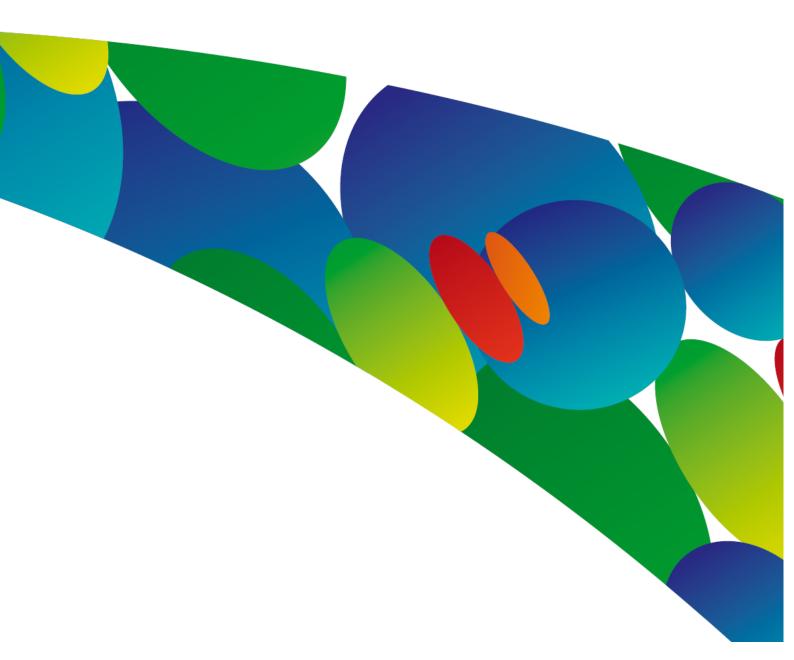# Learning from National Support Team visits: Tobacco Control NST (Part 2)

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INTRODUCTION TO PUBLIC HEALTH NATIONAL SUPPORT TEAMS

National Support Teams (NSTs) were established by the Department of Health from 2006 to support local areas – including Local Authorities, Primary Care Trusts (PCTs) and their partners – to tackle complex public health issues more effectively, using the best available evidence. By undertaking intensive, 'diagnostic' visits to local areas, spending time with key leaders (commissioners and providers) including clinicians and front-line staff, the ten NSTs provided intelligence, support and challenge to local areas to assist in their achieving better public health outcomes. The programme finished in March 2011.

The ten subject specific teams (Sexual Health, Tobacco Control, Health Inequalities, Teenage Pregnancy, Childhood Obesity, Alcohol Harm Reduction, Infant Mortality, Response to Sexual Violence, Vaccination and Immunisation and Children and Young People's Emotional Wellbeing and Mental Health) were commissioned and established with a focus on improving health and reducing health inequalities.

The ten teams undertook more than 480 visits to local partnerships during the course of the programme and their findings and successes have been documented in Knowledge Management and Evaluation reports. Each team also produced reports setting out and consolidating the learning from their work. A further report that captures best practice identified by each team is planned to enable local areas to continue using the expertise and lessons learnt from the NST model.

The NST process involved a desk review of key documentation and data-based intelligence, and interviews with key informants, often in combination with a series of workshops or focus groups. Collation and analysis of findings was immediate, and the findings, including strengths and recommendations, were fed back straight away and on site to the key local players and leadership. Recommendations were accompanied by offers of support, either at the time of reporting, or as part of follow-up activity.

The Department is publishing a number of reports which distil the learning from the programme, and exemplify the methodology employed. The attached report highlights the learning derived from tobacco control workshops conducted as part of the Health Inequalities and Infant Mortality NST diagnostic process. It is intended as a complementary piece of work to 'Learning from the National Support Teams visits: Tobacco Control National Support Team (Part 1)'.

Amongst others, the main lessons learned from these workshops is a need for improved performance management, more intelligent use of local data, more effective targeting of resources and better multi-agency working. This is important as these messages resonate with wider plans for the reform of the NHS through the white paper on *Equity and Excellence – Liberating the NHS,* as well as for establishing a new public health service. This piece of work provides a useful tool for initiating and informing discussion around what should be done to free our local communities from the harm and inequalities caused by tobacco use.

SUMMARY

A systematic analysis was undertaken in order to identify common themes underlying recommendations by the National Support Team (NST) on the implementation of local tobacco control measures.

A previous report, 'Learning from National Support Team visits: Tobacco Control NST (Part 1)', identified trends in recommendations made to local areas by the Tobacco Control National Support Team. Intended as a complementary piece of work, this report (Part 2) focuses on tobacco-related workshops conducted as part of the Health Inequalities and Infant Mortality NST diagnostic process[1].

Between January 2009 and December 2009, the Health Inequalities NST visited 23 local areas and delivered 17 tobacco control workshops. During the same period, the Infant Mortality NST visited 13 local areas and delivered the same number of 'Smoking in Pregnancy' workshops.

Health Inequalities NST tobacco control workshops

Analysis of recommendations revealed the following recurrent themes:

1. *Strategy and performance*
   Main recommendation types related to the need to develop a more strategic approach and improve accountability and performance management arrangements.

2. *Stop Smoking Services*
   In relation to clinical services, the most common recommendation type related to better targeting resources at populations with most need.

3. *Organisational and partnership arrangements*
   Key issues to emerge within the heading related to the need for a broader range of partners and a more appropriate organisational structure for delivering the tobacco control agenda.

4. *Social marketing and communications*
   A common finding was a lack of an adequate communications strategy and poor internal communication between partners.

5. *Tobacco control*
   In a majority of reports at least one recommendation was made regarding the need for a more comprehensive approach to tackling the impact of illicit tobacco or exposure to secondhand smoke.

6. *Vision*
   The least common theme, recommendations generally related to the need to 'win hearts and minds' towards the issue of tobacco control.

Infant Mortality NST Smoking in Pregnancy workshops

Analysis of recommendations revealed the following recurrent themes:

1. *Data*
    In terms of Data, the main recommendation types often related to a need for local areas to undertake more robust data analyses to inform programme development, as well as better linking and sharing of data between partners.

2. *Training*
    Smoking in Pregnancy workshops often identified an inadequate strategic approach to the delivery of training relevant to smoking in pregnancy.

3. *Stop Smoking Services*
    A common theme within these workshops was a need to review the existing service model and also to explore opportunities for improving access to smoking cessation medication.

4. *Commissioning*
    In terms of commissioning, the main sub-themes to emerge were the need to improve commissioning arrangements and to better performance manage providers.

5. *Strategy and Performance*
    Unlike the Health Inequalities workshop, the main recommendation around strategy and performance related to a need to 'scale up' the amount of smoking in pregnancy activity.

6. *Resources*
    A review of existing service capacity was a common recommendation, alongside a review of funding to establish if resources are commensurate with need.

In light of on-going changes to the public health landscape, it is important for these findings to be discussed in relation to future action given the need to improve pregnancy and tobacco-related outcomes locally.

BACKGROUND

National Support Teams (NSTs) were initially developed to provide tailored support to local NHS organisations facing the greatest challenge to achieve key deliverables such as orthopaedic and accident and emergency waiting times. The Department of Health then determined that such a process would be beneficial for public health and commissioned NST input across a range of public health themes including tobacco control, health inequalities, sexual health and infant mortality.

The Tobacco Control National Support Team was established by the Department of Health in December 2006. The purpose of this team was to offer support to PCTs, local authorities and local health partnerships in their efforts to achieve key smoking-related deliverables as outlined in relevant documents such as the NHS Operating Framework and Department of Health national priorities.

Tobacco Control NST Diagnostic Model

Tobacco control is an internationally recognised, evidence-based approach to tackling the harm caused by tobacco. The aim of tobacco control is to reduce the burden of disease, disability and death related to tobacco use. Evidence shows that a comprehensive approach that optimises synergy from applying a mix of educational, clinical, regulatory, economic and social strategies has been established as the guiding principle for eliminating the health and economic impact of tobacco use. The need for a comprehensive, multi-stranded, multi-agency approach to tobacco control is reflected in the Tobacco Control NST's hexagon model of integrated local tobacco control (Figure 1).

Figure 1. Tobacco Control NST Integrated Model of Local Tobacco Control

Learning from National Support Team visits: Tobacco Control NST (Part 1)

Following a Tobacco Control NST diagnostic visit, local areas are given a report providing detailed recommendations on how the local systems and partnerships could be improved to deliver a more comprehensive, outcome-based approach to tobacco control. Each report includes a section titled 'top five take home messages' (i.e. five recommendations that reflect the areas of most need, highlighting 'must do' actions if the local area is to make progress with reducing smoking prevalence).

In an earlier report ('Learning from National Support Team visits: Tobacco Control NST, Part 1), an examination of the Tobacco Control NST's top five 'take home' recommendations was undertaken. On the whole, local areas were most likely to receive recommendations around the following themes:

1. Strategy and performance (e.g. poor quality governance structures; lack of strategy)
2. Commissioning (e.g. a lack of integration across programme commissioning)
3. Organisation and partnership arrangements (e.g. a need for a better and broader Tobacco Control Alliance)
4. Stop Smoking Services (e.g. Need to develop sub-contracted providers)
5. Social Marketing and Communications (e.g. Reactive rather than pro-active marketing)
6. Vision (i.e. Tobacco control not seen as 'everyone's business')

Within the context of the Tobacco Control NST's diagnostic framework, it can be seen that the main barriers to local success often revolved around the central spine (e.g. a need for good multi-agency partnership working; planning and commissioning). In a large proportion of areas visited, the foundations required to deliver a sustainable approach to tobacco control were often found to not be in place.

TOBACCO CONTROL - HEALTH INEQUALITIES AND INFANT MORTALITY

Smoking is acknowledged as one of the main reasons for the inequalities that exist in the death rates between the rich and the poor (Marmot et al., 2010), whilst smoking in pregnancy accounts for 31% of the inequality in infant deaths (Gray et al., 2009). Reducing the prevalence of smoking has therefore been an essential strand of government policy in helping to reduce both health inequalities (DH, 1998) and infant mortality (DH, 2007).

The Health Inequalities NST and Infant Mortality NST offer tobacco-related workshops as part of their local area diagnostic process. Both teams provide local areas with recommendations on how to accelerate reduction in health inequalities and infant mortality by improving performance relevant to tobacco control.

Aim of project

To systematically analyse recommendations made as part of NST tobacco control and Smoking in Pregnancy (SiP) workshops in order to identify common themes underlying recommendations (and by association areas for local improvement).

Methodology

Unlike full Tobacco Control NST visits, recommendations from workshops are not prioritised in terms of importance to the local area (i.e. 'top five' take home messages). For example, although a Health Inequalities NST report may make one recommendation around developing a tobacco control strategy and three separate recommendations around improving social marketing and communications, this does (and should) not imply that developing a tobacco control strategy is a lesser priority. Analysis of themes identified during Health Inequalities and Infant Mortality NST workshops should therefore be interpreted within the context of the findings from Part 1.

Development of themes

Recommendations produced by NST visits/workshops can generally be structured under a small number of main theme headings such as 'Data', 'Communications' and 'Commissioning'. Not all main themes will appear in each visit report as local areas vary in terms of their stages of development and their progress with specific public health issues. The full range of main themes that have been addressed by NSTs are shown in Table 1 below.

Table 1: Main themes developed to code NST visit reports

Vision	Local leadership
Strategy and Performance	Commissioning
Data	Evaluation
Organisational and partnership arrangements	Communications and social marketing
Training	Access
Targets	Resources
High Impact Changes	Guidelines
Community Engagement	Determinants of Health

Development of sub-themes

A project was undertaken to develop a series of sub-themes in order to adequately account for (and describe) the wide range of recommendations that have been made to local areas by NSTs within each of the main categories shown above. Using a 'grounded theory' approach, NST staff examined recommendations from visit reports to create discrete sub-themes. The number of sub-themes varied for each main theme. For example, the main theme of 'Evaluation' consisted of just two sub-themes, covering recommendations relating to the undertaking of evaluation and the actual application or use of eval results to inform commissioning. Other main themes contained many more sub-themes, reflecting the diverse range of recommendations made by the NSTs. For example, ten sub-themes of the main theme of 'Commissioning' were created, and eight sub-themes for 'Data'.

Generic and specific sub-themes

The above describes sub-themes for 'generic' issues – issues that were not topic specific and could apply to more than one NST. More than fifty generic themes emerged. In addition, a smaller number of sub-themes specific to each NST topic area were created. For tobacco control, five additional sub-themes were created.

Coding of visit reports

Analysis of workshop recommendations was carried out using previous visit reports. For each area in which an Infant Mortality or Health Inequalities tobacco control workshop had been conducted, all recommendations from the workshop were systematically coded. Recommendations covering more than one sub-theme were coded more than once to reflect this.

Sampling Frame

Health Inequalities NST tobacco control workshops

Between January 2009 and December 2009, the Health Inequalities NST visited 23 local areas. In 17 visits a tobacco control workshop was requested and delivered as part of the diagnostic process, incorporating 275 recommendations (mean = 16).

Infant Mortality NST smoking in pregnancy workshops

Between January 2009 and December 2009, the Infant Mortality NST visited 13 local areas and delivered 13 SiP workshops making a total of 91 distinct recommendations (mean = 7).

Section 1: Health Inequalities NST Tobacco Control workshops

After comparing the frequency with which the 'main themes' appeared in Health Inequalities Tobacco Control recommendations, six principle themes emerged:

- Strategy and performance
- Stop Smoking Services
- Organisational and partnership arrangements
- Social marketing and communications
- Tobacco control
- Vision

Table 2 shows the relative frequency of these themes and also indicates the total number of unique sub-themes found within the workshop reports. Total number of sub-themes has been used as a means of ranking the main themes.

Table 2.Summary of key themes emerging from Health Inequalities tobacco control workshops

Main Themes	Frequency (%)	Sub-themes (n)
Strategy and Performance	17 (100%)	47
Stop Smoking Services	17 (100%)	44
Organisation and Partnerships	17 (100%)	31
Social Marketing and Communications	16 (94%)	49
Tobacco Control	15 (88%)	29
Vision	14 (82%)	22

The following section will provide a more detailed examination of each theme's main sub-themes, contextualised within the Tobacco Control NST's diagnostic model (See figure 1).

Multi-Agency Partnership Working

This is a crucial component upon which an effective local tobacco control programme is dependent. Strategy and performance, organisational and partnership arrangements, and vision are themes closely tied to this component of the Tobacco Control NST's diagnostic model that emerged frequently within recommendations made during Health Inequalities NST visits.

a) Strategy and Performance

The NST frequently identified the need for a more strategic approach to delivering tobacco control, often evidenced by a lack of strategy and/or appropriately detailed implementation plans (n = 15). Often where there were appropriate plans in place, accountability for delivery would be confused and often seen to be the sole responsibility of NHS partners (n = 14).

Table 3. Recommendations made around the theme of Strategy and Performance

Sub-Themes	N
Develop a more strategic approach to tobacco control (e.g. refresh strategy)	15
Improve accountability (e.g. ensure clear performance management arrangements)	14
Be systematic in the application of evidence-based interventions	10
Ensure strategic plans are implemented	4
Prioritise tobacco control – get it on the agenda	4
Total	47

Example recommendation: The NST recommends that, "…a prioritised action plan should be developed and implemented. This will need ownership by the (Local Strategic) Partnership and clearer accountability to the Health and Wellbeing Board."

b) Organisational and Partnership Arrangements

One of the primary reasons for a lack of progress and accountability against the tobacco control agenda is the absence of an appropriate structure to enable strategic linkages between local partnerships (n = 11). More often, however, the findings from Health Inequalities NST workshops suggest that although the structures might be in place, key partners had often not been engaged.

Table 4. Recommendations made around the theme of Organisational and Partnership Arrangements

Sub-Themes	N
Expand range of partners engaged with tobacco control agenda	12
Develop an organisational structure to support the strategic and operational arrangements	11
Improve links with regional partners	5
Total	28

Example recommendation: The NST recommends, "Active engagement of the full range of key stakeholders, e.g. Third Sector, Prisons, etc."

c) Vision

Vision is the final theme to occur that emphasises the importance of multi-agency partnership working, appearing in fourteen of the seventeen reports examined.   In keeping with the findings of Part 1, the main sub-theme to appear was a need to develop 'ownership' of the issue of tobacco amongst public sector staff by winning 'hearts and minds' (n = 13). In nine reports it was also noted that a clear, shared vision for where the local area intends to progress to in relation to smoking prevalence should be developed. Without 'Vision', it is easy to understand why partners might not completely understand what they have to offer the local area through improved multi-agency ownership and partnership working.

Example recommendation: The NST recommends, "Strong senior level support and leadership for the tobacco control agenda, and the development of a shared vision which all partners own."

Making it Easier to Stop Smoking

d) Stop Smoking Services

Recommendations around clinical interventions to support smokers to stop were the second most common theme to emerge from Health Inequalities NST visits. For most areas the effectiveness and capacity of their local Stop Smoking Service was often a key priority given the role of this service in delivering against 4-week quitter vital signs/LAA targets.

On the whole, the recommendations made by the NST reflect the two main issues underlying most local Stop Smoking Service activity – a need to engage a significant proportion of smokers to try and quit using NHS support, whilst also ensuring that there is sufficient quantity and quality of service provision within the local area. The need to better target activity at populations where smoking is most prevalent and where there is most need was a common observation (n = 12). Almost as common were recommendations around the opportunities afforded for individuals and the local health economy by utilising engagement with smokers both pre- and post-operatively (n = 8).

Table 5. Recommendations made around the theme of Stop Smoking Services

Sub-Themes	N
Target Stop Smoking Service resources at populations with most need	12
Undertake a review and turnaround of the Stop Smoking Service	11
Explore opportunities for delivering services within secondary care	8
Develop and consolidate Stop Smoking Service and other providers	7
Medication issues	6
Total	44

Over the last two years a significant number of local Stop Smoking Services have struggled to deliver the required minimum amount of service activity. This has been evidenced by a failure to attract enough smokers into services, a failure to adequately support existing sub-contracted providers (e.g. pharmacists), and an inability to entice new stop smoking service providers into the market. A number of local services have also struggled to deliver an adequate level of service quality, with some reporting quit rates below the minimum threshold of 35% recommended by NHS Stop Smoking Services: service and monitoring guidance (2010/11) (Department of Health).

Example recommendation: The NST recommends that, "In order to maximise impact on reducing health inequalities, it is important that smokers at risk from the major killers are systematically offered stop smoking support. Targeting of known smokers on chronic disease registers is one way to achieve this."

Communication

e) Social marketing and communication

Social marketing and communication plays an integral role in the effectiveness of 'Multi-agency partnership working', particularly the ability of Stop Smoking Services to attract clients as well as maintain motivation and support from frontline staff.

All but one of the reports examined included a recommendation around utilising social marketing and/or improving communication. In total there were 49 sub-theme recommendations made within the 17 visits that were analysed. The NST observed that the opportunities afforded by a more co-ordinated approach to communication across partnerships often remained unrecognised, whilst internal communication to a range of stakeholders (e.g. GPs; Trading Standards; etc.) was often reactive and a potential cause of disengagement from key sources of referrals and intelligence.

Unsurprisingly, given the issues outlined in section d), the need to communicate with and configure services towards the needs of clients featured strongly, particularly in relation to attracting particular groups of smokers into local Stop Smoking Services.

Table 6. Recommendations made around the theme of Social Marketing and Communication

Sub-Themes	N
Develop a co-ordinated communications strategy	13
Improve internal communications	10
Improve the application of social marketing principles to specific issues within tobacco control (e.g. engaging with pregnant smokers)	8
Ensure consistent branding of marketing materials to maximize impact	7
Improve external communications	5
Improve the application of social marketing principles to tobacco control generally	6
Total	49

Example 1: The NST recommends: "A coordinated, multi-agency communications strand to ensure a joint approach to both internal and external communications on key tobacco control issues."

Normalising smokefree lifestyles and tackling illegal and underage availability

f) Tobacco control

In fifteen of the seventeen reports examined, at least one specific recommendation was made in relation to consolidating the progress made with the introduction of smokefree legislation (n = 14) or tackling the impact of illicit and under age tobacco sales to children in more deprived areas (n = 15).

Example 5: The NST recommends a, "Review (of) smoke free home visiting policies in all agencies and seek to align these in order to protect all public sector workers from second-hand smoke…"

Section 2: Infant Mortality NST Smoking in Pregnancy workshops

After comparing the frequency with which the 'main themes' appeared in Infant Mortality SiP workshop recommendations, the six most common themes to emerge were:

- Data
- Training
- Stop Smoking Services
- Commissioning
- Strategy and Performance
- Resources

Table 7 shows the relative frequency of these themes, with Data the most commonly reported recommendation. Table 7 also indicates the total number of unique sub-themes found within the visit reports.

Table 7. Summary of key themes emerging from Infant Mortality SiP workshops

Main Themes	Frequency (%)	Sub-themes (n)
Data	10 (77%)	14
Training	9 (69%)	14
Stop Smoking Service	9 (69%)	14
Commissioning	8 (62%)	12
Strategy and Performance	7 (54%)	10
Resources	6 (46%)	8

Monitoring, Evaluation and Response & Planning and Commissioning

a) Data

Although an important area within the context of tobacco control, particularly in relation to evaluation and commissioning, use of data did not emerge as a recurrent theme within the Health Inequalities NST workshops or within the findings of Part 1. Surprisingly, it did emerge as the most common recommendation type within SiP workshops. The most frequent sub-theme was the need for areas to undertake specific data analyses such as needs assessments and health equity audits (n = 7)

Table 8. Recommendations made around the theme of Data

Sub-Themes	N
Data analysis (undertake specific data analyses to inform programme)	7
Data linking (link data systems together)	2
Data sources (widen the data sources used to inform activity)	2
Use data for commissioning	1
Data sharing (improve data sharing/develop data sharing protocols)	1
Data compliance (ensure DH data guidelines are adhered to)	1
Total	14

More specifically, the NST identified a need to use Stop Smoking Service data in a more intelligent manner (e.g. using referral data to inform colleagues of outcomes from referrals; mapping referral activity from different health care professionals).

Example recommendation: "Whilst the Stop Smoking Service is using evaluation, data and insight from focus group research, to gain further insight into local smokers (e.g. oral tobacco use) we would recommend the use of emerging health locality data, intelligence and Joint Strategic Needs Assessment data…"

b) Commissioning

A commissioning-related recommendation was made in 62% of individual reports. As with the other NSTs, the most frequent sub-theme to emerge was a need for clearer commissioning arrangements and structures (n = 6). Other common sub-themes included a need for improved performance management (n = 2) and use of health gain schedules (n = 2).

Table 9. Recommendations made around the theme of Commissioning

Sub-Themes	N
Commissioning arrangements – ensure clearer governance and structures	6
Improve performance management of providers	2
Develop a common service specification/health gain schedule	2
Make sure commissioned services are integrated	1
Market development – support existing and potential entrants into the market	1
Total	12

A regular feature of commissioning-related recommendations was often the need for better defined (and better managed) CQUIN goals for the local acute trust.

Example recommendation: "There is a need to ensure that existing working relationships between Stop Smoking (Services) and maternity services are underpinned by commissioning arrangements that support the role of health professionals in advising and referring smokers into specialist support."

Multi-agency partnership working

As mentioned earlier, multi-agency partnership working covers a range of themes that emerge from NST recommendations. Although the training theme cuts across a number of Hexagons (particularly 'Making it Easier to Stop Smoking' and 'Commissioning'), for the purpose of Section 2, training will be viewed within the context of Multi-agency working.

c) Training

An essential aspect of successful partnership working is the ability to win the 'heart and minds' of local stakeholders. Within the context of smoking in pregnancy this is often achieved through the delivery of brief intervention training to midwives.

Nine visit reports included a recommendation around delivering workforce training. There were 14 total sub-theme recommendations made within the 13 visits that were analysed. The main sub-theme recommendation was around the need to deliver more brief intervention training and to ensure that this became mandated (n = 9).

Table 10. Recommendations made around the theme of Training

Sub-Themes	N
Provide brief intervention training	9
Develop a comprehensive workforce strategy	3
Review staff skills/training needs assessment	2
Total	14

Example 1: "Building on the brief intervention training given to midwives, we recommend that brief intervention training is systematised by ensuring it is included in key contractual arrangements for all community and frontline staff groups."

d) Strategy and Performance

Although featuring in the six most common recommendation types, less emphasis seems to be placed on Strategy and Performance within SiP workshops (54% of reports). On the whole, recommendations within this theme tended to revolve around maximising opportunities for identifying, referring and treating pregnant smokers within existing systems. These recommendations are often aligned with recommendations around brief intervention training.

Table 11. Recommendations made around the theme of Strategy and Performance

Sub-Themes	N
Be systematic ('industrialise' effective interventions)	5
Be strategic (ensure a strategy/action plan is in place)	3
Be accountable	1
Implementation (put strategies into action)	1
Total	10

Example recommendation: "We recommend that the introduction of routine carbon monoxide monitoring and an opt-out referral pathway into stop smoking services is considered."

Making it Easier to Stop Smoking

e) Stop Smoking Services

Much like the Health Inequalities NST findings and Part 1, recommendations around Stop Smoking Services feature prominently within SiP workshops, being the third most commonly reported theme featuring in 69% of visit reports. The most common sub- theme was the need to review the existing Stop Smoking Service model (n = 6) followed by a need to review access to pharmacological treatments (n = 4).

The NST found that although many Stop Smoking Services provide behavioural support and nicotine replacement therapy (NRT) to pregnant smokers and their partners, other non-nicotine based medications (e.g. varenicline) were often unavailable or difficult for non-pregnant clients to obtain. Although pregnant women cannot use medications other than NRT, drugs such as varenicline should be readily available to help partners and family members quit smoking in order to accelerate the process of de-normalising smoking within the family home.

Table 12. Recommendations made around the theme of Stop Smoking Services

Sub-Themes	N
Review and turnaround Stop Smoking Service	6
Review access to pharmacological treatments	4
Targeting – ensure activity is targeting appropriate populations	3
General development/consolidation of Stop Smoking Service	1
Total	14

Example 4: "We would recommend a review of access to Nicotine Replacement Therapy and that (consideration be given) to introducing a patient group direction, enabling midwives, pharmacists and nurses to prescribe treatments to all smokers as part of the specialist programme."

f) Resources

Although recommended in fewer than half of Infant Mortality workshop reports, resource-related recommendations were the sixth most common theme to emerge. Interestingly, an internal evaluation of the local impact of the NST programme did report an increase in resource allocation post-NST visit, although this finding was not found to correlate with visit recommendations. The most common sub-theme was a need to establish whether there were enough providers of support for pregnant women given the potential need.

Table 13. Recommendations made around the theme of Resources

Sub-Themes	N
Review capacity to deliver intervention	6
Review funding – do resources match local need	2

Example 6: "The NST recommends that a review of the capacity of both the Stop Smoking Service and pregnancy advisor post to ensure that it is sufficient to deliver activity to meet (four-week quit) targets within the current timeframe."

SUMMARY

Conclusions

Within the context of a new political landscape, it is essential that progress that has been made in reducing tobacco-related health inequalities is maintained. Key to this is ensuring that what has been learnt about 'what works' in tobacco control is built upon rather than re-invented. To this end, the findings from this report are a useful and timely addition to the existing body of tobacco control publications. Coupled with the findings reported in Part 1, the results reported in this paper will be particularly useful in terms of engaging with commissioners new to the field of health improvement (e.g. Local Authorities; general practitioners). Most importantly, the results from Parts 1 and 2 identify what aspects of local tobacco control are consistently found to require particular attention, therefore providing a 'steer' as to which components of local tobacco control commissioners should prioritise as areas of 'high priority' for investment and support.

Of particular note is the similarity of recommendations between the findings in Paper 1 and the outcome of the Health Inequalities NST workshop data. Five of the top six most frequent themes appear in both NSTs' reports. These findings suggest that Health Inequalities NST tobacco control workshops have a high degree of reliability relative to Tobacco Control NST visits when identifying and providing support to local areas. It also suggests that despite using a different means of data acquisition (full visit vs. workshop), the barriers to successful implementation of tobacco control are similar in many local areas.

Unlike the findings from Health Inequalities NST workshops, there was less consistency found in the nature of recommendations made during SiP workshops, with no themes present in all reports. Additionally, the findings of the Infant Mortality NST workshops did not reflect those found for Tobacco Control NST visits and Health Inequalities NST workshops. It is likely that this is due in part to a more 'operational' focus of SiP workshops as well as the fact that these workshops have a far more specific focus on tobacco in relation to maternal and child health.

Much like the findings from Part 1, it is hoped that this paper will be a useful tool for both initiating and informing discussion around what should (and should not) be done at a local level to best deliver a local tobacco control strategy, its aim being to de-normalise the use of tobacco and tackle health inequalities.

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