Fairer Health for All Fellowship Cohort 1

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Project details

Project Name	Engaging with the Voluntary Community and Social Enterprise (VCSE) sector to reduce smoking levels in Bolton
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FINAL REPORT

Introduction

The central aim of this project is to try to reduce smoking levels in Bolton – a key public health priority – through the power of the borough's Voluntary Community and Social Enterprise (VCSE) sector.

Through previous engagement work supported by Bolton CVS, we have seen how the VCSE sector's connections within communities mean it is well placed to deliver public health messages in ways that statutory services aren't always able to.

The clearest example of this was during the Covid pandemic – by collaborating with VCSE organisations through the Community Champions programme, the NHS in Bolton saw a noticeable increase in the uptake of the vaccine, as well as a challenging of myths and misinformation. That programme was credited with helping to bring down infection rates, which were, for long periods, some of the highest in the country[i].

Given that growing body of evidence, a collaboration between Bolton Council, the smoking cessation programme provider, ABL, and the VCSE sector seemed an obvious approach to take to address an issue which has such a negative impact on so many lives and which places such an immense strain on the NHS.

This project is an opportunity for the VCSE sector to be stakeholders in a programme that will help to reduce health inequalities across the borough.

Our approach is aligned with Bolton Council's Tobacco Control Strategy, which has clear targets for reducing smoking across the borough over a 4 year period[ii].

It should be noted that the project relates to tobacco smoking only - it does not cover people who only use vapes.

The detail of what we did, the preliminary results of what we've achieved so far, and some reflections on how we might scale this programme up – applying the model to other urgent public health issues – are set out below.

Background

Reducing smoking is a key public health priority. The following list of facts explains why.

Tobacco is the single most important entirely preventable cause of ill health, disability and death in this country – responsible for an estimated 75 thousand deaths in England a year, and around 8 million globally.

Smoking causes harm throughout people's lives. It significantly increases the chance of stillbirth and can trigger asthma in children.

Smokers lose an average of 10 years of life expectancy.

Smoking causes around 1 in 4 of all UK cancer deaths and is responsible for the great majority of lung cancer cases.

Smoking is also a major cause of premature heart disease (which is the biggest single cause of deaths overall), stroke and heart failure and increases the risk of dementia in older people.

Large numbers of people are confined to their homes by heart failure or chronic obstructive pulmonary disease caused by smoking.

Non-smokers, including children and pregnant women, are exposed to the risks of second-hand passive smoking[iii].

People who smoke see their GP over a third more often than people who don't smoke and smoking is linked to nearly half a million hospital admissions each year. One in four people in hospital beds is a smoker. At a time of unprecedented strain on the NHS, smoking is adding significantly to those pressures[iv].

According to the World Health Organisation (WHO), the tobacco epidemic is one of the biggest public health threats the world has ever faced.

Adult (18+) smoking prevalence in Bolton is 15.3 %, which equates to approximately 35,000 smokers. This rate is higher than both the North West average of 11.8% and the England average of 11.6% [v].

Smoking contributes to an average of 382 deaths per year and more than 2,200 hospital admissions for Bolton residents.

Smoking is also a significant driver of inequality and poverty with mortality rates attributed to smoking in the most deprived areas of England more than double those in the least deprived areas[vi].

A 2021 study to examine the impact of Adverse Childhood Experiences (ACEs) on the health and wellbeing of adults in Bolton found that people who had experienced significant childhood trauma were twice as likely to smoke or use e-cigarettes compared with those who hadn't experienced ACEs.

So, whilst this project is aimed at all smokers in Bolton, the fact that the data shows us that certain groups of people within the population are more likely to smoke, means particular effort will be made to target them.

Methodology, Results, Conclusion

The Behaviour Change Cycle Theory can be used to describe the different stages of a smoking quit attempt. There is plenty of research data that tells us that most smokers want to quit, but find it difficult due to a number of reasons, e.g. previous unsuccessful attempts, or other psychological or practical barriers, such as living with other smokers.

On the basis that many smokers will already have trusted and supportive relationships with VCSE organisations, the sector can help to play a pivotal role in helping a smoker progress from stage 1, 'Pre-contemplation', to stage 3, 'Preparation' - which would be to start a programme with the smoking cessation service provided by ABL.

The VCSE sector organisation can help a person to understand the benefits of stopping smoking and support them to build confidence to the point that they feel able to start a quit attempt. The VCSE group can continue to offer encouragement and support throughout that quit attempt.

And there are clear benefits to any VCSE organisation wanting to take part in this project – in terms of a financial incentive and staff training. The detail of that, and how we are delivering this project, is set out below.

Our first task was to gather together a range of VCSE organisations with connections to certain demographic groups where we know smoking rates are higher than the population average – for example, people with poor mental health and those living with multiple disadvantages, such as poor housing and low paid employment. Bolton CVS's position as a trusted partner and gateway into the VCSE sector, with a positive reputation built up over many years, meant it was ideally placed to lead this initial engagement phase.

A briefing session was then delivered by Bolton Council's Public Health team and ABL, the company commissioned to provide a smoking cessation programme across the borough. This set out the rationale for the project and outlined roles and responsibilities.

A key driver of the project was a financial incentive for the VCSE groups involved – a payment of £200 per group, per each successful quit.

The next stage was a series of training sessions delivered for the VCSE groups by ABL – to give them the tools to have conversations with people – using the [Make Every Contact Count](#) (MECC) approach.

They were also given advice on how best to support the people they would be signposting to the programme through their journey.

These training sessions were important in giving the groups the skills required to make the most of every interaction with a person looking to stop smoking.

Unfortunately, issues around funding streams and capacity within ABL meant the sessions weren't delivered in a timely manner – and so many vital months were lost. This meant the momentum we'd built up in the initial engagement phase was squandered. Relationships with the groups had to be repaired. Fortunately, Bolton CVS's strong ties to the sector made this task easier than it otherwise might have been.

During the time when training was stalled, one of the groups involved in the project, Transforming Lives, which works with people struggling with mental health issues and substance and alcohol abuse, took part in a test and learn pilot exercise. Though the data set is small, the signs are encouraging. The results are set out below.

Since that point, more groups have been trained and are beginning to signpost people to the programme.

It's important that the insights from the test and learn pilot are properly evaluated and the successes and challenges shared widely. This way, we can build on the things that have worked well and iron out some of the challenges – which is the essence of any test and learn exercise.

Key Assumptions and Interdependencies

A key assumption, based on previous work, is that the VCSE sector can reach people in ways that statutory services can't. And therefore, it's more likely to reach higher numbers of people than previously tried and tested methods.

The quality of those interactions is also likely to be better - meaning that more people are likely to be convinced of the merits of the programme if they're hearing it from someone they know and trust.

They're also more likely to stick with the programme if they're supported by that same individual or individuals.

Opportunities

The main opportunity presented by this project is the fact that the VCSE sector is rooted in and has connections with the very communities that we're trying to reach.

We also know that public health collaborations between the VCSE sector and statutory partners can produce positive results.

By giving VCSE organisations more of the skills necessary to have conversations with people, and applying the learnings from this and previous projects (e.g. during Covid), we can start to make inroads in other areas of preventative health to address inequalities.

Challenges

The main challenges have been connected to the problems of funding streams and capacity within ABL.

This has led to long delays, a lack of communication and a loss of momentum - putting a strain on relationships and undermining some trust in the process.

The VCSE sector also faces significant financial challenges. Even the prospect of a £200 cash injection per organisation, per successful quit, may not be enough of an incentive to devote sufficient time to making this project a priority.

Desired Results of the Project

The key outputs of my project will be the number of referrals and quits delivered through the support of VCSE organisations. These figures will be tracked and can be

compared with other pathways – to gauge what impact the VCSE sector's input has had. As well as quits, another output will be the increased number of people trained to have conversations with smokers.

My expected outcomes will flow from those outputs – more people successfully quitting smoking across the borough. This will not only improve those people's health and wellbeing, but also the lives of their families.

In doing so, it will also relieve some of the pressure on the NHS - as the population becomes healthier, there will be fewer referrals for smoking-related conditions.

And it will also improve the financial position of large numbers of people – the money they're no longer spending on cigarettes is money that can instead go into family budgets – particularly important during a cost of living crisis.

All of the above will hopefully result in a positive contribution to tackling a key health inequality in Bolton.

Key Findings & Results

Because of the issues of funding streams and capacity already mentioned, the findings we have so far are limited to one group (Transforming Lives), who were part of an initial pilot project to test some of the principles underpinning the overall programme.

Though a fairly limited data set, the initial results are encouraging:

Transforming Lives Group Data

Referral Figures:

- 48 Referrals

- 32 Male, 16 Female

- 40 White British, 1 x Asian, 7 x no ethnicity recorded (we were unable to contact)

- 30 x Age 18-44, 17 x Age 45-64, 1 x Age 65+

- 24 x Never Worked or Unemployed for >1 year, 5 x Routine & Manual Occupation, 3 x Sick/Disabled & unable to work, 2 x Retired, 3 x Managerial or Professional Occupation

- 58% from top 3 most deprived areas

Engagement Figures (those who set quit dates & were due payment):

- 25 Quit Dates Set

- 15 x 4 week Quits (60% quit rate)

- 15 male, 10 Female

- 24 White British, 1 x Asian

- 13 x Age 18-44, 12 x Age 45-64, 0 x Age 65+

- 15 x Never Worked or Unemployed for >1 year, 4 x Routine & Manual Occupation, 2 x Sick/Disabled & unable to work, 1 x Retired, 3 x Managerial or Professional Occupation

- 76% from top 3 most deprived areas

The commentary below is from ABL:

Key Points

Lots of issues at the start of the process, such as referrals that were made and we were unable to contact. Regular contact from the service was an issue too, mainly down to staff capacity.

Clients offered a variety of NRT, including patches, gum, lozenges, inhalator, mouthspray or vapes.

Clients have telephone appointments with advisors each week.

Advisors then attend Elite Boxing Gym to dispense NRT to client, and catch up with those who haven't been able to contact.

Transforming Lives are keen for us to attend more sessions and plan to talk with Lisa B regarding new session in Jan 2025.

Some issues including some clients being referred to us without their knowledge, or who are not interested in quitting.

Payment processed on 05.12.2024 for payment on 13.12.2024.

Process

Referral from TL Group/Self-referral.

Admin contact client to book in initial appointment, which would normally be completed over the phone.

Clients receive 12 weeks of support, including free access to NRT/vapes. Support carried out via telephone calls and face to face at Elite Boxing Gym.

Client still able to get support only after receiving 12 weeks of products as staff attending the gym.

Feedback

We have received some feedback from the team where people have said that it has been "life changing" for them…"really happy with the programme" and they think we are "brave to keep coming back each week".

Lisa B said Dawn (ABL advisor) had been "incredible" and that she is a "real asset to ABL".

Transforming Lives' own feedback is much less complimentary about the whole process. Their main complaints are around a serious lack of communication and organisation.

Below is a case study of someone who's gone through the programme.

Case study – Mick

Why did you decide to quit?

After 30 years smoking, I decided to give up for health and financial reasons. Smoking was having a massive, negative impact on my asthma and breathing. If I tried to play football or go boxing, I could feel the stress on my lungs after I'd smoked roll-ups in the morning.

Where did you seek support to quit?

Stopping smoking has been on my mind for a long, long time. The trigger to quit this time was seeing an advertisement for the local stop smoking support service on our Transforming Lives Group social media site. The timing was perfect. Knowing there was some real support out there and someone I could check in with each week gave me the confidence to get involved.

What products did you use to quit?

Nicotine replacement therapy patches, as well as a vape. My nicotine dose has been reducing each week, and I'm working towards stopping everything altogether.

How was your first day smokefree?

My first day without cigarettes made me feel really empowered - I've actually stopped smoking!

How do you battle withdrawals and cravings?

I think it's very important to me that I have some self-awareness around my triggers. I now know the things that could send me back to smoking, such as stress, money, a busy lifestyle. I know I can't change my whole life – I've just got to change me.

I also use a stress ball, fidget toys and spinning a pen to keep my hands busy!

Have you had any support you found helpful?

I'm part of a voluntary organisation called Transforming Lives Group in Bolton. A number of us all decided to give up around the same time. I believe that by giving up together we have been much stronger. I want to lead by example and also support others who would like to quit smoking – if I can do it, they can too!

What positive changes have you found from quitting?

When I'd given up, I felt a vast difference in my breathing. It felt like an instant improvement, and I didn't want to go back to smoking after that! My physical strength, fitness and oxygen levels have all improved. I'm nowhere near as tired and I'm recovering a lot quicker.

The financial benefits of not smoking, given the pressures of the cost of living currently, have made a huge difference to me.

When I take my girls in the car on the school run now, they no longer complain it smells of cigarettes! This has had a massive impact, not just on me - but also my family too.

How do you feel about yourself now?

I've been through a lot in my life - ups and downs, including health struggles and a brain injury, but now my priority is being healthy, living life properly and watching my children grow up or becoming a grandfather one day – by stopping smoking I'm giving myself the best chance of doing this!

Achievements, Changes and Impact

Although still at an early stage, some progress towards the overall aim of reducing smoking levels in Bolton has been made.

Representatives from 8 different VCSE groups have received training around having conversations with people looking to stop smoking.

Through their trusted relationships, they're able to reach people in ways that the system has so far failed to do. That connection means they're more likely to successfully signpost a person to the smoking cessation programme.

And the evidence suggests so far, through the support they're able to offer, that that person is more likely to successfully quit.

Each quit is a great success story for the individual. It also represents a cash injection into the VCSE economy of Bolton.

And ultimately, it means less strain down the line on the NHS.

Recommendations

My main recommendation is to take the learnings from this project into a larger pilot – including more organisations and producing more evidence of what works. This would help to develop a blueprint to support other localities – sharing best practice and making the offer scalable across the city region.

To do this, increased investment will be required – to boost the capacity of local stop smoking services and to engage with an even greater range of VCSE organisations. By developing the training offer – maybe through an eLearning module – we can look to drive up engagement and the number of referrals.

As the programme starts to gain momentum, I envisage a positive feedback loop, with groups and individuals starting to see the benefits, which should in turn encourage more and more VCSE groups to get involved.

In time, we could have dozens of groups across the town signposting hundreds of people to the smoking cessation programme. That should mean that the number of smokers is reduced.

How much rates of smoking prevalence are reduced by and in what timeframe will be dependent on investment, as well as the strength of the collaboration between stop smoking providers and VCSE organisations – something which has so far been a challenge.

Conclusion

With the current passage through Parliament of the Tobacco & Vapes Bill[vii], this is an exciting time to be involved in a project which should help to de-normalise the use of tobacco.

This excitement, though, is tinged with frustration. By not having funding streams and capacity aligned from the start, assurances were given to the sector which weren't met. That has damaged some trust in the process and the system.

This has had to be rebuilt quickly to try to sustain some momentum for the project, but also, crucially, so that we can continue to draw on the support of the sector when addressing other public health priorities. In future, collaborations such as this one should only be entered into once funding streams have been agreed.

And communication and organisation are key. Without them, the potential success of any project is seriously compromised.

Despite those challenges, the early evidence from the work done so far demonstrates the huge potential contained within the VCSE sector. Further investment, training and collaboration with partners across the system should allow us to reach more people in more communities who, so far, have remained resistant to the anti-smoking message.

To build on the progress already made, it's vital that the VCSE sector is treated as an essential partner in the co-design and delivery of pathways and services. The insights and intelligence gained can help shape the direction of future programmes.

Work is already underway with a couple of Bolton's new Neighbourhood Leads to see how this project can support them. South and Central South Neighbourhoods have both recently identified smoking cessation as a key health priority. By setting up Task & Finish groups, we're already engaging with wider stakeholders and finding ways to reach communities in more targeted ways.

The more we can embed the learnings from our project across the system, the better chance we have of reaching the people we need to reach, and, ultimately, of addressing our overall aim of reducing smoking levels in Bolton.

Logic Model		
Project Title: Reducing Smoking Levels in Bolton Through the Power of the VCSE Sector.	**Completed by**: Liam Hanley	**Date**: January 2025
		Version: Final

Context: Smoking is estimated to cause 382 deaths in Bolton every year, and more than 2200 hospital admissions. Smoking levels in Bolton are above the national average. Certain groups in the population - such as people with poor mental health and those who are living with multiple disadvantages such as poor housing or in low paid employment – are more likely to smoke, exacerbating already existing health inequalities.

Rationale for change: The need to reach people in ways that statutory agencies struggle to achieve. By those closer connections and relationships built on trust, barriers can be overcome.

Inputs:	Activities:	Outputs:	Outcomes:	Impacts:
• Engagement with VCSE groups.	Conversations with Bolton CVS and the sector, then a briefing session by Public Health and ABL with VCSE groups.	A better understanding of what's required.	More confident groups.	More conversations with people looking to stop smoking.

• Training of VCSE groups.	Training sessions – to help groups to have conversations with people they're connected to who want to stop smoking.	Representatives from 8 VCSE groups trained.	Those groups are better able to have conversations with people wanting to quit smoking – leading to more referrals to the smoking cessation programme.	More people being signposted means more successful quits. That's obviously good for the health of the individual, but also the VCSE group and the NHS. The more groups involved, the greater the number of referrals and, ultimately, the greater the number of successful quits.
• Pilot project	A test and learn approach with Transforming Lives – to see what works.	Data and case studies to be analysed.	Key learnings to help drive the project forward.	By building on what works we can improve results.
• Funding of groups	£100 per successful sign-up and a further £100 per successful quit.	Welcome cash injection for the sector.	The more groups can see a financial benefit, as well as a public health benefit, the more likely other groups will want to be involved.	A positive feedback loop which benefits everyone.

	Evaluation	A detailed examination of the programme's results once more groups are involved.	More data and case studies to be evaluated.	More data means more insights and intelligence.	Key learnings from this model can be applied to projects aimed at addressing other urgent public health priorities.

[i] Public Sector Transformation Awards 2022 | IESE Public Sector Transformation Partner

[ii] Bolton Tobacco Control Strategy 2022 - 2026
[iii] https://www.gov.uk/government/publications/stopping-the-start-our-new-plan-to-create-a-smokefree-generation/stopping-the-start-our-new-plan-to-create-a-smokefree-generation
[iv] https://www.gov.uk/government/publications/smoking-and-tobacco-applying-all-our-health/smoking-and-tobacco-applying-all-our-health

[v] ASH Ready Reckoner, January 2025
[vi] https://www.gov.uk/government/news/smoking-ban-introduced-to-protect-children-and-most-vulnerable)

[vii] https://bills.parliament.uk/bills/3879