Charter 11.10 Reduce tobacco smoking

Improvement Project Title – A Tobacco Free Future for Aberdeen City
Executive Sponsor Sandra Ross, Chief Officer, Aberdeen City Health and Social Care Partnership and Chair of Respected, Included and Supported Outcome Improvement Group
Project Lead **Name**: Craig Singer **Job Role & Organisation**: Development Manager, Youth Work and Adult Learning, ACC and Chair of the Aberdeen Tobacco free Alliance (ATfA) **Email Address**: csinger@aberdeencity.gov.uk
Aim statement: **Reduce tobacco smoking by 5% by 2021** *Links to other smoking related charters:* *Reduce the number of pregnant mothers who smoke by 10% by 2022 (Angela McKinnon as Lead)* *Reduce the number of babies exposed to second-hand smoke (at 6-8 week review) by 10% by 2022 (supported by Kevin Leslie)*
Link to Local Outcome Improvement Plan Stretch Outcome 11: Healthy life expectancy (time lived in good health) is five years longer by 2026 Stretch Outcome 3: 95% of children (0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2026
Why this is important National Context Smoking continues to be the greatest preventable cause of ill-health and death in Scotland. It causes around 1 in 5 of all deaths, remains the most significant cause of preventable cancer and contributes to much of Scotland's cardiovascular and pulmonary health problems[1].

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[1] ASH Scotland COPD fact file https://www.ashscotland.org.uk/media/672389/24-copd.pdf

Scotland's Public Health Priorities (2018) recognise the need to reduce the use and harm from tobacco. The Scottish Government has set ambitious targets to reduce children's exposure to second-hand smoke to 6% by 2020 and reduce smoking prevalence in Scotland to 5% by 2034.

Local context

We know that whilst the number of people smoking in Aberdeen has been reducing (17.67% of the population in 2018[2]), this is not equal across the population. Health inequalities exist and more people living in deprived communities and circumstances still smoke tobacco (30.69% in SIMD 1 compared to 3.77% in SIMD 5).

Changing attitudes so that smoking is taken as seriously as other health priorities (e.g. illicit drugs and alcohol) is a challenge. To highlight the impact of tobacco, local deaths attributed to smoking over a 2 year period (2016/17) for the city equated to 358.37 people per 100,000 of the population. In 2018 Aberdeen city rate of drug deaths equated to a total of 52 people. Tobacco is also the main cause of COPD[3] (Chronic Obstructive Pulmonary Disease). 161 people per 100 000 of the population in Aberdeen suffer from COPD. 90% of those suffering from COPD will have this debilitating disease because of their smoking history.

The most recent Schools Adolescent Lifestyle and Substance Use Survey (2018) highlights a couple of significant increasing trends for young people and smoking in Aberdeen since 2013:
- 25% increase in the number of 15 year olds who said they had managed to buy cigarettes/tobacco
- 6% increase in the number of 13 year olds who felt it was 'ok' for someone their age to 'try smoking to see what it's like'[4]

Regarding tobacco control, Aberdeen city has developed a range of good practice in recent years:
- Aberdeen has had 20 organisations sign Ash Scotland's Tobacco charter [5]
- 'Imagineers' from across Aberdeen partnered with the Aberdeen Tobacco free Alliance (ATfA) in 2017 to identify tobacco control actions that matter to young people
- Health Visitors across the city were trained to discuss smoking and undertake carbon monoxide monitoring with women postnatally within the 'Staying Smoke free Pathway' pilot
- Aberdeen City Council introduced smoke free grounds policy, prohibiting smoking on local authority grounds and in vehicles[6]
- Bucksburn Academy Campus have taken a whole school approach to tobacco control and went Smoke Free in 2015
- A Pregnancy Smoking Cessation Referral Booking Pathway has been implemented across midwifery services

If we are to reduce tobacco smoking and the harms it presents, we need to build on previous partnership working and good practice as well as test new and innovative solutions.

We will gather baseline data and use it to guide our activities and measure improvements.

Rationale for the project

In order to reduce the harms from tobacco smoking we need to consider:
- Prevention - creating environments where young people do not want to smoke, and they don't see adults smoking
- Protection - protecting people from second-hand smoke
- Cessation - helping people to stop smoking

The Aberdeen Tobacco free Alliance (ATfA) has discussed and agreed that to have the biggest impact on reducing tobacco smoking in Aberdeen we need to focus on prevention and early intervention. Many of the 'Change Ideas' presented below will help support young people and young adults to choose not to start smoking or to quit smoking. Partners represented on the ATfA have used their local knowledge of the problem and identified where they can personally influence this agenda in order to prioritise areas for action. However, shifting attitudes and behaviours so that 'not smoking' becomes the normal thing to do, will require support and commitment from a wide range of partners.

Measures
- **Outcome measures**
  - **Percentage of adults smoking tobacco** (ScotPHO 2018 – baseline data - 17.67%)
  - **Percentage of school aged young people smoking tobacco** (SALSUS 2018 – baseline data - 13 year olds 1%; 15 year olds 8%)
  - **Percentage of pregnant women smoking tobacco** (ScotPHO 2018 - baseline 14.05%)

- **Process measures**
  - Community use of Trading standards Hot line – links to improved outcomes
  - Number of people accessing pharmacy cessation services who live in neighbourhoods within SMID 1 and 2
  - Number of young people who are care experienced who smoke
  - Number of apprentices smoking tobacco
  - Percentage of 15 year olds managing to buy cigarettes/tobacco (SALSUS 2018 – baseline 39%)
  - Percentage of regular smokers (13 and 15 year olds) getting someone else to buy them tobacco/cigarettes (SALSUS 2018 – baseline 74%)

[2] ScotPHO Profile Data https://scotland.shinyapps.io/ScotPHO_profiles_tool/
[3] ASH Scotland – COPD https://www.ashscotland.org.uk/media/672385/copd.pdf
[4] SALSUS 2018 - Aberdeen City
[5] ASH Scotland – Scotland's Charter https://www.ashscotland.org.uk/what-you-can-do/scotlands-charter-for-a-tobacco-free-generation/charter-signatories/
[6] ACC Smoke-Free Policy
https://committees.aberdeencity.gov.uk/documents/s57351/CG16028%20FINAL%20Report%20Smoke%20Free%20at%20Work%20Policy%20MAgnew%20FPR07JUNE.pdf

- **Balancing measures**
  - Number of people smoking e-cigarettes
  - Number of organisations signing up to the 'Tobacco Charter'
  - Number of people attending tobacco related training

Change ideas
- Community Planning Aberdeen sign Scotland's Charter for a Tobacco-free Future and commit to promoting smoke-free environments internally and with partners

- Support young people on apprenticeships to not take up smoking and support those who already are smokers to stop. SDS will provide data on the numbers of apprenticeships who smoke and this will be used as a baseline to measure change

- Clean Air Campus (NESCOL)
  - ➢ Pharmacy cessation at NESCOL
  - ➢ Introduce tobacco-free messages in smoking 'hotspots'

- Use 'Best Bar None' Accreditation scheme to look at reducing smoking near the entrance of pubs

- Utilise existing and new networks to spread information on tobacco key messages for prevention/ protection and cessation(quitting)

- Care experienced young people are supported to stay smoke-free and stop smoking
  - ➢ Review policy for foster carers
  - ➢ Engage with care experienced young people to develop key messages & information; link with LAC Ambassadors and raise their awareness of long-term health outcomes of smoking
  - ➢ Refresh tobacco-free training for care experienced staff
  - ➢ Adapt 'Mind Of My Own' Online Application to provide up-to-date tobacco-free information

- Develop 'young people friendly' pharmacy information and smoking cessation services to improve the numbers of people using them. Data shows that there are more smokers in SIMD 1 and 2 so the focus will be on pharmacies within these neighbourhoods.

- Increase public awareness, promotion and use of the free trading standards phone number to encourage reporting of proxy and counterfeit tobacco sale

- Engage with partners and local organisations to support reviewing /developing and implementation of internal policies

Potential risks and/or barriers to success & actions to address these

- Limited active membership with the Aberdeen Tobacco Free alliance
- Little or no funding

- Staff capacity
- Lack of awareness of tobacco vision for Scotland
- Sensitivity of the topic by nature
- Tobacco not seen as a priority when put in the context of Drugs/ alcohol etc

Project Team

Craig Singer, Development Manager – Lifelong Learning (Young People and Adults) ACC
Rachel Thompson, HIO – Children & Young People (Public Health) ACHSCP
Lauren Mackie, HIO – Schools (Public health/ Education)
Derek Bain, Police Scotland
Allison Lamont, Student Engagement Co-ordinator, North East Scotland College
David Francis, Senior Enforcement Officer, Trading Standards
Stacey Anderson, Pharmaceutical Services Improvement and Development Manager
Chipego Siamuwele (pharmacy secondment for smoking cessation) Public Health, NHSG

Outline Project Plan		
Project Stage	**Actions**	**Timescale**
Getting Started (Project Score 1-3)	**Initial activity to get started:** • ATFA will be the improvement team; build on knowledge of QI methodology to support with project development requirements and recording • Further develop project charter; • Identifying, Gathering and analysing baseline data; • Identify links/ connections to other charters within the LOIP • Developing an understanding the current system	**September / November 2019** **1st Draft Sept 2019** **2nd draft ready for RIS December 2019**
Designing and Testing Changes (Project Score 4-7)	**Activity required to start testing changes:**	**Feb 2020**

	• Prioritise Changes – identify what to start first	
	• Conversations to be held with colleagues to share change ideas and identify partners support / input	**April 2020**
	• Identify training needs	**April 2020**
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	**Action required to implement and sustain the changes that have resulted in improvement:** • Resource implications for implementing changes across teams involved in development - equipment/staff training needs • Learning to be shared with colleagues • Celebrate success of improvement • Communication plan and identify and develop capacity if others to inform/train other teams to make changes	**December / January 2020**
Spreading Changes (Project Score 9-10)	**Actions required to reach the full scale of the project:** • Identify staff required to be involved and ensure change is implemented • Communicate rationale/ evidence to highlight the need for change • Identify further support /training needs to ensure	**April 2021**

		change ideas are successfully implemented • Acquire / record feedback from participants • Ongoing review of data	

Improvement Project Stage Assessment Tool

The Project Stage Assessment Tool can be used to monitor the progress made with an improvement project.

Score	Stage of Project	Description
1	Project area identified and agreed (complete for all LOIP projects)	Project has been identified as a priority from the Local Outcome Improvement Plan or Locality Plan
2	Draft Outline Project Charter and team in place	Draft Improvement Project Charter has been developed (rationale, initial aims, scope, resources, timescales, measures, expected outcomes) and project team formed.
3	Understanding baseline of current system (Data and practice)	Current system is being analysed- applying tools such as process mapping; cause & effect diagrams etc to understand processes and people, including readiness for change and analysis of baseline data
4	Project Charter endorsed by CPA Board	Knowledge of the system and other evidence of what could work have been brought together into a theory of change. This has been articulated in a final Improvement Project Charter which has been shared with the CPA Board. (A driver diagram may also be developed to support this stage.)
5	Change ideas and project measures further refined and prioritised	Range of specific change ideas developed further, measurement plans established and initial PDSAs are being planned
6	Testing underway	Testing strategy developed and is being deployed. Data being gathered and analysed (e.g. through use of run charts)
7	Initial indications of improvement	Anecdotal evidence or feedback that changes are resulting in improvement can be reported.
8	Improvements achieved	Evidence of improvements shows in project measures and has been reported to Community Planning Aberdeen Management Group. Implementation and Spread plans are being developed and deployed.
9	Sustainable improvement	Implementation plans have been deployed for key changes. Spread plans are developed if appropriate.

		Data indicates sustainability of impact of changes implemented in system.
10	Project complete	The aim has been met or exceeded and improvement sustained and spread where appropriate. Changes are now part of business as usual.

Improvement Project Charter Assessment Form

The Improvement Team may find it helpful to use the assessment form below to review the charter and ensure it has sufficient detail before proceeding to test changes. It can also support peer assessment of Improvement Project Charters.

Assessment
1: Not at all 2: To a small extent 3: Somewhat   4: To a large extent 5: To a very great extent or n/a

WHAT ARE WE TRYING TO ACCOMPLISH?

Topic	Score	Comment
Aim relates to the LOIP/ Locality Plans.		
Charter description clearly states need for improvement.		
Expected impact on organisation and/ or customer is clear		
Improvement clearly points to process, product or service or sub-system improvement		
Expected outcomes are clear and the team will know when it has completed the project		
Specific, numerical goals to be attained		
Project can be completed within time frame as identified in the Aim Statement		

Total: _ out of possible 35

HOW WILL WE KNOW A CHANGE IS AN IMPROVEMENT?

Topic	Score	Comment
An appropriate family of measures is identified		
Measures identified are directly related to the project description, objectives, and goals		
Historical data exist on performance of the process or product to be improved		

Topic	Score	Comment
Outcome, process, and balancing measures are specified		
Measures can be collected at intervals frequent enough to assess progress on the project		
Improvement in the project measures can reasonably be expected within project time frame		

Total: _ out of possible 30

WHAT CHANGES CAN WE MAKE WHICH WILL RESULT IN IMPROVEMENT?

Topic	Score	Comment
Specific issues to investigate and/or alternatives to consider are given		
A concept design or change package is identified		
Project constraints are defined including what is NOT to be addressed		
Project is tied to specific processes or sub-systems		
Initial activities or PDSA cycles are suggested		

Total: _ out of possible 25

TEAM MEMBERSHIP

Topic	Score	Comment
All appropriate subject matter knowledge is represented on the improvement team		
Process owner (authority to make changes) is represented or Sponsor of team		
People with detailed knowledge of the targeted system are on the team		
Patients, customers, clients or suppliers are on the team, or a way of involving/engaging with these stakeholders has been identified		
TOTAL RATING		

Total: _ out of possible 20

Total Evaluation Rating

> 85 Good Project charter definition

66-85 Consider improving or clarifying the project charter (see low ratings)

< 65 Rework or Re-evaluate the need for this improvement charter

For more information, email: CommunityPlanning@aberdeencity.gov.uk