

**Agenda Item No:
4(a)**



Report To: Ashford Health & Wellbeing Board

Date: 19th October 2016

Report Title: Priority 1 – Reducing Smoking Prevalence Update Report (2)

Report Author: Deborah Smith

Organisation: Kent Public Health

Summary:

Progress has been made on six of the seven actions identified in the Smoking Task and Finish Group Action Plan for Ashford. The seventh action to develop focus groups is scheduled for delivery following the local audit in the new year. This report provides an update on each of the actions along with a comprehensive Risk Assessment undertaken by the Group. Also attached is the Communication Update for this Health and Wellbeing Board priority which will be updated quarterly. The purpose of the Communication Update is to provide information on local Smoking issues and progress undertaken to the Health and Wellbeing Board partners, other local agencies and to interested members of the public.

Recommendations: The Ashford Health & Wellbeing Board be asked to:-

- a) Agree the approach of the progress of the Action Plan undertaken.
- b) Agree to item 3.5 Vape event being delivered on Thursday 27th October 2016
- c) Agree the format of the Communication report and further quarterly updates.

Policy Overview:

Financial Implications: None to date. Delivered within current resources

Risk Assessment YES – attached

Equalities Impact Assessment YES – currently being undertaken

Other Material Implications: None

Background Papers: None

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Report Title:

Purpose of the Report

- 1 The Ashford Smoking Task and Finish Group aims to reduce smoking prevalence in Ashford and has met twice to progress the Action Plan to support the Ashford Health and Wellbeing priority on Smoking. This paper reports to the Board on progress to date. Specific focus on delivery in lower socio-economic areas where smoking prevalence is high, can contribute towards reducing local health inequalities.

Background

- 2 The serious harms of smoking have been well documented and presented to the Ashford Health and Wellbeing Board. The Board has agreed the Ashford Action Plan aimed at maximising all opportunities to deliver the Kent Tobacco Control Strategy at a local level using local resources and commitment. The Kent Strategy follows the proposed National Tobacco Control Strategy (to be published imminently).

Report Specific Section Headings

3. Update on Action Plan Themes

- 3.1 **Smoking in Pregnancy:** The Midwife with a Smoking in Pregnancy (SIP) lead started her post on 12th September 2016 and is tasked to support midwives CO monitor all women at time of first booking and to make appropriate referrals into the stop smoking services. This post is jointly appointed by Kent Public Health and East Kent Hospitals University Foundations Trust (EKHUFT) and will cover all hospitals in the EKHUFT area, including the William Harvey Hospital, Ashford and will assist with identified issues of the babyclear programme in particular, CO monitoring, referral and take up of quit service.

The latest babyClear data (2016/17) for East Kent Hospitals University Foundations Trust (EKHUFT) reflects the same issues experienced county-wide:

2016/2017	BabyClear					
TOTAL East Kent Hospitals	April	May	June	July	August	TOTALS
Number of Booking Appointments E3	595	625	588	535	545	2888
Known Smokers at Booking E3	102	104	93	102	103	504
CO Readings at Booking E3	317	371	344	291	286	1609
Total Referrals on Quit Manager	26	28	26	19	30	129
Number of referrals received with CO reading recorded	16	14	15	14	17	76
% of referrals received with CO reading recorded	62%	50%	58%	74%	57%	59%
Pregnant	25	28	26	19	30	128
Not Pregnant	1	0	0	0	0	1
Declined Service on contact	6	4	3	2	4	19
Unable to contact/Referral Closed	13	16	15	16	19	79
Accepted Service on contact	7	8	8	1	7	31

On average, only 56% of women at first booking appointment are in receipt of CO monitor testing (against a target of 95%). 17% of women seen are known to be smokers but only 4% of women seen and 25% of known smokers are referred to the Stop Smoking Services. This new Midwifery lead on SIP will implement an agreed workplan to tackle the issues experienced with the babyclear programme.

3.2 Illicit Tobacco: remains a problem in society. Often linked with other organized crimes, it accounts for approximately 10% of tobacco sales and can be purchased on the street for as little as £2 per pack of 20 cigarettes. It is often a gateway to young people starting smoking and children are often groomed by gangs to supply illicit tobacco and cigarettes to other young people. Following a successful pilot in Shepway and Thanet, Trading Standards will deliver an Illicit Tobacco Roadshow in Ashford Town Centre to raise public awareness that illicit tobacco is a criminal offence and blight on our society and to caution suppliers that sniffer dogs and raids are operational in the area. The event will take place in either October 2016 or February 2017 (depending on capacity) and will be measured by counting face to face contact with the public and by the amount of information provided to enforcement officers including follow up outcomes.

3.3 Raise Awareness through campaigns: maximising opportunities to publicise the Kent Smokefree Campaign and other resource materials through easily accessible resource packs. Posters and resources (Appendix 2) are currently being distributed to Ashford:

- All GP surgeries in Ashford
- All Pharmacies in Ashford and

Vets	Businesses	Other
Peter Edgar	Ashford Leisure Trust	Ashford Council Reception
Barrow Hill	MJ Allen	Mote Housing Association
Companion Care	Givaudan UK	Dental Surgeries in Ashford
Margetts & Associates	MPR IT solutions	
Cinque Port Vets – Ashford & Tenterden	Ashford International Hotel	
Eureka	Spirit Divine	
Milbourn Equine	Congreve	
	Aims Financing	
	Kare Plus	
	William Harvey Hospital	

In addition, there are plans for Public Health to place a Kent Smokefree advert in Ashford Voice, Parish Magazines and other quarterly magazines by the end of October.

3.4 Promote Quit Packs: Quit resource packs are designed to support people who want to quit smoking without accessing stop smoking service provision. The packs (advertised online as part of Kent Smokefree campaign) have shown to be very popular and are posted to customers with the aim of following up their quit attempt and take every opportunity to ensure that the quit attempt is successful. These will be available at:

- Ashford Council Reception
- All GP surgeries in Ashford
- Dental Surgeries in Ashford

- 3.5 **E-cigarettes:** Task and Finish Group partners will host an event to stop smoking services, Vape retailers and suppliers and Vapers in the community. The aim is to share information on national mandatory regulations, ensuring stop smoking advisers are equipped to provide the best knowledge and support to people who wish to quit using e-cigarettes and to encourage Vape shops to signpost smokers to the stop smoking services to assist in their quit attempt. A guest speaker to report on the current research into the safety of e-cigarettes will be invited; the event will take place in Ashford on the 27th October.
- 3.6 **Stop Smoking Support for Young People:** A presentation on the impact of smoking upon young people was given to the Ashford Youth Action Group on the 7th September followed by an interesting conversation with young people on smoking issues. The Group were in overwhelming support of training Youth Workers to become Quit Coaches who will be equipped to skilled to deliver level 2 bespoke Stop Smoking Advisory support to young people who smoke. To date, the Youth Workers currently training to level 1 in preparation for the level 2 training in January 2017.
- 3.7 **Identify innovative ways to help people quit:** it is considered important to gain the views of smokers in Ashford and to understand the motivators and incentives to quit. This will take place following an asset mapping audit that is about to take place alongside the Ashford Obesity asset mapping exercise to be further developed in a local focus group scheduled for January 2017. In the meantime voting cigarette litter bins are being considered to obtain smokers views on the potential for a Smoke free Ashford town-centre. The letter addressed to the Rt Honourable Damian Green MP, impressing Ashford Health and Wellbeing's priority to reduce smoking and the demand on tobacco and on promoting smokefree futures has been drafted for approval and sign off.
4. To ensure that reducing health inequalities is embedded in our approach, all actions will be targeted to Ashford Town Centre and residents in wards with the highest smoking prevalence in Ashford. These are:
- | | |
|-----------------|---------------------|
| Stanhope | South Willesborough |
| Victoria | Washford Farm |
| Aylesford Green | Godinton |
| Norman | Park Farm South |
| Beaver | Park Farm North |

All activities in the Action Plan will be co-designed and delivered in partnership with the local community and communication distributed through monthly infographics sheets which is to serve as the Smoking priority Communications update (Appendix 3).

Risk Assessment

5. A Risk assessment (Appendix 4) has been undertaken for each of the activities as this work progresses. All partners will need to work collaboratively to achieve successful outcomes.

Equality Impact Assessment

6. All Activities are subject to an Equality Impact Assessment (EIA) which is currently being undertaken. Activities will universally offered to Ashford residents, but specific target groups and areas of highest prevalence will be targeted with the aim to reduce the gap in inequalities. The Board will be updated on the EIA process as it progresses.

Other Options Considered

7. All options considered are included in the proposed Action Plan. The Task and Finish group are open to further proposals for additional or alternative options as they arise throughout the course of this work.

Consultation

8. All activities undertaken in the Action Plan will be conducted in consultation with specific target groups in the local community and co-designed with target groups where possible.

Implications Assessment

9. The progress and outcomes of this work will be submitted to Kent Health and Wellbeing Board as part of Ashford's update on progress on reducing smoking prevalence as one of Ashford Health and Wellbeing Board's priorities.

Handling

10. The Task and Finish Group will report progress and performance to the Ashford Health and Wellbeing Board as a regular agenda item at each of the HWB meetings. Further updates will also be made available on request of the Board.

Conclusion

11. This work is ongoing.

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ASHFORD SMOKING ACTION PLAN

ASHFORD TASK AND FINISH GROUP Theme	Activity	How this will be achieved:
1. Smoking in Pregnancy	Reduce smoking prevalence in pregnant women	Midwifery role with lead for smoking in pregnancy recruited to work across EKHUFT (including William Harvey Hospital) to support the babyclear programme to increase referrals into the stop smoking service and reduce numbers of smokers who are Lost to Service.
1. Illicit Tobacco	Trading Standards to deliver Ashford-based roadshow on Illicit Tobacco to raise awareness of the criminality of illicit cigarettes and promote enforcement activity available in the area.	Illicit and cheap tobacco undermines attempts to encourage people to quit smoking. It is also often linked to other organized crime activity in the area.
2. Raising Awareness	<p>Maximise opportunities for local and national campaigns to:</p> <ul style="list-style-type: none"> - Give prominence and 'cues' to quitting smoking - To help prevent the take up on smoking - To raise awareness of the range of offers from the Stop Smoking Services. - To support people who want to quit using other means without accessing behavioural support from stop smoking services if this is what they choose. 	<p>Kent SmokeFree Campaign (launched in May 2016) to be launched locally in Ashford in areas with highest smoking prevalence and in local workplaces.</p> <p>Other campaigns (such as Smoke Free Homes and Smoke Free Parks) can also be targeted in areas of greatest need and in local touch points in the community.</p> <p>National Stoptober campaign to have specific focus in areas of greatest need.</p>
3. Promote Kent Quit Packs	Promote the accessibility of newly developed Quit Packs on offer to help people give up smoking on their own if they choose to do so.	Exploring Quit packs piloted by other authorities to identify resources that are useful in assisting smokers to quit
4. E-cigarettes	In line with national public health messages, ensure that	Raise public awareness on the current

	people who wish to quit smoking using e-cigarettes are supported to do so to increase the success of their quit attempt.	research and evidence of e-cigarettes, provide appropriate training for stop smoking advisors and health professionals to advise on the use of e-cigarettes and ensure that Vape Shops comply with new Tobacco Product Directive legislation
5. Provide stop smoking support for young people (current gap in service)	Deliver stop smoking support for young people through Youth Worker 'Quit Coach' role.	Roll out Youth Worker training to enable them and other key professionals to become Quit Coaches (stop smoking advisors) to initiate discussions with young people about smoking, encouraging them to consider quitting and support them in their quit attempt.
6. Identify innovative ways to help people quit	Working with the community and voluntary sector to identify ways to motivate smokers to want to quit and help them quit successfully.	Targeting smokers and working with agencies that already engage with this target group to better understand motivators to quit and cues for behaviour change.



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Statistics on Smoking in Ashford

July 2016

A significant Health Issue

Raising Awareness

Ashford HWB will ensure that more front line staff receive information and brief advice training to raise awareness and signpost to available information and support.

26.4%
↑5%

Smoking Prevalence

It is estimated that 26.4% of adults in Ashford smoke (25,000 people). This is an increase of 5% on last year and 8.4% higher than the England average (18%)

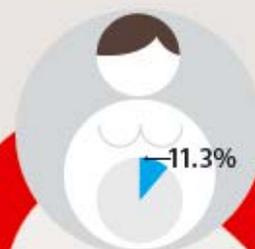
Deaths

1 in 6 deaths in adults aged 35 or over can be caused by smoking (Source: hscic.gov.uk/lifestyles)



Smoking in pregnancy

In 2015-16 11.3% of births were to women who were smokers in pregnancy.



42.1%

Routine and manual workers

Smoking rates have increased by over 7% in the last year to 42.1% among Routine and Manual Worker groups in Ashford. This is higher than the England average of 28%.



Smoking rates among young people

Occasional and regular smoking rates among young people in Ashford are slightly higher than the national average.

£34.3m



Cost

Each year, smoking in Ashford costs the community £34.3m and the NHS across Ashford £5.5m pa.

E-cigarettes

Around 1/3rd of adults who currently smoke have tried electronic cigarettes. Only 15% of the public accurately believe that electronic cigarettes are a lot less harmful than smoking. (Source: ASH, May 2016)





What Ashford HWB will do

Reduce number of women who smoke in pregnancy

Work with midwives to routinely CO monitor pregnant women and refer those who smoke directly to the NHS stop smoking service.



Illicit Tobacco

Work with Trading Standards and other partners to raise awareness of the harms associated with illicit tobacco use.



Raise awareness of the harms caused by smoking

Promote local and national campaigns that are aimed at reducing the take up of smoking and promoting services that can help people quit.



Quit packs

Promote the accessibility of Quit Packs in the Ashford area to help people quit smoking on their own if they prefer not to access NHS services.



Innovation

Tailor support services for young people and adults to increase the number of people who are motivated to quit smoking.

Appendix 4

RISK ASSESSMENT OF ACTIVITIES UNDERTAKEN FROM THE ASHFORD TASK AND FINISH GROUP SMOKING ACTION PLAN

Action	Aim	Risk	Likelihood	Impact	Risk Score	Mitigation
Midwifery SIP role	To engage midwives in routine CO monitoring and increase number of pregnant women who smoke to take up SSS	Midwives unreceptive to using CO monitor	Possible	Major	15	Role includes training and obtaining management support as part of midwifery role. Also each monitor coded to midwife for auditing.
		Problems with monitor/resources	Possible	Significant	6	New machines purchased to replace problematic ones
		Unable to follow up women referred to SSS	Very Likely	Serious	20	Implement strategy to follow up women who are LTS or decline service an refer to midwife for further discussion about smoking
		Unsustainable due to funding after 1 year	Possible	Moderate	6	i)Share plan and improved performance with CCGs for future ii)co-funding. Included in STP Business Case iii)Midwifery service to embed best practice and champion future implementation
Illicit Tobacco	To raise awareness of the harms caused by illicit tobacco and to reduce use of illicit tobacco	Low turn out at event	Possible	Significant	6	i)Consider time of year (weather dependent) ii)Media publicity will generate awareness iii)Consider site for roadshow
		Negative response from Public	Very Unlikely	Minor	1	Previous roadshows have shown positive response, particularly with presence of sniffer dogs who generate attention. Any negative response should be outweighed by positive response from public as a whole.
		No tip off or further informaton gathered	Possible	Minor	3	Success will also derive from raising awareness, not just from successful raids as a result of the event

Action	Aim	Risk	Likelihood	Impact	Risk Score	Mitigation
Campaigns	Raise awareness of stop smoking services to reduce smoking prevalence	Key organisations not receiving campaign packs	Possible	Moderate	3	Be open to additional organisations who can raise awareness throughout the year.
		Organisations do not display campaign material	Possible	Significant	9	i)Send out campaign packs with letter explaining impact of smoking in Ashford ii)Distributers to spot check their appropriate organisations
		Not enough campaign packs to meet demand	Unlikely	Moderate	4	200 packs prepared. Further packs can be printed to meet further demand.
		Too many campaign packs produced	Possible	Minor	1	Campaign materials already available. Cost of resource time.
		Unable to measure effectiveness of campaign materials	Possible	Minor	1	Those accessing SSS are re routinely asked where they heard about the service although difficult to differentiate between this campaign and posters distributed through other means.
Quit Packs	Support people to quit smoking alone without service intervention with support of quit pack	Lack of promotion	Unlikely	Significant	6	Distributers can spot check to ensure that Quit Packs are visible to public
		Distribute packs without registration	Possible	Moderate	6	i)Clear instructions to organisations displaying packs ii)Clear and easy to use registration forms iii)Record number of packs distributed
		High number of lost to followup (people not reporting quit status)	Very Likely	Significant	15	Previous experience shows that high numbers of recipients do not respond to follow up. Although this is unfortunate, successful quits may show up in overall prevalence figures.

Action	Aim	Risk	Likelihood	Impact	Risk Score	Mitigation
Vape Event	Work in partnership to support people who wish to quit smoking using e-cigarettes	Conflicting views on e-cigarettes	Possible	Significant	9	Speaker to provide the facts about e-cigarettes and NCSCT guidelines should neutralise views against the use of e-cigarettes.
		Negative Press	Possible	Moderate	6	Closed meeting, not open to public. Briefing to be provided to partners beforehand. Attendance by invitation
		County Hotel Venue perceived as unsuitable	Possible	Moderate	6	Greater risk of not reaching target group if alternative venue is used
Quit Coaches for young people	Train youth workers to support young people to give up smoking	Low rate passing level 1 training	Very Unlikely	Significant	3	Support given to training both at levels 1 and 2. Many youth workers already trained to level 1
		Time not available to undertake training	Very unlikely	Moderate	2	Commitment and willingness noted from YAG meeting.
		Youth worker time resource to deliver stop smoking support	Very Unlikely	Significant	3	Smoking will be one of the YAG priorities so commitment to delivery is assured
Focus Groups	To obtain views and comments of smokers on ways to incentivise and motivate quitting	Low Attendance	possible	Significant	9	<ul style="list-style-type: none"> i)All views (however low in number) are important. ii)Target priority areas to assure views are representative of communities we need to reach. iii)Use key community partners to promote event

Action	Aim	Risk	Likelihood	Impact	Risk Score	Mitigation
Focus Groups	To obtain views and comments of smokers on ways to incentivise and motivate quitting	Lack of motivation to quit from priority communities	Very Likely	Minor	5	It is assumed that smokers who attend may not have strong motivation to quit which is why they are still smokers. It is therefore important to gather insights from this group
		Unrepresentative attendance	Possible	Significant	9	In event of this happening, a survey will go out to key community partners in addition to the views gathered at the event

The Matrix Table

When you have an impact level for a risk and have gauged its likelihood, you can give the risk a score. This will represent the combination of its impact and its likelihood. The Matrix Table will give you the score. For the assessable version of the table please [click here](#)

Likelihood	Very likely	5	5	10	15	20	25
	Likely	4	4	8	12	16	20
	Possible	3	3	6	9	12	15
	Unlikely	2	2	4	6	8	10
	Very Unlikely	1	1	2	3	4	5
RISK RATING MATRIX		1	2	3	4	5	
		Minor	Moderate	Significant	Serious	Major	
		Impact					

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28th September 2016