

WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE:  
1 NOVEMBER 2010

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

## **PUBLIC HEALTH QUIT STOP**

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### ***Executive Summary***

*This item falls within the Social Care and Inclusion portfolio.*

## **1 Background**

- 1.1 In addition to the Stop Smoking Service (SSS) NHS Wirral has recognised a need to target smokers from deprived areas and routine and manual occupations who would not normally engage with NHS Services for a variety of reasons. This is a Strategic Commissioning Plan target and requires that through a social marketing campaign an additional 5,000 4-week quitters will be generated outside of the traditional service. In order to identify the best means of achieving this target in these areas with individuals who will not come to the NHS for help, insight work has been conducted with smokers (in 2009) from the 20% most deprived areas in Wirral (Health Action Area) and those in routine and manual occupations.
  - 1.2.1 In response to these findings a social marketing campaign was developed known as 'Quit Stop Wirral'. The service is an instant access service in that clients are not required to make an appointment and the engagement is minimal and quick. The campaign has developed a concept of easy access differing from previous campaigns with the slogan 'No Appointment, No fuss'. The campaign has a non-NHS feel which is a must in order to reach a different population segment than those currently accessing stop smoking service provision.
    - 1.2.2 The central components of the campaign are:
      - A mobile outreach service (consisting of a trailer, registration point, promotional staff who can issue Nicotine Replacement Therapy (NRT) on the spot without appointments which smokers can access in their own locality. This is specifically aimed at reaching smokers living in the 20% deprived areas who do not access the internet.
      - A website service (consisting of a web based registration point and facebook where smokers can talk to other smokers, share quit tips, and experiences). This service is aimed at reaching smokers living in the 20% deprived areas who cannot access the mobile outreach service or other local services.

- An incentive scheme in partnership with Asda to encourage engagement and increase the number of quitters making a quit attempt. The incentives are in the form of a monthly prize draw and are there primarily to engage and create a supporter network for smoking quitters.
- BME community champions are out in the community registering tobacco users and providing NRT support within local BME communities.
- 'Quit Stop Wirral' supporters (people from within the local community who have quit smoking) further reinforcing the social marketing campaign
- Phone, text, letter and email communication may be selected for smokers who wish to have their NRT delivered to their home. This ensures that smokers can access NRT without stepping out of their daily routine.
- The follow-up of unsuccessful quitters to encourage re-engagement of the campaign
- Intense customer relationship marketing

## **2 Financial Implications**

This is a Strategic Commissioning Plan target and is funded through this funding stream. The total allocation for the delivery of the programme is £450,550 per annum until 2013.

## **3 Staffing Implications**

None.

## **4 Equal Opportunities Implications/Health Impact Assessment**

All smokers may access the service who live or have a GP in Wirral. Specific provision for BME tobacco users has been addressed through commissioning of the third sector organisation Wirral Change.

## **5 Community Safety Implications**

N/A

## **6 Local Agenda 21 Implications**

N/A

## **7 Planning Implications**

N/A

## **8 Anti Poverty Implications**

N/A

## 9 Social Inclusion Implications

Positive impact on social inclusion as it is making services accessible to those who currently do not access traditional NHS Services.

## 10 Local Member Support Implications

Quit Stop Supporters are previous smoking quitters that are engaged with the campaign. Support and resources are provided to help them promote the campaign with their surrounding networks.

## 11 Health Implications

Smoking is one of the most significant contributing factors to low life expectancy, health inequalities and ill health, particularly cancer and coronary heart disease. Therefore, reducing smoking is a key improvement area within the overarching Health of the Population public service agreement (PSA) area and strategic health authority (SHA) local delivery plans, as well as within the NHS Operating Framework and in social care local area agreements (Department of Health, 2008).

## 12 Background Papers

N/A

## 13 Update

Figures to date:

Number engaged with the campaign	2,389 (1134 male 1254 female)
% from areas of deprivation	86%
Smokefree	617 (26%)
Not Smokefree	727
Unknown	919 (38%)
Visits to website	3756
Page views	45,698
Facebook friends	120

## Partnerships

The campaign was on hold for three months during the election period, since its re-launch a solid partnership with Wirral News and Asda has been established. It is recognised that the private sector has a greater reach with the target population and are a trusted source amongst this segment. Wirral News now voluntarily do editorials. Asda have offered to host the winner's events on a monthly basis along with tannoy announcements to advertise the service and links with their pharmacy in promoting the campaign.



## Community Ownership

One of the most significant elements to this campaign is the use of successful quitters as promoters of the campaign. Currently we have two administrators from the public leading on Facebook and talking with other smokers attempting to quit. Also the winners from the campaign are photographed and then advertised in their area of residence. This provides a feeling of ownership in the communities we are working with and the non lecturing nature of the campaign creates a quitter's environment which is made to feel achievable and not dictated.



## Main Challenges

The main challenge to the campaign is contacting smoking quitters at 4 weeks for their smoking status. While we are pleased with the take-up of the service and the level of engagement with the 20% most deprived which is higher than would normally be achievable (86%). Those who register are difficult to contact again in order to update their smokefree status. In order to address this, the incentivising prize draw is being used as a 'carrot' to contact us either by phone, text or e-mail. However, this will take time to build awareness as evaluation indicates that often the public do not believe a prize draw is real. It is hoped that through advertising local faces of winners, people will begin to recognise their peers and believe in the draw. This should in turn motivate those who have registered to make contact with the campaign.

## Evaluation

An evaluation was commissioned in June 2010 and the results will be available in February 2011. Initial surveys indicate that the service is reaching the right places and people. The only comments are requests that the mobile trailer remain in one area for longer periods of time for word of mouth to spread. This has been addressed.

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