

GREATER MANCHESTER SMOKEFREE PREGNANCY PROGRAMME

**HISTORY
MAKERS.**

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HistoryMakersGM.co.uk
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WHAT IS THE FOCUS OF MAKING SMOKING HISTORY (MSH) 2017-2021

**HISTORY
MAKERS.**

Our Tobacco Free Greater Manchester (GM) Strategy¹ sets out a vision that is grounded in an innovative international evidence based framework, our GMPOWER model. This is based on the World Health Organisation (WHO) multi component MPOWER model introduced globally in 2008.²

Growing a social movement for a Tobacco Free GM

Our History Makers (HM) consultation involves thousands of local people taking part in a huge public conversation. Local champions, supported by local people, will use the conversation findings to create real change and help reduce the impact of smoking across their communities.

Monitor tobacco use and prevention policies

We want to make sure everything we do is shaped by you. Knowledge gathered from local people will help us to; improve our services, run effective campaigns warning about the dangers of smoking, and help guide our strategy to make smoking history.

Protect people from tobacco smoke

One thing is for sure. There is no safe level of exposure to second-hand smoke. From the popularity of the 2007 Smoke Free Regulations, we believe the way is open to extend our smoke-free environments much more widely across GM – like parks, playgrounds and areas around schools.

Offer help to quit

The vast majority of smokers do want to quit – and 90% of those who try do it without any specialist help or intervention. However – the fact is, you're much more likely to successfully quit long term when you've had the right information, support and advice. So a big part of this programme helps connect smokers with self-support channels.

Warn about the damages of tobacco

Targeted mass media and social marketing campaigns are effective ways of reaching out to large local population groups about the harmful effects of smoking. So we'll be doing that and tying it in with local people, local shops, local environments and local issues.

Enforce tobacco regulation

We want to see a proper licensing system introduced. This will stop retailers selling tobacco if there is evidence of illicit or underage sales. There is also huge public interest in extending the success of smoke-free spaces; consider including the space outside hospitals, schools and nurseries, for example.

Raise the real price of tobacco

We need to keep up the pressure on illegal tobacco, whether it's large-scale bulk smuggling or individuals bringing back cheap cigarettes to sell. And given the pressure that price can have on tobacco use – there's a strong case for tobacco duty to be raised.

Reference 1. Making Smoking History: A Tobacco Free Greater Manchester <http://www.gmhsc.org.uk/wp-content/uploads/2018/04/Tobacco-Free-Greater-Manchester-Strategy.pdf>

2. World Health Organization. 2017. WHO | MPOWER. Available at: <http://www.who.int/tobacco/mpower/en/>.

A SMOKEFREE GENERATION

**HISTORY
MAKERS.**

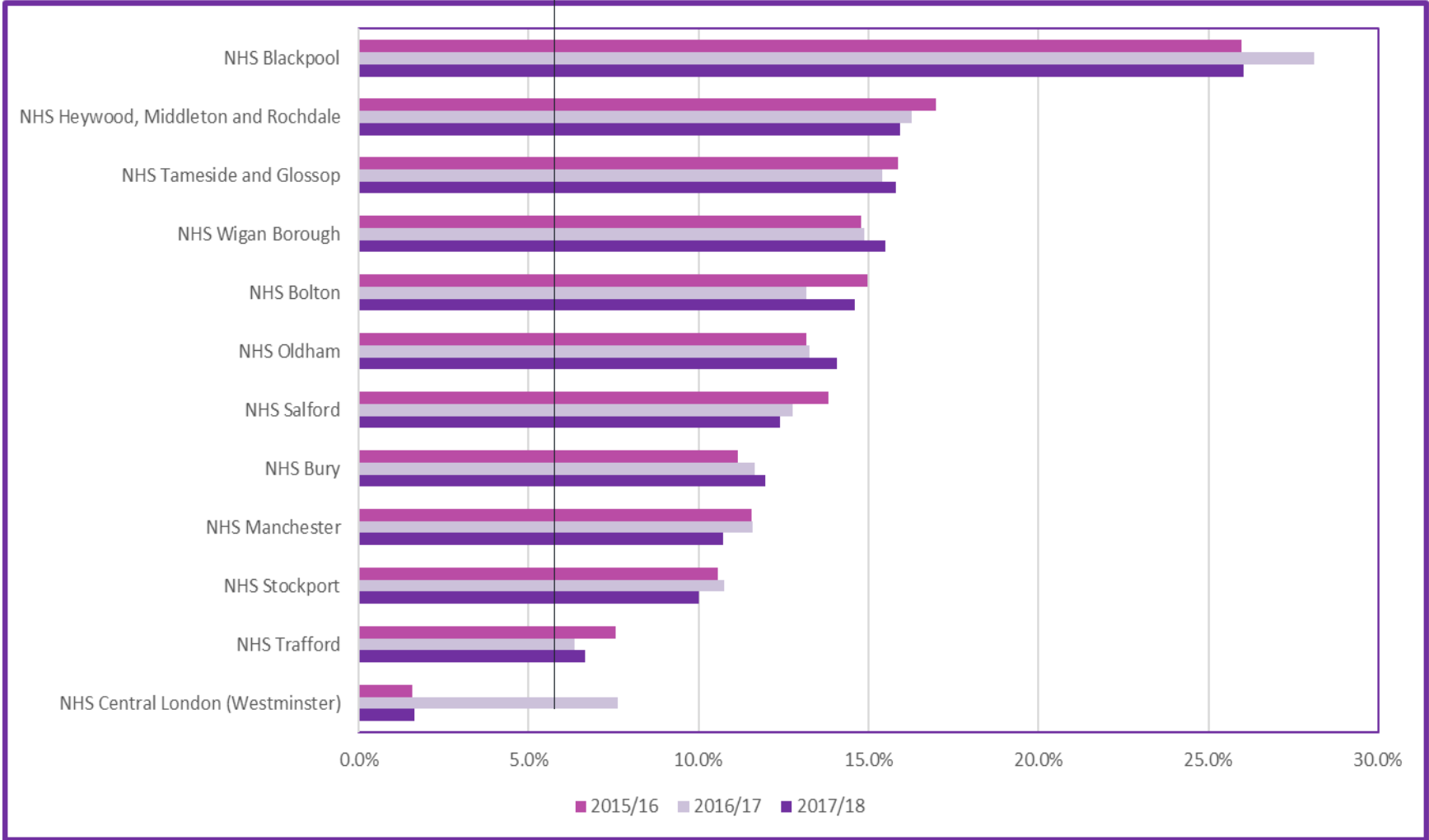
A woman with glasses and a floral shirt is sitting in a black office chair in an art classroom. She is smiling and resting her chin on her hand. The classroom is filled with art supplies, including a desk with a computer monitor, a bulletin board with various drawings, and a cabinet with labeled drawers. There are also several storage bins on the counter, including a red one labeled 'REES ART YR 10', a blue one labeled 'Yr 11 MDS', and a yellow one labeled 'Yr 11 MDS'. A mannequin torso is visible on the counter. The floor is checkered.

Our GM SF Pregnancy Programme is transforming our GM maternity pathway delivering smokefree pregnancies and smokefree families with an additional 633 women quit through the incentive scheme since March 2018 and 1200 smokefree babies expected through the programme in the first 12 months following full implementation.

WHERE ARE WE?



← 6% by 2021



MAKING SMOKING HISTORY VISION

**HISTORY
MAKERS.**

- Reduce GM smoking by 1/3 by 2021 to 13% and less than 5% by 2027
- Reduce GM SATOD rates from 11.9% to a target of no more than 6% women SATOD in any locality by 2021
- Deliver smokefree childhood/turn off the tap of new smokers
- Every baby born smokefree

THE PROGRAMME: PART 1

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- **System wide support to treat tobacco addiction in pregnancy delivered by the evidence based babyClear model and GM system wide guideline**
- **Evidence based approach to systematise and embed organisational change in GM maternity pathway, in line with NICE guidance and the Saving Babies Lives Care Bundle recommendations**
- **Unique Risk Perception Intervention for those who continue to smoke at their booking scan**
- **GM agreed KPIs inc SATOB and 36 week data**

THE PROGRAMME: PART 2

**HISTORY
MAKERS.**

- **Joining babyClear with Incentives at scale**
- **For all who would find it hard to maintain a quit without additional support in areas where smoking rates are highest.**
- **Previous GM schemes were evaluated as effective with**
 - *70% of women achieving a 4 week quit*
 - *70% of those still quit at delivery*
 - *50% still quit at 12 weeks post-partum*
- **Reward with ‘Love2shop’ vouchers up to 12 weeks *or 12 months postpartum***

EARLY OUTCOMES

**HISTORY
MAKERS.**

- **Maternity providers are CO screening as per Smokefree Pregnancy pathway - currently 90% average (KPI 95%)**
- **36% increase in referrals to Stop Smoking Services**
- **In the first 3 quarters 633 women quit on Incentive Scheme**
- **55 % CO 4 week quit rate ; for Specialist Midwife and MSW support 70% CO 4 week quit (NW 26%)**
- **Randomised Controlled Trial will support understanding of post-partum incentives in preventing relapse and promotion of smokefree further pregnancies**

CHALLENGES & LEARNING



- **Early engagement with locality leads**
- **Relationship with stakeholders is key**
- **IT – creative solutions for robust data collection!
Challenges remain**
- **Issues are resolved through system wide approaches**
- **Recruitment, induction, support and supervision of staff. Specialist midwife roles support MSWs**
- **NRT – provision/dissemination for non-registered staff
(national Issue)**

EVALUATION

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- **UKCTAS Universities are undertaking an evaluation of the effectiveness of programme looking at the impact on health indicators**
- **Evaluation of Risk Perception intervention to understand impact on quitting behaviours**
- **Includes an RCT for post-partum incentives**
- **Qualitative examination of acceptability of interventions with women, and the wider impact on family members smoking behaviours**
- **Evaluation of wider impact of additional benefit of incentivising quits in relation to health inequalities**

QUESTIONS

For further information contact:

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