

# North East Smokefree NHS/ Treating Tobacco Dependency Taskforce Briefing July-September 2022 Prepared for Taskforce meeting 3<sup>rd</sup> Oct 2022

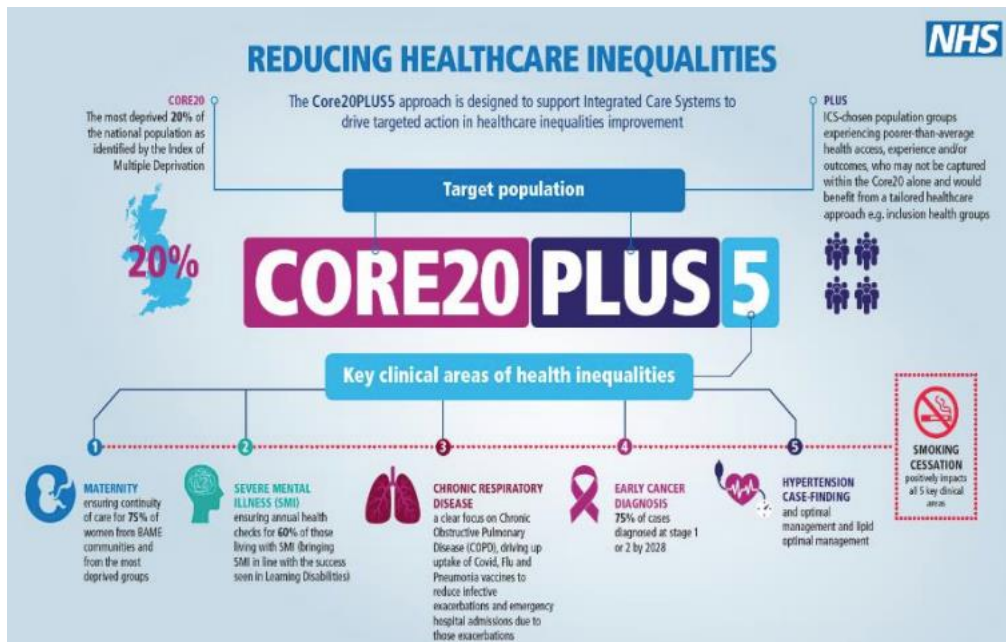
The Taskforce is a multi-partnership group, involving key strategic partners including the NHS and local authorities. The Taskforce is focussed on driving and supporting sustained, system-wide treatment of tobacco dependency in the North East. The Taskforce is a sub-group of the ICS Prevention Board and is jointly chaired by Amanda Healy & Alice Wiseman, Directors of Public Health at Durham County Council & Gateshead Council (co- regional DPH lead for tobacco) and the Tobacco Clinical Lead for the ICS, Dr Ruth Sharrock (Respiratory Consultant at QE Gateshead).

## 1. National news and developments

1.1 The [National Collaborating Centre for Mental Health](#) (NCCMH) are launching the Quality Improvement in Tobacco Treatment (QUITT) Collaborative. The broad aims of the QUITT Collaborative are to:

- work with every NHS Mental Health Trust in England to establish *inpatient tobacco dependency services* and increase the number of patients in tobacco treatment using quality improvement (QI) methodology with support from dedicated QI Coaches.
- provide opportunities for peer-to-peer learning through bimonthly in-person events, where those involved will be invited to share the progress of their projects, ideas they are testing

1.2 **Core20plus5:** The national health inequalities team has updated its core20plus 5 approach to now include smoking as a key driver of health inequalities across the top 5 clinical areas of focus : i) maternity ii) Severe Mental Illness iii) Chronic respiratory disease iv) Early Cancer diagnosis v) hypertension case finding



1.3 **NHS Tobacco Dependence Treatment Service FAQ:** A new national FAQ has been published on NHS Futures relating to the NHS Tobacco Dependence Treatment Services workstream, that will continue to be updated as more sites start to roll out services across their Acute Inpatient, Mental Health Inpatient and Maternity pathways. Questions have been themed around the following topics, 1) Background / national context, 2) Delivery Models, 3) Data collection / Metrics, 4) Funding, 5) Delivery & Trajectories, 6) Resources & supporting programmes, 7) Research. The FAQ is available [here](#).

**1.4 Stoptober:** Stoptober is the Department of Health and Social Care's annual "stop smoking campaign, coming under the umbrella brand Better Health. It is based on research that if smokers make it to 28 days smoke free, they are five times more likely to quit for good. 'You've got what it takes to quit this Stoptober' is the focus for this year's campaign. As well as emphasising the benefits of quitting, the campaign will motivate smokers by instilling the belief that they can quit and that by joining Stoptober, they'll have the support of the thousands of others who are making a quit attempt during October. The campaign launched on 20<sup>th</sup> September and a range of resources are now available on the [Campaign Resource Centre](#), including - various printed A3 posters as well as downloadable resources for use on social media, websites and digital screens.

**1.5 ASH & Bluegrass Insight research:** ASH is hosting a series of webinars exploring findings from recent insights work undertaken with funding from DHSC and delivered by Bluegrass Research (based in Newcastle and who have worked with Fresh for many years). A series of four webinars has been organised, the first three have been delivered (details below including link to recording) and the final webinar is on "Attitudes towards smoking support in healthcare professionals" on 18 October, link to register below:

- 15 September - *Experience of quitting, relapsing and accessing support throughout the Covid-19 pandemic and cost of living crisis* [VIEW RECORDING](#)
- 20 September - *Attitudes, behaviours and perceptions of support for quitting in disadvantaged groups* [VIEW RECORDING](#)
- 4 October - *Attitudes, behaviours and perceptions of support for quitting in pregnant smokers*
- **10-11, Tuesday 18<sup>th</sup> October** - *Attitudes towards smoking support in healthcare professionals* [REGISTER](#)

**1.6 ASH NHS Tobacco Control Toolkit:** ASH and the Smokefree Action Coalition have developed the NHS Tobacco Control Toolkit to support the NHS meet the smokefree objectives that have been set in recent years through the Tobacco Control Plan for England and the NHS Long Term Plan. The Toolkit can be found [here](#) and includes Briefings for ICS, the NHS Smokefree Pledge and NHS Tobacco Dependence Treatment resource hub.

**1.7 NCSCT SMI Training Resources:** NCSCT have developed a suite of training resources to support local systems in training the workforce that will deliver tobacco dependency treatment to people with SMI. We are pleased to announce that these resources have now been completed and published on the NCSCT website. Please feel free to use these available resources. These resources can be found [HERE](#).

**1.8 NHS Futures:** The [Tobacco Dependence Treatment Services - FutureNHS Collaboration Platform](#) has both a regional and national page, with useful information. If you would like to be given access, please get in [contact](#). You will need to be registered on the FuturesNHS website.

**1.9 Smoking Toolkit Study:** The Smoking toolkit study provides findings of smoking prevalence and patterns in England. More details can be found [here](#)

**1.10 Events:** The British Thoracic Society is organising a **BTS Winter Meeting, 23 25 November 2022** which is a good opportunity to hear about the latest research in Lung Health, hear from fellow clinicians and guest speakers and networks with colleagues with a shared interest in tobacco dependency. To find out more about the event visit the [BTS website](#) or to access resources or sign [up](#) to their newsletter.

## 2. Smokefree NHS implementation

**2.1 Smokefree Strategic Manager:** The Smokefree Strategic manager continues to lead the tobacco workstream programme for the ICB. She works closely with the Office for Health Improvement and Disparities (OHID) NHS LTP Manager for North East and Yorkshire as well as taskforce members to drive forward key work plan objectives. Support is provided to Smokefree Trust Leads as required and frequent catchups in place.

**2.2 Primary Care:** Engagement with primary care continues to be a priority for the taskforce. The Northern Cancer Alliance has identified a new GP lead for Primary Care who will also chair the primary care subgroup and a successful meeting took place on the 13<sup>th</sup> of September. The Primary Care GP lead is Dr Shaun Lackey and he will also join the membership of the taskforce as a core member.

### 2.3 Trust LTP Implementation

#### 2.3.1 Recruitment

Most Trusts have successfully recruited to the majority of posts and are delivering NHS Long Term Plan where nine out of ten trusts now live. Across the region over **30** Band 3/4 advisors newly recruited to post for acute & maternity pathway and most services have dedicated service managers at Band 6/7. There are 49 Maternity Support Workers (MSW) supporting the maternity pathway to date.

**2.3.2 Training:** The ICS funded a region wide training for Tobacco dependency advisor have been delivered by IPIP across the summer in 2022 for acute, maternity and MH pathways have been completed.

Training Type	Dates
Maternity	27 <sup>th</sup> & 28 <sup>th</sup> June and 28 <sup>th</sup> & 29 <sup>th</sup> July
Acute	28 <sup>th</sup> & 29 <sup>th</sup> April and 26 <sup>th</sup> & 27 <sup>th</sup> July
Mental Health	8 <sup>th</sup> & 9 <sup>th</sup> August

In total **60** staff have received the 2 day training across 3 pathways (26 acute, 24 maternity, 10 MH). An additional 'upskilling day' for acute advisors rescheduled from 14<sup>th</sup> July took place on 5<sup>th</sup> September with 10 in attendance. There are ongoing plans to commission additional mop up training before the end of q4.

#### 2.3.3 Taskforce supporting Networks & Embedding Practice

- TDTs Acute & Mental Health Advisor Peer Network took place on the 18<sup>th</sup> of August and this will be held on a quarterly basis. A separate one for maternity teams is led by Becca Scott PHPIM lead for ICB.
- TDTs Service managers meeting took place on 25<sup>th</sup> July and will hold every 6 months.
- Quarterly Trust Smokefree Leads meetings, the last one took place on 28<sup>th</sup> of September with 12 in attendance
- Six weekly data Leads Meeting with 7 out of 10 Trusts represented
- Monthly data surgeries starting 29<sup>th</sup> Sept

### 2.4 Service Level Agreements (SLA):

The ICB has developed a Service Level Agreement SLA which will be linked to the **additional funds** (on top of the national allocation) with set Key Performance Indicators (KPI) for the year to support the additional regional assurance requirements and are linked to **mobilisation, implementation**

**and full coverage** expectations from national team. This is also the mechanism to access the additional ICS funding Trusts will receive to go further & faster and implement tobacco dependency treatment services. To date 7 out of 10 Trusts have signed and returned copies to the region.

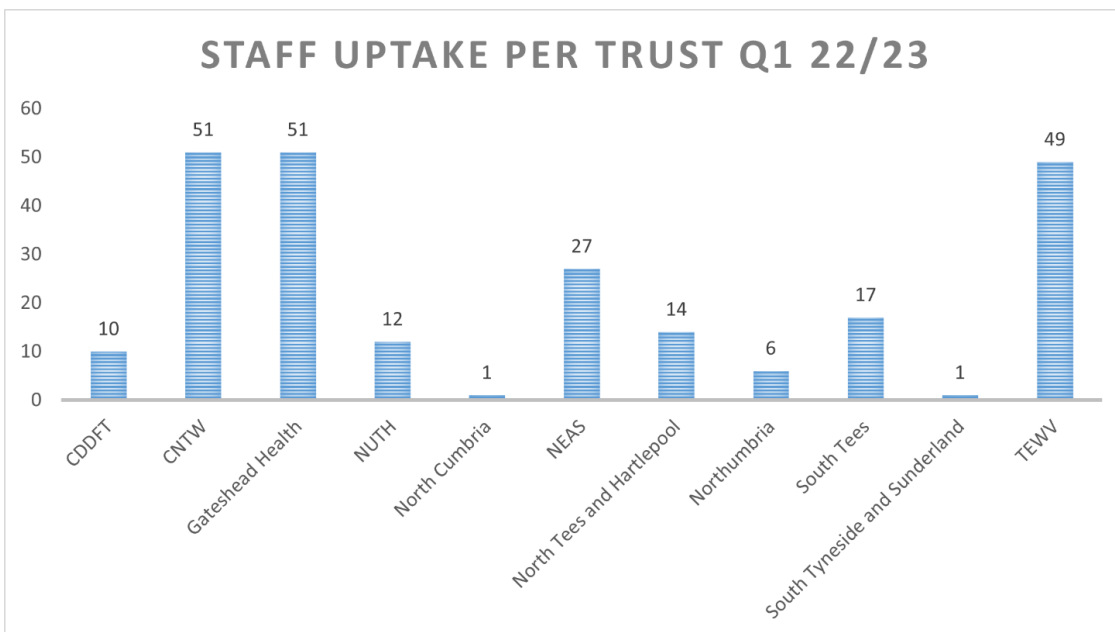
**2.5 ARC Research Project funded by NIHR:** The NIHR funded Evaluation ‘Supporting the NHS Long Term Plan: An evaluation of the implementation and impact of NHS-funded tobacco dependence services’ is progressing steadily. The ICS Smokefree Strategic Manager is one of the key stakeholders and attends regular meetings and works closely with researchers, taskforce members and SF leads to frame the protocols and four work packages underway. NENC has six sites, 2 mental health, 4 acute inpatients and maternity. The outstanding ethics approval have now been received which allow for the remaining work pages to start.

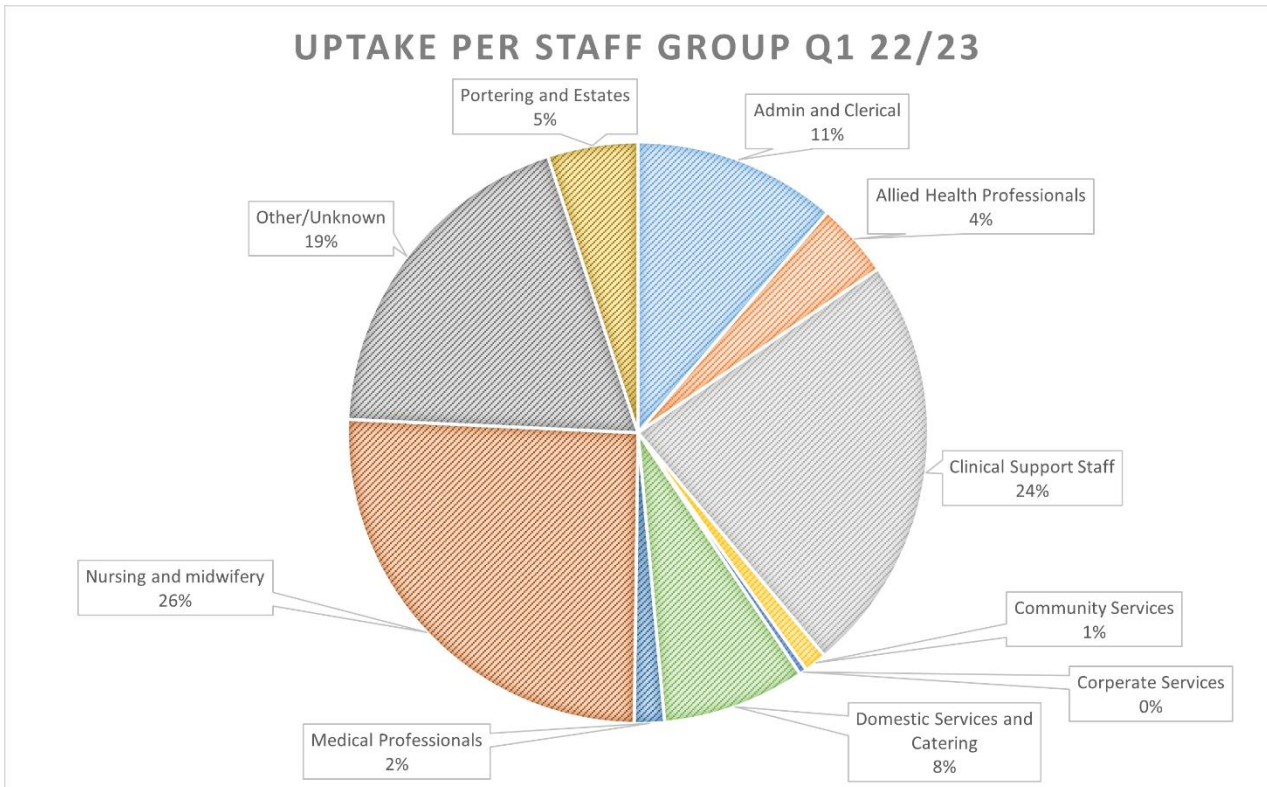
### 2.6 Regional Assurance Tracker Submissions & NHS Long Term Plan Trajectories

There are now extra reporting requirements from the NHSE/I region including a regional assurance tracker which is completed in conjunction with Trust Smokefree Leads. This replaces the monthly highlight report. The latest submission is due at the beginning of October.

### 2.7 NHS Staff Cessation Offer

The Staff Tobacco Dependency Offer for NHS Staff pilot has been in place for just over nine months. In phase 1 (up till June 2022), **1,296** staff referrals have been received with 976 engaged. For Phase 2 a bespoke comms package has been developed for each Trust which includes posters, leaflets, email banners and some digital resources which every Trust has now received. In addition a comms toolkit has been created to support Trusts promote this offer to staff which we hope will support the second phase promotion.

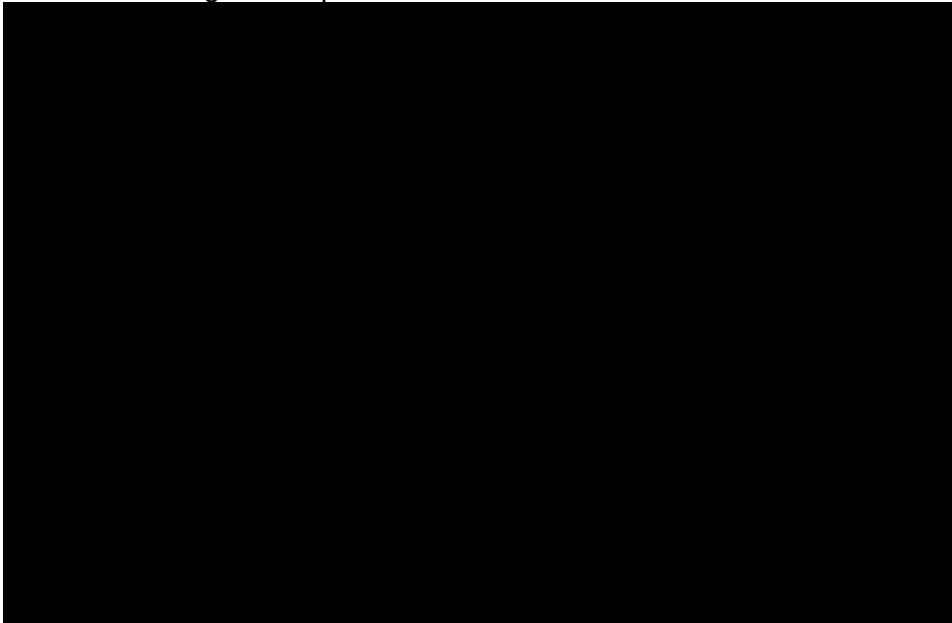




Phase 2 has now started which will see cessation support for NHS staff in Trusts delivered through Local Authority Commissioned Stop Smoking Services where they are available.

**Key Aims of Phase 2:**

- Embed NHS staff support into existing LA provision
- Uplift LA data collection systems to capture NHS staff data
- Enable direct referrals into services with localised Trust comms
- Maintain free NRT and regional vape offer for NHS Foundation Trust staff



For further information about staff offer contact project lead- [caitlin.barry1@nhs.net](mailto:caitlin.barry1@nhs.net)

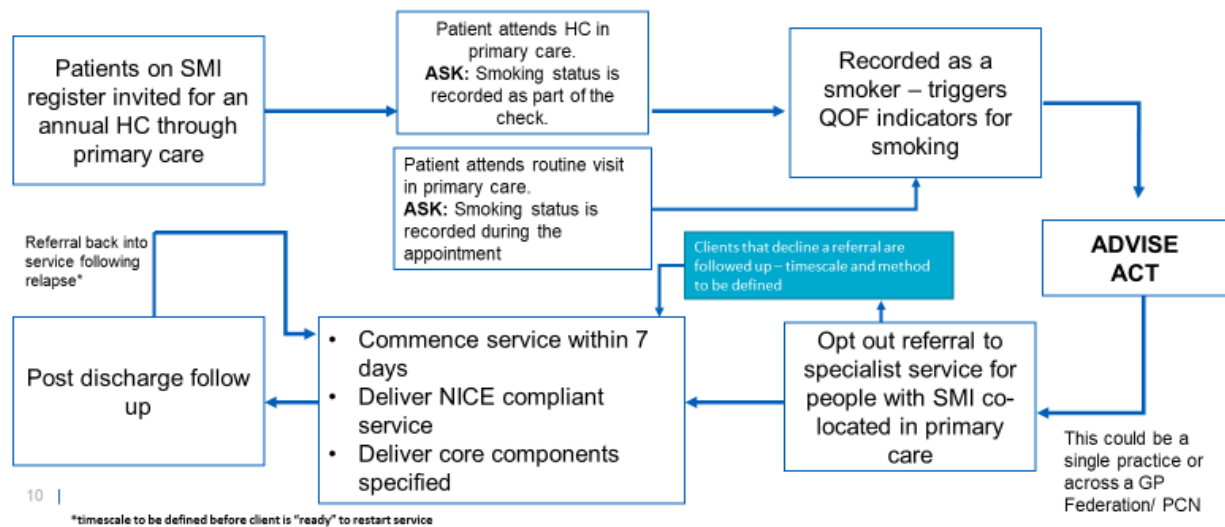


## 2.8 Serious Mental Illness (SMI) Smoking Cessation Early Implementer Sites

The Primary Care delivery model linked to Physical Health Checks for adults on SMI registers who smoke is ongoing in the NENC. The model has at its core NICE guidance for commissioning effective tobacco cessation services but offers the flexibility of providing additional and intensive support at key points on the pathway where the need is identified.



### EIS Model 2: Primary Care Model linked to the Physical Health Check



The 4 pilot sites to stress test the model are:

- Northumberland
- South Tyneside
- Middlesbrough
- Durham (Chester – le – Street)

All areas have mobilised and two out of four sites are now live. There is an ongoing task and finish group working on a logic model to inform the evaluation brief. A monthly SMI Steering Group meeting takes place with representation from a broad group of stakeholder. There are also monthly meetings in place with the national team for governance and assurance. A Brief circulated to ICS Partners in August 2022.

## 2.9 Smokefree NHS Data Collection

The table below shows the compliance with dataset submission for the reporting period Q1 2022/23. All Trusts submitted the dataset to varying degrees of completeness. All trusts are expected to report on the NHSE/I indicators from April 2022, these will supersede the current indicators developed by North East and North Cumbria.

Trust data Leads meeting took place on 13<sup>th</sup> of September with good attendance and representation from 7 out of 10 of our local trusts. Trusts have ongoing system development and submission of data to the national team has started with most trusts providing a nil or partial return whilst systems are still under development.

All local trusts submitted their original NENC ICS data, from that report:

- 5 out of 10 local trusts have obtained smoking status for over 85% of their patient population
- 6 out of 10 local trusts submitted data on patients receiving very brief advice – of those that provided the data 88.2% received VBA across the region

<b>Trust</b>	<b>Data set Q1 status</b>
County Durham and Darlington NHS FT	Part Submission (several data items missing)
Cumbria, Northumberland, Tyne and Wear NHS FT	Full Submission
Gateshead Health NHS FT	Part Submission (several data items missing)
North Cumbria Integrated Care	Part Submission (several data items missing)
North Tees and Hartlepool NHS FT	Part Submission (several data items missing)
Northumbria Health Care NHS FT	Part Submission (quit data item missing)
South Tees Hospitals NHS FT	Part Submission (several data items missing)
South Tyneside and Sunderland NHS FT	Part Submission (several data items missing)
Tees, Esk and Wear Valley NHS FT	Full Submission
Newcastle Upon Tyne Hospitals NHS FT	Part Submission (quit data item missing)

**2.10 Tobacco Dashboard:** A national NHS Tobacco Dependence Treatment Service dashboard has been created based on the monthly NHS Tobacco Dependence data submissions. It is currently being in the testing phase, however due to limited data submissions from Trusts and data quality issues, testing is delayed.

## 3. E-cigarettes and vaping

### 3.1 Nicotine Vaping in England Evidence Update 2022

**This has now been published** and can be found [here](#). The evidence review is the eighth in a series of independent reports on vaping originally commissioned by Public Health England and now by the Office for Health Improvement and Disparities in the Department of Health and Social Care. The report was led by academics at King's College London with a group of international collaborators and is the most comprehensive to date. Its main focus is a systematic review of the evidence on the health risks of nicotine vaping.

**Based on the evidence that the team reviewed, the conclusions were that:**

#### 1. Health risks

The report primarily looks at data on human exposure to vaping, complemented with findings from animal and cell studies. It provides the most robust evidence on health risks of vaping to date. It also assesses the relative risks of vaping compared with smoking, as well as the absolute risks of vaping compared with not vaping or smoking.

#### Overall conclusions

Based on the evidence that the team reviewed, the conclusions were that:

- in the short and medium term, vaping poses a small fraction of the risks of smoking
- vaping is not risk-free, particularly for people who have never smoked
- evidence is mostly limited to short and medium term effects and studies assessing longer term vaping (for more than 12 months) are necessary
- more standardised and consistent methodologies in future studies would improve interpretation of the evidence

### Biomarkers of toxicant exposure

Biomarkers of toxicant exposure are measurements of potentially harmful substance levels in the body. The evidence reviewed suggests there is:

- significantly lower exposure to harmful substances from vaping compared with smoking, as shown by biomarkers associated with the risk of cancer, respiratory and cardiovascular conditions
- similar or higher exposure to harmful substances from vaping compared with not using nicotine products
- no significant increase of toxicant biomarkers after short-term secondhand exposure to vaping among people who do not smoke or vape

### Biomarkers of potential harm

Biomarkers of potential harm are measurements of biological changes in the body due to an exposure to smoking or vaping. Although this review looked at many studies of biomarkers of potential harm, the team could draw only limited conclusions. However, better-run studies assessing short and medium term risks found no major causes of concern associated with vaping.

## 2. Smoking and vaping prevalence

### Young people

The latest data from the ASH-Youth 2022 survey of 11 to 18 year olds in England show that:

- current smoking prevalence (including occasional and regular smoking) is 6.0% in 2022, compared with 4.1% in 2021 and 6.7% in 2020
- current vaping prevalence (including occasional and regular vaping) is 8.6% in 2022, compared with 4.0% in 2021 and 4.8% in 2020
- most young people who have never smoked are also not currently vaping (98.3%)
- use of disposable vaping products has increased substantially, with 52.8% of current vapers using them in 2022, compared with 7.8% in 2021 and 5.3% in 2020

### Adults

The latest data from several national studies of adults in England show that:

- smoking prevalence in England in 2021 was between 12.7% and 14.9% depending on the survey, which equates to between 5.6 and 6.6 million adults who smoke
- vaping prevalence in England in 2021 was between 6.9% and 7.1%, depending on the survey, which equates to between 3.1 and 3.2 million adults who vape
- vaping prevalence among adults who have never smoked remained very low, at between 0.6% and 0.7% in 2021
- the popularity of disposable vaping products has increased among adults who vape, with 15.2% using them in 2022 compared with 2.2% in 2021
- tank type products remained the most popular vaping devices (used by 64.3% of adult vapers in 2022)



- vaping products remain the most common aid used by people to help them stop smoking
- in stop smoking services in 2020 to 2021, quit attempts involving a vaping product were associated with the highest success rates (64.9% compared with 58.6% for attempts not involving a vaping product)
- the stop smoking service data are consistent with the latest evidence from the [Cochrane living systematic review on electronic cigarettes for smoking cessation \(https://www.cebm.ox.ac.uk/research/electronic-cigarettes-for-smoking-cessation-cochrane-living-systematic-review-1\)](https://www.cebm.ox.ac.uk/research/electronic-cigarettes-for-smoking-cessation-cochrane-living-systematic-review-1) which also shows vaping is effective for stopping smoking

### 3. Flavours

Fruit flavours remained the most popular among adults and young people who vape, followed by “menthol/mint”.

Overall, there is a lack of evidence on whether flavourings affect health risks. Vaping products that contain the flavouring chemical cinnamaldehyde are a cause of concern, and regulatory bodies should review its use in e-liquids.

There is limited evidence that some flavourings in vaping products have the potential to alter cellular responses (from animal and cell studies), but less than exposure to tobacco smoke.

### 4. Nicotine

Vaping products generally provide lower nicotine levels to users than smoking does. However, people who are experienced vapers can achieve nicotine levels similar to people who smoke.

Existing evidence suggests that the risk and severity of nicotine dependency from vaping is lower than for smoking but varies by product characteristics (like device type and nicotine concentration in e-liquids). This is consistent with evidence on nicotine exposure from biomarker and pharmacokinetic studies from the current review.

### 5. Harm perceptions

In 2021, only 34% of adults who smoked accurately believed that vaping was less harmful than smoking. Only 11% of adults who smoked knew that none or a small amount of the risks of smoking were due to nicotine. Inaccurate perceptions need to be addressed.

The evidence reviewed also suggests that:

- people’s perceptions about vaping harms can influence their subsequent vaping and smoking behaviour
- communicating accurate information about the relative harms of vaping can help to correct misperceptions of vaping, particularly among adults

Interventions on absolute harms of vaping that aim to deter young people from vaping need to be carefully designed so they do not misinform people (particularly smokers) about the relative harms of smoking and vaping.

## 3.2 E-Cigarette [Summit 2022](#)

This is running on 9<sup>th</sup> December 2022 and previous ones have been excellent and very informative and covering a wide range of topics and also recognising the complexities around the

positioning of vaping and some of the risks to manage. The line-up this year has an exceptional array of international and national experts.

### 3.3 Taskforce Vaping Standard

This is now being refreshed following the publication of the OHID commissioned report above. This will be shared shortly with Taskforce members for feedback before finalizing and circulating to FTs.

### 3.4 Trust Vaping Policy Mapping

The survey sent out to all Trusts to scope out implementation of vaping policies has been completed along with mapping of Trust policies against NG209. A briefing of findings and recommendations has been shared with Trusts via the Smokefree Leads meeting. A summary slide deck is available on request from project lead- [caitlin.barry1@nhs.net](mailto:caitlin.barry1@nhs.net)

### 3.5 The UK E-Cigarette Research Forum (UKECRF)

An initiative developed by Cancer Research UK in partnership with Public Health England (PHE) and the UK Centre for Tobacco and Alcohol Studies (UKCTAS). The Forum brings together policy-makers, researchers, practitioners and the NGO community to discuss the emerging evidence and knowledge gaps about e-cigarettes. The group also seeks to identify research priorities, generate ideas for new research projects and enhance collaboration between forum participants. They have monthly research bulletins are these can be accessed [here](#).

**3.6 Electronic Cigarettes for Smoking Cessation:** Cochrane Living Systematic Review- provides live and up to date information on evidence. A number of briefings have been produced in the last quarter and can be access [here](#). There are also a series of podcast led by Dr Jamie Hartmann-Boyce and Dr Nicola Lindson. The latest is an interview with Harry Tattan-Birch [Podcast Link](#)

### 3.7 Tips for Incorporating Vaping into NHS Tobacco Dependency Provision

A Top Tips document has been produced, with the aim of sharing learning from Trusts who have incorporated Vapes into their NHS Tobacco Dependency Provision. Thank you to Tees Esk Wear Valley FT, Cumbria Northumberland Tyne & Wear FT, Rotherham Doncaster & South Humber FT, and Sheffield Health & Social Care FT, for their insight & learning [Tips for Incorporating Vaping into NHS Tobacco Dependency Provision](#)

## 4. Smoking in Pregnancy- lead [becca.scott1@nhs.net](mailto:becca.scott1@nhs.net)

### 4.1 NENC LMNS 2022/23 Deliverables Progress Update – August 2022

Meeting with local team and utilising the maternity tracker (that encompasses the requests generated by the NHS LTP, Saving Babies Lives Care bundle, CNST and regional team reporting), 7/8 Maternity Services on track delivering on maternity element of NHS LTP, detailed in the table below:

Deliverables 22/23	North Cumbria	Northumbria	Newcastle	Gateshead
<b>NHS Smokefree Pregnancy Pathway</b> (priority no: 6)	<b>Staffing:</b> 2 designated MSWs recruited (1.6 WTE) and awaiting NCST Level 2 training. Assistant Practitioners already trained, existing MSWs to be upskilled. All staff require VBA update. <b>Treatment:</b> Although has NRT Direct Supply & PGD in place	<b>Staffing:</b> 3 designated MSW's (Best Start in Life Advisors) recruited and trained as NCST Level 2 alongside existing Nursing Assistants. All staff undertaking VBA update via e-	<b>Staffing:</b> 1.0 WTE designated MSW recruited and trained, awaiting official start (September 2022) and induction programme. 1.0WTE Band 6 (Acute TDTS Lead) providing support. CGL continue	<b>Staffing:</b> 2 designated MSWs (Maternity Health Advisors) recruited and NCST Level 2 trained. Existing MSW's to be upskilled. All staff undertaking VBA update via e-learning/F2F. <b>Treatment:</b> NRT protocol in place to issue NRT in acute settings.

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	<p>requires embedding to increase use.</p> <p><b>Partners:</b> Provided inhouse support with women if she is a smoker. Obtaining NRT via pharmacy provision or offered SSS via pharmacy provision. Offered NRT when partners is an inpatient.</p> <p><b>Data:</b> Development of Badgernet template being led by ICS PHPiM Programme. Utilising Quit Manager to input data relating to SSS in the interim.</p> <p><b>Funding:</b> Ringfenced to maternity.</p> <p><b>Leadership:</b> New NC TDiP multi agency group launched in June 2022 where joined up approach being developed. Needs designated FT SF Lead.</p>	<p>learning/F2F. In house training complete.</p> <p><b>Treatment:</b> Care Plan protocol in place to issue NRT in acute and community settings (to be shared) but not the women's homes.</p> <p><b>Partners:</b> Provided inhouse support with women if she is a smoker. NRT protocol being explored but challenges around deliver of NRT when not admitted. Partners referred to LA services.</p> <p><b>Data:</b> Development of Badgernet template being led by ICS PHPiM programme to be launched 1/7/22. Utilising LA SSS to input data relating to SSS in the interim alongside own spreadsheet.</p> <p><b>Funding:</b> Ringfenced to maternity.</p> <p><b>Leadership:</b> Maternity linked in to FT model for support and supervision. Direct reporting line to Exec group. TDiP multi agency group operationalised (PHPiM yet to be regularly invited).</p>	<p>to provide community support and NRT. 4.0 WTE trained MSW's working in the community focusing on women in highest areas of need with no desire to quit.</p> <p><b>Training:</b> All Maternity staff VBA trained (80%). Dates for future sessions are planned, all new starters to have F2F. 20 Champions trained to level 2/intermediate level to support an out of hours service.</p> <p><b>Treatment:</b> FT protocol approved, issuing one-time NRT in acute settings then medical staff prescribe (medical staff have full training programme arranged) – to be developed further.</p> <p><b>Partners:</b> provided with support from inhouse provision if the woman is a smoker. NRT protocol for partners not yet in place.</p> <p><b>Data:</b> Will be using Badgernet by early 2023 to utilise tobacco in pregnancy template (utilising LA SSS to input data relating to SSS in the interim) as well as own basic data collection process.</p> <p><b>Funding:</b> Joined up approach but ringfenced to maternity.</p> <p><b>Leadership:</b> Maternity linked in to FT model for support and supervision. Direct reporting line to Exec group. TDiP multi agency group to be restarted.</p>	<p><b>Partners:</b> Provided inhouse support with women if she is a smoker. NRT pack for 1 week provided by LA SSS via voucher but will be changing to ICS E voucher scheme in October 2022.</p> <p><b>Data:</b> Badgernet template being used.</p> <p><b>Funding:</b> Joined up approach but ringfenced to maternity.</p> <p><b>Leadership:</b> Maternity linked in to FT model for support and supervision. Direct reporting line to Exec group. TDiP multi agency group to be reinitiated.</p>
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Deliverables 22/23	South Tyneside & Sunderland	County Durham & Darlington	North Tees & Hartlepool	South Tees
NHS Smokefree Pregnancy Pathway (priority no: 6)	<p><b>Staffing:</b> 2.6WTE Tobacco Treatment Advisors recruited (3.4WTE out to advert) who will work across FT acute settings including maternity.</p> <p><b>Training:</b> Existing MSW's to be upskilled and will focus on holistic support of women who have no desire to quit. All staff undertaking VBA update via e-learning/F2F (70% compliance).</p> <p><b>Treatment:</b> NRT protocol in place to issue NRT in acute settings.</p> <p><b>Partners:</b> Referred to LA SSS.</p> <p><b>Data:</b> Review of data processes being undertaken. Linked into ICS data template/requests to request from Meditech provider.</p> <p><b>Funding:</b> Included in FT budget.</p> <p><b>Leadership:</b> Maternity recently linked in to FT model for support and supervision. TDiP multi agency group recently reinitiated by ICS.</p>	<p><b>Staffing:</b> 2.0WTE designated MSWs recruited and NCSCT Level 2 trained. Existing level 2 trained MSW's in post and continuing to offer community SSS.</p> <p><b>Training:</b> All staff undertaking VBA update via e-learning/F2F.</p> <p><b>Treatment:</b> NRT protocol in place to issue NRT in acute settings. Developing a Direct Supply method. Plans to use the ICS E-Voucher system in October 2022.</p> <p><b>Partners:</b> Supported by Community SSS.</p> <p><b>Data:</b> Badgernet template being used alongside 'One System for Health' as a cross over period.</p> <p><b>Funding:</b> Joined up approach but ringfenced to maternity.</p> <p><b>Leadership:</b> Maternity linked in to FT model for support and supervision. Direct reporting line to Exec group. TDiP multi agency group reinitiated (led by LA) focusing on women with no desire to quit.</p>	<p><b>Staffing:</b> 3 x 0.6 WTE FT wide Tobacco Treatment Advisors recruited with 1.5 WTE MSW. <b>Training:</b> All advisors and MSWs undertaken NCSCT Level 2 training. In addition to SSS will focus on holistic support of women who have no desire to quit and provide enhanced interventions at high risk clinics. All staff undertaking VBA update via e-learning/F2F (98% compliance).</p> <p><b>Treatment:</b> NRT protocol in place to issue NRT in acute settings.</p> <p><b>Partners:</b> referred to LA SSS/Community connectors. Awaiting outcome of Hartlepool GP prescriptions/ PH budget for partners (imminently expected). Acute provision of NRT to be arranged.</p> <p><b>Data:</b> Plans to use Badgernet template when come online in Winter 2022. Utilising LA SSS to input data relating to SSS in the interim.</p> <p><b>Funding:</b> Joined up approach but ringfenced to maternity.</p> <p><b>Leadership:</b> Maternity linked in to FT model for support and supervision. Direct reporting line to Exec group. TDiP multi agency group recently reinitiated by ICS.</p>	<p><b>Staffing:</b> 1.85 WTE designated MSWs in post covering Middlesbrough area. Plans to cover North Yorkshire from Autumn 2022.</p> <p><b>Training:</b> Already trained, existing MSWs to be upskilled. All staff require VBA update.</p> <p><b>Treatment:</b> NRT PGD in place requires embedding to increase use.</p> <p><b>Partners:</b> Provided inhouse support with women if she is a smoker. Obtaining NRT via LA SSS or pharmacy provision. Will start use of ICS E-voucher scheme by October 2022. Offer NRT when partners is an inpatient.</p> <p><b>Data:</b> Will use Badgernet template when come online in Winter 2022. Utilising LA SSS to input data relating to SSS in the interim as well as own record.</p> <p><b>Funding:</b> Ringfenced to maternity.</p> <p><b>Leadership:</b> Maternity needs linking into FT model for support. Needs designated FT SF Lead. TDiP multi agency group to be reinitiated.</p>

## 4.2 Training

24 Maternity tobacco treatment advisors were trained as NCSCT Level 2 advisors over the summer. In addition to this, a one-day upskilling of 10 acute/community tobacco treatment advisors was commissioned to enhance the pregnancy specialist workforce. An event aimed at NHS

Tobacco Treatments Managers took place on 25<sup>th</sup> July where updates on the LTP/ICS model and service provision, support and training requirements took place.

#### **4.3 TDiP Incentive Scheme**

To correlate with national data collection point of 4 weeks postnatal, the incentive scheme postnatal payment will now take place at this same time (consultation with the Taskforce via email sent 30/08/2022) instead of the previously agreed 6 weeks postnatal. Internal contracting issues has delayed the launch of the NENC Tobacco Dependency in Pregnancy Incentive Scheme from 1st October 2022 to 30<sup>th</sup> November 2022. The evaluation of the scheme is being developed and the team are seeking funding opportunities to extend the scheme.

#### **4.4 Maternity Tobacco Data Metrics**

The NENC ICS PHPiM & Tobacco dashboards are expected to be live and available by 30/09/2022 which enable better functionality and access of data.

#### **4.5 Maternity NRT E-Voucher Scheme**

The NRT E-voucher system went live on 1<sup>st</sup> September 2022 enabling Maternity Tobacco Treatment Advisors to order NRT. In addition to a training video and guide, an interactive demo was provided with a Q&A session for users on 19<sup>th</sup> September 2022. The PHPiM team continue to work closely with PSNE to ensure all NENC Pharmacies offer this provision as a matter of urgency.

## **5. Stop Smoking Services Commissioned by Local Authorities**

### **5.1 ADPH tobacco commissioners forum:**

Smokefree NHS developments continue to be a standing agenda item at the ADPH Tobacco Commissioners Forum coordinated by PHE and the Smokefree NHS Strategic manager regularly attends the monthly meetings to provide assurance about progress on the LTP and clarify pathways from Acute & Mental Health Trusts to community. A document on the advanced pharmacy roll-out & pharmacy provision has recently been developed to support the system in consultation with Tobacco Commissioners.

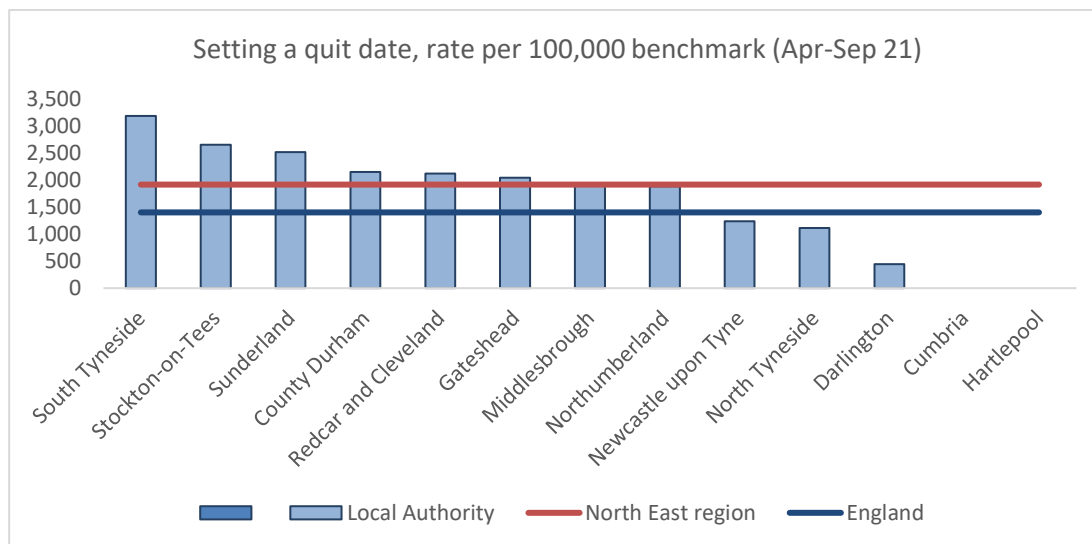
### **5.2 NHS digital data:**

The latest stop smoking service data for Q2 (2021/22) have recently been published. The key NE headlines are

- Nationally 88,960 people set a quit date with stop smoking support between April and September 2021, with 48,676 successfully quit at the 4-week stage.
- This is a 9% increase in the number of people setting a quit date compared to the equivalent period last year (81,280) and a 3% increase in the number quitting successfully (47,333).
- The North East achieved the highest number of quitters per 100,000 smokers regionally (1,020), the national average was 767 quitters per 100,000 smokers.

You can access the data [here](#)





Data source: [NHS Digital: Statistics on NHS stop smoking services in England](https://www.nhs.uk/statistics-on-nhs-stop-smoking-services-in-england/)

## 6. Communications

### 6.1 TV Media Activity- Don't Wait

An allocation of the NHSE top slice funds (20%) for 2022/23 has been used to fund mass media activity across the whole ICS in Q2 (September) led by Fresh and featuring a two weeks' TV advertising (using two further Don't Wait 30 second clips). A Don't Wait toolkit was widely circulated to partners across the ICS. An amplified media package is in place for the localities' in the LA7 who currently commission Fresh.

The TV ads are available to watch below:

- "Breaking news": a hard hitting health harms approach to convey the risks to smokers and its impact on families to raise motivation to quit <https://youtu.be/gMmDFQxyFaA>
- "Never too late": a positive message about the benefits of quitting even for people who have smoked for many years. This is aimed particularly at smokers who are pessimistic about the value of quitting smoking which insight has identified as a particular barrier. <https://youtu.be/Of3LFpsuqkE>

### 6.3 Smokefree App

The ICS continues to fund access to the premium version of the Smokefree APP across the ICS. The key features of the Smokefree App are:

- Automated self-help
- Digital stop smoking programme (daily missions & Chat bot)
- One-to-one support from stop smoking experts available 24/7

The App is available to anyone in the North East and North Cumbria area and can be accessed by going to [getmesmokefree.com](https://getmesmokefree.com) . Since the last briefing there have been **52** new users. To request a printable flyer or physical resources, please email [rachel.mcilvenna@nhs.net](mailto:rachel.mcilvenna@nhs.net)

## 7. Resources Area – Knowledge Hub

Key documents and resources are made available through the Taskforce's online Knowledge Hub (KHub) group so it is strongly recommended that all colleagues and partners involved in the treating tobacco dependency/Smokefree NHS agenda are registered to access this:

<https://www.khub.net/group/north-east-smokefree-nhs-treating-tobacco-dependency-taskforce-group>

This is in addition to the national resources within NHS futures mentioned in section 1.