

<b>SUMMARY REPORT</b>		ABM University Health Board			
<b>Health Board</b>		Date of Meeting: 26 <sup>th</sup> January 2017 Agenda item: 2 (ii)			
<b>Report Title</b>	<b>ABM University Health Board Welsh Government Smoking Cessation Target – Recovery and Delivery Plan 2016-2020</b>				
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<b>Approved by</b>	<b>Sara Hayes, Executive Director of Public Health</b>				
<b>Presented by</b>	<b>Sara Hayes, Executive Director of Public Health</b>				
<b>Purpose</b>					
The purpose of this report is to update the Board on the actions being taken to deliver the Welsh Government smoking cessation target. At the July Board meeting, a Tobacco paper was presented, with agreement that a further Recovery and Delivery plan should be developed. This paper presents the Recovery and Delivery Plan 2016-2020 outlining costed proposals as to how the Health Board could achieve the Welsh Government smoking cessation target over the next three years.				<b>Decision</b>	
				<b>Approval</b>	<b>X</b>
				<b>Information</b>	<b>X</b>
				<b>Other</b>	
<b>Corporate Objectives</b>					
<b>Healthier Communities</b>	<b>Excellent patient Outcomes &amp; Experiences</b>	<b>Sustainable &amp; Accessible Services</b>	<b>Strong Partnerships</b>	<b>Fully Engaged &amp; Skilled Workforce</b>	<b>Effective Governance</b>
<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Executive Summary</b>					
<p>The Welsh Government annual smoking cessation target has two parts. The first requires 5% of smokers to be treated by NHS stop smoking services. For ABMU Health Board this equates to 4119 treated smokers in 2016/17. The second part of the target requires 40% or more of treated smokers to become carbon monoxide (CO) validated quitters at 4 weeks.</p> <p>In ABMU Health Board, three services contribute to the target, and provide choice to the smoker on the service best suitable to support their quit attempt: Stop Smoking Wales, Level 3 community pharmacy services (branded 'Start Here'), and the hospital smoking cessation service (branded 'Time to Quit'). From April –November 2016, 1372 smokers or 1.7% have become treated smokers through these services.</p> <p>The focus of the Recovery and Delivery Plan is to increase the demand for existing smoking cessation services, and in particular extend the provision of the Level 3 service over the ABMU Health Board area during the next 3 years.</p> <p>Through a comprehensive action plan encompassing all cessation services, and pending increased funding and expansion of the Level 3 service, it is projected that the Health Board could achieve 3.2% of the target in 2017/18, 4% in 2018/19, and exceed the target at 5.2% by 2019/20.</p>					

ABMU Health Board, the ABM Local Public Health Team and partners are working to increase demand for the smoking cessation services, and the numbers of smokers seen, particularly those in priority groups, by implementing a number of actions as described in the action plan (appendix one).

### **Key Recommendations**

The Board is asked to consider this paper, and to:

- Agree that the Delivery Plan should be considered as a priority area for investment in the one-year plan for 2017/18.

### **Assurance Framework**

This paper provides assurance on progress against decreasing the smoking prevalence rate and meeting the Welsh Government smoking cessation target, and outlines measures that ABMU should address to improve performance, quality of services and governance.

### **Next Steps**

The proposed plans set out in this paper should be considered within the priorities for the annual plan 2017/18.



**ABM University Health Board Smoking Cessation Recovery and Delivery Plan  
2016 – 2020**

## ABM University Health Board Smoking Cessation Recovery and Delivery Plan

### 1. Context

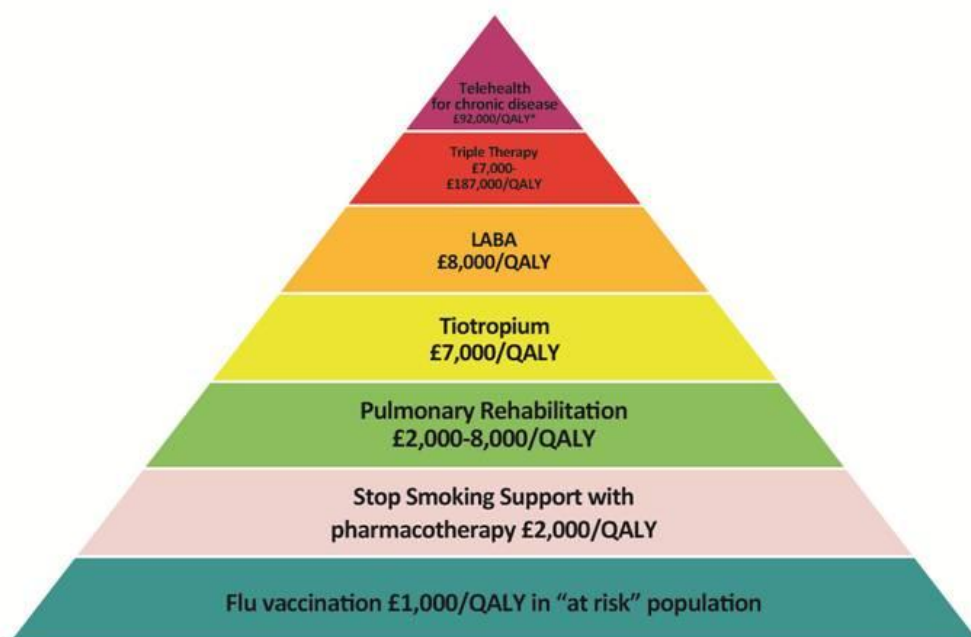
#### 1.1 Introduction

Smoking places a significant burden of illness on the health of the Abertawe Bro Morgannwg (ABM) population, and on ABMU'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 still continues to be 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. Reducing smoking prevalence will contribute to the reduction of many conditions including cancers and stroke and on demand for services including unscheduled care.

Evidence considered by the ABMU Unscheduled Care Commissioning Board shows that investment in flu vaccination and smoking cessation are the key means to drive down respiratory disease and the prime intervention for the Health Board to achieve its winter plan objectives. Figure 1 clearly supports this view. It is a well-publicised illustration of the work undertaken by the multi-agency London Respiratory Group that has been externally evaluated. It summarises the equivalent values for treatments for Chronic Obstructive Pulmonary Disease [COPD]. However it is widely recognised that smoking cessation improves a number of health outcomes (not just respiratory disease).

Figure 1:



Welsh Government, as outlined in the *Tobacco Control Plan for Wales*, is committed to reducing smoking prevalence in the adult population of Wales to 20% by 2016 and to 16% by 2020. Reducing smoking prevalence is being addressed through the smoking cessation priorities being delivered across ABMU:

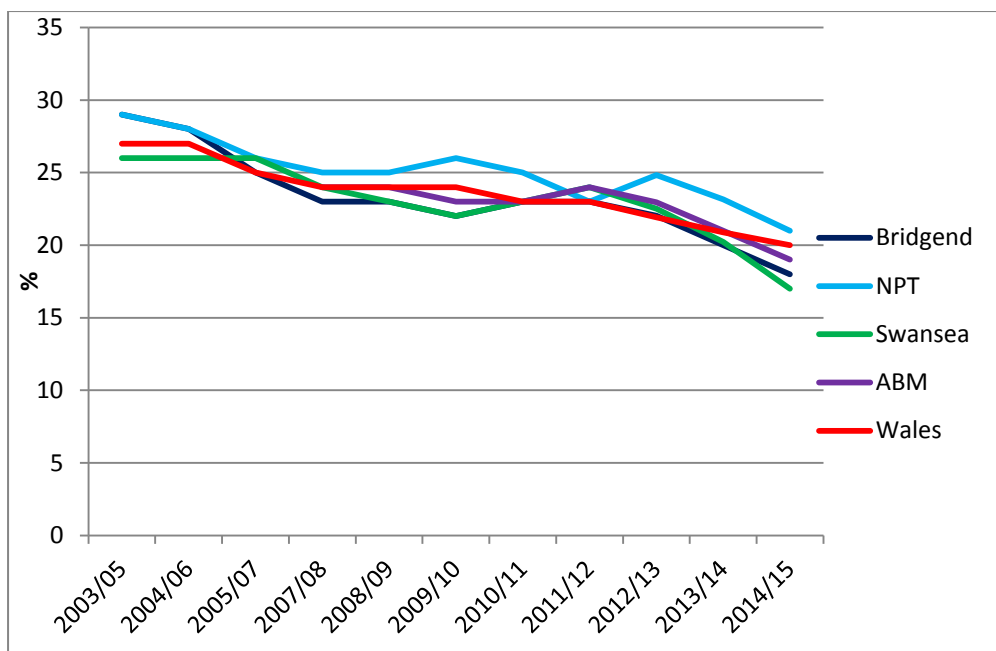
- Supporting more smokers towards successfully quitting (smoking cessation)
- Implementing environmental measures to make non-smoking the norm across the population (smoke free environments)
- Preventing young people taking up tobacco use in the first place (smoking prevention).

## 1.2 Smoking prevalence

The most recent Welsh Health Survey data from 2014/2015 estimates that 19.0% of adults smoke in the ABM area. Smoking rates have decreased faster in ABM than for Wales, from 23% in 2013/14 (Wales 22%) to 19% in 2015 (Wales 20%). This is encouraging, and if this progress can be sustained, ABM will be on course to meet the Welsh Government target of smoking prevalence of 16% by 2020, where a further reduction of around 14,000 smokers (aged 16 and over) will need to be achieved.

There however continues to be variance across ABM’s constituent counties: Neath Port Talbot exhibits a higher smoking prevalence rate of 21% compared with rates of 18% in Bridgend and 17% in Swansea.

**Figure 2: Smoking prevalence rates (%) for ABM area and its constituent counties from 2003-05 to 2014/15**



Source: Welsh Health Survey, 2003-05 to 2014/15

**Figure 3: Adults who reported being a current smoker, age-standardised percentage, persons aged 16+, ABM and Wales 2014/2015**

	Prevalence (%) (2014/15)				
	Bridgend	NPT	Swansea	ABM	Wales
Current smoker	18	21	17	19	20
Females	17	20	17	18	18
Males	19	21	19	19	21

Source: Welsh Health Survey, 2014

### 1.3 Welsh Government Smoking Cessation Target (previously a Tier One Target)

Smoking cessation is an important part of reaching 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) 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.*

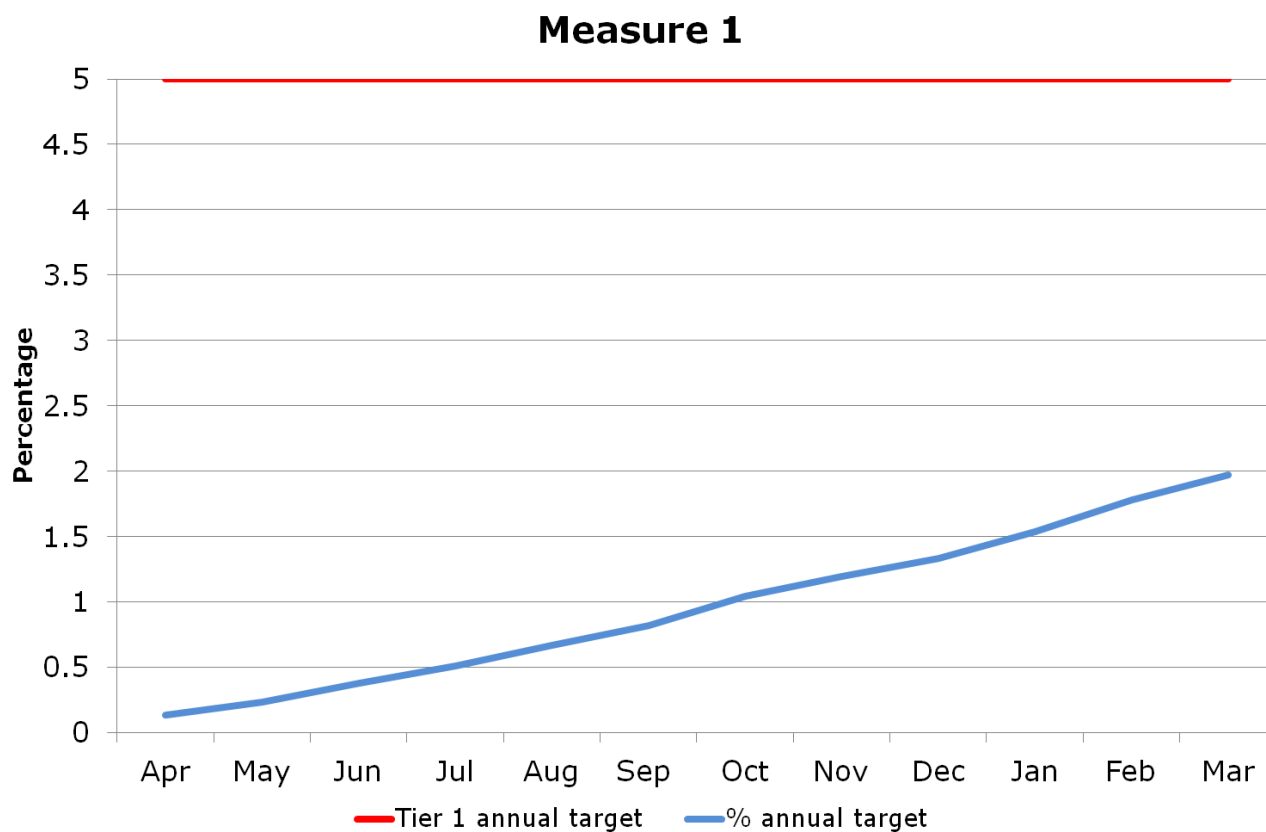
## 2 Current performance against targets

Since the introduction of the Welsh Government Smoking Cessation target in 2013/14, ABMU has not achieved the 5% target.

### 2.1 2015/16

Figure 4 shows that ABMU achieved 2% of the 5% target in 2015/16 (April 2015-March 2016). This is a 0.4% improvement compared with the previous year in 2014/15 where the yearend position was 1.6%.

**Figure 4: Treated smokers in 2015/16**



**2.2. 2016/17**

Based on 2014-2015 Welsh Health Survey smoking prevalence figures and population estimates for 2014 it is estimated that ABM University Health Board would need to treat 4,119 smokers per year (an average of 343 smokers treated per month) in stop smoking services, in order to achieve the 5% target in 2016/17.

To November 2016 (latest available data) ABM has treated 1372 smokers against the cumulative monthly target of 2746, achieving to date 1.7% of the overall target as shown in the figure 5.

This is an improved performance of 0.5% compared with the same time last year (November 2015/16), where 1077 smokers had been treated and 1.2% of the target was achieved.

**Figure 5: Treated smokers in 2016/17**

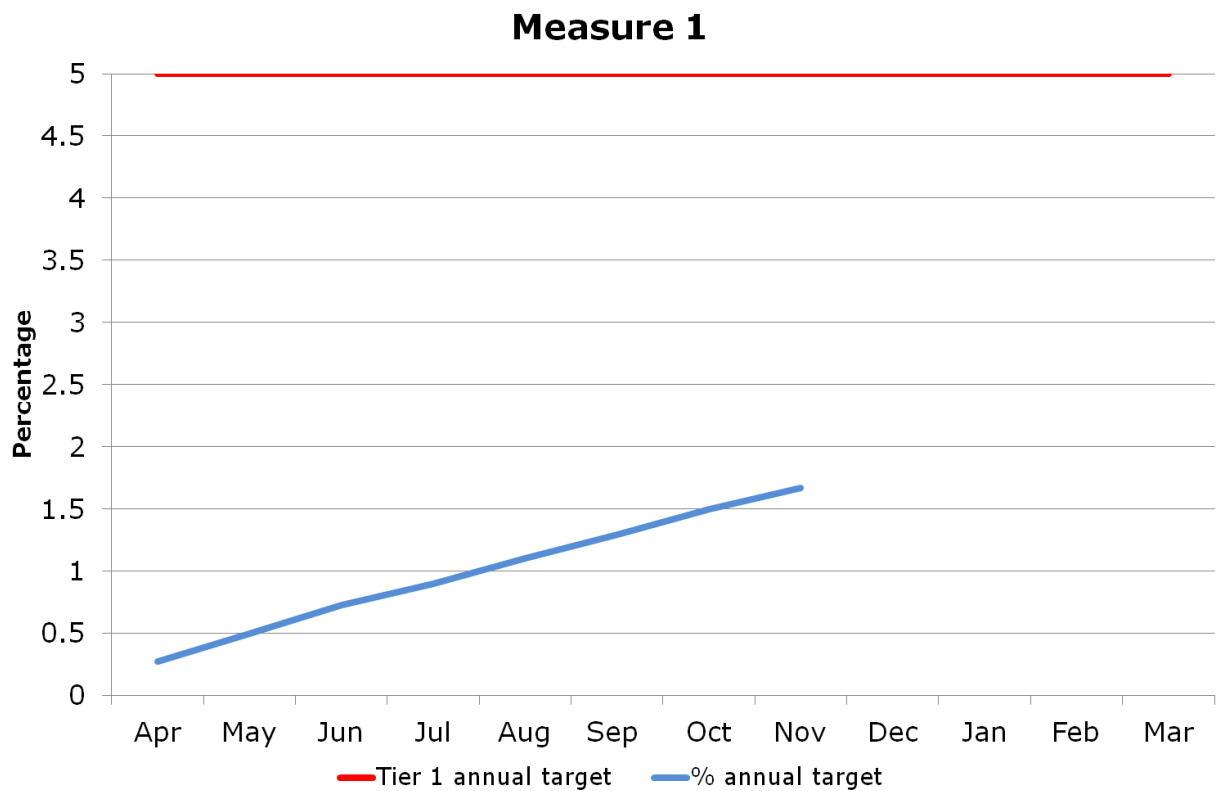


Figure 5 illustrates the current position as at November 2016 (figure 6 below illustrates projected position until the end of March 2017)

**Figure 6: Cumulative performance 2016-2017 based on monthly activity data**

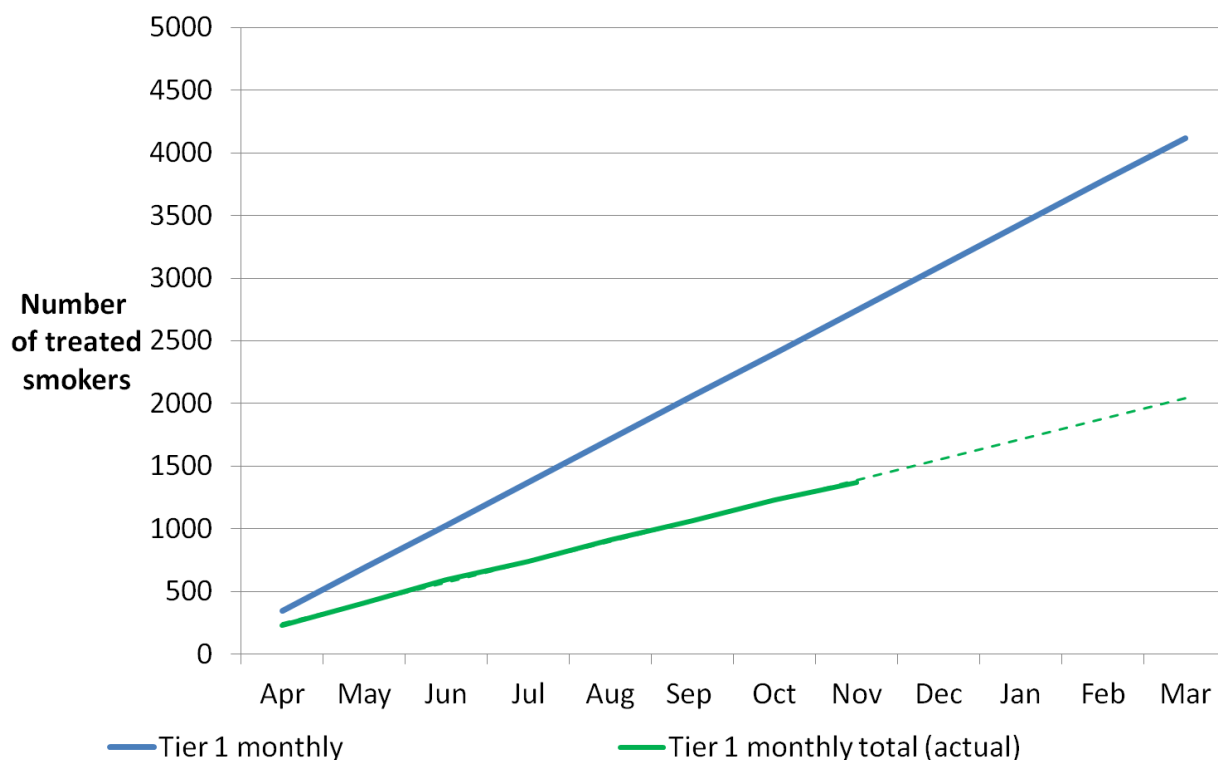
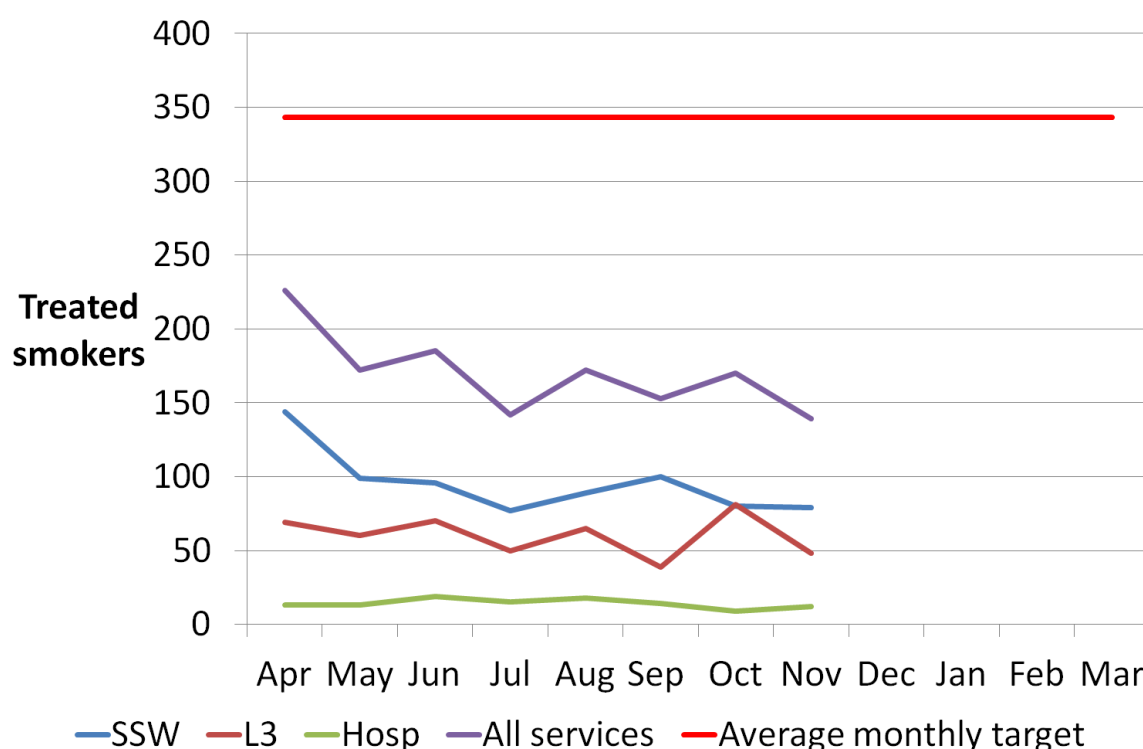


Figure 7 shows the contribution being made to the overall performance by the three services operating in our area, Stop Smoking Wales, the Level 3 pharmacy service and the hospital based smoking cessation service.

**Figure 7: Monthly activity data for Stop Smoking Wales (SSW), ABM University Health Board Level 3 pharmacy smoking cessation services and ABM University Health Board hospital stop smoking service.**



#### 40% CO Validated Quitters

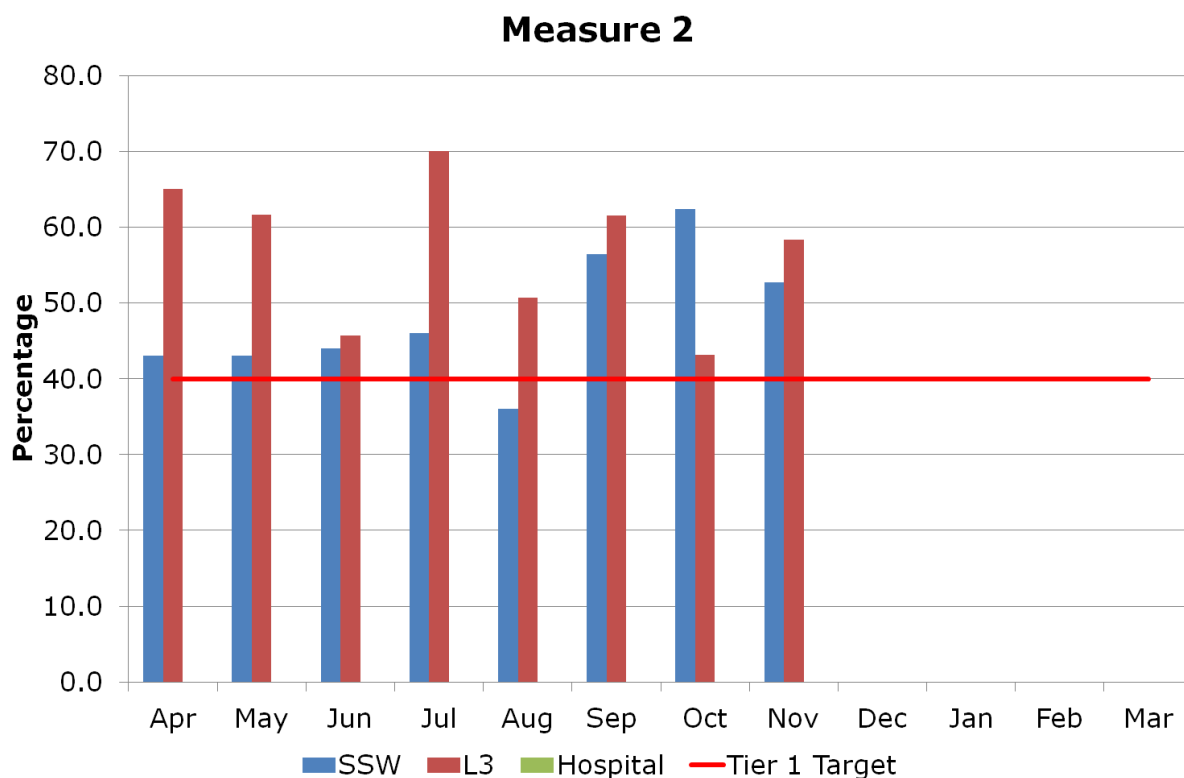
Since the introduction of the second Welsh Government Smoking Cessation target where 40% of treated smokers must have successful CO validated quit rate at 4 weeks following their quit date, ABMU has consistently reached the target in 2015/16 with a rate of 44% and performance appears to be maintained or improving in 2016/17. Table 1 and figure 8 shows the % CO validated 4-week quit rate for months April-November 2016/17.

**Table 1: % CO validated 4-week quitters 2016/17**

Service	Percentage							
	April	May	June	July	August	Sept	Oct	Nov
SSW	42.9	42.7	44.1	45.5	36.0	56.4	62.4	52.7
Level 3	65.0	62.6	45.7	70.0	50.7	61.3	43.2	58.3
Hospital	*	*	*	*	*	*	*	*

\*Proportion not calculated due to the small number of CO validated quitters in the period (<5)

**Figure 8: % CO validated quits at 4 weeks**



NB. As ABMU has consistently achieved the 40% target for 2015/16 this will no longer be discussed for the remainder of the plan.

### 3 Smoking cessation service delivery in ABM University Health Board area

#### 3.1 Smoking cessation service provision

Prior to 2015 SSW was the only smoking cessation service in the ABMU area contributing to the Welsh Government Smoking Cessation target<sup>1</sup>. SSW set their own target of 2.8% of the 5% target. The remaining 2.2% was therefore expected to be met by ABMU commissioned and funded services.

However performance to date has shown that this 2.8% target is unrealistic given current capacity and resourcing of SSW. This element of the target and method of apportioning was removed by Welsh Government in 2015, where Health Boards were expected to configure services to meet local need.

<sup>1</sup> One pharmacy level 3 service was already operational in Bridgend.

Recognising the need for a wider range of services to meet the needs of the smoking population, and to increase activity to meet the Welsh Government Smoking Cessation target, ABMU commissioned the level 3 community pharmacy cessation service (23 pharmacies), and the hospital based cessation service in April 2014.

As service delivery in level 3 community pharmacy cessation services was slower than anticipated, under spend from 2014/15 was utilised to commission an additional 23 pharmacies to deliver this service.

To facilitate greater uptake of the service, and initiate further co-production, the ABM Local Public Health Team carried out insight research with 90 smokers and 22 pharmacists. This led to further support being given to pharmacies and highlighted issues amongst smokers in relation to awareness of the service.

Much of the focus since the time of commissioning to date has been spent in working to establish and promote the range of ABM cessation services.

## **3.2 Smoking cessation services performance**

### **3.2.1 SSW**

SSW is the national specialist smoking cessation service that is led, funded and delivered centrally by Public Health Wales. The performance of SSW activity in ABM is facilitated by a joint action plan with the ABM Public Health Team, and monthly performance review meetings are held. ABM University Health Board area has a designated capacity of 3.2 WTE stop smoking advisors. At this capacity it has been estimated that the service could deliver a maximum of 3515 treated smokers per annum based on number of appointment slots available. However the service has had staff vacancies and not operated at maximum capacity until recently. Modelling estimates this would require 7,030 contacts to the service, to allow for attrition.

In 2015-2016 this service achieved 1.5% of the 5% target. In quarter 1 2016/17 SSW contributed 338 treated smokers, which represents 0.4% of the 5% quarterly target. This is below the maximum capacity of the service.

### **3.2.2 Level 3 pharmacies**

ABMU Primary and Community Care Service Delivery Unit hosts the Level 3 Local Enhanced Service for smoking cessation, branded 'Start Here'. In December 2015/16 an additional 33 pharmacies were commissioned to deliver the Level 3 pharmacy cessation service to improve performance. 72 community pharmacies have received training to deliver the level 3 service, of which 52 are fully accredited. At present 32 have demonstrated cessation activity at various points, with only 21 of these demonstrating sustained delivery of the service; 20 accredited

pharmacies are not currently delivering. A further 20 pharmacies are awaiting accreditation and are therefore also not presently delivering this service.

In 2015/16 the Level 3 service saw 397 treated smokers which equates to 0.4% of the target.

### **3.2.3 Hospital based service**

The Hospital Cessation Service branded 'Time to Quit' was launched in April 2015, and provides cessation support for patients and ABMU staff. Neath Service Delivery Unit hosts the 'Time to Quit' service. Since its inception the focus of this service has been in establishing a secondary care hub for stop smoking services, promoting referral pathways into the service and ensuring patients are linked to community services at the point of discharge. The service has delivered Very Brief Advice training to in excess of 620 (of the 650 target) health board staff with a focus on staff groups who work with patients with chronic conditions.

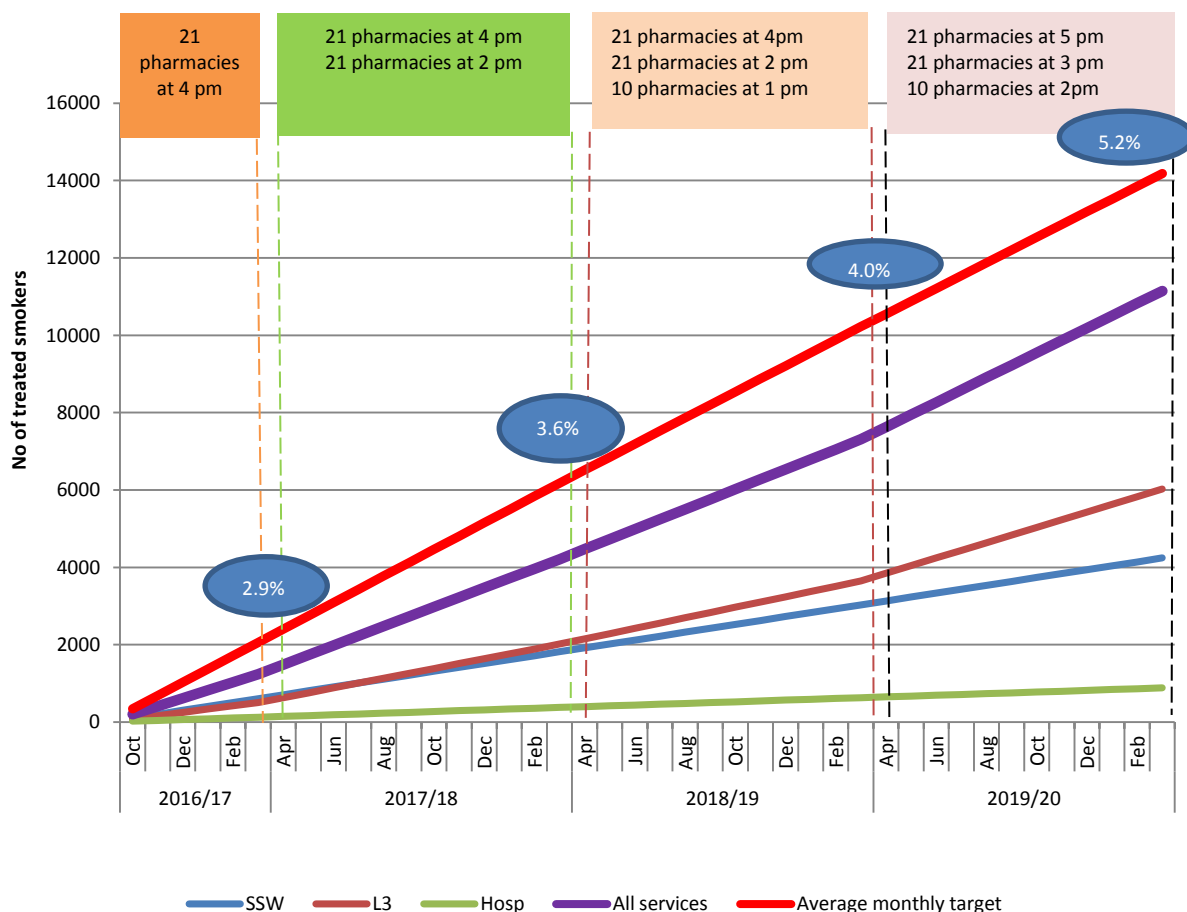
In 2015 the service conducted an audit of hospital wards to establish the degree to which smoking status is recorded in paper and electronic records and the degree to which smokers are offered NRT. This audit was repeated in 2016. Findings suggest that the management of inpatient smokers changed positively in terms of pharmacotherapy offered, increasing from 34% of patients offered NRT in 2015 to 56% in 2016. 44% of smokers still therefore are not supported on admission or during their hospital stay with NRT. Audit findings suggest that rates of referral to the Hospital Service remain low.

The hospital based service was commissioned to deliver 21 treated smokers per month, or 252 per annum. This performance was based on figures from the Cardiff and Vale Health Board service. In 2015/16 the hospital service saw 98 treated smokers, equal to 0.1% of the target. In quarter 1 2016/17 the hospital service saw 58 treated smokers, and average of 19 smokers treated per month, which although slightly below target, was exceptionally promising for a service in its infancy.

In 2015/16 ABM commissioned services (Pharmacy Level 3 and hospital) therefore contributed to 0.5% of the target, a shortfall in 1.7% against the then apportioned 2.2% of the 5% target (2.8% expected by SSW).

**4 Expected performance - treated smokers October 2016 – March 2020**

**Figure 9 - Expected performance of services until March 2020 with additional investment to L3 service**



**SSW**

In 2015/16 SSW saw 1315 treated smokers (1.5% of the 5% target). Public Health Wales have estimated that the performance would be similar in 2016/17 as they are unable to give assurances that the service will be up to full capacity of 3.6 WTE in 2016/17.

**Pharmacy service**

103 pharmacies can also deliver Level 2 services – i.e. they can provide NRT to clients who come to them as a result of attending one of the other two services (SSW or hospital service).

There are currently significant funding issues in regards to both the Level 2 and the Level 3 pharmacy services.

The NRT budget for Level 2 and Level 3 has been combined and currently stands at £253,000. The Level 2 budget is set to overspend by approximately £64,000 whilst Level 3 is set to underspend by approximately £13,000 (Appendix 2). It is important to note that should the numbers increase through other projects such as maternity smoking or mental health projects, and referral on from the hospital service upon discharge, this will also further increase the Level 2 NRT costs. Despite SSW being predicted to see approximately the same number of smokers as last year, the spend on Level 2 NRT is likely to double, from approximately £80,000 in 2015-2016, to approximately £190,000 in 2016-2017. The Primary Care and Communities Delivery Unit is currently analysing this spend in order to gain further explanation for the increase in spend.

At the current predicted cost per smoker of £182 (for a 4 week average stay in the Level 3 pharmacy service), the projected underspend of £13,000 would only facilitate maximum growth in the service of around 71 additional smokers. However, as the budget has been combined, it is more likely that the £13,000 will be used to offset overspend in the Level 2 budget. A paper containing a variety of options was presented to the Primary Care and Communities Delivery unit Board (PCDU) on 14.12.16 for discussion which included:

- Capping both services once they reach current allocated budget
- Removing one of the services
- De-commissioning a large number of the 72 pharmacies that currently have the potential to deliver (only 21 currently deliver on a regular basis)
- Revisiting the formulary for NRT (e.g. looking at restricting the products that the pharmacies can offer)

Alternatively, in order to facilitate reaching the 5% target, additional investment of approximately £155,348 in year 1, £177,248 in year 2, and £312,028 in Year 3, total £644,624 (Appendix 2) would be needed in the L3 pharmacy scheme. PCDU figures illustrate that this will mean a total additional investment in level 2 and level 3 services to the value of approximately £900,000.

In addition, if SSW was to try to achieve growth in their area (from approximately 1279 smokers predicted for 2016 – 2017), there would also need to be further investment in the Level 2 NRT provision budget.

It is also very pertinent to note that substantial work will be needed to engage and motivate smokers at community level to access the L3 service if the Health Board is to meet the 5% target. GP Cluster funding could be a possible mechanism for funding some engagement work and promoting the cessation services.

£80,000 was allocated from Welsh Government in 2015/16 in order to support the smoke free prisons work. This £80,000 was spent in the first two months, and it appears that subsequent prison related NRT has been funded from the existing L2 budget since then. This would explain the rise from approximately £86k in 2014 –

2015 to a predicted £186k in the current financial year, despite the numbers accessing the L2 service remaining fairly static. Welsh Government funding is unlikely to be forthcoming in future years to support NRT in prisons; therefore this would need to be considered as part of the ABMU HB budget.

## Hospital Service

Through continued action in conjunction with Delivery Units the Health Board would also expect the hospital service to deliver 21 treated smokers per month.

## Summary

Through the comprehensive action plan (Appendix 1) encompassing all services, pending increased funding and expansion of the Level 3 service, it is projected (as shown in figure 9) that the Health Board could achieve 2.9% of the target by end of March 2017, 3.6% of the target in year one, 4% in year two and exceed the target, at 5.21%, by the end of year three (Appendix 2).

## 5 Projected growth in treated smokers

### 5.1 Level 3 pharmacies

Assuming the hospital service continues with present investment and performs to the target of 21 treated smokers per month, and SSW meets 1.5% of the Welsh Government Smoking Cessation target (the service's average activity for 2015/16), the level 3 service would be an area where growth could be achieved. Current budget allocation however would not allow for any increase in treated smokers, therefore making the 5% target unachievable. Appendix 2 outlines additional funding requirements that would be needed to cover the cost of a rise in treated smokers.

The investment is needed to fund activity, the smokers that actually access the service.

Table two below illustrates a predicted number of smokers that could be treated with additional investment (full financial break down in Appendix 2)

**Table 2: Predicted growth of treated smokers in Level 3 service**

Year	No. of treated smokers seen in L3 service	% of target achieved	Additional funding required	No. Of pharmacies delivering
2017 - 2018	1512	3.2%	£155,348	42
2018 - 2019	1632	4%	£177,248	52
2019 - 2020	2376	5.21%	£312, 028	62

<b>Totals</b>	5520	5.21% by end of year 3	£644,624	62
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\* funding does not include potential rise in pharmacy fee per treated smoker from £30.50 to approx £48 to reflect all Wales National Service Specification changes – this is in early discussion and not authorised at present

## 5.2 Hospital based services – ‘Time to Quit’

Based on the incremental increase in treated smokers seen since the service was launched in April the Health Board are confident that the hospital service will hit the performance of 21 treated smokers by the end of March 2017.

With only 2.5 whole time equivalent (WTE) Smoking Cessation Practitioners, Time to Quit does not have the capacity to extend its service outside of the four main hospital sites, and it has been identified that this presents in particular a gap and an equity issue for patients who access Mental Health Services. Further developmental work for the Time to Quit service is required in order to develop a tailored approach to achieve cessation in high-prevalence settings, to meet NICE guidance recommendations for this priority patient group and to support Health Board staff who work in mental health settings.

Developing Time to Quit is also an important component of supporting smokers who are inpatients or out patients to quit smoking or remain abstinent on hospital sites. Without further expansion of this service the Health Board is likely to find it more difficult to de-normalise smoking on hospital sites and so comply with Smoke Free Environment Policy.

A proposal has been submitted via the Neath Delivery Unit IMTP process (£40,720 per year x 3 years) which would both enable a further 100 mental health inpatients to receive bespoke smoking cessation advice and also train staff to support a culture where patients who smoke are given the behavioural support that they need.

The Tobacco Control Action Plan for Wales 2012 emphasises the importance of pre-operative smoking cessation and stipulates an action for Health Boards to achieve an increase in the number of smokers receiving cessation support services prior to elective surgery to a minimum of 20% (Action 3.23). It is recognised that pre operative cessation work is a significant gap in current service provision and this will be explored in the life of this plan by the hospital service.

Currently the majority of patients accessing the hospital service have been discharged prior to the 4-week CO validation and the service has been piloting indirect referrals to community pharmacy level 3 smoking cessation services. The delivery and recovery plan (Appendix One) illustrates the steps being taken to ensure a more ‘wrap around’ service where referral into SSW or the Level 3 pharmacy ensures the patient continues to be supported on their quit journey and CO validation can be obtained after discharge.

### **5.3. Priority Groups/settings**

#### **5.3.1 Pregnant smokers**

A third of pregnant women in Wales smoke before pregnancy, with half of these continuing to smoke throughout pregnancy (NHS Information Centre 2011). With maternal smoking being more prevalent in more deprived areas, tackling it would contribute to reducing health inequalities (NHS Information Centre 2011).

SSW has recently made various service improvements to strengthening the referral system for pregnant smokers; these include additional staff training and encouraging the use of CO testing. Despite this, referrals and engagement of pregnant women with the standard service has remained extremely low with approximately 6% of smokers referred and <2% accepting an appointment.

PHW is currently working with NWIS and SSW to implement the e-referral system and an 'opt out' referral system has been introduced. There have however been significant delays in the e-referral system going live due to IT changes in the Myrddin electronic system. Until these issues can be resolved this work is on hold; with referral of pregnant smokers to SSW being affected.

A proposal for funding has been submitted to the Singleton Delivery Unit IMTP for a Maternity Smoking Cessation Support Service based on the Models of Access for Maternal Smoking cessation Service Study (MAMSS, PHW 2015).

Within ABMU it is estimated that annually there will be 1,801 pregnant women who smoke and the funding submission suggests around 919 of these pregnant smokers would accept a referral to a smoking cessation service.

The proposal, for 7.5 Maternity Support Workers equates to £220,603 recurring (Appendix two).

#### **5.3.2 Mental health**

In addition to the proposed expansion to the hospital service to include a service for mental health inpatients as detailed in section 5.2 above, the Local Public Health team in conjunction with the Mental Health Delivery Unit are leading on a mental health smoking cessation project with £10,000 secured from the Health Board's Charitable funds monies. Potential work in partnership with the mental health charity MIND aims to develop a community based mental health smoking service co-produced with mental health patients is also in discussion. Full implementation of a service and subsequent growth and sustainability of such a service however would be wholly dependent on further funding.

In other Health Board areas in Wales this model has been developed with a specialist worker being based within a team such as the primary care mental health team. MIND offer this model of working for £5,000, which includes all training to the

whole team (whole team approach), all materials specifically for mental health, the specialist training for the worker, consumables, CO monitor, ongoing support and supervision. Staff costs for protected time to deliver smoking cessation services would be in addition.

### **5.3.3 Primary care**

Local planning through primary care clusters offers a real opportunity to tackle inequalities in health at the community level. Through collaboration with the Primary care delivery unit, the Local Public Health Team (LPHT) is supporting primary care to move towards more upstream prevention and early intervention activity. This includes a focus and prioritisation on delivering increased smoking cessation activity through cluster plans, and improvement activity in conjunction with clusters to proactively identify smokers from patient lists and invite them to attend cessation services in a 'mass harvesting of smokers' pilot initiative.

### **5.3.4 Making Every Contact Count (MECC)**

Making Every Contact Count (MECC) encourages those working within the health sector and beyond to use every appropriate opportunity to promote healthy lifestyle choices to those around them. MECC ensures staff have appropriate knowledge and skills to have conversations with patients about smoking and encourages staff to utilise referral options to cessation services.

Locally, a pilot project has tested a Train the Trainer approach to delivering MECC with Allied Health Professionals.

Nominated staff in Therapies Departments have been trained by the Public Health Team to deliver MECC training to colleagues. Each department has also developed suggestions of how to embed MECC principles within routine care.

The evaluation of the pilot (completed in December 2016) showed that overall MECC training increased;

- Confidence to deliver MECC training to others
- Knowledge about healthy lifestyles
- Confidence to discuss healthy lifestyles

The Public Health Team are working towards integrating the MECC training programme with the Co-production programme that is currently delivered to Health Board staff.

## **6 Delivery and Recovery Plan**

The improvement actions to support achieving the 5% annual target are shown in Appendix One.

## 7. Wider tobacco control system

### 7.1 National action

National actions being undertaken by Public Health Wales and Welsh Government across Wales should support the drive to decrease smoking prevalence in Wales. The All Wales Tobacco Control Board led by Welsh Government has been reconvened. Three sub groups have been established which focus on each of the key elements of tobacco control i.e. Prevention; Cessation and Denormalisation. These three sub groups are currently reviewing the respective actions of the All Wales Tobacco Control Delivery Plan, together with the evidence base and will make recommendations to the Tobacco Control Board. Each sub group has Wales wide Health Board representation. ABMU has been invited to attend the 'Denormalisation' subgroup and attends the Prevention Subgroup.

Additionally, the LPHT smoking cessation leads are working with Public Health Wales to deliver on a national smoking cessation action plan, including a review of branding and campaign activity, which aims to deliver system wide improvements which will lead to more integrated stop smoking services, improved referral systems and an integrated data collection system for all service providers.

### 7.2 Local action

The ABM University Health Board's smoking cessation plan acknowledges that in addition to achieving the 5% annual target a broader range of actions will need to be delivered in relation to reducing the uptake of smoking across the ABM population, and smoke-free environments.

Since the launch of the ABMU Smoke Free Policy in 2012, the LPHT has supported policy implementation and improved performance against standards set out in NICE Public Health Guidance 48 'Smoking: acute, maternity and mental health services'. Despite many improvements smoking on hospital grounds continues to be an issue, and compliance with NICE guidance has not been achieved. Work is being progressed in conjunction with Service Delivery Units through IMTP plans and as part of the Prudent Healthcare Hospital initiative in Neath Port Talbot Hospital.

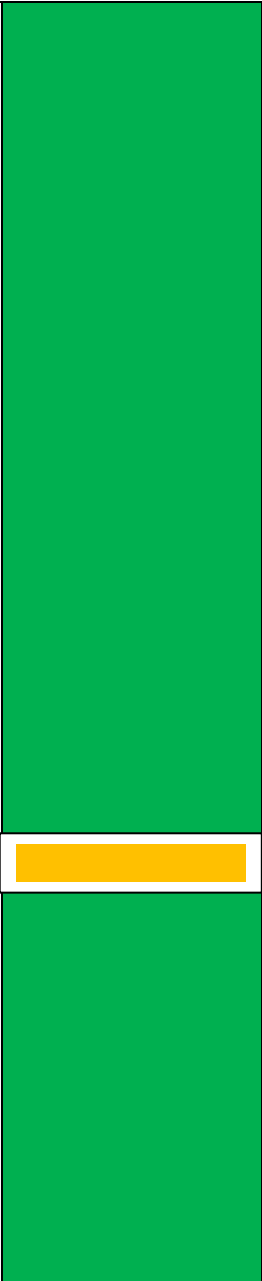
The LPHT continues to support Swansea Tobacco Action Group (TAG) and plans; Neath Port Talbot and Bridgend do not currently have active TAGs.

The focus of ABM efforts in 2016-2017 for wider smoking cessation work includes:

- Establishing a smoke-free school gate initiative in primary schools across Swansea with extension to Bridgend and Neath Port Talbot
- Healthy Schools Scheme Tobacco Control training day for secondary school staff
- Roll-out of a year 8 smoking prevention programme in 14 secondary schools
- Smoke-free hospitals improvement plan

**Appendix One: ABM University Health Board 2016-2020 smoking cessation delivery and recovery plan****1. Stop Smoking Wales**

<b>Objective</b>	<b>Actions</b>	<b>Lead</b>	<b>Support</b>	<b>Timescales</b>	<b>RAG /STATUS</b>
Review Service accessibility in line with Prudent Healthcare principles and Deploy service capacity more effectively according to need	Review SSW client profile, clinics and clinic times	SSW	ABM LPHT	Ongoing	
	Review indirect referral data & monthly numbers required at cluster area level to meet target	ABM PHT		January 2017	
	Re-locate clinics / timings based on intelligence review	SSW		January 2017	
Implement pilot quality improvement initiative in ABMU to increase the retention level between contact with SSW and attendance at Treatment Session 1	Develop PID Establish task and finish group Develop motivational script Evaluate	SSW	ABM LPHT	March 2017	
Increase indirect referrals into SSW and other stop smoking services through targeting settings & populations with a high prevalence of smokers	Promotion of SSW & other stop smoking services to 10 workplaces with a high prevalence of male manual smokers	SSW	ABM LPHT; PHW Healthy Working Wales Team	March 2017	
	Promotion of SSW & other stop smoking services at job clubs	SSW/ABM	Communities First Job Centre Plus	December 2016	

	Llynfi Valley 20/20 smoking cessation community pilot	ABM PHT	SSW/ Bridgend Association of Voluntary Organisations	March 2017	
	Promotion of services in Swansea Prison and Parc prison for family and friends of prisoners, to support the smoke free ban	SSW	Prison network	Nov 2016	
	Healthy lifestyle Advisor to attend a minimum of 6 events within the calendar month to effectively promote SSW and other ABM cessation services	SSW		March 2017	
	Provide support/clinics to Young people in schools and community Youth settings	SSW/ABM	Healthy schools	March 2017	
	Referral pathway set up for the Fire service, when visiting people's homes to talk about fire safety at home	SSW	Fire Service	November 2016	

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	<p>Promotion of SSW &amp; other stop smoking services to LGBT community events.</p> <p>Referral pathway set up for Department of Work and Pensions staff to refer directly to Quit Manager</p>	<p>SSW</p> <p>SSW</p>		<p>Sept 2016</p> <p>Sept 2016</p>	
Increase number of pregnant smokers referred into SSW	<p>Work with NWIS and ABMU to establish e-referral system through Myrddin</p> <p>Review referral data &amp; develop feedback mechanism to ABMU midwives</p>	NWIS/ABMU/SSW	ABM LPHT	November 2016	Awaiting NWIS to update Myrddin version control. This work has been in progress for a year but subject to delay due to system changes (last update was due by November 2016)
Increase number of professionals receiving Brief Intervention training	<p>Promote brief intervention for smoking cessation as part of developing MECC/co production programme in HB</p> <p>Target specific HB employees with UHB Time to Quit service to receive brief intervention training</p> <p>Provide Brief</p>	<p>SSW/ABM PHT/ABMU Therapies</p> <p>SSW/ABM PHT/ABMU Time to Quit</p>		<p>December 2016</p> <p>March 2017</p> <p>March 2017</p>	

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	intervention training to GP cluster areas and practice staff in line with Cluster plan priorities	SSW/ABM PHT/Primary care leads			
	Provide Brief intervention training to Primary care contractors (dentists, optometrists)	SSW/ABM PHT/Primary care contractor leads		March 2017	
	Provide Brief intervention training to community mental health staff	SSW/ABM Mental health delivery unit		March 2017	
	Provide brief intervention training to Health Visitors and district nurses	SSW/ABMU		March 2017	
	Provide brief intervention training to Swansea University School of Health Science students (nursing etc)	SSW/Swansea University		Ongoing	

## 2. Level 3 pharmacies

Objective	Actions	Lead	Support	Timescales	RAG status
Implement phased handover work plan with the Health Board	Develop and oversee the delivery of an action plan in six month stages	ABM Local Public Health Team Senior Public Health Practitioner		phase one September 2016 – March 2017 Phase two April 2017 – September 2017 Phase three October 2017 – March 2018 Full handover of development and administration of the Level 3 service to the ABMU Health Board (ABMU HB) by April 2018	
Co-ordinate the Level 3 Steering group to deliver the handover workplan	Organise monthly meetings to agree/ report on actions for year one to ensure the service is driven forward	ABMU Local Public Health Team	Wider Level 3 strategic partners from the Health Board (including Primary Care Manager/Head of Primary Care)	Monthly meetings Sept 2016 – Sept 2017	
Actively work with existing 72 commissioned pharmacies to increase/start to actively deliver the service	Encourage increased delivery amongst the 21 pharmacies actively claiming	ABMU HB Primary Care Support Managers x 3	Local Public Health Team Senior Practitioner	Sept 2016 – March 2017 March 2017- Sept 2018 Mainly through contract monitoring visits initially between October 2016 and February 2017	NB promotion work on hold pending IMTP decisions
	Compile and publicise case studies of high performing pharmacies			First ones by December 2016, ongoing every 3 months thereafter	See above
	Interview and support			Through the contract	ongoing

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	the other 21 pharmacies that have completed the accreditation process but are not yet actively delivering			monitoring process October 2016 – Feb 2017 and as required thereafter (particularly via the annual contract monitoring process)	
	Support the remaining 20 pharmacies to complete the accreditation process			Sept – Dec 2016 and as required if/when new pharmacies come into the scheme to replace those leaving	
	Advise those not delivering that the service could be withdrawn. If necessary, speak to other pharmacists in that area to see if they would like to begin delivering the service instead			ongoing	
	Support low performing pharmacies (<35% quit rate as per SLA) via the contract monitoring process to improve uptake			Jan – March 2017	
Work with Community Pharmacy Wales & Regional Managers	Attend CPW meetings to give regular updates and receive	Primary Care Support Managers and Local Public Health Team	Rhodri Thomas and Jayne Howard of CPW	Dates to be confirmed	

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<p>from the multiple pharmacies to try ensure they prioritise the delivery of this enhanced service</p>	<p>feedback,</p> <p>Publicise the service via an e email newsletter to accredited pharmacies x 4 per year</p> <p>Use the CPW bi-annual newsletter to publicise the list of accredited pharmacies and request non accredited pharmacies actively refer any enquiries to them</p>	<p>Senior Practitioner</p>		<p>October, December, February of this action plan)</p> <p>CPW newsletter dates to be confirmed</p>	<p>On hold until budget position ascertained via IMTP/Primary Care Delivery unit</p>
<p>Assist pharmacies to increase their recruitment and retention rates</p>	<p>Explore the demand for Motivational Interviewing (M.I) training (using underspend/funding from CVD Risk Assessment in the Bridgend North Cluster)</p>	<p>ABM Local Public Health Team</p>	<p>Primary Care Support Managers</p>	<p>By November 2016</p>	<p>On hold pending IMTP decisions</p>
	<p>Source and deliver M.I training to 20+ pharmacies if demand / funding permits</p>			<p>Train pharmacies in December ready for new year quit attempts (run 2 x training courses per year if funding received) otherwise 'one off' course if funding from</p>	<p>As above</p>

				CVD risk assessment project obtained	
Actively promote and encourage use of the service within Primary Care	Revisit and re-circulate details of pharmacies and SSW groups local to each GP cluster	ABM Local Public Health Team to compile the info, Primary Care Support Managers to circulate		November 2016	
	Attendance at PT4L for the coming year	Primary Care support Managers		2016 – March 2017	
	Circulate promotional materials to interested surgeries	ABMU PHT		November 2016 (if funds are received)	On hold pending IMTP decisions
	Promote via attendance at GP cluster meetings by the Local Public Health Team	ABMU PHT Senior Practitioner		Programme of meetings each year	ongoing
	Circulate data in relation to pharmacies in each cluster area	ABMU PHT Senior Practitioner		March 2017	
	Carry out one pilot project per area supporting a GP practice (details to be developed)	ABMU PHT Senior Practitioner		Scoped by April 2017 Sept 2017	
	Compile case	Primary Care Support		By July 2017	One completed

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	studies/'top tips' from 3 high performing pharmacies (one per area) and include on Primary Care Hub/circulate by email)	Managers			
	Circulate 'tear off' pads outlining 3 cessation services to all dental practices  Carry out research as to best ways to engage dental and opticians	TBC		March 2017  Commence work in 2018 (concentrating on GP clusters for 2017 – 2018)	
Carry out community based work to increase demand for the service	Further insight work with smokers to see if awareness of the service has increased/to ascertain what barriers remain and to further promote service (prioritising work in the Llynfi Valley)	ABMU Local Public Health Team		December 2016	No finance available or PH capacity to repeat the insight work
	Mapping of venues/groups  Produce a community engagement plan and accompanying action plan	ABMU Local Public Health Team  ABMU Local Public Health Team		Complete by May 2017  DEPENDING IF FUNDING PERMITS INCREASE OF NUMBERS THOROUGH	

				THE SERVICE	
	Identify 2 smokers willing to 'quit' publically and have YouTube videos made of their quit journeys			March 2017	
Monitor service activity and outcomes	<p>Collect NECAF data each month and analyse</p> <ul style="list-style-type: none"> <li>- Treated smokers</li> <li>- 4 week CO validated quits</li> <li>- Uptake per pharmacy</li> <li>- Pharmacies with &lt;35% quit rate and &gt;70% quit rate (as per SLA) and support as necessary</li> <li>- Total spend per month</li> </ul>	Primary Care Support Manager	ABMU Local Public Health Team Senior Practitioner	Monthly throughout duration of the work plan	
	Collect NECAF data each quarter to analyse cohort data	Details to be developed with ABM Principal Public Health Practitioner			
	Assess at what point NECAF can be utilised for monthly data reporting				
	Facilitate inclusion of				

	NECAF data with Welsh Government target reporting				
Joint working with the other services - SSW, Healthy and Time To Quit (hospital service)	Facilitate quarterly meeting with wider tobacco partners to ensure 'tie up' of respective action plans  Develop an action plan to produce more 'wrap around' service on discharge from hospital service	ABMU Public Health Team		Quarterly throughout duration of project  First meeting November 2016	

**3. Hospital based service – Time to Quit (UNABLE TO UPDATE IN FULL DUE TO ABSENCE OF PROJECT MANAGER)**

Objective	Actions	Lead	Support	Timescales	Rag Status
Increase secondary care referrals into hospital services	Ongoing review of referral process, practitioners continuing to proactively visit target wards and promote service	Hospital team	Ward staff	March 2016	Referral process remains the same. Practitioners promoting the service with key wards and Team Brief sessions delivered
	Support development of smoking cessation provision for mental health inpatients through IMTP plan	Hospital team/Mental health directorate	ABM LPHT	October 2016 initial IMTP submission Pending approval scope with MH delivery unit	Proposal submitted to Neath IMTP DU plan, awaiting decision on outcome
	Deliver Very Brief Advice and referral	Hospital team		March 2016	Ongoing – Jan to March 64

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	pathway training to additional healthcare professionals to raise awareness of hospital and community stop smoking services				trained, April to June 73 trained. F1/F2 doctors in Morriston Hospital and Respiratory physio's
Improve accessibility of hospital service and follow-up of clients	Establish outpatient clinics to follow up inpatients once discharged	Hospital team	OPD Dept Managers Consultants	December 2016	Available on all sites except Morriston
Continue to extend service to ABMU Health Board employees	Identify demand & support from management. Identify if hospital service has the capacity to see greater staff numbers Identify support from other services i.e. SSW	Hospital team	ABM LPHT/ SSW/ Ward Managers	January 2016	To be explored as soon as team staffing levels increase
Improve capture of smoking status on hospital electronic databases	Work with Informatics on the development of electronic systems; e.g. Electronic Pre-Operative Assessment, Integrated Nursing Assessment and cohort data capture	Hospital team	ABM PHT/ ABMU HB Informatics	Ongoing	Electronic pre-op assessment (MSK and ENT). Electronic integrated nursing assessment trial in 2 additional areas (emergency and elderly wards)

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Increase number of staff receiving Brief Intervention training	Work with Health Board delivery units to deliver VBA to front line staff (including mental health staff)	Hospital team	Delivery units	Ongoing	VBA training ongoing
Repeat audit of Smoking pathway compliance	Undertake repeat audit among Delivery Units Analyse results Produce and disseminate report Implement improvement measures based on report findings	Hospital team	Delivery units	December 2016	
Ensure patients admitted to hospital are provided with NRT and referred to service	Work with Pharmacy to undertake improvement measures on NRT prescribing	Hospital team/Pharmacy	Delivery units	January 2017	Project manager post vacant
Provide cessation support to pregnant women admitted as in patients	Develop pathway and referral mechanism for pregnant smokers in patients	Hospital team/PH midwife/Pharmacy		December 2016	Hospital service linking with PH midwife and midwifery leads

#### 4. Pregnant smokers

Objective	Actions	Lead	Support	Timescales	Rag Status
Increase number of women CO monitored to 100% and referred into stop smoking services	Undertake quantitative survey of training needs; and qualitative focus groups regarding midwives perceptions of support required	ABM PHT /ABMU Maternity	ABMU and PHW ethics/Swansea University ethics	February 2017	Training needs analysis questionnaire developed Link with midwifery leads established Ethical approval for focus group research in progress
	Repeat Brief Intervention and NICE guidance training based on TNA and focus group findings	ABMU Maternity	ABM PHT/SSW	March 2017	To be actioned pending results of research
	Undertake CO monitoring audit of notes	ABM PHT	ABMU Maternity	September 2016	CO monitoring audit undertaken and report produced. Repeat audit to be undertaken following issue of CO equipment
	Undertake pregnant smokers' qualitative survey	ABM PHT	ABMU Maternity	November 2016	Pregnant smokers survey undertaken with antenatal units. Report produced and for circulation to key stakeholders

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	Establish e-referral system	NWIS	ABMU Maternity/ABM PHT/SSW	November 2016	Awaiting NWIS to update Myrddin version control. This work has been in progress for a year but has been subject to delay due to system changes (last update was due by November 2016)
	Develop feedback mechanism to midwifery teams on referrals, treated smokers and quit rates in order to drive improvement	ABMU Maternity/ABM PHT	SSW	December 2016	In progress, SSW MARS monthly reports circulated to PH midwife
Introduce bespoke smoking in pregnancy service	Develop business case Submit through Singleton Hospital Delivery Unit IMTP plans	Maternity public health lead	ABM PHT/IMTP lead	October 2016	Business case submitted to Singleton DU IMTP – awaiting result
Ensure that pregnant smokers admitted to UHB hospital sites are supported with NRT on admission and referred to hospital cessation service	Develop in patient smoking pathway Undertake awareness raising and training with midwives	Maternity public health lead/hospital service	ABM PHT	December 2016	Hospital service linking with PH midwife and midwifery leads
Ensure that pregnant smokers listed for elective lower segment	Develop pre operative smoking pathway Undertake awareness	Hospital cessation service/Maternity public health lead/ABM lead consultant	ABM PHT	March 2017	Initial discussions held with Time to Quit service and

caesarean section are referred to the hospital cessation service and supported with NRT and behavioural support to quit prior to surgery	raising and training with anaesthetists, registrars, pre op team	anaesthetists			Anaesthetists
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### 5. Mental Health

Objective	Actions	Lead	Support	Timescales	Rag Status
Increase capacity of hospital service to provide cessation support to in-patients on mental health units and to ABMU Health Board employees working in mental health	Submit proposal for cessation advisor post through Neath DU IMTP plan in conjunction with Mental Health DU IMTP plan	Hospital service/Neath DU/Mental health delivery unit	ABM LPHT	January 2017	Proposal submitted to Neath DU IMTP  Mental health DU IMTP
Implement and evaluate the mental health cessation project in line with £10k funding from Charitable funds	Plan activity to include: -CO monitor purchase -BI training -Development of resources -up skill staff to provide cessation support to patients -data capture for reporting and performance	Mental health delivery unit/ ABM LPHT /Hospital service		March 2017	Plans to be developed with MH DU
Increase number of	Co-ordinate and deliver	Hospital service/SSW	Mental health delivery	March 2017	Hospital service

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mental health staff (hospital and community) receiving Brief Intervention training	training sessions		unit/ABM LPHT		and SSW deliver programme of VBA sessions to MH staff
Explore the development of a community based mental health smoking service	Develop PID Establish steering group	ABM LPHT/Mental Health DU, Primary care mental health team/ MIND		March 2017	Initial discussions progressed with MIND but no capacity to take project forward

**6. Primary care**

<b>Objective</b>	<b>Actions</b>	<b>Lead</b>	<b>Support</b>	<b>Timescales</b>	<b>Rag Status</b>
Embed smoking cessation and the Welsh Government Smoking Cessation target as a priority in the Primary care Delivery Unit's IMTP plans	Produce Smoking evidence paper Work with IMTP lead to integrate Smoking cessation through IMTP	ABM PHT/ABMU Primary care Delivery Unit/IMTP lead	IMTP core group	October 2016	Evidence paper produced by ABM LPHT Integrated in Primary Care DU IMTP plan
Work with ABMU Primary care Delivery Unit to embed smoking cessation and the Welsh Government Smoking Cessation target as a priority in all Cluster Plans 2016/17; 2017/18; 2018/19	Produce Public Health profiles for each cluster area	ABM PHT		April 2016 April 2017 April 2018	Public health cluster profiles (including smoking section) produced by ABM PHT and distributed to ABM clusters for consideration in cluster panning process
	Develop core set of Smoking cessation actions for cluster plans	ABMU Heads of Primary care/Primary care managers	ABM PHT	September 2016 September 2017 September 2018	Core set of evidence based actions developed and disseminated to

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					clusters
	Attend cluster meetings and provide input into planning processes	ABM PHT	Cluster leads	Quarterly basis and by September 2016; 2017; 2018	Cluster meetings attended by ABM LPHT. 9/11 clusters prioritised smoking as priority for action
Greater scrutiny by Primary care of referral data to smoking cessation services	Develop feedback mechanism to practices and clusters on referrals, treated smokers and quit rates in order to drive improvement	ABM PHT/SSW	ABMU Heads of Primary care/Primary care managers	Quarterly basis	Request to SSW to receive performance data by cluster on a quarterly basis. Request in progress
Increase awareness of the ABM cessation service provision amongst primary care staff and clusters	Develop evidence based smoking pathway  Produce map of local service provision and distribute to primary care  Attend PT4L sessions	ABM PHT/SSW/L3/Time to Quit	Cluster leads/ Primary care managers	January 2017	Work in progress
Explore feasibility of working with practices to introduce smoking cessation champions into ABMU practices	Scope introduction of smoking cessation champion model with clusters	ABM PHT	Cluster leads/ Primary care managers	January 2017	To be developed in line with cluster discussions with primary care team
Practice staff across clusters are trained in Brief Advice	Undertake audit of practice staff trained to date  Provide programme of Brief intervention	Cluster leads/ Primary care managers	ABM PHT	March 2017	To be developed in line with cluster discussions with primary care team

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	training				
Patients have an updated smoking status on practice records and are offered referral to cessation services	Develop PID for mass harvesting of smokers pilot, accompanying resources and training programme	ABM PHT	SSW/Cluster leads/ Primary care managers	January 2017	To be developed in line with cluster discussions with primary care team. Currently exploring avenues with some GP's for pilot project in the Neath area
Increase work with wider primary care contractor services	Engage with opticians and dentists to develop smoking cessation pathways	ABM PHT	Primary care DU	March 2018	Insufficient capacity at this stage due to commitment and level of development work required with GP clusters

**7. Making Every Contact Count (MECC)**

Objective	Actions	Lead	Support	Timescales	Rag Status
To propose and deliver a long term implementation plan for the roll out of MECC training to the wider workforce.	Link with Co-production programme Lead around developing an integrated training programme	ABM PHT	Director of Therapies	November 2016 (Linked co-production meeting planned for Jan 2017 to discuss long term plans)	
	Complete evaluation report on AHP pilot project	ABM PHT	National MECC working group	December 2016	
	Propose recommendations to Executive Board on	ABM PHT	Co-production Lead Director of Therapies	January 2017	

	long term roll out of MECC training programme				
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**8. Smoke free sites**

Objective	Actions	Lead	Support	Timescales	Rag Status
Integrate smoking cessation, the target and action on ABMU Smoke free site Policy implementation into all service delivery units IMTP plans	Produce Smoking evidence paper  Work with IMTP lead to integrate Smoking cessation through IMTP	ABM PHT/IMTP lead/Service Delivery Unit leads	IMTP core group	October 2016	Smoking evidence paper Produced and disseminated to IMTP leads
Refresh smoke free policy (was due for review Sept 2015)	Review policy Review evidence and data Update policy Communicate revised policy to managers, staff and public	ABMU HR	ABM PHT/ ABMU Comms team/ Time to quit	November 2016	Insufficient support at senior management level to progress this aspect
Work with Service delivery units to comply with and implement Smoke Free Policy in line with NICE guidance PH48	Service delivery unit identifies a smoking champion at senior level	Service delivery unit director	ABM PHT	December 2016	ABM LPHT working with Senior champion in Princess of Wales
	Service delivery units establish smoke free hospital working groups	Service delivery unit director	ABM PHT	December 2016	Princess of Wales established smoke free working group led by Senior nurse
	Undertake Audit of service delivery units compliance of NICE	Service delivery unit leads	ABM PHT	Jan-March 2017	Insufficient support at senior management level to

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	guidance PH48				progress this aspect
	Develop action plans to address improvement measures to comply with PH48	Service delivery unit leads	ABM PHT	April 2017	
	Work with 'Time to Quit' to ensure smoking pathway is implemented (smoking status of inpatients on admission , NRT prescribed, referral to cessation service)	Service delivery unit leads/Time to Quit	ABM PHT	December 2016	Time to quit service Practitioners promoting the service and raise awareness of pathway with key wards and Team Brief sessions delivered
	Work with 'Time to Quit' to ensure UHB staff receive smoking cessation support	Service delivery unit leads/Time to Quit		December 2016	Time to quit service now available for UHB staff. Promoted via promotional sessions. Further developments to be explored when new Project Manager for 'Time to Quit' in place

Appendix Two. Breakdown and additional budget calculations for L3 service (5% trajectory) & IMTP costing for mental health and maternity projects

**NB: It must be noted there is wide variation in NRT costs per smoker depending on whether they choose to have single or dual NRT, what strength of NRT they are prescribed and the reduction rate in the NRT over the duration of their time in the service. Taking average costs for an average length of time, figures are calculated on dual therapy at highest level for a 4 week period to calculate average cost per smoker**

**Assumptions Year 1 :**

Growth lays with L3 service (pending decision on increased funding for Hospital service)

Years one, two and three, SSW achieves 1.5%

Years one, two and three, Hospital achieves 0.3%

Year one L3 achieves 1.8%, year two 2.17%, year three 3.41%

Prevalence is 19% at 82,378. 5% = 4119 (year 1)

average length of stay in service per person - 4 weeks, average cost per week of dual NRT £40 per week, total NRT £160, total fee cost £22.50

Figures **do not** take any increase in pharmacy fees into account but there may also be an increase from £30.50 per person to £48 per person for full course of support in 2017 - 2018

**L3 year one 2017 - 2018**

MINIMUM position at start of the year - 21 operational pharmacies delivering average of 62 treated smokers PM

Increase delivery by each of the 21 pharmacies to 4 per pharmacy pm	84
increase pharmacies actively delivering by another 21 with each new one delivering 2 pm	42
(double current number in 2015 - 2016)	126
<b>Total smokers per annum</b>	<b>1512</b>
total pharmacies delivering	42
pharmacy fee per month for 126 smokers @ £22.50	2835
fees <b>per year</b> for 126 smokers pm	34020
Total NRT costs for 126 smokers @ £160 per smoker	20160
Total NRT cost per year for 126 smokers pm	241920

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total NRT and fees if 126 pm smokers stay average of 4 weeks in the programme	<b>275940</b>
awareness, promotion and smoker recruitment/motivational interviewing training for pharmacists/technicians	4000
total funding required for 2017 - 2018 to achieve 1.8% towards target	279940
Existing recurrent funding	124592
total additional funding required to achieve 1.8% towards Welsh Government Smoking Cessation target	<b>£ 155,348.00</b>

#### Assumptions Year 2 2018-2019:

As outlined per year 1

Prevalence is 18% at 78,042. 5% = 4043

#### Year two 2018 - 2019

##### Year end position year one

42 pharmacies delivering 126 smokers pm jointly

##### Position at start of year 2

Increase delivery by each of the 21 pharmacies to 4 per pharmacy pm	84
increase pharmacies actively delivering by another 21 with each new one delivering 2 pm	42
add a further 10 pharmacies to deliver at low level of 1 pm	10
	136
<b>Total smokers per annum</b>	<b>1632</b>
total pharmacies delivering	52

total fees for 1632 smokers staying average of 4 weeks in the service (at 2015-2016 fee rate)	36720
total NRT costs for 1632 smokers staying average of 4 weeks @£160 per smoker	261120
	297840

awareness, promotion and smoker recruitment/Motivational interviewing training for pharmacists/technicians	4000
total funding required for 2017 - 2018	301840
Existing recurrent funding	124592

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total additional funding required to achieve 2% towards Welsh Government Smoking Cessation target

**£ 177,248.00**

**Assumptions Year 3 2019-20:**

As outlined per year 1

Prevalence at 17% at 73706. 5% = 3962

**L3 year three - 2019 - 2020**

**Year end position year two**

21 pharmacies delivering 4 per month	84
21 pharmacies delivering 2 per month	63
10 pharmacies delivering one pm	10
	157

**position at start of year 3**

21 delivering 5 pm	105
21 delivering 3 pm	63
10 pharmacies delivering 2 pm	20
final 10 delivering 1 pm	10
total smokers per month	198

**total smokers per annum** **2376**

total pharmacies delivering 62

Total fee for 2376 smokers staying an average of 4 weeks in service @ £22.50 53460

Total NRT costs for 2376 smokers staying an average of 4 weeks @£160 per smoker 380160

433620

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Awareness, promotion and recruitment of smokers & Motivational interviewing for pharmacists/technicians	3000
	436620
total funding for 2019 - 2020	
Existing recurrent funding	124592
total additional funding required to achieve 3.5% of Welsh Government Smoking Cessation target	<b>£ 312,028.00</b>

**SUMMARY**

**Year one 2017 - 2018**

numbers of smokers per year	1512
number of pharmacies delivering	42
additional funding requirement	<b>£ 155,348.00</b>
target position	<b>3.60%</b>

**Year two 2018 - 2019**

Number of smokers per year	1632
number of pharmacies delivering	52
additional funding requirement	<b>£ 177,248.00</b>
target position	<b>3.97%</b>

**Year three 2019 - 2020**

Number of smokers per year	2376
Number of pharmacies delivering	62
Additional funding requirement	<b>£ 312,028.00</b>
target position – target achieved	<b>5.21%</b>

<b>total smokers accessing L3 over 3 years</b>	<b>5520</b>
<b>total pharmacies operational by year 3</b>	<b>62</b>
<b>total additional funding requirement</b>	<b>£ 644,624.00</b>

**5% TARGET MET AND EXCEEDED by 0.21%**

**Recovery Plan – additional funds requested through Delivery Unit IMTP process**

**Requests for additional funding submitted through the IMTP process**

**Maternity smoking cessation programme (via Singleton Delivery Unit)**

Total start-up costs for staffing (recruitment & MSW employment during training)	<b>£4,850</b>
MSW annual salary (top band 3 WTE MSW with on costs: £23,520)	£176,400
Support staff annual salary (e.g. local support, national support and admin)	£6,500
Travel (£7.17 urban pregnant smoker, £17.08 rural)	£12,908
Training (£550 per MSW)	£4,125
Consumables (phone, laptops, CO monitors, leaflets etc)	£20,670
<b>Total annual recurring costs</b>	<b>£220,603</b>

**Mental Health in patient smoking cessation project (part of 'Time to Quit' hospital service)**

**(Via Neath Delivery Unit)**

Whole time equivalent band 5 including on costs	30,750
Travel and subsistence	480
Office costs/equipment	1490
Estimated prescribing costs - £8,000	8000
<b>total annual recurring costs</b>	<b>40,720</b>

**Level 2 and Level 3 budget Analysis 2016/17**

Overall budget £253 k	253000
• Business case for L3 budget (agreed 2014)	124592
• L2 budget	128408

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**LEVEL 2 spend**

	£	Actual or Estimated (A or E)
April	21554.18	A
May	11219.19	A
June	17946.83	A
July	14553.38	A
August	3012.61	A
Sept	20228.	A
Oct	11391.	A
Nov	13793.	A
Dec	13,000.00	E
Jan	22,000.00	E
Feb	20,000.00	E
March	17,500.00	E
	<b>186198.2</b>	
<b>total</b>		
<b>actual budget</b>	<b>128408</b>	
	<b>-57790.2</b>	
<b>Estimated overspend</b>		

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<b>Level 3 spend</b>	<b>£</b>	<b>Actual or Estimated (A or E)</b>
<b>April</b>	9703.34	A
<b>May</b>	11101.08	A
<b>June</b>	8957.99	A
<b>July</b>	10394.95	A
<b>August</b>	1,722.78	A
<b>September</b>	6,410.00	A
<b>October</b>	12,559.00	A
<b>November</b>	8,047.00	A
<b>December</b>	7,500.00	E
<b>January</b>	15,000.00	E
<b>February</b>	13,500.00	E
<b>March</b>	12,000.00	E
<b>Total spend</b>	<b>112,592</b>	
<b>Actual budget</b>	<b>124,592</b>	
<b>Estimated underspend</b>	<b>12,000</b>	

**Appendix Three : Risk assessment and risk management matrix**

	<b>Identified risk</b>	<b>Likeli-hood</b>	<b>Impact</b>	<b>Risk rating</b>	<b>Risk management procedure</b>
1	No further funding is allocated from any delivery unit, budget remains £253k	3	3	9	<ul style="list-style-type: none"> <li>Services will urgently need to be reconfigured (i.e. decommissioning Level 2 and level 3 services) to include a cap on smokers seen when current budget reached</li> </ul>
2	Funding for Prison NRT not included in any budget	3	3	9	<ul style="list-style-type: none"> <li>Escalate to Welsh Government &amp; NOMS</li> </ul>
3	SSW do not recruit 0.4 staff to increase their capacity to 3.6 WTE stop smoking advisors by January 2017	1	2	2	<ul style="list-style-type: none"> <li>Escalate to PHW Director of Health Improvement.</li> </ul>
4	SSW contribute less 1.5% towards the 5% target per annum	2	3	6	<ul style="list-style-type: none"> <li>Escalate to PHW Director of Health Improvement.</li> <li>Review action plan and take remedial action immediately.</li> </ul>
5	Hospital service fails to see 21 treated smokers every month from November 2016	2	2	4	<ul style="list-style-type: none"> <li>Review action plan and take remedial action immediately</li> </ul>

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6	Hospital service not operating at full staff compliment	3	3	9	<ul style="list-style-type: none"> <li>Ensure recruitment is timely</li> </ul>
7	Changes in Project Manager post adversely affect continuity of delivery	2	3	6	<ul style="list-style-type: none"> <li>Ensure recruitment to the Project Manager post is timely and filled by a person likely to remain in post for a significant length of time (e.g. not a secondment)</li> </ul>
8	ABM Health Board (Primary Care Delivery Unit) are unable allocate the necessary staff capacity to driver delivery of the level 3 service (Current capacity from Primary Care Delivery Unit is 3 x Primary Care Support Managers – PCSM's)	2	3	6	<ul style="list-style-type: none"> <li>Escalate to Directors of Public Health (Sara Hayes – until March 2017) and Director of Primary Care Delivery Unit (PCDU - Hilary Dover)and escalate to Exec Board if thought appropriate</li> </ul>
9	ABM Local Public Health Team no longer to provide the management of the development of the L3 service	3	3	9	<ul style="list-style-type: none"> <li>Primary Care Delivery Unit made aware that ABM Local Public Health team are unable to continue to provide the current level of support</li> </ul>
10	The remaining 20 Commissioned pharmacies that have not yet completed the accreditation process do not proceed to accreditation and subsequent delivery	2	2	4	<ul style="list-style-type: none"> <li>Deadline for commissioned pharmacies to become accredited and approved will be set. Service offer will be withdrawn if deadline not met and offered to another pharmacy – who will be issued a deadline to become approved.</li> </ul>
11	The projected numbers of pharmacies do not deliver the required number of treated smokers to meet the predicted % each year	2	3	6	<ul style="list-style-type: none"> <li>All delivery units embedding referral into their day to day work</li> <li>ABM Local Public Health Team having a program of work to drive demand via further insight work, liaison with community based organisations, 3<sup>rd</sup> sector, primary care etc.</li> </ul>
12	The cost of L2 continues to rise beyond budget if	3	3	9	<ul style="list-style-type: none"> <li>Paper to be submitted to Primary Care &amp; Communities Delivery Unit to table a number of options to ensure L2</li> </ul>

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	SSW/Hospital/maternity increase their delivery figures				stays within budget (or is allocated further funding)
13	Changes in national pharmacy contracts result in pharmacies needing to maximise income from enhanced services potentially increasing the number of commissioned pharmacies actively delivering the service	3	3	9	<ul style="list-style-type: none"> <li>Recovery plan sets out proposal for increased funding and also the paper submitted to Primary Care and Communities Delivery Unit proposes cap on L3 services once they reach current budget/decommissioning many of the pharmacies to prevent over delivery in budget terms</li> </ul>
14	The demand for the service from smokers does not produce the required number of treated smokers	3	3	9	<ul style="list-style-type: none"> <li>All delivery units embedding referral into their day to day work</li> <li>ABM Local Public Health Team having a program of work to drive demand via further insight work, liaison with community based organisations, 3<sup>rd</sup> sector, primary care etc.</li> </ul>
15	The services are no longer 'fit for purpose' for smokers	1	3	3	<ul style="list-style-type: none"> <li>ABM HB and ABM Local Public Health Team carry out Insight work, patient involvement/experience studies and co-production in order to develop services in a way the smoker requires</li> </ul>
16	Staff turnover within pharmacies leaves the setting without staff accredited to deliver the service	2	2	4	<ul style="list-style-type: none"> <li>PCSM's regularly promote promotion of WCPPE training courses</li> <li>Contract monitoring highlights any staff changes that would affect delivery</li> <li>Actively offer opportunity for additional pharmacists within commissioned pharmacies and locum pharmacies to become accredited.</li> <li>Work closely with Regional Managers of multiple pharmacies to ensure they are aware when a new staff member needs training</li> </ul>

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17	WCPPE have extended periods of time where no training courses are run leaving pharmacies for a number of months without a trained member of staff	2	2	4	<ul style="list-style-type: none"> <li>• Budget allocated from within L3 to provide additional training sessions specifically for ABMU pharmacists which includes locum cover and same day accreditation</li> <li>• Liaising with national tobacco leads to share training sessions</li> <li>• Liaise with other LHB's to ensure vacant spaces on training courses can be accessed</li> </ul>
18	Community pharmacies do not regularly process claims for payment to report activity	2	2	4	<ul style="list-style-type: none"> <li>• Communicate need for claims to be processed in a timely manner</li> <li>• Explore option to introduce disclaimer that claims older than 3 months will not be paid.</li> </ul>
19	Community pharmacies do not have the desire and/or capacity to deliver the Level 3 service to expected levels	2	3	6	<ul style="list-style-type: none"> <li>• Consider incentives to encourage pharmacies to achieve targets</li> <li>• Reviewing fee structure in line with national service specification changes</li> <li>• To have a consistent decommissioning/re-commissioning plan</li> </ul>
20	The three services (SSW, Time to Quit and L3 pharmacies) do not have a robust 'wrap around' promotion and referral system	3	3	9	<ul style="list-style-type: none"> <li>• ABM Public Health Team drive the integration process via a programme team approach</li> </ul>
21	The reduction of smoking prevalence and e cigarette use reduce the numbers of smokers accessing any of the 3 services	3	3	9	<ul style="list-style-type: none"> <li>• ABM HB increase their involvement and subsequent influence in the national tobacco agenda</li> <li>• ABM HB ensure smoking cessation referrals promoted through all Delivery Units to ensure that the captive population of healthcare users are motivated to access services</li> </ul>
22	Insufficient 'quality conversations' using behavioural change (e.g. co-	2	3	6	<ul style="list-style-type: none"> <li>• Ensure MECC is integrated in co-production</li> </ul>

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	design/co-production, Very Brief Advice training, MECC etc.) methodology are not common place				<ul style="list-style-type: none"> <li>• Ensure all frontline staff across the Health Board are having the necessary conversations with patients on a regular basis</li> </ul>
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Scores = low (1), medium (2), high (3)