AMAZING THINGS HAPPEN

Stop Smoking London Partnerships
Information Pack

Foreword

In London, health inequalities impact on the lives of many of our residents; while these inequalities are due to multiple social and economic factors we know that by effectively addressing and reducing smoking rates we can have a positive effect.

Nearly one million smokers reside in London, which is over 15 per cent of all of England's smokers. We estimate that almost 600,000 of these smokers currently want to quit smoking. While the evidence shows that face to face support with pharmacotherapy is the most effective method to help smokers to quit, at a population level we know that only a small percentage will seek this specialist support with the majority choosing to go it alone.

The London Smoking Cessation Transformation Programme (LSCTP) was established in 2016 to support London boroughs to transform and improve the way their residents access stop smoking support. Stop Smoking London was established as the public facing identity for the Programme and offers a London wide resource that provides quit smoking advice, support and tools to facilitate the individual quit journey regardless of what this may be.

As a Programme, we now have the opportunity, to work together with colleagues in the NHS and the wider community in London to reduce health inequalities amongst our residents. We know that there are a lot of people working in London who interact with people who smoke on a daily basis in both the NHS and the wider community. All of these could with our support be delivering messages about smoking cessation and signposting to the Stop Smoking London support that is available.

To address this prospect, the LSCTP is now proposing an exciting new collaboration to trial and evaluate different models of engagement at local level to meet the needs of identified local smoker populations, including those in the most deprived quintiles. This opportunity will, we believe be supportive of the delivery of the recently published NHS Long Term Plan as well as local public health needs and sub regional STP priorities around smoking cessation. In addition, this approach will be used to enhance Programme learning and inform future developments to Stop Smoking London advertising campaigns and service delivery.

We welcome the prospect of exploring this exciting new approach with you in more detail and look forward to partnering with you in 2019 as we work towards a healthier and smoke free London.

Somen Banerjee

Director of Public Health, London Borough of Tower Hamlets | London Association of Directors of Public Health Lead for Smoking Cessation and Tobacco Control

London Healthcare and Smoking Context

Smoking rates have fallen significantly in England, but smoking still accounts for more years of life lost than any other modifiable risk factor (1). Smoking is the primary reason for the gap in life expectancy between those in the most deprived quintile and those in the least deprived quintile (2).

Nearly one million (991,025) smokers reside in London (3), which equates to over 15 per cent of all of England's smokers. The Programme has estimated that almost 600,000 London smokers currently want to quit smoking. However, despite this between April 2016 and March 2017, a total of only 51,945 Londoners were reported to have set a quit date with a Stop Smoking Service (4).

In England, the personal cost of smoking is significant with 17 per cent of all deaths in people aged 35 and over being due to smoking and its related conditions (5). The societal costs have been estimated to be that local councils face a demand pressure of £760 million a year on domiciliary (home) care services, as a result of smoking-related health conditions (6). Further, the NHS cost of smoking-related conditions in England in 2015 was estimated to be £2.6bn (7).

The NHS Long Term Plan

In January 2019 the NHS Long Term Plan (LTP) was published, the LTP areas of focus for the next 10 years include a focus on preventative models and population health with an aim to save 500,000 lives over the next 10 years(1). The promotion of smoking cessation will be a central part of this plan. In response the NHS has committed to embedding the Ottawa Model for smoking cessation in to its practice, so that everyone admitted to hospital that smokes will be offered help and support to quit.

This offer will also be adapted for expectant mothers and their partners, so families can stop smoking together; resulting in the chances of still birth, miscarriage and sudden infant death bring reduced. Further, smoking cessation support will be extended to people with mental health conditions and learning disabilities.

About the London Smoking Cessation Transformation Programme

A Sector-led Improvement review between 32 London local authorities in 2014-15, and a literature review in 2016 identified significant interest amongst London boroughs to work together to explore new and innovative approaches to stop smoking services and to potentially deliver savings across the London healthcare system.

The London Smoking Cessation Transformation Programme (LSCTP) was established in November 2016, with the aim of supporting London boroughs to transform and improve the way their residents access stop smoking support, with the potential to deliver savings to participating local authorities and improved outcomes for residents.

The scope of the Programme was to seek to offer boroughs innovative service options in alternative channels (digital, online, telephone) and which could be delivered once across London, to complement locally-determined services such as face to face models. The Programme presented an opportunity to learn together at scale and pace what works, and to jointly commission where it made sense to do so.

In the summer of 2017, the Programme launched a 'pilot' (Phase 1), using 'Stop Smoking London' as its public facing identity.

The pilot was based on an evidence review of city wide approaches to smoking cessation as well as Professor Robert West's conceptual framework of Stop Smoking+ which recognises that although face to face support with pharmacotherapy is the most effective method to help smokers quit, at a population level only a small percentage will seek this specialist support with the majority choosing to go it alone.

On completion of the pilot, an external review provided a rationale and strong evidence base for developing a city wide approach that offers a range of support options around the needs, preferences and individual lifestyles of smokers in London. As a result, today, the Programme remains focused on reducing the prevalence of smoking in London by:

- Continuing to improve public awareness, access to and therefore uptake of all Stop Smoking Services.
- Continuing to build upon the Programme's asset base and innovate services, creating greater synergy between regional and local Stop Smoking Services.
- Developing and providing evidence based Stop Smoking London Services reflecting the needs and lifestyles of London smokers.
- Creating a Stop Smoking social movement across London that supports smokers to quit permanently.

A Programme Board oversees the Programme, with representation from Directors of Public Health from each of the five London sub-regions, UCL's Professor Robert West and Public Health England (London).

More information about the LSCTP journey and ambition is available on the ADPH London website.

Stop Smoking London Campaign and Services 2018/19

Stop Smoking London remains the public facing identity of the Programme and has three core components:

1. A London wide marketing and communications campaign, designed to encourage London Smokers to engage with both local and regional support in order to set a quit date and start their supported stop smoking journey.

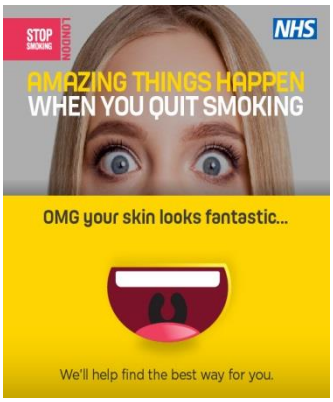
2. The Stop Smoking London website, which directs people in to local services, self-help resources or telephone support. It also includes the option to request a call back from local Stop Smoking Services.

3. Stop Smoking London helpline – 0300 123 1044. Callers speak to an advisors, who talks through the various options and helps decide what might work best for the caller. If eligible callers are offered the

opportunity to be called back by a specialist advisor offering regular one-to-one stop smoking support and encouragement over the phone at a time that suits the caller over their 28 day quit journey.

In November 2018 the new "Amazing Things Happen" marketing campaign (phase 2) launched across London, this campaign was developed following detailed insight work with London Smokers. The campaign, which will run continuously up until 31st March 2019, is specifically targeted at London smokers aged 25 - 40 years old, the largest smoking population in the UK.

Examples of the "Amazing Things Happen" campaign advertising



Stop Smoking London Partnerships – ambition and rationale

In 2019, the Programme aims to increase the reach of Stop Smoking London by building and maintaining strong relationships with partners and local organisations so that jointly we can deliver the best health outcomes for Londoners.

The Programme strongly believes that a critical element for the success of the Programme is partnership across the system at local, sub-regional and London level. We know that a significant proportion of the London workforce interact with people who smoke such as midwives, health visitors and care workers, all of whom could be delivering messages about smoking cessation and signposting to the Stop Smoking London services.

However, the Programme recognises the difference in system requirements amongst participating boroughs so is proposing a new partnership approach to trial and evaluate different models of engagement at local, sub-regional and London levels with different smoker audiences.

It is anticipated that this strategy will go some way to support the delivery of the NHS LTP, local public health need and sub regional STP priorities. While the Programme will be unable to contribute financially to partnerships, the Programme does have many existing assets that may be utilised as part of any partnership approach. The Programme may also be able to support the economic analysis of whether or not the partnership is good value for money.

It is proposed that by testing different interventions and micro-campaigns across London it will enhance Programme learning and inform future developments to Stop Smoking London advertising campaigns and service delivery.

Stop Smoking London Partnership – Objectives

The Programme has identified the following objectives for any partnership, these are:

1. To support the delivery of the NHS long term plan across London by helping to deliver on smoking cessation and thereby preventing and reducing health inequalities.
2. To support London's NHS Hospitals as they normalise and embed evidence-based smoking cessation in hospital as per the NHS long term plan.
3. To increase engagement with the Programme website and helpline within specified target groups, and where appropriate direct people in to local and regional stop smoking support services.
4. To see a significant increase in quit attempts and successful quit attempts amongst the targeted groups in the sub-regions.
5. To contribute to an acceleration of the decline in smoking prevalence in London among specific target groups including those in the most deprived quintile.

Stop Smoking London partnership venues

The Programme Board and recent London smoking habit research have identified potential opportunities for sub-regional partnerships for London. Table 1 highlights possible NHS, non-clinical, and community settings for this as well as some potential ideas for engagement and collaboration.

It is acknowledged by the Programme that this is not an exhaustive list and we are keen to engage our partners to identify other areas where together we could add real value and have a significant impact on smoking prevalence in London and on London's health inequalities.

Table 1 Potential opportunities for sub-regional partnerships

Potential sub-regional partnership Settings and rational *	**Potential idea for partnership opportunities***
Workplace settings: London's employment rate was 74.8%, in the three-month period February to April 2018. In London in 2018 there were 1,563 businesses per 10,000 residents.	Engagement and collaboration with Occupational Health teams in for example LA offices (and other venues where OT exists .i.e. NHS hospitals) to positively promote a Stop Smoking London marketing and information drive to encourage all staff who smoke to begin their quit journey. Engagement with large employers in London through contracted employee health and wellbeing services and others to provide marketing messaging around the Stop Smoking London campaign to

	drive smokers to NHS Smokefree and the specialist London Support. Engagement via the private health care providers to large employers i.e. AXA PP, BUPA with the aim to provide signposting to Stop Smoking London campaign to drive these employed smokers to NHS Smokefree and the specialist London Support, via their intranets and marketing communications
Early year settings: Exposure to second hand smoke is a major cause of childhood illness costing the NHS nearly £12 million a year (9)	Sure Start Children's Centres provide a variety of advice and support for parents and carers. By engaging with staff working in these centres who have established relationships with the parents we can work to normalise and embed evidence-based smoking cessation in these venues and where appropriate direct in to other local smoking cessation support. Health visiting services- promotion of the Stop Smoking London service offer in baby clinics and via the Health visitor team.
Social Housing tenants and key worker: People living in social housing are twice as likely to smoke compared to the general population (9).	Engaging and collaborating with the fire service so that fire service home visits are used to better identify and support smokers through closer working with the Programme and the local smoking cessation services. Deliver a sub-regional stop smoking London health promotion campaign to include positive messaging around smoke free homes with clear information about accessing quit smoking support.
Clinical settings: Patients admitted for surgery Patients in outpatients Maternity services	Normalise and embed evidence-based smoking cessation in hospital. All inpatients offered further information and support. The evidence supports this approach as the quit rates among patients who want to quit and take up a referral are between 15% and 20% compared to 3% to 4% among those without a referral. A Cochrane Review highlighted the appropriateness of offering VBA to all hospitalised smokers, regardless of admitting diagnosis. In January 2019 the NHS long term plan (LTP) was published, the role of Smoking cessation in this plan is paramount with NHS committing to embedding the Ottawa Model for smoking cessation. The LSCTP is ready to partner with the NHS in London to this end.

Outpatients services: Mental health services Pre op services Diabetic clinics Respiratory clinics Maternity services	Normalise and embed evidence-based smoking cessation in outpatient's services. Options include (but are not limited to): Mental health trusts to have smoke free buildings and grounds with staff trained to facilitate smoking cessation. Healthcare professionals screening all pregnant women at ante-natal appointments and referring women to specialist smoking cessation services. Engage and collaborate with the Smoking in Pregnancy Challenge Group, specifically in the London Boroughs with the highest percentage of women smoking at time of delivery.
People with Learning Disabilities Supported living facilities Employers London Learning Disability Services	Normalise and embed evidence based smoking cessation activity among these provided services including the switch to e-cigarettes. Potential to engage and collaborate with NHS organisations such as the Central and North West London (CNWL) Learning Disabilities Service
GP and pharmacy	Piloting of marketing messaging displayed in participating GP and pharmacies to promote Stop Smoking London. Training of staff to embed the promotion of stop smoking London offer to all service users.
LA Leisure services LA gyms & swimming pools	Piloting of marketing messaging displayed in leisure services to promote Stop Smoking London. Training of staff in LA leisure centres to embed the promotion of stop smoking London offer to all users

The LSCTP offer for partnership

The Programme already has many existing assets that may be utilised as part of any partnership approach. This includes the following:

Resources that can be downloaded:

- Facebook images
- Twitter and Instagram images
- Press release (.pdf)
- Key research Findings (.pdf)
- Poster downloads (A4 & 6-sheet)
- Posters (A4 & 6-sheet no crops)

Training

The Programme offers via a partnership with the National Centre for Smoking Cessation and Training (NCSCT), the opportunity for staff taking part in the partnerships to complete two online training modules.

- Very Brief Advice (VBA) on Smoking: the evidence
- Very Brief Advice on Second-hand Smoke: the evidence

Monitoring and evaluation of partnerships

Robust monitoring and evaluation will be critical to the success of the partnerships. In order to support this, the Programme commits to:

- Supporting the partnership area in the development of a logic model for the partnership: using the discussion guide set out in annex 1 below.
- Monitoring of the Stop Smoking London website and service activity (including user outcomes) throughout the partnership period.
- Collating and sharing partnership learning with internal and external stakeholders.

Other opportunities

The Programme recognises that there may be additional support required to make the partnerships a success. The Programme would be open to discussing the option of additional support to each sub-region as part of initial planning meetings (see table 2 for the work stream timeline).

Stop Smoking London partnership mobilisation and implementation in 2019

From March 2019, the Programme wishes to take forward this ' test and learn' partnership approach, table 2 shows the proposed timeline for mobilisation and implementation.

We kindly request that all interested parties e-mail their submission of interest to: Meroe Bleasdille, LSCTP Programme Manager meroe.bleasdille@towerhamlets.gov.uk.

Table 2 Stop Smoking London partnership mobilisation and implementation in 2019

When	Action	Resource
May 2019	Interested partners to discuss and scope interest in stop smoking partnership approach locally.	Stop Smoking London Partnership Information Pack and Board briefing paper.
May 2019 onwads	Submission of expression of interest to the LSCTP programme Manager, including identification of lead and project manager.	Email submission of interest to: Meroe Bleasdille, LSCTP Programme Manager meroe.bleasdille@towerhamlets.gov.uk by Monday 11th March 2019.
May 2019-June 2019	Scoping meeting between the Programme and local team, where we will explore and answer together the questions in annex 1.	LSCTP Stop Smoking London partnership criteria for consideration and discussion.
June 2019	Development of a logic model for the partnership by the Programme.	
June/July 2019	Partnerships presented to the LSCTP Board for sign off.	
July 2019	Roll out of partnerships.	
September 2019 onwards	Partnership completion.	

Ongoing	Partnership monitoring and evaluation.	
Ongoing	Sharing of partnership outcomes/learnings.	

Following completion of the partnership, results and learnings would be shared with the Programme and other key stakeholders.

LSCTP Contacts

For any further questions or queries please contact:

Meroe Bleasdille, LSCTP Programme Manager meroe.bleasdille@towerhamlets.gov.uk

Carla Naidoo, LSCTP Stakeholder Communications carla.naidoo@towerhamlets.gov.uk

References

1. NHS Long Term Plan (2019).
2. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/683016/Local_health_and_care_planning_menu_of_preventative_interventions_DM_NICE_amends_14.02.18__2_.pdf
3. https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-smoking/statistics-on-smoking-england-2017-pas
4. Office for National Statistics Adult smoking habits in the UK: 2017
5. Health matters: smoking and quitting in England Published 15 September 2015
6. Costs of social care analysis conducted by Action on Smoking and Health. Available at: http://ash.org.uk/toolkit/cost-of-social-care/ (viewed June 2017)
7. https://www.gov.uk/government/publications/cost-of-smoking-to-the-nhs-in-england-2015/cost-of-smoking-to-the-nhs-in-england-2015
8. http://ash.org.uk/wp-content/uploads/2018/11/FINAL-2018-Smokefree-Housing-report-web.pdf

Annexe 1: LSCTP Stop Smoking London criteria for consideration and discussion

Please note that this will be completed together with the LSCTP and partnership areas at initial planning meetings.

Number	Criterion	Description
1	**Title/name of partnership**	The name or title of the partnership.
2	**Aims and objectives (including primary and secondary outcomes)**	What does the partnership aim to do? Does it have a secondary outcome target? These are the key outcomes which need to be carefully measured, against which the partnership will be evaluated. Aims and objectives need to be as clear as possible and, ideally, SMART, that is: Specific, Measureable, Achievable, Realistic and Time-bound. See the PHE introductory guide to evaluations for more detail.
3	**Timescale**	How long is the active partnership intended to last? Please note that the duration of the active partnership may differ from the duration of the service.
4	**Delivery dates**	This is to include delivery dates from the start to the end of the partnership
5	**Duration of funding (including dates)**	What are the start and finish dates for the service? The active partnership may be run a number of times throughout the duration of a commissioned service.
6	**Location and setting**	Where is the partnership taking place? For example the location could be clinical, non-clinical or a community setting. It may be that it takes place in several settings and they should all be included here.
7	**Description of partnership:** **• partnership content (including details of any individual tailoring or protocol modifications)** **• delivery method** **• details of quality assurance mechanisms (including adherence and fidelity assessments, if undertaken)**	It is important to provide a clear description of the partnership content, so it is obvious what the results of your evaluation are attributable to, and helpful to others who may wish to adopt the approach used. Clearly state what the active partnership is going to do, and how it is going to do it. It is also important to note if modifications to the original partnership had to be made, what these were and why they were made. Where possible, provide links to, or append, partnership handbooks, protocols, participant

	• **follow on support/maintenance (if provided)**	information or delivery materials.
8	**Rationale for partnership**	It is essential to state the reasoning behind the design of the partnership and the methods that will be used.
9	**Who is the lead for the partnership (accountable)?** **Who will project manage the partnership?**	Who is designing and delivering the partnership? What is their role
Number	**Criterion**	**Description**
10	**Equipment, support and resources required from the London Smoking Cessation Transformation Programme**	Is any specific LSCTP resource or requirement going to be used in the partnership
11	**Use of incentives**	Participant incentives: Have any participant incentives been provided to encourage individuals to take part in the partnership and, if so, what are they? Have incentives been provided for first attendance or completion of the partnership? If incentives have been used it is important to record their use and uptake as this may have an impact on the success of the partnership and the sustainability of any behaviour change. Provider incentives: Some commissioners may provide incentives to providers such as payment based on attendance rates or results. It is also important to record these incentives which may provide insight into the completeness of findings.
12	**Method of recruitment and referral**	How have participants been recruited? What percentage of those that are eligible have been recruited? Has there been a referral process or was it self-referral? How was targeting of group achieved.
13	**Participant consent mechanism**	The appropriate mechanism for gaining participant consent must be considered
14	**Participant eligibility criteria**	Participants who have been referred or have self-referred should meet pre-defined criteria.

15	**Cost of partnership per participant**	This describes the cost of running the partnership and should be calculated by dividing the total cost of running the partnership by the number of participants who attended at least one session. This information is important for an economic analysis of whether or not the partnership is good value for money. It also enables commissioners to judge whether the resources required to run the partnership are available.
16	**Cost to participant**	It should be noted if participants are charged for any part of the partnership.
17	**Detailed breakdown of cost**	A detailed breakdown of all costs is important for a full economic analysis, in order to judge whether or not it is good value for money.
18	**Type of evaluation and evaluation design**	The way in which an evaluation is designed to collect data, and the method by which data may be analysed to measure impact, should be recorded here. For example, does the evaluation involve a pre and post design? Is there a control group or control population? Was formative research conducted to inform the development? Does the evaluation use qualitative and/or quantitative data? This information is important as it will determine what inferences can be made about the evaluation findings.
Number	**Criterion**	**Description**
19	**Details of equality impact assessment**	Public bodies have a duty to undertake equality impact assessments (EIA) under race, gender and disability equality legislation. It is important to provide an equality impact assessment as part of its overall evaluation. It can give valuable information if particular outcomes are seen in different groups, and can be useful in informing service-redesign or commissioning activity. An equality impact assessment provides a systematic way of ensuring legal obligations are met. It is also a: 'practical way of examining new and existing policies and practices to determine what effect they may have on equality for those affected by the outcomes.
20	**Relevant policy and performance context**	It may be useful to show how the partnership fits into any local strategies and policies.

21	**Details of health needs assessments that have been conducted**	Whilst both commissioners and providers should consider undertaking Equality Impact Assessments to ensure that the needs of protected characteristics are considered. In addition, local areas should consider undertaking health equity audits of provision to identify areas in which partnerships may not be equitable.
22	**Contact details**	Give a list of the key people involved in the planning, delivery and evaluation. This should include all contact details, and details of staff positions, as staff may change jobs during the course of the partnership.
23	**Commissioner(s) of the partnership and sources of funding**	Where has the funding come from to commission the partnership, and who has commissioned it?
24	**Declaration of interest**	This covers any potential conflicts of interest in carrying out the partnership and evaluation
25	**Details of type and extent of any clinical involvement**	Will any clinicians be involved at any stage? This includes during development, delivery and carrying out quality assurance of the delivery. In some cases it may be appropriate for the provider to inform GPs that their patients are participating in a partnership.