



# North East North Cumbria ICS

## NHS Tobacco Treatment Services: Going further, faster, sooner!

Although smoking rates have fallen significantly, smoking prevalence in the North East and North Cumbria is still above the national average, as is the number of women smoking at time of delivery. Smoking remains the single largest cause of ill health and premature death within the ICS, with 15 people a day dying from a smoking related disease.

Reducing the number of people who smoke is the single most effective thing that we can do to improve the health of our population. It can also significantly reduce the demand on healthcare services and there is both a clear clinical case and business case for NHS treatment of Tobacco Dependency.

The North East and North Cumbria Integrated Care System is the largest ICS in England, serving a population of around 3.2 million, however across the North East there is a long record effective partnership working and collaboration around broader tobacco control including a dedicated regional tobacco control programme Fresh established in 2005.

### Smokefree NHS

The NENC ICS Five-year plan included a clear commitment to reduce smoking prevalence to 5% by 2025 with every Health and Well Being Board in the North East signed up to this pledge. Reducing Smoking prevalence was one of the ICS Prevention boards key objectives.

In 2017, the Smokefree NHS/Treating Tobacco taskforce was established in April 2017 as a dedicated regional steering group to drive forward the Tobacco workstream for the ICS.

The Prevention board provided investment in a ICS Smokefree NHS Strategic manager and a dedicated Clinical lead to drive forward a regional action plan to ensure that internal resource is allocated within each of the NHS Acute Trusts to support the full implementation of NICE PH48 and the Tobacco Control Plan by April 2020.

By April 2020, all NHS Trusts in the ICS had:

- endorsed the Smokefree NHS Pledge,
- updated Smokefree NHS policies, including a pragmatic approach to vaping,
- new inpatient pathways to identify smokers, provide medication to manage nicotine withdrawal and initiate quit attempts,
- updated Smoking in pregnancy pathways,
- identified operational leads,
- established Smokefree Steering groups,
- were also providing quarterly data to the Prevention board in line with the previous CQUIN,

### NHS Long Term Plan

Building upon momentum

The NHS Long Term Plan provided ICS with funding to implement services over a 3 year phased period, with ICS asked to prioritise implementation.

The taskforce undertook a structured prioritisation exercise considering, need, smoking rates, deprivation, inequalities, impact and system readiness. However the unintended risks of prioritising some Trusts over others, included complex pathways with variation of provision, the potential that Trusts would lose momentum, and the potential of increasing inequalities.

There was a clear steer from ICS Tobacco Dependency Clinical Lead of the need to implement at scale, providing ICS strategic support and coordination. The at scale approach would also enable greater efficiencies on supporting workstreams such as training, communications and Data solutions.



In order to roll out enhanced NHS Tobacco Treatment Services for Inpatients (Acute & Mental Health) & Pregnant women, at scale in all Trusts across the ICS, and ahead of national implementation additional funding was required

# Making the case for additional funds from NENC ICS

