



Integration Joint Board

29th November 2018

This Report relates to
Item 12 on the Agenda

Tobacco Control Update

(Paper presented by Trish Grierson)

For Approval

Approved for Submission by	Dr Andrew Carnon/Valerie White, NHS Dumfries & Galloway
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SECTION 1: REPORT CONTENT

Title/Subject: Tobacco Control Update

Meeting: Integration Joint Board

Date: 29th November 2018

Submitted By: Trish Grierson, Tobacco Control Lead, NHS Dumfries & Galloway

Action: For Approval

1. Introduction

- 1.1 The Board are asked to note the planned developments for Tobacco control over the coming year endorse the recommendations in relation to addressing the Local Delivery Plan (LDP) target for smoking cessation and be aware of legislative and policy changes due in 2018.

2. Recommendations

2.1 **The Integration Joint Board is asked to note and agree the following:**

- **The increase the number of referrals to stop smoking services from the Acute setting**
- **To encourage more referrals to services from GP practices**
- **To expand on a prescribing agreement for all GP practices**
- **To seek improvement to performance from Community pharmacies in quitting outcomes at 4 and 12 week follow-up, and Lost to Follow-up records**
- **To seek improvement to performance from Smoking Matters service in 4 and 12 weeks follow-up**
- **To support HMP Dumfries in achieving their goals for a smoke free prison**
- **To seek engagement and referral from social care partners through Locality managers and the integration process**
- **To adapt our local promotion of stop smoking services to fit with national branding and campaigns**

3. Background

- 3.1 The Scottish Government has committed resources to ensuring that we address the great harm caused by tobacco in our society, and we do this with a particular focus in priority areas and with priority groups of people who smoke.
- 3.2 Tobacco Control in Scotland has an ambitious and challenging aim of being a Smoke-free nation (where 5% or lower of the population smokes) by 2034. In Dumfries & Galloway we continue to develop and adapt our services in our attempt to meet national and local ambitions.

4. Main Body of the Report

- 4.1 The purpose of this report is to provide an overall update on Tobacco Control including local actions, progress to date, challenges faced, and to provide information and recommendations on meeting the LDP target for smoking cessation.
- 4.2 Tobacco Control is divided into three themed areas as set out in the national strategy “Creating a Tobacco-free generation” (2013) (see below). This report has been set out to provide an update in each of the three themed areas and give information on improvements/recommendations
These areas are:-

- **Smoking cessation** - *Helping smokers to stop smoking (section 1)*
- **Smoking prevention**- *Encouraging young people to make healthier choices (section 2)*
- **Protection and Regulation**-*protecting the most vulnerable from the harmful effects of tobacco (section 3)*
- **Making changes improving quality** (section 4)

4.3 Section 1: Smoking cessation

Smoking cessation in Dumfries and Galloway is delivered by three distinct services: Quit Your Way (previously known as Smoking Matters Service), Community Pharmacies and Her Majesty’s Prison (HMP) Dumfries. As it is the responsibility of the Board to support both Community pharmacies and HMP Dumfries in smoking cessation, Quit Your Way provides both services with administrative support, training and resources, and works closely with each service providing information and guidance as required.

Smoking cessation targets:-In terms of meeting targets for smoking cessation (the previously known Health, Efficiency, Access and Treatment -HEAT and the present Local Delivery Plan (LDP) standard for smoking cessation, our submissions for this target has been based on a combined result of the three above services. This year’s target (2018/19) has changed in that it is only the combined results from Quit Your Way and Community Pharmacies that will form as this year’s target.

The 2017/18 LDP standard is to sustain and embed successful quits, at 12 weeks post quit for people residing in the 40% most deprived datazones. Although every smoker should be important to the NHS in terms of benefits to the individual and to the organisation for encouraging smoking cessation, it is only the clients from specific data zones who set a quit date and who have successfully stopped smoking 12 weeks after their set quit date who will be included in our combined LDP target numbers. Appendix A, figure 1 shows the most recently published data on our performance in relation to meeting this target. The actual total number of successful quitters in the specific datazones for 2017/18 we should have supported is 230 and our actual figure is 165 (year end data ISD August 2018). This means we have failed to meet our 2017/18 LDP standard for smoking cessation.

Factors affecting our missing the target may include the following:-

- In Dumfries and Galloway the numbers of smokers using stop smoking services is reducing and this is a similar picture in all health boards in Scotland (Appendix A, figure 2). The reasons for a drop in numbers coming to services are complex and no single factor is responsible. With the change in the GP contract and the loss of the Quality and Outcomes Framework (QOF) this may have had a bearing in drop in GP referrals.
- Other sources of referrals from within the NHS have seen a drop in numbers (Appendix A, figure 3).
- Owing to there being a number of competing health improvement priorities, this may result in the importance of smoking cessation being lost in a range of options for health care professionals to consider.
- The E.cigarette in some respects may contribute to potential quitters using this product where smoking is not permitted i.e. indoors and continuing to smoke, therefore the momentum of smoking cessation has been diminished.
- Some smokers may have swapped entirely from smoked tobacco products to the E.cigarette for smoking cessation and this would be considered to be a success in smoking cessation terms, but previously this potential quitter might have used a service to stop smoking.
- The smokers we are trying to engage with are the harder to reach groups of smokers, there may be greater levels of addiction and as such require more tailored interventions and over a longer period of time.
- Certain groups of smokers may be less motivated to consider stopping smoking and therefore engagement is challenging e.g. smokers who are pregnant.
- The performance of each service delivering smoking cessation is critical to our overall results. In Appendix A (figure 1) the variation in performance between each service is significant and does have an important effect on meeting our targets. For example overall Community Pharmacy results are much lower than Quit Your Way and Prison services. Also between each community pharmacy there can be considerable variation, with some

pharmacies being good at engagement of smokers whilst other pharmacies are less so. Importantly community pharmacy results for smoking cessation matter most in areas of inequality in Dumfries and Galloway and the performance of pharmacies in these areas is generally poor, with a very small number of exceptions. All community pharmacies report poorer outcomes at the three month stage, therefore there is a higher drop-off of clients going through a quit attempt than there is in Quit Your Way for example.

New Target 2018/19 – We have received our new targets for 2018/19 which is that we support 193 quit attempts (only from areas of inequality). HMP Dumfries quit attempts will not be included in this year's LDP smoking cessation target, owing to the difficulties in trying to assess the number of prisoners who may decide to make an NHS supported quit attempt from 1st December 2018.

Smoking and health inequalities – apart from geographic areas being important to target our interventions there are also priority groups of smokers such as the following:-

- **Pregnancy** – High rates of smoking in pregnancy in Dumfries and Galloway is strongly linked to inequalities. The “opt-out” referral pathway was introduced and overall numbers of referrals and successful quits increased modestly. However this is a challenging group to engage with and Quit Your Way has further modified and improved our intervention and we are noticing a small but significant improvement in engagement of clients and quitting outcomes. This work is ongoing.

A local smoking and pregnancy report will be available in the near future and will provide more detailed information on service uptake and outcomes along with views and experiences of young women who try to stop smoking during pregnancy. Initiatives such as incentive schemes have proven to be successful in two other health boards.

- **Mental health** –Smoking cessation for those experiencing mental health difficulties is an important group not least because smoking prevalence is much higher than the average population (50-70% in comparison with 21%). It is very likely that this group of smokers may experience much greater levels of addiction and it may be that smoking cessation has either not been considered or may be of less importance than other health difficulties. Quit Your Way has run a successful group with Support in Mind, created the Tobacco Champion model specifically for the mental health teams acute and community, and developed a small community project on Second Hand smoke in the Home. This work is ongoing.
- **Secondary Care** – An Integrated Care Pathway (ICP) was introduced in 2014 and at the time this increased referral numbers to Quit Your Way. However since this time the numbers have halved annually and at present advice and support is provided to in-patients on an ad-hoc basis. It is difficult for the specialist service to locate smokers on wards and we are dependent on receiving referral from wards to the service (Appendix A figure 3). This

work is ongoing and we are seeking to increase our presence over the coming months (see recommendations)

- **Looked After Children-** Presently a referral pathway has been established and although not high numbers, Smoking Matters is receiving referrals and we support young people being referred to the service either in residential homes or in clinics dependent on location and preference of the young people themselves.
- Other groups of smokers are identified through specific initiatives or projects targeting areas of inequalities such as a greater number of clinics being delivered in key geographic areas, linking with external agencies such as Housing Partnerships, D&G Credit Unions, workplaces etc.

4.4 **Section 2: Smoking prevention – Encouraging and protecting children from the harms of tobacco**

ASSIST is a peer led smoking prevention programme originally developed by Cardiff University and the University of Bristol. This peer-led intervention targets 12-13 year old pupils, which is the age at which smoking uptake in young people begins to accelerate. NHS Dumfries and Galloway bought a three year licence (2015-17) and, owing to the successful engagement of secondary schools in the region participating in the programme, we are now entering another three year licence period (2018-20).

- **Primary and Secondary Education** -There has been a consistent programme of educational lessons, workshops, school assemblies and health days specifically on tobacco with young people in primary and secondary education specifically and to some extent in further education however there is an opportunity to develop this work further. All of the work in mainstream education complements the above ASSIST programme and ensures that young people are being given evidence-based information tailored to age and stage and the tobacco free messages young people receive are being repeated throughout their school years but in different formats.

4.5 **Section 3. Protection, Regulation and Legislation**

- **Second Hand Smoke-** “Take it Right Outside” is an ongoing Scottish Government campaign. Along with the campaign message, Quit Your Way provides training and project support on “Home Sweet Home”, where clients are referred for the specific purpose of being given advice on making their homes smoke-free. Often this can be a first step towards smoking cessation. Second hand smoke advice is also included as a requirement for all Health Visitors.
- **The E.cigarette** – this product remains an important topic for discussion with experts from different fields of expertise. Through the European Tobacco Products Directive there is now regulation in place where manufacturers of this product can choose two routes to pursue, either as a general consumer product, or as a medicinal product. If sold as a consumer product it is subject

to a range of restrictions and controls such as advertising, nicotine content stated on packs, no sale under 18, etc. If instead a manufacturer makes therapeutic claims this must be regulated and will be available as an over the counter medication for smoking cessation and will not be subject to restrictions on advertising. The best advice (NHS Health Scotland) states is to stop smoking with proven tried and tested methods, however e.cigarette should not be discouraged as part of a stop smoking attempt if it is the only product tolerated, or indeed is chosen by the would-be quitter. Health professionals would never actively recommend the E.cigarette for smoking cessation, however there are exceptional circumstances that arise when health is seriously compromised owing to ongoing smoking and advice is needed by clients. Some important features when considering E.cigarettes are:-

- *There is no industry standard therefore caution is needed when making generalisations*
- *There is a growing body of thought that E.cigarettes may have an important role in tobacco harm reduction, it is therefore important to consider the use of e.cigarettes by different population groups in order to contextualise and make rational recommendations (for example e.cigarettes may prove to be an extremely helpful tool for smokers who experience mental health issues and conversely e.cigarette use should be proactively discouraged with young people)*
- *There is evidence that the public are confused by the mixed messages from the media with regards to E.cigarettes which is having a negative impact on perceptions of harm as opposed to receiving balanced and informed reports*
- **NHS Smoke-free** - in November 2018 the Scottish Government will implement the Amendment to the 2006 legislation (banning smoking in most enclosed public places). The detail of this amendment will mean that it will be an offence for an individual to smoke on NHS grounds 15 metres from the hospital building. Under the law there will be two possible offences, an offence for an individual to smoke within this area and offence for the NHS to allow smoking to take place in this area. Beyond the 15 metre perimeter, the local tobacco policy restrictions will be in place. An initial update paper has been circulated to all NHS staff and more information will be circulated as it is made available from Scottish Government. At this early stage and as part of preparations, stop smoking support for staff and patients will be promoted over the coming months, with all flexible arrangements considered to support staff. A similar staff support programme will be promoted for Prison Services staff. It will be a potentially confusing message to convey that our grounds are partially bound by law and the remainder by local tobacco policy restrictions, and so efforts in the coming months will be focussing our message on a total ban on smoking on NHS grounds, coupled with the detail of the enforcement arrangements.
- **Smoke Free Prisons** - On November 30th 2018 all prisons in Scotland will become smoke-free. The Scottish Government, Scottish Prison Services, Health Scotland, HMP Dumfries with input from Quit Your Way are

collectively putting in place plans to ensure that all aspects of this new law have been addressed.

4.5 **Section 4. Making changes, improving quality and greater community engagement**

- **Improving the quality of services for smokers** - As our LDP target is a combination of three different services the performance of each service needs to be reviewed and a series of measures introduced to ensure every client going through a structured quit attempt is given the same or similar support. Specifically the performance and outcomes of Community Pharmacy quit attempts require an intensive programme of improvement with certain community pharmacies. This programme will include reports, and placing their performance in a wider context, along with the offer of funded training places for key staff members, the creation of a Pharmacy champion (for smoking cessation) within the pharmacy and regular monitoring and feedback. Quit Your Way and HMP Prison Services will also review their service delivery to find ways of maintaining client engagement and motivation over a longer period of time.
- **Possible increase of service users in prisons** - We can expect an increase in the number of quit attempts being made in HMP Dumfries on 1st December (2018) with the introduction of the ban on smoking in prisons, however every smoker who is being admitted on or after this date may not necessarily opt for a structured stop smoking attempt with NHS services within the prison. It is possible that they may instead choose not to engage with NHS services but instead use the E.cigarette which will be available for purchase as an exchange option for tobacco. We are nevertheless planning for an increase in numbers of service users along with the possibility of an increase in prescribed medications for smoking cessation, and the Scottish Government has provided all boards with prisons an increased budget for this current financial year.
- **Different groups of smokers and different settings** – Smoking Matters is working to create a wider profile with social services, minority groups, workplaces, NHS staff and Local Authority staff to promote smoking cessation. Along with the above we are also trying to increase our activity and profile on social media in a bid to create greater engagement and uptake of young people in smoking cessation programmes.
- **Primary Care, Secondary Care and Localities** - All these areas offer stop smoking services with the greatest opportunity to increase referral numbers. HSCSMT have supported the recommendations in an attempt to address falling referral numbers and work is being progressed with Primary and Secondary Care in an attempt to raise the profile and re-engage health professionals. There are very clear opportunities to improve upon the present system of referral within secondary care and this needs to be developed further with senior staff. NHS smoke free grounds also offer us an opportunity to increase promotion with staff and patients of the benefits of stopping smoking. Localities to date have not proven to be a source of

referrals and this requires more work to try and establish tobacco as a public health priority, along with the many other priorities.

- **Florence text messaging system** – has proven to be a highly motivational tool to use for smokers going through a quit attempt. Quit Your Way will be implementing this system in the next months which is a motivational text messaging service for clients going through a structured quit attempt with either Quit Your Way or Community Pharmacies.
- **Trialling new interventions in service delivery** - “Anytime Anywhere” is a new National Services Scotland pilot scheme of which Smoking Matters is in the process of trialling a pilot in stop smoking support through a virtual on screen environment. This involves an Advisor holding a virtual clinic and clients in their own home or at their workplace will be able to come into this virtual clinic via an app. This small pilot has great potential providing we are also able to maintain high levels of care in prescribing and monitoring of quitting outcomes.
- **National Branding** - Quit Your Way is the new national brand for stop smoking services Smoking Matters has very recently changed to Quit Your Way. It will take time for this new identity to bed in locally however there is good evidence that smokers engage much more with an identifiable national image, and this will create consistency across Scotland and with the new Public health reform and regional Boards.

5. Conclusion

- 5.1 This paper has given an overview of work on Tobacco Control and follows many of the actions that were set out in the original Tobacco Control Action Plan (2016) and has reviewed current service delivery in an attempt to address our failing LDP target. The smoking cessation target remains a challenge for us to meet but it would seem to be achievable subject to the recommendations being implemented and services receiving referrals and improving the quality and standard of quit attempts for clients.
- 5.2 New ideas and projects have become available for us to test out, and this allows services to develop and be responsive to a changing environment, for example a far greater use of social media and holding virtual clinics offers exciting possibilities for service delivery in the future. Although any adaptations to service delivery should always ensure that we retain the invaluable face to face interventions that our Advisors provide to our most vulnerable individuals.
- 5.3 Being flexible and responsive to the needs of different client groups are important and should give us the best chance of successful outcomes when trying to improve health in relation to the great harm caused by tobacco.
- 5.4 There are a number of high level actions in relation to legislation for NHS grounds and Prisons in Scotland, therefore it is important that we make sure we are prepared to respond to whatever these new changes will bring and have the right service delivery in place to cope with any possible increased demand.

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

6. Resource Implications

- 6.1 Additional resources will be required for prescribing to support NHS smoke-free grounds (2018) and Smoke free Prisons (2018). A paper highlighting the possibility of increased prescribing costs has been submitted to Area Drugs & Therapeutics Committee. In this paper cost savings have also been mentioned in relation to the national contract for procurement of smoking cessation medications.
- 6.2 Other possible increase in resources may at the time HMP Dumfries is smoke-free (1st December 2018) Quit Your Way has committed to providing additional support for smoking cessation within the prison, should this be required. The Scottish Government has provided all boards within an additional resource to support all aspects of smoking cessation at a local level.

7. Impact on Integration Joint Board Outcomes, Priorities and Policy

- 7.1 Tobacco Control contributes the following national outcomes:-
- *Resources are used effectively and efficiently in the provision of health and social care*
 - *People are able to look after and improve their health and wellbeing and live in good health for longer*
 - *Health and social care services contribute to reducing health inequalities*
 - *Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services*

7.2 National Policy/Strategy

Raising Scotland's Tobacco-free generation (The Scottish Government, 2018)
Creating a Tobacco-Free Generation (The Scottish Government, 2013)
Health (Tobacco, Nicotine etc and Care) (Scotland) Act 2016
Creating a Smoke-Free Prison – The Scottish Government (2017)

8. Legal & Risk Implications

- 8.1 The legal issues in this paper will relate to aspects of the forthcoming legislation in relation to NHS Smoke-free grounds and our organisation ensuring we are compliant with all aspects of the new law, more details will become available in September. Similarly with the implementation of Smoke-free prisons in Scotland there will be a responsibility of the NHS and linked organisations to support the implementation of this new law as appropriate. Scottish Prison Services along with partners have ensured that detailed action plans are in place.
- 8.2 The risk implications in this paper lie with the LDP standard on smoking cessation, and the recommendations listed in section 2 is an attempt to minimise the risk of not meeting the LDP target for 2018/19

9. Consultation

- 9.1 A consultation of this paper is not necessary as this is an update paper for all relevant senior committees

10. Equality and Human Rights Impact Assessment

- 10.1 An Equality and Impact Assessment was carried out 02/08/2018 (Andrew Napier/Trish Grierson).

11. Glossary

HEAT	Health Improvement, Access and Treatment
HMP	Her Majesty's Prison
HSCSMT	Health and Social Care Senior Management Team
ICP	Integrated Care Pathway
IJB	Integration Joint Board
LDP	Local Delivery Plan
QOF	Quality and Outcomes Framework