Fairer Health for All Fellowship Cohort 1:
Optional Template – Final Report

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Project details

Project Name	Engaging with the VCSE sector to reduce smoking levels in Bolton
Fellowship Dates	February 2024 – January 2025

Summary/Abstract – FINAL REPORT

The summary / abstract provides the reader with an overview of all covered in the project report. Even though a summary is placed at the beginning of a project report, you can only write it once your entire report is complete.

Introduction	*A brief summary of your project, reasons for choosing, brief reference to key data supporting your choice/why you did it., what did you intend to achieve?* 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 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. ([Public Sector Transformation Awards 2022	IESE Public Sector Transformation Partner](#)) 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 approach was aligned with Bolton Council's Tobacco Control Strategy which has clear targets for reducing smoking across the borough over the next 5 years.
	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.
Methodology, results, conclusion	*This will be a summary of what you did, what you discovered/learned and your final conclusions* 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 deliver this initial engagement phase. A briefing session was then delivered by Bolton Council's Public Health team and ABL, the company commissioned to deliver 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 groups – the payment of £200 per group, per each successful quit. The next stage was a series of training sessions delivered for the 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 pause 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: from 48 referrals, 25 quit dates were set, and of these, 14 people achieved a 4 week quit (a 56% quit rate). Now that 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	*What can you assume will happen as a result of your project? For example, can you assume certain things will happen or be true? Is progress dependent on other factors/projects/issues?* 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.
What is the overall purpose of this project? Aims?	*Describe what you aim to achieve. What does your project seek to do?* My project aims to reduce the number of smokers in Bolton. It will do so by harnessing the power and connections of Bolton's thriving VCSE sector to reach communities who have hitherto been resistant to smoking cessation campaigns. This is an opportunity for the VCSE sector to be stakeholders in a programme that will help to reduce health inequalities across the borough.

	We know that thousands of smokers will come into contact with a VCSE organisation every week in Bolton and are likely to have trusted and established relationships with them. This is a great starting point to initiate conversations that can be turned into 'smoking quits.' It should be noted that this project relates to tobacco smoking only - it does not cover people who only use vapes.
Opportunities and Challenges?	*Take a look at the SWOT analysis we did at the first peer support session and expand on the opportunities and challenges of your project.* **STRENGTHS** 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 taking the lessons from previous projects (e.g. during Covid) we can build on what works. **WEAKNESSES** Problems of funding streams and capacity within ABL - the organisation commissioned to deliver the smoking cessation programme. This has led to long delays, a lack of communication and a loss of momentum. **OPPORTUNITIES** The lessons from this project can be applied to other areas of preventative health. By giving VCSE organisations more of the skills necessary to have conversations with people can give them confidence to address other health inequalities. **THREATS** The VCSE sector 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. The delays described above have put on a strain on relationships and undermined some trust in the process.

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 on the programme. 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.
Brief description of methodology used.	*How will you accomplish your project aim? Are you using any particular tools, processes or guidelines?* **The below is the model proposed:** 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, as previously described, many smokers will already have trusted and supportive relationships with VCSE organisations, the proposal is that 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 local specialist stop smoking 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 confident enough to start

| | a quit attempt. The VCSE group can continue to offer encouragement and support throughout that quit attempt.

Any VCSE organisation taking part in the programme receives staff training and payment for their involvement. Participating organisations have a briefing session with the Public Health Team and the ABL Specialist Stop Smoking Service, which consists of a Stop Smoking Very Brief Advice workshop.

There is also the opportunity to complete level 2 training via the National Smoking Cessation Training Centre for staff who would like additional knowledge. However, this is not mandatory for those participating in the project.

There is a payment of £100 to the organisation for each quit that is initiated - where a smoker is signposted to the Specialist Service, ready to start the 12-week programme. That person would have to be identified as a smoker by an initial CO test. In the case of a smoker being referred to the service who is not ready to start a quit attempt, there is no payment.

There is an additional payment of £100 if those quit initiations then become successful quits. This is a smoker who has completed the 12-week programme and a quit that has been verified by the ABL Specialist Stop Smoking Service. |
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Logic Model – FINAL REPORT

A Logic Model is a way of mapping and visualising the future goals you want for your project which is fundamental to its design. It helps to set out; A clear link between the activities you want to do to achieve your goals; What needs to be in place to ensure your activities link to your goals; how you will know whether you have achieved your goals. It helps to test how plausible and feasible are your goals and provides a framework from which you gather data, learning and insight on your journey to prove how you are achieving your goals.

Please see the Appendix below for a blank template of a logic model. Guidance for how to complete this can be found below:

Context: This is important because the organisational, policy and practice context can affect whether we achieve what we set out to. Changes in an organisational structure, new policy requirements, or new services being commissioned are all examples of things that can change and influence what our initial theory was based upon.

Rationale for change: This is at the heart of our theory. What is the problem that we are seeking to address, and why?

Inputs: ⟩	Activities: ⟩	Outputs: ⟩	Outcomes: ⟩	Impacts:
These are the resources that will be necessary. This almost always includes money, but other resources are also usually required such as in-kind contributions from partners, physical space, kit, or (parts of) FTE posts.	These are the things that we are going to do to deliver the programme. They are usually grouped into different themes or strands – for example there may be activities in primary care, for workforce development and patient engagement.	That our activities will deliver. Outputs are usually things that we can count. What we will notice changing? How many people will be involved?	Are the things that we are aiming to improve. They are what we expect to be achieved by the programme.	There is always some work to do to separate outcomes and impacts. Impacts are best understood as the wider, longer-term changes that we expect our outcomes to contribute to. Outcomes are directly attributable to what we will deliver. Impacts are wider, at a system or societal level.

Assumptions: All theories are based on assumptions – examples include the contribution of partners, availability of funding, recruitment of related posts, or patient or clinician take-up. They are often related to the context. Recording the assumptions means that we can test them in the evaluation; and take account of things that are important if they do not happen.

Body of the report – FINAL REPORT

This section provides the detail of your work analysis, data, and graphics.

Provide the evidence and theory behind your project	*Describe the issue you are looking to resolve or improve upon. What population group is your project aiming to work with?* Reducing smoking is a key public health priority. Smoking damages and cuts short lives in extraordinary numbers. From increasing stillbirths, through asthma in children, to dementia, stroke and heart failure in old age, it causes disability and death throughout the life course. It drives many cancers, especially lung cancer, which is the most common cause of cancer deaths in both women and men in the UK. It causes and accelerates heart disease - the biggest single cause of deaths overall. Large numbers of people are confined to their homes by heart failure or chronic obstructive pulmonary disease caused by smoking, unable even to climb the stairs. Non-smokers, including children and pregnant women, are exposed to the risks of second-hand passive smoking. Smoking rates have fallen significantly over the last few decades, but smoking still accounts for more years of life lost than any other modifiable risk factor. Around 6.1 million people in England still smoke. One in four patients in a hospital bed is a person who smokes.

	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. At a time of unprecedented strain on the NHS, it's adding significantly to those pressures. Adult (18+) smoking prevalence in Bolton is 14.2 %, which equates to approximately 42,000 smokers in 2022. This rate is higher than both the North West average of 13.4% and the England average of 12.7%. 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. The data shows us that there are certain parts of the population that are more likely to smoke. These include people with poor mental health and people who are living with multiple disadvantages such as poor housing or in low paid employment/unemployed. So, whilst this project is aimed at all smokers in Bolton, particular effort will be made to target those people who fall into one or more of the above categories.
Explain your key findings, results,	*Final Report – What are your key findings at the end of the programme? Has anything changed?* 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** 48 Referrals 25 Quit Dates Set 14 x4 week Quits (56% quit rate) 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 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're 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" & 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!
Describe achievements, changes and difference made, impact	*What has the project achieved so far/by the end of the programme? What changes/differences have occurred? What has been the impact of the project? How do you know?* 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.
Provide any recommendations	*Do you have any recommendations? What do you think should happen next? Who, what, when, why and how?* My main recommendation is to scale this project up. That means building up the capacity within ABL – in order to reach more VCSE groups with training, which should then lead to more referrals. Those referrals will then draw on that extra capacity within the system. 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. Ultimately, that should mean that our overall aim of significantly reducing smoking levels is met. How much rates are reduced by and in what timeframe will be dependent on that capacity, as well as the strength of the collaboration between ABL and VCSE organisations – something which has so far been a challenge.

Conclusion – FINAL REPORT

Summarise your thoughts	*How are you feeling overall about your project? What learning has occurred for you and others involved?* I'm excited still by the possibilities inherent in this project. I've seen at first hand, through this and other collaborations with partners across the system (especially during Covid), what a difference the VCSE sector can make. These collaborations have worked best when the VCSE sector has been treated as an essential partner, not as a bolted-on, box-ticking exercise. That excitement, though, is tinged with frustration. By not having funding streams and capacity aligned from the start, promises were made to the sector which weren't kept. 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 rely 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.
Describe any future actions or work needed	*How will the project be sustainable? What recommendations do you have to sustain or develop this project further?* For the future, the VCSE sector has to be a more equal partner in an enterprise of this kind. It has to be listened to so that its insights and intelligence can help shape the direction of the programme. Work is already underway with a couple of Bolton's new Neighbourhood Leads to target this work in their areas. The South and Central South Neighbourhoods have both recently identified smoking and its related illnesses as key priorities. (These priorities hadn't been agreed at the start of this programme).

	With that in mind, I'm now part of a Task & Finish group in the South Neighbourhood with other stakeholders. We're currently working out ways of targeting the communities we need to reach. This more focused approach will involve liaising with GP surgeries around data – to help identify where we can make the biggest difference.

Appendix:

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	A better understanding of what's required.	More confident groups.	More conversations with people looking to stop smoking.

	by Public Health and ABL with VCSE groups.			
• Training of VCSE groups.	Training sessions – to help groups 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,	A positive feedback loop which benefits everyone.

			the more likely other groups will want to be involved.	
• 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.

Assumptions: