

## HEALTH AND WELLBEING BOARD

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### MATERNAL SMOKING STRATEGY

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#### Summary

Stopping smoking during pregnancy is the single most important change a woman can make to ensure her pregnancy avoids unnecessary complications and improve the probability of her baby being born full term and healthy.

The national Tobacco Control Plan seeks to reduce maternal smoking in England to 6% or less by 2022. The aim of the Medway Maternal Smoking Strategy group is to reduce smoking at time of delivery (SATOD) prevalence in Medway to 6% or less by March 2022. This will be done by achieving a year on year reduction that will result in incremental improvements to our SATOD rate from our current prevalence of 18.6% in Q4 2016/17, to 6% by Q4 2021/22.

In addition to stating this ambition, the Maternal Smoking Strategy highlights the range of partnership work that needs to take place in order to achieve this ambitious target. The Board is asked to review and support the strategy and commit to supporting the strategy group over the next four years.

#### 1. Budget and Policy Framework

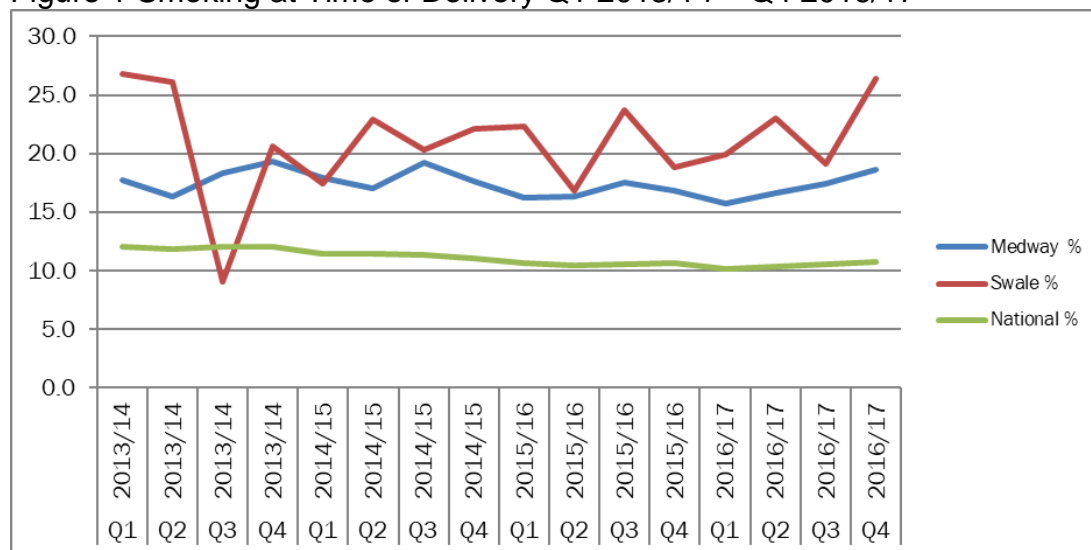
- 1.1 The previous national Tobacco Control Plan 2011-2015 set an ambition to reduce maternal smoking prevalence to 11% by 2015<sup>1</sup>. Although this was achieved on average across the country, the prevalence of smoking during pregnancy still remains a challenge for us in Medway.
- 1.2 The new Tobacco Control Plan 2017-2022<sup>2</sup> defines an ambition to achieve a 'tobacco free generation' by 2022. To realise this vision, we must harness our efforts to ensure babies and children are not exposed to tobacco use. The Tobacco Control Plan seeks to further reduce maternal smoking in England to 6% or less by 2022.
- 1.3 In February 2016 a new national strategy 'Better Births'<sup>3</sup>, proposed a new vision to transform and improve NHS maternity services in England over a 5

year period. A national Maternity Transformation Programme has been established to take forward implementation of this vision. Better Births however, recognised in order to deliver such a vision, local areas would need to provide the leadership and take direct action. Consequently, the strategy recommended commissioners, providers and service users should be brought together to form a single Local Maternity System (LMS). Working together partners within the LMS would initiate and maintain transformation at the locality level. One of the priority actions identified by the Kent and Medway LMS, is reduce number of women still known to be smoking at time of delivery. A sub group has been set up on this specific topic, who report on progress to the LMS and Kent and Medway STP Prevention Workstream.

## 2. Background

- 2.1 Evidence suggests that babies born to mothers who smoke are more likely to have worse health outcomes during the course of their lives. Consequently, these babies are being disadvantaged before they are even born. It is therefore entirely appropriate that we continue to deliver targeted stop smoking support in order to eliminate the gap that exists in terms of health inequalities.
- 2.2 The total annual cost to the NHS of smoking during pregnancy is estimated to range between £8.1m and £64m for treating smoking related conditions for mothers (adjusting for Medway’s population, up to £320,000 for Medway), and between £12m and £23.5m (adjusting for Medway’s population, up to £117,500 for Medway), for treating infants (aged 0–12 months). Investing in efforts to reduce smoking in pregnancy can deliver both long and short term tangible benefits to disadvantaged communities, the NHS and local authority budgets.
- 2.3 Figure 1 provides an overview of quarterly smoking at time of delivery status, for women registered with a GP overseen by Medway & Swale Clinical Commissioning Groups (CCGs).

Figure 1 Smoking at Time of Delivery Q1 2013/14 – Q4 2016/17



(Source: NHS Digital)

2.4 The Medway Maternal Smoking Strategy Group was set up in December 2016, following a 'Saving Babies' Lives' seminar. The maternal smoking strategy group met on a quarterly basis with the aim to secure leadership support and facilitate system wide participation to drive forward the changes needed to reduce SATOD rates in Medway. The group developed a Maternal Smoking Strategy for Medway, with an associated action plan. The action plan details specific interventions, with associated timescales, that if adopted and implemented, will lead to the achievement of the objectives detailed in the Medway Maternal Smoking Strategy.

2.5 These actions include:

- Training all staff involved in the maternal pathway, to make every contact count, raising the subject of smoking and support quit attempts
- Provide a range of support services to pregnant women and their immediate family to quit, offering community appointments and home visits
- Provide a highly visible and impactful awareness campaign raising the awareness of the dangers of smoking during pregnancy and where to access specialist support to quit
- Embed specific maternal smoking KPIs within commissioned contracts, to ensure all organisations prioritise this agenda

2.6 To achieve the ambitious reduction in smoking prevalence in Medway all partners must collaborate and support the delivery of the interventions detailed in the Medway Maternal Stop Smoking Strategy. An action plan working group has been established. This group comprises service providers and commissioners. The group meet on a regular basis to monitor, review and progress action plan delivery.

### 3. Risk management

Risk	Description	Action to avoid or mitigate risk
Funding restrictions to service budget lines that directly contribute to the strategy and action plan	Any decrease in the funding available to the multi-professionals who support this agenda, may result in a decrease in the capacity to motivate and support pregnant to quit smoking	Make tackling smoking in pregnancy a key priority for all the Health and Wellbeing board and all partners
The current interventions are ineffective at reducing the SATOD rate at the required trajectory	There are a wide range of interventions identified within the delivery plan of the strategy. If these are ineffective, the ambitious trajectory will not be achieved	Continue to review the list of interventions, compared to the evidence base and assess their effectiveness locally

Lack of engagement from partners	Achieving the ambition will require all partners to support the strategy and action plan. Failure of key organisations, teams and individuals to fully engage will lead to a failure to deliver the targets	The strategy group needs to hold partners to account for their actions, and a governance process to report concerns
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#### **4. Financial and legal implications**

- 4.1 No additional investment is being requested to implement this strategy. The activities referenced within the document are currently funded by either the ring fenced Public Health grant, or within the Medway Clinical Commissioning Groups (MCCG) commissioned maternity contract, with Medway Foundation Trust (MFT). Partner agencies contribute additional resources, depending on the nature of the intervention.
- 4.2 There are no legal implications to Medway Council directly arising from this report.

#### **5. Recommendations**

- 5.1 The Board is asked to review and support the Maternal Smoking Strategy and commit to supporting the Maternal Stop Smoking Strategy Group over the next four years.

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#### **Appendices**

Appendix 1 - Medway Maternal Smoking Strategy 2018-22

#### **Background papers**

- 1 - ASH, (2013). Smoking in Pregnancy Challenge Group; smoking cessation, a call to action
- 2 - Dept of Health, (2017). Towards a smokefree generation. A Tobacco Control Plan for England.