

**By: Jane Heeley, Malti Varshney and Debbie Smith**

**To: West Kent CCG Health and Wellbeing Board**

**Date: 16<sup>th</sup> September 2014**

**Subject: West Kent Tobacco Control and Smoking Cessation Working Group**

**Classification: Unrestricted**

## **Summary**

Following the presentation of the action plan developed by the Tobacco Control Task and Finish Group at the April meeting of this Board it was evident that the meetings of this Group had enabled partners working across the system to come together to integrate approaches to dealing with this priority area. The Board agreed to the continuation of the Group with the aims of delivering its action plan.

## **1. Background**

1.1 In brief the recommendations of the April report were:

- Delivery of the action plan ;
- “Make every contact count” by developing ways for staff throughout partner organisations to promote the tobacco control agenda;
- Review how partners contribute to the return on investment figures; and
- That West Kent Partners would demonstrate their strategic leadership and commitment to this area of work by becoming signatories to the Local Declaration on Tobacco Control.

1.2 In April the Board also held a development session focussing on how all partners can collectively work to address population needs. During this session six principles were identified, which were:

**Problem-based approach** – this was around focusing on a topic and getting to grips with it, rather than spreading too thin;

**Articulate ambition** – this was getting the narrative of the story of change around the topic area agreed and then clarity across all HWB members about how they communicate this in their organisation; also using social media and off-the-wall approaches to get the message across

**Population level** – recognising that the topic will play out at population level, to tackle health and wellbeing both in the short and long term;

**Audiences** – carrying out segmentation of the target audiences and getting the message across to each in the most appropriate way; for instance working with schools as a target group for some of the change topics

**Risk sharing** – shared ownership of the changes and the implications on organisations and their services from these changes, including shifting resources;

**Holding to account** – this gets down to the ‘conductor’ role of the HWB in getting action across the West Kent system, and then holding organisations to account for implementation

- 1.3 This report illustrates how the above approach has been used to implement the findings of the work of Tobacco control Task and Finish Group and provides an update on the progress being made in the delivery of those aims.

## **2. Problem based approach**

- 2.1 Smoking continues to be one of the main causes of preventable early death in West Kent. Although smoking rates have fallen from 135,000 in 2007 to 115,000 in 2010 there is a reported increase of 5% in 16 to 19 year old males, which is equivalent to 800 more teenage male smokers.
- 2.2 Additionally smoking is a key contributor to higher death rates in people from more deprived areas, as a greater proportion of people living in those areas smoke, compared to their more affluent counterparts, most notably in Park Wood and Shepway areas of Maidstone (West Kent Smoking Health Equity Audit 2011). This equity gap is widened by the fact that people from more affluent backgrounds are more likely to access Stop Smoking Services (SSS) than smokers from deprived areas.
- 2.3 With regards to ethnicity the prevalence across different ethnic groups follows the national picture, with the most notable examples of high prevalence being in male Bangladeshis at 40% and male Irish at 30% prevalence rates.
- 2.4 In developing the action plan the Group were mindful of this data and aim to implement actions consistent with the Kent Tobacco Control Strategy to tackle this priority area:

- Encouraging smokers to quit;
- Harm reduction, through both encouraging smokers to cut down their intake of tobacco and looking at initiatives to reduce exposure to second hand smoke;
- Preventing people taking up smoking; and
- Controlling sales of cheap and illegal tobacco

### **3. Articulate ambition**

- 3.1 A recommendation of the report to this Board in April was that partners should demonstrate commitment to this area of work by signing up to the local Government Declaration on Tobacco control. It is our aspiration that all partner organisations will sign up to the declaration and in doing so promote/ show their support for the main messages around the Tobacco Control agenda.
- 3.2 An important step in promoting messages around quitting and harm reduction is ensuring that partners have as broad a pool of people able to deliver Very Brief Advice (VBA) interventions on a variety of settings. Districts have been asked to identify officers that are able to promote tobacco control messages through their day to day work, when interacting with members of the public, for example Housing or Leisure officers. When this has been done the SSS will provide the necessary training. It is intended that the first sessions will be delivered before the end of the year.

### **4. Population level**

- 4.1 Kent prevalence for smoking is 20.9 % and across West Kent prevalence at district level ranges between 16 % in Sevenoaks to 20.4% (Source:2014 Health Profiles) in Maidstone. However smoking prevalence at ward level may be more than 35% as in Parkwood Park in Maidstone.
- 4.2 The overarching aim of the Group is to bring about a reduction in this prevalence, promote harm reduction strategies and reduce the number of new people taking up smoking. The Task and Finish group members appreciate that this will involve both short term and long term activity. In particular this will require a disproportionately high level of intervention with our priority communities, where the prevalence of smoking is higher and the consequential health impacts are more significant.

- 4.3 Last year there was a 10% increase in referrals to the stop smoking service. However the number of people who successfully quit smoking over this period reduced by 27%. The National Institute of Clinical Excellence (NICE) evidence suggests that harm reduction ('cutting down to quit') programmes may be better deployed to support heavy smokers who are not able to quit smoking completely. **Table 1** below shows this year's data from the SSS on people quitting smoking.

**West Kent CCG Data - 1 April  
14 to 5 Sept 14**

	Babyclear	GP	Pharmacy	Core	TOTALS
Referrals					0
Quit dates set	12	432	43	156	643
Quits	8	184	13	82	287
Lost to Service	0	77	10	14	101
Not Quit	1	66	7	28	102
Awaiting outcome	3	105	13	32	153
				Grand Total	1286

## 5. Audience segmentation

- 5.1 It is clear from reviewing how each of the four themes are tackled, the fact that smoking is an issue right across our population and in a wide variety of settings, that agencies would benefit from a range of measures, and interventions for addressing all aspects of this agenda. One of the functions of this group should be to develop a toolbox of interventions that can be used to target specific audiences that are included based on evidence of their success, either locally or nationally.
- 5.2 An example of how this might work in practice is illustrated through the recent pilot lead by Kent County Council Trading Standards, working in collaboration with Maidstone BC and Public Health. Through the identification of young persons smoking hotspots in Maidstone the Trading Standards Service was able

to address potential tackle the sale of underage sales with four retailers in the locality. Following a test purchasing exercise the businesses were engaged with informally and were offered advice and support. A further exercise will be carried out in due course to monitor their compliance; failures on this occasion may result in formal action. The next steps required complete the objectives of this initiative will involve engagement with young persons, through youth workers, the development of tobacco support sessions for community groups and the preparation of local media groups to promote the initiative. These next steps are best achieved through other partners in the pilot, recognising the relative skill sets of each agency.

5.3 There will need to be more effective targeting of stop smoking services to the most vulnerable groups where smoking is a heavily entrenched way of life and where people are less likely to quit (such as routine and manual workers and smoking in pregnancy where prevalence rates for smoking in Kent are above the national average) and support for people with Learning Disabilities and Mental Health issues.

5.4 There are a number of areas of current activity across West Kent which include:

- Districts and the SSS are currently reviewing a more strategic approach to local collaborative working to improve outcomes from the work being delivered through the health inequalities action plans, the KCC commissioned work that Districts are delivering through their Healthy Living Centres, and workplace health programmes, of which one priority is making referrals into the SSS.
- Smokefree homes initiative in priority communities targeting, homes with children, which is a joint initiative with Kent Fire and Rescue, the Districts and Stop Smoking Service.
- The Baby clear programme, the aim of which is to support pregnant women give up smoking, is being delivered by the midwifery service, with support through VBA training provided by the Tobacco Control Collaborating Centre. The SSS take up the referrals and have recently set up a dedicated telephone line and bespoke programme to handle these specific referrals. Kent Baby Clear is based on the evidence-based national programme and is currently being evaluated locally.

- KCHT Stop Smoking Service is in the process of working with Housing providers and District Housing Teams, linking Quitting with recovery from debt.
- KCHT are also working with Kent Fire and Rescue Fire Fit programme and providing VBA training to officers carrying out home visits.

## **6. Risk Sharing**

- 6.1 It was evident from the work that has been done through the Tobacco Control Task and Finish Group to date that there are a number of agencies directly involved in the challenges of delivering population level improvements in relation to tobacco control. In the previous report to this Board it was explained that we identified that there were some significant gaps in integrated working and opportunities for this to be improved.
- 6.2 There is a national decline in reported quitters and Kent has seen a 27% reduction in the number of people who have quit smoking in the last year. Referrals to stop smoking services remain high however, so the outcomes of a current Rapid Review of stop smoking services will help identify where further action can be taken to address these missed opportunities. The Rapid Review will also highlight where further resources are required to support vulnerable groups who are not currently accessing stop smoking services (eg. Young smokers below 18 years of age).
- 6.3 Through commissioning processes it would be helpful if the contribution that individual agencies and work programmes could be made explicit and used to underpin the need for collaborative working. This is also being addressed at the Kent Tobacco Control Stakeholder group.
- 6.4 The aim here is that all partners/agencies have a sense of shared ownership and take collective responsibility for improving the “problem”. There is an outstanding piece of work that would help this sense of shared responsibility and that is around the area of return on investment, and the identification of the contribution that individual partners make to the delivery of the strategy.
- 6.5 This will require all partners to identify opportunities for tobacco control through the routine business of their organisations. For instance Board members can work with their respective organisations to identify commissioned services which

will as part of their service level agreement have sign posting to stop smoking services.

## **7. Holding to Account**

7.1 The Board has a leadership role in providing strategic direction and expects individual commissioners and stakeholder organisations to implement that through their commissioning plans. Once this has been implemented then the Board holds commissioners to account for implementing strategy.

By each organisation within the system taking collective responsibility for the delivery of this agenda it is important to be clear what each of our roles are:

### **7.2 West Kent Health and Wellbeing Board**

- Ensure commissioners report at agreed intervals on the outcomes of delivery associated with this agenda

### **7.3 West Kent CCG**

- Sign up to the NHS Statement of Support for Tobacco Control
- Include in commissioning plans for pharmacies and GP's the requirements to make provide VBA's to smokers and referrals to the SSS – targets to be agreed

### **7.4 Kent County Council**

- Sign up to the Local Government Declaration on Tobacco Control
- Identify ways of contributing to this agenda through the range of front line services that are provided e.g. social care, education, trading standards
- Identify Tobacco Control related activity in commissioning intentions
- Monitor the outcomes of those intentions

### **7.5 Districts**

- Sign up to the Local Government Declaration on Tobacco Control
- Review how each District can contribute to this agenda through the range of front line services it delivers e.g. leisure and housing services
- Identify opportunities for working with voluntary partners that will promote this agenda
- Work with the SSS and Housing providers to deliver referrals
- Identify key officers that through their contacts with the public can deliver VBA's.

## **8. Conclusions**

- 8.1 Whilst there has been a reduction in the numbers of people quitting in Kent in the last twelve months, commissioners and providers have a number of clear measures that are in place to reverse this trend. The on-going work of the Tobacco Control Task and Finish Group will support the delivery of some of these initiatives through its continuing efforts to improve collaborative working and develop a toolbox of resources to complement these work streams.
- 8.2 It is recognised that the marketing and use of e-cigarettes is affecting referrals and numbers of quits. Further work is needed to understand these impacts more clearly and this will be an on-going process by the SSS.
- 8.3 Finally, we believe that the West Kent Health and Wellbeing Board has a clear role to play in providing advocacy and leadership around this priority area, as well as challenging those involved in both the commissioning and delivery of this agenda.