

## **Minutes from the Smoking and Health Cross Party Group**

**Ty Hywel, Tuesday 5 March 2019 @ 12.30**

**Chair:** John Griffiths AM

**Speakers:** Suzanne Cass, Chief Executive ASH Wales  
Zareen Iqbal, Development Officer, ASH Scotland

### **Attendees:**

Suzanne Cass, Chief Executive, ASH Wales  
Dai Lloyd AM  
John Griffiths AM  
Adam Fletcher, Director, British Heart Foundation  
Emma Henwood, Policy and Public Affairs Manager, British Heart Foundation  
Maura Matthews, Prevention Lead, Tenovus  
Huw Cook, British Lung Foundation  
Joseph Carter, Head of Devolved Nations, British Lung Foundation  
Judy Thomas, Director of Contractor Services, Community Pharmacy Wales  
Ceri Morgan, Citizen's Advice  
Cllr Timothy Thomas, Residential Landlords Association  
Dave Edwards, Edwards Healthcare/Community Pharmacy  
Adam Edgerly, Juice 33 Vape Shop  
Kevin Howell, Head of Housing, Linc Cymru  
Laura Wilson, Senior Health Promotion Specialist, Public Health Wales  
Kate Thompson, Chief Executive CIEH Cymru  
Sophia Dimitriadis, Policy and Research Officer, ASH Wales

### **1. Welcome and Introductions**

John Griffiths AM (JG) welcomed everyone to the meeting and introductions were made. JG reminded everyone of the aims of the Group and reiterated the challenge of inequalities and healthy life expectancy and the importance of recognising that progress has slowed. Today's meeting is about identifying some solutions to increase progress.

JG then continued with the formalities of the group and his role of Chairman following Julie Morgan AM stepping down. The nomination was seconded and approved.

JG introduced Suzanne Cass (SC), Chief Executive of ASH Wales.

## **2. Presentation by Suzanne Cass, ASH Wales Smoking and Poverty**

SC made the following key points during her presentation:

- Smoking costs an average of £70-80 per week, £3,000 a year.
- We still have 476,000 smokers in Wales and the majority living in our poorest areas
- 43% of the long term unemployed smoke and 26% of routine and manual workers
- 64% of smokers would like to quit
- 44% make a quit attempt every year
- 3% of smokers accessing NHS stop smoking services every year, that's 16,000
- 7% of the Welsh population are using an e cigarette, 180,000
- 50% of e cigarette users have quit and are only vaping
- We have large and persistent inequalities that have barely changed in a decade
- 22% of 16-24 years olds smoke; the generation of smokers is already on its way
- Scotland is the only country to have successfully reduced smoking inequalities; smoking prevalence is also falling faster

This requires collective action as we recognise that the NHS cannot do it alone; we need clever and cost effective ways to address smoking within marginalised groups.

ASH Wales recently hosted a WTHN (Wales Tobacco and Health Network) event called Who can afford to smoke? The event focussed on solutions to tackling the financial burden of smoking. More than 40 organisations participated and a number of recommendations were put forward calling for the following:

- A unified position statement on e cigarettes
- Consider a behaviour change training model for frontline non NHS staff that includes smoking cessation
- Consider a programme of incentives for employers; behaviour change and wellbeing initiatives need to be embedded in funding programmes
- Implement targets for marginalised smokers

SC then introduced Zareen Iqbal (ZI) from ASH Scotland, Project Manager Smoking and Money Advice Project (SMAP)

ZI shared details of a pilot project called 'What can money advice services do? The role of stopping smoking in money advice; putting health and economic benefits together; training and support plus evaluation.' The project was devised with the idea that 'Money advice services should address tobacco use with clients; Money advice services should address tobacco when the time and circumstances are right'.

Evaluation of the pilot project resulted in a number of recommendations:

1. Money advice services should address tobacco use with clients
2. Money advice services should address tobacco when the time and circumstances are right for each client
3. There should be tobacco specific training for money advice services
4. Build and maintain regular contact between local stop smoking services and community based money advice services
5. Develop materials to help money advice services raise the issue of smoking more consistently with clients.
6. Incorporate questions on tobacco use as a key trigger in Common Financial Tools (CFTs)

Following on from the pilot ASH Scotland produced a range of resource materials in a cigarette pack designed for money advice organisations to trial with accompanying posters.

Resources were displayed in consultation rooms as a trigger to make it easier for advisers to broach the subject of smoking with clients. There was also an aim to create awareness amongst staff and clients of local support services that vulnerable groups may traditionally not have been aware of or felt confident enough to engage with without some prior encouragement.

### **Why should Money Advice Advisers talk about smoking?**

- People with financial worries are more likely to smoke, even though they are just as likely to say they want to stop.
- Smoking takes money out of already stretched budgets, undermining financial resilience.
- 70% of smokers want to quit, but those in more deprived groups are less likely to succeed due to increased stresses.
- Money Advice workers can help to provide information that can both reduce financial hardship and improve health
- Money Advice workers can use the opportunity of financial statement interviews to identify how much is being spent on cigarettes
- The opportunity of Common Financial Tools can act as a prompt with the inclusion of question on smoking expenses.

### **Barriers to Engagement**

- Staff need to build a rapport
- Smoking is a health issue; it's nothing to do with them
- Staff fear that if they initiated conversations around smoking and clients expressed further interest in quitting, that they would be unable to provide expertise in the area and support individuals to access SSS.
- Organisation staff felt constrained by time and existing procedures, which prevented them from consistently addressing tobacco issues as part of the normal client assessment on financial health.

- High staff turnover in many money advice settings means that those trained to offer brief advice on tobacco issues and signposting to stop smoking services, either left or moved on to other jobs.

## **Recommendations**

- Financial inclusion training to include tobacco awareness issues and the impact on poverty.
- Creation of a Smoking and Money Advice E-Learning module for Advice staff as an alternative to SSS training.
- Adequate guidance and reassurance to staff about the limited nature of the intervention.
- Continue to provide resources to help money advice staff raise the issue of tobacco consistently and direct people to free support.
- Creating further partnerships between money advice Services and SSS to aid signposting.
- Having smoking cessation services periodically available from money advice setting that offer support to disadvantaged communities. Provision of smoking cessation literature.
- Local government strategies could make it a prerequisite for money advice services to include tobacco advice as part of the support they offer.
- National Umbrella money advice organisations incorporating tobacco issues into statutory induction training for new staff

JG then left the meeting and handed over to SC:

## **1. Open Discussion:**

**How do we push this forward? What is the process for bringing these ideas into action? Who is responsible for delivering these solutions, eg, the training model?**

The following points and discussions took place during the open session:

Kevin Howell (KH), Head of Housing, Linc Cymru, commented on the financial inclusion project. 110 people accessed the service but what is the data around quit rates. Housing Associations in particular are interested in supporting their tenants well being but in order to move forward with something like this, some hard evidence is required. ZI responded that this was a qualitative study but since this pilot work is being carried out at a pharmacy level and that will give them some good quality data that they will collate and distribute.

KH said that we need concrete evidence in order to convince organisations that this works.

Laura Wilson (LW) of Public Health Wales said maybe it's something that could be included in the 'teachable moment's conversations.

KH added that social landlords have a number of professionals who have contacts with tenants, such as repair and maintenance and health and wellbeing workers and they would be ideally placed to be having some of these conversations with tenants. Ultimately landlords are looking to secure their rental income as well as supporting peoples' health and wellbeing so they are supportive of any initiatives that help them to do that. There are 158,000 tenants in social housing and therefore there is a lot of scope there to find a model that works. The Joseph Rowntree report into poverty tells us the only way to impact

poverty on the individual is for their outgoings to go down and to increase their income. By stopping smoking this could be achieved.

### **1. Open Discussion**

#### **How do we bring this to the attention of policy makers? How can we make it part of the policy agenda in Wales?**

1. Discussion: What can we do to bring the attention of these community based solutions to policy makers, and tap into the transformation funding delivering the *Healthier Wales* agenda?

TT of Residential Landlords' Association commented that Rentsmart Wales and private landlords already produce tenant guides and it might be useful to incorporate smoking cessation into that; to make the information more widely available.

General discussion around what needs to happen next. E cigarettes are not currently promoted by Public Health Wales. Lots more people seeking pharmacy support. DE, pharmacist in Pembrokeshire said that a significant number of people want to try an e cigarette. Lots of vape shops are independent and can offer good advice. Public Health Wales are not currently advocating them as a tool.

Strong evidence now exists that e-cigarettes plus behavioural support is the best way to quit. Long term evidence is now there, but there are still a few individuals leading the campaign and not advocating for their use. SC commented that Help Me Quit is the gold standard of cessation services but ultimately only 3% are quitting in that way. A combined approach is needed if we are going to get more people to quit. AE of Juice 33 Vape Shop commented on the strict rules around advertising e cigarettes and vaping. SC responded that it's important that we have strict regulation because we need to be mindful of promoting to young people. We need the tight regulation and promotion of the product needs to clearly reflect its use as a cessation tool.

JC of BLF commented that his organisation would recommend e-cigarettes as a cessation tool but if you have a lung condition then they would recommend other products. It's not always straight forward.

2. Discussion: What role does the Assembly have to play in helping these solutions be enacted into policy?

➤ What can we do as a group to help achieve it?

A discussion took place to identify what funders want. Citizen's Advice Cymru said there is a lack of time and resources to talk to clients about smoking. Many have mental health issues and are often in crisis. When clients come through the door, workers have limited time and have to focus on whatever is the main priority. There are a lot of questions that workers need to get through using the Common Financial Tools and unless it's relevant to what that family needs right then, smoking is unlikely to be part of the conversation. It

was also noted they already have to meet a lot of criteria in order to satisfy funders, so it's already a crowded environment. Organisation policies and how smoking could be incorporated into their work needs more consideration.

SC proposed the idea of a health and wellbeing grant. Employers need to be part of the conversation and are interested in the health of their employees. We have proposed to Ken Skates AM the potential for a training scheme to help employers signpost employees that smoke to nearby support. This would link with the Economic Contract for Business. This is something that is certainly worth pursuing.

KH suggested that the Big Lottery are supportive of projects that show innovation and this could be something to explore further.

A discussion took place around expanding the MECC training model to other organisations. There is potential to explore how the model could be adapted so that the net is spread even wider than it is now.

There was agreement that community services offer more potential to support smokers. Up to date information is required so that people know where to access a range of initiatives in their community. The DEWIS website is suitable for this but relies on people updating the site regularly.

SC summed up the meeting by saying we will build on the pilot study that ASH Scotland have discussed again. More work needs be done on the practicalities of moving this initiative forward and it's something we will talk about again.