



Bristol Health and Wellbeing Board

Title of Report:	Treating Tobacco Dependence: North Bristol Trust and BNSSG Acute Trust involvement
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Purpose:	Oversight and assurance

1. Executive Summary

Treating Tobacco Dependence is an evidence-based system priority and providing a smoke free hospital environment protects people and supports quitting. North Bristol Trust have consulted with staff, patients, and visitors in collaboration with the University of Bristol and have established a Treating Tobacco Dependence Working Group to review our smoke free site policy and improve our offer to patients, staff, and visitors. This will work with the developing BNSSG Treating Tobacco Dependence Long Term Plan Programme, which aims to systematically identify and support patients who smoke when they contact hospital environments.

2. Purpose of the Paper

The North Bristol Trust work developed from discussion at the Health and Wellbeing board in February 2020. This paper is to report back on progress to date. It is also to present a model of working that would be beneficial to other organisations within the ICS. This paper further serves to report on the BNSSG Treating Tobacco Dependence Long Term Plan Programme development.

3. Background and evidence base

Tobacco addiction is a disease. One in two life-long smokers will die from a smoking attributable disease, and smoking remains the largest avoidable cause of death and disability, and of social inequalities in health in the UK¹. An estimated 66,500 people smoke in Bristol (18%); smoking follows a socio-economic gradient and worryingly rates are starting to increase in more deprived communities². It is also a significant economic burden, costing the NHS around £2.6 billion each year, and wider communities £12.5 billion per year.

¹ Department of Health (DoH) (2017) *Towards a Smokefree Generation: A Tobacco Control Plan for England*. Available From: <https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobaccocontrol-plan-for-england>

² Public Health England (PHE) (2021) *Local Tobacco Control Profiles for England*. Available From: <https://fingertips.phe.org.uk/profile/tobacco-control>

The One City Plan includes a goal for 2024 that the Integrated Care Partnerships will deliver preventive, proactive, personalised and integrated care. Hospitals are a good environment to support people to quit, but the British Thoracic Society survey 2019 shows the current reality of poor provision of smoking cessation support in hospitals. In Canada (Ottawa Model) and Manchester (CURE Model), work to systematically identify all patients who smoke, and provide opt-out access to medication and behavioural support, has been proven to improve quit rates, reduce readmissions and save lives. Part of this approach is having a smoke-free environment. The North Bristol Trust is a smoke-free site, but it is recognised that people do not always adhere to this policy, and that smoking on the boundaries of the site is potentially harmful to nearby communities and a missed opportunity to help someone quit.

E-cigarettes: In 2019/20, quit rates involving a vaping product were higher than any other method across all of England. A Cochrane review finds they are 70% more effective than other nicotine replacement therapy³. The evidence has grown around safety too, and they are included in the draft NICE 2021 guidelines for *“Tobacco: preventing uptake, promoting quitting and treating dependence”*⁴. In other areas, vaping is permitted in designated outdoor areas at Acute or Mental Health Trusts successfully.

4. Community/stakeholder engagement

In June/July 2021 a consultation was carried out by North Bristol Trust with 544 staff, patients, and visitors. This aimed to understand the experience of the smoke-free site at Southmead Hospital, and to explore options to reduce the number of people smoking on or around our site and support more people to quit. Headlines from the consultation include:

- 70% people saw smoking on site most days or every day, with hotspots identified
- Around two thirds’ people supported designated outdoor vaping areas
- Communication, support, training and behavioural nudges have good support
- Providing or selling vapes was more contentious, however many concerns about e-cigarettes were not evidence-based

5. Recommendations

- North Bristol Trust will continue to work with partners across BNSSG, to support more patients, staff, and visitors to quit smoking, using an evidence-based approach.
- The North Bristol Trust Treating Tobacco Dependence Group are reviewing the smoke free site policy, changes may include designated outdoor vaping areas, behavioural nudges, and improved signage. These changes will sit alongside communications and education to address concerns around vaping. We seek support from the Board for making these changes
- There may be further opportunities to collaborate with academic partners to gather evidence on the effectiveness of interventions e.g., behavioural nudges on a smoke free site. A collaborative approach to steering research and sharing learning will inform approaches in other public spaces across BNSSG. We seek support from the Board in sharing learning across organisations and spaces in BNSSG

6. City Benefits

³ Hartman-Boyce et al. 2020. Electronic Cigarettes For Smoking Cessation. Available from: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010216.pub4/full>

⁴ Draft NICE guidance 2021: <https://www.nice.org.uk/guidance/GID-NG10086/documents/draft-guideline>

Reducing smoking rates will benefit individuals, families and communities, our healthcare system and our wider economy. It is also an effective way to reduce health inequalities.

7. Financial and Legal Implications

NHSE funding is provided through the BNSSG CCG/ICS. For 2021/22 this is £ 230,000. It is expected to increase year on year through to the end of the Long-Term Plan on 31st March 2024. We have been successful in bidding for an additional £ 50,000 this year. The funds will be deployed to meet the Tackling Tobacco Dependence (TTD) Business Case overseen by the TTD Steering Group reporting to the ICS through the Population Health, Prevention, and Inequalities Steering Group.

8. Appendices

The NHS Long Term Plan (LTP) and delivery of the tobacco dependence element across BNSSG.

CURE is a new approach to tackling tobacco addiction based on the Canadian Ottawa Model for Smoking Cessation and first pioneered in the UK in Greater Manchester, which aims to systematically identify all active smokers admitted to hospital and immediately offer them treatment.

The work to tackle tobacco dependence across BNSSG is based on the CURE/Ottawa Model for Smoking Cessation. Available [here](#).

The NHS Long Term Plan (LTP) was published in January 2019 and includes priority commitments to support people remaining healthier for longer, through the funding of new evidence-based NHS prevention at scale programmes that focus on reducing smoking. The NHS LTP moves beyond existing NICE guidance, setting out the following ambitions for the NHS to treat tobacco dependency by 2023/24:

1. All people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.
2. The model will be adapted for expectant mothers, and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments.
3. A new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services. On the advice of PHE, this will include the option to switch to e-cigarettes while in inpatient settings (NHS LTP, 2019).

Funding will be devolved to systems through Integrated Care Systems (ICS) to drive 'One Acute Network' allowing all Health and Public Health providers to offer aligned services across local systems.

BNSSG ICS will lead and embed this system-wide transformation moving towards a 'Business As Usual' across all Trusts in BNSSG ICS by March 2024. The 'NHS LTP TTD Programme' offers the opportunity as an ICS to provide consistent messaging and action in the populations that will achieve greatest value and realise beneficial cost efficiencies too.