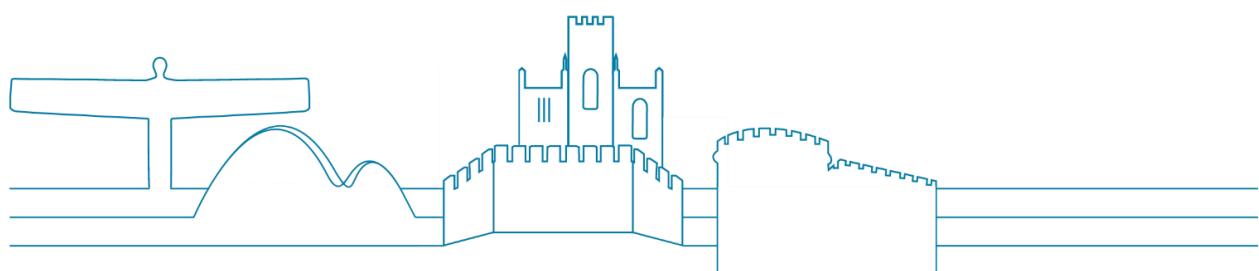




# **NENC NHS LTP**

## **Tobacco Dependency Treatment Services Implementation plan**



**North East & North Cumbria NHS Tobacco Treatment Service:  
Implementation plan 2021/22 -2023/24**

**Contents**

<b>1.0</b>	<b>Background</b>	<b>3</b>
<b>1.1</b>	<b>NHS Long Term Plan</b>	<b>4</b>
<b>1.2</b>	<b>Scope</b>	<b>5</b>
<b>2.0</b>	<b>Governance</b>	<b>5</b>
<b>3.0</b>	<b>NHS Progress to date</b>	<b>7</b>
<b>4.0</b>	<b>Finance</b>	<b>7</b>
<b>5.0</b>	<b>Workforce</b>	<b>8</b>
<b>6.0</b>	<b>NENC ICS Delivery models</b>	<b>8</b>
<b>6.1</b>	<b>Acute inpatient</b>	<b>9</b>
<b>6.2</b>	<b>Mental Health inpatient</b>	<b>9</b>
<b>6.3</b>	<b>Maternity</b>	<b>9</b>
<b>7.0</b>	<b>ICS Key deliverables</b>	<b>10</b>
<b>7.1</b>	<b>Trajectories</b>	<b>11</b>
<b>8.0</b>	<b>Evaluation</b>	<b>11</b>
<b>8.1</b>	<b>NHS Metrics &amp; Data collection</b>	<b>11</b>
<b>8.2</b>	<b>ARC evaluation</b>	<b>11</b>
<b>9.0</b>	<b>Appendix</b>	<b>12</b>
	<b>1a) NHS Tobacco Treatment staffing modelling</b>	<b>12</b>
	<b>1b) Tobacco Treatment Service modelling per Trusts 2021/22, 2022/23, 2023/24</b>	<b>13-15</b>
	<b>2) Acute inpatient Tobacco Dependency Pathway</b>	<b>16</b>
	<b>3) Mental Health Inpatient Tobacco Dependency Pathway</b>	<b>17</b>
	<b>4) Maternity Tobacco Dependency Pathway</b>	<b>18</b>
	<b>5) NENC Trajectories</b>	<b>19</b>
	<b>6) Anticipated NHS LTP Tobacco Treatment Service Metrics</b>	<b>20</b>
<b>10.0</b>	<b>References</b>	<b>21</b>

**North East & North Cumbria NHS Tobacco Treatment Service:  
Implementation plan 2021/22 -2023/24**

## **1.0 Background**

Smoking rates have fallen significantly, but smoking is still the single largest cause of preventable ill health and premature death, accounting for more years of life lost than any other modifiable risk factor<sup>i</sup>. Tobacco dependency affects almost all patient pathways – both medical and surgical – from pregnancy and neonates through to children and adults

Treating tobacco dependency is not just about preventing disease, but it is a clinically effective treatment for smoking related illnesses. All clinicians working in all areas of medicine can improve their patients' lives by helping them to quit smoking. The Royal College of Physicians state that responsibility for treating smokers lies with the clinician who sees them, and recommended that the NHS should be delivering default, opt-out, systematic interventions for all smokers at the point of service contact<sup>ii</sup>.

Stopping smoking results in 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<sup>iii</sup>.

Tackling tobacco dependence will also have a positive impact on health inequalities; smoking being a key driver, accounting for more than half the difference in life expectancy between the richest and poorest in society<sup>iv</sup>.

The NHS Long Term Plan (LTP) published in 2019 outlines clearly defined commitments to support people to keep healthier for longer, by funding cost effective, evidence-based NHS prevention programmes, with the key priority being - a focus on further reducing smoking rates. The NHS LTP sets out the requirement for NHS funded services to treat tobacco dependence to be made available to all inpatients (Acute & Mental Health), pregnant women and higher risk outpatients who smoke, by 31 March 2024. The services are to be in addition to and not a replacement for Local Authority (LA) Stop Smoking Services.

There is a clear clinical, business and Public Health case to implementing a new NHS tobacco treatment services for the priority groups identified in the LTP. Supporting people to stop smoking is the most effective intervention within the power of the NHS to reduce health inequalities. Reducing the number of people smoking is also one of the most effective NHS demand management measures, with the readmission rates falling immediately when someone quits.

The North East and North Cumbria (NENC) Integrated Care System (ICS) Population Health and Prevention Board prioritised a focus around tobacco supporting the 2014 endorsement of all Health and Wellbeing Boards in the North East to reducing smoking to 5% by 2025. The region is not on trajectory to achieve this without a significant change to the rate of prevalence decline. Since then in 2019, the Government in the "Advancing our Health" consultation paper set out their ambitions for a Smokefree England by 2030, this goes further than the 5% by 2025 ambition and is defined as less than 5% smoking prevalence across all populations, which is vital in order to narrow health inequalities.

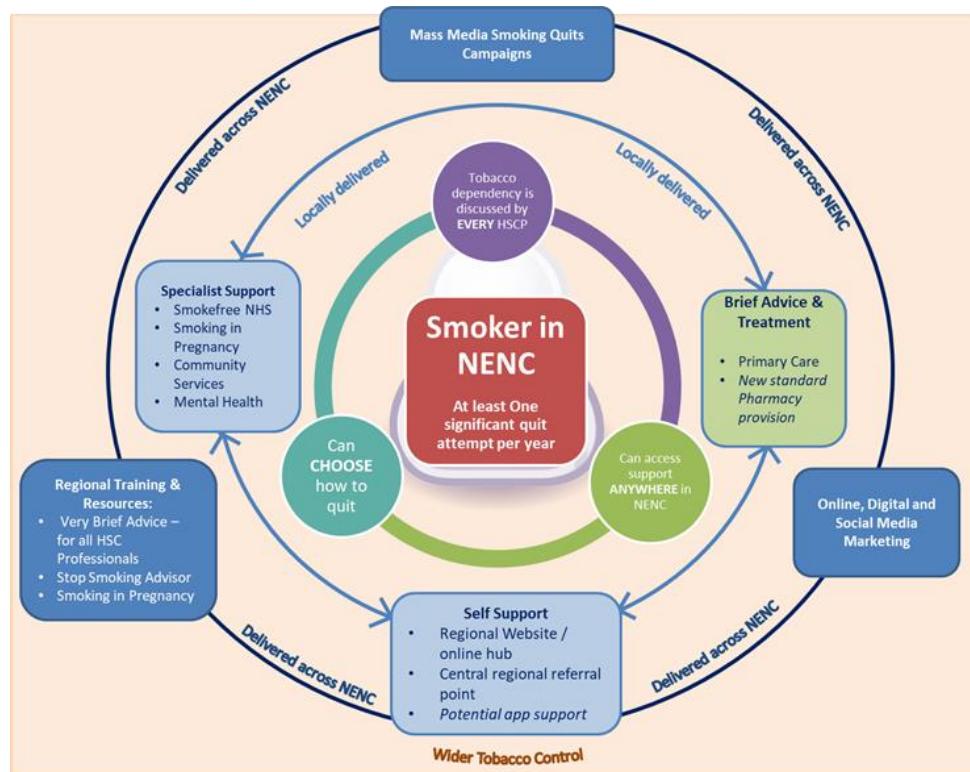
In recognition of the need for further national action on smoking, the NENC ICS Smokefree NHS Taskforce and also the NENC ICS Population Health and Prevention Board have both endorsed the APPG on Smoking report which sets out clear evidence based recommendations to the Government for how to achieve a Smokefree 2030.

The implementation of the NHS LTP in the NENC ICS also provides the opportunity for discussions around development of a wider strategy on tobacco control that incorporates key policy drivers in order to drive down adult smoking prevalence. This will also include exploring a feasibility of a 'Compact' agreement to ensure that funding for a whole systems approach to tobacco control is sustainable.

The wider tobacco control strategy should ideally include ensuring availability of evidence based Very Brief Advice and stop smoking pharmacotherapy in Primary Care, regional training & resources, recommended standards for Community Stop Smoking Services, regional leadership and delivery around broader tobacco control including year round media.

## North East & North Cumbria NHS Tobacco Treatment Service: Implementation plan 2021/22 -2023/24

The implementation of the NHS Long Term Plan is the NHS's contribution to achieving a Smokefree England as part of a system wide approach to making smoking history. The vision for the Tobacco Dependency Treatment landscape within the North East & North Cumbria is that every smoker will make at least one significant quit attempt per year, with Tobacco dependency being discussed by every Health Care Professional they come into contact with. Smokers will have a choice as to how to quit and can access support anywhere in the region, including Specialist Support, Brief Advice and Treatment or Self-Support.



The NENC ICS Population Health and Prevention Board has identified the treating of tobacco dependence and reducing harm from tobacco as one of its two key priorities. Within the ICS Population Health and Prevention Delivery plan the implementation of the NHS LTP Tobacco ambitions is one of the key objectives.

As the delivery group for the ICS, the Smokefree NHS/Treating Tobacco Dependency taskforce recommended that the opportunity to go further, faster, sooner by enhancing the funds available to deliver NHS tobacco treatment services set out in the NHS LTP be taken. This will enable roll out at scale across all NHS Trusts by the end of March 2022 and has received universal support by members of the ICS Management Board.

This is the Implementation Plan of the NENC ICS for Treating Tobacco dependency and delivering on the NHS LTP commitments with acknowledgment that local Trust delivery plans will be more detailed and specific building upon existing work within Trusts and place.

### 1.1 NHS Long Term Plan

The NHS LTP sets out the following ambitions for the NHS to treat tobacco dependency beyond NICE PH48:

- *By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.*
- *Second, the model will also be adapted for expectant mothers, and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments.*

**North East & North Cumbria NHS Tobacco Treatment Service:  
Implementation plan 2021/22 -2023/24**

- *Third, 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.*

The NHS LTP first ambition sets out the NHS contribution to a Smokefree society through implementing a new provision for people accessing NHS services in hospital based on proven models implemented in Canada (Ottawa) and Greater Manchester (CURE)<sup>v</sup>.

**1.2 Scope**

The North East & North Cumbria ICS aim to deliver new NHS Tobacco Dependency Treatment Services for all inpatients and pregnant women accessing services in all 10 NHS Foundation Trusts within the region;

- i. Northumbria Healthcare NHS Foundation Trust
- ii. County Durham & Darlington NHS Foundation Trust
- iii. North Cumbria Integrated Care Partnership
- iv. Gateshead Health NHS Foundation Trust
- v. North Tees & Hartlepool NHS Foundation Trust
- vi. South Tees Hospital NHS Foundation Trust
- vii. South Tyneside & Sunderland NHS Foundation Trust
- viii. Newcastle upon Tyne Hospitals NHS Foundation Trust
- ix. Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust
- x. Tees, Esk and Wear Valleys NHS Foundation Trust

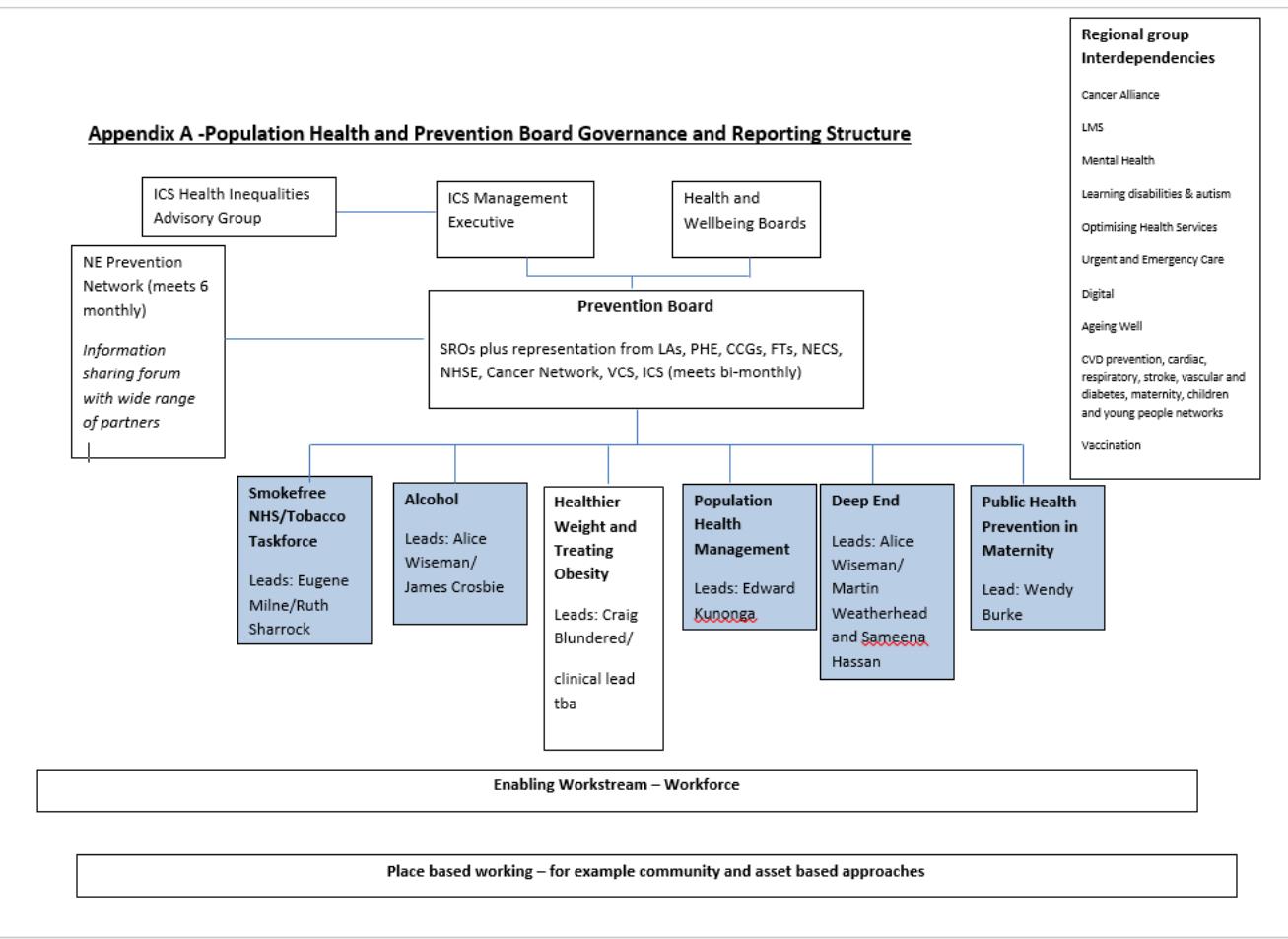
This implementation plan outlines the key details of delivery at an ICS level during the year 2021/22 through to 2023/24 and will be supported by local Trust delivery plans.

**2.0 Governance**

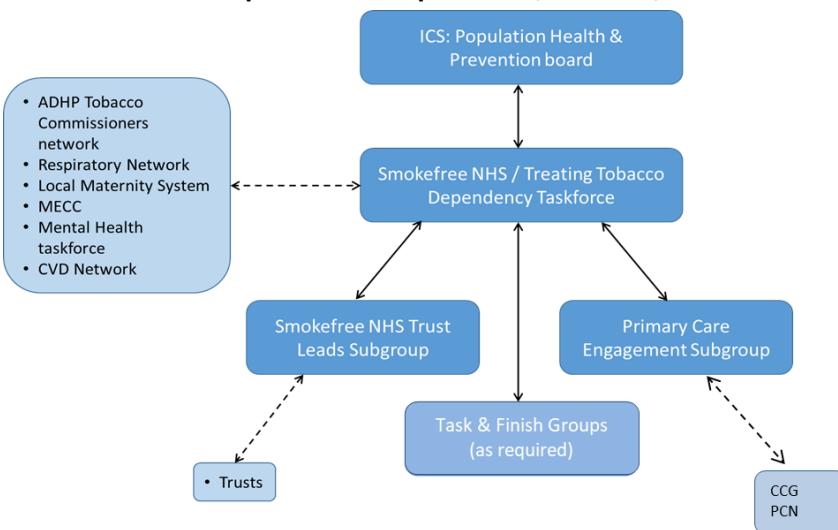
The ICS Population Health Management & Prevention Board is chaired by Dr Guy Pilkington (GP and Prevention Chair for Newcastle & Gateshead CCG) and its deputy chair is Amanda Healy (DPH for Durham County Council and chair of ADPH North East). The ICS Population Health Management & Prevention board highlighted Treating Tobacco Dependency as one of their initial key priorities in 2017, and as a result the Smokefree NHS/Treating Tobacco taskforce (SFNHS taskforce) was established in April 2017 as the dedicated regional steering group to drive forward the Tobacco work stream of the ICS. It is multi-agency in its nature with representation from NHS Trusts, Academia, Primary Care, Office for Health improvement and Disparities (OHID), North of England Commissioning Support Unit (NECS), Fresh and Balance Programme.

**North East & North Cumbria NHS Tobacco Treatment Service:  
Implementation plan 2021/22 -2023/24**

**Appendix A -Population Health and Prevention Board Governance and Reporting Structure**



## North East & North Cumbria NHS Tobacco Treatment Service: Implementation plan 2021/22 -2023/24



### 3.0 NHS Progress to date

The Taskforce set an aim in April 2017 that the acute NHS Foundation Trusts across the North East would be fully compliant with all 16 recommendations of NICE Public Health guidance 48, as per the national target of April 2020 set within the Tobacco Plan for England. All NHS Trusts in the North East have achieved this by implementing updated Smokefree NHS policies, and pathways to identify smokers on admission and provide medication to manage nicotine withdrawal and initiate quit attempts. NHS Trusts have implemented training for staff and pathways are being embedded. The SFNHS Taskforce and NECS have developed the Smokefree NHS Data Collection template with gold standard indicators to monitor implementation of NICE guidance. This has been launched across the region with baseline submission in November 2020 and subsequent quarterly reporting.

The SFNHS taskforce aims to build on the implementation of Smokefree NHS and be the strategic driving force to ensure that the NHS Long Term Plan is delivered through a system wide approach that takes into consideration the interdependencies between NHS and Local Authority commissioned services in order to strengthen actions to prevent illness and tackle health inequalities. The Taskforce is also focussed upon supporting a long-term systematic approach to treating tobacco dependency across the wider NHS including primary care, mental health and community settings, ensuring consistency and equality of access to services across the region.

### 4.0 Finance

Given the foundation work delivered over the last two years through the SFNHS Taskforce, the NENC ICS has set out the ambitious aim of going further, faster, sooner and delivering new NHS Tobacco Treatments Services across all pathways in all 10 Trusts, ahead of NHSE national trajectory. The ICS ambition is that new in-house Tobacco Dependency Treatment Services will start to deliver in January 2022, in order to do so the ICS are supporting proposals to enhance the NHS funding that will be phased from 2021/22.

The funding across the system will be invested in new tobacco dependence advisors to provide a bespoke dedicated resource to realise the ambition of the LTP across the NENC ICS, as well as pharmacotherapy. A cost / benefit modelling exercise has been done for each Acute Trust, identifying the resources both Staffing, and Medication required to fully implement each element per year, (see Appendix 1 for full breakdown).

The staffing costs for full implementation of Tobacco Treatment Services across all inpatients (Acute & Mental Health) and Maternity Services including staffing & medication is approximately **£2,003,503** in 2021/22 based on 6months activity and **£4,007,005** per year thereafter. The NHS LTP funding for 2021/21 is **£816,000** which will come to systems from July 2021 and the ICS Management board has agreed to enhance the funding available to Trusts this financial year and next financial year to enable enhanced provision to be rolled out ahead of the national trajectories and funding.

**North East & North Cumbria NHS Tobacco Treatment Service:  
Implementation plan 2021/22 -2023/24**

The ICS Population Health Management and Prevention board have committed Cancer Alliance funding to continue to support the dedicated Clinical Lead role for Treating Tobacco Dependency and the Smokefree NHS Strategic Programme Managers role until March 2023. Funding has also been allocated from the existing SFNHS taskforce budget to develop regional communication resources and system wide training. NIHR funding has been secured by NENC ARC to evaluate the implementation of the NHS Tobacco Treatment Services

It is expected that the additional funding to the system by way of regional top 20% slice of **£182,000** may be utilised to support the following;

- Additional costs incurred over and above existing LA Stop Smoking Services (SSS) prescribing budgets as means of reducing any additional cost pressures due to increased referrals from NHS Acute settings. Any deficits may be alleviated through the advanced pharmacy contract which comes to effect in January 2022
- Scoping with NENC Digital Development team to explore standardised data collection platforms that Trusts & partner agencies can utilise to meet national mandated data collection requirements but also allow for patient data to be extracted ‘live’. This will allow for measurable outcomes from the intervention to be collected and analysed in order to target patient groups who need additional support. This will may also be utilised to enhance the ICS system Treating Tobacco Dependency Dashboard
- Licence costs for pharmoutcomes for E-voucher pathway.
- Development of regional training package and supporting its rollout.
- Development of ICS regional branding for Tobacco Dependence Treatment Service.

The ICS will work with relevant stakeholders to ensure best utilisation of these additional resources.

## **5.0 Workforce**

The recommended Tobacco Treatment Services provides an “invest to save” approach and outcomes achieved would continue to have a positive impact on other Acute NHS departments, primary care and community services.

The proposal of Tobacco Treatment Services with a skill mix of AFC Band 6 Tobacco Treatment Specialists and Band 3 Tobacco Treatment advisors, Smokefree and Clinical Leads provides services with both the autonomy and robust leadership skills to support embedding the treating tobacco dependency agenda across all inpatient pathways. This would also increase the capacity to systematically assess and issue NRT and Varenicline and provide behavioural support to those identified as smoking. The Smokefree NHS Taskforce has drafted regional template job descriptions for the roles required to implement the NHS Tobacco Treatment Services.

The admissions team should already be assessing each patient’s smoking status and therefore the impact of Tobacco Treatment Services upon admissions teams and ward staff is negligible. The additional capacity provided by the Tobacco Treatment service and opt out process will alleviate pressure on ward staff to provide ongoing referrals on discharge. Over time, this process for identifying and treating smokers will become quicker as this practice becomes embedded and business as usual for staff. The demand for services should decrease as smoking prevalence reduces, providing the opportunity for Trusts to adopt more targeted approaches for example providing stop smoking support for staff, outpatients and engaging with wider prevention work to tackle health inequalities with external organisations. Discussions are underway about how as a system and across the ICS regional footprint we can support these approaches and implementing the NHS LTP with inpatients provides the platform to test system readiness.

Staff Category	AfC Band	Recurring WTE (at 100%) across ICS
Hospital based Tobacco Treatment Specialist	6	10.05
Hospital based Tobacco Treatment Advisor	3	20.3
Tobacco Treatment Maternity Support Workers	3	15.3

## **6.0 NENC ICS Delivery Models**

The SFNHS taskforce has developed regional ICS delivery models for Acute inpatient services, Mental Health inpatient services and Maternity. These models have been developed from NHSE recommended delivery model

**North East & North Cumbria NHS Tobacco Treatment Service:  
Implementation plan 2021/22 -2023/24**

and shared learning from Early Implementer Sites (EIS), for inpatients the models are based on patients aged 16yrs + with admissions of length of stay greater than one day. The delivery models are designed to be a practical framework providing a minimum standard and consistency of delivery across the ICS region. Trusts will be encouraged to build and adapt the models to provide services based on local priorities and provision. Delivery models may be enhanced by the Trusts through additional capacity 'in kind' or in conjunction with local services.

### **6.1 Acute Inpatient**

The SFNHS taskforces recommended acute inpatient pathway is underpinned by the evidence of the NHSE preferred models; Ottawa and CURE models. The pathway will include routine establishment of Smoking status on admission, delivery of Very Brief Advice (VBA) and offer of initial stop smoking medication to help manage nicotine withdrawal symptoms whilst in hospital.

Smokers would then be referred on an opt out basis for a 1:1 appointment with an onsite hospital Tobacco Dependence Advisor within 24hrs of admission to agree a personalised plan to support either a quit attempt or temporary abstinence. The support plan will include a review of pharmacotherapy and a discharge plan for continued treatment (if applicable). For those with a Quit plan, on discharge a minimum of 1-week pharmacotherapy would be provided alongside an appointment where appropriate with an agreed provider (LA Stop Smoking Services, Primary Care or Community Pharmacy either locally commissioned or part of the National Advanced Pharmacy Contract) to continue treatment and support. The hospital Tobacco Dependence service will also make contact at 1 weeks, 4 weeks and 12 weeks post discharge to establish smoking status and offer further support if required, where patients have relapsed they can be linked back in with evidenced based stop smoking support, (See Appendix 2). The NENC modelling for Acute inpatients includes provision for 50mins of Tobacco Advisor time (bedside support & follow up) and medication for 2 weeks, prior to transfer of care.

### **6.2 Mental Health Inpatient**

The SFNHS taskforce recommends that the Mental Health inpatient pathway is based on the Acute inpatient model of care in the region, with several adaptations to ensure that it is best suited for mental health services and their uses, (See Appendix 3).

As with the Acute inpatient model, the pathway will include routine establishment of Smoking status on admission, delivery of Very Brief Advice (VBA), offer medication to help manage nicotine withdrawal symptoms and opt out referral to an onsite trained Tobacco Treatment Advisor. However, acknowledging that patients may be in crisis upon admission, and it may not be appropriate for the Tobacco Treatment Advisor to visit within 24 hours, advisors will liaise with ward staff to provide by proxy support. Harm reduction would also be included as an option for treatment plans, where patients are not able to make an informed decision about starting a quit attempt or require multiple visits to build trust.

Mental Health admissions tend to have a longer length of stay than Acute admissions so the recommended pathway has also been adapted to account for this with the provision of weekly face to face appointments during the inpatient period for at least 4 weeks, with ongoing inpatient support post 4 weeks agreed on a case by case basis. On discharge the Tobacco Treatment Advisor will where appropriately ensure that 2-week supply of pharmacotherapy is provided, and ongoing behavioural support is arranged. The NENC modelling for Mental Health Trusts include provision for 240mins of Tobacco Advisor time, and medication for up to 12 weeks (including post discharge).

### **6.3 Maternity**

The Local Maternity System and the SFNHS taskforce recommends that, in order to be most effective, stop smoking support should be delivered within maternity services, in line with the NHSE recommended model and NICE guidance NG92. This builds upon Saving Babies Lives Care Bundle and the existing North East Tobacco Dependency in Pregnancy pathway, where all women are assessed for Carbon Monoxide (CO) exposure at booking, and all women who have a CO reading of ≥4ppm or who has stopped in the previous 2 weeks are referred to a specialist trained advisor in the Maternity Service on an 'Opt out' basis.

**North East & North Cumbria NHS Tobacco Treatment Service:  
Implementation plan 2021/22 -2023/24**

A specialist trained advisor such as Maternity Support Worker (MSW) would provide a 1:1 appointment, ideally within 5 days of the booking to provide behavioural support and medication such as NRT. The MSW would provide at least six weekly face-to-face appointments to support women with their quit attempts, followed by 6 further face-to-face appointments throughout the pregnancy to support the woman to remain Smokefree, the schedule of these should be agreed on a case by case basis. The NENC modelling for Maternity Services includes provision for 210mins of Tobacco Advisor time and medication for 12 weeks, on top of existing antenatal care. Smoking status would be CO verified at each appointment with the MSW and women who relapse offered the opportunity to restart their quit attempt. This model allows for seamless support to be given to the pregnant woman through her pregnancy as well as ensuring holistic approach to health and wellbeing. Support would also be available to partners who smoke, as this will improve the likelihood of women quitting successfully. (See Appendix 4).

## **7.0 ICS Key Deliverables**

<b>Deliverable</b>	<b>Expected completion</b>	<b>Details</b>
CLeaR Deep Dives	Q1 FY 21/22	Eight Trusts committed to completing CLeaR Deep Dive assessment
Confirm senior leadership within all Trusts	Q1 FY 21/22	All Trusts have nominated a dedicated Clinical Leads and Executive sponsor to lead on Treating Tobacco Workstream. The ICS Clinical lead chaired an introductory meeting for Clinical leads setting out the aims of the workstream and has offered to meet with each Trust Clinical lead individually
Develop regional pathways for acute inpatients, mental health inpatients & maternity	Q1 FY 21/22	The SFNHS Taskforce in consultation with partners including Trust Smokefree Leads & LMS have reviewed the NHSE delivery models and agreed local pathways
Cost modelling for NENC Tobacco Treatment Services	Q1 FY2 1/22	Cost modelling has been done based on CURE modelling and Trust activity to provide indicative costs to deliver the three Tobacco Treatment Services
Engagement with LA Tobacco Commissioners	Q2 FY 21/22	Ongoing engagement with Tobacco Commissioners network to agree post discharge pathway for Acute inpatients and assess the impact of NHS Tobacco Treatment Services on LA SSS provision in relation to capacity and medication costs
Nominated data leads for each Trust	Q2 FY 21/22	Each Trust has nominated a Data / Business Intelligence lead to be part of a Metrics & Data Collection task & finish group with NECS support
Development of local Trust Operational implementation plans	Q2 FY 21/22	Trusts have been asked to submit their delivery plans to the SFNHS Taskforce by end of Q2. nine out of ten Trusts have submitted partial or full implementation plans with the last Trust to submit at end of Oct 2021
ICS Delivery plan	Q3 FY 21/22	Develop and submit ICS Implementation Plan which will release 20% top slice allocation of funding to system
Establish system-level task-based working groups	Q3 FY 21/22	System level enablers <ul style="list-style-type: none"> <li>• ICS Branding</li> <li>• Regional Training package</li> <li>• Business Intelligence &amp; Data Dashboard</li> </ul>
Development of regional resources to support implementation	Q2 FY 21/22	A task & finish group of Smokefree Leads have developed template resources including Job descriptions for Band 6 & Band 3, Terms of Reference for Trust Steering groups and template Trust delivery / project plans.

**North East & North Cumbria NHS Tobacco Treatment Service:  
Implementation plan 2021/22 -2023/24**

Establish operational trust-level steering groups to lead place based implementation	Q3 FY 21/22	Re-established following pause for COVID. Trust enablers implemented via Trust Steering group: <ul style="list-style-type: none"><li>• Training plan</li><li>• Communication plan</li><li>• Pharmacy / formulary</li><li>• Clinical pathways</li><li>• Smokefree Champions</li><li>• IT System: Recording &amp; reporting</li><li>• Discharge Pathway &amp; ongoing medication</li></ul>
ICS agreement on enhanced funding for Tobacco Treatment Services	Q3 FY 21/22	Agreed funding decision making route. Paper to Accountable officers awaiting final confirmation and timescales for allocation
ICS agreement on funding for medication costs post discharge	Q3 FY 21/22	Ongoing discussion about utilising some of 20% top slice to alleviate any additional LA SSS prescribing cost pressure. LA Tobacco Commissioners briefing paper circulated
ICS Communication plan	Q3 FY 21/22	Engaging with ICS Communications Lead. Launch event planned for TTDS in Q4. Discussions on ICS TTDS branding ongoing
Trust Tobacco Treatment Service initiate roll out	Q4 FY 21/22	Not started.
Reporting against ICS trajectories	Q1 FY 22/23	Not started
Evaluation of NHS Tobacco Treatment Services	Q4 FY 23/24	Draft protocol being developed by ARC NIHR and discussions around identification of evaluation sites in NENC ICS underway

## 7.1 Trajectories

The NENC ICS has submitted trajectories detailing both planned start dates and planned fully established dates for each Tobacco Treatment Service across each Trust (Appendix 5). The ICS ambition to go further, faster, sooner includes to start delivery in all Trusts by end of Jan 2022 and aims for all Tobacco Treatment Services to be fully established as soon as possible, ideally within six months, however acknowledging the need for additional ICS investment, as well as current pressure and uncertainty in the system due to the COVID pandemic and upcoming system changes, the deadline for services to be fully established is June 2023.

## 8.0 Evaluation

### 8.1 NHS Metrics & Data Collection

NHSE will be setting mandatory patient level data submissions for Trusts providing Tobacco Treatment Services to report on monthly basis. These metrics are currently being tested by Early Implementer Sites and are expected to be confirmed by the end of Quarter 2 2021/22. The anticipated NHSE metrics have been included in Appendix 6.

Dedicated support from NECS has been secured to support Trusts to work towards patient level data submissions. NECS are working with the SFNHS taskforce to further develop the Smokefree NHS Data Collection that NHS Trusts have been voluntarily submitting data to over the last 18 months. All Trusts have identified a Data lead to join a Data Collection Task & finish group.

### 8.2 ARC Evaluation

The SFNHS taskforce have been working with and supporting the NENC ARC to develop a proposal to evaluate the implementation of NHS Tobacco Treatment Services. This proposal has been successful and the SFNHS Taskforce will continue to work with the NENC ARC research. A draft protocol for the evaluation is currently being developed.

**North East & North Cumbria NHS Tobacco Treatment Service:  
Implementation plan 2021/22 -2023/24**

## **9.0 Appendix**

### **1A) NHS Tobacco Treatment Services cost modelling for 1 year**

Acute Inpatient Tobacco Treatment Service	Total Band 6 wte*	Total Band 3 wte**	Staffing costs
Northumbria FT	1.4	2.8	£126,795
Newcastle upon Tyne FT	1.3	2.7	£120,005
Gateshead FT	0.55	1.1	£49,272
South Tyneside & Sunderland FT	1.3	2.6	£115,275
County Durham & Darlington FT	1.2	2.4	£105,770
North Tees & Hartlepool FT	0.9	1.9	£82,768
South Tees Hospital FT	1.3	2.6	£115,283
North Cumbria	0.7	1.4	£63,708
<b>Total</b>	<b>8.65</b>	<b>17.5</b>	<b>£778,368</b>

Mental Health Inpatient Tobacco Treatment Service	Total Band 6 wte*	Total Band 3 wte**	Staffing costs
Tees Esk Wear Valley FT	0.9	1.8	£79,112
Cumbria Northumberland Tyne & Wear FT	0.5	1	£43,872
<b>Total</b>	<b>1.4</b>	<b>2.8</b>	<b>£122,984</b>

Maternity Services Tobacco Treatment provision	Total Band 3 wte**	Staffing costs
Northumbria FT	2.1	£52,000
Newcastle upon Tyne FT	1.4	£35,000
Gateshead FT	0.8	£20,000
South Tyneside & Sunderland FT	2.35	£58,750
County Durham & Darlington FT	3.5	£87,500
North Tees & Hartlepool FT	1.7	£42,700
South Tees Hospital FT	1.85	£46,250
North Cumbria FT	1.6	£40,000
<b>Total</b>	<b>15.3</b>	<b>£382,200</b>

\* B6 based on £40,000

\* B3 based on £25,000

## 1B) Tobacco Treatment Service modelling per Trusts 2021/22, 2022/23, 2023/24

The cost modelling for the NHS Tobacco Treatment Services set out in the NHS LTP is based on the NHS recommended model that has been adapted and enhanced to support Gold Standard delivery within NENC. The modelling was based on 2019/20 NHS digital data and included national & local assumptions and comes with the caveat that alongside assumptions would be margins of error, so the modelling is a crude model based on anticipated activity. Pharmacotherapy costs have been overestimated in the modelling with assumptions of higher levels of uptake and usage than has been observed at Early Implementer Sites. This will allow adequate but flexible coverage for all aspects of service

All Trusts currently feed into an ICS level Smokefree Dashboard and this will be enhanced to enable activity to be monitored within Trusts and report against expected mandated metrics.

**2021/22: H2**

Trust	Maternity*		Inpatient**		Total pa	2021/22	Fair share of NHS LTP 2021/22 allocation	Required ICS contribution for 2021/22
	Staff	Pharma	Staff	Pharma		6 month delivery @ 100%		
Northumbria FT	£52,000	£105,035	£126,795	£262,343	£546,173	£273,087	£122,698	£150,389
Newcastle upon Tyne FT	£35,000	£66,756	£120,005	£248,295	£470,056	£235,028	£102,925	£132,103
North Cumbria FT	£40,000	£80,405	£63,708	£131,815	£315,928	£157,964	£71,109	£86,855
Gateshead FT	£20,000	£44,504	£49,272	£100,896	£214,672	£107,336	£52,775	£54,561
South Tyneside & Sunderland FT	£58,750	£118,455	£115,275	£238,510	£530,990	£265,495	£118,903	£146,592
County Durham & Darlington FT	£87,500	£174,480	£105,770	£218,845	£586,595	£293,298	£129,461	£163,837
North Tees & Hartlepool FT	£42,700	£86,375	£82,768	£171,250	£383,093	£191,547	£85,447	£106,099
South Tees Hospital FT	£46,250	£92,835	£115,283	£238,525	£492,893	£246,447	£109,318	£137,129
Tees Esk Wear Valley FT			£79,112	£221,040***	£300,152	£150,076	£14,817	£135,259
Cumbria Northumberland Tyne & Wear FT			£43,872	£122,581***	£166,453	£83,227	£8,548	£74,678
			Total	£4,007,005	£2,003,503		£816,000	£1,187,503

\* Maternity modelling based on enhanced delivery of behavioural support throughout maternity pathway encompassing 210mins of Tobacco Advisor time and Pharmacotherapy costs based on 12wk programme delivery

**North East & North Cumbria NHS Tobacco Treatment Service:  
Implementation plan 2021/22 -2023/24**

\*\* Inpatient modelling based on provision of inhouse behavioural support whilst in hospital encompassing 50mins of Tobacco Advisor time and 2 weeks Pharmacotherapy (inpatient and at least 1 week post discharge). Inpatient staff modelling incorporates management element of Tobacco Treatment Services.

\*\*\* Mental Health modelling based on enhanced delivery of behavioural support during inpatient period and post discharge (in line with SCIMITAR+), encompassing 240mins of Tobacco Advisor time and Pharmacotherapy costs based on 12wk programme delivery

**2022/23**

Trust	Maternity		Inpatient		2022/23 12 month delivery @ 100%	Fair share of NHS LTP 2022/23 allocation**	Required ICS contribution for 2022/23
	Staff	Pharma*	Staff	Pharma*			
Northumbria FT	£52,000	£67,989	£126,795	£236,109	£482,893	£302,245	£180,648
Newcastle upon Tyne FT	£35,000	£54,966	£120,005	£223,464	£433,435	£261,033	£172,402
North Cumbria FT	£40,000	£69,917	£63,708	£118,632	£292,257	£169,653	£122,604
Gateshead FT	£20,000	£36,644	£49,272	£90,806	£196,722	£126,540	£70,182
South Tyneside & Sunderland FT	£58,750	£100,558	£115,275	£214,656	£489,239	£288,693	£200,546
County Durham & Darlington FT	£87,500	£120,818	£105,770	£196,958	£511,046	£302,511	£208,535
North Tees & Hartlepool FT	£42,700	£73,288	£82,768	£154,124	£352,880	£207,111	£145,769
South Tees Hospital FT	£46,250	£78,769	£115,283	£214,672	£454,974	£269,341	£185,633
Tees Esk Wear Valley FT			£79,112	£212,198	£291,310	£39,737	£251,573
Cumbria Northumberland Tyne & Wear FT			£43,872	£117,677	£161,549	£22,925	£138,624
			Total	£3,666,305	£1,989,787		£1,676,518

\* Assuming reduction in pharmacotherapy in line with sick smoker prevalence reduction (2%)

\*\* NHS LTP Tobacco Allocations have not been confirmed, estimate has been used based on national trajectory of Year 2 83% coverage for inpatients and 75% coverage for maternity

**North East & North Cumbria NHS Tobacco Treatment Service:  
Implementation plan 2021/22 -2023/24  
2023/34**

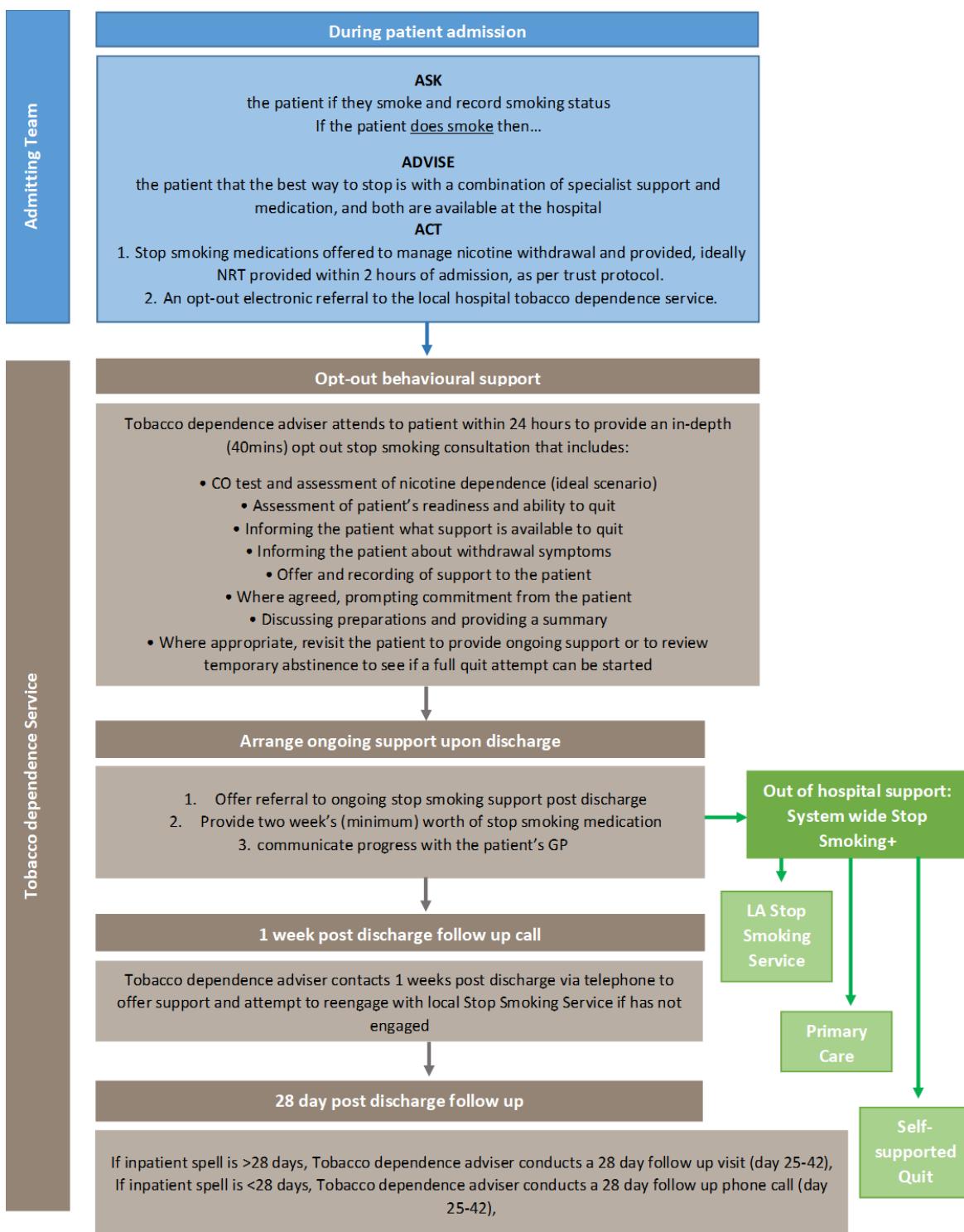
Trust	Maternity		Inpatient		2023/24	Fair share of NHS LTP 2023/24 allocation**	Required ICS contribution for 2022/23
	Staff	Pharma*	Staff	Pharma*	12 month delivery @ 100%		
Northumbria FT	£52,000	£66,139	£126,795	£196,757	£441,691	£372,156	£69,535
Newcastle upon Tyne FT	£35,000	£43,972	£120,005	£186,220	£385,197	£318,975	£66,222
North Cumbria FT	£40,000	£59,929	£63,708	£98,860	£262,497	£210,687	£51,810
Gateshead FT	£20,000	£29,315	£49,272	£75,671	£174,258	£156,935	£17,323
South Tyneside & Sunderland FT	£58,750	£86,356	£115,275	£178,880	£439,261	£356,837	£82,424
County Durham & Darlington FT	£87,500	£103,645	£105,770	£164,132	£461,047	£377,815	£83,232
North Tees & Hartlepool FT	£42,700	£62,818	£82,768	£128,436	£316,722	£256,115	£60,607
South Tees Hospital FT	£46,250	£67,516	£115,283	£178,893	£407,942	£331,624	£76,318
Tees Esk Wear Valley FT			£79,112	£198,936	£278,048	£47,875	£230,173
Cumbria Northumberland Tyne & Wear FT			£43,872	£110,323	£154,195	£27,620	£126,575
				Total	£3,320,858	£2,456,638	£864,220

\* Assuming reduction in pharmacotherapy in line with sick smoker prevalence reduction (2%)

\*\* NHS LTP Tobacco Allocations have not been confirmed, estimate has been used based on national trajectory of Year 3 100% coverage for inpatients and 100% coverage for maternity

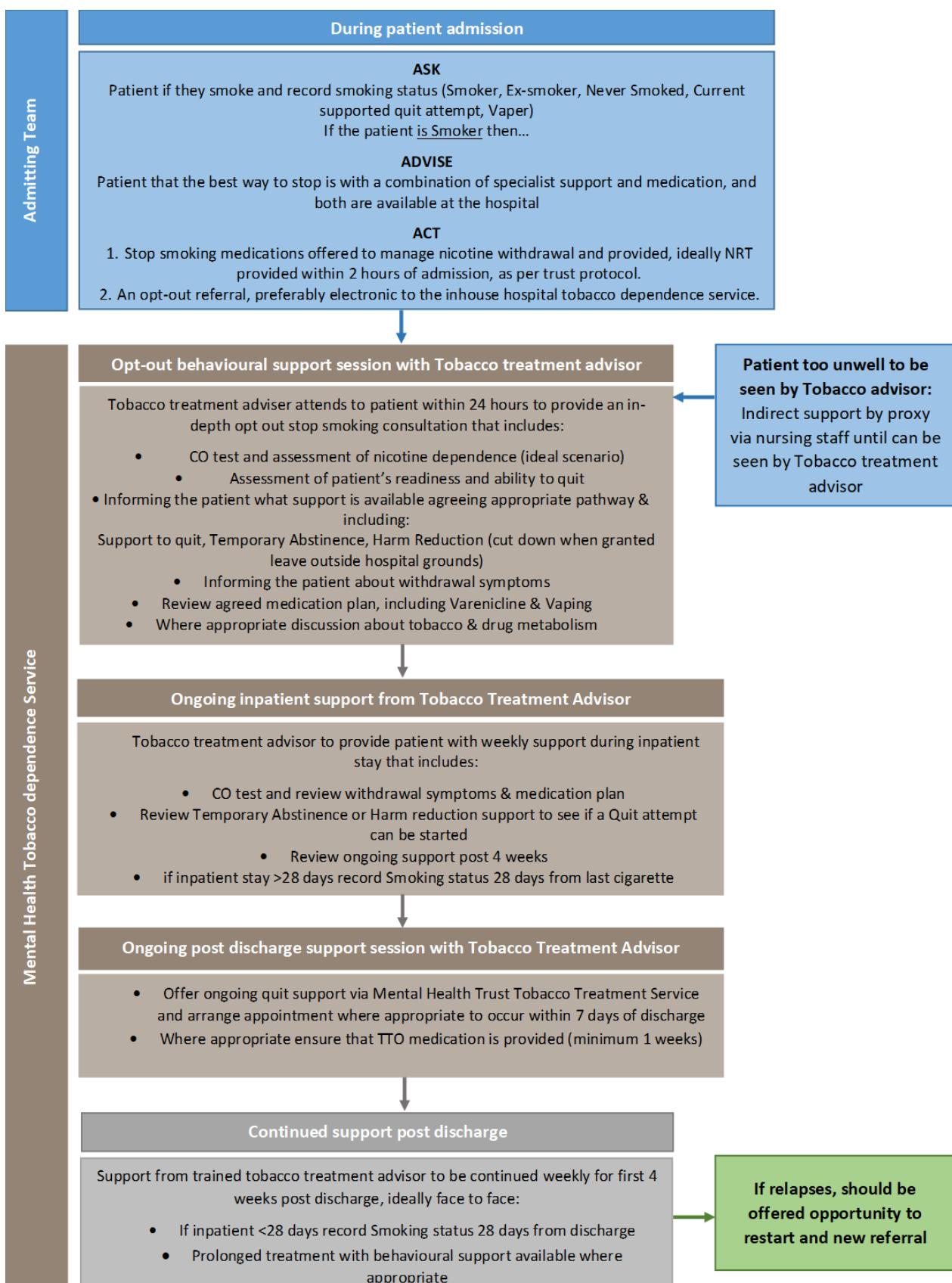
**North East & North Cumbria NHS Tobacco Treatment Service:  
Implementation plan 2021/22 -2023/24**

**2 Acute Inpatient Tobacco Dependency Pathway**

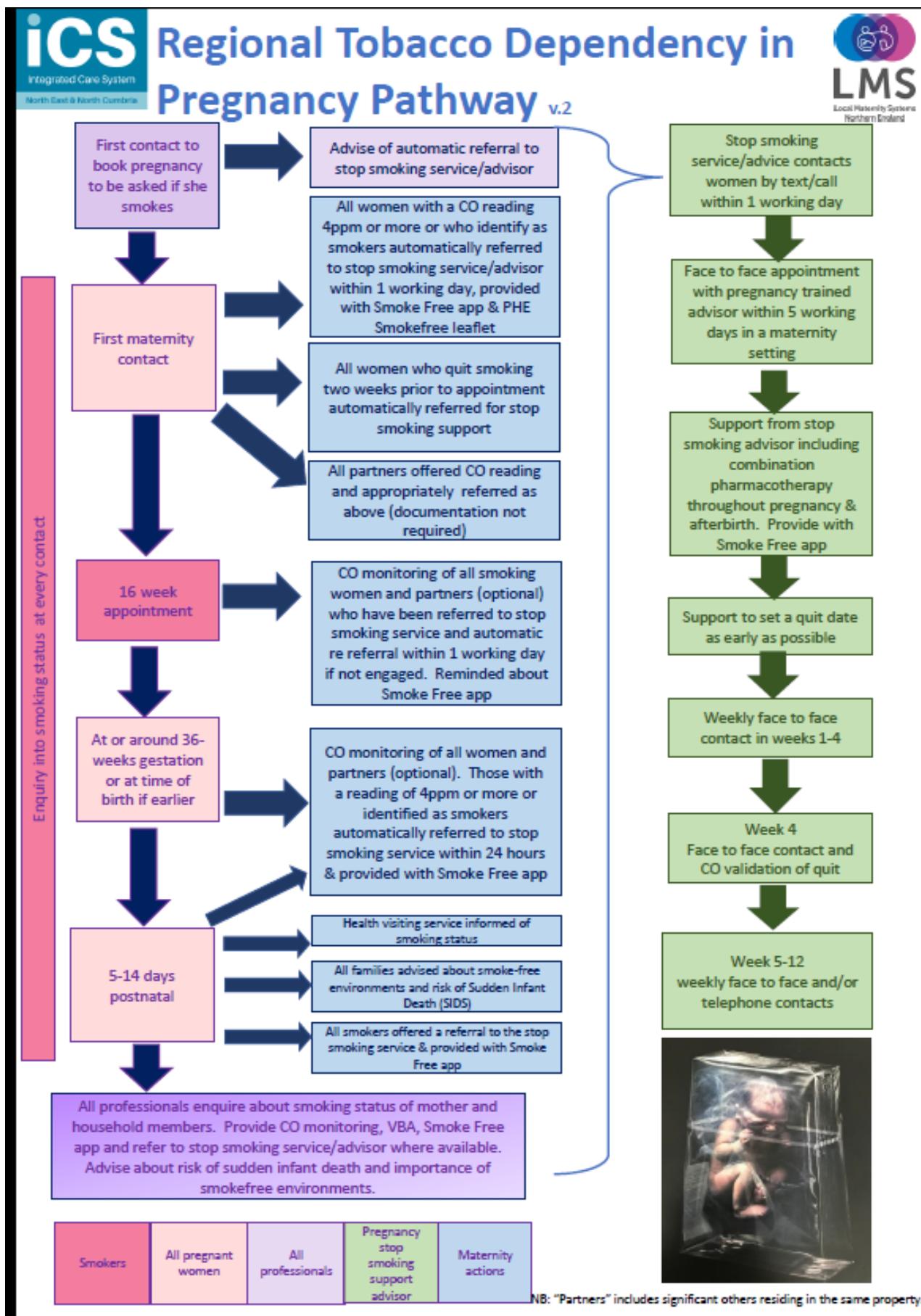


**North East & North Cumbria NHS Tobacco Treatment Service:  
Implementation plan 2021/22 -2023/24**

### **3 Mental Health Inpatient Tobacco Dependency Pathway**



4 Maternity Tobacco Dependency Pathway



**North East & North Cumbria NHS Tobacco Treatment Service:  
Implementation plan 2021/22 -2023/24**

**5 NENC Trajectories**

Org Name	Org Code	Service type	Planned date of service start (mm/YY)	Planned date for fully established service (mm/YY)
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	RTF	Physical Acute	Apr-18	Jun-23
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	RTF	Maternity	Apr-18	Jun-23
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	RXP	Physical Acute	Jan-22	Jun-23
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	RXP	Maternity	Jan-22	Jun-23
NORTH CUMBRIA INTEGRATED CARE PARTNERSHIP	RNN	Physical Acute	Jan-22	Jun-23
NORTH CUMBRIA INTEGRATED CARE PARTNERSHIP	RNN	Maternity	Jan-22	Jun-23
GATESHEAD HEALTH NHS FOUNDATION TRUST	RR7	Physical Acute	Jan-22	Jun-23
GATESHEAD HEALTH NHS FOUNDATION TRUST	RR7	Maternity	Jan-22	Jun-23
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	RVW	Physical Acute	Jan-22	Jun-23
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	RVW	Maternity	Jan-22	Jun-23
CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	RX4	Adult Mental Health	Jan-22	Jun-23
SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	RTR	Physical Acute	Jan-22	Jun-23
SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	RTR	Maternity	Jan-22	Jun-23
SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	ROB	Physical Acute	Jan-22	Jun-23
SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	ROB	Maternity	Jan-22	Jun-23
TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST	RX3	Adult Mental Health	Jan-22	Jun-23
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	RTD	Physical Acute	Jan-22	Jun-23
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	RTD	Maternity	Jan-22	Jun-23

**North East & North Cumbria NHS Tobacco Treatment Service:  
Implementation plan 2021/22 -2023/24**

**6 Anticipated NHS LTP Tobacco Treatment Service Metrics**

1a & b	Admitted patients that have smoking status recorded on admission (acute & mental health)
1c	Pregnant women that have smoking status recorded at booking
2a & b	Admitted patients identified as smoking (acute & mental health)
2c	Pregnant women booked identified as smoking
3a & b	Admitted smokers referred to in-house hospital tobacco treatment service who are seen (acute & mental health)
3c	Pregnant smokers referred to in-house Maternity tobacco treatment service who are seen
4a & b	Admitted smokers provided with support from hospital tobacco treatment service (acute & mental health)
4c	Pregnant smokers provided with support from Maternity tobacco treatment service
5a &b	Admitted smokers provided with the recommended NHS intervention of medication & support (acute & mental health)
5c	Pregnant smokers provided with the recommended NHS intervention of medication & support
6a & b	Admitted smokers who are referred for additional ongoing support at or before discharge (acute & mental health)
7	Type of Pharmacotherapy used
8a & b	Admitted smokers who undertake any intervention with the Tobacco Treatment Service and report a quit at 28 days (acute & mental health)
8c	Pregnant smokers who undertake any intervention with the Tobacco Treatment Service and report a quit at 28 day
9a & b	Admitted smokers who undertook NHS recommended intervention of medication & support with the Tobacco Treatment Service and report a quit at 28 days (acute & mental health)
9c	Pregnant smokers who undertook NHS recommended intervention of medication & support with the Tobacco Treatment Service and report a quit at 28 days

**North East & North Cumbria NHS Tobacco Treatment Service:  
Implementation plan 2021/22 -2023/24**

**10.0 References**

- 
- <sup>i</sup> PHE Health Matters: Tobacco and alcohol CQUIN <https://www.gov.uk/government/publications/health-matters-preventing-ill-health-from-alcohol-and-tobacco/health-matters-preventing-ill-health-from-alcohol-and-tobacco-us>
- <sup>ii</sup> Royal College of Physicians (2018) Hiding in plain sight: Treating tobacco dependency in the NHS.  
<https://www.rcplondon.ac.uk/projects/outputs/hiding-plain-sight-treating-tobacco-dependency-nhs>
- <sup>iii</sup> : Taylor G, McNeill A, Girling A, Farley A, Lindson Hawley N, Aveyard P. 'Change in mental health after smoking cessation: systematic review and meta analysis.' 13 February 2014. British Medical Journal
- <sup>iv</sup> Institute of Health Equity 2010. Fair Society Healthy lives (The Marmot Review).  
<http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>
- <sup>v</sup> Evison, M., Agrawal, S., Conroy, M., Bendel, N., Sewak, N., McWilliams, L., Jerram, J., Shackley, D., Preece, R., Brown, L. & Barber, P. (2018) Building the case for comprehensive hospital-based tobacco addiction services: Applying the Ottawa Model to the City of Manchester. Lung Cancer. 121, 99-100.  
<https://doi.org/10.1016/j.lungcan.2018.04.010>