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EXTERNAL REVIEW OF ASH SCOTLAND 2014

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EXECUTIVE SUMMARY

Background

1. The purpose of this light touch review was to examine and assess ASH Scotland's performance in providing value for money in relation to the grant funding provided by the Scottish Government. It was carried out between April and June 2014. Evidence was taken from stakeholder interviews, focus groups and document reviews.

Vision and Strategic Direction

2. ASH Scotland has a strong vision which is closely aligned with the Scottish Government ambitions stated in *Creating a Tobacco Free Generation: A Tobacco Control Strategy for Scotland*. Stakeholders consulted during this review identified the importance of ASH Scotland maintaining its independent position in order to be fully effective and the significant contribution it makes to tobacco control. ASH Scotland is perceived as having a robust process for developing and agreeing its strategy and vision which is based on wide stakeholder consultation.

Effectiveness of partnerships

3. The organisation works effectively with a wide range of partners and alliances. ASH Scotland is seen as highly effective at coordinating and supporting partnerships, such as the Scottish Coalition on Tobacco (SCOT) and the Scottish Tobacco Control Alliance (STCA), and to work well with academia. Partnership working helps ASH Scotland achieve greater national and local impact than it could working alone, and increases the sustainability of its work.

Balance of local, national and international work

4. All three levels of work are considered important; they inform and support each other and contribute to ASH Scotland's impact and profile. There is wide agreement on the unique and important contribution of ASH Scotland's national and international roles, but there is potential to further articulate and clarify how it works at the local level.

Governance and accountability

5. Governance within the organisation is strong, with clear arrangements which are regularly reviewed to ensure clarity and probity. The Board provides robust and appropriate challenge, and functions effectively in providing oversight and strategic direction. Internal decision making processes are effective and reviewed regularly.

Use of resources

6. Financial governance and decision making are framed by a clear set of procedures and reporting requirements. Financial instructions and controls are well managed and consistently used; recent improvements have been

made to ensure greater accountability and alignment with organisational and funding priorities. Staffing levels and staff deployment are regularly reviewed to ensure that they are clearly contributing to priority areas of work. The calibre of staff is generally considered to be high, and their work is well respected by external stakeholders.

Using resources to deliver the Scottish Government objectives

7. The Scottish Government is the largest single funder of ASH Scotland, providing contributions to both core and project funding. The work undertaken by ASH Scotland on the Information and Research, the Inequalities, and the Youth projects has delivered to, and in some cases exceeded, Scottish Government requirements. The longstanding PATH partnership which included youth and inequalities work as well as leading the smoking cessation training programme came to a formal end in 2013. Funding for youth and inequalities work continues as a separate project. Funding for training has been extended into 2014 pending the issue by the Scottish Government of a revised tender and specification for the contract for cessation services.

Performance management framework

8. There is scope to clarify and improve ASH Scotland's performance management framework and its underlying structure. While the current model is comprehensive and well used, it does not enable ASH Scotland to fully assess the impact of its activities, and systematically identify areas for improvement. It will be important for ASH Scotland to develop a framework which allows it to assess the contribution of its work to national outcomes for tobacco control.

Equality and diversity

9. The recognition of smoking as a health inequalities issue is embedded across ASH Scotland's approach and there is a high commitment to tackling inequalities and related tobacco control topics. ASH Scotland has developed a wide number of activities to support the reduction of health inequalities, working closely with alliances and local organisations, and particularly with young people.

Conclusion

10. Overall ASH Scotland is effective in achieving its aims, and in delivering value for money for the Government. ASH Scotland has a unique role, and can be seen to provide value, both in terms of its immediate work and impact, but also in contributing to the wider reduction of tobacco use and its associated harm and costs to society.

1 BACKGROUND

- 1.1 The purpose of this light touch review, which was commissioned by the Scottish Government, was to examine and assess ASH (Action on Smoking and Health) Scotland's performance in providing value for money in relation to the grant funding provided by the Scottish Government.¹ The review had the following objectives:
- Assess ASH Scotland's short and long term strategic planning processes and the organisation's performance in, and contribution to, developing and delivering national tobacco control policy;
 - Examine ASH Scotland's performance in providing value for money in relation to the funding provided by the Scottish Government, both to support its core activities and for specific projects/initiatives;
 - Assess the effectiveness of ASH Scotland's standing financial instructions and internal and external audit;
 - Identify significant strengths which can be built upon and propose approaches for addressing any weaknesses or gaps which have been identified, with cost-effectiveness being a key consideration.
- 1.2 ASH Scotland is an independent charity which was established in 1973 under the auspices of the Royal College of Physicians of Edinburgh and became a separate national organisation in 1993, having had its roots in an earlier UK-wide organisation set up in 1971 by the Royal College of Physicians London, following the publication of two major reports flagging the harm effects of smoking.
- 1.3 ASH Scotland is funded through a number of different sources, with most of its income coming from the Scottish Government in the form of core funding and grants for specific projects.

2 METHODOLOGY

- 2.1 The review was carried out between April and June 2014 and was based on the following activities:
- A review of documents from ASH Scotland and the Scottish Government.
 - An assessment of ASH Scotland's financial arrangements and systems from a review of relevant documents and interviews with key staff.
 - Interviews and focus groups with ASH Scotland staff to elicit their views on the organisation's strengths, weaknesses and opportunities and their engagement with external stakeholders.

¹ The last external review of ASH Scotland was undertaken in 2008:
<http://www.scotland.gov.uk/Publications/2008/08/29113558/0>

- Focus groups and interviews with a purposive selection of external stakeholders, carried out face to face where possible and by phone where necessary.²
- 2.2 The analytic framework for the review was based on the Best Value guidelines from Audit Scotland, although some adaptations were made to reflect the specific purpose of this review.
- 2.3 In addition, in agreement with the Scottish Government advisory group for this review, a light touch comparison was undertaken with two other voluntary organisations which receive grant funding from the Scottish Government and with the two other ASH organisations based in London and in Cardiff.³

3 VISION AND STRATEGIC DIRECTION

Alignment of the ASH Scotland vision and strategy with Scottish Government objectives

- 3.1 The Scottish Government agreed a new *Tobacco Control Strategy – Creating a Tobacco Free Generation* early in 2013 (hereafter referred to as the ‘Strategy’),⁴ which sets out an ambitious target of a “Tobacco-Free Scotland” by 2034, meaning that the proportion of the general population who smoke will have been reduced to 5% or less. The high level of cross-party support for tobacco control measures has enabled the introduction of policies and created an engaged political environment across Scotland. The national Strategy sets out a range of activities which will help reduce the impact of tobacco on disadvantaged groups and on young people, reduce adults’ and children’s exposure to second hand smoke, and help people to stop smoking. Partnership working across the public and third sector is essential for the Strategy’s delivery and each activity has a lead accountable organisation. Three themes run through the Strategy: prevention, protection and cessation, which, with inequalities, inform its performance framework. The Strategy’s action plan covers a five year period although it presents a 20 year vision. Progress on the Strategy is overseen by the Ministerial Working Group on Tobacco, supported by a number of sub-groups.
- 3.2 The current ASH Scotland strategy⁵ covers the years 2010-15 and, so was developed before the current national Strategy. It has a strong vision which is closely aligned with the Scottish Government ambitions for a tobacco-free Scotland. Both Scottish Government representatives and external stakeholders interviewed for this review commented on how well the ASH Scotland strategy complements and supports the national Strategy, and its

² See Appendix 1 for a list of interviewees.

³ Throughout the report ASH (UK) is referred to as ‘ASH in London’ as many of its functions are covered in Scotland by ASH Scotland and, for the sake of consistency, ASH Wales as ‘ASH in Cardiff’.

⁴ <http://www.scotland.gov.uk/Publications/2013/03/3766>

⁵ <http://www.ashscotland.org.uk/about-us/our-five-year-strategy.aspx>

effectiveness in doing so. The documents share common themes including the focus on prevention, promotion, cessation, and on young people, health inequalities and second hand smoke exposure. This overlap reflects close working over the years between ASH Scotland and the Scottish Government. At the same time there are differences in approach and ambition between ASH Scotland and the Scottish Government, which appropriately reflect the different roles of each.

- 3.3 The close alignment of ASH Scotland's strategy and the national Tobacco Control Strategy is not altogether surprising as ASH Scotland played a key role in the partnership approach adopted by the Scottish Government in developing the national Strategy. ASH Scotland was a member of the steering group and is a member of the Ministerial Working Group on Tobacco. With others, it campaigned for the inclusion of many of the issues which the Strategy deals with, and is recognised as having made a significant contribution.
- 3.4 Through its wider work in analysing and presenting research evidence, combined with its campaigning and contribution to policy making forums, ASH Scotland has made major contributions to Parliamentary debate and decisions such as the commitment to introduce standardised packaging and the control of tobacco advertising. It is anticipated that the new ASH Scotland strategy, currently being developed, will be even more closely linked to the national Strategy in its aims, objectives and results framework.
- 3.5 Both the Scottish Government and a wide range of external stakeholders value the independence of ASH Scotland and emphasise the importance of the organisation in retaining its independent view and voice. The value of an independent body with different views that can be at the forefront of public debate is fully recognised by the Scottish Government, which appreciates that ASH Scotland's strategy will overlap with that of Government but will have differences of priority, pace and ambition. An example of effective pressure was the role ASH Scotland played in lobbying the Organising Committee for the Commonwealth Games to make the Games smoke free. From interviews with two members of the Scottish Parliament's cross-party group on tobacco control it is clear they also value the influencing role of ASH Scotland in contributing to tobacco control debates and it is widely seen as a leader in the field.

Clarity of ASH Scotland's vision and purpose

- 3.6 External stakeholders engaged with ASH Scotland through partnership or alliance work broadly see it as having a clear purpose and set of aims. A recent stakeholder survey undertaken by ASH Scotland reported that 86% of respondents thought that the organisation was highly or somewhat effective in pursuing its vision. The Scottish Government similarly perceives there to be a clear organisational vision.
- 3.7 ASH Scotland's current vision, as expressed in the 2010–2015 strategy, sets out aims and outlines planned activities for the period. Achievements in the last five years have been clearly relevant to, and have supported the

achievement of, the stated aims in the document. These include: campaigning for a new tobacco control strategy for Scotland; brokering new partnerships between research and practitioners; raising awareness of the links between tobacco use, poverty and health inequalities; and providing training on smoking cessation.

- 3.8 Stakeholders who regularly engage with ASH Scotland perceive that its vision is communicated effectively. As well as the published strategy report, ASH Scotland also provides the *State of the Nation (Smoking in Scotland)* report, many research and evidence reports, briefings, a blog, and regular bulletins. It frequently issues press releases and holds interviews with the media to maintain an effective campaigning and public profile. These activities are all valued by stakeholders, and in themselves help communicate the main concerns and objectives of ASH Scotland and of the wider public health sector in Scotland through informing stakeholders and the general public. Stakeholders independently observed that an important part of the way ASH Scotland communicates its vision is through meetings, events, providing information and facilitating understanding. This method is seen as understated but effective.

ASH Scotland's internal strategic planning processes

- 3.9 ASH Scotland is currently preparing its revised strategy for 2015-2018. The organisation is using a well-planned and structured process to ensure that the new strategy is delivered to time, including engagement with relevant stakeholders. The Board had an initial discussion on the new strategy in December 2013, reviewed a proposal for the outline strategy in January 2014 and will further scope and agree the direction in July 2014. A clear timetable has been set to ensure that the strategy is agreed in time for funding applications in late 2014, and to inform work planning for 2015/16 and subsequent years.
- 3.10 The new strategy is being informed by various stakeholder consultations. This approach is consistent with ASH Scotland's usual approach, noted positively by stakeholders, of consulting widely before introducing changes. The views of staff were gathered at an away day used to identify priority areas of activity for ASH Scotland. They were asked to consider a future vision, and the changes needed to achieve it.
- 3.11 External stakeholders were invited to comment on ASH Scotland in an online survey and responses were extremely positive, indicating a high level of satisfaction with the organisation's work. The annual ASH Scotland YouGov poll also provides a snapshot of the wider public's views on tobacco control policy and smoking behaviours, and the results are being used to inform the strategy. The senior management team will map the new strategic plan to the national Strategy, to ensure the two are aligned.
- 3.12 However, the 2010–2015 ASH Scotland strategy, while setting out a strategic direction, did not provide clear outcome measures by which to assess impact. There is an opportunity for the new strategy to clearly set some longer term objectives and the outcomes it is working towards. This will enable a more

structured and strategic approach to frame future work. A simpler and clearer strategy will also help better communicate ASH Scotland's aims and how it will achieve them. Recent internal ASH Scotland discussions on the 2015–18 strategy have identified an intent to set a clearer and more strategic approach and outcome based reporting. The new strategy will cover a three year period rather than a five year period to ensure coherence with the national Strategy timeframe. It would, however, be beneficial to use a longer time frame in which to map outcomes beyond three years. Such a mapping would enable ASH Scotland to assess the contribution of its new strategy to longer term impacts.

4 EFFECTIVENESS OF PARTNERSHIPS

Partnership working and its contribution to impact and value for money

- 4.1 Working with alliances and partners is an explicit objective for ASH Scotland in achieving impact. Partnership working strengthens impact, and enables the organisation to have a far wider and deeper reach and more dynamic dialogue than it could otherwise have. Partnership working is seen by the ASH Scotland leadership as integral to all its work and key to its success.
- 4.2 ASH Scotland works with two principal networks, SCOT, a coalition of partners campaigning on health and tobacco use originally set up by ASH Scotland in 1999, and the STCA, a forum for information exchange and collaboration on tobacco related issues. ASH Scotland co-ordinates and provides administrative support to the STCA and its Chief Executive chairs SCOT.
- 4.3 The SCOT group's main function is to campaign for better tobacco control and to share and develop information and good practice across its members. The organisations involved in SCOT seek to influence policy, respond to consultations and provide advice and information to the public, politicians and the media. The STCA has a greater focus on information exchange, and collaboration on all aspects of tobacco control and health promotion relating to smoking. In addition, ASH Scotland has a number of partnerships with academics, local authorities, health boards and voluntary sector groups and alliances to address different specific issues.
- 4.4 ASH Scotland's work with SCOT is seen as a very effective way of influencing public debate and challenging the tobacco industry. The combined strength and credibility of the members of SCOT (which includes representation from the Royal Colleges and British Medical Association as well as major charities such as the British Heart Foundation and Cancer Research UK) contribute to the power and impact of its communications and influencing work. ASH Scotland supports this work and actively engages in policy work with SCOT members. The SCOT group also highly values ASH Scotland's contribution in reviewing evidence to support campaigns. Members observed that ASH Scotland is very good at involving different organisations appropriately in

campaigns, and engaging and coordinating the wider sector to develop a shared campaigning voice.

4.5 The STCA was established by ASH Scotland in 2002 with the objective of strengthening tobacco control activity and policy at the local level, by using the alliance to increase reach and depth, and add value. Specific support to the STCA has come from core funding and there had been time-limited funding for a post to support the local alliances, which ended in 2010. Since the post funding came to an end, ASH Scotland's input to local alliances has reduced, but it still provides support to the alliance to promote and develop local policies and events. There is allocated staff time from ASH Scotland to provide support to the coordinating group, provide a weekly bulletin of news and research, and arrange meetings and conferences proposed by the wider membership. Sub-groups of the STCA lead on research, youth, and cessation and health, and they are active both locally and nationally.

4.6 In addition, there have been partnerships such as REFRESH (Reducing Families Exposure to Second-hand Smoke in the Home), a joint project established by ASH Scotland, in partnership with the Universities of Aberdeen and Edinburgh and with a wider advisory board. REFRESH was funded by the Big Lottery Fund to manage a four year research project on reducing families' exposure to second-hand smoke in the home. Academic leads in the study were extremely positive about the outcomes of the work, and were complimentary about the role of ASH Scotland both in enabling the funding and in contributing policy expertise to the research:

“the research community need to work with policy and advocacy. [This sort] of partnership is very beneficial... It is a two way conversation which stimulates research ideas which are grounded and linked to practice and the work of the STCA.”

4.7 Close working relationships with academia beyond the specific REFRESH project also have a value in ensuring that there is a sound evidence base for developing policy. This is particularly valuable in ensuring that arguments are sufficiently robust to provide challenge to the tobacco industry and those who oppose tobacco controls and that evidence can stand up to scrutiny, including potential legal challenge.

4.8 The partnerships can in themselves lead to new alliances and co-operation. For instance a relationship is being developed with Age Scotland and Alzheimer Scotland to look at the links between dementia and smoking, and the STCA's and ASH Scotland's Youth and Tobacco Forum has brought in new groups representing young people, which enable the forum to make links with local youth networks.

4.9 External stakeholders, including the Scottish Government, see ASH Scotland as very effective at partnership working. Several commented that it manages to retain good relationships with different partners, even in a context where they may be competing for funding. It is seen as a very active lead organisation, but without dominating the sector, and as offering “an open house for partners and the wider tobacco control community”. The wider

sector working on tobacco control seems to appreciate the coordinating and supporting role that ASH Scotland undertakes.

- 4.10 Through partnership working ASH Scotland is able to offer good value for money on three levels. Its work with the STCA and the SCOT group enables it to access free meeting rooms and other facilities provided by partners, saving it direct costs. At a second level, the combined expertise of partners can be costed, and valued as a contribution to campaigns, policy and research work. ASH Scotland has already begun to undertake a costing of some of its partnership work that estimates the value of members' inputs, which shows how partnership can leverage in value. At a third level, the products of partnership activity achieve a national impact and local spread and increase the sustainability of activities so that it provides very good value for money for ASH Scotland and its funders.
- 4.11 Working in a potentially more constrained future financial context, a more strategically focussed approach to partnership working may become necessary. With possibly fewer resources available to support alliances, partners will themselves need to invest more resource in ASH Scotland's work. ASH Scotland will need to prioritise partnerships according to its understanding of which ones contribute most effectively to its overall objectives and add the most value to its work.

Governance arrangements for partnerships

- 4.12 Both SCOT and STCA have clear governance arrangements and structure. For SCOT, this is light touch, appropriate to a small group. The STCA has more formal arrangements for its structure, communications and election of officers and members for its coordinating and sub groups, consistent with its wider membership and more complex role. There were specific financial and governance arrangement for the REFRESH project to ensure compliance with funder requirements. However, most partnerships are informal, often time limited, with no funding attached and do not require formal governance arrangements. Interviews with stakeholders indicated that where there are no formal partnership arrangements, partnerships were generally still perceived as having fair and transparent decision making processes.

The balance between local, national and international work

- 4.13 Currently ASH Scotland works at the local, national and international levels and sees a clear link between them. National work is supported by local activity which provides both an opportunity to spread good practice and to build alliances of local voices to support campaigning. International work builds on the good practice developed by local and national implementation of tobacco control initiatives and allows the organisation both to learn from best practice and to disseminate its own learning. Knowledge and activities at all three levels contribute to the strength of ASH Scotland's profile and effectiveness. The question as to what balance the organisation should set between local, national and international work was raised by a number of people interviewed for the review, who expressed a variety of views. Below are set out some of the findings and the questions they raise.

- 4.14 At the local level ASH Scotland works with alliances such as the STCA to act as a catalyst and vehicle for achieving change in local communities. Links have also been made with individual NHS Boards through the provision of training for professionals involved in smoking cessation services, and with local government (for instance in encouraging the inclusion of local tobacco control issues in their Single Outcome Agreements). Another example of local partnership working is the development of a Tobacco Policy Support Guide for organisations, groups and youth workers that work with young people in community settings with NHS Greater Glasgow & Clyde Smokefree Services. This guide was drafted in consultation with local third sector youth organisations. ASH Scotland also provides some direct local services, such as the cessation training to practitioners, and Tobacco Awareness Raising Sessions (TARS) to community and voluntary sector groups, REFRESH training, and there are examples of direct engagement in relationship to tackling inequalities.
- 4.15 A wider question was raised by stakeholders in relation to how ASH Scotland engages at local level. It is not seen as a grass roots organisation; its expertise is in policy, influencing, informing, and it may be most effective in using those skills rather than concentrating on extensive local activity. Its engagement and the remit of its activities at the local level need therefore to be considered and clearly articulated to stakeholders.
- 4.16 ASH Scotland's local engagement across geographic areas is not always consistent. Some NHS Boards require more input, whereas larger boards may require none; rural and urban areas have different requirements. A point raised by a minority of stakeholders, is the tendency to be Edinburgh-centric, with less or little engagement further afield in Scotland. Some stakeholders perceived that ASH Scotland is sometimes less willing to engage with smaller and more distant events or training courses. However, it is important to recognise that ASH Scotland has provided training and tobacco awareness raising sessions across Scotland, including Orkney, Shetland and Inverness, and makes considerable effort to ensure it does hold and contribute to events in different locations. There is however, an inherent financial challenge in achieving wider spread in a cost effective way. ASH Scotland needs to balance carefully budgetary and time demands with its remit to work across Scotland, a challenge of which it is mindful.
- 4.17 At a national level ASH Scotland is widely seen by stakeholders to be effectively contributing to the reduction of smoking through its information and advocacy work within Scotland. It plays a vital role by linking national policy with local implementation, and in bringing together key players in academia, local government, the NHS, the community and voluntary sector and national government. This is a unique role which allows it to influence wider debate and policy on tobacco control from a position of independence and credibility. The organisation is able to work as a catalyst, promoting the flow and use of policy and information through its networks, and helping translate it into action. Its strong voice and effective management of media, together with its function in promoting and disseminating research help ensure that it has wide credibility. ASH Scotland provides a clear, well-informed voice in Scotland

which consistently and persistently pursues the reduction of harm from tobacco use. From an assessment of stakeholder interviews and of ASH Scotland work and strategy, it is clear that its national role is clearly one that it plays very well, and is widely recognised for. It is also a role which could not be provided by any other organisation in Scotland. As one stakeholder commented: “[It’s] worth every penny for what ASH does, if it didn’t exist, you’d have to invent it.”

- 4.18 At the international level ASH Scotland contributes to UK level work on the WHO Framework Convention on Tobacco Control and is a member of the Framework Convention Alliance and the Smoke Free Action Coalition. It meets regularly with ASH in London and ASH in Cardiff, the Northern Ireland ASH hosted by Cancer Focus Northern Ireland, and ASH Ireland to discuss policy. These meetings of the ASH organisations in the five nations were instigated in 2008 and now take place regularly. Academic and government stakeholders both made the case that increasing its international profile further would both be beneficial to ASH Scotland’s efficacy through learning from other countries, and serve as a platform for publicising good practice and successes from Scotland. It was understood that increased international participation would have associated costs, but stakeholders thought that these were relatively low and would be outweighed by the benefits. Increased cross-UK participation in terms of coordinating work with ASH in London and ASH in Cardiff to ensure a collaborative approach to avoid potential duplication on policy will also help strengthen ASH Scotland’s value for money and overall impact on tobacco policy in the UK as well as Scotland. It seems sensible to continue with the international activity: it has a high profile, requires relatively little time and resource, and adds value to Scotland’s international profile, building on the strong national commitment to tobacco control.
- 4.19 There were broadly three views expressed on the local/national balance of work. A number of people interviewed thought that ASH Scotland gets the local/national balance about right, recognising that there are limited resources, and that the organisation needs to prioritise. However there was a second view, expressed mainly by local organisation stakeholders, that there is a need for more locally based work, with both statutory and voluntary groups. This was largely framed either as doing more with local health boards, local government and the third sector to develop tobacco policy to support implementation of the national policy; or to do more work specifically connected with the inequalities agenda. No respondent was very specific on quantifying what this would look like; there were also no suggestions that ASH Scotland should do less at the national level. A third view was that ASH Scotland is particularly effective at the national level, and that while the local relationships are important, the national role is one that no other organisation could fulfil.
- 4.20 ASH Scotland is mindful of the need to achieve the right balance, and has identified its approach to local work as an area to reconsider for its 2015 – 2018 strategy, particularly in relation to tackling inequalities and increasing direct engagement with local groups. However, this will require resource and increasing organisational focus on local activity would require changes in

funding use and/or fund raising policy. If there is a decision to increase local working, the impact on national (and international) work will need to be fully assessed.

- 4.21 These different views on the balance of local/national/international work implicitly raise questions about what stakeholders see as ASH Scotland's main purpose, and which level of work offers most value for achieving that purpose. It is clear from the findings above that it is the local role that needs to be reviewed and given a clearer direction for the future. If there is a planned increase in local activity it will be necessary to demonstrate how it helps ASH Scotland (and major funders such as the Scottish Government) achieve their objectives in relation to tobacco control, and make clear the contribution of local work to intended strategic outcomes.
- 4.22 A review of the local activity may also benefit from considering the ways in which ASH Scotland works locally. Much of its activity work is explicitly through work with and support to alliances. It is widely seen to be effective at this. Stakeholders and ASH Scotland itself have both recognised, however, that it is not necessarily the right organisation to work directly with some disadvantaged and excluded groups and individuals, which can be better engaged with by local voluntary or community groups or specialist professionals, but does work well with intermediary groups. Potentially it can be most effective by continuing its role of supporting professionals and alliances to undertake local work and providing expert advice and assistance, particularly in relation to inequalities. The organisation may want to consider how it works through alliances, including local authorities and NHS Boards, to promote tobacco control strategies and activities to optimise use of total available resources. Partnerships will need to be selected strategically to maximise the resources available.
- 4.23 It will also be beneficial for ASH Scotland to maintain strategic partnerships with NHS Health Scotland and COSLA to ensure that its planned activities are well coordinated with the work of NHS Boards and local authorities. The integration of health and social care and work with community planning partnerships provide excellent opportunities for ASH Scotland to revisit how it collaborates with the public sector in Scotland at locality levels.

5 GOVERNANCE AND ACCOUNTABILITY

Clarity of ASH Scotland's governance arrangements

- 5.1 ASH Scotland has clear and strong governance arrangements. These are reviewed regularly by the Board to ensure that they are still robust and fit for purpose, and amended if necessary to improve clarity and probity.
- 5.2 There is a very clear governance structure and associated decision making processes. Decision making processes were recently reviewed and endorsed by the Board in January 2014⁶ in a paper which set out when decisions need to be brought to Board and the levels of expenditure that require the Chief Executive's signature. The paper also describes the memberships, remits and operating protocols for each of the two sub-committees, Finance, Fundraising and General Purposes (FFGP) and Policy and Development, that report to the Board. The remit of the sub-committees is to consider and advise on, and report and make recommendations to the Board. The FFGP sub-committee, which is chaired by the Treasurer, reviews finances and budgets and reports on budgets and finances to the Board. The Policy and Development sub-committee reviews external policy and its impact on ASH Scotland's work and the strategic plan. Both the sub-committees meet regularly, and have clear agendas. An area for improvement is the minuting of sub-committees in order to make clear what decisions/recommendations are being taken to the Board. This would help formalise the contribution of the sub-committees to the Board and increase the transparency of decision making.
- 5.3 The Board functions effectively in providing oversight and governance, and helping set strategic direction. The Board meets quarterly to discuss strategic and financial matters. Recent Board agendas have, as well as standing items on finance and budgets and the Chief Executive's report, included the strategic plan review. Each Board meeting also discusses a theme (such as cessation or health inequalities) in more depth which contributes to shaping the strategic direction and measuring the organisation's impact.
- 5.4 In 2010 the Board asked for more performance information related to the strategic outcomes. A new format was introduced and a Strategic Outcomes Report is submitted to each Board meeting, setting out what activities have been undertaken in relation to the organisation's strategic and subsidiary high level outcomes. This document always reports on the strategic outcome "Sustaining ASH Scotland as an effective organisation", focuses in depth on one other outcome, and covers two of the other⁷ high level outcomes. These reports, with the Chief Executive's report, provide the Board with regular information on activities and achievements. A weakness in the Board agendas and minutes is that there is no apparent discussion of the Strategic Outcomes reports, showing Board queries or views on activities. This raises a question

⁶ ASH Scotland Board report paper 10, Decision making, 4 January 2014.

⁷ There are only 5 strategic outcomes, as agreed in the 2010 Board paper on 'Strategic Outcome Measures and Board Reporting'.

both about the purpose of the reports, which are long and must require considerable staff resource to write, and their utility as a mechanism for the Board to take a strategic view on performance. A fuller discussion of these reports is provided below in section 8 on the performance management framework.

- 5.5 There are examples of the Board challenging proposals, showing that it is active in its governance role. For instance, there was a Board challenge in 2009 on limiting the use of reserves at a time of financial pressure, and in 2013 which provided constructive challenge on inequalities. A sample of minutes over three years shows a Board which is generally engaged and will make interventions appropriately. This view is endorsed by Board members' comments in interview that there is a healthy working relationship between the Board and the Senior Management Team (SMT) which allows challenge, but is also respectful and productive. Board members individually and collectively bring a great deal of relevant experience and capacity to ASH Scotland, both as experienced board members and from their own knowledge of tobacco control policy and the wider health sector in Scotland. Members are elected for an eight year maximum term⁸ which creates turnover and ensures that new members with fresh eyes can strengthen the Board's ability to provide effective scrutiny.
- 5.6 There are two internal decision making-groups. The SMT meets monthly to discuss operational, financial, HR, strategic matters and communications, with a structured agenda, and uses these meetings appropriately to make operational, financial and strategic decisions. Where decisions need to be submitted to the Board or taken to the wider staff group, this is made clear. A Management Team (MT) (which consists of three or four middle managers with the SMT) meeting also takes place monthly. While there is likely to be a need for both meetings, there can be overlap of content and decisions. It will be worth setting out terms of reference for each meeting, and reviewing the purpose of each to ensure effective use of staff time.
- 5.7 External stakeholders perceive ASH Scotland to have strong governance, and observe that they are impressed by the strength and quality of the Board, and the capacity of the Chief Executive to lead effectively.

⁸ There is a constitutional option to extend term for a further 4 years if specific circumstances warrant a further extension.

6 USE OF RESOURCES

Effectiveness and completeness of financial instructions and controls

- 6.1 There is good governance for financial decision making, with a comprehensive set of financial procedures within the organisation. ASH Scotland uses a regular cycle of financial reporting against annual budgets to the Finance Fundraising and General Purpose (FFGP) sub-committee and then the Board. The SMT meetings review budgets in detail, compare actual spend against budgets, and highlight variances for follow up with managers. The soundness of the financial systems is confirmed by external auditor reports which have consistently found ASH Scotland financial management arrangements to be satisfactory for the last ten years.
- 6.2 ASH Scotland has a well-structured and comprehensive approach to financial controls. Budgets are prepared by the Finance Team and submitted for approval by the FFGP sub-committee. Any significant variations are taken to the FFGP and Board for approval; in practice these are rare, as costs are largely fixed costs of salaries, rent and negotiated services contracts. Budgets are reviewed monthly and reported to the Director of Business and to a nominated person from the FFGP. A full set of papers including bank recommendations, aged debtors and creditors, control account analysis, balance sheet and income and expenditure accounts by funding stream are prepared and reviewed by the Director of Business. In addition, quarterly budget meetings are held with budget holders and financial statements are prepared for the FFGP and Board meetings.
- 6.3 Financial authorisation is restricted appropriately. Five staff signatories and three Board signatories are registered. All payments require two people to authorise them (where possible the Director of Business is always one of them) whether signing cheques or authorising on-line through BACS payments. Cheques over £1,500 require a Board member to be one of the signatories.
- 6.4 Financial controls are designed to ensure that ASH Scotland gets good value for money. A rolling programme of review of services (including gas, electricity, telephones, cleaning, IT, security, photocopying, stationery and supplies) was implemented a number of years ago. This means that these costs are regularly reviewed, and comparative quotes are sought to ensure best value and to keep costs as low as possible. A minimum of three quotes from different suppliers will be sourced and compared for cost and quality of service. A similar approach is applied to one-off expenditure such as printing reports, consultancy, furniture and equipment. Staff are encouraged to book travel and accommodation as early as possible to get best value and use teleconferencing when feasible to minimise travel costs. ASH Scotland always negotiates to get good value for meeting and event costs. The organisation also works with partners to get in-kind support such as meeting rooms and facilities to keep overall expenditure low.

- 6.5 There have been a number of recent improvements in the financial management of ASH Scotland, partly due to the upgrading of the Finance Officer post (from a Finance Assistant) a year ago which has brought in a higher level of capacity. This has also enabled the Director of Business to take a more strategic role in overseeing finance. Financial instructions are now updated at least annually; there is now a formal month end procedure. A new process has been introduced to ask budget holding managers to sign off credit card expenditure, to ensure that they can assess if it was necessary. Increasing intelligent accountability in this way strengthens the overall effectiveness of the organisation. This new initiative contributes to the wider understanding of staff that controlling budgets is a shared responsibility, which has been consciously developed by the senior leadership over the last 4–5 years.
- 6.6 A critical test of good use of resources is whether they are spent effectively on the right areas of activity. ASH Scotland scrutinises expenditure carefully, to ensure that it is well focused on its strategic aims, and reviews its expenditure at Board to ensure good alignment with these as well as cost efficiencies, which together contribute to good value. Funders receive regular reports to assure them of good value for money in terms of their specific grant requirements. There are regular stakeholder and user surveys of specific services (such as the survey of users of the enquiry and library service in 2012) and the more general stakeholder surveys which are used to improve services. Together these different forms of scrutiny help provide assurance that ASH Scotland makes good use of resources.

Staffing capacity, development and deployment in relation to objectives

- 6.7 Staff are the strength of ASH Scotland and also its main area of cost. Ensuring staff are deployed efficaciously, and continue to have the right skills to be effective, is key to achieving good value for money. External stakeholders currently view ASH Scotland staff as being of high calibre, highly professional, and all staff are seen to have a very high commitment to their work. However, there are increased financial pressures, and, with the development of a new strategic plan which possibly includes new agendas, it will be important to ensure that staffing capacity and deployment continue to be appropriate to future requirements.
- 6.8 The SMT and Board ensure that staff are deployed well in relation to ASH Scotland objectives and contracts held through regularly reviewing staffing structures and numbers. The organisation does not view posts as fixed, and when vacancies arise, there is not an automatic 'like for like' replacement but an assessment is made of current and future needs so that human resources are used to deliver good value collectively. As an example, when a director left recently, the post was not filled but the opportunity taken to consolidate his areas of responsibility with those of the two remaining directors and to restructure internally to support this change. Additional staff capacity can also be brought in where this aids effectiveness, as in the example of upgrading the Finance Assistant post to a more senior role to improve financial

management. Some posts are effectively dependent on particular contracts (such as the PATH project) and these are reviewed if the contract is not renewed or changes substantially. To date, changes in staffing have been managed without compulsory redundancies.

- 6.9 The main area of capacity which ASH Scotland perceives to be lacking is funding to support local alliances. Since the funding for the alliances support post came to an end, other teams have stretched to cover some of the work. Developing additional capacity in this area is seen by the organisation to be important to help it achieve its strategic aims of reducing inequalities and increasing the effectiveness of its local activity. ASH Scotland staff note that while they can and do work with local communities, current capacity feels like a “drop in the ocean” compared to how many groups they could be working with.
- 6.10 ASH Scotland’s information and research capacity is highly respected and seen as a major strength by external stakeholders. Stakeholders from all sectors spoke of how much they use and rely on the information briefings and research updates to support their own work on tobacco control, and inform policy and practice. Academics were complimentary about the high quality of the publications produced. Stakeholders expressed concern at the possibility of this capacity being diminished with the anticipated departure of a current staff member; clearly this is still a priority area to continue to resource. This capacity is seen to be particularly important given the challenges ASH Scotland faces from the tobacco industry and pro-smoking lobby; and the need for its work to be robust and evidence based.
- 6.11 Performance management of staff is well aligned to the wider aims of ASH Scotland. Staff all have individual work plans which are closely related to the organisation’s and each section’s work plan for the year. These are reviewed with line managers approximately monthly to assess performance against planned outputs and outcomes. This helps ensure that staff are being effectively deployed to deliver organisational objectives. As part of setting annual objectives, staff and managers are asked to consider what, if any, training or development is necessary to help the individual achieve their objectives.

Using resources to deliver the Scottish Government objectives

- 6.12 ASH Scotland receives funding from five main funders, the largest of which is the Scottish Government, which provided in total 74% of income in 2012/13. This includes core funding, which is not tied to any specific activity and accounted for 22% of income in 2013/14, and project funding for the Information Service, and PATH (covering Youth, Inequalities and Training) which accounted for a further 52% of income. Other major funders have included NHS Health Scotland, the British Heart Foundation, Cancer Research UK, and The BIG Lottery Fund. Recent funding has been received from the Robertson Trust, matched by the Scottish Government, for further work on second hand smoke following on from the REFRESH project. Each funder supports different activities, for example Cancer Research UK supports policy and advocacy activity, the British Heart Foundation part funds the

information service with the Scottish Government, and The BIG Lottery Fund funded the REFRESH project. For the purposes of this report we focus on the use of Scottish Government funding.

- 6.13 The Information and Research Service is highly valued by all stakeholders. It is very productive, producing daily and weekly bulletins, publications and fact sheets, as well as longer research publications such as the work for REFRESH and papers on the effectiveness of different interventions on reducing smoking amongst deprived groups and on e-cigarettes. The service also hosts a large library of resources on tobacco and provides a free public inquiry service on research questions. As well as its value to the wider sector, the service ensures that policy work and responses to the tobacco industry are very well evidenced. The production and publication of evidence and research have also played a significant role in informing the general public and the expert tobacco control sector, including the Scottish Government. ASH Scotland publications, such as the annual *Smoking in Scotland* report and regular bulletins support the organisation in its independent influencing role, as well as informing the ambition of the national Strategy and national policy debates. Performance reports on the Information Service submitted to the Scottish Government show that it performs very well in relation to its set indicators. The British Heart Foundation provides over half the information service costs.
- 6.14 The Inequalities work (which was originally combined with the PATH heading but has since become a separate funding stream) covers a wide range of activities. These have included working with poorer and disadvantaged groups, for instance through work on smoking and intention to quit in deprived areas of Glasgow; support to the Smoking in Pregnancy summit in 2013; and developing and project managing the REFRESH project with academic partners. In 2013, the organisation organised a BME and tobacco focussed summit as a part of the 40th anniversary ASH Scotland conference, which resulted in a publication and the establishment of a Tobacco and Ethnicity Network. ASH Scotland has also targeted the third sector and community groups working with a range of inequalities groups to promote the uptake of Tobacco Awareness Raising Sessions (e.g. with homeless people, young people, women, children and family centres, people with HIV/AIDS, carers, and people with mental health problems). Support is given to mental health focused prevention and cessation work nationally and locally to reduce smoking prevalence and to support smoke free NHS buildings and grounds. ASH Scotland is seen as being effective in these areas, although it is seen to be most effective when it works with and through local organisations, as it is not a frontline service. The specification of the tasks and output measures is less clear for inequalities activities than for the information and research work, and so it is harder to make a clear judgment on performance. This also reflects the nature of the work; tackling health inequalities and influencing local groups is a less precise activity, and is not solely within the control of ASH Scotland as it requires the engagement of local organisations.
- 6.15 Preventing and reducing tobacco use by young people is vitally important for reducing overall use and changing attitudes. A wide range of work is

undertaken in partnership with many voluntary organisations and, in particular, through the youth group of the STCA. Recent achievements include the establishment of the youth and tobacco forum; engaging with the Youth Tobacco Commission; running the Crofton and Dynamic Youth awards; assisting partners to effectively embed tobacco education in schools; identifying and reviewing existing resources suitable for those working with young people and making them more available; working with relevant partners and young people to campaign for outdoor music and sporting venues and events to adopt and implement smoke-free policies. Where possible young people are engaged in the activities. These activities use a variety of approaches to embedding and promoting information and policies on tobacco control in relation to young people. Performance reports on the Youth Project submitted to the Scottish Government show that it performs well in relation to the agreed output measures.

- 6.16 The training provision (a part of the PATH contract) includes work on cessation and on raising the issue of smoking. PATH was a partnership between ASH Scotland, the Scottish Government and NHS Health Scotland, and was funded by both for the work. The PATH partnership ended in 2013/14, but was a substantial part of ASH Scotland work before that. The Scottish Government has set up a comprehensive review of specialist smoking cessation provision, including consideration of future provision and training needs, to inform decisions on future training models and contracts. Although the training service is therefore not currently provided by ASH Scotland, its provision falls within the period of review. Under PATH, specialist stop smoking support was provided by the organisation using accredited training modules, developed in 2006 and revised and revalidated in 2009/10. These modules continued to be updated for accuracy but were seen to be in need of revision in recent years in order to address changes in approaches to cessation training, and reduced demand for staff training since many local staff have now been trained. Plans for revising the modules have been put on hold pending the forthcoming review.
- 6.17 Cessation training provided to practitioners using the accredited modules has been positively experienced and effective from a sample of course evaluations in the last two years and feedback from the 2014 stakeholder survey. The performance reports to the Scottish Government, however, show a slight underperformance in numbers of participants and in local health board engagement in relation to output measures in 2013, although numbers increased later that year and in 2014. Lower take up may also have been a function of past success in that many practitioners are now trained and there is a finite pool of practitioners. It may also reflect the fact that some larger NHS Boards now manage their own training and that there has been an increase in e-training. In addition to the accredited training modules, ASH Scotland also provides wider health behaviour change training, often in partnership with NHS Health Scotland.
- 6.18 Core funding from the Scottish Government is used to part support overhead costs (such as governance, office space, administration, ICT) and to support the STCA work. Funding is apportioned to activity costs where possible. Every

effort is made to keep expenditure low and deliver good value. However, the Scottish Government core funding has no requirements specified for what ASH Scotland should achieve or deliver, beyond that it should be compatible with the priorities of Scottish ministers and in particular any priorities identified as a consequence of the new tobacco control strategy⁹ which ASH Scotland certainly achieves. From reviewing the work undertaken, expenditure in relation to activities, and reports to the Scottish Government, ASH Scotland is achieving what it has been asked to do, and in some cases surpasses output requirements in relation to grant and project funding.

- 6.19 It is, however, important to take a wider view than grant or contract compliance. From reviewing its activities and achievements over recent years and the feedback of stakeholders, ASH Scotland is clearly effective in leading and influencing policy on tobacco control, and engaging and supporting a wide range of national and local organisations. In so far as ASH Scotland's work contributes to a reduction in tobacco use, which will have an associated positive effect on costs to health services, the economy and society, it is making a valuable contribution to national objectives. While it may be difficult to put a monetary value on its impact, ASH Scotland's impact is larger than the sum of activities it undertakes itself.

7 PERFORMANCE MANAGEMENT FRAMEWORK

Performance management within ASH Scotland

- 7.1 ASH Scotland has a comprehensive and detailed performance management and reporting framework which is reported on at each quarterly Board meeting. However, there is scope to clarify and improve the thinking underpinning the framework which was originally implemented in 2010, and sets out a series of five strategic outcomes, each with a set of up to 11 high level outcomes. The strategic outcomes reports provide information on ASH Scotland's contribution, the indicators used, and progress reports for each high level indicator. These outcomes are clearly relevant to ASH Scotland's strategic aims; however, the current detailed reporting framework on activity does not allow an assessment of overall performance.
- 7.2 The report would be more useful for the Board if it can indicate whether activities are on track, or where there is variation, and set out the reasons why. Setting targets, and using a simple system to provide a visual overview such as a traffic light (red, amber, green assessments of performance) system may help ASH Scotland assess how well it is progressing towards outcomes, using the outputs or milestones as proxy indicators. It would also be beneficial to discuss with the Board members what they require from performance reporting.

⁹ Grant letter from the Scottish Government to ASH Scotland (2013)

- 7.3 Performance management frameworks can be strengthened by the clarity of their underlying structure and its relationship to organisational strategy. ASH Scotland developed logic models for its work in 2011 with support from Evaluation Support Scotland. Logic models can provide a powerful tool for clarifying thinking about contextual drivers, inputs, outputs, and medium and longer term outcomes. Their value often lies in helping identify the links between investment (inputs) in activities (outputs) and their likely impact (outcomes). With the advent of a new strategic plan, there is an opportunity to review the existing models to test how planned activities will contribute to delivering outcomes.¹⁰
- 7.4 The ASH Scotland leadership is already planning to increase the focus on outcomes in the 2015-18 strategy. There is scope for an approach with fewer outcomes to clarify and strengthen the organisation's strategic direction, and inform the development of a more concise, outcome focused performance reporting framework. This will enable ASH Scotland better to assess the impact of its own work and to provide better accountability to the Scottish Government, other funders and wider stakeholders.

Reporting to the Scottish Government

- 7.5 In addition to its own internal performance reporting, ASH Scotland also reports on its core grant funded and project activities to the Scottish Government on a six monthly basis. The core grant reports use a format which reports on 22 key objectives required by the Scottish Government. Each objective has a number of associated actions, so that this report is also very detailed. The report uses outputs as measures of achievement, and sets clear timescales for activities, and 'outcomes' are set for each objective. These outcomes are different to those used by ASH Scotland in its own performance management system, and some may be better described as 'outputs'. As used, the reports to the Scottish Government provide a wealth of information on the many activities achieved by ASH Scotland. The use of outputs rather than outcomes, however, limits their strategic value.
- 7.6 Reports to the Scottish Government on the specific projects (e.g. on inequalities) report on activities in relation to output measures. Each task is related to the Scottish Government Tobacco Strategy theme to which it contributes, for example cessation, protection, and inequalities. These reports appear more similar to quasi contractual specifications for time limited work, and give appropriate levels of detail for this purpose. This format, however, does not enable the Scottish Government easily to assess ASH Scotland's contribution to delivery of the national Tobacco Control Strategy.
- 7.7 ASH Scotland are concerned to provide the Scottish Government with the requisite information in regular reporting but a lack of clarity over what is needed has challenged them. During the course of this review, the Scottish

¹⁰ It may be useful when reviewing the logic models also to refer to the NHS Health Scotland models on tobacco use which are clearly structured and show the four critical elements of inputs, outputs, medium and long term outcomes.

Government indicated in discussion a preference in the future for more outcomes-based grant conditions than in the past and, therefore, also a preference for reporting which focuses on showing how activities have contributed to those outcomes as well as providing appropriate information to ensure full accountability. The current situation, as ASH Scotland develops a new three-year strategy, offers an opportunity to reconsider reporting formats and arrangements and for the Scottish Government to define more clearly what it requires in terms of reporting for the remainder of the grant period. A joint review by the Scottish Government and ASH Scotland would help identify how current formats could be improved to achieve better focused reporting which would aid future monitoring of how the organisation delivers value for money.

8 EQUALITY AND DIVERSITY

Addressing inequalities through ASH Scotland's work

- 8.1 Reducing tobacco use and its impact amongst poorer and more marginalised groups is one of ASH Scotland's five strategic objectives. Reducing tobacco use amongst these groups is critical to achieving overall reductions at the population level as there are higher rates of smoking and tobacco related disease amongst more deprived groups and particular sub-groups (e.g. those with mental health conditions). For the same reasons, it is also fundamental to the Scottish Tobacco Control Strategy which states that:

"We will not achieve our ambition of a tobacco-free Scotland without addressing the stark socio-economic inequalities in smoking prevalence rates."

- 8.2 ASH Scotland contributes to reducing inequalities through a number of different activities. A key strength is the evidence it analyses and publishes on tobacco use and harm, local initiatives and partnerships, targeting cessation services to disadvantaged groups, and promoting information on the impact of tobacco use to disadvantaged communities. ASH Scotland has contributed significantly to the current national Strategy's clear focus on inequality through consistent policy work over many years, providing strong evidence and working with SCOT and others to publish information on tobacco use and health inequalities. Much of this work is carried out in partnership with NHS Health Scotland, which leads on policy and practice to reduce health inequalities more widely.
- 8.3 In addition to the range of work outlined earlier in the report, there is close work through the STCA to engage with local communities. REFRESH also contributed to addressing inequalities and there has been engagement with local authorities and COSLA, which has resulted in work on and with deprived communities and groups. This is consistent with ASH Scotland's approach of tackling inequalities through collaboration with local organisations.

- 8.4 External stakeholders see ASH Scotland as treating inequalities as a priority. One commented that, “it’s clear they do take equalities seriously; in projects they focus upon engagement with different sectors to ensure diversity”, and others noted that the organisation has engaged with representatives from a variety of disadvantaged groups including BME groups, people with mental health problems and the LGBT community. The Scottish Government interviews indicated that the Government values ASH Scotland’s work in presenting reports and data on tobacco use and inequality, in relation to material deprivation as well as for BME groups, women, young people and children. As noted earlier, there were stakeholder observations that ASH Scotland is not necessarily best placed to engage directly with community groups, but rather that they are seen to collaborate effectively with organisations working with people on the ground. Opportunities for collaborating on inequalities, however, are limited by the extent to which other organisations will or can engage, and will require consistent work over time to develop relationships and increase reach to the wide range of organisations that can help deliver activities on the ground. Funding for inequalities work may be harder to access. Two recent funding applications to the Scottish Government, NHS Boards and to two independent foundations for inequalities related work (for developing an outcomes STAR methodology and to establish a smokers’ panel) did not succeed.
- 8.5 Without a step change in smoking reduction in deprived communities and marginalised groups, it will be difficult to achieve the target of a tobacco free Scotland in 2034. ASH Scotland recognises the need to increase work in this area, and it is a priority for the 2015 – 2018 strategic plan, and also recognises that this is likely to mean developing new skills and ways of working. This may include developing new partnerships to secure funding, and identifying clear priority areas where there will be greatest impact and benefit from social change. Work on inequalities will need to be aligned with ASH Scotland’s review of how it works most effectively at local levels.

Equality and diversity as an employer

- 8.6 ASH Scotland takes equality and diversity seriously as an employer. There is a clear commitment to equality and diversity in: the HR handbook; recruitment methods (a range of external advertisements are required); and with regard to maternity, paternity and adoption leave as well as carer’s leave. A potentially generous support for learning exists (dependent on SMT agreement and funds available). The 2014 staff survey shows that staff agree that differences (e.g. gender, race, educational background, childcare responsibilities, and disability) are respected at ASH Scotland.

9 HOW WELL DOES ASH SCOTLAND PROVIDE VALUE FOR MONEY FOR THE SCOTTISH GOVERNMENT?

- 9.1 A specific objective of this external review was to assess the extent to which ASH Scotland provides value for money for the Scottish Government, both for core activities and for specific projects. The Government funded activities include the inequalities work, youth work, cessation training, information service, but, appropriately, do not include funding for the organisation's advocacy and lobbying activities. The Scottish Government's own Best Value guidelines were used to structure this review, and so in many ways the overall findings from the review will help answer this question. However, within this objective is contained a further question on what the Scottish Government understands to be good value for money and how it can assess ASH Scotland's value and contribution.
- 9.2 External stakeholders comment that ASH Scotland adds value in a number of ways. They see ASH Scotland's role as vitally important in making sure that other actors in academia, politics, and civil society are aware of what others do. The research and information work is seen as vitally important in informing different local and national organisations, including the Scottish Government, in their work to promote tobacco control. ASH Scotland is seen as being able to deliver on a wide range of activities that no other single organisation could. Lastly, external stakeholders and the Scottish Government both acknowledged that ASH Scotland plays a specific and important role in providing constructive challenge to Government, which they are in a position to do as an independent organisation with diverse funding sources.
- 9.3 As we have discussed above, ASH Scotland performs well in relation to the requirements associated with its Government funding, and also delivers an impact beyond its size in terms of contribution to the national Strategy. External stakeholders observe that for its campaigning or lobbying role, and its information and advocacy work there is no effective competition (nor any wish to compete) from others in the tobacco control sector.
- 9.4 The nature of value for money judgements is that they address overall effectiveness and value, not just cost. In terms of the Government's assessment it will be important, in the light of the findings, to consider what it wants to fund ASH Scotland to do in a time when resources may be more limited. These decisions will need to be framed within the wider landscape of tobacco control activities in Scotland, in particular the ongoing work undertaken by NHS Health Scotland and other health boards and local government to support the national Strategy. They will also need to be framed within a timeline which identifies the priority areas for action over the Strategy's lifetime. Such a mapping may help identify where ASH Scotland can make most contribution, have greatest impact and offer best value.

10 COMPARISON WITH OTHER ORGANISATIONS

- 10.1 A light touch comparison of Alcohol Focus Scotland, Scottish Drugs Forum, and ASH Scotland was carried out to inform the review, and to draw out learning which may be useful to ASH Scotland and to the Scottish Government. The two other organisations were selected as they receive comparable core funding from the Government, and have some similarities in terms of activities and objectives with regard to alcohol and drug use.
- 10.2 As each organisation uses different financial reporting conventions, it is not straightforward to compare expenditure on different areas such as research/information, training, policy/advocacy. We therefore focus on areas of difference, similarity and learning opportunities. Information was taken from annual reports, accounts, strategies and performance reports provided by the different organisations and from information available on their websites.

Comparative overview of income and staff 2012/2013

	FTE employed staff	Total income 2012/13	Core funding from Scottish Government 2012/13	Project funding from Scottish Government 2012/13
Alcohol Focus Scotland	13 ¹¹	£905,750 £964,054	£472,000	£38,999
Scottish Drugs Forum	24.5 ¹²	£1, 566,703	£351,000	£359,986
ASH Scotland	21.3 ¹³	£1,158,315	£255,000	£605,000

Scottish Drugs Forum (SDF)

10.3 The Scottish Drugs Forum has three main aims which are to:

- improve the quality, range and effectiveness of service and policy responses to problematic drug use in Scotland
- reduce future and recurring problematic drug use
- promote and sustain recovery from drug problems

10.4 The SDF works through “informing, supporting, leading and representing”. While the work of SDF is partly focused on influencing policy (“representing” and “leading”), the majority of its funding is for specific projects to support and

11 SDF also has 23 voluntary workers

12 Half of the AFS staff are less than full time, there are 16 staff in total.

13 25 staff, 21.3 FTE

improve practice in delivery organisations, and providing help and information to individuals, through training, quality improvement, supporting user involvement, website and directory provision. Local health boards and councils are significant funders of this work, as well as The Big Lottery Fund and the Scottish Government. It differs from ASH Scotland and Alcohol Focus Scotland in that its work is much more directed to service users and practitioners, as well as to commissioners of support to improve capacity and quality.

Alcohol Focus Scotland (AFS)

10.5 AFS has a single overarching aim to help to reduce harm by bringing about a significant reduction in alcohol consumption across the population. It does this through:

- Communication and information dissemination
- Policy, research and advocacy
- Learning and development (including training and training resources)

10.6 Learning and development are an important part of AFS's role, but it also has a very strong focus on producing and publicising evidence and research through its website and policy work. AFS works closely with some local organisations such as alcohol and drugs partnerships, licensing forums and nursery school staff. Funding comes from the Scottish Government for core and project activities, support from donors/trusts such as Comic Relief for specific projects and voluntary donations.

ASH Scotland

10.7 ASH Scotland has a single overarching aim to reduce harm from tobacco. It does this through:

- Training and education
- Tackling inequalities
- Influencing and policy
- Alliances and partnership working

10.8 ASH Scotland has a strong focus on publicising evidence, policy influencing and information, as well as providing training. It also works to achieve greater reach and depth through partnerships such as youth alliances, NHS boards and with alliances such as SCOT and STCA. Funding comes from the Scottish Government, the British Heart Foundation, Cancer Research-UK and funding for individual projects.

Comparing and learning from each other

Vision, strategic direction

10.9 Both AFS and ASH Scotland have a well presented strategy, published on their websites. AFS' strategy has been more recently updated (2013) and benefits from this through providing clear overall objectives and summary of

activities which it undertakes. The logic model AFS uses is similarly useful in giving a high level message about its aims and intended outcomes.

- 10.10 SDF, possibly reflecting a different target audience, emphasises its vision and values, sets out what it wants to see change in society and how it will engage with people. SDF does not publish a strategy, although it has a detailed work plan.
- 10.11 The ASH Scotland strategy 2010-2015 combines both past achievements and forward plans. It is relatively detailed for a strategy document which needs to provide a clear framework for the direction of travel and defined outcomes.

Partnership working

- 10.12 All three organisations work with alliances related to their subject area.
- 10.13 ASH Scotland's work with the STCA and SCOT however appears to be the strongest example of working with others to influence thinking and debate as well as to develop a national aligned approach to reducing smoking and harm from tobacco. For both AFS and SDF partnership work focuses more on bilateral relationships with NHS boards, local authorities and other local organisations. SDF in particular works extensively with health boards, local authorities and local service providers and advocacy groups, and has project funding from some NHS boards and local authorities. For ASH Scotland, there are fewer ongoing direct relationships with health boards and councils.
- 10.14 For these reasons, AFS and SDF appear to have greater practical local engagement than ASH Scotland. AFS local work has been supported by Government funding for a new member of staff since 2012 as part of its support to the national delivery programme. This is in contrast to ASH Scotland where funding for the local alliance officer ended in 2010.

Comparison of ASH in Edinburgh with ASH in Cardiff and ASH in London

- 10.15 The Scottish Government agreed to a light level of comparison with the two equivalent ASH organisations based in London and in Cardiff which involved a review of published data and phone interviews with the relevant CEOs.
- 10.16 ASH in London specifically focuses on policy, advocacy and evidence, and does not provide support to local organisations, although it has offered this recently, on a time limited basis, in response to the 2012/13 changes in public health responsibilities in England. In general it undertakes no direct training delivery. It is smaller in terms of staff numbers and expenditure than ASH in Edinburgh. ASH in London works on matters relevant to the whole UK and England; where policies and activities are devolved to Scotland, Wales, Northern Ireland these are addressed by the ASH organisations for the relevant administration. For instance, the health service and local government are both devolved: HM Revenue and Customs (HMRC) and the Medicines and Healthcare Regulatory Agency (MHRA) are not. ASH in London, like ASH in Edinburgh, is a member of the Framework Convention Alliance (FCA). ASH in London leads the UK-wide Smoke Free Action Coalition (SFAC) as a key

part of its influencing work; the other ASH organisations lead on devolved matters within their own administrations in the SFAC.

- 10.17 ASH in Cardiff is the most recently established of the three organisations (established in its own right as separate from ASH in London in 2007). ASH in Cardiff has more limited resources than ASH in Edinburgh, and fewer core staff. It provides no training, which is provided by Public Health Wales (PHW). ASH in Cardiff receives a small pot of funding from the Welsh Government and engages in policy through the Welsh Government Tobacco Control Delivery Board. ASH in Cardiff has links with 7–8 local groups of Health Boards and local authorities, which it sees as very important in promoting local engagement and informing their influencing work with Welsh Government and PHW. The extra capacity provided by a three-year Big Lottery youth project grant for new project staff has enabled greater local engagement than previously. ASH in Cardiff supports the Welsh Tobacco Control Alliance of 35 local organisations through Cancer Research UK funding it receives and sees these partners as critical to influencing policy in Wales.
- 10.18 We conclude that the three different ASH organisations work appropriately to their local political and resource context, and have developed slightly different remits. ASH in London has a clear focus on UK-level, England-level, and international policy and influencing work as well as on publishing evidence; it prioritises engagement in UK-wide consultations and strategies, which shape the context for tobacco policy. Local training and influencing across the much larger number of local authorities and health organisations in England can be more cost effectively undertaken by other organisations which has been recognised by ASH in London. ASH in Cardiff, working within a smaller administration, has to integrate local and national working which are much more closely linked. With more limited resources, it focuses on a narrower range of activities. ASH in Edinburgh combines the national and local; as for ASH in Cardiff, active engagement with local organisations contributes to influencing and policy work, and to the alignment of activities on reducing harm from tobacco. As with ASH in London, there is strong engagement in UK-level policy, and in international activities, such as the Framework Convention for Tobacco Control. However, the political priority given to reducing harm from tobacco and tackling health inequalities by the Scottish Government also requires a more significant engagement with central and local government and with local alliances.

11 WEAKNESSES AND STRENGTHS

ASH Scotland's strengths

11.1 ASH Scotland demonstrates a number of strengths. These include its:

- Effectiveness in influencing national policies and public opinion;
- Extremely high quality research and evidence publications with an efficient and well respected information service
- Ability to work well with a range of local and national partners and partnerships and to use these to increase impact locally, nationally and internationally
- High level of productivity in terms of outputs and participation in events
- Strong reputation for effectiveness and credibility
- External stakeholders' positive views of the organisation and staff
- A well-managed organisation with a strong staff group, and good use of capacity
- Good governance
- Good use and careful management of resources
- Robust financial and planning systems

ASH Scotland's weaknesses

11.2 Areas of weakness are fewer, and largely relate to improving clarity on organisational strategy and direction. These include having a:

- Large number of strategic and high level outcomes which make prioritisation difficult
- Lack of a succinct, clear overview of performance to present to the Board to enable assessment of areas of over- and under-performance
- Lack of clarity on how activities contribute to achieving the intended outcomes
- Need for a more strategic approach to its work on inequalities and local engagement

Recommendations

11.3 We propose the following recommendations for ASH Scotland:

Recommendation 1: Develop an outcome focused strategy for 2015-18.

Recommendation 2: Ensure that the 2015-18 ASH Scotland strategy is informed by a 5 – 10 year forward analysis of tobacco control issues.

Recommendation 3: Consider, as part of the 2015 – 18 strategy, how it develops and implements a strategic approach to partnership working to enhance effectiveness and value.

Recommendation 4: Continue to prioritise its national and international working, and review the purpose of local work to ensure it contributes effectively to strategic outcomes.

Recommendation 5: Consider developing a revised logic model which can provide the basis for the organisational strategy and performance framework.

Recommendation 6: Identify strategic priorities and partners for inequalities work which can contribute most to reducing tobacco harm and associated health inequalities.

Recommendation 7: Review the purpose of the current Strategic Outcomes report with the Board and explore performance reporting formats to meet their needs.

Recommendation 8: Ensure the minutes of the two sub-committees include recommendations to the Board; and that minutes of the Board include decisions made on the Strategic Outcomes report

The Scottish Government

11.4 The Scottish Government's impact on ASH Scotland's ability to deliver good value for money also needs to be considered. In the findings above we conclude that ASH Scotland does provide good value for money for its core funding and the additional projects. However, the reporting framework used by the Scottish Government is not clearly focused on outcomes, and in some cases does not use clear targets for performance. There is an onus on the Scottish Government to review what it wants the organisation to deliver, and to define the value of ASH Scotland's contribution more clearly if it wishes to assure itself of the value for money it receives for the funding it provides.

11.5 The Scottish Government needs to develop a clearer articulation of what it wants ASH Scotland to deliver for the funding it receives. This will help the Scottish Government to specify more clearly what it sees as good value for money. Following this, the Government should, in discussion with ASH Scotland, revise the reporting templates for core and project funding to ensure that they are fit for purpose.

Recommendation 9: The Scottish Government should review the format of its regular performance reports from ASH Scotland to ensure that the reports enable an assessment of value for money and of contribution to the national Tobacco Control Strategy.

APPENDIX 1 LIST OF INTERVIEWEES

Name	Role	Organisation
Sheila Duffy	Chief Executive	ASH Scotland
Alyson Campbell	Director of Business	ASH Scotland
John Watson	Director of Policy and Engagement	ASH Scotland
Mary Cuthbert	Chair of the Board	ASH Scotland
Donald Lockhart	Inequalities Officer	ASH Scotland
Marion McGovern	Administrative Co-ordinator Training, Youth & Inequalities	ASH Scotland
Rory Morrison	Senior Policy & Research Officer	ASH Scotland
David Robertson	Alliances Manager	ASH Scotland
Cindy Sanders	Training & Development Officer	ASH Scotland
Kelly Shiell-Davis	Policy & Research Officer	ASH Scotland
Valerie Smith	Senior Executive Officer	ASH Scotland
Bob Smyth	Communications Officer	ASH Scotland
Connie Bennett	Development Officer (Young People)	ASH Scotland
Jennifer Black	Administrative Co-ordinator Alliances, Policy & Information	ASH Scotland
Mary-Grace Burinski	Senior Training & Development Manager	ASH Scotland
Sean Lally	Administrative Assistant	ASH Scotland
Allan Middlemass	Finance & Facilities Officer	ASH Scotland
Mr Matheson	Minister for Public Health	Scottish Government
Sioban Mackay	Tobacco Team Leader	
Daniel Kleinberg	Head of Tobacco, Alcohol and Diet	
Donald Henderson	Head of Public Health	
Willie Rennie MSP	Leader, Scottish Liberal Democrats and Chair of the Cross-Party Group on Smoking	Scottish Parliament
Gregor McNie	Cancer Research UK	SCOT group
Lindsay Paterson	Royal College of Physicians Edinburgh	
Dr Alan Rodger	Individual Member	
Maureen McGinn	Former Chair of the ASH Scotland Board	-
Judith Mackay	Senior Advisor for Tobacco	WHO
Alastair MacKinnon	Chief Executive	Fastforward
James Cant	Head of British Lung Foundation Scotland and Northern Ireland	British Lung Foundation Scotland and NI

Melanie Owens	Health Improvement Senior Advisor (children and young people)	STCA Youth and Tobacco Forum Chair/NHS GCC
Trish Grierson	Tobacco Control Lead/Service Manager	NHS Dumfries & Galloway
Catriona Loots	Learning and workforce development advisor	NHS Health Scotland Learning and Workforce
Celia Gardiner	Health Improvement Programme Manager (Tobacco)	NHS Health Scotland Learning and Workforce
Linda Bauld	Professor of Health Policy	Stirling University
Sean Semple	Director of the Centre for Indoor Air	Aberdeen University
Amanda Amos	Professor of Health Promotion	Centre for Population Health Sciences, Edinburgh University
Evelyn Gillan	Chief Executive	Alcohol Focus Scotland

APPENDIX 2 LIST OF DOCUMENTS REVIEWED

Documents from the Scottish Government

Creating a Tobacco Free Generation: A Tobacco Control Strategy for Scotland,
(2013) Edinburgh: Scottish Government
Minutes of the Cross Party Group on Tobacco and Health 2013

Documents from the Alliances

SCOT Steering Group Minutes 2012 – 2013
STCA minutes and agendas 2013
STCA Quarterly reports 2013 – 2014 (sample)
STCA Tracker report April 2014
STCA Structure diagram

Documents from ASH Scotland

ASH Scotland Strategy 2010 – 2015
ASH Scotland Annual Report 2012, 2013
ASH Scotland Board meeting papers 2013-14
Finance and Fundraising, Finance and General Purposes sub-committee agendas and minutes 2013-14
Policy and General Purposes sub-committee agendas and minutes 2013 – 14
Strategic Outcome Measures & Board Reporting paper to Board December 2010
ASH Scotland Memorandum and Articles of Association 2008
ASH Scotland Sub-Committees Remit and Membership 2014
ASH Scotland Board and Sub-Committees Membership 2014
ASH Scotland AGM agenda and minutes 2012, 2013
ASH Scotland “Broad themes from the 2014 Away day” paper
ASH Scotland logic models 2011- 2013
ASH Scotland performance reports to the Scottish Government (core grant, Inequalities, Young People, Training and Cessation/PATH, Information Service) 2011-13
ASH Scotland Year End Accounts 2012 and 2013
ASH Scotland Finance Instructions 2014
ASH Scotland Financial Monitoring and Controls 2014
ASH Scotland Organisation Chart 2014
ASH Scotland Staff handbook 2014
ASH Scotland staff performance management guidance and proformas
ASH Scotland job descriptions (sample)
ASH Scotland recruitment process 2013
ASH Scotland working environment 2013
ASH Scotland staff induction processes and guidance 2013
Results for ASH Scotland’s YouGov Polls 2012 - 14
ASH Scotland Risk Register 2013
ASH Scotland Partnership agreements for PATH and for REFRESH
ASH Scotland Senior Management Team meeting agendas and minutes 2013-14
ASH Scotland Management Team meeting agendas and minutes 2013-14
ASH Scotland Staff Surveys 2013 and 2014

ASH Scotland Stakeholder Survey Report 2014
ASH Scotland (2014) Smoking in Scotland
Minutes of the Cross Party Group on Tobacco and Health 2013
ASH Scotland Training Evaluation reports 2013-14 (sample)

Documents from Alcohol Focus Scotland

Alcohol Focus Scotland Annual Report 2013
Alcohol Focus Scotland Strategic Plan 2012 - 2016
Alcohol Focus Scotland Structure Chart 2013
Alcohol Focus Scotland Annual Accounts 2013
Alcohol Focus Scotland Performance Management Guidelines 2012
Alcohol Focus Scotland Bi annual Monitoring Report March 2014

Documents from Scottish Drugs Forum

Scottish Drugs Forum Annual Report 2013
Scottish Drugs Forum Annual Accounts 2013
Scottish Drugs Forum Workplan 2013-14
Scottish Drugs Forum Workplan 2013 -14 – final version
Scottish Drugs Forum organisational structure chart 2014

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