to a 6 month evaluation, in line with the ASH Scotland report (Feb 2007)</p>		

Penumbra

Long-term Outcomes: To educate Penumbra staff on the ill effects of smoking and facilitate a smoking cessation culture within the organisation

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>£14,989 ASH Scotland:</p> <ul style="list-style-type: none"> • Staff Costs (P/T Smoking Cessation Worker 15 months) £10,249 • Supplies & services (inc. publicity & PCs) £1,200 • Transport £250 • Admin £3,290 	<p>P/T smoking cessation worker will meet with Penumbra support workers</p> <p>P/T smoking cessation worker enrolled on 12 month Glasgow Caledonian training course</p> <p>Produce leaflet providing information on smoking cessation support</p>	<p>P/T smoking cessation worker will have met with staff in five support teams (June 06)</p> <p>P/T Smoking Cessation worker will have established networks with GPs to assess effects of non-smoking on medication (ongoing)</p> <p>Leaflet providing information on service will have been distributed to staff (Aug 06)</p> <p>3 month evaluation and review of A & O carried out (Sep 06)</p>	<p>Reading packs distributed to staff (Jan 07)</p> <p>Initial training delivered to member of staff in each of five support teams (Mar 07)</p> <p>Cessation programme refined further and guidelines developed to aid trained support staff in delivery of cessation (Apr 07)</p> <p>Interim report for ASH Scotland (Feb/Mar 07)</p>	<p>Support workers trained in smoking cessation, with capacity to train further staff:</p> <p>Brief intervention</p> <p>In-depth intervention Adapted for clients with specific mental health issues (Aug 07)</p> <p>Smoking cessation training will be assessed on suitability of being rolled out at a national level and/or fed into SVQ (L3 or L4) (Aug 07)</p> <p>Smoking cessation programme developed delivered by support workers in each of the five teams (Aug 07)</p>

NCH Scotland Theory of Change Framework: Wave Two Follow-up

Long-term Outcomes: To improve the confidence, self-esteem and health of clients (and their children) through the promotion of healthy lifestyles, diet and exercise and the ill-effects of smoking

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>£3,000 from ASH Scotland, primarily for staffing costs</p> <ul style="list-style-type: none"> • 1 Project Worker (£13 x 3 hours x 32 weeks) £1,248 • 2 childcare workers (£8 x 3 hours x 32 weeks) £1,526 • Initial leaflets £216 <p>NCH Lochaber also provides:</p> <ul style="list-style-type: none"> ○ Accommodation ○ Management time ○ Budgeting support ○ Administration ○ Publicity ○ Refreshments 	<p>Advertise groups</p> <p>Identify accommodation for crèche</p> <p>Set up groups</p> <p>Consult with clients on activities to undertake</p> <p>Distribute initial and follow-up questionnaires</p> <p>Fitness assessments of clients</p>	<p>Promote Fit for Life Groups (April 06)</p> <p>Promoted through members of staff on 1-1 basis clients. Work with up to 30 families at any given time. Advertised through local papers as well.</p> <p>Discuss group activities with potential clients (April 06)</p> <p>Walking, jogging and a couple of sessions at the swimming pool. Each group was asked what activities they would like to partake in, tied in with healthy living. Leaflets were also produced.</p> <p>At the start of each block a health assessment by qualified health and fitness instructor was carried with clients and that was followed up at end.</p> <p>Arrange accommodation for crèche and 2 childcare workers employed (Apr 06)</p> <p>That was done.</p> <p>Other agencies consulted over Fit for Life activities, e.g. Step It Up, local GPs, Culture and</p>	<p>Second Group, including introductory meeting and consultation with clients run (Sep/Oct 06)</p> <p>6 clients, 1 client 1-1 sessions</p> <p>This group went very well. It involved a couple of older mums who were wary at first but became keen joggers. Indoor activities such as swimming, palates and gym sessions were pursued as well due to weather.</p> <p>All 6 smoked and cut down significantly. Most people said they smoked because they were stressed, something they could do without having to go out.</p> <p>Questionnaires distributed to clients asking how many cigarettes were consumed daily, personal goals etc were not collected for data recording but used as a motivational tool and self-awareness of clients.</p> <p>Indoor activities identified for third, winter group (Oct 06)</p> <p>This was a continuation of the second group, with the first group partly involved as well.</p>	<p>Fourth group run with introductory meeting and consultation (Feb/Mar 07)</p> <p>A fourth group was due to run in February/March but this didn't run due to capacity issues (member of staff on maternity leave). This will run in the summer.</p> <p>All 4 groups run, with smoking reduction and quit rates and positive lifestyle changes monitored (Mar/Apr 07)</p> <p>Three groups ran, with monitoring data focusing on soft indicators.</p> <p>Clients empowered and advised towards GPs for NRT (Apr 07)</p> <p>Yes.</p> <p>Volunteer accredited as Jog Scotland leader (Apr 07)</p> <p>Yes.</p> <p>Final report produced for ASH Scotland (Apr 07)</p> <p>Final report is currently being worked on.</p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
		<p>Leisure Service Discount on use of swimming pool was arranged, GPs were consulted, and health assessments were carried out Clients eligible for membership for Jog Scotland. (The project worker registered for trainer with Jog Scotland).</p> <p>Educational materials produced (Apr May 06) Leaflets were produced. Made available directly to clients alongside general flier. Also, posters displayed in building. There are eight or nine local organisations housed in the building.</p> <p>Introductory questionnaires distributed to clients and fitness assessments carried out (May 06) Yes, these were carried out. Asked if they were interested in giving up smoking, if they were interested in healthy activities. Focussed on health, economic and social benefits of giving up.</p> <p>first group initiated with introductory meeting and further consultation with clients (Apr – Jun 06) Fit for Life groups ran for 8 weeks. 2 clients, 1 registered</p>	<p>third group run, with introductory meeting and consultation (Nov/Dec 06)</p> <p>This was a continuation of the second group, with the first group partly involved as well.</p> <p>Interim report produced for ASH Scotland (Sep/Oct 06) Theresa and a client from the first group attended the ASH Scotland Conference in September 06.</p>	

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
		with Jog Scotland. Both clients reduced smoking significantly and boosted self-esteem and confidence as well as helping with depression. One of those clients is now attending college. One has registered with a childcare course. Project has benefited clients massively.		

NHS Lothian Substance Misuse Directorate, Royal Edinburgh Hospital - Theory of Change Framework: Wave Two Follow-up

Long-term Outcomes: To reduce the prevalence of smoking amongst people with mental health problems in Lothian

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate Outcomes
<p>£15,000 from ASH Scotland</p> <ul style="list-style-type: none"> £10,000 Salary Cost Admin & Clerical: £3,000 Stationery, CO Monitors, Breathalyser, Sundries: £2,000 <p><i>Additional Funding & Resources:</i></p> <p>SELHP: 0.2 worker, Admin. & Clerical, stationery: £20,000</p> <p>Safety, Dignity and Privacy Budget: April 06 – March 07 £5,000</p> <p>NRT Funding from APC agreed NHS Pharmacy Budget: £7,000</p> <p>Support in kind for sessional work from locality smoking cessation teams.</p>	<p>Set up steering group</p> <p>Produce leaflets providing information about the service</p> <p>Needs assessment and support for clients for clients and staff.</p> <p>Smoking cessation worker will visit wards and build networks with staff.</p> <p>Deliver training to staff on two wards.</p> <p>Liaise with Smoking Cessation Service Network in the Community e.g. Edinburgh Tobacco Group</p> <p>Trained staff to offer cessation service through 1-1 sessions or support groups.</p>	<p>Steering group established (May 06)</p> <p><i>Yes, this was done. The steering group has 12 people on it, made up from Alcohol Problems Service, Mental Health Services, pharmacy, medical staff, patient representatives and so on.</i></p> <p>Awareness raising events, e.g. presentations to staff in Alcohol Services and Acute Mental Health Services (Ongoing)</p> <p><i>The project compiled a report, partly to attract further funding. There have been 13 awareness raising events, including no smoking days. Some were to staff and patient groups were also included.</i></p> <p>Smoking Cessation programme publicised through posters and leaflets in hospital and through networking with staff (Ongoing)</p> <p><i>There is some resistance from staff. The two acute wards identified withdrew with mutual agreement and the project ran with the Ritson Clinic, 2 rehabilitation wards and latterly a different acute ward. Word of</i></p>	<p>Detoxification unit (now known as the Ritson Clinic) and mental health ward both committed to smoking cessation programme (Dec 06)</p> <p><i>The Ritson Clinic was completely committed from the start. They have now withdrawn from the project phase and plan to mainstreamed cessation. This has been completely successful in that respect. The 2 rehabilitation wards will remain in the project until its conclusion.</i></p> <p>Protocols for smoking cessation put into place, e.g. Application of NRT; effect of cessation on medication dosage; Quit smoking care plan (Nov 06)</p> <p><i>The various pieces of paperwork have come into use as they have been developed throughout the life of the project. The final "NRT Guidelines" were approved by the Hospital and Special Services Medicine Committee in March 2007</i></p> <p>Smoking Cessation programme, tailored for people with mental health issues and</p>	<p>Delivery of ongoing Acute Patient Smoking Cessation programme, with further funding identified to ensure sustainability and mainstreaming of service onto other acute mental health wards (May/June 07)</p> <p><i>Further funding has not been received as yet but central funding looks likely to be allocated. The decision to remove exemptions in the English legislation has influenced decision-making. Underspend has been returned to ASH Scotland who then sent the money back in the new financial year.</i></p> <p><i>The service is being mainstreamed onto acute mental health wards, almost by stealth as word of mouth spreads.</i></p> <p><i>There have been 72 referrals until the end of April 2007 and 70 have been assessed and of those, 44 have set quit rates.</i></p> <p>Established linkages between</p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate Outcomes
		<p>mouth was especially useful and the smoking ban contributed to interest in the project. Cessation seems to be higher on people's agendas than this time last year.</p> <p>Local policy for reduction rates drafted, e.g. effects of smoking cessation on medication; liaison with GPs with regards to continued NRT prescriptions (Oct 06)</p> <p>Policies and protocols for NRT reduction have been drafted. Initial difficulties with patients being discharged from hospital mid quit attempt have been ironed out, e.g. GPs not prescribing NRT until patients had been allocated to a group.</p> <p>Pattern of staff training established with nurse managers on 2 wards & mode of training delivery will be identified (Sep 06)</p> <p>A rolling programme of training has been adopted which aims to run every two months. The charge nurses are aware that if they want the full service to run in their wards then nurses have to be trained. The programme is based on brief intervention, with the option of further, in-depth intervention.</p>	<p>poly-addictions, established and running effectively (Dec 06)</p> <p>Yes. For people with poly addictions this was running smoothly by December 2006. For mental health issues this is now in place and the project is looking to roll the service out. This due in part to capacity issues and also some resistance to smoking cessation in the staff and the client groups.</p> <p>Staff members from Alcohol Services and Acute Mental Health Services health wards received minimum of brief intervention training - 75 Nurse and 15 medical staff (Nov/Dec06)</p> <p>All of the nurses in the Ritson Clinic and some within the Mental Health Services have been trained - in total around 26 nurses have been trained. No medical staff took up the training.</p> <p>Structure established with mainstream community services e.g. referrals of out-patients (Dec 06)</p> <p>This was done in January/ February this year.</p>	<p>Inpatient Smoking Cessation Programme and community services to allow effective support for patients on discharge, an Integrated Care Pathway across primary and secondary care services (May/June 07)</p> <p>The linkages are in place although not perhaps as effective as possible. It is still difficult for mental health patients to access mainstream programme but it is running more smoothly than it was.</p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate Outcomes
		<p>Client groups for initial smoking cessation identified within 2 wards (Sep 06) <i>It was different wards than initially identified</i></p>	<p><i>Agreements now in place to enable Project Worker to refer directly to the appropriate generic service. There is an ongoing review of the generic service looking at central allocation of all referrals</i></p> <p><i>Review of outcomes (Dec 06) This was done as part of the interim report for ASH Scotland in December 2006 and January 2007.</i></p>	

NHS Lothian Substance Misuse Directorate

Long-term Outcomes: To raise awareness of the ill-effects of smoking (in terms of health, social and economic outcomes) to staff and patients within the mental health wards at the Acute Mental Health and Alcohol Problems Services

Resources	Activities	Short-term outcomes	Intermediate outcome	Penultimate Outcomes
<p>£15,000 from ASH Scotland</p> <ul style="list-style-type: none"> £10,000 Salary Cost Admin & Clerical: £3,000 Stationery, CO Monitors, Breathalyser, Sundries: £2,000 <p><i>Additional Funding & Resources:</i></p> <p>SELHP: 0.2 worker, Admin. & Clerical, stationery: £20,000</p> <p>Safety, Dignity and Privacy Budget: April 06 – March 07 £5,000</p> <p>NRT Funding from APC agreed NHS Pharmacy Budget: £7,000</p> <p>Support in kind for sessional work from locality smoking cessation teams.</p>	<p>Set up steering group</p> <p>Produce leaflets providing information about the service</p> <p>Smoking cessation worker will visit wards and build networks with staff.</p> <p>Deliver training to staff on two wards.</p> <p>Liaise with Smoking Cessation Service Network in the Community</p> <ul style="list-style-type: none"> E.g. Edinburgh Tobacco Group 	<p>Awareness raising events, e.g. presentations to staff (Ongoing)</p> <p>Smoking Cessation programme publicised through posters and leaflets in hospital and through networking (Ongoing)</p> <p>Pattern of staff training established with nurse managers on 2 wards & mode of training delivery will be identified (Sep 06)</p> <p>Disseminate initial questionnaire to staff within Alcohol Services and Acute Mental Health Services about attitudes towards smoking cessation* (Aug/Sep 06) <i>This wasn't pursued.</i></p> <p>*This ties in with the Project Manager's Postgraduate dissertation</p>	<p>Detoxification unit and mental health ward both committed to smoking cessation programme (Dec 06)</p> <p>Protocols for smoking cessation put into place</p> <ul style="list-style-type: none"> E.g. Application of NRT Effect of cessation on medication dosage <p>Staff members from Alcohol Services and Acute Mental Health Services health wards received minimum of brief intervention training</p> <ul style="list-style-type: none"> 75 Nurse and 15 medical staff (Nov/Dec06) <p><i>Structure established with mainstream community services</i></p> <p>Review of outcomes (Dec 06)</p> <p>Disseminate follow-up questionnaire to staff within Alcohol Services and Acute Mental Health Services about attitudes towards smoking cessation (Jan 06) <i>This wasn't pursued.</i></p> <p>Interim Report to ASH Scotland (Dec 06)</p>	<p>Culture change within hospital facilitated with notable with regards to staff attitudes towards smoking cessation (May 07) <i>The process of changing staff attitudes is very slow, almost like a melting ice cube. But there is a sense around the hospital that this is beginning to happen.</i></p> <p><i>A staff support group has been set up, running around 6 staff members. This started in May 2007</i></p> <p>Final questionnaires distributed to staff within Alcohol Services and Acute Mental Health Services and analysed (April 07) <i>This wasn't pursued.</i></p> <p>A patient satisfaction questionnaire was developed and is now in use. Internal evaluation complete (Apr 07)</p> <p>Final Report to ASH Scotland (June 07) <i>The final report is currently being written up.</i></p>

Kirkcaldy & Levenmouth CHP Theory of Change Framework: Wave Two Follow-up

Long-term Outcomes: Reduce smoking prevalence of client group that access community-based mental health services in Kirkcaldy and Levenmouth

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>£11,500 from ASH Scotland</p> <ul style="list-style-type: none"> Smoking Cessation Worker - £8,800 On-going costs e.g. travel, resources, publicity - £1,000 Delivery of training - £1,200 Evaluation/outcomes - £500 <p>£5,000 from CHP.</p> <ul style="list-style-type: none"> Clerical support Co-ordination & line management through existing management structure Patient education resources, e.g. leaflets & visual displays Monitoring equipment Clinical supervision In-house training 	<p>Extend Wave One services into Wave Two period.</p> <p>Implement changes from Wave One evaluation.</p>	<p>Clients recruited (Aug/Sep 06)</p> <p>Sites for delivering smoking cessation service will be identified (Aug/Sep 06)</p> <p>Resources will be in place (Aug-Sep 06)</p> <p>Changes suggested from evaluation will be implemented and smoking cessation service will be refined (Sep/Nov 06)</p> <p>Training needs for contact staff will have been identified (Aug/Sep 06)</p> <p>Service users continued involvement in smoking cessation service</p> <p>Monitoring data inputted into ISD database (ongoing)</p>	<p>Group programme delivered, with 6 – 10 clients in one site in Kirkcaldy (Jan/Feb 07)</p> <p>One to one clinic established and operating</p> <ul style="list-style-type: none"> 3 clients a week, with 10 – 15 overall Ad hoc domiciliary visits (Oct 06) <p>Group programme set up in new setting in Dunnikier Day Hospital (Nov 06)</p> <p>Evaluation report delivered to ASH Scotland</p> <p>Wave Two: 1 month quit rates</p> <p>Wave1: 3 month quit rates (Mar 07)</p>	<p>Deliver well-established smoking cessation support that will incorporate evidence-based practice and be responsive to needs of individual clients (Mar 07)</p>

Kirkcaldy & Levenmouth CHP

Long-term Outcomes: Develop a resource pack to support the delivery of the Kirkcaldy and Levenmouth smoking cessation programme

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>£11,500 from ASH Scotland</p> <ul style="list-style-type: none"> Smoking Cessation Worker - £8,800 On-going costs e.g. travel, resources, publicity - £1,000 Delivery of training - £1,200 Evaluation/outcomes - £500 <p>£5,000 from CHP.</p> <ul style="list-style-type: none"> Clerical support Co-ordination & line management through existing management structure Patient education resources, e.g. leaflets & visual displays Monitoring equipment Clinical supervision In-house training 	<p>Peer review from ASH Scotland</p> <p>Graphics design</p> <p>Identify key people to consult on areas of specialist expertise</p> <p>Production of resource pack</p> <p>Disseminate resource pack</p>	<p>Discuss dissemination strategy with ASH Scotland (Aug/Sep 06)</p> <p>Identify potential funding streams for wider production and dissemination of resource pack (Aug/Sep 06)</p>	<p>Wider consultation on content of resource pack with mental health services in Fife will have been carried out (Oct 06)</p> <p>ASH Scotland will have peer reviewed resource pack (Nov 06)</p> <p>Resource pack will have been refined after consultation and final draft will be ready for production (Jan 07)</p> <p>Resource pack produced and ready for dissemination to relevant health professionals in Fife and possibly wider (after discussion with ASH Scotland & reliant on funding) (Mar 07)</p>	<p>Resource pack refined by process of peer review with ASH Scotland to provide a user-friendly, practical guide for use by wide range of staff (Mar 07)</p>

Kirkcaldy & Levenmouth CHP

Long-term Outcomes: Support staff to access training and develop understanding of smoking cessation support for client group in Kirkcaldy and Levenmouth

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>£11,500 from ASH Scotland</p> <ul style="list-style-type: none"> Smoking Cessation Worker - £8,800 On-going costs e.g. travel, resources, publicity - £1,000 Delivery of training - £1,200 Evaluation/outcomes - £500 <p>£5,000 from CHP.</p> <ul style="list-style-type: none"> Clerical support Co-ordination & line management through existing management structure Patient education resources, e.g. leaflets & visual displays Monitoring equipment Clinical supervision In-house training 	<p>Identify mental health services staff for training</p> <p>Identify venues for training</p> <p>Design third day of training.</p> <p>Deliver training programme.</p>	<p>Venues for training identified (Sep 06)</p> <p>Staff from mental health services with Kirkcaldy and Levenmouth to be trained identified and enrolled on course (Sep 06)</p>	<p>Staff trained in brief intervention, at least one day (Jan 07)</p> <p>Specialist third day of training designed (Nov 06)</p> <p>Specialist third day of training evaluated (Jan/Feb 07)</p> <p>'Health Day' delivered, passing out holistic advice on healthy living aimed at mental health services (Jan/Feb 07)</p>	<p>One advanced training day delivered and previous training has been expanded upon (Mar 07)</p>

Black and Minority Ethnic Group Projects

REACH Theory of Change Framework: Wave Two Follow-up

Long-term Outcomes: To encourage BME youth to take up a healthier, smoke-free lifestyle by raising issues of tobacco health harm, exploring tobacco control issues and options for quitting

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>£14,960 from ASH Scotland Youth Health Participation Officer (<i>Salary costs covered by BBC Children in Need</i>) delegated to run project funded by ASH Scotland <i>Babygrand Production Team</i></p> <p>REACH in kind support: Management Support Central administration support Supply of premises Use of equipment Dissemination of DVDs to major stakeholders and relevant community networks</p>	<p>Engage with young people from BME communities through relevant youth organisations in postcode areas G41, G42. Recruit young people for production team. Identify DVD company & recruit media producer</p>	<p>Pre-production Phase (Aug – Nov 06) 2 days a week (1 Saturday with BME young people and 1 day in REACH with Youth Health Participation Officer) <i>The Youth Participation Officer began looking for DVD production companies in June 2006. However, this person left the post in August 2007 and the recruitment of a DVD company did not resume until September 2006.</i></p> <p><i>REACH recruited the media company Baby Grand in early 2007. The action plan was devised by both REACH and Baby Grand. It retrospect this took place intensively over three weeks. This was due to the practical constraints of meeting deadlines.</i></p> <p>Plan established for production of DVD, e.g. whether DVD will be tendered or not <i>Baby Grand were selected from a list of 12 companies that were identified from an internet</i></p>	<p>Production Phase (Dec 06 – Mar 07) 2 days a week (1 Saturday with BME young people and 1 day in REACH with Youth Health Participation Officer) <i>The action plan was devised by both REACH and Baby Grand. It retrospect this took place intensively over three weeks. This was due to the practical constraints of meeting deadlines.</i></p> <p>Rehearsals and groundwork ongoing (Dec 06 – Mar 07) <i>This was carried out in May 2007 and once the script was in place the production moved smoothly.</i></p> <p>Rehearsals finished and filming commenced (Mar/Apr 07) <i>This was carried out in May 2007 and once the script was in place the production moved smoothly.</i></p> <p>Progress report produced for ASH Scotland (Apr 07) <i>Yes.</i></p>	<p>To provide opportunities for BME youth to take part in producing audio-visual media about issues related to their own health, such as smoking (Aug 07) <i>The message of the DVD is instrumental is promoting awareness of the ill effects of smoking to a difficult to reach group. It was difficult to engage young people initially due to the taboo subject. There is a barrier between young people in BME communities and mainstream health services so the DVD will continue to break down barriers.</i></p> <p>To produce and distribute a multi-lingual DVD and radio programme highlighting the negative effects of smoking with and for young people from black and minority ethnic communities (Aug 07) <i>The radio programme has not been looked at as yet. Attention has been focussed on the production of the DVD.</i></p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
		<p>search. The selection criteria were based on previous productions, cultural sensitivity.</p> <p>DVD Company identified (Aug 06)</p> <p>This took place in early 2007. The script writing took a significant amount of time with multiple edits. The DVD production company did not have previous experience of culturally sensitive productions.</p> <p>Youth organisations contacted to recruit 12 – 15 young people or production team (Aug 06)</p> <p>People were involved through the youth health work already carried out by REACH. It was difficult engaging with young people as smoking is taboo, particularly amongst young women. Young people were contacted through the Youth Counselling Services Community.</p> <p>Advertisements were placed for the two actors. The Youth Health Participation Worker called round amateur companies to audition actors.</p> <p>Guided group script writing with production team initialised (Sep 06)</p>	<p>Small discussion group established with young people involved in project to reflect on benefits of approach</p> <p>E.g. increased confidence of young people involved in project</p> <p>Increased health awareness of young people involved in project</p> <p>Filming carried out (Apr 07)</p> <p>It was a mixture of a top down and bottom up approach.</p> <p>Engaging with young people was difficult so REACH drove the project forward and shaped the final output.</p> <p>Post-production Phase (Apr/May 07)</p> <p>DVD edited (Apr/May 06)</p> <p>DVD produced (May 06)</p> <p>The editing is ongoing and will be finished by the end of June 2007. The final product will be finished by August 2007.</p>	

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
		<p>The meeting with Baby Grand allowed ideas to be discussed. However, REACH was not happy with the initial ideas and subsequent drafts delivered the product that suitable.</p> <p>Young people appearing in DVD cast and script writing finished (Nov 06)</p> <p>It was difficult to cast young people in the DVD. This put back the schedule. The young people were cast in February and the production started in March. One of the actors was 18 and one was 26 (the latter was a professional).</p> <p>Script translated into Punjabi, Arabic and Urdu (and possibly Turkish) (Date?)</p> <p>A scoping questionnaire to will be delivered to schools in Glasgow as part of the dissemination strategy to assess what languages to use.</p>		

Save the Children Theory of Change Framework: Wave Two Follow-up

Long-term Outcomes: Promote awareness of smoking-related issues to young people in gypsy/traveller communities in Argyll, the Highlands and central Scotland

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>ASH Scotland Funding: £15,000</p> <p>Support from Save the Children (£2,300 e.g. insurance)</p> <p>Healthy Together (£700 e.g. staff time, travel)</p> <ul style="list-style-type: none"> Youth Development Worker (20 hours per month) £2,900 2 Sessional Staff/Tutors (approx 300 hours) £3,600 Venues/activities/refreshments £1,500 Community Arts Workers Young People in Gypsy/Traveller communities Transport £1,900 Learning materials £1,500 Residential costs £2,000 Management/admin/clerical £1,400 	<ol style="list-style-type: none"> Production of materials Liaise with gypsy/traveller families Train staff Establish groups of young people Draft programme Prepare residential event Produce materials Launch & disseminate materials 	<p>Project information circulated to young people (Dec 06 – Apr 07)</p> <p>The locations changed to Perth. They hoped to link up with the ASH Scotland project in Lochaber but the other project had serious difficulties. Linked up with health worker at Drumhar Health Centre and specialists at service.</p> <p>The young people discussed what they wanted to focus on and how smoking tied in with that. The health worker came in to discuss those issues. This led to the health worker being able to establish good relationships with families in the community.</p> <p>Informal meetings with parents in gypsy/traveller families (June/July 06)</p> <p>The parents were protective of their children and StC hadn't worked with that site before. The group was based at a portakabin on the site and parents were free to check in on the children. Participants were aged 12 – 16 (but some younger children came along with siblings). The whole site became involved with the healthy eating activity, as</p>	<p>2 sessions held with young people (on or off site)</p> <p>Ideas developed for possible awareness materials with young people, e.g. videos, posters (Mar 07)</p> <p>A DVD format was selected. Posters were discussed but the DVD format was chosen. 23 young people were involved throughout the course of the project.</p> <p>Appropriate referrals made to smoking cessation services (Ongoing)</p> <p>This didn't happen. No-one in the group admitted to being smokers. A couple of people had admitted trying smoking and at the end of the project all the children said they would never smoke.</p> <p>2 sessions held with young people, with output materials' format and content drafted (Apr 07)</p> <p>A DVD containing 3 anti-smoking adverts, 3 animated adverts, 1 talking heads session discussing</p>	<p>Materials produced from sessions with young people launched and disseminated to relevant bodies:</p> <ul style="list-style-type: none"> Scottish Executive Leaflets Web Relevant UK organisations <p>The format of the materials produced depends on the community engagement process (Apr 07)</p> <p>The dissemination strategy hasn't been decided yet. Perth library will be used as the launch site as it has a big TV. Potential funders such as ASH Scotland, the Scottish Executive and so on. The DVD is in the editing stage.</p> <p>Final report produced for ASH Scotland (format dependent on community engagement) (May 07)</p> <p>Work on the final report is ongoing.</p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
		<p>adults were interested as well. Demand identified amongst young people and locations for sessions selected Perth was selected, as they hadn't worked there previously. The Lochaber tie-in didn't come off.</p> <p>Youth worker attend 2 day cessation training (June 06) DL went to a 2 day Glasgow Health Board training and also been to ASH Scotland a few times. Training covered NRT and utilising the ASH Scotland library was particularly helpful.</p> <p>4 sessions held with young people: List of topics and activities identified by young people (Sep 06) They identified what they wanted to know. They had limited access to doctors and health services so the focus of the project was wider than cessation but the children linked it back to smoking. Workshops included: Skincare (Oct 06) Drugs and alcohol dangers (Oct 06) GP & dentistry services (Nov 06) Fruits & smoothies (Nov 06) Exercise session (Dec 06) Healthy eating (Dec 06)</p>	<p>7 health issues including smoking. The children wrote, filmed and directed the adverts and only 2 digital arts workers carried out the editing.</p> <p>Interim report produced for ASH Scotland (Jan 07) Yes.</p>	

Healthy Routes Theory of Change Framework: Wave Two Follow-up

Long-term Outcomes: To reduce the prevalence of smoking and raise awareness of ill effects of smoking amongst gypsy/travellers in Lochaber and increase awareness of the health issues prominent amongst gypsy/traveller communities

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>ASH Scotland Funding £15,000</p> <p>Commission for Racial Equality: £9,000</p> <p>NHS Greater Glasgow: £10,000</p> <p><i>The Council for Voluntary Service Lochaber now runs the project. NHS Highland, NHS Argyll and Bute and ASH Scotland all agreed to keep the funding in place after the demise of Lochaber Routes. CRE declined.</i></p> <p>Project Manager</p> <p>Support worker</p> <p>Public Health Practitioner</p> <p>Health Links Officer (NHS Highland)</p> <p>Admin Support from VAL NHS Highland providing training, support & access to resources</p>	<p>Support worker to receive brief intervention training (Aug/Sep 06)</p> <p>Support Worker introduced to gypsy/traveller families (Aug 06)</p> <p>Gypsy/traveller families must be consulted about delivery of project by Project Manager and Support Worker (Aug 06)</p> <p>2 –4 key community members need to be identified for buddy scheme and involved with project (Mar 07)</p> <p>Identify ongoing funding</p>	<p>Support worker appointed (Aug 06)</p> <p><i>The project worker was recruited in March 2007.</i></p> <p>Support worker received brief & in-depth intervention training (Aug 06)</p> <p><i>This was completed in March 2007. Linkages were established with mainstream smoking cessation services in March 2007.</i></p> <p>Support Worker introduced to gypsy/traveller families (Aug 06)</p> <p><i>A relationship of trust had previously been established between G/T communities and the project worker. The project worker was formerly a support worker for Lochaber Routes who worked with G/T families.</i></p> <p>Gypsy/traveller families have been consulted about delivery of project by Project Manager and Support Worker (Aug 06)</p> <p><i>In April the recruitment drive for clients started. Two information sessions for G/T families in Lochaber and Argyll and Bute.</i></p>	<p>Support worker engaged with gypsy/traveller families (Mar 07)</p> <p><i>Awareness training sessions took place in May and June 2007 in Mull, Lochaber and Dunoon. Healthy Together project workers, nurses carried out healthy checks and delivered information on healthy living.</i></p> <p>2 –4 key community members identified and involved with project (Mar 07)</p> <p><i>There were 7 referrals in Lochaber. It was easier to engage in Lochaber, as the project worker was known to the G/Community in Lochaber</i></p> <p><i>There were 4 referrals in Argyll and Bute.</i></p> <p>Identified community members trained in brief & in-depth intervention (Apr 07)</p> <p><i>This has changed. 1-1 sessions were used instead of group sessions, as there was not time to get this in place.</i></p> <p><i>To ensure the G/T families were</i></p>	<p>Buddy scheme in place, utilising key community members (Aug 07)</p> <p><i>Instead there is a direct link with NHS smoking cessation services and the Lochaber Gypsy Traveller Forum has been re-established.</i></p> <p>Smoking cessation programme delivered, with recorded data on reduction and quit rates – expected quit rate of 4 people (Aug 07)</p> <p><i>Referrals were made to NHS smoking cessation services. There were 7 referrals in Lochaber. It was easier to engage in Lochaber, as the support worker was already known to the G/T community. There 4 referrals in Argyll and Bute.</i></p> <p>Increased awareness of gypsy/traveller health issues through feedback sessions (Aug 07)</p> <p><i>Two information sessions for</i></p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
		<p>This was done in conjunction with Healthy Together project. The project worker went into communities with the Healthy Together project workers to fast track the smoking project.</p> <p>Support worker engaged with gypsy/traveller families, with support worker identifying the best possible form of cessation, either 1-1 or groups – a best fit cessation programme (Oct 06)</p> <p>Those that had expressed interest in quitting were recruited for 1-1 cessation delivery. Because of the short timescales of the project for March to August the identified clients were referred to NHS smoking cessation services. This was a practical and cost effective change to the project.</p>	<p>represented the Lochaber Gypsy Traveller Forum has been re-established to ensure the community still has a voice after the project is wound up. A similar process is being pursued in Argyll and Bute.</p> <p>Smoking cessation programme up and running (Apr 07) Referrals were made to the NHS smoking cessation service.</p> <p>Development of information gather to go with patient record (Mar 07) Information has been gathered from G/T families to assess health needs.</p> <p>Group review of available resources & possible funding streams for ongoing work identified (Mar 07) Funding streams are being looked at to continue the project in some format. It is likely that the Lochaber Gypsy Traveller Forum will try to seek funding. The NHS cessation workers now have established links with the community so cessation is available for the communities.</p> <p>Interim Report for ASH Scotland (Apr 07) Internal Audit (Apr 07)</p>	<p>G/T families in Lochaber and Argyll and Bute. This was done in conjunction with Healthy Together project. The project worker went into communities with the Healthy Together project workers to fast track the smoking project.</p> <p>3 Awareness training sessions took place in May and June 2007 in Mull, Lochaber and Dunoon. Healthy Together project workers, nurses carried out healthy checks and delivered information on healthy living.</p> <p>Funding for follow-up project secured (Aug 07)</p> <p>Funding streams are being looked at to continue the project in some format. It is likely that the Lochaber Gypsy Traveller Forum will try to seek funding. The NHS cessation workers now have established links with the community so cessation is available for the communities.</p> <p>Final report ASH Scotland (Aug 07)</p> <p>Internal Audit (Aug 07) The deadline for this has been changed to September 2007.</p>

NHS Lothian Dental Public Health & MEHIP Theory of Change Framework: Wave Two Follow-up

Long-term Outcomes: To increase awareness of the ill-effects of tobacco consumption (including chewing) in relation to oral cancer amongst health professionals and minority ethnic groups in Lothian, and contribute to research in this field

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>ASH Scotland Funding: £14,420</p> <p>Translator Transcription External analysis of qualitative data Admin support Bilingual interviewers Public health support</p>	<p>Design and produce leaflet on the risks factors of tobacco consumption and oral cancer</p> <p>Translate leaflet into four languages and disseminate</p> <p>Design survey</p> <p>Carry out pilot survey</p> <p>Carry out baseline and follow up survey</p> <p>Submit protocol to Ethics Research Committee</p> <p>Carry out qualitative interviews</p> <p>Identify translator</p> <p>Secure ongoing funding</p>	<p>Final draft of leaflet ready for translation into four languages (Aug 06)</p> <p>Baseline survey and interview schedules designed (Aug 06)</p> <p>Ethical approval attained research (Aug/Sep 06)</p> <p>Tobacco users in community identified for interviews (Aug 06)</p>	<p>Leaflet piloted with chewing tobacco users in each of the four language groups, and amended accordingly, prior to printing (Dec 06)</p> <p>Baseline survey to measure knowledge and attitudes regarding mouth cancer and chewing tobacco distributed to GPs, dentists, community pharmacists (Dec/Jan 0/76)</p> <p>Qualitative interviews with health professionals and tobacco users carried out (Dec/Jan 06/7)</p> <p>Focus Group with community members (Jan/Feb 07)</p> <p>Training pack contents drafted (Feb 07)</p> <p>Training programme finished in draft form (Feb 07)</p> <p>Take baseline level of tobacco usage amongst identified tobacco users & make referrals to smoking cessation service where appropriate (Nov/Dec 06)</p>	<p>Leaflet translated into 4 languages and disseminated to community pharmacists, dentists and GPS (Nov 06 to end of project)</p> <p>Training programme delivered to GPs, dentists and community pharmacists on oral cancer and chewing tobacco, and either rolled out or mainstreamed (June 07)</p> <p>Training pack, including PowerPoint presentation and specialist cessation programme designed, based on research findings (June 07)</p> <p>Check cotinine levels of identified tobacco users to assess impact of tobacco chewing (Apr/May 07)</p> <p>Final report of research findings (June 07)</p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
		Networked with relevant organisations to identify possible funding streams for follow-up research (Aug 06)	<p>Draft Report of research findings from survey & interviews (Jan/Feb 07)</p> <p>Interim report for SH Scotland (Jan/Feb 07)</p> <p>Identified possible funding streams for follow-up research (Jan/Feb 07)</p>	<p>ASH Scotland Final Report(June 07)</p> <p>Paper, based on research, submitted to peer-assessed journal (June/July 07)</p> <p>Funding for follow-up research secured (June 07)</p>

Wave Two - Theories of Change and follow-ups

Older Adults Projects

Braveheart Theory of Change Framework: Wave Two Follow-up

Long-term Outcomes: 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: (combine with core work)(lead). A new co-ordinator role since 2006.</p> <p>Smoking cessation advisor (2 hours per session over four sessions) plus hour preparation at £30 per hour.</p> <p>Volunteers</p> <p>Financial support from ASH Scotland: Salary for smoking cessation nurse advisor £650</p> <p>Visual aids and training materials £325 (£406) Bought materials from GASP Scotland e.g. blocked artery model, tar in a jar models</p>	<p>Purchase of training materials</p> <p>Volunteer training</p>	<p>Rolling programme of training for newly recruited volunteers:</p> <ul style="list-style-type: none"> o Volunteers training courses x 3 06/07 (incl x 1 for Clackmannanshire) o Training of 8 'Walk leaders' <p>The training sessions took place before the co-ordinator came on board. They had organised 4 sessions, 2 for volunteers and 2 for Braveheart members and members of public (the sessions were advertised in local press – Falkirk Herald).</p> <p>25 were invited to training.</p> <p>12 volunteers have been trained since March 06 and 7 participants who were able to cascade this information to family and friends</p>	<p>Train an additional 20 Falkirk volunteers by end of March '07. One course in Sept 06 and second joint course with Clack in March 06)</p> <p>These were both carried out. In total it was offered to 60 volunteers</p> <p>In total 12 volunteers were trained in this period</p> <p>Train 10 Clack volunteers Nov or Jan 07.</p> <p>Unfortunately no Clacks volunteers put their name forward to receive the training. I am assuming that they feel the smoking cessation information session they receive as part of their training was sufficient.</p> <p>Extending the number of people that can support others through their additional knowledge, especially the effects of second hand smoking.</p> <p>Trained people pass information onto group which have a minimum of 10 people. The Walk Leaders also pass along information to people</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>Yes. It has gone wider than this because the project has picked up people who were not on groups as the sessions were advertised through local press.</p> <p>It was felt the project has raised a lot of awareness beyond the information sessions due to a trickle down of knowledge. Hard to capture all effects of project as information is passed down through word of mouth.</p> <p>10 resistant smokers with CHD quit smoking following receipt of smoking cessation advice. 0 from hospital service</p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
	<p>=====</p> <p>Running information sessions for patients and families</p> <p>=====</p> <p>Advertising events</p>	<p>=====</p> <p>Information session attendance by Braveheart patients and families (5-10 people at each session (x3 sessions)</p> <p>The new SCC did two and the previous did first one, 8 people in the new SCC's first but 0 in second. 500/600 invites went out but no-one came to second session. Smoking rates have come down amongst Braveheart members and the new SCC wondered if they had reached saturation point with smoking cessation. The invites went to the same people to afford more than one opportunity to attend.</p> <p>=====</p> <p>Advertisement of each information meeting. Measure through:</p> <ul style="list-style-type: none"> o numbers attending o column inches (x4 newsletters, mailshots x3 for each information session) <p>It was also advertised in local press. Flyers went out to current members and the newsletter goes out to 1,200 people.</p>	<p>who attend the walks.</p> <p>=====</p> <p>Information meetings:</p> <ul style="list-style-type: none"> o Falkirk Sept 06 Yes o Falkirk Nov 06 Yes o Clack March 06 (Yes, 1st & 19th, ran in March) <p>Leading to 20 resistant smokers attending smoking cessation services</p> <p>Two resistant smokers attended training but did not present themselves to the Smoking Cessation Service to help them quit.</p> <p>=====</p> <p>Cardiac Rehab patients & families, aim to invite 120 out of 240 by March 07. They were all invited. Cardiac rehab patients go through on a regular basis.</p> <p>'Keep Ticking patients (140) and their families invited to attend information sessions Yes, that was done.</p> <p>120 more new Braveheart patients and families (about 200 invites) sent out between September & March</p> <p>Yes.</p>	

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
		<p>=====</p> <p>Monitor numbers requesting smoking cessation advice.</p> <ul style="list-style-type: none"> ○ Numbers referred ○ Outcomes recorded <p>The 5 people who had intended to attend the second session asked for information to be sent. This was forwarded to them with no feedback coming back to us.</p> <p>User satisfaction recorded by nursing staff</p> <p>Evaluation forms showed that everyone who attended a training session enjoyed it and learned lots of valuable information.</p>	<p>Invite 40 Clacks Braveheart patients & families for March 06 session</p> <p>Yes.</p> <p>Invites resulting in an estimated 20 people attending each information session.</p> <p>No.</p> <p>Evaluate effectiveness of volunteer training sessions and information meetings through telephone survey and questionnaires Jan 07 to March 07</p> <p>The programme was evaluated.</p> <p>=====</p> <p>Service becomes mainstreamed after phase 2 money ends in March 07</p> <p>Braveheart has strong links with smoking cessation services and services are ongoing. Volunteers coming in are partnered with another Braveheart mentor and receive 30 hours training.</p> <p>Part of the training has been revamped as part of the ASH Scotland project to include smoking cessation. The whole training pack has recently been updated as a result of consultation with a smoking cessation specialist.</p>	

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
		<p>=====</p> <p>Build on existing partnership with hospital smoking cessation team through continued partial funding of nurse time to assist with volunteer training and one to one advice for resistant smokers recruited through information sessions</p> <p>Yes, this was done.</p> <p>Over the course of Phase 2, no-one has directly attempted to quit smoking as a result of attending a training session. Note: only 2 smokers attended the session and they were not ready to quit. The people who attended were there for general information that they could pass to family and friends.</p>	<p>=====</p> <p>20 resistant smokers and families with CHD receive smoking cessation advice from trained nurse advisor through to March 07</p> <p>7 members of the public attended the training sessions in this Phase. Only two people were actually smokers.</p>	

Braveheart

Long-term Outcomes: Evaluation

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>Staff Time:</p> <ul style="list-style-type: none"> (lead). Smoking cessation co-ordinator 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> <ul style="list-style-type: none"> Data collection Questionnaire survey of volunteers Telephone survey of patients Data analysis Report written & circulated 	<p>Collection of data related to quit attempts, (personal, smoking & demographic information). (Jan-March 07)</p> <p>Yes. The second session that the new SCC was involved with had no attendees so there is no evaluation data.</p> <p>Questionnaire survey of volunteers attending training sessions (after each training session)</p> <p>Yes, the session nurse carried that out.</p> <p>Telephone survey of patients regarding information sessions. (Jan to March 07)</p> <p>Not undertaken.</p> <p>Data analysis, March 07</p> <p>Ongoing as add-on to new SCC's existing work.</p> <p>Report written & disseminated end March 07.</p> <p>Partly done and to be finalised soon (as of May 07)</p>	<p>Evaluate effectiveness of volunteer training sessions through questionnaire survey after each session.</p> <p>Modify training if necessary.</p> <p>The training pack has been modified to update the programme. This has done with the involvement with smoking cessation services, pharmacy and cardiac services.</p> <p>Volunteers demonstrate increasing confidence in addressing smoking related issues with patients and clients measured through</p> <ul style="list-style-type: none"> increasing numbers attending information sessions <p>The turnout was disappointing, particularly for the final session.</p> <ul style="list-style-type: none"> increased referrals of resistant smokers to smoking cessation advisor <p>The service is just as busy as it always is.</p> <ul style="list-style-type: none"> and more smokers successfully quitting <p>Not known.</p>	<p>Volunteer training sessions and information sessions for patients and families get mainstream funding by April 07 and services are extended to support patients in Stirling as well as Clackmannanshire.</p> <p>Clackmannanshire work limited due to lack of demand.</p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
	<p>=====</p> <p>Meetings with Management Committee</p>	<p>=====</p> <p>Feedback to management committee (every 6 weeks). Yes. Every meeting they were updated on the project's progress.</p>	<p>Evaluate effectiveness of information meetings through telephone survey Jan to March '07 measured through</p> <ul style="list-style-type: none"> ○ Increasing numbers of resistant smokers attending smoking cessation services and quitting smoking <p>Not known.</p> <p>Evaluation report written and circulated by end March 07. The evaluation report is current ongoing, estimated to finish by June 2007.</p>	

NHS West Lothian Drug & Alcohol Service Theory of Change Framework: Wave Two Follow-up
Long-term Outcomes: Raising awareness amongst over 50s of the risks of smoking and the benefits of quitting

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>Staff time</p> <p>Part time (0.4 wte) stop smoking advisor.</p> <p>Financial resources £14,971 from ASH Scotland Staff costs £12,010 Publicity £600 Travel £600 Training £400</p> <p>In kind resources from different agencies</p> <p>Staff time from stop smoking services team</p> <p>Line management and Admin support from WLDAS</p> <p>Partner organisation time for steering group</p> <p>Electricity, telephone, office space, IT equipment stationery and mailing costs</p>	<p>Establish steering group Will meet a minimum of 6 times to direct the Project</p> <p>Commission Company to design and develop posters, leaflets and service information sheets</p> <p>Formal launch of service at local No Smoking Day briefing. Information regarding service in local papers</p> <p>Orientation of worker to tobacco team</p> <p>Contact visit Older people services/ Health professionals / leisure facilities.</p> <p>Undertaking local and accredited smoking cessation training</p>	<p>Steering group established By August 06 Yes. The steering group was composed of NHS representatives, rep from older persons day centre, post-holder and Yvonne.</p> <p>Publicity for initiative established. Company for publicity commissioned and Posters designed. Formal launch of service at local No Smoking Day briefing. Jan 07 Yes, this was all done. Information regarding service in local papers Jan 07 Yes, it went into a West Lothian Council bulletin and an older person's magazine.</p> <p>Contacts made with older people services and key personnel identified i.e. Head of Older people services and Day care & Residential Services in W L Social Work; also some voluntary and private services by end of Nov 06 Yes, this was done in early stages of the post. It was wider than identified here; the key players were identified and contacted.</p>	<p>Publicity in place 250 posters distributed throughout West Lothian by Feb 07 Distribution list will be kept In practice there were probably over 250 posters displayed throughout West Lothian. The distribution list is kept and this is added to on an ad hoc basis. Is ongoing and opportunistic</p> <p>Tobacco education stalls established (both manned and unmanned) in 3 bingo halls, 2 Miner welfares, 4 community centres and 3 leisure centres by May 07 Again, this was more demand led. A manned stall in one bingo hall, which is now unmanned; an awareness session in a miners' centre, posters are displayed in the community and leisure centres. Active links with older people services Monthly activity reports available commencing Nov 06 These were fed back from the post holder to the manager and then up to the steering group. This began in November 2006.</p>	<p>Increased awareness of initiative/ issues (Risks, benefits of quitting)</p> <p>4 focus groups to assess this in Nov 06 and repeated in Aug 07 3 were done in November 2006 (one done later in year) and the final four will be carried out next month. The anticipated finish date of the project is the end of July 2007. These were to gauge the attitudes of staff working with older people. There were around three to five people in each focus group.</p> <p>Shift in attitudes 4 focus groups to assess this in Nov 06 and repeated in Aug 07 3 were done in November 2006 (final one done later in year) and the final four will be carried out next month. The anticipated finish date of the project is the end of July 2007.</p> <p>Increased referral rate to smoking cessation services amongst over 50s. Referrals recorded locally and included in monthly activity reporting. Also recorded on</p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
		<p>Contacts made with organisations like bingo halls (3), miners' welfare(2), community centres (4), and leisure centres (3) etc .</p> <p>This changed slightly. Initially it was anticipated that it would take place in four geographical areas. However, a demand-led approach was taken - groups were identified on an ad hoc basis.</p> <p>Local smoking cessation training for staff completed.</p> <p>The post holder was trained in brief intervention, intensive intervention, PATH accredited training – i.e. both local and national training.</p>	<p>Publicity available in places like Bingo, miner welfare, and leisure centres etc. 250 posters and 1000 leaflets distributed throughout West Lothian by May 07</p> <p>Leaflets and posters were made up and sent out. This was done on a mixture of ad hoc and planned basis.</p> <p>Increase in the number of older people being referred or self-referring to the service.</p> <p>There was a slight increase in older clients. The average age was 65. It hadn't generated the numbers of referrals initially anticipated but it is a hard to reach group. Even when staff are keen, e.g. at day centres, it tends to be for themselves rather than client groups. There is an attitude that clients are old and do not prioritise cessation for them.</p> <p>Specific targets were not set. By January 2007 there were 18 referrals and 28 referrals had been received by June 07</p> <p>Referrals recorded locally and included in monthly activity reporting. Also recorded on National database Yes.</p>	<p>National database</p> <p>There was a slight increase in older clients. The average age was 65. It hadn't generated the numbers of referrals initially anticipated but it is a hard to reach group. Even when staff are keen, e.g. at day centres, it tends to be for themselves rather than client groups. There is an attitude that clients are old and do not prioritise cessation for them.</p> <p>Specific targets were not set. By January 2007 there 18 referrals By June 2007, a total of 28 referrals have been received, 19 female, 9 male</p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
			PATH Accredited Brief Intervention Training Module completed Yes. 1 In-depth PATH Accredited Training Module completed Yes.	

NHS West Lothian Drug & Alcohol Service

Long-term Outcomes: Changing attitudes amongst workers in services for older people to the risks of smoking and the benefits of quitting for over 50s.

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>Staff time</p> <p>Part time (0.4 wte) stop smoking advisor.</p> <p>Financial resources £14,971 from ASH Scotland</p> <p>Staff costs £12,010</p> <p>Publicity £600</p> <p>Travel £600</p> <p>Training £400</p> <p>Staff time from stop smoking services team</p> <p>Line management and Admin support from WLDAS</p> <p>Partner organisation time for steering group</p> <p>Electricity, telephone, office space, IT equipment stationary and mailing costs</p>	<p>Establish steering group Will meet a minimum of 6 times</p> <p>Develop publicity material Commission Company to design and develop posters, leaflets and service information sheets</p> <p>Contact visit Older people services/ Health professionals / leisure facilities.</p> <p>Staff training Orientation of worker to tobacco team Undertaking local and accredited smoking cessation training</p> <p>Questionnaire to measure awareness and attitudes of older service workers designed.</p>	<p>Steering group established By August 06</p> <p>Publicity for initiative established. Company for publicity commissioned and Posters designed.</p> <p>Formal launch of service at local No Smoking Day briefing. Jan 07</p> <p>Information regarding service in local papers Jan 07</p> <p>Contacts made with older people services and key personnel identified. i.e. Head of Older people services and Day care & Residential Services in W L Social Work; also some voluntary and private services by end of Nov 06</p> <p>Contacts made with organisations like bingo halls (3), miners' welfare s (2), community centres (4), and leisure centres (3) etc.</p>	<p>Publicity in place for services 250 posters distributed throughout West Lothian</p> <p>Tobacco education stalls established (both manned and unmanned) in 3 bingo halls, 2 Miner welfares, 4 community centres and 3 leisure centres</p> <p>Active links with older people services Visiting a minimum of 2 locations a week. Monthly activity reports commencing Nov 06</p> <p>Publicity available in places like Bingo halls, miner welfare and leisure centres etc. 250 posters and 1000 leaflets distributed throughout West Lothian.</p> <p>PATH Accredited Brief Intervention Training Module completed 1 In-depth PATH Accredited Training Module completed</p>	<p>Increased awareness of initiative/ issues amongst older services workers (Risks, benefits of quitting). 4 focus groups to assess this in Nov 06 and repeated in Aug 07</p> <p>Shift in attitudes of those working in Older peoples services [Evidence from questionnaire Professionals interviewed at beginning of the project and at end of year] in Nov 06 and repeated in Aug 07</p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
		<p>Local Smoking cessation training completed i.e. Local brief intervention training and In-depth training</p> <p>First phase of questionnaire examining attitudes of professionals carried out by Nov 06.</p> <p>This was part of the focus group process. Questionnaires were also posted out but the return rate was very low.</p>	<p>Increase in the number of older people being referred from professionals to the service.</p> <p>Recording mechanism set-up to record this</p> <p>They recorded where the referrals were from. The majority seemed to be self-referrals (11), 2 from GPs, 4 from other service providers, 7 were staff from older peoples services and 4 were clients of these services</p>	<p>Increased referral rate to smoking cessation services amongst over 50s.</p> <p>Referrals recorded locally and included in monthly activity reporting. Also recorded on National database</p>

NHS West Lothian Drug & Alcohol Service

Long-term Outcomes: Getting older smokers to stop smoking

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>Staff time</p> <p>Part time (0.4 wte) stop smoking advisor.</p> <p>Financial resources £14,971 from ASH Scotland Staff costs £12,010 Publicity £600 Travel £600 Training £400</p> <p>In kind resources from different agencies</p> <p>Staff time from stop smoking services team</p>	<p>Develop referral form and referral path– part-time worker taking part in team meetings both within & outwith WLDAS – will use these as vehicle for ensuring referrals are being generated</p> <p>Client leaflet incorporates referral form – 1000 leaflets ordered for dissemination</p> <p>=====</p>	<p>Worker to complete local Smoking Cessation training i.e. brief intervention training and in depth training</p> <p>Yes.</p> <p>Referral pathway established – part-time worker taking part in team meetings both within & outwith WLDAS – will use these as vehicle for ensuring referrals are being received appropriately</p> <p>There are 4 tobacco workers at WLDAS with meetings every 6 weeks.</p> <p>Regular meetings are also held with the NHS stop smoking staff (approx every 8 weeks)</p> <p>=====</p>	<p>=====</p>	<p>=====</p>
<p>Line management and Admin support from WLDAS</p> <p>Partner organisation time for steering group</p> <p>Electricity, telephone, office space, IT equipment stationery and mailing costs</p>	<p>Develop client leaflet</p> <p>Distribute referral form. 250 posters and 1000 referral forms will be sent out across West Lothian</p> <p>Worker making contact with 3 bingo halls, 2 Miner Welfares, 4 community centres and 3 leisure centres</p>	<p>Client leaflet incorporates referral form – 1000 to be disseminated by Jan 07</p> <p>Yes, this was part of the general drive. There was a tear-off slip at the bottom of leaflets for clients or professionals to fill in.</p> <p>Referral forms distributed both to Older peoples services but also available in the other areas</p> <p>250 posters and 1000 referral forms sent out across West Lothian by Jan 07</p>	<p>Increased awareness of services</p> <p>250 posters and 1000 referral forms to be sent out across West Lothian</p> <p>A lot of the clients have mental health needs or are house bound (19 out of the total referrals received) Reaching out to these clients is difficult and time consuming. WLDAS has a mental health remit but not within the project's defined age group so it has been a valuable information gathering project.</p>	<p>Increased referral rate to smoking cessation services amongst over 50s.</p> <p>Referrals recorded locally and included in monthly activity reporting. Also recorded on national database</p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
	<p>Staff training</p> <ul style="list-style-type: none"> • Orientation of worker to tobacco team • Undertake local and smoking cessation training <p>=====</p> <p>Under take one-to-one smoking cessation support and advice sessions.</p>	<p>Will cover a range of services Worker making contact with 3 bingo halls, 2 Miner Welfares, 4 community centres and 3 leisure centres Increase in the enquires for smoking cessation services by older people 28 referrals received in total to date</p> <p>=====</p> <p>Referrals recorded locally and included in monthly activity reporting. Also recorded on national database Feedback from team meetings with other stop smoking services to gauge if the service is having an impact This mainly the St Johns Stop Smoking team. Of late there hasn't been much feedback due to difficulty in reaching out to the client group. There has been an impact in learning lessons and the complexity of working with the client group.</p>	<p>Will cover a range of services: Worker will offer a range of services across West Lothian, targeting Day care & Residential Services in WL; also some voluntary and private services Worker making contact with 3 bingo halls, 2 Miner Welfares, 4 community centres and 3 leisure centres Yes. Face to face contact was preferred but some management said no this.</p> <p>=====</p> <p>Worker delivering smoking cessation service Brief Intervention sessions with 4 clients per week –minimum of 1 group a week and 4 in-depth 1:1 clients The operating caseload is typically more than 4 clients per week. This has ranged from 5 – 11 clients, with the average being 7 ongoing at any one time, being seen on average for 10-12 weeks. The worker only has 15 hours per week so there is limited scope to expand this further. Currently the worker has 5 1-1 clients and 1 group.</p> <p>Worker referring 25 older smokers to the smoking cessation team Referrals recorded locally and included in monthly activity reporting. Also recorded on</p>	

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
			<p>national database This hasn't happened. It became seen as a service rather than a project. The idea was for the project to act as a gatekeeper but the project worker actually took on clients themselves.</p> <p>Increased referrals of older people to the smoking cessation service. The project may also have had an impact in promoting general smoking cessation services but the recorded data does not capture this.</p> <p>Referrals recorded locally and included in monthly activity reporting. Also recorded on national database PATH Accredited Brief Intervention Training Module completed 1 In-depth PATH Accredited Training Module completed</p>	

NHS West Lothian Drug & Alcohol Service

Long-term Outcomes: Securing long-term funding for initiative

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>Staff time</p> <p>Part time (0.4 wte) stop smoking advisor.</p> <p>Financial resources £14,971 from ASH Scotland Staff costs £12,010 Publicity £600 Travel £600 Training £400</p> <p>In kind resources from different agencies</p> <p>Staff time from stop smoking services team</p> <p>Line management and Admin support from WLDAS</p> <p>Partner organisation time for steering group</p> <p>Electricity, telephone, office space, IT equipment stationery and mailing costs</p>	<p>Monitoring referrals of over 50s to the smoking cessation service. Referrals recorded locally and included in monthly activity reporting. Also recorded on national database Monitoring need unmet by current service. Will be done through regular meetings with other stop smoking service providers. E.g 6 weekly meetings with WLDAS tobacco team and monthly meetings with full Stop Smoking team</p> <p>Produce monthly reports to the steering group on progress Commencing Nov 06</p> <p>Questionnaire to professionals working with older people at beginning of project and at the end to establish changes in awareness and attitude to older smokers.</p> <p>4 focus groups to assess this in Nov 06 and repeated in Aug 07</p>	<p>Clear objectives and timelines for the project established Undertaken by Dec 06 via steering group The original objectives did stand but the practicalities of delivering did change. The negative attitudes of older people gatekeepers and families were a barrier. Perhaps the project was over ambitious with the level of training undertaken as the 15 hours of the post holder constrained activities to an extent.</p> <p>The project was set up as a pilot although was soon seen as an up and running service with emphasis on meeting client targets. The post holder was keen to do client-based work but the limited capacity constrained carrying out other activities.</p> <p>Mechanism for feeding back on activity established Monthly activity reporting Feedback to steering group Interim report undertaken in Jan 07 (6 months) This was sent back a wee bit</p>	<p>Interim report based on collating enquiry forms To be undertaken in Jan 07 using framework set out in monthly reports Yes.</p> <p>Framework for evaluation report prepared for Tobacco Issues Group to assess need and cost effectiveness of continuing the service. Currently in process of looking at extending project. The awareness-raising component of the project will go, e.g. educating staff, and focus on service delivery.</p> <p>Future plan/exit strategy developed. This is currently still being decided, whether the project will be continued internally or externally, possibly with the project being wound up. If the post holder can be sustained then the service will be delivered to older clients. However, if funding cannot be identified then the service will be absorbed into mainstream</p>	<p>Evaluation of project completed and reported on. Monthly reports Focus groups in Nov 06 and Aug 07 Interim report Jan 07 Final Project Report Identifying need for service Through all of the above</p> <p>Evaluation has been carried out throughout the project and this is being tied together just now in the final report.</p> <p>Two phases of questionnaire examining awareness and attitudes of older services workers completed. Focus groups to be carried out in Nov 06 and Aug 07 Data was collected mainly through the focus groups for practical reasons, that is, low response rates from postal survey.</p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
		<p>later and no feedback was received from ASH Scotland.</p> <p>Mechanism for identifying unmet need established.</p> <p>A major identified need has been for the post holder to develop educational work with staff. Unmet need with clients with mental health needs has been identified and future work should also focus on this. The project has been successful in identifying key issues.</p> <p>Monitored through referrals received and regular staff meetings</p> <p>Enquiry form updated If necessary (Referring to the WLDAS enquiries form and job sheets)</p> <p>By Nov 06</p> <p>Yes.</p> <p>Framework for the evaluation established By Nov 06</p> <p>Yes.</p> <p>Monthly reports to the steering group</p> <p>Commencing Nov 06</p> <p>First phase of questionnaire examining attitudes of professionals implemented.</p> <p>First focus group taking place in Nov 06 with follow up planned in Aug 07</p>	<p>cessation.</p> <p>Via steering group a Report prepared for Tobacco Issues Group to assess need and cost effectiveness of continuing the service</p> <p>This is ongoing.</p>	

SHWA Theory of Change Framework: Wave Two Follow-up

Long-term Outcomes: Raising awareness of health risk of smoking to older people living in 4 areas of regeneration in Stirling and raising awareness of support to quit

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>Staff Time:</p> <ul style="list-style-type: none"> Project delivery, smoking cessation advice Line management & ensuring funding NHS Forth Valley, mentor, training support for SW. Volunteers (Leaflet drops) <p>Financial support from ASH Scotland:</p> <ul style="list-style-type: none"> Part of Salary of smoking cessation advisor £8,000 Other funds for rest of salary, venue, training, marketing etc come from NHS Forth Valley, Stirling Council & Pfizer 	<p>Development of marketing material (April 06)</p> <p>Volunteers used to deliver leaflets (ongoing)</p> <p>Advertising smoking cessation service</p> <p>Liaison with other partners & health professionals</p>	<p>Rolling programme of advertising smoking cessation service via Surgeries (ongoing)</p> <p>Newspapers (Weekly articles submitted)</p> <p>Community Newsletters (Quarterly)</p> <p>Other SHWA events (regular)</p> <p>Other health professionals (ongoing)</p> <p>Leaflet drops door to door/pubs/clubs etc (ongoing) <i>Yes, the project was advertised in four quarters with regular leaflet drops. At the very start there were special, glossy leaflets. Stories were placed in the local newspaper as well.</i></p> <p>Health MOTs run x1 in each area supported by Smoking Cessation Advisor:</p> <ul style="list-style-type: none"> Cowie Miners' Welfare (June 06) Raploch (Sept 06) Fallin linked with primary 	<p>Increasing awareness amongst the targeted group of the support available to stop smoking measured through numbers - registering interest at MOTs and via drop-in, telephone enquiries and cross referrals from colleagues.</p> <ul style="list-style-type: none"> 10 people signed up for each smoking cessation group (new group started in each area every 8 weeks = -16 groups) <p><i>The approach taken was slightly different.</i></p> <p><i>First block (April – June) received more interest due to ban. Ran 1-1 sessions. After the first block they decided rather than rolling on the programme, to run in four blocks.</i></p> <p><i>Overall they had 44 people over four blocks. From April to summer, they had a lot of people, during summer they had few people and after New Year the numbers picked up again.</i> <i>Block 1: 30</i></p>	<p>All people over 50 who live in Cowie, Plean, Fallin and Raploch (areas of regeneration in Stirling) are made aware of the health risk of smoking. <i>The health MOTs were especially important. SHWA ran 7 health events over the course of the project.</i></p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
		<ul style="list-style-type: none"> • school to recruit older people via children/grandchildren (Dec 06) • Plea pub (first Qtr 07) An open-door event with various health promotions run for public. E.g. blood pressure checks, healthy eating – a healthy awareness event to reach people who may not come along to sessions. Emphasis is on fun, drop-in event. <p>Close liaison in the form of regular meetings (quarterly) with other partners & health professionals with the aim of generating referrals to the smoking cessation service e.g. GP referrals or patients advised to quit smoking prior to major surgery referred to services by surgeon</p> <p>Networking goes on all the time. SHWA has a good rapport with local GPs. Formally they received funding from the local TAG group and support from one of the smoking cessation advisors for Forth Valley.</p>	<p>Block 2 (Summer): 5 Block 3 (November – December): 4 Block 4 (January – March): 7</p> <p>One of the major reasons numbers may have decreased was because the ban came into place at the start. After the first nine months there was a slight backlash, it's now harder to reach long-term, high dependence smokers – they are arguably even more isolated.</p> <p>The trickiest thing is getting people through the door, rather than heavy drop off rates.</p> <p>Referrals from health professionals increasing for each new smoking cessation group</p> <p>The first block asked if people wanted groups or 1-1 sessions. In two areas groups were run but the remaining three blocks were run as 1-1s as the numbers didn't justify groups.</p>	

SHWA*Long-term Outcomes: Getting older smokers in Stirling 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"> (Project delivery, smoking cessation advice) (Line management & ensuring funding) (NHS Forth Valley, mentor, training support for SW). <p>Financial support from ASH Scotland:</p> <ul style="list-style-type: none"> Part of Salary of smoking cessation advisor £8,000 <p>Other funds for rest of salary, venue, training, marketing etc come from NHS Forth Valley, Stirling Council & Pfizer</p>	<p>Smoking Cessation groups in each regeneration area</p> <p>One to one follow ups as required</p> <p>Telephone follow up at 4 weeks, 3 months, 9 months, 12 months</p> <p>Cross-referrals of smoking cessation clients to other SHWA services</p> <p>Update training of smoking cessation advisor (SW)</p> <p>Routine data collection</p> <p>Telephone advice and support from point of first contact with client (clients can access the smoking cessation advisor by telephone during office hours).</p> <p>Relapse prevention</p>	<p>Smoking cessation groups established in each regeneration area. (New group commencing every 8 to 12 weeks in each area), aiming for at least 10 people in each group. (First groups started in July 06) (Estimate 160 smokers)</p> <p>The approach taken was slightly different.</p> <p>First block (April – June) received more interest due to ban. Ran 1-1 sessions. After the first block they decided rather than rolling on the programme, to run in four blocks.</p> <p>Overall they had 44 people over four blocks. From April to summer, they had a lot of people, during summer they had few people and after New Year the numbers picked up again.</p> <p>One to one support & follow up for clients as required beyond the length of the main group sessions (July 06)</p> <p>Support was delivered holistically and there was ongoing assistance available. Clients could contact SHWA outwith the cessation sessions.</p>	<p>Minimising relapse through regular contact with every client so that long-term follow up is better than national average at 12 months.(National average =Relapse rate of about 75% of 4 week quitters)</p> <p>Of first three blocks, 22 out of 35 who had quit had still stopped after the sessions.</p> <p>Supporting clients with other activities in support of their quit attempt to also minimise relapse. Holistic approach was taken. A person-centred approach is taken by SHWA. This works well with 1-1 support, they can tailor advice to individual so appropriate smoking displacement activities are suggested.</p>	<p>80 successful quitters at 4 weeks from the 4 regeneration areas by the end of the funding stream (50% quit rate)</p> <p>Smaller numbers overall but higher quit rates: Overall quit rates was 68% at 4 weeks, 30 out of 44 clients. Again, the challenge was getting people through the door.</p>

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
		<p>Clients referred to other SHWA services as appropriate (based on assessment and discussion with client) e.g. physical activity sessions. Support was delivered holistically and there was ongoing assistance available. Clients could contact SHWA outwith the cessation sessions.</p> <p>SCC to attend update training (quarterly) SCC was on the training list for Forth Valley. E.g. one day training on smoking cannabis, update on NRT. Wasn't necessarily delivered quarterly but ad hoc.</p> <p>Routine data collection on every client that attends. Contained in reports to ASH Scotland</p> <p>Maximise attendance (few DNAs) by establishing strong rapport with every client from the date of first contact, until first attendance of group and beyond. Applied to format at beginning. A lot of lettering was carried out. Once that was done, they ran the sessions at the same venue at the same time.</p>		

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
		<p>Clients supported if quit attempt is affecting medication for other conditions by referring back to GP for advice (noted on client record) Yes. Initially they had hoped to have a prescribing nurse or doctor attending sessions. Once format changed to drop in rather than appointment they couldn't justify a doctor sitting in. They went back to a pilot format where referrals were made to local health clinic for NRT.</p> <p>Clients contacted for one to one support or for data collection follow up will be brought back for more support if they have relapsed and if they meet the criteria in terms of their motivation to quit assessment. (Recorded on database) Forth Valley originally stated if clients failed on first attempt they had to wait 6 months (although that's changed before restarting NRT). SHWA operated a different policy based on motivation to quit.</p> <p>Clients supported with other SHWA activities to reduce tendency to return to smoking Yes, tied in with holistic delivery.</p>		

SHWA

Long-term Outcomes: Maintaining an effective, accessible smoking cessation service for older people who live in Stirling's regeneration areas for the foreseeable future

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>Staff Time:</p> <ul style="list-style-type: none"> (Project delivery, smoking cessation advice) (Line management & ensuring funding) (NHS Forth Valley, mentor, training support for SW). <p>Financial support from ASH Scotland:</p> <ul style="list-style-type: none"> Part of Salary of smoking cessation advisor £8,000 <p>Other funds for rest of salary, venue, training, marketing etc come from NHS Forth Valley & Stirling Council & Pfizer</p>	<p>Conduct evaluation of T&I funded project including:</p> <ul style="list-style-type: none"> Data collection User satisfaction survey (Questionnaire & telephone) Data analysis Reports written & circulated <p>=====</p> <p>Meetings & feedback to SHWA Board of Directors</p>	<p>Collection of data related to quit attempts, (personal, smoking & demographic information). (June 06 to May 07) <i>Yes, collected monitoring data. SHWA recorded qualitative and quantitative data. Also follow NHS forms asking why people want to quit etc.</i></p> <p>Questionnaire survey of clients attending smoking cessation sessions <i>Refers to ongoing monitoring of project.</i></p> <p>Telephone follow ups with all clients <i>Not with all clients. This changed with implementation of project.</i></p> <p>6 month mid term report to ASH Scotland <i>Progress report was sent off.</i></p> <p>=====</p> <p>Feedback to SHWA Board of Directors (every 2 months) via written report or presentations Yes, to the management committee.</p>	<p>Evaluate effectiveness of smoking cessation intervention through data analysis (qualitative and quantitative) as measured through numbers attending group support, user satisfaction, short-term (4 weeks) and long-term quit rates (12 month) Yes. This is standard SHWA practice that was built into the ASH Scotland project.</p> <p>Data analysis, May 07 <i>This is ongoing at the moment. This is planned roughly before September 07.</i></p> <p>=====</p> <p>Evaluation report written & disseminated to SHWA Board of Directors & ASH Scotland end July 07. <i>This is ongoing at the moment.</i></p>	

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
	<p>=====</p> <p>Seeking longer term funding for initiative</p>		<p>This is planned roughly before September 07.</p> <p>=====</p> <p>Using evaluation to support longer term funding requests by demonstrating effectiveness of intervention (January 06 onwards)</p> <p>Links through TAG led to match funding (an additional £3,000). Nothing has been confirmed for this coming year but they have been given verbal support. SHWA are the only local group that does work out in the community so Forth Valley are supportive. Mainstream funding from Stirling Council and Forth Valley is there.</p> <p>Grant request submissions (regular)</p> <p>Meetings with potential sponsors/funders (whenever possible)</p> <p>Yes, although nothing has been sorted from additional sources. Cessation is included in funding from mainstream.</p>	<p>=====</p> <p>Achieve successful ongoing funding for an effective smoking cessation service tailored to support older smokers in Stirling</p> <p>Incorporated in mainstream funding as part of ongoing work. Cessation is one of the main activities of SHWA.</p>

Glasgow Caledonian University Theory of Change Framework: Wave One and Two Follow-up

Long-term Outcome: To increase the delivery of effective brief smoking cessation interventions by members of primary care teams nationally who have contact with older people who smoke through the use of a tailored smoking cessation training package

Resources	Activities	Short-term outcomes	Intermediate outcomes	Penultimate outcomes
<p>Input of Research Team Members. (See Table 1)</p> <p>Input of members of the Research Advisory Group. (See Table 2)</p> <p>Finance: Phase 1 £15,000 (plus £10k from the Glasgow Healthy City Partnership) Phase II £6,644 To cover: Project Management Costs Stationery Postage Travel Tapes, incl. transcribing Admin support Training Catering</p>	<p>a) Development of a specially tailored smoking cessation training package for professionals who have contact with older adults.</p> <p>Literature review</p> <p>Review of earlier qualitative study funded by PATH</p> <p>b) Application for PATH approval of the training package.</p> <p>c) Delivery of the training package. <ul style="list-style-type: none"> Recruitment of staff for training </p>	<p>a) Literature review & review of qualitative work providing evidence of the special needs of older smokers (completed in July. 2005).</p> <p>b) PATH approval awarded (May 2006).</p> <p>c) Recruitment of staff for study (complete in July 2006) 73 participants were recruited initially. At Time 1 57 sets of data were collected, 54 sets of data were collected at Time 2 and 53 sets of data at Time 3. The participants were a mixture of nurses and allied health professionals.</p>	<p>a) Development of the training package.</p> <p>Completed in December 2005.</p> <p>c) Delivery of training to members of primary care team who work with older adults (intervention group) (should be complete in June/July 2006). Training was delivered in August and beginning of September 2006. Training was delivered on three occasions i.e. the intervention group was split into 3 groups of c.12.</p>	<p>Uptake of tailored smoking cessation training by professionals who have contact with older adults that influences their smoking cessation knowledge, attitudes and practice.</p> <p>This is the next stage on from the project, to roll the project out.</p> <p>If the training is shown to be effective we hope that it will be rolled out throughout Scotland in 2007/2008. They are looking to do this 2008. There will need to be some tweaks to the training programme.</p>

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<p>Input of Research Team Members, in particular knowledge and experience of psychometric testing. (See Table 1)</p> <p>Input of members of the Research Advisory Group. (See Table 2)</p> <p>Pre-registration and post-registration students in the Schools of Nursing, Midwifery & Community Health and Health & Social Care at Glasgow Caledonian University.</p> <p>Finance: Phase 1 £15,000 (plus £10k from Healthy City Partnership) Phase II £6,644 To cover: Project Management Costs Stationery, Postage Travel, Tapes, incl transcribing, Admin support Training, Catering</p>	<p>a) Development of three data collection instruments to measure the knowledge, attitudes and practice of the professionals who will participate in the main study.</p> <ul style="list-style-type: none"> Review of other data collection instruments <p>b) Psychometric testing of the three instruments to ensure that they are valid and reliable before they are used in the main study.</p> <ul style="list-style-type: none"> Recruitment of students to validate the 3 instruments developed for the study 	<p>a) Review of other data collection instruments, from the literature and from knowledge and experience of the research team members (completed in August 2005).</p> <p>b) Distribution of the data collection instruments to students in the Schools of Nursing, Midwifery & Community Health and Health & Social Care who have had contact with older people who smoke.</p> <p>Data collected at two time points, 2 weeks apart (n=376). (compl. Dec. 2005)</p>	<p>Data collection instruments finalised (November 2005). Yes, December 2005.</p> <p>b) Instruments shown to be valid and reliable, following full psychometric testing. (March 2006).</p>	<p>The instruments used successfully to collect data on the knowledge, attitudes and practice of the study participants in the main study at three time points i.e. baseline (prior to the delivery of the smoking cessation training), immediately after the training and three months after the training. (should be completed by September 2006).</p> <p>Actually completed in January 2007 as the training was delivered later than expected.</p>