

Help Me Quit in Hospital Smoking Cessation Services and Reducing Smoking During Pregnancy

Organisation	Hywel Dda University Health Board	Date of Report	October 2023	Report Prepared By	Joanna Dainton Head of Population Health Improvement – Public Health
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Health Boards are expected to be working to develop/have in place plans to:

1. Implement Help Me Quit in Hospital smoking cessation services
2. Reduce smoking during pregnancy

The Tobacco Control Strategy, 'A Smoke-free Wales' and 'Towards a Smoke-free Wales Delivery Plan 2022 to 2024' set out the Welsh Government's commitment and actions to achieve a Smoke-free Wales by 2030.

Implement Help Me Quit in Hospital smoking cessation services

The provision of effective smoking cessation services is essential in supporting our smoke-free ambitions for Wales and hospital smoking cessation services have been shown to increase long term quit rates. The delivery plan has an action to:

- *Implement a systematic Help Me Quit in Hospital smoking cessation service in Wales utilising learning from Canada's Ottawa Model for Smoking Cessation and adapting this for Wales with the additional inclusion of a prehospital stage in the programme.*

The details of the Help Me Quit in Hospital service are being developed and co-ordinated by Public Health Wales and supported by money from the Prevention and Early Years Fund.

Reduce smoking during pregnancy

In 2021, 15% of women were recorded as smokers at their initial assessment, increasing the risk of complications with pregnancy and birth (such as low birth weight, premature birth and stillbirth). National guidance is in place to support pregnant smokers by recommending that all pregnant people are asked about their smoking status at antenatal appointments and referred to appropriate smoking cessation services for ongoing support. The delivery plan has an action to:

- *Increase the percentage of smoke-free pregnancies by looking at initiatives to reduce smoking in pregnancy and optimise smoking cessation provision for all pregnant people across Wales. Work with maternity services to ensure that all pregnant women have their smoking status recorded and appropriate referrals made to smoking cessation services. Promote a smoke-free preconception period.*

The action is supported by money from the Prevention and Early Years Fund.

Reporting Schedule: Progress is to be reported bi-annually. This form is to be submitted on:

- 16 October 2023 (covering the period 1 April 2023 to 30 September 2023)
- 15 April 2024 (covering the period 1 October 2023 to 31 March 2024)

Completed form to be returned to: hss.performance@gov.wales. Please provide a copy of necessary plans & documents with the report.

Help Me Quit in Hospital Smoking Cessation Services


An update on the actions planned and implemented during the current operational year to advance the development of Help Me Quit in Hospital smoking cessation services

Objective	Key Actions Planned/Achieved	Risks to Delivery	Corrective Actions
Please refer to the checklist on the evidence that is to be provided for each objective			
Leadership and Co-ordination The health board has established mechanisms for the overall project management of Help Me Quit in Hospital and leadership to support implementation in all	The Head of Population Health Improvement & Wellbeing within the Public Health Directorate at Hywel Dda has responsibility for strategic planning for the tobacco control agenda and the Health Improvement - Smoking & Wellbeing service delivery team. This includes Band 7 Public Health Manager's leading on service development and operational delivery with a skilled team of Band 6 Health Improvement & Wellbeing Senior Practitioners and Band 5 Smoking Cessation and Wellbeing Practitioners. HDUHB has been delivering hospital based smoking cessation services since 2016 and an integrated community and hospital smoking and wellbeing provision since 2019.		

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relevant service areas and sites.	<p>We have a draft HDUHB Population Health Improvement & Wellbeing Strategic Plan, which has a discrete Tobacco Control section within it. The local plan outlines five key priorities for the local tobacco control agenda: Prevention, Smoke free Environments, Health Inequalities, the Smoking Cessation and Wellbeing service and Partnership and Outcomes. Each priority area is supported by a detailed implementation plan.</p> <p>A local Tobacco Control Board structure (copy attached) has been developed for implementation of the HDUHB Tobacco Control Strategy. This will be chaired by the Executive Director of Public Health, Dr. Ardiana Gjini. The clinical oversight group, will be Chaired by the Respiratory lead, Professor Keir Lewis, as Clinical champion for smoking within HDUHB. Professor Lewis is also Co-Chair of the National HMQ Board. We have a newly appointed Band 7 Public Health Service development manager who will oversee the Board structure. The local Tobacco Board has oversight of three main work programme areas – Prevention & Early Intervention, Smoke free Implementation and clinical oversight of the smoking & wellbeing service provision. The Board will also consider performance reports, partnership development and ensure health equality is a key consideration.</p> <p>At a corporate level, the HDUHB Tobacco Control Strategy feeds into the Board, with updates to our SDOD Board sub-committee (copy of October 24 committee update attached) and progress against delivery is also monitored quarterly at our Public Health Executive Team Delivering Together sessions.</p>		
Service Development & Planning	HDUHB commenced the provision of hospital based smoking cessation support in 2016. Since 2019, when the HMQ community staff were transferred from PHW to Health Boards, we have delivered an integrated	The ability to record smoking status on all	

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The health board has an agreed delivery infrastructure and plan to implement the Help Me Quit in Hospital pathway and model locally, with necessary staff and resources in place for its effective delivery.	hospital and community smoking cessation and wellbeing service provision, providing behavioural change support, lifestyle advice and NRT to patients and staff, developing pathways and delivering training to clinical and non-clinical staff across each of our four hospital sites.		clinical systems is varied. Local efforts are being made to address this and it is hoped it will be picked up nationally. It will be crucial for clinical audit of smoking cessation engagement and measurement of outcomes of patients, particularly in relation to clinical benefits e.g. quit attempt resulting in improved pre and post – operative outcomes	
	Our hospital implementation plan therefore builds on the established service we have in place in each of our four hospital sites and has a focus on continuing to develop pathways, deliver training and build relationships with clinical and other staff in the hospital and across the Health Board settings. Our intentions are clearly articulated in the significantly revised Smoke free policy (copy attached) which highlights the key areas of focus informing the action plan.			
	Our current position against the model is as follows:			
	Development of a HMQ in Hospital Model	Existing Hospital support offered fits model for delivery and as we have a fully integrated team on-going support will be managed. Establishment of board and national input will assist with stability of the model.		
	Workforce Development/Staff Training	Existing hospital workforce is operational. Wider Smoking & Wellbeing team are all trained to secondary care standard. Practitioners deliver training and engagement across 3 counties to individual specialities but senior leadership involvement ,will improve the opportunities to embed this, as will mandatory training via PHW/ ESR	Work is ongoing to ensure	

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	Workforce Model and Resourcing	We have invested significantly within the Smoking Cessation & Wellbeing Team, utilising a variety of funding sources including the Early Intervention & Prevention funding. A copy of the team structure is attached. Our revised Smoke free policy, which incorporates the All Wales prescribing guidance, encourages other hospital teams to assess smoking status routinely and initiate and commence NRT rapidly. The national drive to better identify smokers via IT will free up the ward rounds currently necessary to identify smokers.	consistent access to dedicated clinical space across all hospital sites.	
	Data, Informatics & IT	Recording of smoking status is predominantly by paper record, WNCR has opportunity but is currently being audited for reliability. We are working with PHW to support IT and data system improvements nationally.		
	Enabling Access to Pharmacological Support	Pharmacy leads are on board and paperwork has been signed off via our Medicines Management Board and revised Smoke free policy. Issues remain with availability and speed of access to NRT within current 4 hour guidelines.		
	We promote our local service regularly, in a variety of different languages and have a QR code and dedicated HDUHB Smoking & Wellbeing Service provision email and phone line as below.			

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	 <p>The screening in primary care across GP Clusters and the health coach offering , is enabling the team to provide smoking cessation and wellbeing interventions at an early stage, ideally prior to the development of chronic disease or hospital admission and supports a whole population approach to prevention in order to reduce smoking prevalence and reach the ambition to be Smoke free by 2030.</p> <p>Hywel Dda University Health Board is the first and only Health Board in Wales to achieve the Tier 1 target of 5% of smokers making a quit attempt via their smoking cessation service.</p>		
<p>Joint Working The Help Me Quit in Hospital model and service is fully integrated and supported both within the health board and with the national programme and meets agreed</p>	<p>The Hywel Dda Smoking & Wellbeing service is an integrated community and secondary care service provision that provides local targeted behavioural change support, lifestyle advice and NRT in line with the evidence base. The local programme and compliance with national requirements, is detailed in the section above.</p> <p>In 2022 we recruited an additional four Band 5 Smoking & Wellbeing practitioner posts using P & EY funds, in order to increase capacity and further support the roll out of the Ottawa model in secondary care.</p>	<p>There is an issue that the IT Link on the current national clinical database WNCR is routing patients to the Cardiff HMQ centre rather than directly to</p>	<p>A meeting has taken place with the Central Public Health team and Welsh government to highlight these issues and they were</p>

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<p>minimum service standards.</p>	<p>We have recently completed an audit within hospital sites to check the identification of smokers using the WNCr system. This will provide a baseline in numbers of smokers identified within clinical areas, those referred for support and those provided with Pharmacotherapy during their stay. We would anticipate that following the implementation of the Ottawa model there would be an improvement in these metrics:</p> <ul style="list-style-type: none"> • Increased identification of smokers on the wards • Increased access to pharmacotherapy • Increased speed of access to pharmacotherapy • Increase in numbers of treated smokers • Decrease in relapse following a smoke free hospital stay • Increased support to staff on site through easier access and more flexible support • Increased training and awareness measured by numbers of staff trained in nicotine addiction <p>We will re-run this audit to measure impact.</p> <p>We have recently won the Mental Health Awards Wales 2023 Best Wellbeing Service Award for the innovative approach we have taken to implementing Smoke free practices across our Mental Health facilities within the Health Board and for the pathway and patient work undertaken to reduce smoking amongst mental health patients. This included patient engagement and consultation to inform programme development, utilising our local third sector charity, WWAMH. We have a Mental Health Smoke free Standard Operating Protocol which we have developed with Mental Health Managers across the Health Board and we have delivered bespoke training to the Mental Health Managers and workforce. We continue to</p>	<p>our Hywel Dda Smoking & Wellbeing Team, which is forcing referrals out of the hospital. The central Cardiff number is often contacting people on home contact details whilst they are in hospital and obviously unable to respond. This results in a discharge from the Cardiff central service and the details are lost to our local team. We are exploring how this can be addressed urgently so that referral within our own</p>	<p>raised at the HMQ National Programme Board meeting. This has also been picked up within our Public Health risk committee because it was a finding in the recent audit.</p>

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	monitor implementation, progress and issues via the Smoke free Steering Group which will feed into the overarching HDUHB Tobacco Control Board.	hospitals can come directly to us where we have both a hospital and community presence.	
Monitoring Plans for consistent monitoring and reporting are in place in line with national minimum dataset and used to inform service improvement.	<p>We have a dedicated client database, QM10, which captures patient information and outcomes across our community and hospital service provision. This enables us to monitor demographic information in line with targeting of priority groups and we have the flexibility to be able to adapt the information recorded. For instance, all Smoking and Wellbeing practitioners are now screening alcohol use using the validated AUDIT C tool and will shortly be capturing patient wellbeing scores using the validated Warwick tool alongside other wellbeing measures at assessment and post treatment.</p> <p>We will also be working with the HB Value Based Health team to ensure we better capture and communicate the contribution smoking cessation can make to this agenda, as the leading cause of preventable ill health. Data from the Canadian Ottawa project for instance showed a 14.8% greater chance of achieving smoking abstinence as a result of implementing the model in secondary care and at 2 years, participants in the intervention group had 11.6% fewer hospital readmissions, 2% fewer A&E attendances and a 7.3% reduced risk of mortality</p>		

Please provide a copy of the necessary plans and documents.

General: The health board leads the development, implementation and monitoring of the Help Me Quit in Hospital service. The service is integrated with existing smoking cessation services and best meets the needs of the population.

	Questions to consider when completing the reporting template
Risks to Delivery	<ul style="list-style-type: none"> • Does the planned service complement the NHS Wales Planning Framework 2022-2025 and targets? • Have the needs of the population been fully assessed and the service planned accordingly? • Are there processes in place for joint working within the health board and with the national programme? • Are the necessary financial resources in place? • Are there sufficiently skilled staff to plan and deliver the services? • Are the necessary pathway and prescribing processes planned for?
Leadership and Co-ordination	<ul style="list-style-type: none"> • Does the health board have a lead/named person and clinical champion with responsibility for the strategic direction and service planning? • Are the necessary commitments and agreements in place at executive levels within the health board?
Service Development and Planning	<ul style="list-style-type: none"> • Has a needs assessment of the population been undertaken/is planned? • Is there a plan with timeline in place for the establishment of the service, including evidence of the policies and processes which need to be introduced/amended to embed the service in the organisation? • Are there plans in place to ensure that the services and information is accessible, including differing language, culture and communication needs? • Are there plans in place to communicate with and support smokers at all points, for example information about cessation service in patient correspondence, admission processes and at points of transfer of care?
Joint Working	<ul style="list-style-type: none"> • Is the health board's service linked with and complementary to the development of the national programme? • How will the service be fully integrated with existing services and processes (including prescribing) in the health board? • How will the service development include working with patient groups to understand how best to set up the programme locally? • Are there plans in place within the health board to support patients across the system including processes for sharing and receiving information and best practice?
Monitoring	<ul style="list-style-type: none"> • How will the implementation of the service be monitored, including referrals, outcomes and patient satisfaction?

Reducing Smoking During Pregnancy

An update on the actions planned and implemented during the current operational year to support a reduction in the percentage of women smoking during pregnancy is requested.

Objective	Key Actions Planned/Achieved	Risks to Delivery	Corrective Actions
Please refer to the checklist on the evidence that is to be provided for each objective			
Leadership and Co-ordination The health board leadership and organisational policies are committed to reducing the number of people smoking during pregnancy and to supporting suitable maternal smoking cessation services.	Hywel Dda University Health Board is committed to supporting maternal smoking cessation and wider wellbeing provision. As detailed above, the agenda sits within the Public Health Directorate with Head of Health Improvement responsible for Strategic Planning for tobacco control and an integrated hospital and community based smoking and wellbeing team. Operational management and service development is led by a Service Development Manager, Maternity Smoking & Wellbeing practitioners (MSWP) and support workers along with the Public Health Midwife for HDUHB. This team works collaboratively with fertility services, early pregnancy services, midwives & obstetricians, health visitors and flying start teams in both community and hospital settings.		
Service The health board's maternal smoking service complies with NICE guidelines and the Models for Access to Maternal Smoking Cessation Support and is evaluated to ensure effective delivery.	The Health Improvement & Wellbeing Plan includes a discrete Tobacco Control section and 5 key priority areas including a specific section related to maternity and pre conception actions and is supported by a detailed action plan.		

Objective	Key Actions Planned/Achieved	Risks to Delivery	Corrective Actions
	<p>A copy of the draft strategy is attached.</p> <p>The Public Health Midwife, based within Maternity Services works closely with the Service Manager for Smoking and Wellbeing within the Health Improvement Public Health Team, working collaboratively to develop a targeted Maternity and Wellbeing offering across all four of the HDUHB hospital sites. The service development has included investment in specific Maternity Support and Wellbeing Workers focusing on delivering a prudent and holistic model including nutrition, physical activity and breast feeding support alongside smoking cessation. This enhanced offering also includes:</p> <ul style="list-style-type: none"> • Harm reduction support for those unwilling or unable to commit to an abrupt quit • A health coach approach to support behavioural and lifestyle changes • Pre-pregnancy and post-delivery focused support and intervention • Enhanced signposting including; weight management, specific risky behaviours, mental health support • Collaborative work with other disciplines such as perinatal mental 		

Objective	Key Actions Planned/Achieved	Risks to Delivery	Corrective Actions
	<p>health, drug & alcohol services and fertility clinics.</p> <ul style="list-style-type: none"> • Support to those who wish to stop vaping in pregnancy <p>Service development is in line with the evidence base, including NICE guidance, but also has innovative elements, which we plan to research via our University links.</p> <p>A Standard Operating Protocol has been drafted with maternity services, which covers the operational responsibilities, training, data capture and evidence based rationale for the enhanced service developed in Hywel Dda. A copy of the draft document is attached.</p>		
<p>Staffing and Resources</p> <p>Necessary staff and resources are in place, for example smoking cessation specialists and are embedded within maternity and health visiting services so that all pregnant smokers are supported with cessation services.</p>	<p>We have recruited 4WTE Maternity Support and Wellbeing Workers who are focused on continually developing maternity smoking cessation and wellbeing service provision. Space has been secured in all of the four main hospital sites, 3 of which are integrated into the Obstetric antenatal clinics. Three bespoke training packages have been developed; Carbon Monoxide Monitoring, Smoking in pregnancy and the use of stop smoking medication. These have been delivered to Midwives, Obstetricians,</p>		

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	<p>Health visitors, and Health care support workers. Training has also been delivered to fertility services and flying start teams. Training is on a rolling programme and available through a variety of formats e.g. face to face and remotely. An copy of an training programme is attached.</p> <p>The 3WTE Band 3 Maternity Smoking & Wellbeing Support Workers started in February 2022 and are based within midwifery. These staff will support the MSWP's in smoking cessation, provide healthy eating advice, set up walking groups and promote exercise. They also work alongside the infant feeding leads and tongue- tie midwife to offer specialist breast feeding support as part of an end to end delivery pre and post pregnancy.</p>		
<p>Monitoring</p> <p>Systems for consistent collection, recording and evaluation of data are in place (including the identification of smokers, referrals & take up of cessation, as well as maternal outcomes and service user satisfaction) and service improvements are taken following evaluation.</p>	<p>Our data is captured on our local dedicated QM10 Smoking and Wellbeing service database which will continue to develop in line with need to capture outcomes at both a population, service level and patient level. We will also ensure this aligns with the Welsh Government Value Based Health and Care principles.</p> <p>Manual audits of Midwifery data were necessary in the absence of WPAS to evaluate impact.</p>	<p>Midwifery data on Smoking and Carbon Monoxide was not being saved on Welsh PAS for the period 21/23 as a result of an external issue with the database and resulted in no data being submitted to Welsh Government for the Maternity and Birth</p>	

Objective	Key Actions Planned/Achieved	Risks to Delivery	Corrective Actions
	<p>We were identified as a bright spot in the recent Health Inspectorate Wales audit. A copy of the report is attached.</p> <p>Smoking Cessation and Maternity pathway progress is reported into the local Tobacco Control Board chaired by the Executive Director of Public Health and into our HDUHB Board via our SDOD Board sub-committee and via our quarterly Executive Team Delivering Together Public Health sessions.</p>	<p>statistics 2021. This has now been resolved.</p>	

Evidence Checklist: Reducing smoking during pregnancy

Please provide a copy of the necessary plans and documents.

<p>General: The health board has a comprehensive service in place to identify and support smokers with smoking cessation throughout the preconception, antenatal and postnatal periods. The service is integrated with existing maternity and smoking cessation services and best meets the needs of the population.</p>	
<p>Questions to consider when completing the reporting template</p>	
<p>Risks to Delivery</p>	<ul style="list-style-type: none"> • Does the service complement the NHS Wales Planning Framework 2022-2025 and targets? • Have the needs of the population been fully assessed and the service planned accordingly? • Are there processes in place for joint working within the health board? • Are the necessary financial resources in place? • Are there sufficiently skilled staff to deliver the services? • Are the necessary pathway (including consistent referral to opt out cessation services) and prescribing processes provided for?
<p>Leadership and Co-ordination</p>	<ul style="list-style-type: none"> • Does the health board have a lead/named person and clinical champion with responsibility for the strategic direction and service planning? • Is the objective of addressing maternal smoking fully integrated within the health board with all elements supporting a reduction of maternal smoking prevalence?

	<ul style="list-style-type: none"> • Are the necessary commitments and agreements in place at executive levels within the health board?
Service	<ul style="list-style-type: none"> • Has a needs assessment of the population been undertaken? • Does the service provided conform with NICE guidelines and the Models for Access to Maternal Smoking Cessation Support (including cessation support for other family members)? If not currently, what improvements are needed and how will they be achieved? • Are all elements of the services (including hospital and community based services) integrated and complementary and do they provide seamless support at transition stages? If not currently, what improvements are needed and how will they be achieved? • Did the service design include working with patient groups to understand how best to set up the programme locally? Are there opportunities for improvement to ensure the service is delivered in a way that best meets the needs of the population? • Is the service fully integrated with other services and processes (including referral and prescribing) in the health board? Are there policies and processes which need to be introduced/amended to improve integration of the service in the organisation including processes for sharing and receiving information and best practice? • How do you evaluate your service based on evidence collected directly from service users and how are you assured the services you provide are effective and focused on reducing maternal smoking rates?
Staffing and Resources	<ul style="list-style-type: none"> • What are the staffing and resourcing levels available (WTE) and how have you assessed if it is appropriate to suitably support the population? • Is the service and information provided accessible, including in terms of differing language, culture and communication needs? • Does the service communicate with and support smokers at all points, for example information about cessation service in patient correspondence, admission processes and at points of transfer of care?
Monitoring	<ul style="list-style-type: none"> • How is the implementation of the service monitored, including the identification of smokers, referrals and take up of cessation, as well as outcomes and service user satisfaction? How does the monitoring support service improvements and a reduction in the number of people smoking in pregnancy? • How do you achieve a learning culture which delivers service improvements, for example peer reviews? • How are health board leaders made aware of service outcomes?

Relevant strategies, guidance and data

A smoke-free Wales and Towards a smoke-free Wales Delivery Plan 2022 to 2024: <https://gov.wales/tobacco-control-strategy-wales-and-delivery-plan>

NICE guideline NG209 - Tobacco: preventing uptake, promoting quitting and treating dependence (2021):

<https://www.nice.org.uk/guidance/ng209/chapter/Recommendations-on-treating-tobacco-dependence-in-pregnant-women>

Models for Access to Maternal Smoking Cessation Support:

<http://www.wales.nhs.uk/sitesplus/documents/888/PHW%20MAMSS%20Report%20E%2003.17.pdf>

The National Survey for Wales: <https://gov.wales/national-survey-wales>

NHS smoking cessation services: <https://gov.wales/nhs-smoking-cessation-services>

Maternity and birth statistics: <https://gov.wales/maternity-and-birth-statistics>