

Health and Wellbeing Board

Coventry & Warwickshire Local Maternity System Smoking in Pregnancy (SiP) Review

15 September 2020

Recommendation(s)

It is recommended that the Health and Wellbeing Board:

1. Support the adoption of a Tobacco Control/Smokefree 2030 programme of work including smoking cessation in pregnancy and support the use of resource to address this priority
2. Support the adoption of a place-based, system-wide approach that addresses the inequalities and social norms that result in higher smoking in pregnancy rates in some areas (e.g. Nuneaton) of Warwickshire, compared to others
3. Support the co-production of a new model for Specialist Smoking in Pregnancy Services, embedded within maternity services, that provides rapid access to specialist advice and NRT
4. Identify potential funding sources for a strategic LMS Smokefree Pregnancy Lead / Programme Manager to plan and drive the implementation of a system-wide approach to tackling SIP across Coventry & Warwickshire

1. Background and Key Issues

- 1.1 The Coventry & Warwickshire Smoking in Pregnancy (SiP) Review¹, which ran from October 2019 to April 2020, was commissioned by the Local Maternity & Neonatal System (LMNS) Board in order to provide a detailed picture of the women who smoke during pregnancy, the support they received and to identify any further measures that could be taken to enable them to stop smoking.
- 1.2 The sources of insights were:
 - 1.2.1 three years of maternity booking data/antenatal records, a data set on birth outcomes, and stop smoking service data;
 - 1.2.2 case note audits of 300 maternity records and 100 Health Visitors records;
 - 1.2.3 exploration of compliance with NICE and other guidance;

¹ Full report and executive summary report: <https://www.happyhealthylives.uk/our-priorities/maternity-and-paediatrics/pregnancy-smoking/>

1.2.4 580 survey responses from key staff and additional feedback from 228 workers during discussion groups.

- 1.3 There are differences in the midwifery workforce at the three Trusts and differences in the level of investment that do not necessarily reflect population need. Whilst the NHS Long Term Plan should offer some opportunity to secure improvements, more substantial investment would be required across the LMNS system to secure meaningful and sustainable change.
- 1.4 The specialist Smoking in Pregnancy service is currently funded by Warwickshire County Council (Public Health grant fund). A future integrated stop smoking in pregnancy service model within maternity services will alter current commissioning arrangements and the way these public health funds are used to reduce smoking in pregnancy rates.

2. Key Issues and Findings

- 2.1 Scale of the problem: SiP is associated with significant morbidity, mortality and cost, with almost double the rate of stillbirth, preterm delivery and Low Birthweight babies in smokers vs non-smokers. Massively increased NHS and wider system costs – the SiP review reported that up to £1.6m each year for neonatal intensive care alone across C&W, with an estimate of £3.4m for an annual cohort of children born prematurely because of SiP, by the time they are 18 (to meet education, health and other needs).
- 2.2 Failure to meet targets: The national 6% SATOD target by 2022 will not be met across C&W unless there is significant change. Targets to reduce stillbirths and preterm deliveries are also likely to be missed.
- 2.3 Epidemiology: Approximately 1,550 women are Smoking At Booking (SAB) across C&W. They tend to be younger, less ethnically diverse and have more co-morbidities than non-smokers. There is a strong relationship with deprivation and geographical ‘hot-spots’ have been identified. SAB ranges from 9% for the South Warks CCG, 13% for Coventry & Rugby CCG and 17% for the Warwickshire North CCG populations. Approximately 365 women quit each year and there are about 1,000 women Smoking At the Time of Delivery (SATOD).
- 2.4 Access to specialist support: If not all, a high proportion of smokers are referred for specialist support but overall, only 50% accept the offer, and of those only 39% manage to quit (20% of those referred). Women face many barriers in quitting – in particular living in smoking households, particularly where partners smoke, and living in communities where smoking is the social norm. Together with other challenging life circumstances the barriers to quitting are often too great.
- 2.5 Compliance with guidance: The review found that not all smokers are being identified at booking, but for those that are identified the guidance is broadly being followed; although there is scope for improvement. SWFT show greater

compliance, possibly due to enhanced baseline maternity investment relative to UHCW and GEH.

- 2.6 Staff engagement: **(i)** The vast majority of staff think SiP is important, but a much smaller proportion think it is their job to address it. Making Every Contact Count (MECC) is not happening in relation to SiP. **(ii)** Staff do not feel well trained – 27% of maternity staff say they haven't been trained, others lack knowledge and confidence. There is wide misunderstanding about the harm reduction potential of e-cigarettes **(iii)** and staff identified opportunities for change, including the following:
- More investment for socially deprived areas
 - The need for a revised model of specialist provision with more rapid access
 - More work with partners/families given the pivotal role of household smoking
- 2.7 Evidence: The evidence identified in the SiP review confirms that interventions to reduce SiP are cost effective and can be cost saving. Elsewhere (for example in Great Manchester) a system-wide approach has seen a doubling of quit rates.

3. Options and Proposal

- 3.1 The key areas to be addressed include the following:
- An increased system wide focus to reduce population smoking among higher risk communities and reshaping social norms around SiP
 - A greater focus on pre-conception advice with a family/household focus.
 - Increased ownership of SiP across all services and across all staff groups in all maternity service settings, making MECC a reality.
 - Introduce mechanisms to 'cohort' smokers within maternity services so that specialist support can be provided to smokers efficiently.
 - A 'levelling up' of resources and support such that the systems and processes adopted in SWFT can be emulated in UHCW and GEH.
 - Improved training, in particular for midwives, enabling them to have challenging conversations, so their advice motivates women to quit.
 - A revised model of specialist support is required whereby women have more rapid access to specialist advice and Nicotine Replacement Therapy (NRT) to enable their quit attempt
- 3.2 Key review recommendations are as follows:
- Develop a comprehensive C&W wide Tobacco Control Plan, that includes a focus on activity with 'higher risk' communities. The plan should seek to promote smoke-free homes and communities drawing on the contribution of a wide range of services and partner agencies. It should build on evidence of what works in reducing smoking especially among higher risk groups.
 - Implementation of a systematic approach to smoking cessation within maternity services and across the local maternity system based on the

evidence based 'BabyClear' approach from Greater Manchester – including an LMNS-level smokefree pregnancy strategic lead, dedicated leadership within maternity services, enhanced staff training and revised pathways including delivery of the 'Risk Perception' intervention.

- Co-produce a new model for Specialist Smoking in Pregnancy Services, embedded within maternity services, that provides rapid access to specialist advice and NRT

Note: The review report includes a series of additional specific recommendations for consideration

4. Financial Implications

- 4.1 There is a need to identify a resource to support a dedicated strategic lead/s for Smoking in Pregnancy and Tobacco Control/Smoke-free 2030 across Warwickshire and Coventry. LMNS 2020-21 Transformation Funds are expected to support the recruitment of a public health midwife at GEH and UHCW (SWFT already has a post). These specialist midwives will lead on Trust-level smoking in pregnancy. However, additional resource needs to be found to fund an LMNS strategic smokefree lead, for at least 2-3 years, if a Baby Clear-type model is to be successfully implemented across Trusts and systems.
- 4.2 LMNS 2020-21 Transformation Funds have been awarded by NHS England and the release of these funds has been paused due to the COVID-19 pandemic. They were originally planned to be released in the summer of 2020 but a new release date has not yet been set. This funding does not impact on WCC finances i.e. does not result in additional funding for WCC.
- 4.3 The specialist Smoking in Pregnancy service is currently funded by Warwickshire County Council (Public Health grant fund). However, there is no further funding within this grant to pay for a strategic lead(s). Therefore the board is asked to identify potential funding sources for this post to plan and drive the implementation of a system-wide approach to tackling SIP across Coventry & Warwickshire.
- 4.4 Cost: Recruit a strategic LMS Smokefree Pregnancy Lead / Programme Manager to plan and drive the implementation of a system-wide approach to tackling SIP across Coventry & Warwickshire. Cost: salary NHS band 8a, £45,753 to £51,668 per annum (excluding on costs).

5. Environmental Implications

- 5.1 The LMNS Smoking in Pregnancy Review does not raise any specific environmental concerns or implications

6. Timescales associated with the decision and next steps

- 6.1 Due to Covid19, the presentation of the review’s findings and recommendations to the Cov & Warks LMNS has been delayed until the LMNS Board meeting on 14 September. The LMNS is expected to advise on the next steps to developing and implementing a new systems-wide stop smoking in pregnancy model that is fully embedded within maternity services.
- 6.2 Coventry and Warwickshire Public Health Departments are in discussions regarding the new Coventry & Warwickshire Tobacco Control strategy to be developed by winter 2020.

Background Papers

1. Smoking in Pregnancy Review - Full report and executive summary report: <https://www.happyhealthylives.uk/our-priorities/maternity-and-paediatrics/pregnancy-smoking/>

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Review findings and recommendations were shared with the following members prior to publication:

The report was circulated to the following members prior to publication: Councillors Caborn, Redford, Bell, Adkins, Kondakor and Roodhouse

Other members: Elected members who sit on the following strategic place-based forums:

- Rugby H&W Partnership (presented to forum on 3 June)
- North Warwickshire H&W Partnership (22 June)
- South Warwickshire Citizen’s Forum (15 July).