



WY&H Local Maternity System

Smoking in Pregnancy

Emmerline Irving Programme Manager WY&H LMS

Who are we?

2nd Largest Local Maternity System

c34,000 Births a year

6 Acute Trusts and 9 CCGS

Our Ambition: *to be one system delivering the best outcomes in the world*

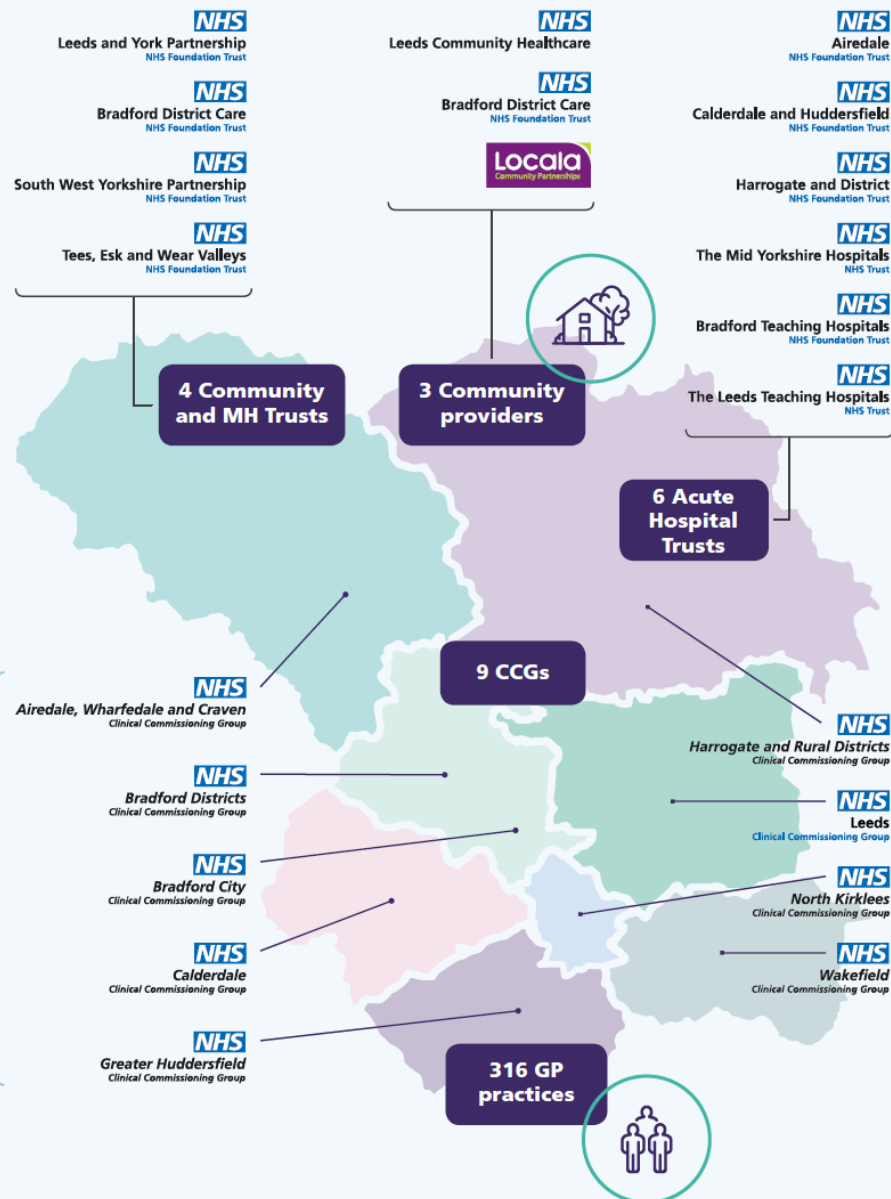
Our Motto: *together we can*

Co-produced plan

Our health and care economy

- 316 GP practices
- 555 community pharmacies, plus 38 online
- 431 providers of services in people's homes
- Over 611 care homes
- 11 hospices
- Thousands of voluntary and community organisations

Numbers accurate at October 2019.



West Yorkshire and Harrogate Health and Care Partnership is made up of six local places: Bradford district and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield

West Yorkshire and Harrogate Priorities

West Yorkshire and Harrogate
Health and Care Partnership
Local Maternity System

Improving population health

- Preventing ill-health
- Health inequalities
- Wider determinants of health and wellbeing, e.g. housing, poverty
- Personalised care



Transforming services

- Primary and community care
- Urgent and emergency care
- Improving planned care and reducing variation
- Hospitals working together



Priority areas for improving outcomes

- Cancer
- Mental health, learning disabilities and autism
- Children and families
- Carers
- Maternity

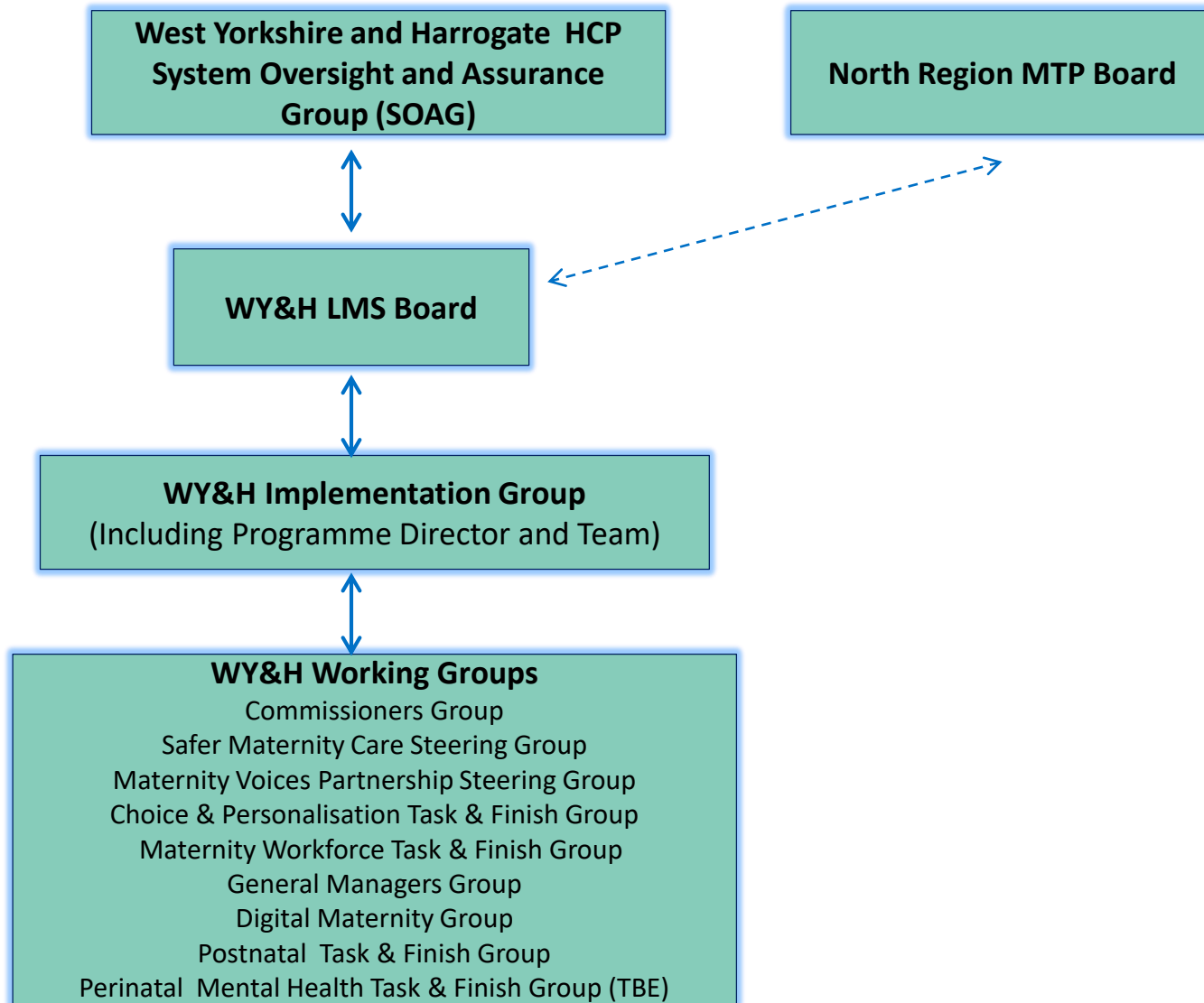


Supporting work programmes

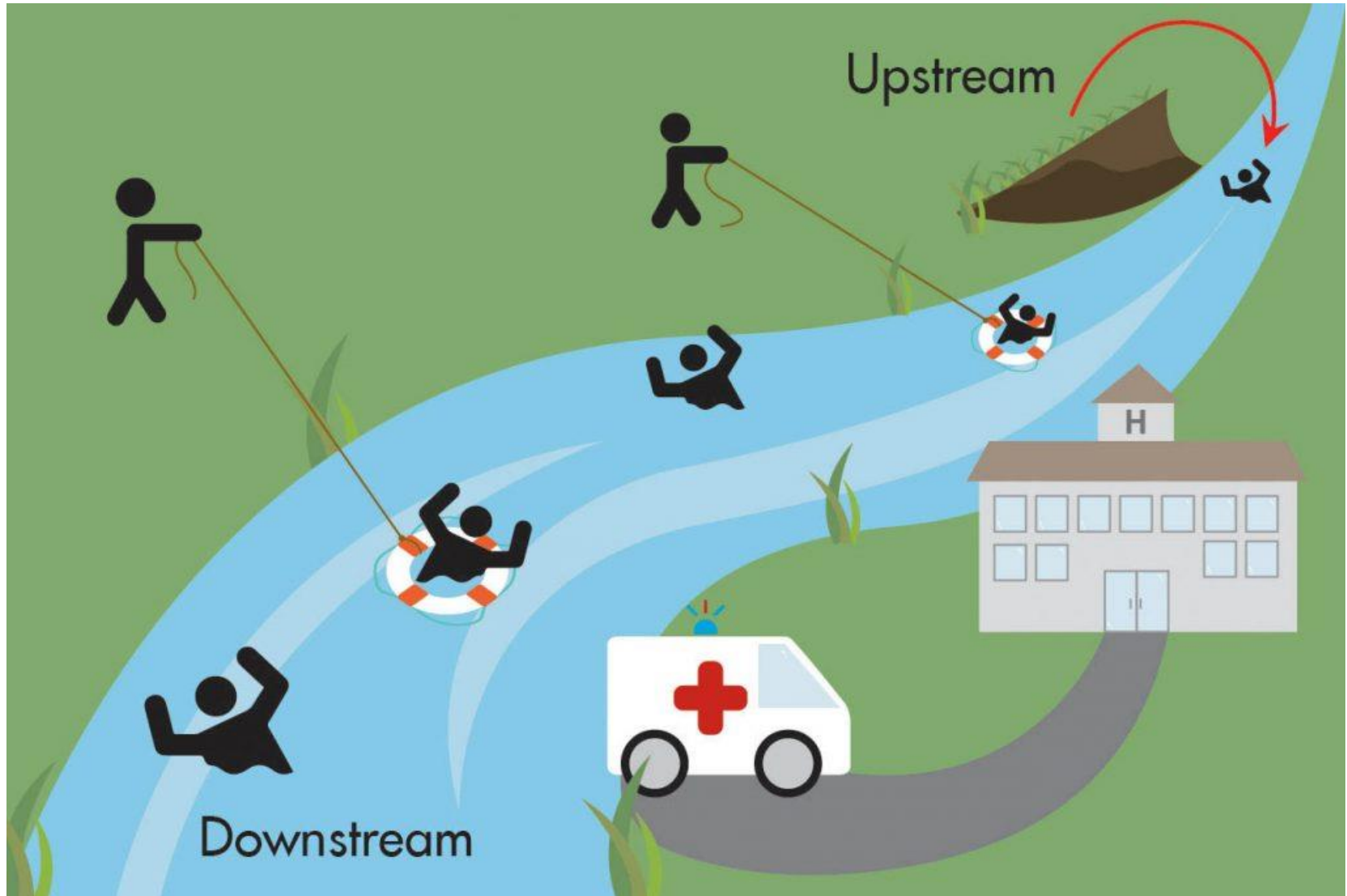
- Harnessing the power of communities
- Workforce
- Digital
- Capital and estates (buildings)
- Leadership and organisational development
- Partnership commissioning
- Finance
- Innovation and improvement



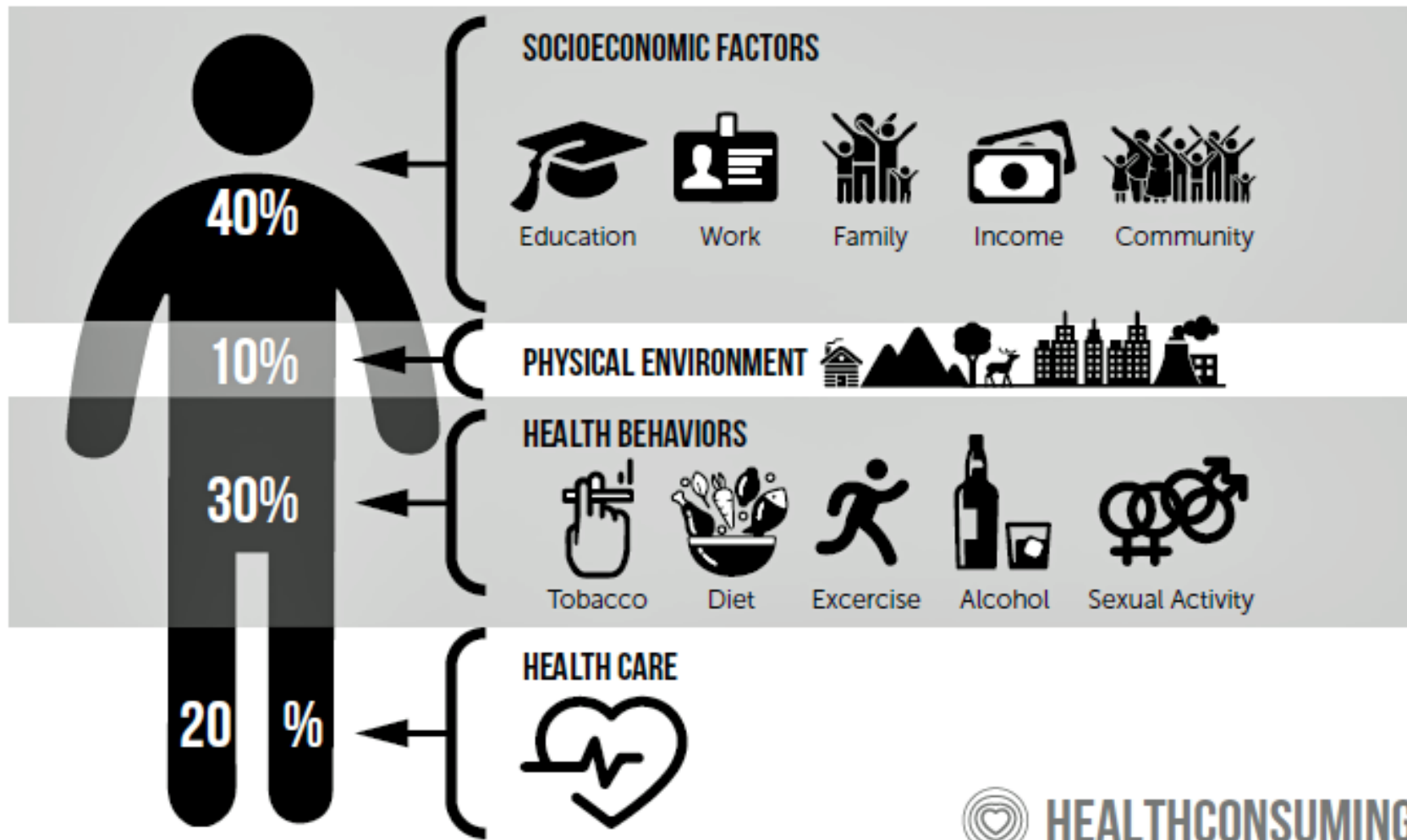
Our Governance



Why Prevention?



What makes us healthy?



WY&H LMS Approach to Prevention

Preconception health

Describes "the health of women and men during their reproductive years, which are the years when they can have a child"

Good preconception health encompasses two main concepts¹



1. Planning pregnancy

Enabling women and their partners to choose if and when to start or grow their families



2. Fit for pregnancy

Recognising that many pre-pregnancy health behaviours and risk factors are amenable to change

Before

Encouraging a healthy pregnancy

The best outcomes for both mother and baby happen when mothers are:

not socio-economically disadvantaged



managing stress or anxiety



in a supportive relationship – and not experiencing domestic violence



not smoking, consuming alcohol or misusing illegal substances



enjoying a well-balanced diet



not in poor physical, mental or emotional health



During

After

Giving every child the best start in life



A loving, secure and reliable relationship with a parent or carer supports a child's:



emotional wellbeing



brain development



language development and ability to learn



capacity to form and maintain positive relationships with others

WY&H LMS Prevention Steering Group

West Yorkshire and Harrogate
Health and Care Partnership
Local Maternity System



Bradford & Airedale
Calderdale
Harrogate
Kirklees
Leeds
Wakefield



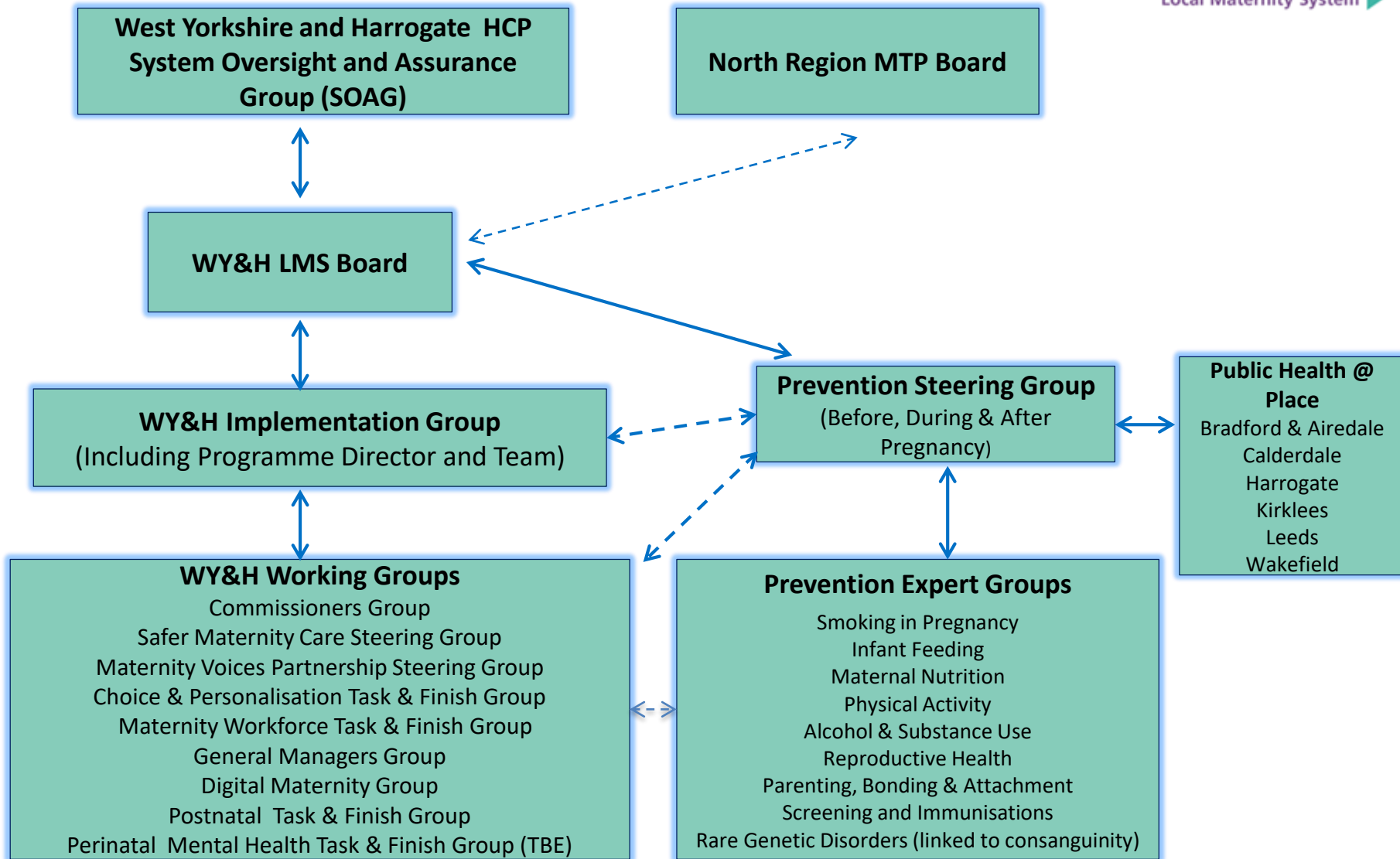
Public Health
England

NICE National Institute for
Health and Care Excellence

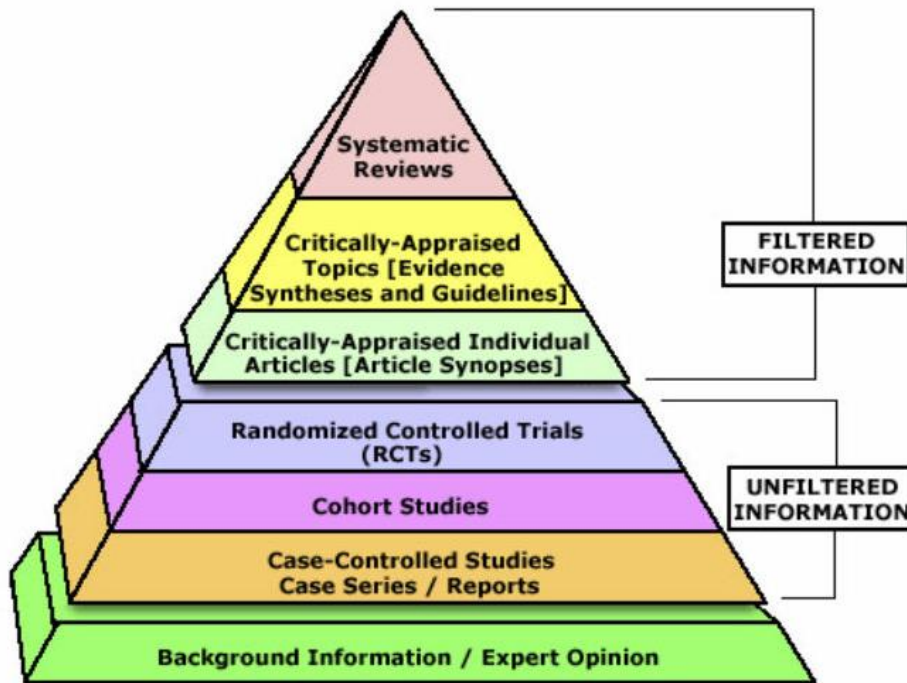
Improving health and social care
through evidence-based
guidance



Our Governance



What is the evidence base?



What does the data tell us?



Smoking at Time of Delivery

In West Yorkshire, 13% of women birthed are smokers at time of delivery.

A decrease to the national target of 6% would mean 2,100 fewer women smoking at delivery with current activity.

	Smoking at time of delivery			
	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20
West Yorkshire	12.8%	13.3%	13.1%	13.3%
Airedale	12.9%	11.8%	12.6%	10.2%
Bradford	16.5%	16.8%	17.3%	14.4%
Calderdale & Huddersfield	12.4%	12.7%	11.8%	12.5%
Harrogate	7.1%	8.4%	6.0%	6.4%
Leeds	11.1%	11.7%	10.9%	13.4%
Mid Yorks	14.5%	15.3%	15.9%	15.8%

Data collected locally

Trends are in line with levels of deprivation

Great variation across the LMS

Smoking in pregnancy



Smoking
during pregnancy
causes up to:

2,200 premature births,
5,000 miscarriages and
300 perinatal deaths
every year in the UK.

It also increases the risk of complications in pregnancy and of the child developing a number of conditions later on in life such as:



premature birth



low birth weight



problems of ear,
nose and throat



respiratory
conditions



obesity



diabetes

Smoking in Pregnancy Expert Group:

Aims

- Provide guidance and recommendations to place and contribute to reducing health inequalities.
- Involve and engage women and families
- Contribute towards the improvement of the health and wellbeing, before, during & after Pregnancy
- Partnership and stakeholder engagement
- Develop strategies for local implementation at place.
- Multiple risk factors and/or complex needs are identified and shared with other LMS Expert Groups

Smoking in Pregnancy Expert Group: Expected Outcomes

- Evidence Pack
- Recommendations: What good looks like at place
- Recommendations: implementation at scale
- key performance measures
- MECC
- Evidence Summary
- Key messages

Smoking in Pregnancy Expert Group:

What Does Success Look Like?

- How are we defining success? E.g. we want to:
- Creating the right environment for success?
- Identifying priorities
- Refining our priorities
- How will progress be monitored?
- How are we measuring success?

Smoking in Pregnancy Expert Group:

Creating An Environment for Success

Myron's Maxims

People own what they help create

Real change happens in real work

Those who do the work do the change

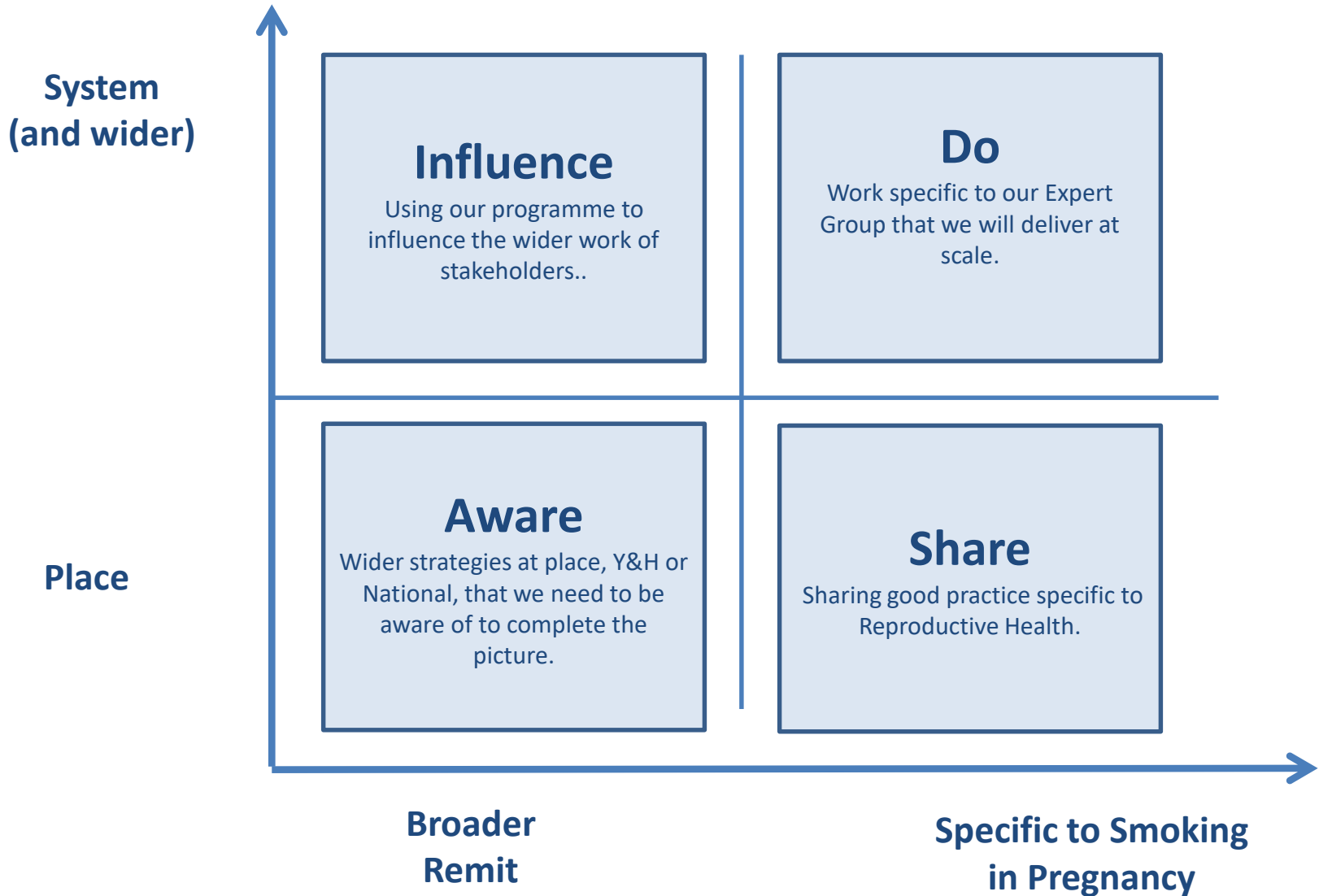
Connecting the system to itself

Start anywhere, follow everywhere

The process you use to get to the future is the future you get

Smoking in Pregnancy

Prioritisation Approach



Influence

Training for providers and wider Public Health Workforce.

Raising awareness of planning for pregnancy in the general population, in particular schools, colleges and F.E.
Raising resilience in the population to not start smoking.
Variation in commissioning.
Easy access to NRT in community and hospital.
Public Health staffing and structures in maternity.
Role of Health Visiting and continuing smokers in the home.
Smoke Free agenda

Do

Scope training available for all professionals.

Identify gaps in service provision e.g. reproductive health

services.

Develop consistent messages and information for the whole system, staff and population.

Use of social media and digital technology

Improve referrals, support and the quality of conversations for women, their partners and other members of the household

Easier access to NRT for women, their partners and other members of the household.

Improve Data collection and sharing across the system – data pathway.

Pathways of support/care – before, during and after including: in community, public health, local authority, primary care, maternity, neonatal and health visiting. Including touchpoints across the whole system.

Support for women and families who experience poor outcomes where SIP maybe a factor – advice and information provided.

Scope pathways from Health Visiting into stop smoking services.

E-Cigarettes

Scope potential for community activation

Aware

Smoking in Pregnancy Challenge Group
ASH

WY&H Tobacco Strategy

WY&H Harrogate Improving Population Health Programme
JSNA

Health & Wellbeing Strategies

PHE Communities of Improvement

National Programmes

NHS Long Term Plan

Prevention Green Paper

Share

Scoping in relation to: training, variation in commissioning, access to NRT and data.

Best Practice across the system, regional or national.

Evidence.

Smoking in Pregnancy Expert Group:

Refining Our Priorities

What - do we want to change, what's the wish?

Of whom - person, people, collective, system?

What difference would it make

How hard is it - change is easy when everyone wants it

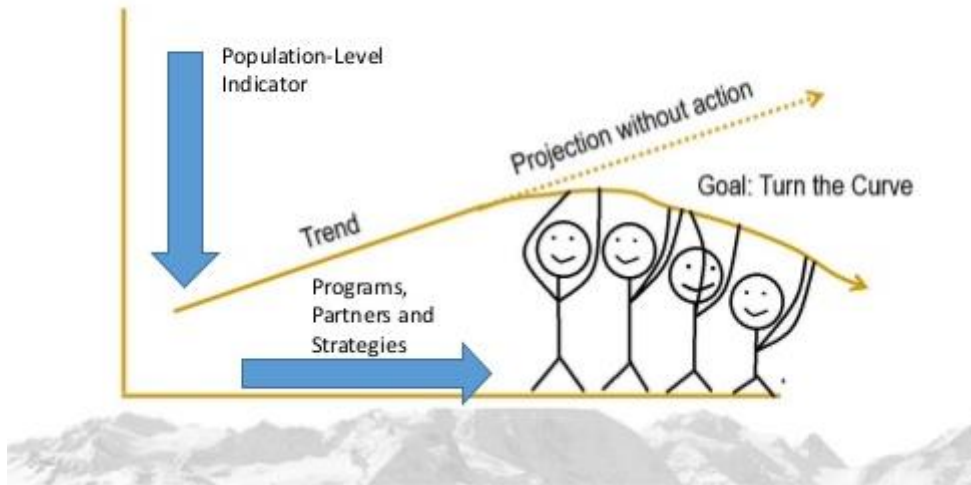
Is it worth it

Smoking in Pregnancy Expert Group: Work Plan & Monitoring Progress

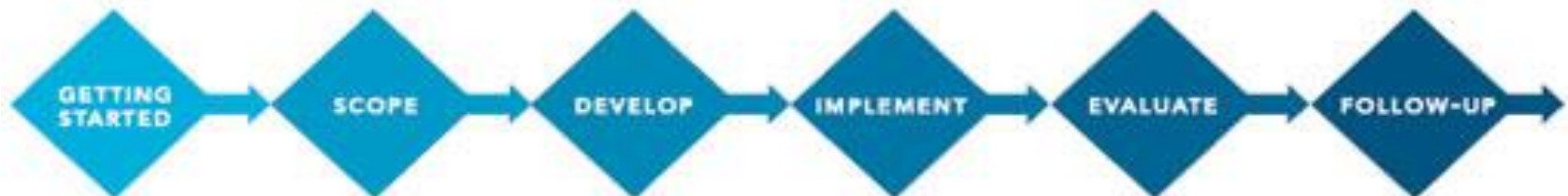
AD11											fx
A	B	C	D	E	F	G	H	I	K	U	V
	Recommendation	Day to Day Owner	Interdependencies	Milestone Start Date	Milestone End Date	Better Birth	MHS Long Term Plan	Other (locally identified)	RAG:30 September 2019		
6											
7	O.6 WT&H LMS will seek to understand the range and impact of Public Health and Population Health initiatives on women and their families to reduce smoking in pregnancy	LMS Public Health Steering Group	- WT&H HCO Population Health Programme - PHE Community of Improvement	Jun-19	Apr-22		Y		Green		
8	D.6.1 Establish an Expert Group for Smoking	LMS Public Health Steering Group	- WT&H HCO Population Health Programme - PHE Community of Improvement	Jun-19	Jun-20	Y	Y		complete		
9	T.6.1.1 Review current evidence and research before, during and after pregnancy and produce a 2 part plan: - Part 1: What good looks like at scale - Part 2: recommendations for action to be implemented at scale - Recommend key performance measures to provide a clear indication of progress. - Produce an evidence pack and a summary of the Key Evidence - Identify and agree consistent messages to support recommendations for staff, women and families	Expert Group	- WT&H HCO Population Health Programme	Jun-19	Jun-20		Y		Green		
10	T.6.1.2 Determine the factors that increase or decrease the risk for SIP before, during and after and the factors that could be modified through interventions. - Find out what works to prevent SIP and make suggestions for what good looks like at scale (during and after) and interventions at scale, where appropriate. - Identify and develop effective recommendations and actions for a wide range of settings and the effects of these interventions at scale, where appropriate. - Provide opportunities for women and families to be involved and engaged in the development of recommendations	Expert Group		Sep-19	Jun-20		Y		Green		
11	D.6.2 Scoping & Evidence	Expert Group		Sep-19	Jun-20		Y		Green		
12	T.6.2.1 Training and workforce development available for all professionals. - Gaps in service provision e.g. reproductive health services. - Use of social media and digital technology - Data collection and sharing across the system - Pathways from Health Visiting into primary care services. - E-Cigarettes - Some potential for community activation								not commenced		
13	D.6.3 Develop consistent messages and information for the whole system, staff and population.	Expert Group		Sep-19	Jun-20		Y		Green		
14	T.6.3.1 Support for women and families who experience poor outcomes where SIP may be a factor - advice and information provided.								not commenced		
15	D.6.4 Improve referrals and support for women, their partners and other members of the household	Expert Group		Sep-19	Jun-20		Y		Green		
16	T.6.4.1 Earlier access to NRT for women, their partners and other members of the household. - Quality of care and advice. - Support for women and families who experience poor outcomes where SIP may be a factor - advice and information provided.								not commenced		
17	D.6.5 Improve Data collection and sharing across the system	Expert Group		Sep-19	Jun-20		Y		Green		
18	T.6.5.1 Accessing and sharing data with neighbouring LMSs								Not Commenced		
19	D.6.6 Pathways of support/care - before, during and after Pregnancy	Expert Group		Sep-19	Jun-20		Y		Green		
20	T.6.6.1 In community, public health, local authority, primary care, maternity, neonatal and health visiting and touchpoints across the whole system.								Not Commenced		
21	D.6.7 E-Cigarettes	Expert Group		Sep-19	Jun-20		Y		Green		
22	T.6.7.1 Scope evidence - Develop content information and message								Not Commenced		
23	D.6.8 Recommendations for influencing organisations, place and the system and sharing good practice	Programme Manager for Prevention and Maternity		Apr-19	Apr-22		Y		Amber		
24	T.6.8.1 Training for providers and wider Public - Health Workforce. - Raising awareness of planning for pregnancy in the general population, in particular sexual health, college and F.E. - Raising awareness in the population to not start smoking. - Variation in commissioning. - Early access to NRT in community and hospital. - Public Health offering and structure in maternity. - Role of Health Visiting and continuing smokers in the home. - Smoking cessation								not commenced		
25	A1 WT&H LMS will reduce SIP to 6% by 2022 in line with the national target and reduce smoking within the local community.	LMS Public Health Steering Group		Apr-19	ongoing		Y		green		

Smoking in Pregnancy Expert Group: How Are We Measuring Success?

Outcome Based Accountability – Turning the Curve!



A social marketing approach



Smoking in Pregnancy Expert Group:

Challenges...

Wicked
Issues

Influence
without
authority

Greater
levels of
openness

System
Thinking

Pace

Environment

Questions....



For further information...

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<https://www.wyhppartnership.co.uk/our-priorities/maternity/our-action-plan>