



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# **“Beyond the Blue Line”- Implementing the HSE Tobacco Free Campus policy in adult community mental health day services**

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**HSE EVE**

**Tobacco Free Campus Workshop**  
**29<sup>th</sup> June 2017**

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# EVE'S Vision

## Claiming Citizenship, Reclaiming Community

### For 1400 people annually

8% CHO 6

55% CHO 7

37% CHO 9

### With.....

85% Mental Health difficulties

10% Intellectual difficulties

5% Physical/Sensory difficulties

### In 21 services

12 Community Based Services

7 Clubhouses

2 Vocational Training

### Supporting Community-based activities for people:

21% in Employment

45% in Community Education

85% in Community Activities (core hrs)

10% in Community Activities (non core hrs)

# Wellness offers the opportunity to...



# Why address this? .....It's a Rights Issue

- ✓ Right to accurate information regarding tobacco use and options for quitting
- ✓ Right to achieve optimal health and well being
- ✓ Right to achieve personal recovery

# Organisational Considerations

- **Compliance** with HSE Policy
- A **person centred** approach & **risk management**
- **Health and wellbeing** of staff & service users
- **Local** considerations





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# For us it was important to.....

- Use a change model built on **collaboration** with staff, service users, and HP personnel
- Promote local **ownership** of the policy
- Meet our **strategic objectives** to promote Health
- Harness **existing supports**



# EVE had to .....

- Acknowledge and address local organisational barriers
- Ensure cessation options were made available to our service users
- Incorporate tobacco cessation into our programmes & services
- Address staff concerns that tobacco cessation strategies would be too time consuming & difficult.





**OMG!**

**I NEED TO  
QUIT SMOKING!**

### Step 1

- Awareness raising and initial Brief Intervention Smoking Cessation training (BISC)
- Review of Low Literacy materials & liaison with HP Bray
- HSE Tobacco Seminar September 2014

### Step 2

- Support from Miriam Gunning HP
- Established working group including service managers (per HSE tool kit)

### Step 3

- Nominated implementation dates **staff 01.07.15 & service users 30.06.16**
- Completed an audit of smoking habits for staff June 2015 (repeated June 2016)
- Agreed to train staff & service users to introduce the HP Low Literacy programme

### Step 4

- Q&A session on policy implementation with CMs hosted by Miriam Gunning 27<sup>th</sup> May 2015

### Step 5

- Low literacy Facilitator Training commenced October 2015
- Roll out Quit Smoking Programme January 2016
- Research Ethics submission May 2016



Nahhhh...I don't think It will work. Let's do something different...something smarter...something cooler!



B32166

# EVE's progress to date

## Policy Implementation

- For staff policy came into effect on **01.07.15**
- For service users policy came into effect on **30.06.16**
- The policy is fully implemented in all **EVE locations (18 MH)**
- Incorporating smoking cessation as part of wider “health” agenda in our programmes & services

## Capacity Raising Training for Staff in Mental Health Services (n=18)

Staff with Brief Intervention in Smoking Cessation	56	64%
QSP Facilitator training	21	38%
Centres with BISC trained staff member	18	100%
Centres with QSP trained facilitator	15	83%
Note: 4 Service Users trained as QSP Facilitators		

## Environment

Centres with signage up	18	100%
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# EVE's QSP Activity to date.....

## Resourcing

Upon completion of the QSP Low Literacy programme, we issue:

- The Low Literacy Facilitator manual
- Work sheets (printed in colour) for course participants
- A CO2 monitor for the centre (1 for each location)
- Work sheets are also available as PDFs for staff to use on centre interactive whiteboards for sessions

<u>QSP Activity N=16</u>	<u>No. Started</u>	<u>No. Finished</u>	<u>% Completed</u>
QSP groups MHS	138	25	18%

# QSP Feedback

- Materials accessible, highly commended by staff
- Tone is supportive and hopeful
- Training excellent
- Staff feel supported with both training & resources



# Informal feedback from EVE MHS

## Implementation issues arising

- Option to avail of QSP course in community chosen
- Issues setting a quit date
- Frequency of smoking breaks reduced....replaced with tea breaks
- Scheduling groups with variable attendance patterns proved difficult....looking at smaller numbers or 1 to 1 sessions
- Staff transferring between locations reduced capacity
- Staff co-facilitating to build confidence & capacity

## Overall

- Cultural shift.....
- Readiness factor.....
- Choice....

# Smoking Cessation progress to date

## Staff Smoking Rates

Year	EVE	MHS
2015	(18%)	16 %
2016	(13%)	11 %

## S.U. Smoking Rates

Year	EVE	MHS
2015	(32%)	33%
2016	(25%)	27 %

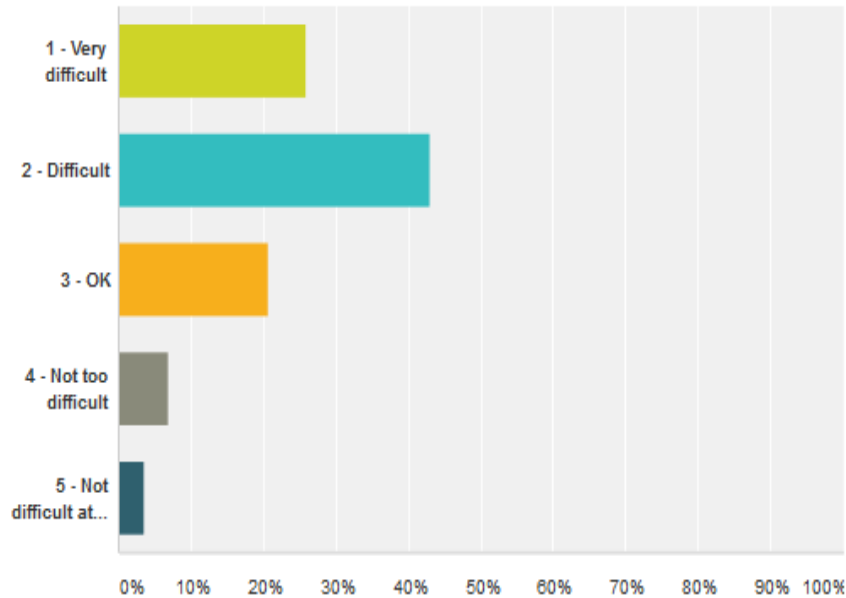
## Organisational & Local Challenges

- Shared campuses with other HSE facilities, with residential facilities and with commercial companies
- Managing risk
- Managing inconsistency within the HSE

# Anticipation 2015

As a staff member, how difficult do you think it will be to implement this policy?

Answered: 58 Skipped: 1

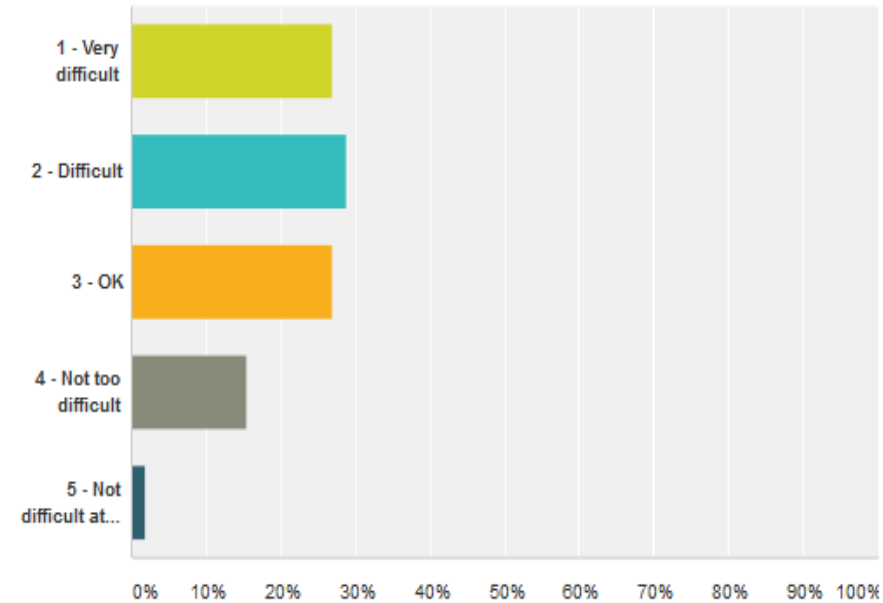


Answer Choices	Responses
1 - Very difficult	25.86% 15
2 - Difficult	43.10% 25
3 - OK	20.69% 12
4 - Not too difficult	6.90% 4
5 - Not difficult at all	3.45% 2
Total	58

# Reality 2016

As a staff member, how difficult do you think it has been to implement this policy?

Answered: 52 Skipped: 0



Answer Choices	Responses
1 - Very difficult	26.92% 14
2 - Difficult	28.85% 15
3 - OK	26.92% 14
4 - Not too difficult	15.38% 8
5 - Not difficult at all	1.92% 1
Total	52



# Doing the right thing isn't always easy!!



**NO SMOKING**



# Evaluation EVE & RCSI

## Partnership with RCSI

- Research now includes focus groups and collection of qualitative data in addition to the built in questionnaires from manual

## Research Aim:

- to review the **implementation** of the HSE's Low Literacy Resources for Smoking Cessation in adult day services
- establish the **experience of use** from both the participants and staff's perspective
- identify the **outcomes** achieved and
- **refine** the implementation of this programme for future groups.

***“It gave me a good insight into my smoking habit and I enjoyed the programme.”***

***“I feel I’m a lot healthier.”***

***“Finding the reducing very hard!”***

***“I really want to try again next time it’s on.”***

**QSP Programme Participant Responses**

# Implications for Practice

## Leadership:

- Having a senior level commitment to creating organisational and cultural change
- Convening an implementation committee with stakeholder representation, chaired by a Senior Manager
- Harnessing the energy from local stakeholders, providing ownership establishing local implementation teams

## Engagement with staff

- Taking proactive steps to address staff attitudes and concerns
- Providing easy access to resources and training

## Promotion:

- Organisationally embedding in ongoing “health and wellness” strategy
- Utilising existing supports: Health Promotion





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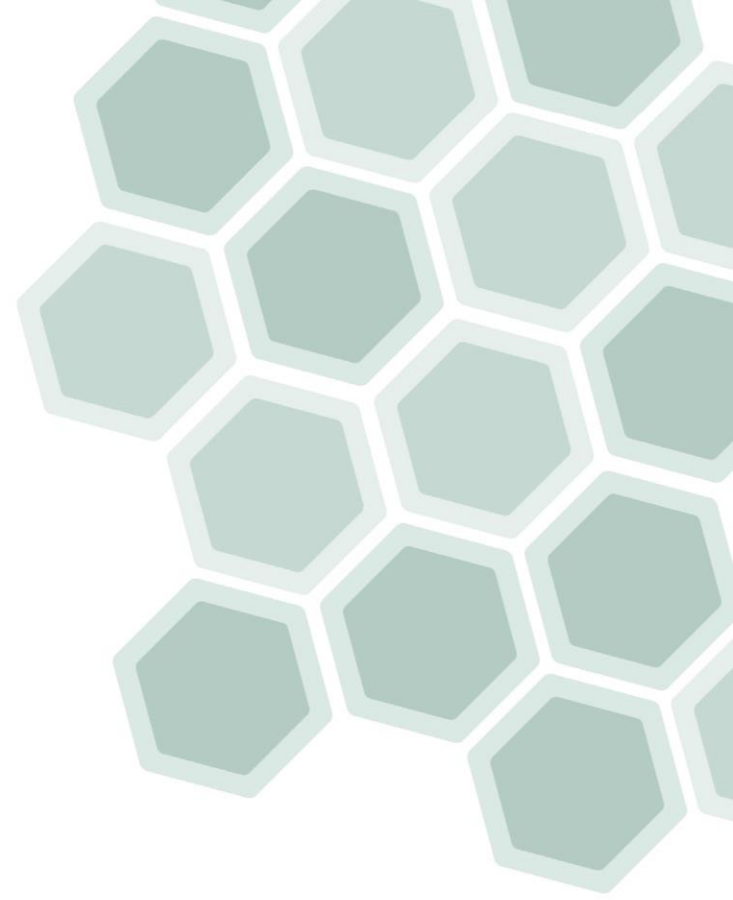
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# Thank You

## Any Questions?



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# Evaluation Objectives

- To establish the **common factors** that contributed to changes in smoking habits
- To analyse the relationship between participants' **smoking habits**, the **number of sessions** completed and **outcomes** from the programme
- To collect views on **smoking**, experience of the **programme** from those who attended the programme and views of those who do smoke but did not attend the programme
- To gather the **opinions of Centre Managers and Course Facilitators** on the programme and its delivery (barriers and facilitators)
- To **disseminate** and **publish** the findings of this evaluation in 2017