

## WEST DUNBARTONSHIRE COUNCIL

### Report by the Director of Community Health & Care Partnership

Community Health & Care Partnership Committee: 6 April 2011

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**Subject: Equally Well Test Site – Two Year Review**

#### 1. Purpose

The purpose of this report is to bring to the Committee's attention the work undertaken within the two years of the West Dunbartonshire Equally Well Test Site - *Targeting tobacco in Whitecreek*.

#### 2. Background

- 2.1 The Scottish Government's Health Inequalities Task Force published a report in June 2008 entitled *Equally Well* which set out the key challenges for addressing health inequalities in Scotland.
- 2.2 The report identified the need to identify eight local test sites which would lead the way in the implementation of the recommendations of the Task Force through local public service partnerships. Each of these test sites would ostensibly run for two years, receiving support on the latest research on what works in health inequalities; data collection and analysis; and other areas identified nationally or locally. Learning for each test site would be shared on an on-going basis with other local authority areas and with national agencies.
- 2.3 The former West Dunbartonshire CHP in collaboration with West Dunbartonshire Council submitted a proposal for one of the eight test sites, its focus being a leading edge tobacco control programme within the Whitecreek area of Clydebank. Smoking is still the biggest cause of premature death in Scotland, especially in socio-economically disadvantaged communities. Whitecreek is a tight knit small community which is affected by many social and economic disadvantages. At the time of developing the proposal, Whitecreek was identified as experiencing one of the highest prevalence of smoking within the West Dunbartonshire areas (with 40.2% of the adult population resident within Whitecreek smoking compared to the then Scottish average of 27.2%).
- 1.5 Notification was received in October 2008 from the Scottish Government that that proposal had been successful. Shona Robison MSP (Minister for Public Health) visited Clydebank and met both staff involved with the proposal and patients receiving smoking cessation support as part of the successful media launch for the overall national test site programme.
- 1.6 The Whitecreek test site was focused on delivering an evidence-based and multi-component tobacco control programme in a specific small geographic area. The programme has been taken forward by a local multi-agency

implementation group, led by the CHCP's Health Improvement Team; and under the guidance of the Community Planning Partnership Health and Wellbeing Strategy Group.

1.7 The programme had five work streams as recommended by the World Health Organisation, i.e.:

- Lowering availability of tobacco products to those under 18,
- Lowering exposure to second hand smoke.
- Education and prevention activities on tobacco.
- Delivering an inequalities sensitive smoking cessation service.
- Delivery of a social marketing project.

1.8 This paper summarises the key actions which have been delivered in relation to each of these work stream, all of which provide the basis for on-going work within the Whitecrook area; and informing activity West Dunbartonshire-wide.

### **3. Main Issue**

#### **3.1 Lowering availability of tobacco products to those under 18**

ASH Scotland has evidenced that tobacco control compliance and the vigorous enforcement of under-age sales legislation can lead to a significant decline in the proportion of retailers that sell tobacco to underage persons.

Covert test purchases and support visits were undertaken with local retailers within the test site area, with a 7% reduction in the failure to comply rate between 2009 and 2010.

#### **3.2 Lowering exposure to Second Hand Smoke**

Second Hand Smoking (SHS) can be described as involuntary breathing in other people's smoke. Evidence from ASH Scotland suggests that approx 50% of all children in the UK are exposed to SHS in the home.

Local research carried out within the test site area suggested that 88% of smokers were happy to smoke within the home. To raise awareness of the health implications of SHS, key actions included:

- Providing Brief Intervention training on lowering children's exposure to SHS for professionals who come into direct contact with families.
- Information points established within nurseries and playgroups within the test site area to highlight the dangers of SHS and provide information on smoking cessation services.

#### **3.3 Education and prevention activities on tobacco**

Tackling smoking amongst young people is one of the major priorities of the test site, and schools are also in an ideal position to help "de-normalise" smoking within the communities that they are a part of.

Key actions included:

- Developed and introduced an inter-disciplinary training pack based on the Curriculum for Excellence Framework, which takes a whole curriculum approach to tobacco control. Feedback from has been very positive, with the pack now been disseminated across West Dunbartonshire; and adopted by both NHSGGC and the Scottish Government as a key educational resource in tackling tobacco within the school environment.
- Three local primary schools - Whitecreek Primary, Our Holy Redeemer Primary and Cunard Primary Schools - supported to achieve the Smokefree Schools Award. Commendably much of the high quality work within these schools was undertaken by the pupils themselves.

### 3.4 Delivering an inequalities sensitive smoking cessation service

Local insight gathering indicated that local smokers required a Whitecreek based service which was delivered flexibly in relation to location, time and which offered a range of smoking cessation services.

Working within a *community health asset* model, a local peer-led drop-in service was developed. This service was staffed by a local person who was a qualified smoking cessation adviser; and support was provided at a range of local facilities at different days and times. There has been an increase in smoking cessation service attendees and “4 week quitters” from within the test site area.

### 3.5 Delivery of a social marketing project

The local implementation group has worked closely with NHS Health Scotland to develop and deliver a *social marketing* project to encourage the use of local smoking cessation services. This work has been underpinned by local intelligence concerning the needs, concerns and preferences of the local communities. Key actions included a targeted promotional campaign; the application of variety of face-to-face marketing techniques; and collaborative activity with a local community regeneration organisation.

## 4. **People Implications**

The actions highlighted above have involved staff training; and been supported by the recruitment and development of a pool of Sessional Smoking Cessation Peer Group Advisers by the CHCP.

## 5. **Financial Implications**

There are no financial implications associated with this report.

## 6. **Risk Analysis**

No risk assessment was necessary to accompany this report.

## 7. Equalities, Health & Human Rights Impact Assessment (EIA)

An EQIA was conducted on the overall test-site work plan (reinforcing the intent of 3.4 above). No significant negative issues were identified, with the indications being that this work has contributed to a strengthening in inequalities sensitive practice.

## 8. Conclusions and Recommendations

- 8.1 Smoking continues to be a significant public health concern, both within Scotland and West Dunbartonshire - as evidenced within the *2010 West Dunbartonshire Health and Wellbeing Profile* (previously presented to the CHCP Committee at its December 2010 meeting) and the *2010 West Dunbartonshire CPP Health and Wellbeing Survey of 15% SIMD Areas* (previously presented to the CHCP Committee at its February 2010 meeting).
- 8.2 The decision to focus West Dunbartonshire's Equally Well the test-site on tobacco control within an area of high socio-economic deprivation has proven especially prescient given the new NHS national HEAT target for *NHS Scotland to deliver universal smoking cessation services to achieve at least 80,000 quits (at one month post quit) including 48,000 in the 40% most-deprived within-Board SIMD (Scottish Index of Multiple Deprivation) areas over the 3 years ending March 2014.*
- 8.3 The work of the test site has provided a strong platform for continued work within the Whitecrook area; and to underpin activity West Dunbartonshire-wide, including informing relevant actions within the CHCP Strategic Plan 2011/12 (which is being presented separately to the CHCP Committee for approval).
- 8.4 Early learning from the test site has already been disseminated – and positive received – locally, NHSGGC-wide and nationally, e.g. at the recent National CHP Conference; NHS Health Scotland's Annual Review; and the National Social Marketing Conference.
- 8.5 Two particularly valuable messages from the test site have been the importance of investing in constructive working relationships between local services and agencies; and in listening to and engaging directly with communities in order to best tailor local services to meet their needs.
- 8.6 The CHCP Committee is asked to note this report; and to commend both the work of the CHCP staff involved as well as the wider membership of the local multi-agency implementation group.

Electronic Signature

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**Appendices:** None

**Background Papers:** Equally Well: Report of the Ministerial Task Force on  
Health Inequalities.  
WHO Framework Convention on Tobacco Control.  
2010 West Dunbartonshire Health and Wellbeing Profile.  
2010 West Dunbartonshire CPP Health and Wellbeing  
Survey of 15% SIMD Areas.  
CHCP Strategic Plan 2011/12.

**Wards Affected:** Whitecrook