

**From:** Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Andrew Scott-Clark, Director of Public Health

**To:** Health Reform and Public Health Cabinet Committee

22 November 2018

**Subject:** **Smoking in Pregnancy**

**Classification:** Unrestricted

**Previous Pathway:** This is the first committee to consider this report

**Future Pathway:** None

**Electoral Division:** All

**Summary:**

Smoking in pregnancy continues to be a significant Public Health issue in Kent with rates statistically above the national and south-eastern averages. The Public Health team have worked with partners across the maternity system to implement “BabyClear” in each maternity unit, have piloted Stop Smoking Home Visit advisers with very good success and delivered a social marketing campaign in Sheppey, “What the Bump”, with again good success.

Based on the success of these three elements we now need to ensure this model is delivered across the whole population of Kent in order to meet our national obligation of reducing smoking in pregnancy to below 6% as set out in the national Tobacco Control Action Plan. Thus the NHS must ensure the continuation of the lead Midwives through their commissioning of the maternity units in Kent.

**Recommendation:** The Health Reform and Public Health Cabinet Committee is asked to:

- a) **Comment on and Endorse** the contents of the report;
- b) **Agree** to the proposal to commission the Home Visiting Stop Smoking Advice service across Kent to support pregnant women who smoke to quit; and
- c) **Acknowledge** the beneficial role of the Midwives with a Smoking in Pregnancy lead undertake and promote their continuation with permanent NHS commissioned service.

## **1. Background.**

- 1.1 Smoking accounts for half the difference in life expectancy between the richest and poorest in society and is still the leading cause of preventable illness and premature death. Hence smoking and tobacco addiction are a continuing public health issue both locally, nationally and globally.
- 1.2 Smoking during pregnancy is also a major health inequality, with prevalence among routine and manual occupations five times higher than women in managerial and professional occupations. This means those from lower socio-economic groups are at much greater risk of stillbirth, miscarriage, premature birth, sudden infant death and complications during and after pregnancy.
- 1.3 Children who grow up with a parent are also more likely to become smokers themselves, further perpetuating the cycle of inequality and affecting their life chances.
- 1.4 Between 2014-2016 in Kent there were 7,381 smoking attributable deaths, including 233 stillbirths and 125 neo-natal mortalities recorded and 31,012 potential years of life lost due to smoking related illness.

## **2.0 Introduction**

- 2.1 In 2016 the Department of Health published “Better Births Improving outcomes of maternity services in England which set out the vision for maternity services to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and the baby can access support that is centred around individual needs and circumstances. Maternity units are wholly commissioned by Clinical Commissioning Groups (CCGs) for their local populations.
- 2.2 This publication also acknowledged the major causes of health inequalities and outlined smoking as the biggest single modifiable risk factor for poor birth outcomes and a major cause of inequality in child and maternal health outcomes.
- 2.3 In July 2017 The Department of Health also published the Tobacco Control Plan for England titled “Towards a Smoke Free Generation”. The plan set out ambitious targets to reduce smoking prevalence to create a smoke free generation, defined as prevalence at or below 5%.
- 2.4 The plan sets the national ambition to reduce prevalence of smoking in pregnancy from 10.6% (national rate) to 6% nationally.
- 2.5 This paper sets out the prevalence rates for smoking in pregnancy in Kent, outlines the initiatives and progress being made to reduce smoking in pregnancy and makes recommendations, and seeks endorsement of those recommendations.

### 3.0 Prevalence and Trends in Kent

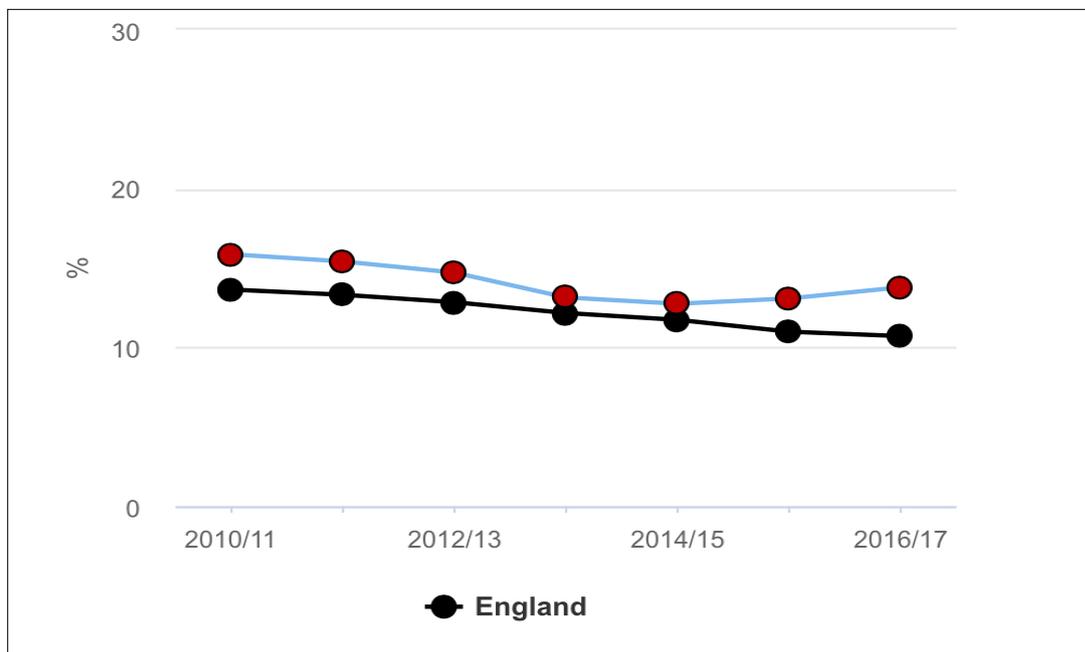
- 3.1 Statistics on smoking in pregnancy are collected within the National Health Service (NHS) by NHS Trusts and submitted quarterly with data being reported at Clinical Commissioning Group (CCG) level. Reporting is at this level is because responsibility for commissioning services for women's smoking status at the time of delivery moved from Primary care Trust (PCT) to CCGs on 1<sup>st</sup> April 2013.
- 3.2 Smoking in pregnancy is defined as pregnant women who reported smoking at the time of delivery.
- 3.3 The number of maternities is the count of pregnant women who gave birth to one or more live or stillborn babies of at least 24 weeks gestation, where the baby is delivered by either a midwife or doctor at home or in an NHS hospital (including GP units).
- 3.4 The rate of smoking at time of delivery is calculated by dividing the number of women known to be smokers at the time of delivery by the total number of maternities.
- 3.5 The table below sets the most recent annual data published by NHS Digital for the year 2017/2018.

3.6

Commissioning region, region and CCG	No. of maternities	Women known to be smokers at time of delivery	
		Number	Percentage <sup>1</sup>
<b>ENGLAND</b>	<b>607,294</b>	<b>64,391</b>	<b>10.8</b>
<b>NHS England South (South East)</b>	<b>47,208</b>	<b>5,120</b>	<b>11.0</b>
NHS Ashford	1,519	224	<b>14.8</b>
NHS Canterbury and Coastal	1,818	273	<b>15.0</b>
NHS Dartford, Gravesham and Swanley	3,030	344	<b>11.4</b>
NHS Medway	3,592	624	<b>17.4</b>
NHS Swale	1,369	269	<b>19.6</b>
NHS Thanet	1,537	323	<b>21.0</b>
NHS West Kent	5,234	538	<b>10.3</b>

3.7 The chart below shows the trend in smoking at the time of delivery for Kent from 2010/11 to 2016/2017.

3.8



**Chart 1:** Trend in Smoking in pregnancy between 2010/11 and 2016/17.

**Source:** PHE Fingertips accessed 16/09/18

3.9 Thus, looking at the data, it is clear that smoking in pregnancy in Kent remains a significant issue; significant because all rates (except West Kent) are statistically significantly above the national average and the trend in Kent appears to be increasing from 2014/2015 and unchanged between 2010/11 and 2016/17. However some of the increasing trend can be attributed to all the work done so far, in that attainment of smoking status is much better leading to the conclusion that rates before 2014/15 under represent the true picture.

#### 4.0 Public Health Working with Clinical Commissioning Groups, Maternity Units and Stop Smoking Service and Results

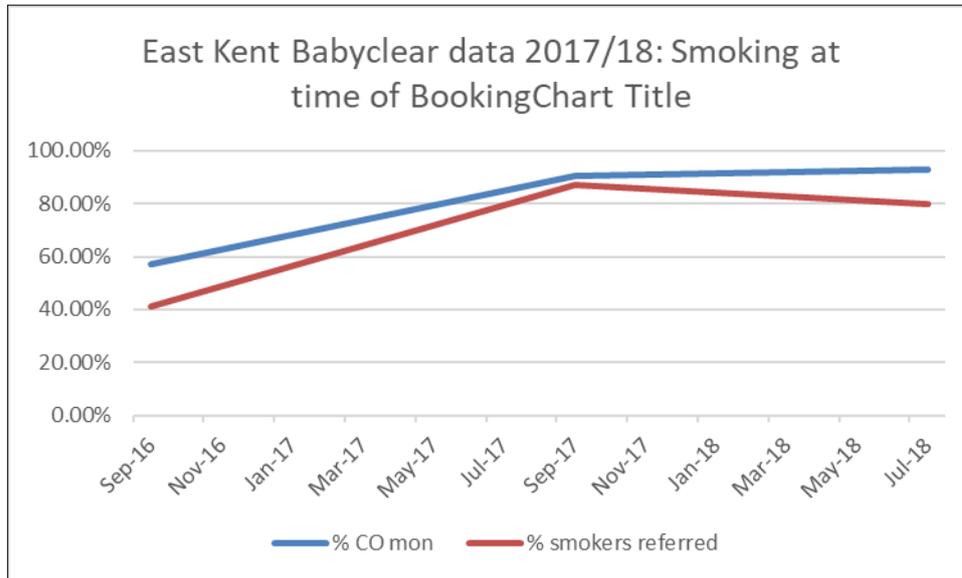
4.1 In relation to smoking in pregnancy NICE Guidance recommends the best practice approach and requires all midwives to carbon monoxide (CO) monitor all pregnant women at first booking appointment and to make automatic referrals into stop smoking services for all identified smokers.

4.2 In Kent, Public Health have supported the national evidence based “BabyClear” programme which, based on NICE guidance, aims to increase CO monitoring and referral to Stop Smoking services. To enable this the KCC Public Health team have funded a lead Stop Smoking midwife in each of the three Kent based Acute trusts, beginning with East Kent Universities Foundation Trust (EKHUFT) and more latterly Maidstone and Tunbridge Wells NHS Trust (MTW) and Dartford and Gravesham NHS Trust (DVH).

4.3 The roles have shown significant improvements in the identification of pregnant

smokers and compliance among midwives to refer into the stop smoking services and advise against smoking. The following chart demonstrates the incremental improvement in the East Kent Trust area over the last 22 months the lead Midwife has been in post.

4.4



**Source:** EKHUFT E3 database 2017/18

- 4.5 In line with the national picture, quit rates among women who are referred into stop smoking services are relatively low, with many either declining or not engaging at all in services, despite the service spending time and energy attempting to engage this group of women.
- 4.6 Having introduced BabyClear to the three Acute Trusts, it is now clear that some, if not all of the growth in prevalence rates since 2014/15 has been due to improved ascertainment rates through CO monitoring, and thus although on the face of it rates of smoking at the time of delivery have affectively not changed since 2010/11, we now have considerably more confidence that the rates are showing the true picture.
- 4.7.0 KCC Public Health have also, more recently, worked in partnership with East Kent Children’s Commissioning Team for the East Kent CCGs and our commissioned Stop Smoking provider (Kent Community Health Foundation Trusts).
- 4.7.1 Using a short-term one-off NHS allocation made to East Coast Kent CCG and Thanet CCG based on their outlier smoking in pregnancy rate status we have piloted a new Home Visit Smoking Quit Adviser service in Thanet CCG and South Kent Coast CCG between September 2017 to April 2018. This model involves Stop Smoking Advisers providing quit support in the pregnant woman’s home rather than expecting them to attend a local stop smoking clinic.
- 4.7.2 The Home Visit Advisers have delivered positive improvements with 450% more smoking in pregnancy quitters in these two areas alone than in the rest of Kent. The short-term NHS funding for this pilot ended in March 2018, however KCHFT have continued to provide this service using advisers delivering the adult stop

smoking service in East Kent.

- 4.8 Given the success of this pilot our aim must be to expand the Home Visiting model across the whole of Kent. The cost of this additional service delivery is estimated to be £300,000 per year based on more senior Stop Smoking advisers. This is necessary as the service, in visiting homes, are finding more need and issues that requires more senior practitioners to deal with.
- 4.9 Based on modelling work, we would expect to achieve over 550 Smoking in Pregnancy quits per year. This equates to £545 per quitter versus an annual cost of £1,886 pa per smoker.
- 4.10 This local target could potentially reach over 10% of pregnant women who smoke in Kent and on this trajectory, Kent could attain the national target of 6% by 2022.
- 4.11 There has been a significant lack of investment in national campaigns for smoking and in particular smoking in pregnancy. In 2017, Kent County Council used a community asset-based approach and behavioural insights to launch 'What the Bump' campaign targeting pregnant women who smoke in the Swale area. In 2017/18 Swale saw a 10 percent reduction in smoking at time of delivery rates, which equates to around 30 fewer babies born to mothers who smoke.

## **5.0 Model of Care**

- 5.1 Given the success of the programmes described in 4.1 to 4.11 above, the evidence points now to a three-pronged model of care that:
- Provides for a lead midwife with a special interest in Tobacco Control in each of the three midwifery systems in Kent in order to provide information, support, training and audit of practice for each service maternity services using the evidenced based BabyClear methodology.
  - Provides a Home Visit Stop Smoking Advisory model which seeks to support pregnant smokers in their own home on a one to one basis.
  - Ensures that relevant campaigns and "What the Bump" are targeted effectively and rolled out to every area in Kent based on needs, prevalence and trends.
- 5.2 This model will require significant co-operation between NHS CCGs and NHS Children's Commissioners and KCC Public Health to implement given the general principle is that CCGS commission maternity services and Local Authorities commission Specialist Stop Smoking services.

## **6.0 Conclusion and Next Steps**

- 6.1 This paper sets out recent trends in smoking in pregnancy, the results of local pilots and progress made to reduce the prevalence of smoking during pregnancy.

- 6.2 The National Tobacco Control Action plan sets the national ambition to reduce prevalence of smoking in pregnancy from 10.6% (national rate) to 6% nationally. This equates in Kent to fewer than 870 women smoking during pregnancy assuming the rate of maternities remains constant.
- 6.3 Work with partners shows we've now a proven model which now requires implementation through joint commissioning with the NHS universally across Kent.
- 6.4 KCC's Public Health responsibility is to ensure both a universal Stop Smoking Home Visit Adviser service is implemented in all KCC areas and we continue to deliver social marketing campaigns "What the Bump"
- 6.5 In the light of reducing Public Health budgets, finding an additional £300,000 presents an ongoing significant issue. However, this must be a priority given the impact smoking has on both the short term and long term health of both baby and mother. Further work needs to be undertaken to identify the resources to meet our statutory obligations to spend within the resources provided, whilst improving the health and reducing health inequalities of our local population.

**7.0 Recommendation:** The Health Reform and Public Health Cabinet Committee is asked to:

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- b) **Agree** to the proposal to commission the Home Visiting Stop Smoking Advice service across Kent to support pregnant women who smoke to quit; and
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## **8.0 Background Documents**

- 8.1 Appendix 5, Health Reform and Public Health Cabinet Committee Paper, Friday 30th June 2017 – What the Bump  
<https://democracy.kent.gov.uk/documents/s77428/item%2011%20-%20Appendix%205%20What%20the%20Bump.pdf>
- 8.2 Better births  
<https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>
- 8.3 National Tobacco Control Action Plan  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/714365/tobacco-control-delivery-plan-2017-to-2022.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/714365/tobacco-control-delivery-plan-2017-to-2022.pdf)
- 8.4 PHE Health Profiles  
<https://fingertips.phe.org.uk/profile/health-profiles>

## 9.0 Contact Details

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