Welcome and introductions

Hazel Cheeseman

Deputy Chief Executive

Action for Smoking and Health (ASH)

NCCMH

Speakers and presentations

	Time	Item	Speaker
1.	14.00-14.05	Welcome and introduction	Hazel Cheeseman, Deputy Chief Executive, Action on Smoking and Health (ASH)
2.	14.05-14.15	A National Perspective on the Implementation and Evaluation of the Early Implementer Sites	Paul Cilia La Corte, Senior Programme Manager – Prevention, NHS England
3.	14.15-14.30	EIS Evaluation report: findings and recommendations	Dr Phoebe Barnett, Research Fellow, UCL/NCCMH
4.	14:30-14:40	Case study: Cornwall	Katie Hall, Healthy Cornwall Locality Team Lead (East), Cornwall Council
5.	14:40-14:50	Case study: NENC	Rachel McIlvenna, NENC Smokefree NHS Strategic Manager, hosted by Fresh and Balance in County Durham and Darlington NHS Foundation Trust
6.	14:50-15:00	Q&A and Close	Hazel Cheeseman

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Housekeeping

- The **Q&A** option is now live – please submit your questions via the event chat option

- The **questions** will be selected at random and answered at the end of the webinar

- The **webinar** will be recorded and made available on the report webpage following today's event

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Stolen Years

Hazel Cheeseman

Deputy Chief Executive

Action for Smoking and Health (ASH)

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Stolen Years

Decades behind

Using trend data from the APMS for 2000-2014, for people with and without a mental health condition, weighted estimates of smoking prevalence in England were used to linearly extrapolate smoking prevalence after 2014.
(Richardson & Robson, unpublished data)
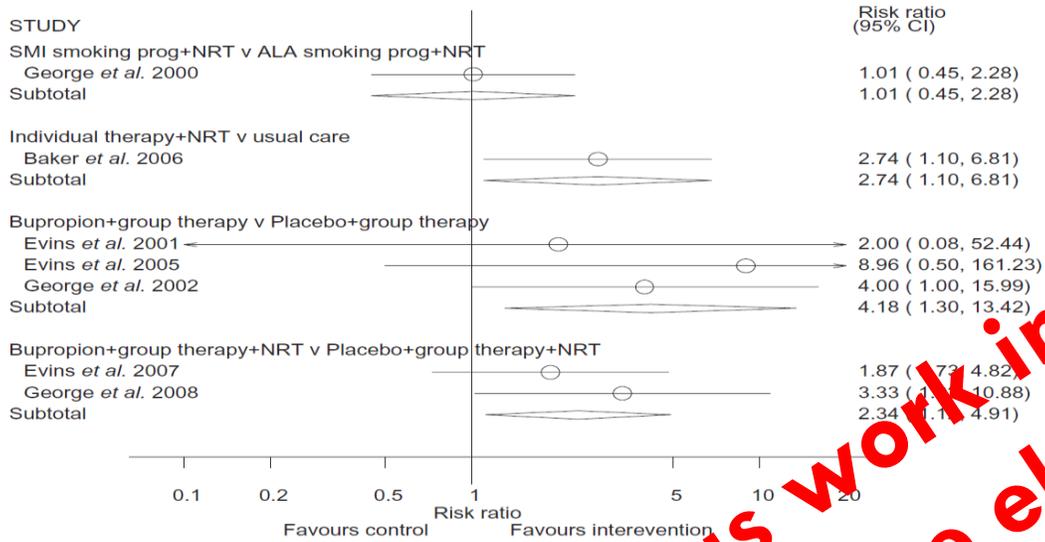
Figure 1 | Meta-analysis by intervention of point prevalence abstinence at trial end-point

The same things work in SMI as for everyone else
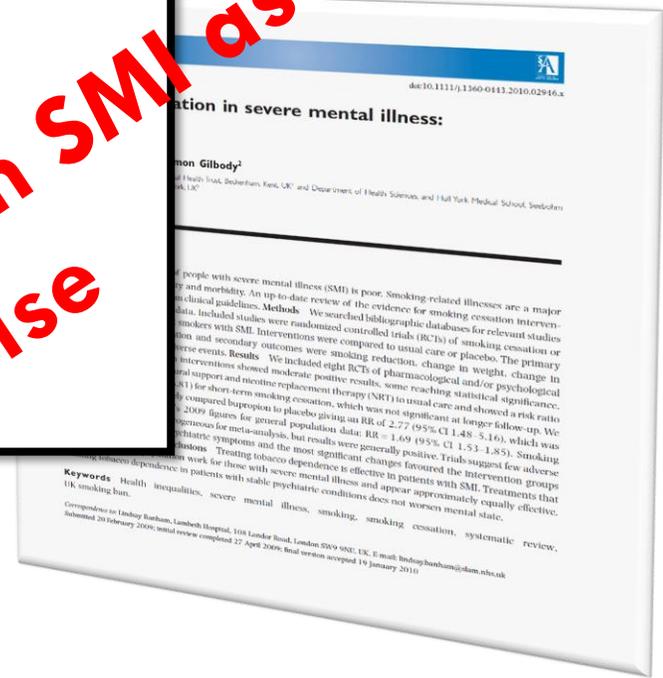
A cumulative analysis of all trials
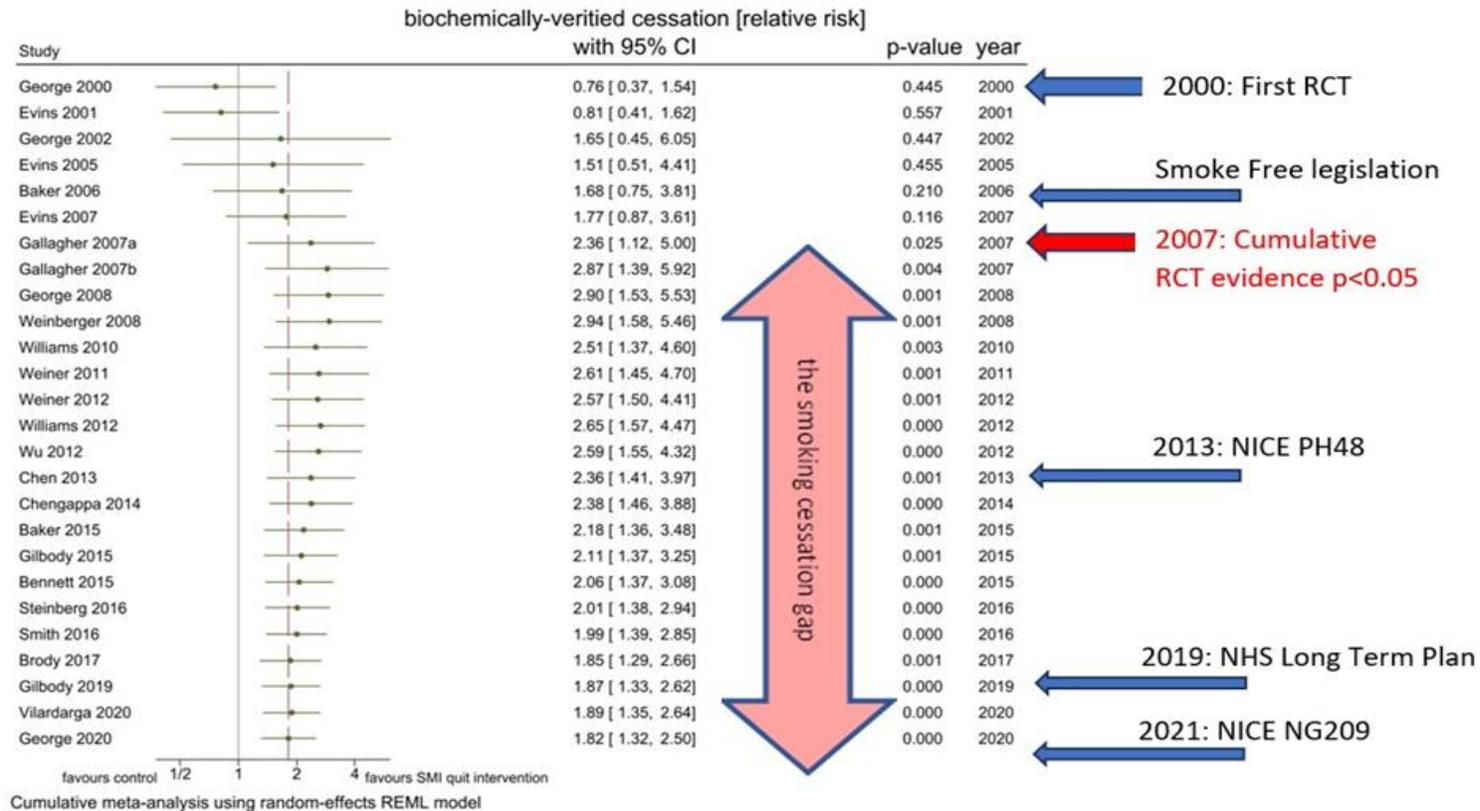
biochemically-veritied cessation [relative risk]

Cumulative meta-analysis using random-effects REML model

A National Perspective on the Implementation and Evaluation of the Early Implementer Sites

Paul Cilia La Corte

Senior Programme Manager – Prevention

NHS England

NCCMH

A National Perspective on the Implementation and Evaluation of the Early Implementer Sites

Author: **Emily Powell – Programme Delivery Manager, NHS England**

Background

Long-term Plan Commitment to Early Implementer Sites

NHS Long-Term Plan Commitment: **"A new universal smoking cessation offer will also be available as part of specialist mental health and learning disability services".**

The 7 Early Implementer Sites

Regions supported the EIS identification process, with EIS' selected in March 2022.
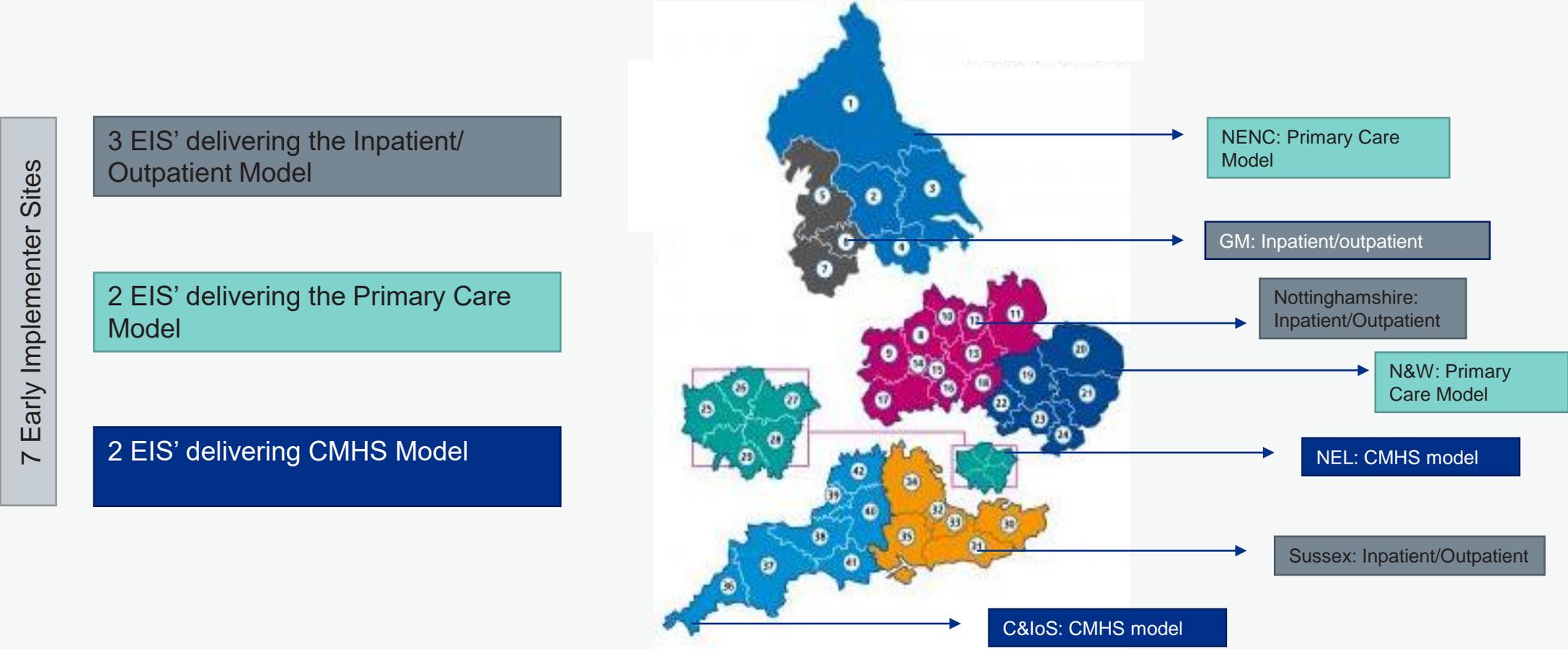
7 Early Implementer Sites

3 EIS' delivering the Inpatient/ Outpatient Model

2 EIS' delivering the Primary Care Model

2 EIS' delivering CMHS Model

NENC: Primary Care Model

GM: Inpatient/outpatient

Nottinghamshire: Inpatient/Outpatient

N&W: Primary Care Model

NEL: CMHS model

Sussex: Inpatient/Outpatient

C&IoS: CMHS model

Evaluation design
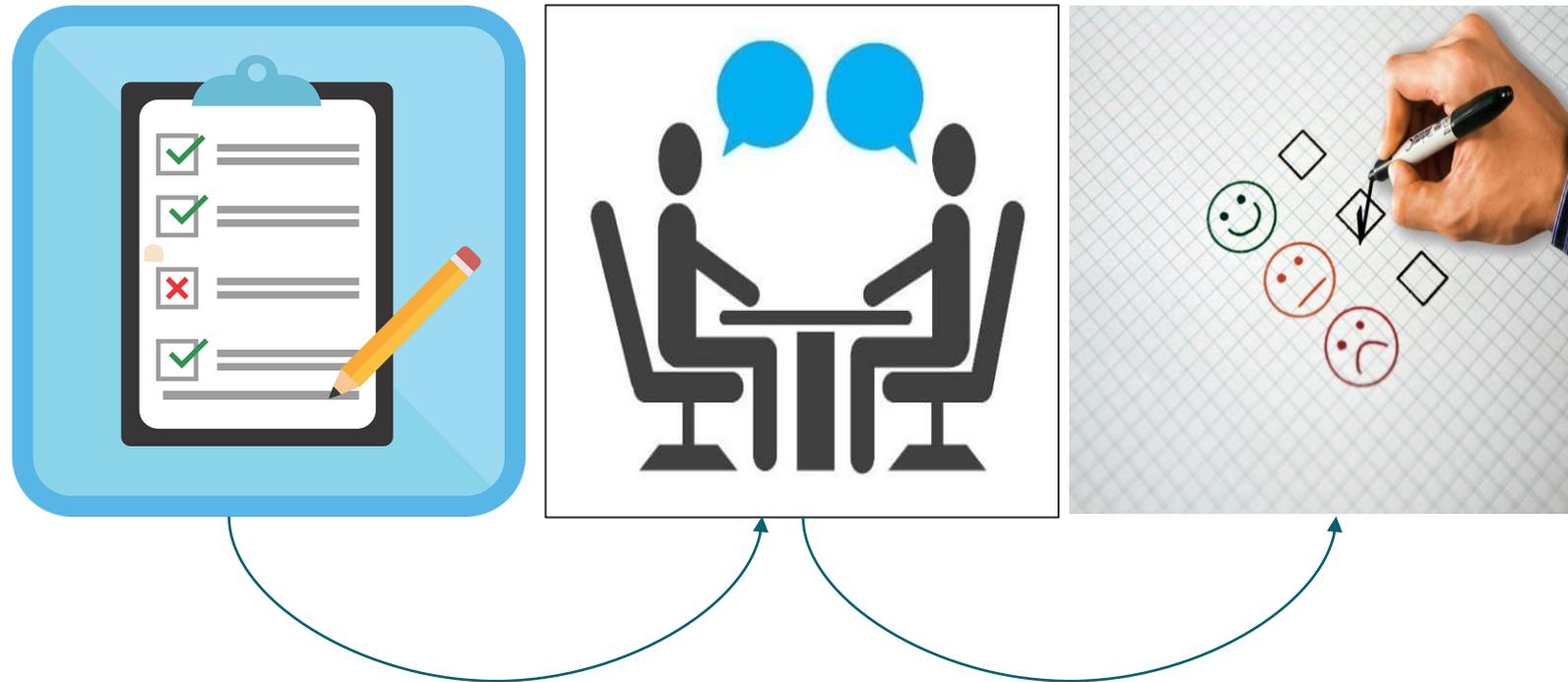
Surveys to site leads

- Aimed to understand:
  - Context services were introduced in
  - Main elements of the implementation of services
  - Barriers and facilitators to implementation

- Electronic survey sent out between December 2022 and April 2023.

- Responses from site leads at all 7 early implementer sites

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Encourage more referrals

- "No wrong door" approach
- Expansion of definitions of service eligibility
- Increase awareness of service

- Lack of certainty prevented establishment of long term protocols and plans, staff recruitment and staff retention

Funding

Collaboration via pre-existing partnerships, experienced managers and stakeholders
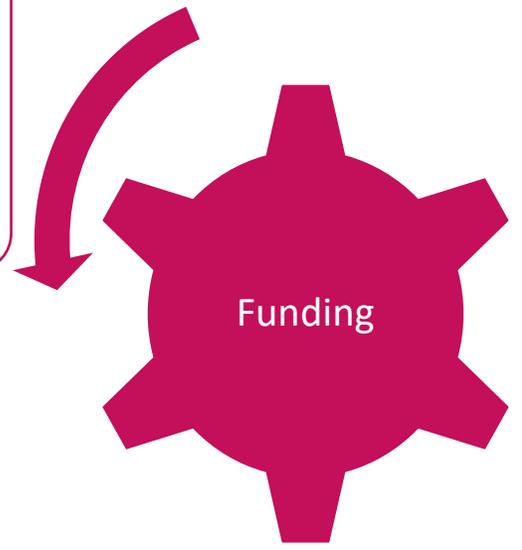
- Use or knowledge of pre-existing protocols
- Sharing workloads with partner organisations
- Drawing on previous experience to reach out to additional stakeholders
- **= Reduction in workload**

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Staff interviews

- Qualitative interviews with treatment providers (N=7) and referrers (N=4)

- Aimed to gain an understanding of what staff found helped or hindered them in the mobilisation and implementation of their services
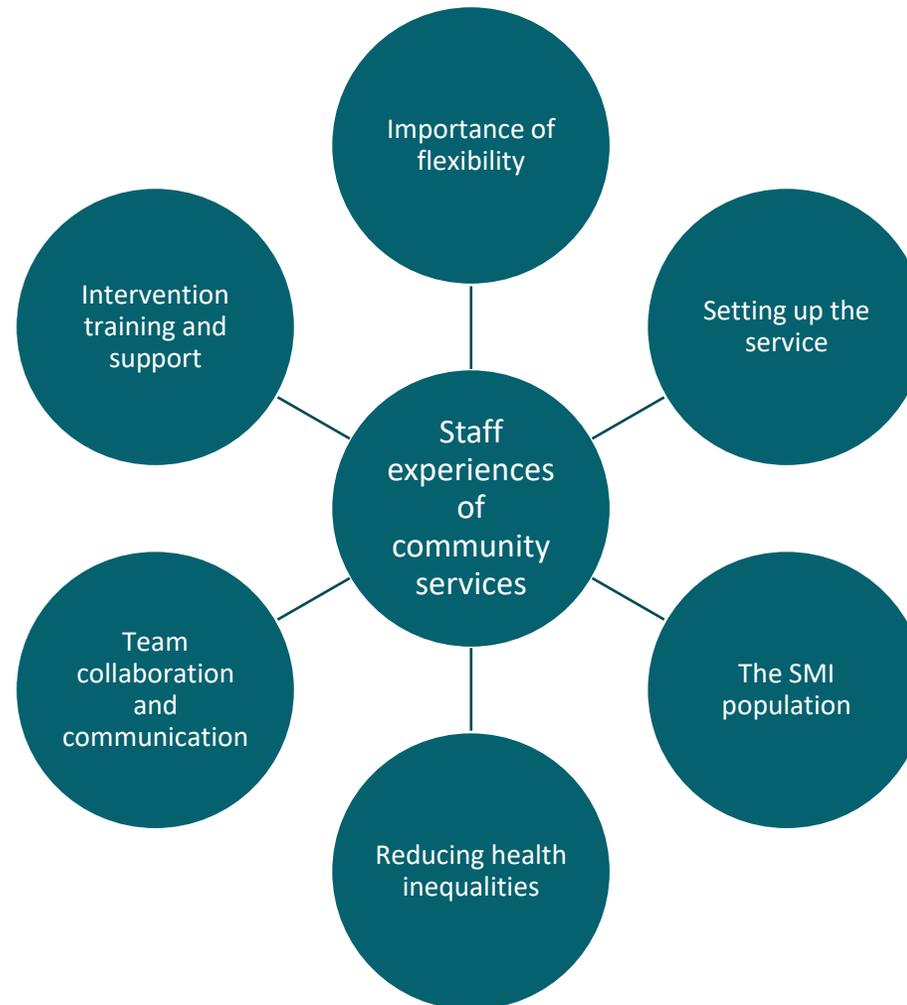
Flexibility in delivery of treatment

Length of quit, location and format of appointment, personalisation of care, NRT and vape options

'One of the challenges is the repeat because people say "yeah, I'll stop, I'll stop" and then start smoking again. Then they'll stop…'
[Referrer]

'Whenever I see somebody, I try and talk about their physical health. I try and talk about any habits that they might have around smoking, alcohol, drug use…I'll always discuss whether they … feel ready to stop or have some support with that process … it is a bit of a journey that maybe they're not ready to stop immediately, but they're willing to engage in that process.'
[Referrer]

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Flexibility in delivery of treatment

Length of quit, location and format of appointment, personalisation of care, NRT and vape options

Intervention training and expertise

As long as training available, mental health background not necessary

Additional training to support working with SMI population e.g. person-centred care welcomed

Some sites experienced barriers to accessing basic stop smoking intervention training

'you can add the stop smoking knowledge and specific stop smoking skills as long as you've got that baseline there, which can come from a variety of backgrounds...I don't think it's necessarily important to recruit staff from a mental health background.' [Treatment provider]

'It has been challenging to get my new staff to do the SMI and NCSCT course because of funding and because we had it rolled out to us in January, we didn't have our full complement of staff. We've had to then kind of beg, borrow and steal to try and get them into other courses...we shouldn't really have a barrier to specific training in the SMI. You know that's surprised me.' [Treatment provider]

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Setting up future services

Problems with recruitment and staff turnover

Having protocols and staff in place before seeing patients seen as key

Clear referral processes

'Recruitment is difficult. I think these are two very specific areas of specialism, smoking cessation and mental health, that don't often come together. They don't often meet' [Treatment provider]

'I think it would have been better if we'd had a little bit of lead in time. So we could have planned the project first.' [Treatment provider]

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Team communication and collaboration

Improved communication between staff completing referrals and staff providing treatment seen as key- mutual understanding of each role

'The other thing that the other colleague mentioned was just that they valued shadowing some of the nurses who do some of the health checks just to see where they were coming from. And then a little bit of vice versa, I think in the early stages...just to try and develop that understanding just from a referral standpoint.' [Treatment provider]

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The SMI population

Fluctuating motivation to quit = missed appointments

Opt-out or opt-in referral processes and resultant motivation of patients referred

Seizing the moment with referrals

'They would turn up to the clinic 20 minutes late and you've already got someone else and then they wouldn't sit and wait. So that's something that causes a bit of chaos and the clinics, sometimes their lifestyles are chaotic.' [Treatment provider]

'We've got the stop smoking service in here every Wednesday so we can make direct… because we run a clozapine clinic we can say "do you fancy stopping?" "Ohh yes." So we can get them straight in so yeah, locations and I think it's understanding, as I said its seizing [the moment].' [Referrer]

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> Fluctuating motivation to quit = missed appointments

> Opt-out or opt-in referral processes and resultant motivation of patients referred

> Seizing the moment with referrals-

Reducing health inequalities

> Improved accessibility to health support (tobacco dependency and additional physical health and social services

> Free/subsidised NRT/vapes

'So it's about that signposting, it's about making every contact count and not just dealing with the stop smoking because sometimes they have bigger issues than the smoking which we try to assist in every way we can.' [Treatment provider]

So there is no barrier financially there for people across the course of the vape scheme.' [Treatment provider]

Patient experience surveys

- 13 responses

- Overall, very positive feedback

- Two main themes:
  - Choice- in treatment format and prescriptions contributed to more positive experiences
  - Regular engagement with empathetic staff who provided support irrespective of potential setbacks

'I like the friendly approach my mentor has and not giving up with me as I am not the easiest to get hold of.'

'The weekly calls I am offered really helps to keep me on track and makes me hold myself accountable.'

'I got to change vapes as I did not like the first device.'

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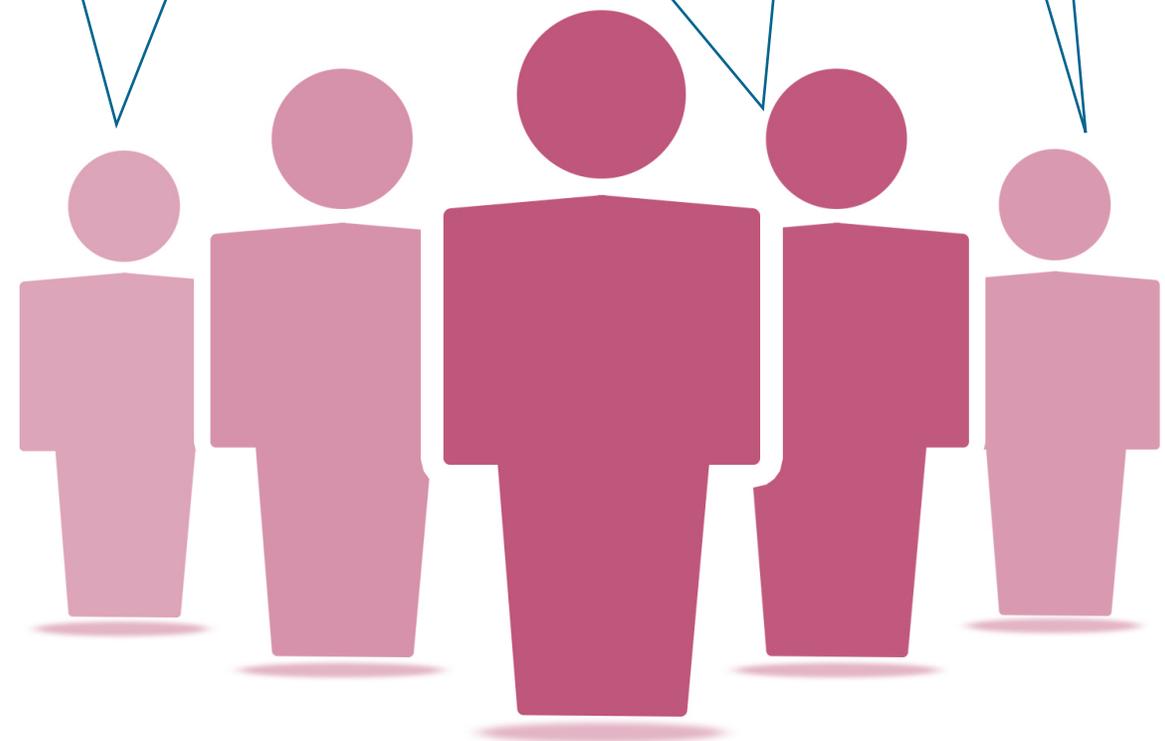
What should be considered for future services?

Adequate funding and planning

- Clarity on, and longevity of funding is important for well-planned services
- Extended "lead in" phase to plan all protocols, referral pathways and policies

Collaboration

- Collaborative relationships between services, staff, and stakeholders is a key facilitator
- Develop a robust network of experienced stakeholders and experts who can support service set up and delivery
- Ongoing communication and knowledge exchange between referral and treatment staff

Person-centred and flexible tobacco dependency treatment

- Supportive relationships between staff and patients
- Choice for patients to encourage retention and improve outcomes
- National training programme for staff to support access to and consistency in mental health and related support, importance of smoking cessation in people with SMI and how to develop rapport.

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TTD SMI Project (Community): Cornwall

Katie Hall

Healthy Cornwall Locality Team Lead (East)

Cornwall Council

Healthy Cornwall

TTD SMI Project (Community) : Cornwall

www.healthycornwall.org.uk

West Cornwall Roll out

Mid Cornwall Rollout

East Cornwall Rollout (County wide)
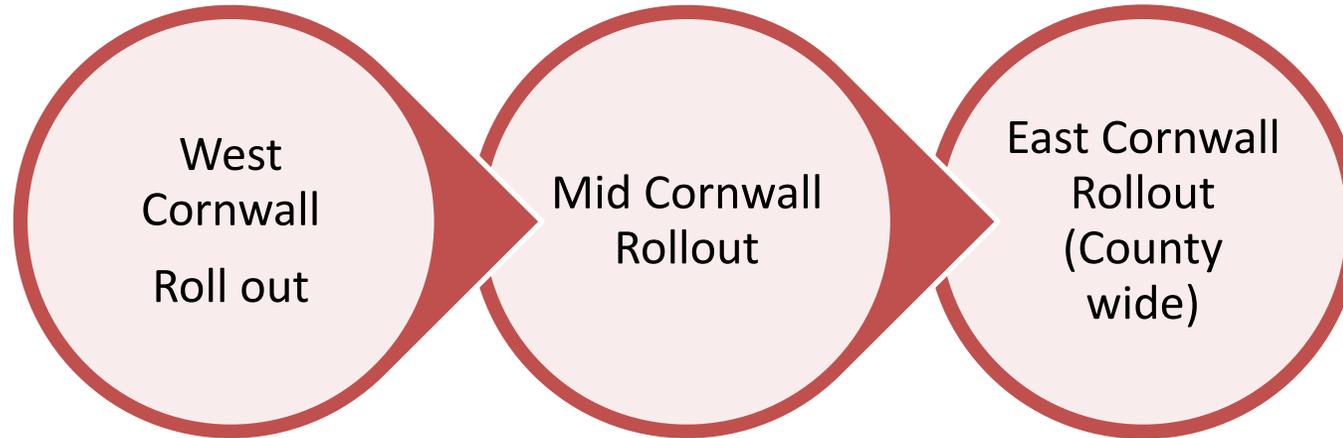
The county wide service became live on April 1st, 2023

1) Phase 1 Rollout: West Cornwall, February 2023

2) Phase 2 Rollout: Mid Cornwall, March 2023

3) Phase 3 Rollout: East Cornwall, April 2023

Healthy Cornwall

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Referral

Community 1:1 support

Triage

Exit Pathway

Community VBA

Treating Tobacco Dependency support

Healthy Cornwall

Signposting to health promoting services
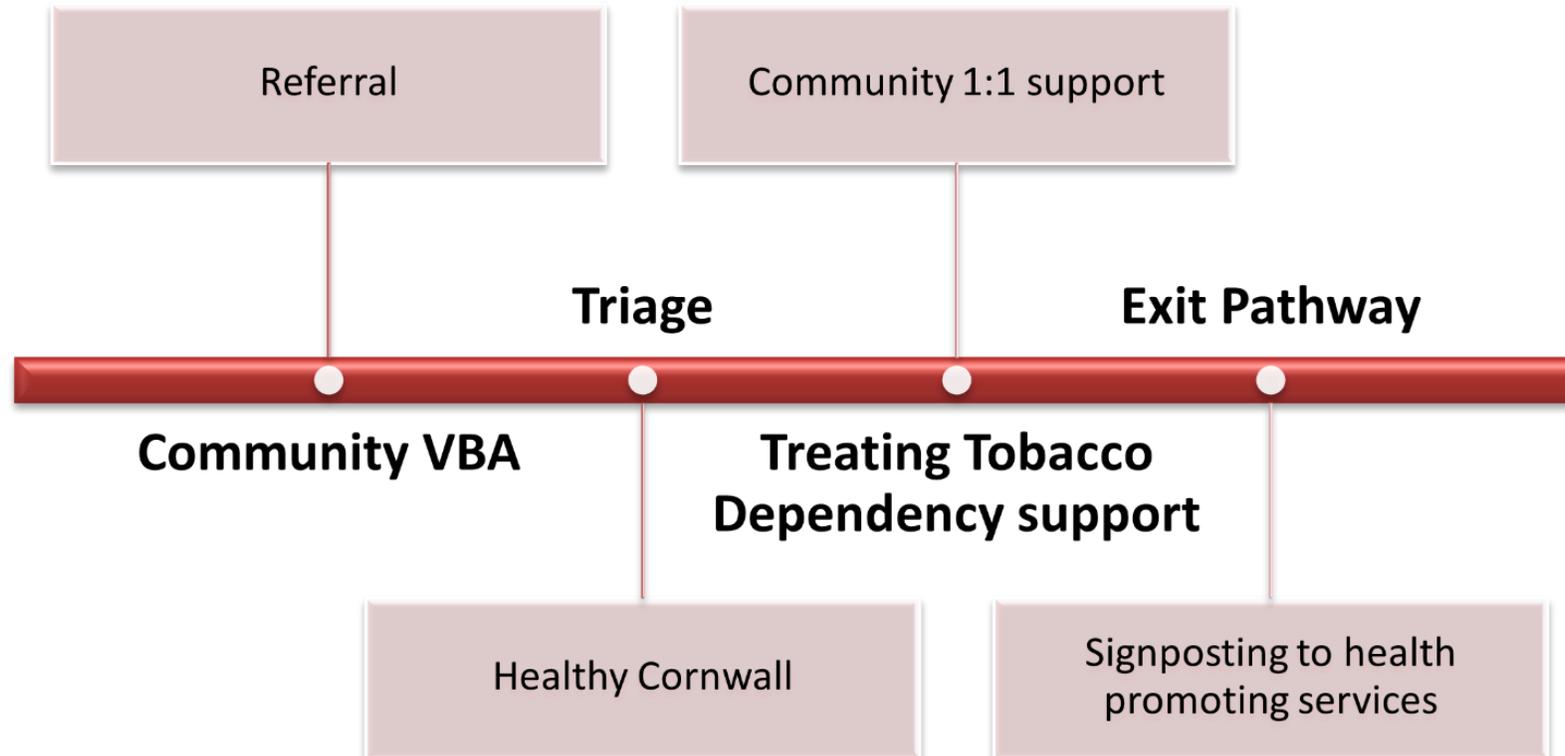
Challenges

Recruitment

Behaviour change (Narrative)

Slow referrals

Funding concerns for fixed term contracts

Face to face uptake has been limited

Client engagement can be challenging due to lifestyle circumstance

Often requires additional collaboration with other services supporting the client

Opportunities

E-cigarette offer

VBA+

Widening pathways to Primary care

Improving referral pathways for mental health inpatients at the point of discharge

Medication review drop in bookings

Virtual and face to face offer for referrals

Longer support duration allows for greater rapport opportunities

Our first year

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Recruitment of a new team

Linking with local community mental health services

Linking with VCSE providers

Offering VBA promotion to referring partners

Supported almost 300 quit attempts

On target to support 100 people to be smokefree at four weeks

Positive collaboration between services leading to a gradual increase in monthly referrals

"My client had many complex issues and I spoke with her on a regular basis. I also connected with her case worker when the client expressed suicidal thoughts. I was able to stay on the phone with the client until the case worker responded.

She is now smoke free, and her health has improved a lot. She had lung problems, but she no longer coughs when she goes for walks. Her breathing is so much better, and she is so happy and positive.

With the money she saved from not buying tobacco, she bought herself an expensive perfume.

When I speak with her now, it's like talking to a different person."

Why this work matters

Healthy Cornwall

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"Quitting smoking is the best thing I've done, should have done it years ago. Thank you for your support"

"I had a doctor's appointment yesterday and it felt so good to tell them I am now a non-smoker my GP was very impressed"

"I am feeling really proud of myself this is the longest I have not smoked for years"

"Thank you also for being patient in emailing me and dealing with me this way instead of normal ringing etc."

" I am so proud of myself for doing this and thank you for all your support, I could not have done it without you"

"I have pushed my grandson up a big hill in his pushchair and have not got out of breath, this is a massive change from a few weeks ago when I would have had to stop 2 or 3 times"

"After we spoke last, I started being mindful of my smoking habits like you said. I was smoking around 20 per day and I have cut down to 2"

"I feel much less stressed and anxious since I have cut down and it was thanks to your advice that I am where I am with my smoking this week"

"you are not going to believe this, but I was thinking about the nicotine cycle and how you explained it and I haven't had a cigarette since we last spoke"

" I was anxious coming out and meet you at the job centre, not only did I do it but walked up the hill without being out breath.

"after many years of smoking , I managed to quit and keep busy and feel much better mentally"

"It has been much easier this time and that is because of your support, I have told all of my friends in the pub that I have been getting amazing support from a lovely lady"

Tobacco Dependency Services for People with Severe Mental Illness (SMI)

NENC Case Study
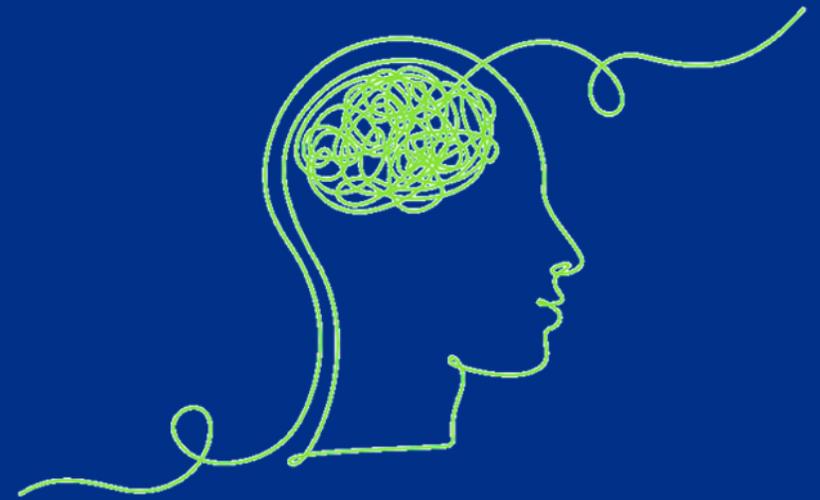
Rachel McILvenna

Smoke Free NHS Strategic Manager

North East and North Cumbria(NENC)

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NENC Regional Vision
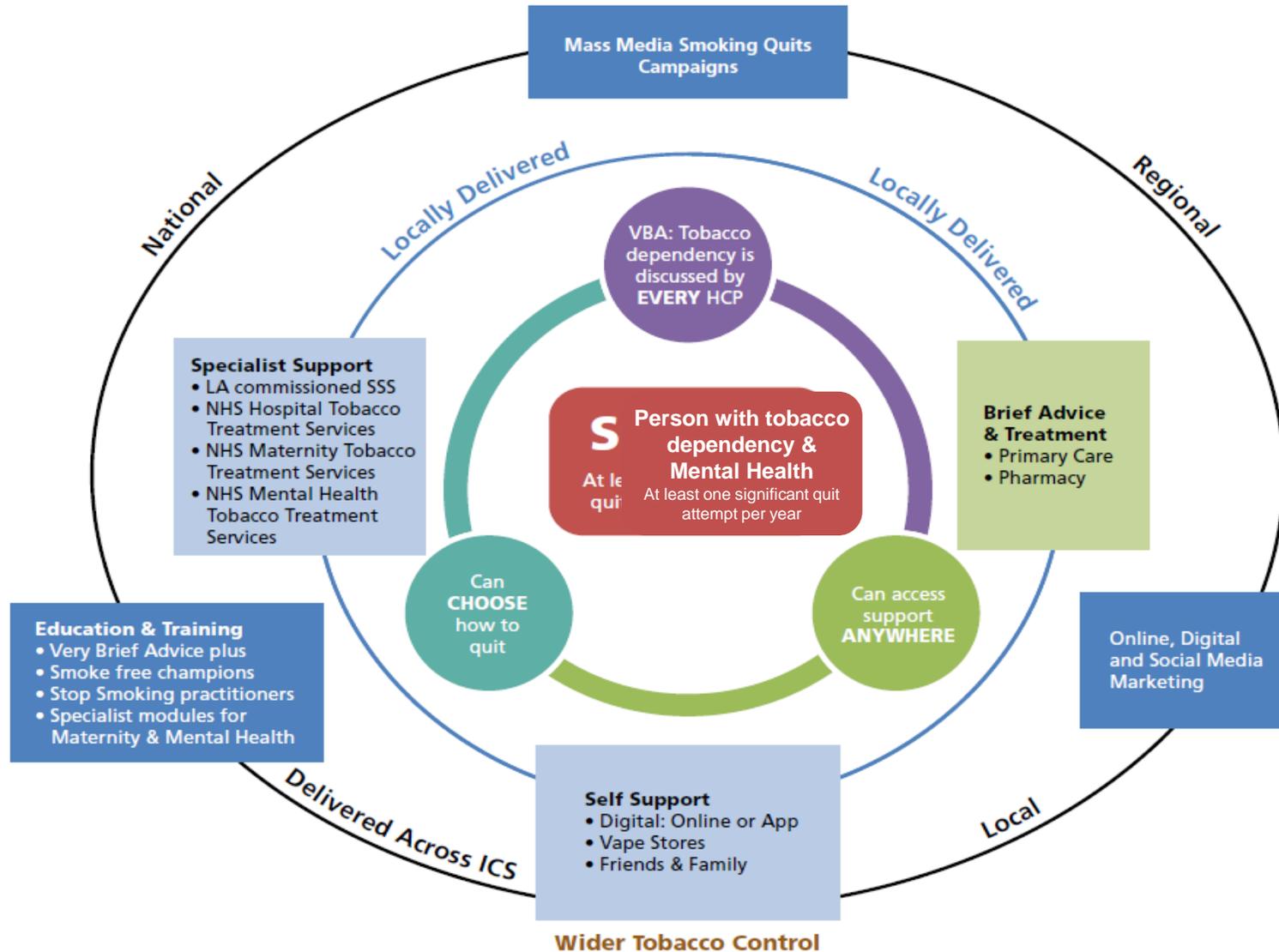
The vision for holistic support to quit smoking across the North East and North Cumbria ICS

Targeted work in focused on Severe Mental Illness (SMI) population (primary care & community mental health)
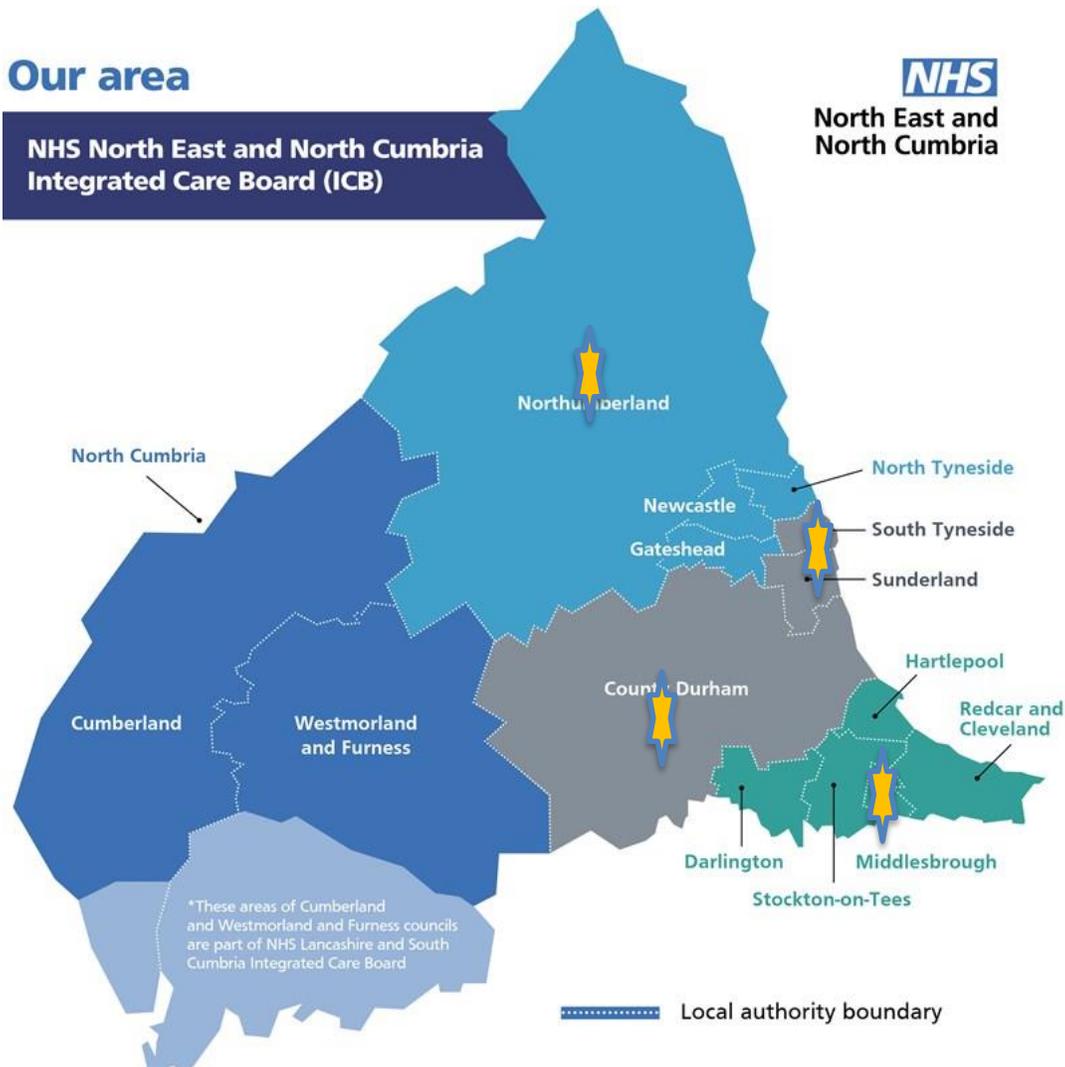
Enhanced Tobacco Dependency Treatment in SMI
4 LA Pilot Sites
- Northumberland
- South Tyneside
- Middlesbrough
- Durham(Chester Le Street PCN)

NENC ICS SMI EIS Approach

Vapes (free)	Pharmacotherapy (free NRT)	Flexible support minimum of 16 week
Tobacco Reduction & Treatment plans	Mix of staff groups/skill supporting SMI patients	Proactive referrals(no wrong door approach)
Incentives(Love 2 Shop)	Support to family & friends	Liaison with wider partners
Standardised Training (e.g. NCSCT)	Home-visits	Outreach – CNTW/TEWV

NHS

Northumberland Stop Smoking Service SMI Case Study

Gentleman who had smoked for 30 years. Quit smoking with patches and a Vape.

Reasons to quit – Felt the opportunity was there. Didn't like the way it made him smell and felt like smoking was more for the older population.

His experience – Feels the support was essential to his success. Coming to see the advisor made him more accountable for his actions. Felt he didn't want to let himself or his advisor down. He didn't feel judged, and he could be honest. Felt like it was a bit of challenge to himself.

Benefits since quitting – Sleeping better, mental agility has improved, memory seems better along with better appearance and smell. Has started 'working out' and feels his breathing has improved during his work out.

Tips from patient – 'Don't panic or worry, take each day as a new challenge. It's ok to fail. Start by only smoking outside, keep on reducing the amount smoked then try patches.

Middlesbrough

" *I have tried to quit smoking with the service 4 times before but was never able to . My addictions nurse told me about the new offer, so I agreed to give it one last try and I'm so glad I did. It's been 9 weeks since I had a fag and I'm buzzing with myself. I still use a vape now and then but no more cigarettes for me . Thanks Gill and June* "

Feedback from service User

Sarah was referred via the Primary Care Physical Health Hub following their annual review. They had just experienced a psychotic episode and were receiving home-based treatment through the Community Treatment Team. They had a diagnosis of Schizophrenia and a psychotic disorder. Due to this experience the patient decided she wanted to quit smoking both tobacco and cannabis. When the stop smoking advisor visited her home for the education session a good rapport was built, and this encouraged her partner to also ask to join the programme as he too wanted to quit.

Sarah was explained the incentives, the vape vouchers and all the NRT products. They found this all very helpful and motivating. They opted to use a vape to support their quit attempt, as did their partner. **Initial CO was 17 for Sarah and 19 for their partner.**

With the support of the vape and regular home visits from the stop smoking advisor Sarah and her partner have quit smoking both tobacco and cannabis completely, they now only use the vape. Sarah reports she has found this has had an amazing impact on not only her physical health but also her mental health. We are 8 weeks into the programme so far and Sarah's most recent CO was 2 and partners 4.

NHS

"Take things a step at a time. My advisor explained the strategy that we would use and we agreed all the goals together. This helped me feel that the goals were manageable and made me feel less anxious about my quit"

SMI client, August 2023

Contact

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Questions from the audience

Thank you and closing remarks

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