Health and Wellbeing Board

30 July 2019

Reducing Tobacco Dependency in Pregnancy (TDiP)

Report of Amanda Healy, Director of Public Health, Durham County Council

Cllr Lucy Hovvels, Portfolio Holder for Adults and Health Services

Electoral division(s) affected:

Countywide.

Purpose of the Report

1 To provide a progress report of the multi-agency strategic plan to reduce tobacco dependency in pregnancy (TDiP).

Executive summary

2 Smoking is the single most modifiable risk factor in pregnancy. Pregnant smokers require increased monitoring and interventions, and experience more complications around birth.

3 Smoking at time of delivery in County Durham remains significantly higher (16.8%) than England (10.4%) (NHS Digital, Sept 18). Greater variance exists between the two clinical commissioning groups (CCGs). Durham Dales, Easington and Sedgefield (DDES) smoking at time of delivery was 21.4% and North Durham 10.9% (NHS digital, Sept 18).

4 National Institute of Clinical and Health Excellence (NICE) Public Health Guidance 26; Smoking: Stopping in pregnancy and after childbirth identified eight recommendations which local maternity systems should implement:

(a) Maternity services routinely identifying pregnant women who smoke through Carbon Monoxide (CO) monitoring of all pregnant women, undertaking brief advice and referring them to NHS Stop Smoking Services for specialist support;

(b) Other services and organisation who provide health and support for pregnant women should identify pregnant women who smoke, give brief advice and refer them to NHS Stop Smoking Services;

(c) NHS Stop Smoking Services making timely contact with women via telephone and followed up by letter who are pregnant and smoke – making contact through routine maternity appointments where they have not been successful in contacting the woman;

(d) NHS Stop Smoking Services providing initial and ongoing support including motivational interviewing, cognitive behavioural therapy and structured self-help and support;

(e) NHS Stop Smoking Services to discuss the risks and benefits of Nicotine Replacement Therapy (NRT) with pregnant women who smoke;

(f) NHS Stop Smoking Services – meeting the needs of disadvantaged pregnant women who smoke by ensuring services are flexible, coordinated and accessible;

(g) Offering partners and others in the household who smoke help to stop;

(h) Ensure midwives and other health and social care professionals who offer support to pregnant women are provided with quality training to deliver the interventions.

5 A County Durham strategic plan to reduce tobacco dependency in pregnancy was developed in January 2019 following a multi-agency workshop which was held in November 2018. The action plan aligns with NICE Guidance and Local Maternity System plans. A local target was set which aligns with the national ambition to reduce rates of smoking throughout pregnancy to 6% or less by 2022.

6 Progress has been made in relation to the TDiP Action Plan since its development in January 2019, with further multi agency activity planned.

Recommendations

7 Members of the Health and Wellbeing Board are recommended to:

(a) Note the contents of the report;

(b) Ensure organisational representation at the TDiP Working Group to progress the plan;

(c) Maintain chief officer and organisational support and delivery for a communications campaign led by the TDiP Working Group;

(d) Support the delivery of targeted place based work working with Shildon Health Express;

(e) Provide chief officer support for the TDiP Strategic Plan and seek further assurances of the completion of the actions every 6 months into the Health & Wellbeing Board.

Background

8 The Public Health Strategic Plan outlines seven strategic priorities to improve health and reduce health inequalities. These include every child to have the best start in life and promoting positive behaviours. These will both be impacted by delivering on the strategic plan to reduce tobacco dependency during pregnancy (TDiP).

9 The action on reducing TDiP also underpins the Joint Health and Wellbeing Strategy and Children and Young People's Plan to give children the best start in life with good health and emotional wellbeing.

The Taylors

10 Sarah Taylor is one of the 894 women in 2017/18 who gave birth to her baby while continuing to smoke. John and Sarah both smoke, which not only impacts on their health and disposable income, but also impacts those around them through second hand smoke including their children Dan, Olivia and Callum and their unborn child. Improving the support available and enabling access to support at the earliest opportunity will ensure that both Sarah and John can quit smoking with the help of the maternity services and the local stop smoking service. Their baby will be born with reduced complications because of quitting and will be born into a smoke free home, which will reduce the risk of sudden infant death and respiratory problems, infections, childhood obesity and chronic health problems. John and Sarah will also benefit from a significant improvement in their long-term health. In turn, this means that their children are less likely to start smoking themselves as they age.

Why is it important

11 Smoking is the single most modifiable risk factor in pregnancy. Pregnant smokers require increased monitoring and interventions, as well as experiencing more complications around birth. Due to the additional cost associated with these complications, there is a strong economic case for change. The following table, taken from the Smokefree Action in Pregnancy Challenge Group which is the national evidence base, highlights the risks:

	Maternal smoking	Secondhand smoke exposure
Low birth weight	Average 250g lighter	Average 30-40g lighter
Stillbirth	Double the likelihood	Increased risk
Miscarriage	24%-32% more likely	Possible increase
Preterm birth	27% more likely	Increased risk
Heart defects	50% more likely	Increased risk
Sudden Infant Death	3 times more likely	45% more likely

12 Smoking at time of delivery in County Durham remains significantly higher (16.8%) than England (10.4%) (NHS Digital, Sept 18). Greater variance exists between the two clinical commissioning groups (CCGs). Durham Dales Easington and Sedgefield (DDES) smoking at time of delivery was 21.4% and North Durham 10.9% (NHS digital, Sept 18)

13 The chart below highlights smoking at the time of delivery (SATOD) data since 2010, comparing national, regional and local data. The red line demonstrates the local ambition to reduce SATOD rates to 6% or less by 2022. This will mean 600 babies will be born smoke free by this time which equates to 120 women not smoking during pregnancy per year in County Durham. To achieve this target there is a requirement for radical system change and for all to prioritise this goal.

Regional Support: Yale Strategic Systems Leadership Programme

14 The Yale Strategic Leadership Programme is a partnership between the Global Health Leadership Initiative and Health Education England which operates over an Integrated Care System (ICS) footprint. This programme provides senior leaders from across the ICS the opportunity to collaborate more effectively across traditional boundaries and rethink conventional ways of working to address strategic system-level issues to deliver higher quality care for their populations they serve.

15 It was agreed the Yale group in the North East would explore how to support the work of the Local Maternity System (LMS) to reduce smoking in pregnancy. The problem being '**too many women in the North East are still smoking at time of delivery'**. A summary of the work to date has been produced which identifies that the narrative should change to a more treatment orientated approach to tackle tobacco addiction with further work to be done on how Foundation Trusts and chief officers, through to front line staff, have greater ownership of reducing smoking in pregnancy.

16 The group have developed a script that can be used by professionals in the North East and the pathway for nicotine dependency has been rewritten, ensuring that carbon monoxide monitoring is key. A system

wide launch will take place in September 2019. Success will be to get to less than 6% SATOD by 2022. There will be a mid-way evaluation by the Yale Group on behalf of the HSG in September 2021 to determine whether the region is on track. If it appears that the trajectory will not hit the target, a fresh Root Cause Analysis will be undertaken.

County Durham approach to treating dependency in pregnancy

17 A County Durham strategic plan to reduce tobacco dependency in pregnancy was developed in January 2019 following a multi-agency workshop which was held in November 2018. The plan compliments the Local Maternity System plan while supporting local implementation. A local target was set which aligns with the national ambition to reduce rates of smoking throughout pregnancy to 6% or less by 2022.

Current position

18 A Terms of Reference was established for the TDiP steering group which includes membership from Durham County Council Public Health, Clinical Commissioning Groups, FRESH, the specialist Stop Smoking Service, Harrogate and District Foundation Trust, County Durham and Darlington Foundation Trust, Durham County Council Public Health Intelligence, Local Maternity System, Durham County Council Marketing and Communications and Durham County Council One Point (Appendix 2).

19 The TDiP group will report into the integrated steering group for children and feed into both the Tobacco Alliance Group and the Regional LMS Group. It will also report progress to the Health and Wellbeing Board.

20 The first meeting of the working group took place on 1 March 2019, a multi-agency action plan was developed and agreed with five clear objectives (Appendix 3):

(a) Objective 1: Intelligence, surveillance and performance monitoring
(b) Objective 2: Commissioning
(c) Objective 3: Training, awareness and workforce development
(d) Objective 4: Audit & Improvement
(e) Objective 5: Governance & Accountability.

21 The Action Plan was endorsed by the Integrated Steering Group for Children at its meeting on the 18 March 2019 and was presented for discussion at the Tobacco Alliance meeting at its meeting on 10 April 2019.

Progress against the action plan to date

22 Progress has been made since the development of the plan in March 2019.

23 **Facilitated focus groups** were held with pregnant smokers to gain insights into their experiences. 11 participants took part, with the sessions having a focus on support and interventions offered, and any barriers that prevented a successful quit attempt. These sessions have provided invaluable qualitative insights into the experience of pregnant smokers and the findings will be used to inform the development of specific actions for the Reducing TDiP Action Plan.

24 The focus groups revealed that, in reality, the referral pathways between maternity systems are not as robust as they should be; midwives are not consistently CO monitoring or asking people their smoking status and referrals are not finding their way to the local stop smoking service.

"I've actually been through this 3 times and this pregnancy is the first time ever I haven't heard back from anyone."

25 There is also absence of "safety netting" where all people involved in the care of the pregnant women identify their smoking status and refer into services, for example, the first time a woman sees her midwife can be between 8 and 12 weeks, there is often opportunity for earlier intervention from other health and allied health professionals. Women also revealed concerns about relapsing to tobacco dependency following birth.

"The only thing I'm going to struggle with and I'll be honest is probably afterwards."

"I just don't know whether it'll be the same when I'm not pregnant. Fingers crossed I can carry on."

26 In line with recommendations from the LMS and the Yale strategic group, there has been a **narrative change** from 'Smoking in Pregnancy' which reflected smoking in pregnancy as a lifestyle choice, to tobacco dependency in pregnancy. This is a conscious shift back towards a more treatment orientated focus due to the appreciation of the level of addictions faced by women. However, we remain mindful of the broader social context of tobacco use.

27 CDDFT are now **recording CO readings with every woman** at every visit including the 36 week antenatal appointment and at delivery. The group are currently scoping how this can be collected at a local level which will support the performance monitoring process and future audit.

28 **CO monitors have now been made available** within Foundation Trusts, the monitors and consumables associated with them are now included on local inventory lists as mandated equipment for all midwives.

29 The use of the remaining Love2Shop vouchers was explored with the Stop Smoking Service (SSS), the Public Health Pharmacist and Public Health Consultant in relation to the provision of e-cigarettes as a second product for women working with the SSS. It was identified that additional research is required on a national basis before a decision could be made on this. The remaining vouchers were therefore used to purchase NRT products, to allow for **dual treatment of women in the DDES area**, which has been proven to be more effective. All Love2Shop vouchers have now been spent.

30 Including **12 weeks post-partum support** for women has been considered for inclusion within the current contract because it is felt changes will make a difference. Unfortunately, due to timescales within the current contract it has not been possible to vary the current contract to allow this. However, the new service specification is currently being developed and 12 weeks post-partum support will be considered for delivery from April 2020.

31 **Additional resource** has been identified within the SSS to allow for both operational and strategic support for this agenda.

32 **SATOD and 26 week data** is included within CCG contract with County Durham and Darlington NHS Foundation Trust. The data is reported and monitored through contract management processes within the CCG.

33 The specification that Durham County Council Public Health holds with Harrogate and District NHS Foundation Trust for the 0-19 service has been revised to include **key messages and expectations in relation to the importance of smoke free homes**. Key messages are currently being developed and will be shared across all practitioners to ensure that information shared with women and their families is consistent and clear. CO monitoring by Health Visitors will be included within the place-based pilot being established in Shildon.

34 An initial meeting has been held to scope working with Shildon Health Express to progress a dedicated piece of **place based work** to improve smoking in pregnancy rates in Shildon. A 12-month action plan is currently being developed in partnership with the Local Councils Working Group.

35 The pathway for referrals from the Foundation Trusts to the SSS has been amended so that there is **no opt-out option within maternity**.

Women are able to opt-out at the point of contact with the SSS. This will reduce the numbers of opt-outs from the service

36 The **Yale Group** have identified 'too many women are smoking at time of delivery' as a problem they wish to analyse. A summary of this work is included at paragraph 14 of this report.

37 A draft **marketing and communications plan** has been produced following a dedicated session at the last working group. Aims and objectives have been identified and Durham County Council Public Health and Communications Team are working this up further to include key messages for specific target audiences.

38 The plan will be monitored by the steering group on a quarterly basis.

Conclusion

39 Members of the Health and Wellbeing Board are recommended to:

(a) Note the contents of the report;

(b) Ensure organisational representation at the TDiP Working Group;

(c) Maintain chief officer and organisational support and delivery for communications campaigns led by the TDiP Working Group;

(d) Support the delivery of targeted place based work working with Shildon Health Express;

(e) Support the Strategic Plan and the implementation of any recommendations which may result.

Background papers

- None

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	Kirsty Wilkinson	Tel:	03000 265445

Appendix 1: Implications

Legal Implications

No implications.

Finance

Decisions in relation to future commissioning activity have been suggested by the group which may have a financial implication for specific agencies.

Consultation

Research has been conducted with pregnant women via the Specialist Stop Smoking Service to inform the development of some aspects of the action plan.

Equality and Diversity / Public Sector Equality Duty

No implications.

Human Rights

No implications.

Crime and Disorder

No implications.

Staffing

No implications.

Accommodation

No implications.

Risk

Reducing smoking during pregnancy will reduce the risk of specific negative outcomes for mothers and babies.

Procurement

No implications.

Appendix 2: Reducing Tobacco Dependency in Pregnancy Steering Group Terms of Reference

County Durham Reducing Tobacco Dependency in Pregnancy Steering Group

Terms of Reference

Aim

To work together to reduce rates of smoking throughout pregnancy to 6% or less by 2022.

Objectives

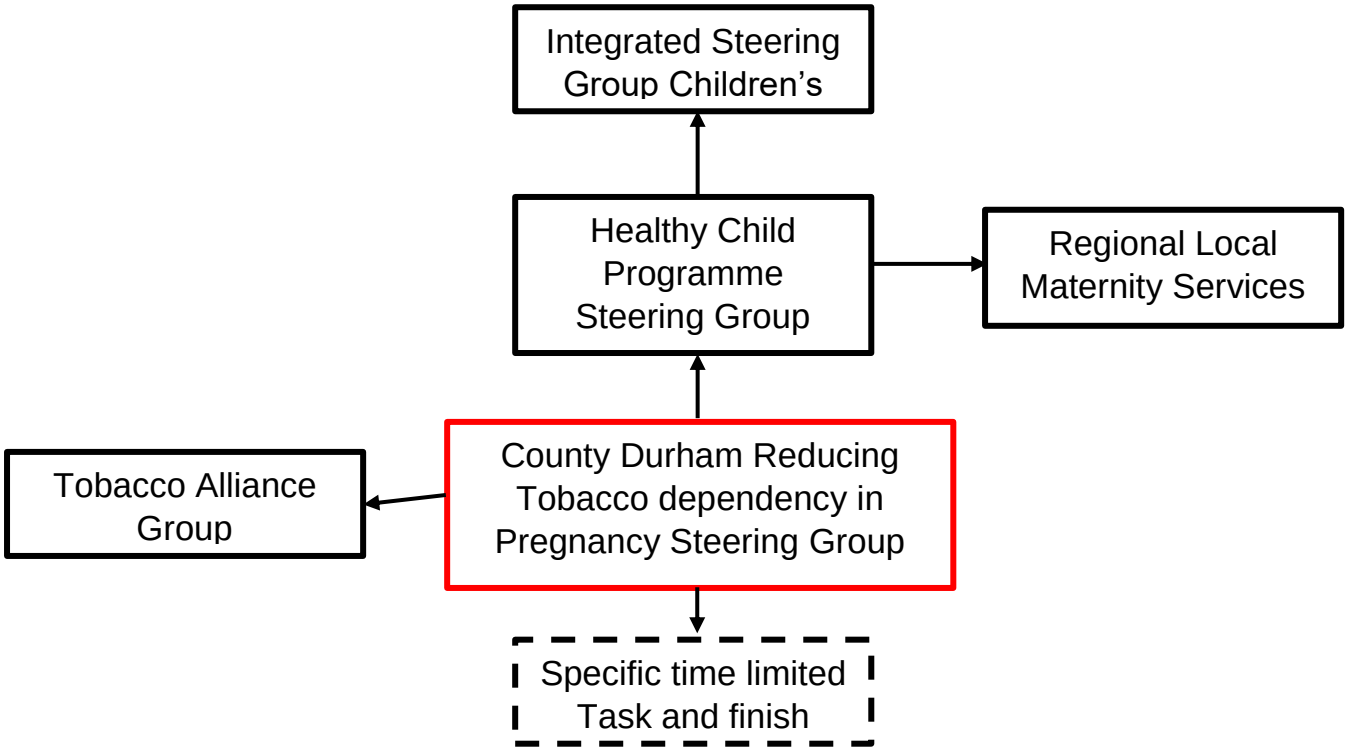
- To develop and improve intelligence and surveillance in relation to smoking in pregnancy, including monitoring of performance across the area.
- To bring together commissioners of relevant services to ensure that interdependencies are identified and any issues in relation to service provision are addressed through effective contract management.
- To develop local workforce and monitor training and awareness of practitioners and key stakeholders to ensure guidance and messages are in line with national guidance and best practice.
- To develop and implement a cycle of audit and improvement in relation to existing and new service provision and procedures.
- To provide local leadership on reducing smoking in pregnancy with clear governance and accountability and an agreed multi-agency strategic plan.
- To develop a multi-agency marketing and communications plan to ensure that agreed guidance and messages are distributed to the wider populations.

Membership

Name	Org and role	Deputy
Ailsa Rutter	FRESH – SmokeFree North East	Joanna Feeney
Rebecca Scott	Regional LMS Prevention Lead	
Craig Lee	Solutions 4 Health	Grace Wali
Kirsty Roe	PH Intelligence, DCC	
Rob Milner	ND/DDES CCG	
Beverley Corner	Darlington Community Midwife Team	Allison Metters
Gill O Neill	DDPH, DCC	
Tammy Smith	PH Advanced Practitioner, DCC	Kirsty Wilkinson
Kirsty Wilkinson	PH Advanced Practitioner, DCC	Tammy Smith
Susan Duggan	HDFT	
Glenn Robinson	TAP, DCC	
Stella Hindson	DCC Marketing	Lynsey Fleming
Karen Davison	Children Services	
Sara Blight	Smokefree Lead, CDDFT	
Terry Fletcher	CDDFT	
Julie Lane	North Tees FT Midwife Team	
	Sunderland FT Midwife Team	

Governance

- The group will report into the integrated steering group for children via the Healthy Child Programme Group and feed into both the Tobacco Alliance Group and the Regional LMS Group.



Meeting frequency

- Quarterly for two hours.
- The group will establish, if required, specific time limited task groups to complete actions and pathways.
- Meetings will go ahead with minimum of three partners agencies present
- Chair (Gill O'Neill) and vice chair (Tammy Smith).

Review

To be reviewed December 2019

Work programme

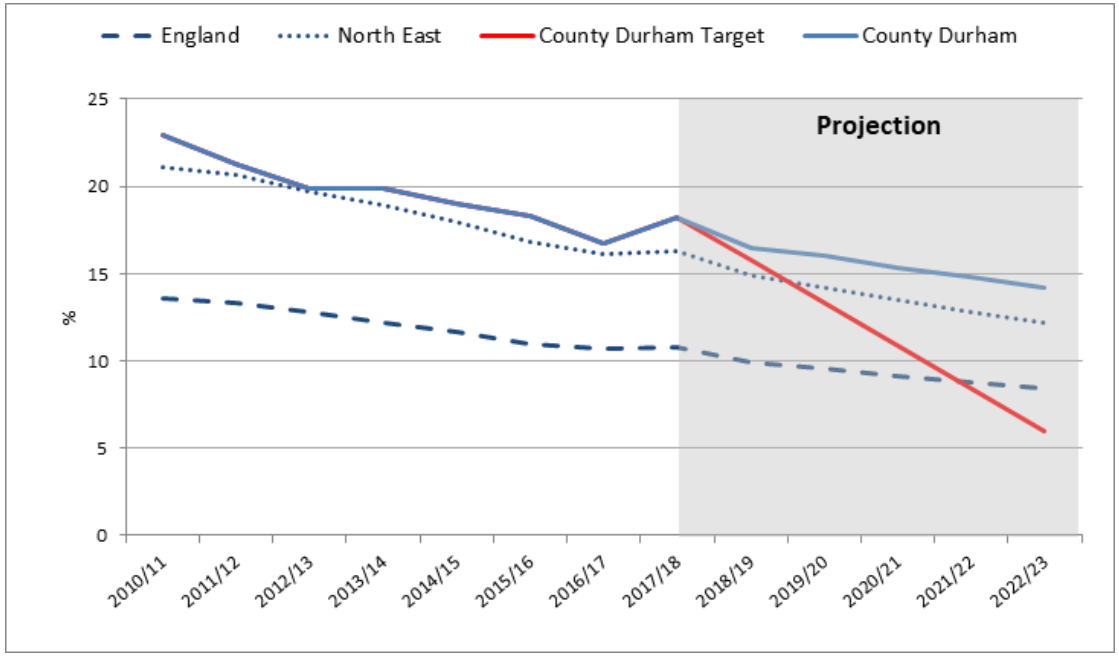
The work programme for the group will follow activity outlined within the action plan.

Tobacco Dependency in Pregnancy Action Plan

County Durham

2019-2022

Aim: To work together to reduce rates of smoking throughout pregnancy to 6% or less by 2022



The chart above highlights that an additional 600 babies will be born smoke free by the year 2022/23 to reach the 6%. This is based on most up to date SATOD 18.2% (n=894) for 2017/18 and aiming for 6% (n=295) in 2022/23.

This equates to an additional 120 women not smoking in pregnancy per year in County Durham.

Objective 1: Intelligence, surveillance & performance monitoring

- To develop and improve intelligence and surveillance in relation to tobacco dependency in pregnancy, including monitoring of performance across the area to track progress against target.

Task number	Action	Lead officer	Timescale			Update
			R	A	G	
1.1	Work with regional collection/accuracy and reporting of SATOD and implement effective measures of scrutiny over the data to achieve a significant drop in the local rate.	Becca Scott LMS		July 2019		Incentive evaluation identified that up to 25% of women have their smoking status recorded incorrectly at delivery This action is being taken forward at a regional level through the trust analysts. BS to update at the next meeting.
1.2	Highlight GP practices with higher numbers of pregnant smokers to enable targeting of interventions.	Rob Milner/ Kirsty Wilkinson PH/CCG			March 2019	**Action complete** Data has been analysed at Practice level. RM to work with practices to make them aware of the numbers. Data used to identify localities for place based work, such as Shildon.

1.3	Continue to analyse SATOD data and variance between CCG's and MSOAs to monitor change.	Kirsty Roe PHI	Ongoing	Kirsty Roe receives and analyses this on an annual basis.
1.4	Development performance framework to measure progress and outcomes	Tammy Smith	May 2019	Need to link into performance monitoring at a regional level. Potential to collect 36 week and SATOD data. Monitor referrals coming to the SSS, where are they coming from, any gaps, etc?
1.5	Develop and implement a proxy local indicator based on CO monitoring at 36 week antenatal appointment to use as a basis of a quality check against SATOD data (Need to check with KR/MF when is recorded 32 or 36 weeks)	Bev Corner FT Becca Scott LMS	June 2019	CDDFT are now recording CO readings on every woman at every visit. The lead for CDDFT feels the 36 week reading is not entirely accurate and could be misleading and has requested that it be changed to CO at delivery? – to be discussed at next workshop. Regional action in the LMS plan is at 36 weeks/delivery. Status can be added into the electronic system at time of delivery.

				Link with BS in relation to other FTs that cover County Durham residents. This is currently collected. Link with Kirsty Row on how to access this data more frequently than annually.
1.6	Develop clear chart highlighting projection for 6% target and identifying numbers of babies to enable clear and understandable communication with strategic leaders.	Kirsty Roe PHI	April 2019	**Action complete.** Chart produced, to be updated on an annual basis.

Objective 2: Commissioning

- To bring together commissioners of relevant services to ensure that interdependencies are identified and any issues in relation to service provision are addressed through effective contract management.

Task number	Action	Lead officer	Timescale			Update
			R	A	G	
2.1	Scope the potential for inclusion of provision and maintenance of CO monitors within maternity contracts to ensure all FTs have appropriate equipment and ownership of the process. Capture and share the data.	Rob Milner CCG			April 2019	**Action complete.** Link with LMS to identify commissioning timescale for maternity contracts. CDDFT have reviewed monitors and consumables and ordered as appropriate. It is part of the local bespoke maternity PH plan that the maternity unit should have a SOP/inventory list in order to plan purchases as most CO monitors only have a 5-7 year life span.
2.2	If incentive scheme is to continue consider vaping alternative to Love2shop vouchers. Explore with the SSS how this can be managed.	Kirsty Wilkinson			February 2019	**Action complete.** Vaping alternative was explored, more work would need to be done

		PH		on this before rolling it out with pregnant woman. Additional NRT purchased using remainder of vouchers to allow for dual treatment of pregnant women in the DDES area, which is proven to be more effective.
2.3	Public Health to consider 12 weeks post-partum support for pregnant smokers through service review of stop smoking service contract regardless of involvement in incentive scheme, to reduce the numbers of women re-starting smoking once the baby is born.	Kirsty Wilkinson PH	April 2020	**Action complete.** Currently only those women who access support through incentive scheme receive support up to 12 weeks post partum although continuous follow up by Midwife Care Assistants is encouraged. Stop Smoking Support review is underway with a new model expected to be in place by 1st April 2020. Discussions have taken place to explore the potential for varying the contract to do this sooner, but this will not be possible. The 12 week post-partum support to be included within the new spec, when developed.

2.4	Improve referral forms (needs to be automated) considering GDPR ensuring correct status of smoking or non-smoking being captured based on CO reading.	Craig Lee SSS FT Bev Corner CDDFT	September 2019	GDPR issues have now been addressed. Significant issues exist in relation to the information that is included on the forms from CDDFT to the SSS. BC will pick this up at the FT and CL continues to include this within the training delivered direct to community midwives. Online completion was discussed by the group but BC felt this was a long way off and would not be deliverable within the timescales of this plan. S4H have provided Craig Lee with an outline of what needs to be done by CDDFT to set up this system. Beverley Corner has forwarded this to CDDFT IT department and is awaiting confirmation as to whether or not they can proceed.
2.5	Provide clarity on role of Specialist Pregnancy Advisor within the SSS? Consider a potential over reliance on one post to be both strategic and operational.	Kirsty Wilkinson	April 2019	**Action complete.**

		PH Grace Wali SSS		Smokefree Life County Durham have identified support for the SIP advisor. Eve/Grace to support. CL meeting colleagues to outline his role. KW to keep this in mind during review of service. Stop Smoking Support review is underway with a new model expected to be in place by 1st April 2020. Craig Lee will be handing over level 2 support and training/midwifery training to Dawn Cockburn. He will maintain the strategic aspects of the pregnancy role alongside some of the responsibilities previously held by the service's Public Health Specialist, Eve Would have, who left the service in April.
2.6	PH to consider single contact details for referrals to service so that this remains consistent through any procurement exercises.	Kirsty Wilkinson PH	April 2020	This will need to be part of any new commission, however, we need to ensure that there is a process across the region for SSS to ensure County Durham residents are able

				to access the service through a no wrong door approach.
2.7	Work with the SSS to conduct qualitative insight into the lost to follow ups and barriers to referrals with pregnant smokers. Utilise the some of the remaining vouchers as an incentive for attendance.	Kirsty Wilkinson Tammy Smith PH Craig Lee SSS	April 2019	Facilitated session have been completed. The qualitative data collected is currently being coded, a report will be published based on findings for the next meeting of the steering group. Conduct facilitated sessions on an annual basis to monitor change. A report is in the process of being drafted.
2.8	CCG's to performance monitor SATOD – to see what is in the maternity care pathway? SATOD is IAF indicator	Rob Milner CCG	April 2019	**Action complete.** SATOD and 36 week data included in CDDFT contract as local quality requirement. Reported and monitored through contract management process.
2.9	Include CO monitoring by HV's as part of the 0-19 service specification review ensuring that key messages and expectations are developed and shared with service in relation to the importance of smoke free homes.	PH	April 2019	**Action complete.** Revised specification is complete. There is an agreement to trial this within specific high prevalence

				areas by HDFT as part of the contract extension. This will be conducted as part of the place based work within Shildon. HV's within Shildon will need to be provided with C monitors and receive VBA training as part of pilot programme. Need to ensure key messages are shared with HDFT.
2.10	Scope current messages being provided to those families who are conceiving via IVF, ensuring they align with the strategic plan.	Gill O Neill PH	June 2019	Should be smokefree whilst doing IVF. - Needs to be joined into this - What is the pathway?

Objective 3: Training, awareness and workforce development						
Task number	**Action**	**Lead officer**	**Timescale**			**Update**
			R	**A**	**G**	
3.1	Educate practitioners including children's social care and early help staff on framing the conversation with mum around tobacco dependency. Ensure top up and refresher sessions for midwifes and HVs are included within a training plan.	Kirsty Wilkinson DCC BS LMS		July 2019		Needs to be Quality Assured training Develop a train the trainer (2 people) RS to pick up, KGW and RS to meet Included as part of LMS work plan.
3.2	Change narrative to ensure that SSS appointment comes under "maternity" appointment to enable attendance by women during work time.	Craig Lee SSS		September 2019		Needs to be looked at. Can SSS appointment be carried out at the same time as midwife appointment? It is not feasible due to capacity to have a SSS advisor at every midwife appt. CL to mock up narrative that practitioners should be using with women to enable attendance. Should include 'clinical antenatal appointment with specialist service'.

3.3	To develop a **multi-agency** marketing and communications plan to ensure that agreed guidance and messages are distributed to stakeholder and the wider populations.	Lynsey Fleming DCC	April 2019	Include the actions below, as referenced. **Currently being drafted.**
3.4	Ensure that when women vape this is recorded as non-smoking, ensure this message is included within any training or awareness delivered to all practitioners including children's social care and early help.	SD HDFT CL SSS KW DCC JF FRESH RM CCG KD DCC	November 2019	Message delivered as part of the SSS standard training. Need to include this within workforce plan for each organisation. JF updated that a position statement has been drafted by the FT and is currently being reviewed. JF to circulate this for wider circulation to organisations. Organisations to consider how this can be disseminated across workforce.
3.5	Link with GP and other services to share key messages – preconception advice. CO screening in contraceptive clinics, consider potential for brief advice at LARC removal and contraception reviews.	TS DCC	November 2019	Workforce development. Links with 3.8.

				Develop workforce plan which includes key messages for raising awareness across key stakeholders
3.6	Facilitate narrative change from smoking to tobacco dependence	ALL	May 2019	**Action complete**. Referenced in action 5.1. Need to ensure any comms/marketing work references this.
3.7	Potential of 'CO' communications • Empowering pregnant women to expect to be tested. • Know your score.	Lynsey Fleming DCC	May 2019	Include as key message within comms plan
3.8	Ensure risks of smoking in pregnancy are widely known and clearly communicated. Do health professionals and LA staff such as childrens service practitioners fully understand the risks?	TS DCC	November 2019	Workforce issue. Scope existing material that can be shared with practitioners to raise awareness of risks. Do FRESH have anything we can use? Establish a stepped approach to sharing information and set targets ver the next 6 months

3.9	Carry out dedicated social marketing work with One Point Service based on women aged <20 years in relation to the risks of smoking, including smoking whilst pregnant. Mothers under 20 years old are twice as likely to smoke throughout pregnancy.	Lynsey Fleming DCC Comms	May 2019	LF to pull together comms plan
3.10	Work with GPs to ensure CO monitoring and brief advice in relation to smoking is given at 8 week postnatal check.	Rob Milner CCG	August 2019	This needs to be reviewed Work needs to be done @ Primary Care as 8 week postnatal check focuses on baby and mother. Could this be part of the checks? Need to scope this and look at it, may be delayed due to development of PCNs. Rob Milner to consider timescale and adjust if necessary. To try and pilot this in Shildon

Objective 4: Audit & Improvement					
Task number	**Action**	**Lead officer**	**Timescale**		**Update**
			R	**A**	**G**
4.1	Ensure a local annual audit against NICE guidance takes place.	BS LMS	July 2019		The tobacco in pregnancy audit has been agreed to be completed by SSS, LA including Early Help and One Point and Maternity in May 2020
4.2	Explore improvements to referral processes through auditing cases. Identify barriers and where improvements can be made: • Not all smokers referred – why? • Why once referred not engaged? • Why is data incomplete?	Becca Smith, LMS	Timescale needed		**Audit process within FTs to be determined. Is this being picked up through LMS?**
4.3	Conduct an audit on cases lost to follow up cross reference this with qualitative insights obtained through focus groups and develop improvement plan.	Kirsty Wilkinson Tammy Smith PH Craig Lee	June 2019		Insights reports is in progress, once completed an audit on cases will be carried out to identify potential improvements to systems. Conduct both on an annual basis to track progress.

		SSS		
4.4	Ensure primary care “safety netting” – to reduce people slipping through. Develop clear processes to keep triggering interventions.	Rob Milner CCG	June 2019	Information collected as part of Insights work will inform this. Report will provide opportunities for improvements.
4.5	DDES CCG have set up a smoking primary care group, developed a protocol in System 1 and EMIS. Assessing smoking status – referral to SSS.	Rob Milner CCG	June 2019	Protocol on hold as currently flags at start of consultation which is deemed inappropriate to introduce VBA and make smoking cessation referral. Blocks access to clinical notes unless cleared. Further work needs to be done to see if it can be timed towards the end of a consultation. Template SSS referral forms have been uploaded to SystmOne and EMIS to make referral process easier.
4.6	Work with Shildon Health Express to progress a dedicated piece of place based work to improve smoking in pregnancy rates in Shildon.	Tammy Smith DCC	June 2020	Shildon has the highest rates in County Durham with 25% of women being recorded as smoking at time of delivery. Initial meeting held 23rd April 2019.

				12 month action plan is being developed. This will include running a pilot for SSS to be present at MW clinics in Shildon area, tied into the place based tobacco dependency in pregnancy project. Engagement from HV's and Childrens Centres in this work will be vital.

Objective 5: Governance & Accountability						
Task number	**Action**	**Lead officer**	**Timescale**			**Update**
			R	**A**	**G**	
5.1	Encourage acceptance of tobacco being a dependency, and therefore a maternal clinical issue. Considering this scope the potential for support being delivered in maternity.	Becca Scott LMS			April 2019	**Action complete.** Change all language from 'Smoking in Pregnancy' to 'tobacco dependency in pregnancy' to encourage acceptance of the issues as a maternal clinical. Language change adopted locally and shared via reporting process. Organisational agreement across the group to change narrative.
5.2	Work together with the regional LMS to influence curriculum on Northumbria midwifery course.	Becca Scott LMS			September 2020	LMS lead working with University to discuss curriculum developments.
5.3	Encourage FT ownership for follow up of women who opt out of the referral.	Bev Corner, FT			February 2019	**Action complete** Pathway has been amended so that there is no opt out option within maternity. All woman are to be

				referred to the SSS and they will manage the opt-out process.
5.4	Ensure a maternity rep is included on FT Smokefree Board.	Joanne Feeney FRESH	March 2019	**Action complete** Jo Crawford is the Maternity Rep on the CDDFT Smokefree Board
5.5	Identify key leads from Sunderland and North Tees and invite to the group.	Craig Lee SSS	March 2019	**Action complete** SSS have provided contact details. These are now included within the distribution for this group. Ensure links with LMS exist to support cross boundary working.
5.6	Ensure Yale Group are supported when analysing problem of 'too many women are smoking at time of delivery' and updates on progress are provided to this group as available.	Gill O'Neill DDPH	June 2019	The group identified that the narrative should change to a more treatment orientated approach to tackle tobacco addiction. Further work to be done on how FTs and chief officers, through to front line staff, have greater ownership of reducing smoking in pregnancy. A follow up meeting is being planned to progress these initial findings.