



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



| | | | |
|-------------------------------|--|--------------------|------------|
| Meeting Date | 22 October 2019 | Agenda Item | 2.3 |
| Report Title | Smoking Cessation | | |
| Report Author | Liz Newbury-Davies, Principal Public Health Practitioner Swansea Bay Public Health Team | | |
| Report Sponsor | Dr Keith Reid, Interim Executive Director of Public Health | | |
| Presented by | Dr Keith Reid, Interim Executive Director of Public Health | | |
| Freedom of Information | Open | | |
| Purpose of the Report | <p>This paper provides an update to the Performance and Finance Committee as requested, on Swansea Bay University Health Board's (UHB) current performance against the 5% Welsh Government target; the UHBs 'Help Me Quit' smoking cessation services; work being undertaken across the UHB regarding smoking cessation and tobacco control; challenges and issues in this area and mitigating action that is being undertaken or planned for 2019/20 for service provision and improving performance. It provides recommendations which include improving governance on tobacco control and smoking cessation; and development of a Tobacco control plan for the area in order to address smoking prevalence at population level.</p> | | |
| Key Issues | <ul style="list-style-type: none"> • The Health Board is not meeting the 5% target. • Work to implement an integrated cessation system is progressing with plans in place. This will bring about positive changes to service delivery, quality and effectiveness of services and improve performance locally. • However there have been significant changes required to achieve this, including the transfer of all services to Health Board management. Integration of services will take time to achieve, and in identifying the most suitable service delivery model for the needs of the Swansea Bay population. This is affecting current service delivery, and further compounded by the significant under resourcing of staff due to vacancy or sickness. • There is a lack of co-ordinated approach with system leadership for broader tobacco activity in the Health Board and its partners; with no senior | | |

| | | | | |
|--|---|--------------------------|--------------------------|-------------------------------------|
| | manager responsible for this work, or governance arrangements | | | |
| Specific Action Required <i>(please choose one only)</i> | Information | Discussion | Assurance | Approval |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Recommendations | <p>Members are asked to: Note and endorse the recommendations in the report to progress the Integrated smoking cessation system and services as being led by the Primary and communities care delivery unit</p> <p>Member are asked to Consider the recommendations for Governance and broader Tobacco control activity as outlined</p> | | | |

Smoking Cessation

1. INTRODUCTION

This paper provides an update to the Performance and Finance Committee on Swansea Bay University Health Board's (UHB) current performance against the 5% Welsh Government target; the UHBs 'Help Me Quit' smoking cessation services; work being undertaken across the UHB regarding smoking cessation and tobacco control; challenges and issues in this area and mitigating action that is being undertaken or planned for 2019/20 for service provision and improving performance. It provides recommendations which include improving governance on tobacco control and smoking cessation; and development of a Tobacco control plan for the area in order to address smoking prevalence at population level.

2. BACKGROUND

Smoking places a significant burden of illness on the health of the Swansea Bay population, and on Swansea Bay University Health Board's health services and the services provided by its partner organisations across statutory and voluntary sectors. The full impact of tobacco use on the health of individuals, communities and the population, and its impact on health services are wide-reaching. While overall mortality from smoking is falling, it remains the number one behavioural risk factor for years of life lost; is the largest single preventable cause of ill-health and premature death, and largest avoidable cause of health inequalities.

Reducing smoking has an immediate benefit for individuals and also a reduction in demand for services through reduced rates of infection and length of hospital stay. Over 26,000 hospital admissions are attributable to smoking every year. Reducing smoking prevalence will contribute to the reduction of many conditions including cancers and stroke and on demand for services including unscheduled care.

The most recent data from the National Survey for Wales 2018/19 estimates that 19% of Swansea Bay UHB's population smoke (aged 16+). This is higher than the Welsh average of 17%. Prevalence for Swansea is 18%, whilst Neath Port Talbot is 22% - this is the joint highest prevalence of all county areas in Wales (Merthyr Tydfil 22%).

2.1 Welsh Government Smoking Cessation Target

Smoking cessation is an important part of reducing the overall prevalence target. In April 2013, based on NICE guidelines, Welsh Government set Health Boards a new Welsh Government Smoking Cessation target (a Tier One target at that time) performance indicator within the *NHS Wales Delivery Framework 2013-14 and Future Plans* (Welsh Government, 2013) (and in subsequent NHS Wales Delivery Frameworks to date) related to smoking cessation where:

5% of smokers make a quit attempt via smoking cessation services, with at least a 40% CO validated quit rate at 4 weeks.

The Health Board monitor progress against the target through its performance dashboard and quarterly integrated performance reports to Performance and Finance committee.

2.2 Current performance against targets

- To achieve the 5% smoking cessation target approximately 3115 smokers need to be treated in Swansea Bay 'Help me quit' stop smoking services per year.
- Swansea Bay 'Help me quit' services have treated 758 smokers (monthly activity data) against the cumulative monthly target of 1298, achieving to August 2019 1.2 % of the overall target (2.1 % expected)- figure 1
- This is slightly less smokers having been treated by comparison for the same period in 2018/19 where the Health Board achieved 798 treated smokers
- The 40% WG target of CO validated 4 week quits has been achieved for all Swansea Bay 'Help me quit' services to date - figure 2

Fig 1 The percentage of adult smokers who make a quit attempt via smoking cessation services:

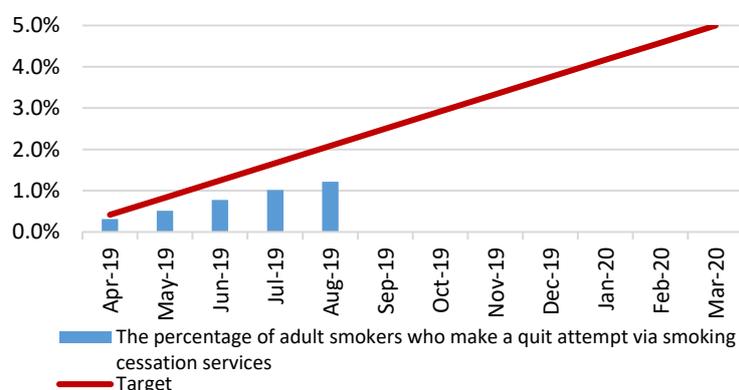
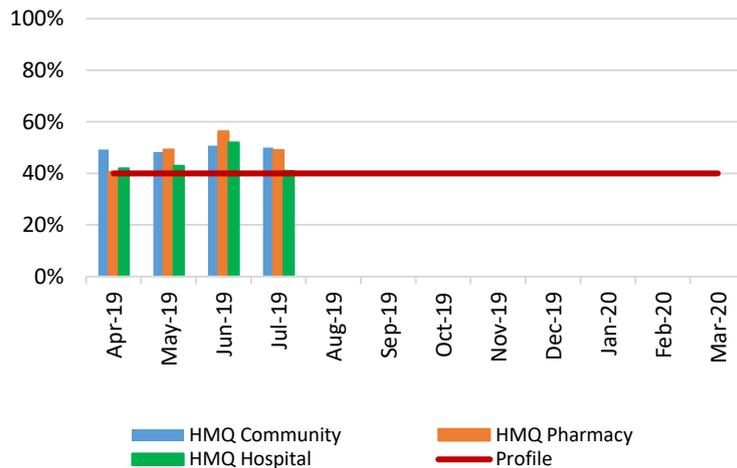


Fig 2 The percentage of those smokers who are CO-validated as quit at 4 weeks



2.3 Service Provision

There are three Help me Quit cessation services operating in Swansea Bay: Help me Quit Community Pharmacy (previously level 3 community pharmacy), Help me Quit in Hospital (previously Time to Quit) and Help me Quit Community (previously Stop Smoking Wales).

- Help me Quit in Hospital, launched in 2015 and funded by Swansea Bay UHB, provides cessation support for in-patients and staff. The service currently hosted by Neath Delivery Unit employs 2.8 WTE (band 5) smoking cessation practitioners and 1.0 WTE (band 3) Service administrator. There is no funding currently for a service manager.
- Help me Quit Community Pharmacy service is hosted by the Primary care and Communities Delivery Unit. Staff within the delivery unit oversee the contract monitoring of the service. 70 community pharmacies are commissioned to deliver the smoking cessation service and provide cessation support to all smokers within a community setting.
- Help me Quit Community (formerly Stop Smoking Wales) were previously housed and managed by Public Health Wales. From 1st October 2019 the service transferred to the management of Health Boards and are now hosted by the Primary care and Communities Delivery Unit. The service provides cessation support to smokers in a community setting, and comprises 3.0 WTE (band 5) smoking cessation advisors (0.8 WTE is currently vacant) and 1.0 WTE (band 3) administration assistant. Additionally the service has a 0.5 WTE (band 6) vacant senior advisor post. The service had lost 0.8 WTE capacity prior to the service transfer to the Health Board.

2.4 Service issues

2.4.1 Help Me Quit Community (formerly SSW)

A review of smoking cessation services in Wales was undertaken in 2018 with the Cabinet Secretary for Health and Social services subsequently approving a transfer of the Stop Smoking Wales service and its staff from Public Health Wales, to respective Health Boards. This was to ensure that all face to face smoking cessation services would be co-located and managed by Health Boards, in order to improve joined up working, and enable delivery of the above characteristics of an effective and efficient

smoking cessation system. A national project board was established to oversee the transfer of SSW and its staff from PHW to respective Health Boards.

In preparation for this, an options paper for the management arrangements was taken by the Executive Director of Public Health to the Health Board's Executive Team in February 2019. Primary care and communities Delivery Unit was approved as being the most suitable Unit to manage all Help Me Quit services, in order to bring greater control and ownership, clear management and accountability and ability to deliver a flexible and tailored service in line with the key components of the smoking cessation system.

There however was a significant delay until 1st October 2019 in the transfer of the SSW service to the Health Board due to an ongoing delay in ratifying the decision and announcement formally of the transfer by Welsh Government. This delay has posed a risk in maintaining staff engagement, risks to the delivery and quality of service during the preparation and transfer of the service.

Additionally the service has a 0.5 WTE (band 6) vacant senior advisor post. It should be noted that this post was prior to the transfer a 1.0 WTE shared post between Hywel dda Health Board. The reduced hours of the senior role will impact upon delivery. As this post has been vacant, this has meant no SSW senior staff has been available for supporting the transfer of the SSW team to the new host Delivery Unit in the Health Board and in dealing with staff and operational service delivery. This role has been fulfilled on a temporary / interim basis by the band 7 school nurse manager within the Primary and communities care DU, who has supported the preparation and transfer of the team and service.

Furthermore staff have left the service leaving a vacant 0.8WTE band 5 post that has impacted upon service performance. The boundary change of Bridgend County to Cwm Taf Morgannwg Health Board has also impacted upon service delivery in Swansea Bay, where advisors have been required to cover clinics in the Bridgend locality; together with prior operational arrangements where advisors were split between Swansea Bay and Hywel Dda have all impacted and reduced capacity to be operational in the Swansea Bay footprint. Moreover it should be noted that prior to transfer there was an additional 0.8 WTE hours for service delivery, these now have been lost from the funding envelope for the service.

2.4.2 HMQ in Hospital

In tandem with the SSW transfer, a review of the Help me Quit in Hospital service was undertaken due to operational issues that had been highlighted by Neath DU (host delivery Unit) to the Director of Public Health, and through the Health Boards Quality and Safety Committee regarding the absence of a clinical lead and service manager. A series of recommendations were made within the service review report which included resolution of service management issues, and exploration of the appropriateness of the current Delivery unit hosting the service. These issues were considered within the Executive Team options paper (as outlined above) and in line with integration of Help Me Quit services and system change, the decision for this service made for the host unit to be Primary and communities care delivery unit.

The former SSW service transfer delay as outlined, has also delayed the transfer of the hospital service and its staff to Primary care and communities DU. This decision and delay has caused some anxiety with staff. Additionally there have been a number of long term staff sickness absences in the hospital cessation service team, which may have affected service delivery and performance. Furthermore 12 hours of advisor time via a Service level agreement has provided continued service to Princess of Wales Hospital Bridgend following the boundary change in April 2019, which has further had reduced capacity of the team to deliver in Swansea Bay. The team will continue to have reduced capacity to deliver the service due to ongoing long term staff sickness; and a member of staff due to leave the service within the next month.

2.4.3 HMQ Community Pharmacy

70 community pharmacies are commissioned to deliver the smoking cessation service; however on a regular basis only 18-25 actively deliver. Until recently the primary care team had limited capacity to support community pharmacies in improving service provision and address non performing pharmacies. The primary care team has now expanded, with additional staff able to support and to address performance issues. A task and finish group has been established and service improvement work is being undertaken with the identified community pharmacies. This includes review of best practice approaches; provision of equipment and resources, undertaking different delivery models such as technicians trained to delivered the service.

2.5 Smoking cessation with population groups

2.5.1 Pregnant women

Maternal smoking is a key priority, given the focus on the importance of achieving good health in early years and in line with the priorities of the Well Being and Future Generations Act. Swansea Bay UHB has worked to embed the recommendations of NICE Guidance PH26 'Smoking: stopping in pregnancy and after childbirth' in service provision. Appendix 3 provides a summary of this work

2.5.2 Mental health and smoking

Mental health inpatients are unable to access community cessation services whilst in hospital. The Help me Quit in hospital cessation service does not currently provide a service for mental health patients due to current capacity and fending of this service. It has however secured pharmaceutical company grant funding of £10,500 to pilot cessation support for mental health in-patients. Due to long term staff sickness however, pilot delivery is postponed until 2020/21.

2.5.3 Primary care

Local planning through primary care clusters provides a valuable opportunity to deliver smoking cessation activity as outlined in NICE (NG92). Smoking cessation activity has been included in 6 out of the 8 Swansea Bay cluster IMTPs (see Appendix 3). Further work is progressing to address cessation in a primary care setting. This includes analysis of referrals to Help me quit by GP practices and clusters; appropriate Nicotine replacement therapy prescribing; and projects to increase the increase the rate of referral to Help me quit. A text messaging pilot is being trialled in GP practices as a method of invitation to cessation support

Other primary care contractors have an opportunity to address smoking cessation and raise awareness of the Help me Quit services and support available for clients and

Performance and Finance Committee – Tuesday, 22nd October 2019 6

patients. Primary care and communities' delivery unit are working with community pharmacy, optometry and dental contractors to deliver improvement actions across these areas (appendix 3), for example implementing a pilot initiative as part of the dental contract reform programme.

2.6 Strategic Direction – Tobacco Control Delivery Plan for Wales and the integrated smoking cessation system

The Tobacco control delivery plan provides the policy context and actions that are required to reduce smoking prevalence in Wales; and in increasing the numbers of smokers that access support to quit through NHS cessation services. Creating an integrated cessation system, with the smoker at its centre is a clear priority in the Tobacco Control Delivery Plan for Wales.

All Health Boards have agreed to work collaboratively to contribute to a reduction in smoking prevalence through the delivery of a high quality integrated smoking cessation system (appendix 1), of which Swansea Bay UHB are part. This with the aim of getting more smokers into cessation services, and proving them with the best chance to quit. An all wales implementation plan has been developed (appendix 2), is performance managed by the national Tobacco leads group (comprising Swansea Bay representation) and reporting to the Directors of Public Health Leadership Group and the all wales cessation subgroup of the Tobacco Control Strategic Board. This plan will impact upon service delivery and performance locally.

2.6.1 Swansea Bay UHB strategic direction

In line with the national direction, Swansea Bay UHB will implement an integrated smoking cessation system, as outlined within the all wales smoking cessation integrated system implementation plan; within the Health Boards Annual Plan 2019/20.

2.7 Broader Tobacco Control work

In addition to supporting more smokers towards successfully quitting (smoking cessation), two other aspects of tobacco control are needed to reduce overall smoking prevalence in the population:

- Implementing environmental measures to make non-smoking the norm across the population (smoke free environments)
- Preventing young people taking up tobacco use in the first place (smoking prevention).

2.7.1 Smoke free hospital

Smoke-free Premises and Vehicles (Wales) Regulations 2018 will implement Chapter 1 of Part 3 of the Public Health (Wales) Act 2017 on smoking which extend the smoke-free provisions to hospital grounds, and other outdoor settings. Welsh Government are working with local authorities and health boards to develop an implementation plan for the introduction of the regulations at hospitals with implementation expected late 2020.

2.7.2 Prevention

Schools and pre-schools are key settings for public health. The Welsh Network of Healthy Schools and Pre-schools Scheme co-ordinates delivery of smoking prevention activity locally. This includes training on tobacco control, dissemination of tobacco control resources, and delivery of Just B prevention programme to Comprehensive Schools; smoke free grounds policy guidance.

3 GOVERNANCE AND RISK ISSUES

Governance

- The Executive Director of Public Health (DPH) is the executive lead in Swansea Bay UHB for tobacco control.
- Support for the Tobacco control agenda is provided to the DPH by the Swansea Bay local public health team, who are Public Health Wales staff. The Swansea Bay public health team are not accountable for delivery of Health Board services – including the smoking cessation services.
- The Health Board has no senior manager responsible for tobacco/cessation
- In an effort to aid greater collaborative working and collective planning between Swansea Bay cessation services a HMQ Cessation Services Steering group was established by the Swansea Bay Public Health Team. There is however, no strategic group overseeing the Tobacco agenda; and no formal governance or accountability arrangements for Swansea Bay cessation services (other than via Performance and finance committee for the 5% target)
- There is a lack of co-ordinated approach with system leadership for tobacco and cessation in the Health Board and its partners
- The Health Board and partners have no Tobacco control action plan for Swansea Bay

Risks

- Both the HMQ community (former SSW) and HMQ hospital services are under resourced due to staff shortages, vacancy or sickness. This is significantly affecting the capacity of the services to deliver and achieve required performance; with little capacity for any service improvement work to be undertaken in order to grow the numbers of smokers seen in services and to improve performance against the cessation target
- The former SSW service and staff have only just transferred to Health Board management. This has posed a risk in maintaining staff engagement, delivery and quality of service.
- There is a risk that the budget (including vacant staff posts budget) transferred from PHW to the Health Board for continuation of the former SSW service to meet population need is not ring-fenced for service delivery; and that this will be utilised by the Health Board/Primary care and communities Delivery Unit for cost savings
- Primary care and communities Delivery Unit have managerial responsibility for the former SSW service, but there is no service manager in post presently. This role is being undertaken by an existing band 7 school nurse manager on an interim basis in addition to their current role

- Unlike other Health Board services, there is currently no managerial structure in place (e.g. band 8a service lead; Band 7 operational lead; Band 6 senior staff) for smoking cessation services.
- Migration in the host Delivery Unit for the HMQ hospital service to Primary care will require an Organisation change process to be commenced. This may affect staff morale and performance in the interim, and will take time to achieve
- Once all services have transferred to Primary care and communities Delivery unit, the unit will require to undertake a review of current service, including operational capacity and recruitment issues; and plan for service provision and improvement in service delivery, taking into account the needs of the smoker, population need and prudent principles, and deploy service capacity more effectively according to need. There is a risk to service delivery and performance during this period until a new service model is agreed
- Commissioned pharmacies are accredited, but not all are actively delivering the service.
- The focus is currently on cessation services and driving the demand to services, without addressing the broader supportive environments and wider determinants agenda, which affect both uptake of smoking and relapse in those who had quit.
- The focus on cessation services has meant the broader Tobacco control agenda has received little attention
- Visibility of smoking on hospital grounds continues to be a widespread issue despite Health Board smoke free site policy and normalises smoking, undermining clinical interventions.
- We are aware that Public Health Wales developed an Advisory paper for the Welsh Government that proposed a step change in prevention activity to improve population health in Wales and support longer, healthier and happier lives. This included action on smoking cessation with accompanied funding such as the development of a pregnancy smoking cessation service in each Health Board. The funding of these have not yet been confirmed. However to implement the proposals would need the proper dedicated smoking cessation managerial structures to support and progress this work

4 FINANCIAL IMPLICATIONS

Primary care and communities Delivery unit, will be operationally responsible for all Health Board cessation services. The unit will undertake a review of current service provision, including operational capacity and financial issues. Until this work has progressed it is not clear what the financial implications are at present

It is not currently clear what funding is confirmed from the national prevention bid as this may impact upon service delivery.

5 RECOMMENDATION

Integrated smoking cessation system and services:

- The Performance and Finance Committee are asked to note and support the work and plans of the Primary and communities care delivery unit in the implementation of the integrated smoking cessation system and service model,

as agreed in the executive team options paper; within the Health Board's annual plan 2019/20 and all wales plan

- That as a component part of this work, Primary and communities care delivery unit would conduct a service review following the merge of HMQ community and HMQ hospital to a single Swansea Bay HMQ brand; and develop a new service model with potential to change skill mix, that is in line with population need and that improves performance against the cessation target
- To note that the senior manager who is responsible for overall co-ordination and operational delivery of the smoking cessation agenda sits within the Primary and communities care delivery unit.

Tobacco control

- The Health Board should support the establishment of a strategic group that oversees the development of a comprehensive tobacco control plan for Swansea Bay;
- This group should provide system leadership for a co-ordinated approach to tobacco control (including cessation services) in order to achieve a reduction in smoking prevalence and increase the numbers of smokers seen in cessation services;
- This group will be Health-led but will draw on partners' contributions from across the Community and may be best sited within the PSB arrangements.

| Governance and Assurance | | |
|---|---|-------------------------------------|
| Link to Enabling Objectives <i>(please choose)</i> | Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities | |
| | Partnerships for Improving Health and Wellbeing | <input checked="" type="checkbox"/> |
| | Co-Production and Health Literacy | <input checked="" type="checkbox"/> |
| | Digitally Enabled Health and Wellbeing | <input type="checkbox"/> |
| | Deliver better care through excellent health and care services achieving the outcomes that matter most to people | |
| | Best Value Outcomes and High Quality Care | <input checked="" type="checkbox"/> |
| | Partnerships for Care | <input checked="" type="checkbox"/> |
| | Excellent Staff | <input checked="" type="checkbox"/> |
| | Digitally Enabled Care | <input type="checkbox"/> |
| Outstanding Research, Innovation, Education and Learning | <input type="checkbox"/> | |
| Health and Care Standards | | |
| <i>(please choose)</i> | Staying Healthy | <input checked="" type="checkbox"/> |
| | Safe Care | <input checked="" type="checkbox"/> |
| | Effective Care | <input checked="" type="checkbox"/> |
| | Dignified Care | <input type="checkbox"/> |
| | Timely Care | <input checked="" type="checkbox"/> |
| | Individual Care | <input checked="" type="checkbox"/> |
| | Staff and Resources | <input checked="" type="checkbox"/> |
| Quality, Safety and Patient Experience | | |
| The integrated smoking cessation system will help to ensure appropriate provision of cessation services in Swansea Bay that meet required standards of effective care, achieve quality control, quality assurance and address quality improvement. User experience is central to the developments of the system work | | |
| Financial Implications | | |
| The Health Board are now responsible for management of all cessation services. The budget (including vacant staff posts budget) should be ring fenced for service delivery, as there is a risk that cost savings would be made It is not currently clear what funding is confirmed from the national prevention bid as this may impact upon service delivery | | |
| Legal Implications (including equality and diversity assessment) | | |
| Health impact assessment Health equality assessment should be integral to plans | | |
| Staffing Implications | | |
| Lack of staffing has implication for service delivery and quality, safe and effective practice. Appropriate management arrangements for service delivery are required | | |
| Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015) | | |
| Contributing to the 'A Healthier Wales' wellbeing goal, the work will meet the sustainable development principle by: | | |
|  | Not taking a short term, quick fix approach, acknowledging complexity within the system and working to influence and align priorities within the Health Board and with partners over the <i>longer term</i> . | |



Focusing on *prevention* activity, supportive smoke free environments and cessation within all patient pathways



Integration of priorities, acknowledging the factors that influence tobacco and the role of different partner agencies.



Working in *collaboration* through all aspects of our work within the Health Board and partners to deliver tobacco control plans. Pro-actively building relationships and partnerships through PSBs.



The area of *involvement* will become the 'way we work' with people and communities involved in the development of the interventions and services.

Appendices

1. Integrated smoking cessation system framework
2. Help Me Quit Smoking Cessation System Implementation Plan 2019/20
3. Delivery unit updates

Appendix 1

