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NHS Salford

Smoke Free Spaces Evaluation Report

July 2011

The NHS Salford logo, with 'NHS' in white text inside a blue square, and 'Salford' in a bold, black, sans-serif font below it.

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Smoke Free Spaces Evaluation

Salford NHS commissioned Hall Aitken to evaluate three services as part of its ongoing Tobacco Control Strategy. The three services - Time Banking; Re energise; and Smoke Free Spaces – have all been evaluated before and this study seeks to build upon this previous research and, through close working with project beneficiaries and the project teams, explore:

- the impact of the services among target populations;
- how well the services have delivered their stated outputs and outcomes;
- the factors that have facilitated/hindered the delivery of the services;
- the potential longer-term value/limitations of the services to influence behaviour change;
- the ability (or not) of the services to deliver other well-being outcomes such as social cohesion;
- the identification of these additional outcomes; and
- The 'fit' of these approaches within a wider set of behaviour change programmes delivered at community level.

Our initial focus was on Time Banking and Re-energise. The evaluations of both services found that they were delivering a range of health and wellbeing outcomes, particularly in the case of Re-energise. Both services were well received by beneficiaries who welcomed the community based approach to changing lifestyle behaviours. However, the evaluation also found that there was a need to increase the focus of the services on smoking related outcomes.

This interim report focuses on the third of the three services; 'Smoke Free Spaces'.

The report outlines the significant progress that the service has made towards its targets. The report investigates the motivators for entering the programme from the viewpoint of beneficiaries and the barriers and enablers to sustaining changes in smoking behaviour through the service.

We also highlight a number of areas for improving the performance of the service.

Our approach

Our evaluation collated information based on several complementary approaches including:

- Desk-based review of programme data and current research into the delivery of smoking cessation;
- Workshop with the Smoke Free Spaces team; and
- Telephone interviews of beneficiaries.

Desk-based review

We have looked at the programme monitoring data in the periodic monitoring report and other data provided by the client, including case studies and quotes from clients which are collected by the Smoke Free Spaces team.

Our desk based review also included an overview of current research into smoking cessation services, to allow us to understand and compare the approach taken by Unlimited Potential.

Workshop

We held a workshop with the Smoke Free Spaces team, to explore their perceptions of the service and to discuss the challenges and opportunities they face delivering this intervention. The workshop helped us to understand the rationale for the approach taken by Unlimited Potential and discuss potential areas for improvement.

Telephone interviews

We received contact details of 669 clients, of whom we interviewed 200. The interviews were used to explore successes and challenges facing both the service and those who signed up to the programme. We used the short interviews to examine how 'Smoke Free Spaces':

- Supports clients to reduce or quit smoking altogether;
- Enables sustained change in behaviour;
- Encourages consideration of the impact of second hand smoking on others; and
- Impacts on friends and family

The bulk of the telephone interviews (85%) were with female clients of the service. This reflects the split between male and female clients engaged with the programme.

Smoke Free Spaces Overview

In this section, we examine the background to the Smoke Free Spaces service in Salford.

The section:

- Traces the history of the service;
- Introduces the local issues the service is trying to tackle;
- Outlines the aims and objectives of the service; and
- Provides an overview of service outcomes.

Purpose of the service

The impact of second hand smoking is well understood. In 2010, the Royal College of Physicians published its report, 'Passive Smoking and Children', which identified passive smoking in the home as a major health hazard to children and a "*significant cause of morbidity and mortality in babies and children*"¹. Health disorders include asthma, bronchitis and middle ear disease.

Smoke Free Spaces is designed to reduce the exposure of second-hand smoke and support smokers to consider their health behaviours. It encourages smokers to move towards cutting down to quit or stop smoking, by:

- Reducing the harm caused by second hand smoke by encouraging smoke free spaces in the home, car or play area;
- Supporting clients to make positive changes in smoking behaviour by signing up to smoke free promises which are challenging but achievable, and providing the support to clients to sustain that change;
- Motivating continued positive progress by encouraging those who have achieved Gold status in their homes to reduce the impact of smoking in other areas, such as cars and
- Providing level 1 and 2 smoking cessation services to support quitting or smoking reduction.

The Salford Tobacco Control Strategy

The Smoke Free Spaces service is funded through the Tobacco Control Strategy for Salford. The rate of smoking among adults in Salford far exceeds the national average. In 2008, it was estimated that 29% of adults in Salford smoked, compared to a national average of 22%.

Health inequalities compound these figures even within Salford. In poorer areas of the City, such as Broughton and Langworthy, smoking rates exceed 30%, compared to rates below 20% in Worsley and Boothstown.

In response to these challenges, the Tobacco Control Strategy sets out ambitions for a smoke free Salford where a culture of not smoking is the norm. This will be achieved by:

- Stimulating and motivating people who smoke to positively change their smoking behaviour;

¹ Passive smoking and children. A report of the Tobacco Advisory Group of the Royal College of Physicians. London, RCP, 2010.

- Targeting wards where smoking is most prevalent; and
- Providing accessible and effective, tailored support at the right level and at the right place.

Background to the service

The service in Salford is delivered by Unlimited Potential and can be traced back to an initiative delivered in Langworthy in 2004/05, which successfully piloted a community development approach to lifestyle behaviour change. A key lesson from the evaluation of that pilot was the desire by local people for local people to deliver a local service. The pilot led to a wider Salford based project funded under the Neighbourhood Renewal Fund in 2007.

The Smoke Free Spaces team of four advisors has been in place for four years, with two new members joining the team in August 2010. The ethos of the team is to use local people to deliver the service, and all four members of the team live in the area and have a strong understanding of the local population. There is a strong team ethic evident among the four advisors and their enthusiasm for the service is obvious.

The team takes a 'softly softly' approach to engaging and supporting clients. The team are clear that they are not a 'Stop Smoking Service': rather, that Smoke Free Spaces is about supporting people, often from disadvantaged communities, to make the subtle changes in lifestyle behaviour that can form an important foundation for making further changes.

This requires a flexible approach. It recognises that it can sometimes take time to build a rapport with clients and requires the advisor to really get to know the client to gain their support and trust. In the report, we examine the impact of this approach from the viewpoint of clients.

Aims and objectives

The aim of Smoke Free Spaces is to help deliver a smoke-free Salford, where a culture of non-smoking is the norm, and to stimulate and motivate smokers to positively change their smoking behaviour.

The objectives of the service are to;

- deliver a dynamic approach to increasing the range of smoke-free environments in Salford;
- signpost people who smoke to the most appropriate stop smoking support, wherever opportunities arise; and
- Deliver brief advice and interventions in a variety of locations to people who smoke.

Outcomes

The service has a range of smoking and behavioural change outcomes.

Organisational

1. Support implementation of the Salford Tobacco Control Strategy.
2. Play a key role in the local implementation of the Department of Health's 'Smoke Free Future' strategy.

3. Involvement in strategic planning and implementation through active participation of the Tobacco Control Partnership
4. Partnership working to raise awareness, improve knowledge/skills and increase referral to relevant services.
5. Development of services delivering evidence based best practice.

Health and Wellbeing

1. Number of people with improved knowledge relating to tobacco, smoking and second hand smoke.
2. Increase in proportion of residents reporting positive well being.
3. More people making positive lifestyle choices and demonstrating healthier behaviour.
4. Increase in number of children protected from second hand smoke in homes, cars and play areas.

Conclusion

Tackling smoking is the biggest challenge to improving health in Salford. It is also a key issue if partners in the City are to reduce health inequalities.

Smoke Free Spaces is one of many initiatives underway in the City which contributes toward delivery of this strategy. The service takes a community development approach to tackling lifestyle behaviour and this evaluation plays an important role in ensuring lessons learned from delivery support a process of continuous improvement in the delivery of smoking cessation services.

The Case for Intervention

In this section, we briefly outline the current evidence for the effectiveness of different smoking interventions, to allow comparison with and understand the approach taken by Unlimited Potential. The review is also useful in allowing us to set in context some of the findings of our survey of beneficiaries.

The section:

- Explains how the evidence was chosen;
- Highlights the main findings of contemporary research;
- Provides a brief background of each finding and explains the lessons learned; and
- Identifies the way the work being delivered in Salford reflect this review's findings.

Methods

The evidence base for this review was selected on the following criteria based on our expertise in this area. Reviews had to be no more than five years old. The research had to be peer-published or produced by a reputable source with a reputation for research excellence.

The evidence base included research into smoking cessation programmes and interventions which sought to reduce smoking or the exposure of others to second-hand smoke.

Not all the evidence was directly comparable. Most research was based on self-reporting of tobacco consumption, although some programmes used medical evidence of biological markers of nicotine exposure within the body.

We looked at both academic research and at evidence promoted by national UK bodies, including the NHS, the National Institute for Health and Clinical Excellence (NICE) and the Economic and Social Research Council (ESRC).

We also looked at several Cochrane systematic reviews of smoking cessation trials. The Cochrane reports each focused on different kinds of smoking interventions and between them examined data collected from trials involving tens of thousands of participants.

Where a source is quoted directly, that source will be listed as a footnote. All the other evidence used is from research papers listed in the reference section at the end of this report.

Main finding

The main finding from our review is that the majority of smokers succeed in quitting without any assistance.

Other findings

- Community interventions show improved awareness, knowledge and intention to stop smoking, but little robust evidence of reduction in smoking.

- The best results come when cessation services are tailored to meet the needs of a specific community or individual.
- Women and young people find it harder to stop smoking than adult men.
- Group treatment may work better than one-to-one sessions
- There was some evidence that participating in studies where interventions aimed to reduce the amount of smoke children were exposed to within the family were effective, even where the family was in a control group.
- Some smokers who want to stop may be helped by advice and support from healthcare professionals and trained counsellors
- Some internet-based programmes can help smoking cessation.
- Nicotine replacement therapy is effective at reducing the number of cigarettes smoked, but the reduction may not be sustained once the intervention has ended.
- The majority of interventions which offer incentives and run competitions do not produce sustained smoking reductions or cessation.
- Acupuncture, acupressure and electro-stimulation are only as effective as placebo trials
- There is mixed evidence about the effectiveness of hypnosis.
- There is no evidence that St John's Wort helps smokers to stop

Background detail to findings

Here we outline the background to these findings in more detail.

No assistance

Most research looks at the impact of interventions on smokers, but two-thirds to three quarters of ex-smokers stop smoking without any formal intervention from other sources. Unaided cessation is the most common method used by most successful ex-smokers. Most smokers go 'cold turkey' or reduce the amount they smoke by themselves.

"I've tried every year without it working but for some reason it worked this time. Quit for about 16 months now. Just down to willpower"

Christine, SFS client

A 2010 review² of more than 500 smoking studies found that less than 10% looked at the impact of unassisted cessation. The same review also found that industry-funded trials were more than twice as likely to report significant cessation effects from the use of pharmaceutical products, than non-industry funded trials. The review defined unassisted cessation as approaches that do not include any pharmaceutical or individual or group behavioural or cognitive intervention, but may include changes in tobacco tax, increased smoking restrictions and public awareness campaigns designed to encourage people to stop smoking.

Counselling

There is conflicting evidence about whether more intensive counselling is more effective than one-off sessions.

² Chapman, S. and R. MacKenzie (2010) 'The Global Research Neglect of Unassisted Smoking Cessation: Causes and Consequences', *Public Library of Science Medicine* 7(2)

www.plosmedicine.org

Advice and support from specialised nursing staff to hospital in-patients is more effective than one-off sessions from general nursing staff at clinics or outpatient appointments, offering advice and encouragement.

Of particular relevance to the Smoke Free Spaces service in Salford, our review found that counselling sessions by trained therapists who provide one or more, ten minute, face-to-face sessions, sometimes with follow-up telephone support, helped to increase the likelihood of smoking cessation or reduction. There was no evidence that more intensive sessions with the therapists were any more effective.

Counselling sessions in a group setting were more effective than one-to-one sessions.

Community interventions

One of Unlimited Potential's key strengths, identified by many clients, is the team's grounding in Salford and their community development based approach to intervention. Community interventions recognise the broad social context which may influence health behaviours, including smoking. The community interventions which were reviewed included a wide cross section of different interventions using different communication methods and different measures.

A Cochrane review³ of 37 studies found that the impact of some of the studies was hard to assess and that robust evidence was limited. There was very little evidence that the interventions had succeeded in persuading smokers to stop. However there was evidence that the community interventions had increased knowledge of health risks, changed attitudes and persuaded more people to try and stop smoking. Our beneficiary surveys supported this, with only 8% of respondents reporting no change in attitude or behaviour.

Different populations

Women are more likely to use NHS cessation services and are more motivated to stop smoking, but less likely to succeed. Young people find it more difficult to stop smoking than older smokers. There is little evidence about any difference between ethnic groups. The proportion of smokers is highest among people from deprived areas, but there has been very little research done into whether different interventions work better with groups benefit the comparative effectiveness of different intervention methods between those groups.

The vast majority of clients reported to the evaluation team were women, although this may be in part due to the way the programme is marketed and clients engaged, as we discuss later in the report.

Family interventions

Family interventions are designed to try and reduce the amount of smoke that children are exposed to by persuading parents and carers to reduce or stop smoking. Some target families in the general population. Some interventions target those families who have children with existing medical conditions which may be exacerbated by exposure to smoke.

Four studies have shown that intensive counselling in clinical settings were effective in reducing children's exposure to smoke. There was evidence that intervention

³ Secker-Walker, R., W Gnich, S. Platt and T. Lancaster (2008) 'Community Interventions for Reducing Smoking Among Adults' *Cochrane Database of Systematic Reviews*, Issue 2.

which concentrated on changing behaviour and attitude, such as Smoke Free Spaces were more successful and sustainable than those which tried to change knowledge. The focus of Smoke Free Spaces is to support subtle behaviour changes initially, leading to bigger and more sustained change in the future.

Nicotine replacement and other pharmaceutical aids

The most recent evidence-based advice from the NHS recommends that NRT and the smoking cessation drugs Varenicline and Bupropion are offered to smokers who are trying to stop. Our survey would support this, with 20.4% of respondents identifying access to NRT as a way of making achieving their promise easier. The drugs are given to the participant about two weeks before an agreed stop date and are intended to reduce the effects of nicotine withdrawal. However, doctors are advised that the pharmacotherapies work best when used alongside the kind of counselling and support given by stop smoking services.

“I’ve stopped smoking and a lot of that is thanks to Salford Legends Programme, patches and lozenges. More group support would really help”

Dianne, SFS client

Unlimited Potential approach

The Smoke Free Spaces service commits clients to achieving goals which they set themselves. The service recognises that this is essential to the service’s and client’s chances of success, as reflected in our analysis of best practice. The client is asked to complete a Promise form and choose from the following options:

- **Bronze** – a promise never to smoke in the presence of children and other non smokers;
- **Silver** – as bronze and in addition to smoke only in one well ventilated room;
- **Gold** – to keep the home completely smoke free at all times; and
- **Platinum** – to keep the car smoke free at all times.

The early evidence from our survey of smokers in Salford who participated in the Smoke Free Spaces service supports these findings.

- Most of the smokers who had reduced and changed their smoking habits had done so as a result of the initial commitment
- Most had done so without requiring or needing any further support.
- The Salford programme allows smokers to select their own level of commitment, which echoes the methods of those successful interventions which allow clients to choose their own goals.
- The high proportion of women participants in the Smoke Free promise programme also reflects the findings that women are more likely than men to seek help to stop smoking.

Conclusions

The evidence about the most effective methods of reducing or stopping smoking is not conclusive. The findings are not always robust and there are difficulties in assessing the real impact of studies where there are no control groups, or which are dependent on self-reporting. It should also be noted that there is a difference between a report which, which for example, can find no evidence that a particular method works and a report which says that a method does not work.

The evidence is that different kinds of 'interventions' can initiate that decision to take action and change smoking habits and that some smokers do benefit from support and help in changing their habits, especially when it is tailored to suit their particular circumstances. This reflects very much the experience of those who have taken part in the Smoke Free Spaces service.

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Project Progress

This section looks at the progress made in achieving the outcomes, performance indicators and outputs identified for the Smoke Free Spaces in 2010/11. It is based on the periodic reporting data provided by Unlimited Potential.

Outputs

Smoke Free Spaces has set targets of 2000 promises to be made in the year 2010 to 2011, of which a minimum of 75% are to be Gold promises. A target of 800 smoke free cars has also been set for the service.

The team has exceeded targets for promises for both cars and homes each quarter. The spike in activity in the fourth quarter can be attributed to the recruitment of two new members of staff.

Figures 1 and 2 below outline progress by quarter and annually.

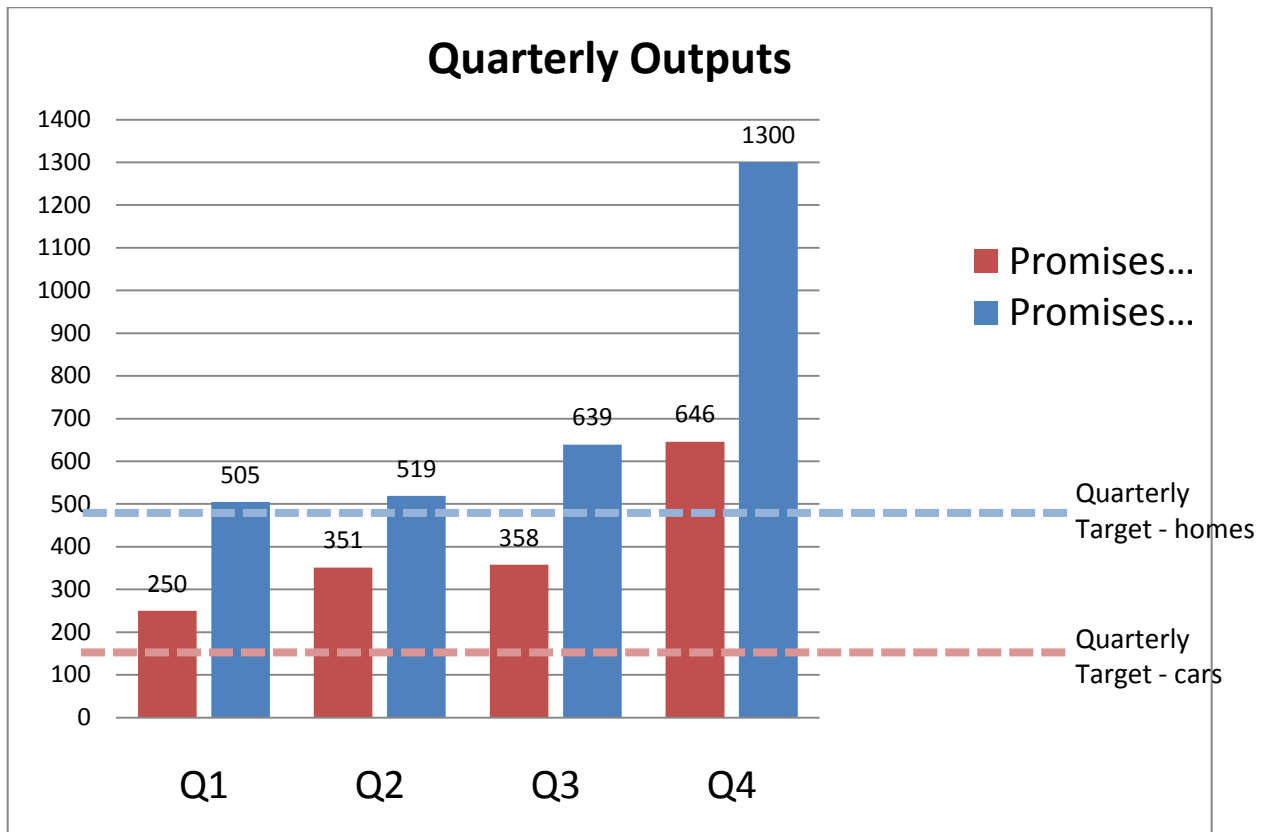


Figure 1 Progress towards project outputs 2010/ 11 by quarter
Source: Project Periodic Reports

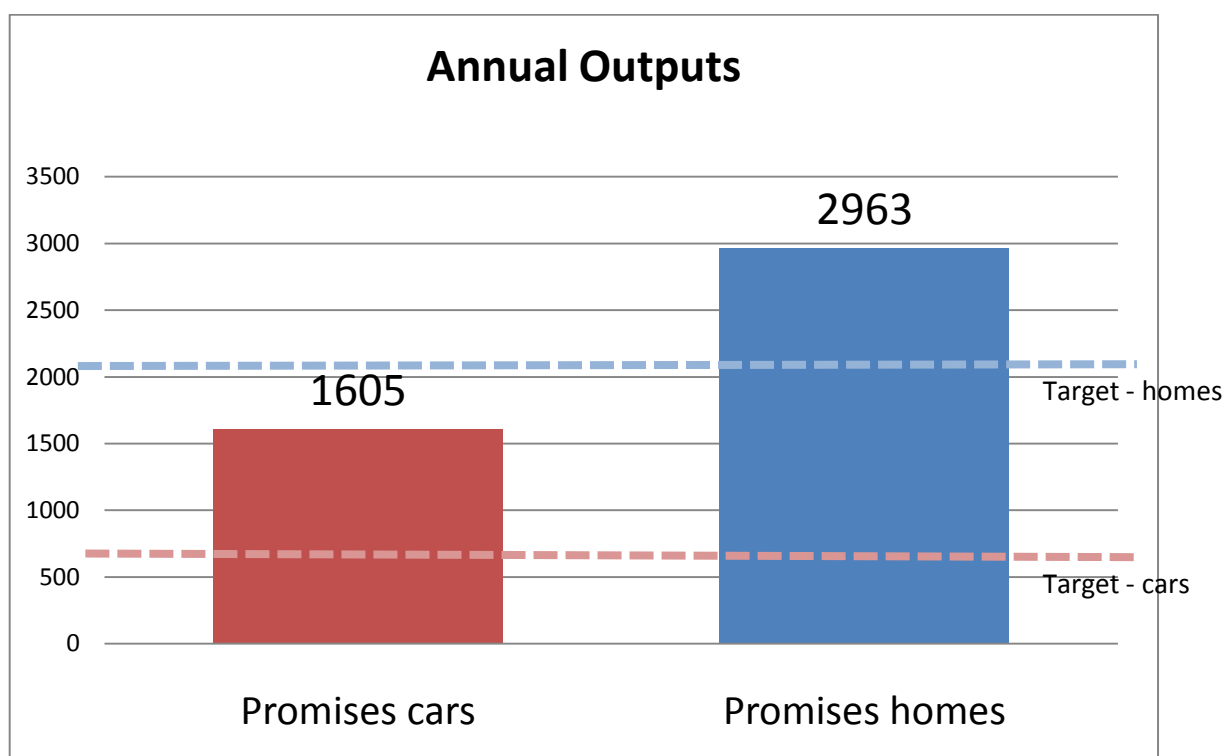


Figure 2 Annual outputs of Smoke Free Spaces, Salford
 Source: Project Periodic Reports

Key Performance Indicators

While performance against outputs is important the Salford team has a set of Key Performance Indicators to achieve which underpin the outputs.

The team has five key performance indicators:

- Follow up 300 Gold promise clients annually (75 a quarter);
- 80 clients given level 2 support;
- 11 children's play areas visited for parents' feedback;
- 75% of promises (homes) to be Gold; and
- 75% of promises (cars) to be smokers.

The team fared less favourably with regard to KPIs. Figures 3 and 4 highlight that the team failed to meet targets for follow ups of Gold promises, level 2 support and promises by car owning smokers. The failure to reach the car smoker target is less of a concern, as this output target was well exceeded and so overall smoker numbers is on target.

The failure to meet the number of follow ups is however an issue for the team. The failure to achieve this target can largely be attributed to problems contacting clients who have signed up for the promise. The team have found that many clients have changed contact details or cannot be contacted despite several calls. This reflects our own experience – of the 669 client contact details provided to us, 30% were not recognisable. This issue is revisited in the section 'Scope for Improvement'.

The team has also found it very difficult to secure participants for Level 2 support – one periodic report identifies that clients simply do not want this support. The team's approach to level 2 support is to build up trust with the client and then approaching the subject 'when the time is right'. However our discussions with clients found that

a significant number would have welcomed more support from the team. Again this issue is discussed further in the following section.

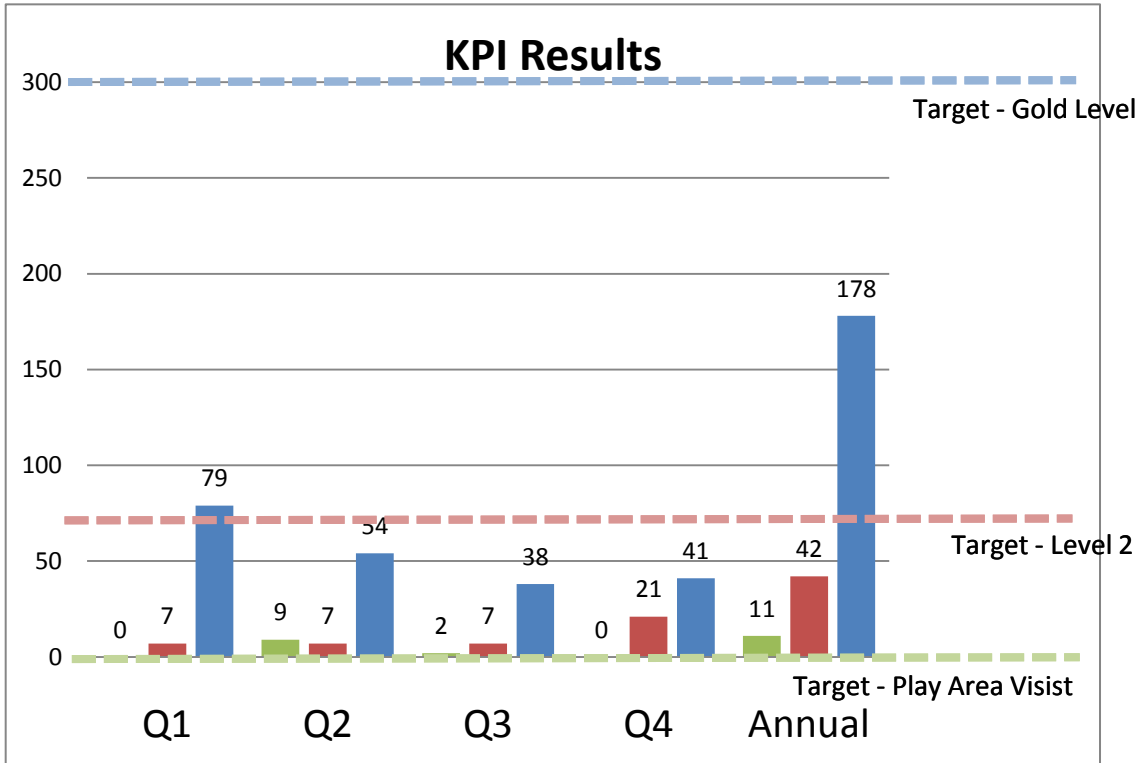


Figure 3 KPIs performance. Source: Project Periodic Reports

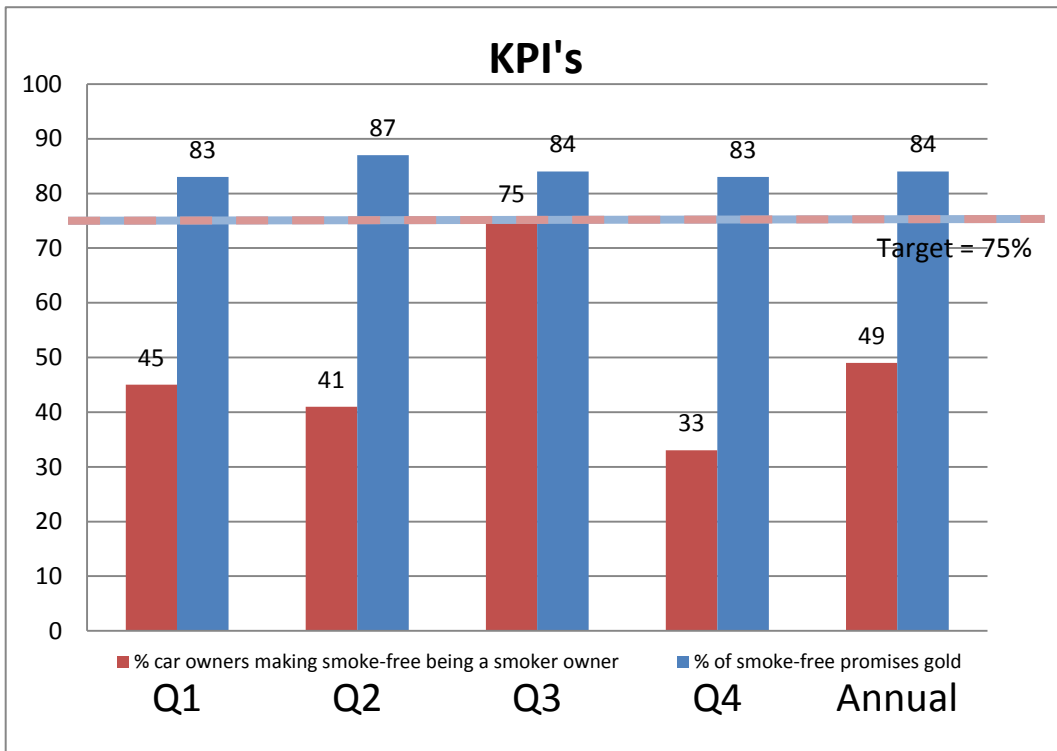


Figure 4 KPIs. Source: Project Periodic Reports

Outcomes

The two key outcomes for the service relate to impact on smoking behaviours:

- Smokers surveyed who reported a reduction in smoking; and
- Smokers who had quit for 4 weeks;

Here performance was strong and this reflects our contact with clients. The target for reduced smoking was exceeded by 68%, with 101 clients against a target of 60. The target for quitters was nearly met, with 30 clients surveyed reported quitting against a target of 32. The impact of not being able to contact all Gold promises goes some way to explaining this, however, and does demonstrate the importance of being able to improve systems for keeping in touch with clients.

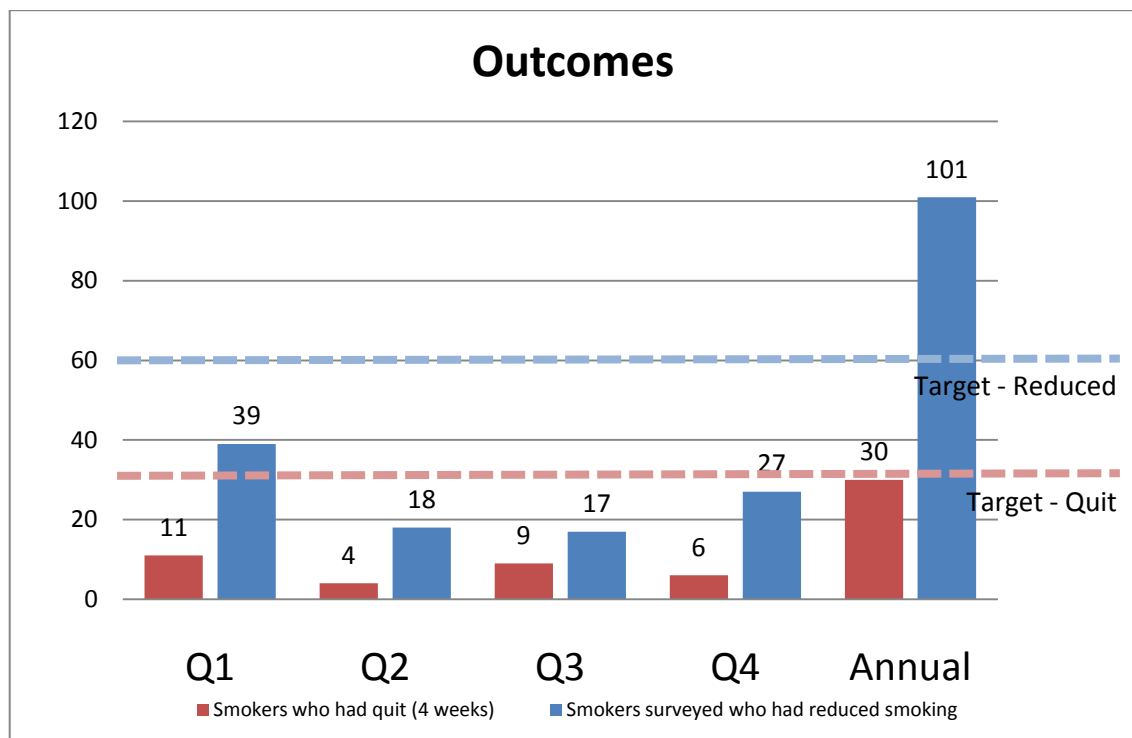


Figure 5 Programme outcomes. Source: Project Periodic Reports

Conclusions

The ability of the team to engage clients cannot be questioned as their performance against outputs is exceptional. The team's approach to engagement, discussed in the following chapters, was warmly received by clients we contacted and this is reflected in the high number of promises.

However the problem of incorrect contact details is a real issue for the service. The promise form asks for contact details and follow ups are not undertaken until 6 months after making the gold promise. We believe that this is a weakness which is impacting on the performance of the service and which can be overcome.

Similarly, the ability to identify those ready for level 2 support may benefit from more regular contact and we will return to this in the following sections.

The ‘Client Journey’

“I’ve cut back from 40 a day to 20. My partner has stopped smoking in the house too and cut down a bit. Eventually want to quit but not sure when I’ll be able to with that many bloody stresses in my life!”

Julie, SFS client

Stopping smoking is a real challenge to the health profession – it is even more of a challenge to the individual, particularly when facing the stresses of life in a disadvantaged area such as the target wards of Salford.

Here, we review the findings of our discussions with clients, to understand what motivates participation and what the barriers and

enablers are to stopping or reducing smoking through the Smoke Free Spaces service.

As discussed earlier, feedback was received from 200 clients from a database of 669 clients handed to us. Of these, 589 were women. Each survey took approximately 10 to 15 minutes.

Motivation for getting involved

The greatest motivation for getting involved with the service is a desire to quit or reduce smoking. This reflects our earlier review of current learning in which the self will and desire to quit is the essential factor to the success of smoking cessation projects.

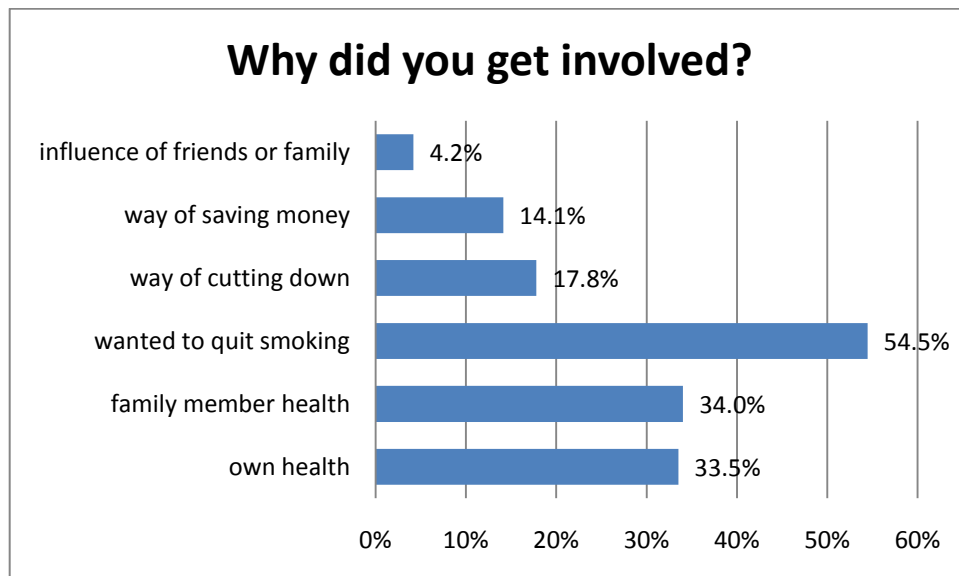


Figure 6 Reasons for involvement – percentage of clients responding to each category.
 Source: Client survey

Interestingly, although only a small number of men took part in our survey, they responded most to ‘ways of saving money’; an issue which may help improve the marketing of the service to men.

The health of children was a major factor identified by mothers in particular. The team’s approach to engagement allows the advisors to identify the issues that are important to that individual and this is a key factor in the service’s success, as identified in the following case study, provided by the team.

Whilst working on Salford flea Market I spoke to a woman who smoked all round the house. She told me she had two children but still wasn't convinced to go smoke free. I then went on to ask if she had any pets 'yes' she replied she recently bought a parrot for £200.

I told her that they were prone to drop dead from second hand smoke. The woman was shocked and wasn't ready to lose her beloved bird and signed up for a Gold promise.

Client progress

The majority of clients had successfully changed their smoking behaviour. Only 8.2% (16 clients) reported no change in behaviour, as highlighted in figure 7.

Almost 60% reported stopping smoking in the house altogether, with over a quarter of clients no longer smoking in front of their children

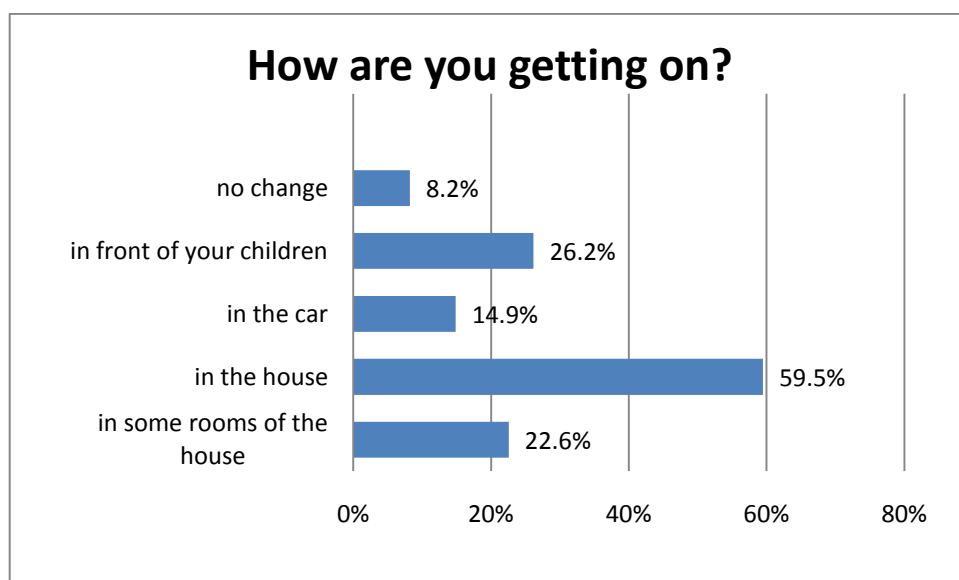


Figure 7 Client progress – percentage of clients responding to each category. Source: Client survey

The most encouraging impact of the programme from our discussions with clients has been the impact on smoking behaviour. 127 clients had reduced smoking and 33 had stopped smoking altogether (see figure 8 below).

“Colleen seems less sluggish and I feel healthier too. I didn't realise how much my smoking was affecting her before”
Dennis, SFS client

Almost half the respondents felt healthier than before and many expressed satisfaction that they were now setting a good example to their children. Only 7% of clients reported that the service had made no positive difference, an excellent return.

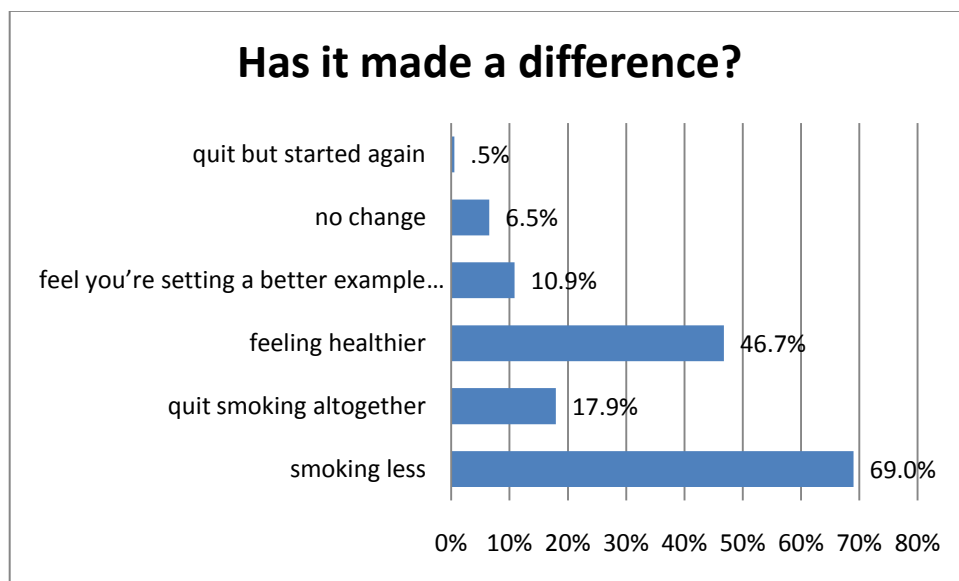


Figure 8 Client progress – percentage of clients responding to each category. Source: Client survey

Impact on family and friends

The Smoke Free Advisors report that many clients first approach them after having been recommended by other clients and word of mouth plays a key role in the service's successful recruitment of promises.

We asked clients whether their commitment to the service was having an impact on friends and family.

Although over half reported no impact, 76 clients reported positive impacts on their family, with most of those reporting family reductions in smoking as well as themselves.

However at the moment the service can only claim one smoking outcome per home. This means that the true impact of the service is not being demonstrated – in one case, a client we contacted reported that all four members of their household had stopped smoking but this would only show as one smoker on the current reporting framework.

“Everyone has been so supportive and helped me give up. Mum's been smoking 50 years and now she's given up as well.”
Margaret, SFS client

“The project is having a real influence on my friends - no-one can smoke inside the house now, so forces other people to smoke outside”
Tina, SFS client

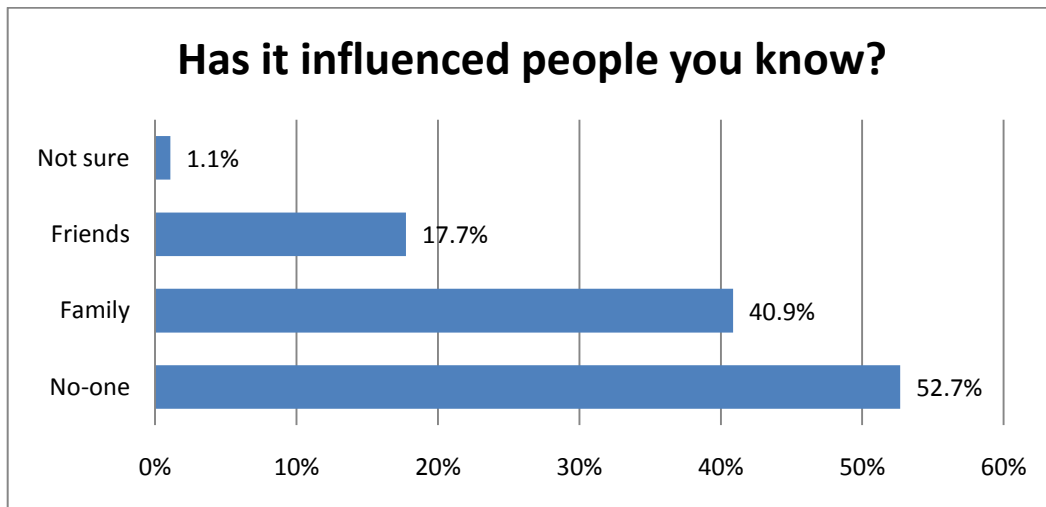


Figure 8 influencing others – percentage of clients responding to each category. Source: Client survey

Barriers and enablers

To enable us to understand what factors underpin the success or otherwise of clients commitment to the promise, we asked clients what factors made the promise easier to keep and whether any other factors could have made the commitment easier.

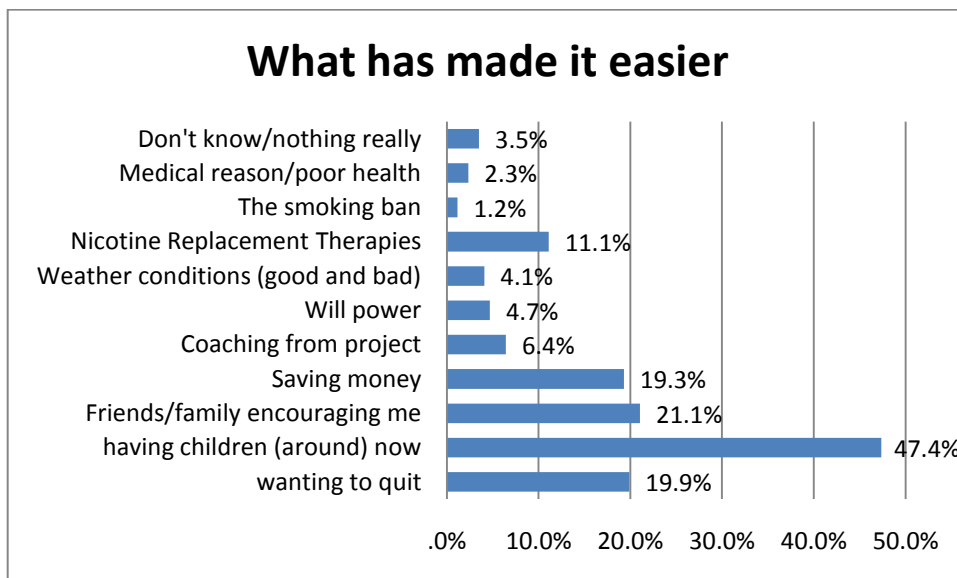


Figure 9 supporting influences – percentage of clients responding to each category. Source: Client survey

Children are the main motivating factor for many of the women surveyed, with 81 clients identifying this as the major influence for their commitment to the promise.

Family and friends' support is also crucial and the lack of such support was a key contributory factor to many of those who failed to keep the promise.

“When my kids had grandkids, that triggered not smoking around them. That was two years ago.”
 Dianne, SFS client

Interestingly, as highlighted in figure 10 below, almost a third of clients identified a need for more support from the service. At the moment, the team contacts Gold promise makers after six months. However from our client contact database of 669 clients, 50 clients contacted did not take part in our survey as they did not receive any information from the service after signing up and had therefore not acted on the promise. A further small but significant number had no memory at all of the commitment or remembered it as a 'fire protection service'.

"It would be nice to have more contact with the project. I needed reassurance I won't turn into a fat cow! - had two panic attacks since cutting back, and feel like I've started an early menopause" – **Anne, SFS client**

This poses perhaps the biggest challenge for the project – is it getting the balance right between the 'softly softly approach' and more regular contact with the client? We discuss this further in the next chapter.

Over 20% also identified a desire for nicotine replacement therapy or similar as a potential area for support. Again, more regular contact may pick this up earlier and provide an opportunity to meet level 2 KPI targets.

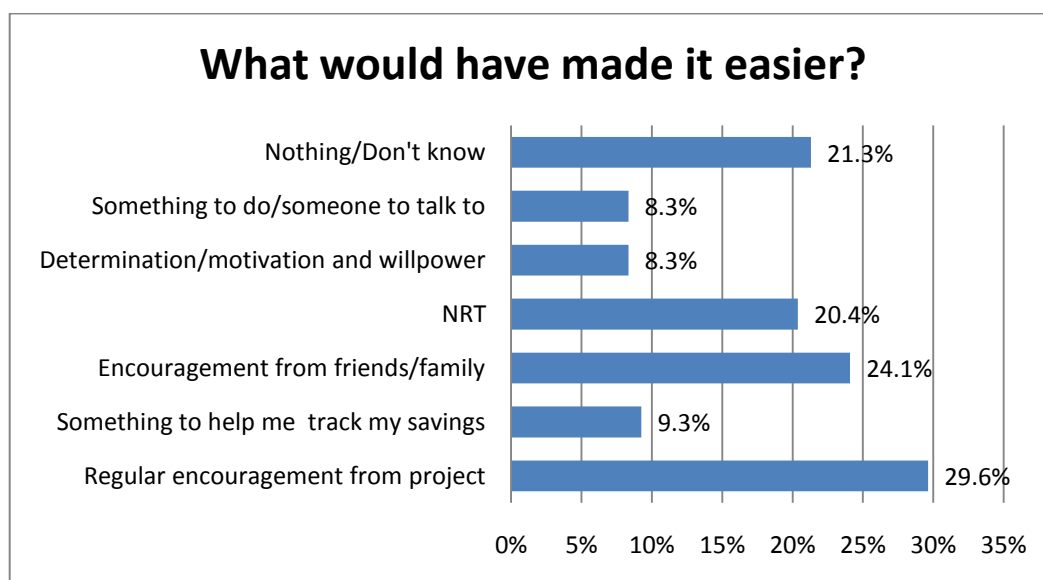


Figure 10 barriers – percentage of clients responding to each category. Source: Client survey

What next for clients?

Sustaining change in smoking behaviour is particularly difficult and some clients had fallen back into smoking after having given up or reduced smoking. However a particularly encouraging aspect of this service has been the strong desire to maintain the progress made during the project.

In figure 11 below, we see that only 5.6% of clients do not feel ready to maintain the changes made or go further still. 89 clients are committed to quitting altogether with a similar figure ready to reduce smoking.

"Still trying to quit eventually but wanting to do it gradually rather than all at once. I will need support for a while too" **Eileen, SFS client**

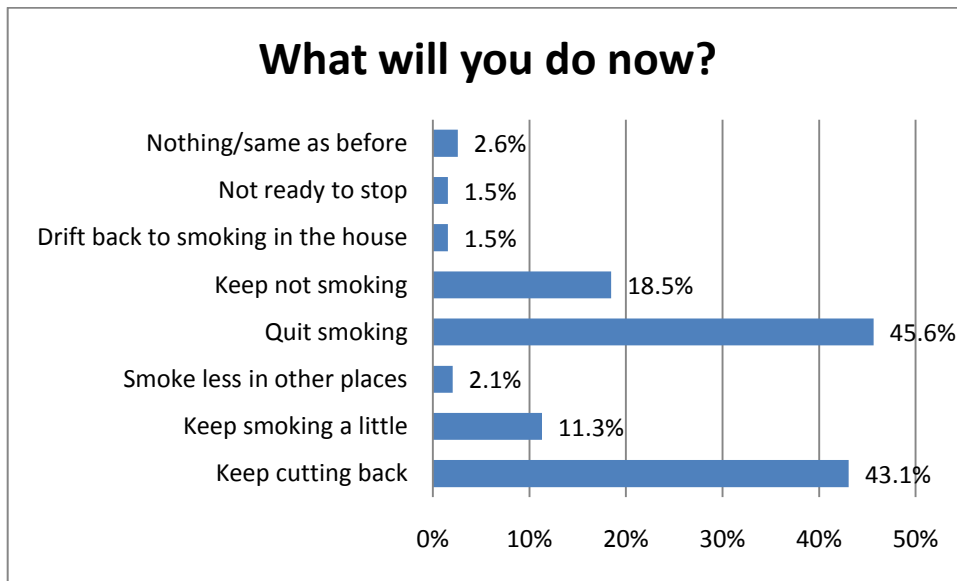


Figure 11 what next? – Percentage of clients responding to each category. Source: Client survey

Conclusions

The final table in this section demonstrates that the service is having a real impact on clients and just as importantly, we know from our study that the service is having very clear and very positive impacts on friends and families too. These results are most encouraging and support the team's own findings.

The subtle approach taken by the team is a key feature of the approach taken by Unlimited Potential. However the challenge for the service is striking the right balance and there may be a case for more pro-active reaching out to clients during the first six months of the promise.

Scope for Improvements

The Smoke Free Spaces service in Salford has many strengths which were identified during our evaluation and in particular from client feedback which was overwhelmingly positive about their experience. However, as with any project there are areas of delivery that can be improved and in this section we outline some recommended changes to delivery for consideration.

Earlier and more regular follow ups

As highlighted in the previous chapter, almost 30% of clients surveyed by our team suggested that more regular support from the service would be welcome. Moreover, a small but significant number of clients contacted did not take part in our survey as they had forgotten about the promise or given up as they had received no information.

The rationale for this approach, as explained by the team, is logical, but nevertheless we believe that the development of a more proactive approach to clients would bring further benefits. We suggest that shortly after making the promise, the service should contact clients to welcome them to the project and to raise awareness of what support the client can expect.

Texting provides an opportunity to do this in a subtle way that meets the ethos of the service. Regular texting to clients can prove a cheap and unobtrusive reminder to clients as well as offering a shoulder of support to those who may need such help.

More regular contacts may also overcome a key weakness in the system at present – incorrect client details. As we highlighted in the report, 30% of the client details provided to us were wrong or clients not contactable. In many cases, we believe this will be because mobile phones have been changed or lost. It is an issue we know is impacting on the team's delivery, as it is negatively influencing their ability to meet KPI targets for six month follow ups.

Social networks as a support route

A small but significant number of clients suggested that access to peer support such as group therapy might have been useful in aiding their commitment to the promise. Social networks are increasingly used as an option for informal support to those trying to stop or reduce smoking.

Such an option would again fit with the ethos of Unlimited Potential, providing light touch and opportunistic support which is available when required by the client, rather than imposed. Consideration could therefore be given to establishing a Facebook page, which could provide clients with a facility to access when feeling stressed and gain peer support.

The Facebook page could also provide a forum to raise awareness of forthcoming events.

Stronger focus on Gold promise holders

The services' success in securing Gold promise commitments affords an opportunity to provide a stronger focus on supporting this group. It is perhaps this group who provide the most opportunity to achieve quits and as we highlighted earlier, over 20% of clients had identified NRT as something that could have helped them. In keeping with our recommendation for more regular follow ups, focusing on this client group would pick up more quits and level 2 support.

Targeting of men

At present, the bulk of clients are women. This may reflect the way the service is currently marketed. The team market the service at sites that are well used and well known locally – the Flea market, Salford Precinct, Sure Start Centres, Supermarkets for example.

The majority of clients we contacted were contacted at these centres. It is perhaps unsurprising therefore that the bulk of clients are women.

Working class men are notoriously difficult to engage onto these programmes. The team understands this and are using wives and girlfriends to reach out to men. This has worked in some cases but perhaps more proactive targeting of men should be considered, targeting pubs, betting shops and working men's clubs for example.

Communications and links with other services

The team has worked very hard at providing a joined up service with other agencies. It regularly provides information on its upcoming events to other partners.

The team has also worked well with other agencies, proactively seeking partnerships with a range of health and other services. The team also works with Sure Start, '7 Steps' (Smoke Free North West), the 'Quit It Bus' and ICE Legends.

The team is a key partner for the Fire Service and is a major route to the Service Home Safety Tests – it has referred over 700 people to the service.

More recently, the team has delivered excellent work as part of the Illicit Tobacco initiative with the City Council, helping to overcome the myths that illicit tobacco is a safe and cheap alternative.

The team has however had a more mixed response from some health services. There have been occasions that they have only heard of an event that could have provided an opportunity to market the service after the event was held e.g. summer events and the 'NHS at 60' day. The team feels that while things are working better, there is still scope for improving communications between services.

Case study improvements

The team regularly collects stories of change from clients and this is a welcome aspect of the team's monitoring processes. The team also collects quotes and reports from clients to demonstrate impact.

Reading the case studies, we believe they could be further strengthened by identifying specific health outcomes. During our discussion with clients, we heard many stories of improved health. Nearly half of clients reported feeling healthier and some of these 'stories of change' demonstrate real health outcomes for the service which may not be identified at the moment.

Conclusions

This section provides thoughts for improvements to the way the service is delivered that are for consideration. They are in no way meant to undermine the excellent work that the team is delivering. The overwhelming feedback from clients and partners has been very supportive. We look forward to working with the team over the next year.

Contact details

Client

Client contact	Chris Dabbs
Title	Smoke Free Spaces interim report
Date	28 July 2011
Version	First draft
File location	F:\Projects\Current projects\4086 NHS Salford\Reporting\Interim Reports\smoke free v2.docx

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