

**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH**

**11 July 2022**

**Report of the Integrated Care Board**

**Tobacco Dependency Treatment Programme**

**1. Purpose**

- 1.1 Smoking is the leading cause of preventable illness and premature death in England, with about half of all lifelong smokers dying prematurely, losing on average around 10 years of life. Those with mental health conditions die, on average, 10-20 years earlier than the general population. Smoking is the single largest cause of this gap in life expectancy. Smoking in pregnancy is the main modifiable risk factor for a range of poor pregnancy outcomes. Around 1 million smokers are admitted to secondary care settings at least once a year across England.

Disease prevention has been recognised as vital to managing costs and sustaining the viability of the NHS in the future. Delivery of smoking interventions has been consistently and widely recommended throughout all areas of clinical practice by NICE.

The NHS Long Term Plan (LTP) Prevention Programme aims to deliver commitments to address behavioural risk factors and tackle health inequalities, which have been exposed and exacerbated by the Covid-19 pandemic. The NHS LTP commitment for tobacco dependency is to support people to quit smoking using an evidence-based treatment model based on the Manchester CURE and aligned to NICE PH48 guidelines.

**2. Information and Analysis**

- 2.1 NHS England/Improvement are rolling out a 3-year Tobacco Dependency Treatment (TDT) Programme in line with the NHS Long Term Plan

commitments for treating tobacco dependence by 2023-/4. The tobacco aim is that by 2023/24 **all** people admitted to hospital who smoke (acute and mental health) will be offered NHS funded tobacco treatment services. This will include pregnant women and their partners and high-risk mental health outpatient; interim targets were set for 2021/22 but due to the covid pandemic and recruitment timescales the targets have not been met.

- 2.2 Patients at UHDB were only referred to Smoking Cessation Services (SCS) from Respiratory wards, Impact +, Community Midwifer7 and Out-Patient Lung cancer team. Therefore, a large gap to bridge to work with all admitted patients on the opt out Tobacco Dependency Treatment programme. The British Thoracic Society smoking cessation audit 2019 for Royal Derby Hospitals showed that 32.8% of patients admitted they were current smokers. 30% were referred to smoking cessation and 20% were offered NRT.

There is an electronic opt-out referral process to Smoking Cessation Services in place at UHDB and CRH, so referral is automated. Pregnant women are provided with Very Brief Advice (VBA) regarding smoking at their first appointment and referral can occur at any subsequent maternity appointment.

**Smoking at the time of delivery in 2020/21:**

UHDB: 1,250 pregnant women smokers (10.95%)

CRH: 488 women smokers (14.2%)

- 2.3 NHS England Saving Babies Lives was developed for reducing perinatal mortality, with one aspect being reducing smoking in pregnancy. This is a practical approach and will be achieved by offered carbon monoxide (CO) testing for all women at the antenatal booking appointment, and as appropriate throughout pregnancy, to identify smokers (or those exposed to tobacco smoked) and offer them a referral for support from a trained stope smoking adviser.

### **3. Alternative Options Considered**

- 3.1 Due to the increased costs for NRT/Pharmacotherapy the Tobacco Dependency Treatment Board agreed to explore the costs of providing patients with an e-cigarette or e-burn as an alternative.

It is recommended that patients will be offered the full-range of nicotine containing products and the use of e-cigs as part of their treatment programme if this agreed. All options will be fully discussed with patients and the service will be guided by patient choice in terms of product use.

At this stage of costing for e-cigs it is uncertain when and how the e-cigs will be utilised as part of the patient Tobacco Dependency Treatment programme; this needs to be further developed within the pathway as the aim of the programme initially supporting inpatients including mental health and maternity patients.

Approval for further work has been provided by NHS Derby and Derbyshire CCG and Derbyshire County Council for more investigative work on the use of e-cigs. Approval is being sort from Derby City Council.

#### **4. Implications**

4.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

#### **5. Consultation**

5.1 A system approach has been utilised in the development of the programme to gain buy in from all providers. A wide range of stakeholders have been involved in developing the service. Nearly all staff will be engaged in VBA to notice any signs for nicotine withdrawal and offered very brief advice training.

As mentioned above this a new service to be offered for inpatients, maternity, and Mental Health patients therefore there is limited evidence on patient experience. The Tobacco Dependency Programme has taken evidence from the Greater Manchester CURE project to develop the process. The project team regularly uses the Futures Forum to gain advice and knowledge, along with sharing good practice and learnings. There is a monthly Board meeting where issues and risks are raised to enable continuous improvement. NHSE have shared a report from the Early Implementer sites around lessons learnt. Patient experience feedback will be sought once the service is established.

Communication plans have been developed to ensure that all staff are aware of the new programme. As of yet communications about the programme to patients has been minimal, a soft launch was mentioned on national no smoking day, that this is a new service.

This is a new service and should not impact with existing services. It will remove the necessity for secondary staff to refer to a community smoking cessation service and ensure the patient is seen timely at the bedside whilst admitted.

#### **6. Background Papers**

6.1 Please refer to the [NHS Long Term Plan](#)

## **7. Appendices**

7.1 Appendix 1 – Implications.

## **8. Recommendation(s)**

That the Committee:

- a) is kept informed of the direction of travel for the effective delivery of the Tobacco Dependency Treatment Programme; and
- b) is ensured that the programme is delivering a consistency approach across its Integrated Care System (ICS).

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### **Implications**

#### **Financial**

1.1 The Tobacco Dependency Treatment Programme is a NHSE funded programme of work. There is a risk of increased costs for NRT/Pharmacotherapy due to the expected increase in patients being referred to smoking cessation services and offered NRT/Pharmacotherapy costs associated with the alignment of smoking cessation services to enable provision of Tobacco Dependency Treatment medication across the County for up to 12 weeks as a minimum. Therefore, system partners are considering alternative costings such as e-cigarettes.

#### **Legal**

2.1 There are no legal aspects at present.

#### **Human Resources**

3.1 Due to the impact of the Covid Omicron outbreak, delays occurred in the recruitment of staff to the TDT programme. Staff are now recruited through the Local Authority, Live Life Better Derbyshire and will work at NHS providers operating with an Honorary Contract.

#### **Information Technology**

4.1 All System Providers will be committed to collecting the data required for the programme and report this to NHS Digital. The aggregate data collection template has been shared with all providers. NHSE will develop a data dashboard.

#### **Equalities Impact**

5.1 The Tobacco Dependency Treatment is a new service. For every programme of work a Quality and Equality Impact Assessment is completed to address health inequalities and wider implications of the project.

#### **Corporate objectives and priorities for change**

6.1 Smoking is linked to over 500,000 hospital admissions each year, with smokers being 36% more likely to be admitted to hospital than non-smokers. Smoking tobacco is linked to over 100 different conditions, including at least 15 different types of cancer, 9 mental health conditions and numerous

respiratory, cardiovascular, and other disorders. By introducing the Tobacco Dependency Treatment Programme, information will be shared with patients to understand if they were to quit smoking that they would see an improved response to cancer treatments, faster recovery after surgery, fewer exacerbations of cardiovascular disease, slower decline in lung function, lower pharmacotherapy costs (for mental health patients) and a beneficial impact on long-term levels of depression and anxiety.

**Other (for example, Health and Safety, Environmental Sustainability, Property and Asset Management, Risk Management and Safeguarding)**

Joined-Up Care Derbyshire will adhere to all NHSE guidance. The Tobacco Dependency Treatment Programme has clear arrangements in place to ensure at every stage the programme delivers within the governance frameworks.

Provider/Workstream Task and Finish groups report into the Tobacco Dependency Board, this subsequently feeds into the ICS Board.