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To: West Kent CCG Health and Wellbeing Board

Subject: West Kent Tobacco Control and Smoking Cessation Task and Finish Group

Classification: Unrestricted

Summary

Following its August 2013 meeting this Board requested a number of Task and Finish Groups were established, to review how collaborative working and a co-ordinated provision of services can better address specific causes of ill health.

This final report of the Tobacco Control Group outlines how the Group has met its aims and identified areas for future multi-agency work.

1. Introduction

1.1 The importance of taking a multi-agency approach to tobacco control was quickly embraced by this group, whose membership comprised representatives from Districts, Public Health, Midwifery Service, Stop Smoking Service, Trading Standards and the Kent Fire and Rescue Service. Presentations were also made to the Patient Participation Group.

1.2 The aims of the Group were as follows:

- Develop an understanding across West Kent around the various work streams relating to tobacco control and smoking cessation;
- To identify any gaps in service provision;
- To review how the various agencies can work collaboratively to support improved outcomes;
- Develop an on-going action plan to continue this work; and
- Make strategic recommendations to this Board regarding the delivery of this work
- To identify barriers to delivery of tobacco control programme.

1.3 This report explains how we have achieved those aims and makes recommendations to this Board for the future delivery of this work.

1.4 A review of electronic cigarettes is outside the scope of this Group, because national view and guidance around harm reduction for tobacco is still emerging, and we are awaiting national guidance on regulation and potential use of e-cigarettes as potential medicines.

2. Work of the Kent Tobacco Control Service

As of April 2013 local authorities and Clinical Commissioning Groups will be assessed on how well they are reducing health inequalities in their area. The Public Health Outcomes Framework includes a number of measures that are directly related to smoking and several that have very strong links. In time this may also determine whether local authorities will be paid the Health Premium supplement to the public health budget.

The Kent strategy has a clear emphasis on engaging and empowering young people and families to avoid smoking. The Kent Tobacco Control Programme will focus on i) enabling partners to be clear about their contribution to a comprehensive tobacco control agenda and, ii) the cross-cutting issue of protecting young people from the harmful effects of tobacco.

In delivering the tobacco control programme, an underlying aim will be to support partners to become exemplars in tobacco control by:

- Developing capacity: providing training and seminars on tobacco control topics (e.g. harm reduction, e-cigarettes, shisha, ...)
- Developing a Communications Strategy: supporting partners to amplify national campaigns locally; and jointly promote Kent/District/Partner based schemes.
- Supporting partners to be vocal advocates for tobacco control
- Support Kent partners to address Health Inequalities through action on Tobacco Control (via local Mind The Gap Action Plans)
- Ensuring partners are fully engaged with cessations services.

3. Gaps in Service Provision and Barriers to success

3.1 Partner Engagement

As a result of discussions over the life of this T&F Group an Action Plan (Annex 1) has been produced which has identified both a number of areas where partner organisations are not fully engaged in the aims of the Tobacco Control Strategy,

through a variety of reasons and areas where all partners could achieve greater success by adopting a more integrated/collaborative approach to this priority area.

3.2 In summary the Action Plan identified the following barriers and gaps in service provision in West Kent:

- **Local Leadership**

Our organisations are not taking sufficient local leadership on tobacco control both internally with its workforce and externally with the people it comes into contact with. Within our organisations we should be identifying individuals/teams that can be trained to deliver VBA's (very brief advice) and generating quality referrals to the Stop Smoking Services, to target in particular the routine and manual smoking population and vulnerable groups.

- **Having difficult conversations**

A number of agencies identified that the routine delivery of stop smoking messages to client groups had stalled, often due to the perception of delivering a difficult message. Like the point above this identified a training need. This is currently being addressed in the Midwifery Service through the "babyClear" initiative supporting action on smoking in pregnancy.

- **Integrated commissioning**

Whilst some effective linkages exist between the Stop Smoking Service and frontline officers in Districts, strategic links to industrialise tobacco control interventions do not exist, that would facilitate more integrated ways of working. Stop smoking services have a role in tobacco control particularly in their workplace based work. This is distinct from smoking cessation. Partner agencies have a role in the future commissioning of tobacco control and stop smoking services. Integrated commissioning with children and young people services, maternity and community engagement needs to be explored. Currently there are insufficient ways that engage and enable young people to reduce or quit smoking.

- **Illicit Tobacco**

The Group identified that "quitters" might refer to sources of illicit tobacco, which would provide important intelligence for Trading Standards services. There needs to be mechanisms in place for co-ordinating this type of intelligence from

a range of agencies, including the Stop Smoking Service, community wardens and PCSOs.

- **Secondary Care**

There is a need to review services with reference to the newly published NICE guidance smoking cessation within secondary care.

- **Education**

Whilst there are many initiatives that promote the dangers of smoking to young people, there is a need for schools and others, to recognise the importance of quality tobacco education programmes and adopt them accordingly.

4. Conclusions

In working with this Task and Finish group, the above county-wide vision was able to be tested with West Kent partners. The resulting action plans and learning gained will in turn support the emerging county-wide action plans.

The Group has developed a multi-agency action plan that focuses on supporting and developing capacity in tobacco control to take forward tobacco control initiatives.

5. Recommendations

Recommendation 1: Delivery of Action Plan

On-going mechanisms need to be in place between the main professional groups involved in this agenda to maintain the momentum initiated by the T&F Group and buy in at a high level within the relevant organisations to address the gaps and barriers to integrated pathways as outlined above.

- The Group recommends that The West Kent Health and Wellbeing Board establish a group to oversee the delivery of the action plan (Attachment A). The group to comprise of the CCG, Stop Smoking Service, Kent Public Health, Children's Services within NHS Kent Community Health Trust, schools, youth services, Kent Fire and Rescue, Trading Standards, Districts and Boroughs and the Midwifery Service is established, led by a District/Borough representative.

- This must support the aims and priorities of the Kent Tobacco Control strategy, namely in assisting every smoker to quit, reducing the exposure to second hand smoke, prevent the uptake of smoking, and tackle cheap and illegal tobacco in our communities and address the criminal activity in its supply.

Recommendation 2: “Make Every Contact Count”

The actions of the above group can be enhanced by stakeholder organisations identifying key staff and services that are well placed to deliver VBA’s.

- The Group recommend that a training programme established to support this method of communication, through funding from KCC Tobacco Control Team. Stakeholder organisations should be set targets for the delivery of VBA’s to be monitored by the above Kent PH Team.
- Incorporate the provision of VBA into service specifications and contracts.

Recommendation 3: Return on Investment

Although the return on investment for a comprehensive tobacco control interventions has been established, a more detailed breakdown to demonstrate which partners contribute what to the strategy has not yet been developed. The development of accountability within this system was felt to be beneficial.

- West Kent Health and Wellbeing Board request Public Health to report back in two months’ time on how this might be achieved.

Recommendation 4: Strategic Leadership and Commitment

The benefits of a comprehensive approach to tobacco control, and it’s role in tackling health inequalities, child/family poverty, community empowerment and improving the health and wellbeing of communities, is well established. There is a need for this fact to be stipulated and recognised within partner organisations strategic delivery plans; thus ensuring the tobacco control agenda is promoted at senior levels within the organisations with clear lines of accountability and leadership.

- The Group recommends that West Kent CCG / West Kent Health and Wellbeing Board explore becoming a signatory to the Local Declaration on Tobacco Control (originally aimed at local authorities, but now including health and wellbeing organisations); and in turn advocate that partner organisations with the CCG follow suit.