

North Tyneside Health & Wellbeing Board Report Date: 16th November 2017

ITEM 7

Treating tobacco dependency and achieving a smokefree generation in North Tyneside by 2025

Report from : North Tyneside Council, North Tyneside CCG and Northumbria Healthcare Trust

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Relevant Partnership Board: North Tyneside Smokefree Alliance

a) Purpose:

This paper presents the current contribution of the Local Authority and the NHS in the treatment of tobacco dependency. This paper also contextualises how we will achieve a whole systems approach to reducing the prevalence of smoking to 5% by 2025.

b) Recommendations:

The Health and Wellbeing Board:

- a) takes a lead role in reducing the prevalence of smoking across North Tyneside in line with the agreed national and regional ambitions by embedding this work into the Boards action plan for 2018/19 and beyond;
- b) endorses the following actions outlined below:

North Tyneside Council will:

- Continue to invest in community based universal stop smoking services
- Support services with low quit rates to improve the quality of the provision
- Provide training for stop smoking advisors (community, primary care and secondary care)
- Continue to coordinate and resource North Tyneside Smokefree Alliance
- Work with Northumberland, Tyne and Wear NHS Trust (NTW) and Northumbria Healthcare Foundation Trust (NHCFT) to treat tobacco dependency targeting those with mental health conditions and pregnant women.
- Work in our most deprived areas ensuring that stop smoking services are accessible
- Evaluate our electronic cigarette pilot, with a view to learn and further develop harm reduction services alongside the treatment of tobacco dependency

Northumberland Health Care Foundation Trust will:

- Continue to roll out of very brief advice training for all front line practitioners
- Systematically record of smoking status on all admitted patients
- Systematically offer nicotine replacement therapy (NRT) to all admitted smokers
- Systematically offer support to access behavioural support for all admitted smokers
- Audit practice in maternity services against NICE standards

North Tyneside CCG will:

- Develop a business case for an incentivisation scheme for all GP practices in North Tyneside to ensure that staff are trained in the delivery of very brief advice
- Introduce a new procedure to ensure that all respiratory patients who are current smokers will, at their annual review be offered treatment for tobacco dependency
- Develop guidelines on when primary care clinicians can prescribe pharmacotherapies to treat tobacco dependency alongside very brief advice.

North Tyneside Smokefree Alliance will:

Continue to oversee the smokefree work undertaken by all of the partners and ensure that this work complements the programme of work outlined in the Cancer Locality Network and the Respiratory Rightcare Group. This includes the following actions that are jointly owned by North Tyneside Council, North Tyneside CCG and the acute trusts.

- The design of data packs for GP practices that captures the current baseline of smoking prevalence. These data packs will be updated annually and will include data and intelligence on smoking related activity such as the number of very brief advice interventions and numbers receiving pharmacotherapies.
- Design clinical pathways that cut across organisations e.g. stop before u op and discharge of patients from secondary care into the community and primary care
- Design patient specific pathways e.g. pregnant women and mental health service users.
- Design a digital platform to offer evidenced based tobacco dependency treatment for those who want to quit without formal support from services.

c) receive a six-month update on the progress report on the action and recommendations outlined in this report.

c) Policy Framework

This item relates directly to delivery of the vision, objectives and priorities contained within the Joint Health and Wellbeing Strategy 2013-23.

d) Information:

North Tyneside has made considerable progress over the last decade in reducing smoking rates from 27.5% (2006-08) to 16.4% (2016/17). Whilst this progress is positive, smoking still remains the key driver for health inequalities with around half of the difference in life expectancy between the most and least affluent due to smoking, and smoking is one of the key causes of premature deaths and placing a significant burden across the whole local health economy and society.

Smoking remains the single largest cause of premature death, and accounts for half of the health gap between the poorest and the most affluent people in our populations.

Smoking remains an addiction which is largely taken up in childhood, with the majority of smokers starting as teenagers. 77% of smokers aged 16 to 24 in 2014 began smoking before the age of 18. One of the most effective ways to reduce the number of young people smoking is to reduce the number of adults who smoke.

The tobacco control plan for England sets out the national ambition to achieve a smokefree generation; which is defined as a smoking prevalence rate of 5% or below. In order to achieve a smokefree generation the following targets have been set:

- Reduce the prevalence of 15 year olds who regularly smoke from 8% to 3% or less by 2022.
- Reduce smoking prevalence amongst adults in England from 15.5% to 12% or less by 2022.
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population.
- Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less by 2022
- Make all mental health inpatient services sites smokefree by 2018
- Create a smokefree NHS by 2020 through the 5 Year Forward View mandate
- Provide access to training for all health professionals on how to help patients – especially patients in mental health services - to quit smoking
- Help people to quit smoking by permitting innovative technologies that minimise the risk of harm.
- Maximise the availability of safer alternatives to smoking.

The national ambition as set out in the tobacco control plan has been used to inform the regional sustainability and transformation programme (STP) prevention board work on treating tobacco dependency. There is a regional taskforce that has been tasked with responsibility for the delivery of a smokefree NHS across the North East by 2020.

e) Decision options:

The Board may:-

- a) Note the report and take no further action; or
- b) Take a lead role in reducing the prevalence of smoking across North Tyneside in line with the agreed national and regional ambitions by embedding this work into the Boards action plan for 2018/19 and beyond, endorse the actions identified and receive a progress report in 6 months.

c) Reasons for recommended option:

The recommended option is b). The rationale for this preferred option is that the Board is appropriately placed to provide whole systems leadership and oversight for this ambitious programme of work.

d) Appendices:

Appendix 1: Treating tobacco dependency and achieving a smokefree generation in North Tyneside by 2025

Appendix 2: Percentage of patients with a hypertension, asthma, COPD, stroke or CHD who, when asked reported smoking – GP Practice North Tyneside 2016/17

e) Contact officers:

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9. Background information:

The following background documents have been used in the compilation of this report and are available from the author:-

- Modelled estimates using the Health Survey for England 2006-2008
- Smoking prevalence adults: Adult Population Survey 2016.
- DH analysis on Health Survey for England 2014 data
- PHE Local Tobacco Control Profiles
- PHE Segment Tool (North Tyneside)
- QOF database: NHS North Tyneside CCG; Smoking Prevalence 2016.
- ASH. Cost to Social Care: Local and Regional Estimates.
- NICE Return on investment tool for interventions and strategies to reduce tobacco use (2015)
- Towards a Smokefree Generation - A Tobacco Control Plan for England: (2017)
- NHS England. Next steps on the NHS five year forward view. 2017.
- PHE Models of delivery for stop smoking services: (2017). London.
- North East – North Tyneside Tobacco Commissioning Support Pack
- NICE PH Guidance 48: Smoking: acute, maternity and mental health services (2013)

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

There are resource implications in securing and commissioning a whole system approach to smoking cessation and treating tobacco dependency. However the cost of the resources required will release resources in health social care, as well as reducing demand as a result of the harm to health caused by smoking.

11 Legal

In accordance with the Health & Social Care Act 2012 the Board is responsible for encouraging the commissioners of health and social care services to work in an integrated manner to improve the health and wellbeing of people.

12 Consultation/community engagement

Staff and patients in the NHS trusts that have either achieved or are working towards being smokefree have been consulted with and have informed organisational approaches to becoming smokefree.

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

A key driver for the treatment of tobacco dependency is to reduce prevalence rates amongst the following groups where the current prevalence rate is significantly higher than the general population:

- Routine and manual workers
- People with mental health conditions
- People with long-term conditions
- Economically disadvantaged communities

The actions arising from this report will directly impact upon health inequalities in North Tyneside and reduce the gap in life expectancy and healthy life expectancy in North Tyneside by reducing the harms to health caused by tobacco dependency.

15 Risk management

There is a risk to reputation for the Local Authority, the CCG and the NHS acute trusts; both regionally and nationally if North Tyneside does not achieve the targets set out in the national tobacco control plan and those agreed by the regional Sustainability and Transformation Partnership.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Director of Public Health

Chair/Deputy Chair of the Board

Chief Finance Officer

Head of Law & Governance