

Universal Health Visiting Pathway and Tobacco Control Service Collaboration: Reducing Exposure to Second Hand Smoke in Infants

Overview

Lanarkshire's Tobacco Control Strategy focuses on creating a society for children which is smoke-free and where all adults are positive anti tobacco role models, whether they smoke or not. Smoking and exposure to Second Hand Smoke (SHS) has been linked to complications in pregnancy, lower respiratory tract infections, asthma, middle ear infections, sudden unexpected death in infancy and meningococcal disease and is higher amongst the most deprived areas of Lanarkshire. This contributes to the cycle of deprivation which can have an effect on the health and well being of infants and children.

ASH Research Report: Second-hand Smoke: the impact on children, 2017 estimates between 6.5% - 20% of children are exposed to SHS in cars, and up to 35% of children in the home environment ¹ Data in one locality for the period March 2017-February 2018 revealed 44% (n=74/34) of infants living with smokers were exposed to second hand smoke at the health visitor primary visit.

Evidence suggests that smoking outside is the only safe way for parents to protect their children from the toxic chemicals of tobacco smoke. Concealing their smoking habit from children creates a culture free from tobacco smoke where a smoke-free

home is seen as the social norm. ² The National health visiting (HV) pathway professional standards promote discussion around the risks associated with Tobacco consumption and SHS to parents/carers' and child health. The HV contact is an opportunity to provide specific and practical advice about how to make the home and car smoke free and discuss a range of smoking cessation services available to parents and, if appropriate make a referral.

The project links to the NHS Scotland 2020 vision as it focuses on prevention of ill health and anticipatory care for parenting and early years.

Methodology

The team developed an Aim : 20% reduction of infants in East Kilbride locality who are exposed to SHS by the six week child health review (Baseline 44%)

(Definition: infants living with primary carers who smoke)

- Service improvement activity was hosted by the East Kilbride HV team and the specialist tobacco control team to develop and test a service improvement change package
- Diagnostic process mapping was undertaken to identify the key process of routine enquiry
- Implementing brief intervention into practice and an efficient pathway referral route to the tobacco control team
- The team utilised the model for improvement and iterative PDSA testing

Process Change

The improvement change package bundle consisted of the following areas:

- Routine enquiry with accurate recording of smoking status and exposure to second hand smoke (ESHS) on national child health surveillance system
- Brief intervention practice (ESHS/Smoking) by the HV between the primary visit Universal pathway contact and six weeks
- Brief intervention 'prompts' to facilitate and support HV discussion each with parents/carers (Figure 1)
- Smoking /ESHS Pathway of care developed and the standardised process tested
- Tobacco Control CPD update

Figure 1



Parent Feedback

A parent survey (n=23) supported data results. 96% of parents confirmed HV had discussed exposure to second hand smoke and that information was clear and easy to understand. 75% families now smoke outdoors / 25% smoke in another room.

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References:

- ASH Research Report 2014. Second hand Smoke: the impact on children, 2017
- Smoke-free Lanarkshire – For you, for children, forever: Lanarkshire Tobacco Control Strategy 2017 – 2022

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Outcomes and Results

Chart 1

Illustrates baseline of infants of smokers exposed to second hand smoke at the primary visit (median 44%). This reduced to a median of 33% by the 6 week child health review, exceeding our aim of 20% reduction by 1.2%.

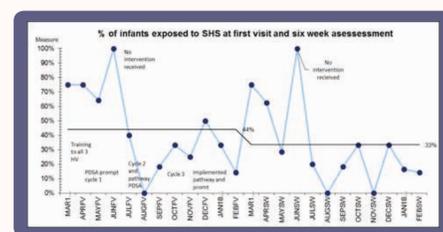


Chart 2

Demonstrates 93% reliability (median) of health visitor brief intervention at primary visit.

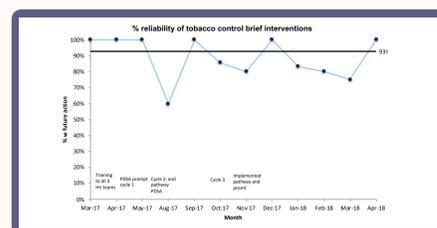


Chart 3

Illustrates % of current smokers with a request for assistance to specialist Stop Smoking Services (9%).

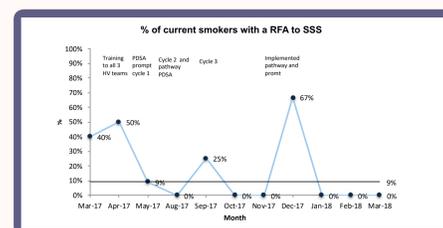


Chart 4

Compares future action recording by HV pre and post improvement activity and shows a positive change in recording of future actions within the national CHS system over the two periods.

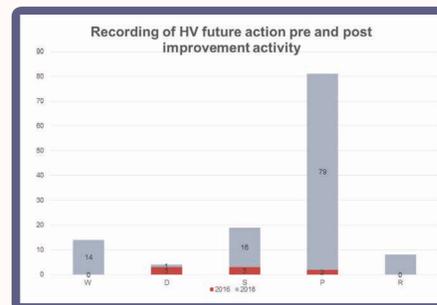
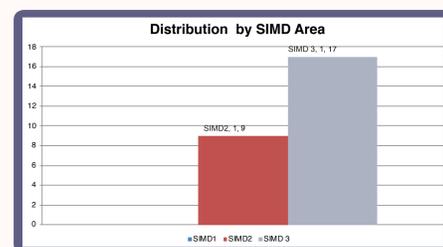


Chart 5

Illustrates the distribution of parents from SIMD 3 and 4.



Key Learning and Conclusions

- Introduction of Routine Enquiry and ESHS brief Intervention by the HV as a service standard has proved to be a reliable process in supporting families to universally access public health advice as well as facilitating referrals to the specialist Stop Smoking Services
- Health Visitors concluded that the primary visit to a new family is an optimum time to discuss ESHS and implemented brief intervention practice during the period between 0-6 weeks
- The smoking/ESHS pathway provides a consistent and standardised process for HV intervention and referral
- Staff reported the discussion 'prompt' assisted as a visual aid to discuss motivational behaviour change around smoking and exposure to second hand smoke
- Tobacco control CPD update was found to be beneficial in preparing HV staff with contemporary knowledge and information around current service provision
- Long term behavioural change can be monitored at the frequent contact points in the universal HV pathway until a child is five years old with an opportunity to reinforce health promotion messages

Scale and Spread

- The team have now implement and spread the change package to all South Lanarkshire HV teams. Early planning is in place to spread the service improvement work pan Lanarkshire