Smokefree futures

An ICB briefing for Joint Forward Plans

Overview

1. This briefing lays out how ICBs can deliver on the prevention agenda through tackling smoking as part of fulfilling their purpose and objectives. Paragraph 2 sets out recommended measures for the JFP. Paragraphs 8 – 15 describe the activity that will allow ICBs to deliver on these measures. ASH and Cancer Research UK recently surveyed ICBs and reviewed ICP plans. They found a mixed picture in terms of activity and commitment to action on smoking which does not match the level of impact that smoking has on the healthcare system and beyond.

Key outcomes and activity measures for Joint Forward Plan

2. Two recommended sets of outcomes on smoking for Joint Forward Plans
   - Reduce prevalence of smoking across all social groups to put them on track to meet the Government's smokefree 2030 ambition. Current rates for ICBs here
   - Systematic screening, assessment, and treatment of smokers, especially inpatients in acute and mental health settings and in maternity services. Data on specific indicators for the performance of services is available through the NHS Tobacco Dependence Services Dashboard.

Other actions for your system

- Join the Smokefree NHS Network and get regular updates from ASH and others about addressing smoking in the NHS
- Sign the NHS Smokefree Pledge which is a leadership document which allows organisations to show their commitment to addressing smoking

Why smoking and why now

3. Smoking is a chronic relapsing long-term condition which places a major burden on the day-to-day business of the NHS, impairs population health outcomes and exacerbates inequalities. Smokers are 36% more likely to be admitted to hospital than non-smokers, and twice as likely to be re-admitted within 30 days. Pregnant smokers are at higher risk of many poor birth outcomes including stillbirth and miscarriage, and smoking accounts for a large portion of the 10-20 year gap in life expectancy between those with and without mental health condition.[1]

4. Addressing poor health and inequalities and moving towards a more preventative model are core to the purpose of ICBs. Addressing smoking can support all four purposes ICBs were created to deliver:

ICB purpose	Reductions in smoking contribute
Improve outcomes in population health and healthcare	Smoking is the leading cause of preventable death and disease. Those who stop smoking avoid illness and the earlier the greater the benefit.
Tackle inequalities in outcomes, experience and access	Smoking contributes half the difference in healthy life expectancy between rich and poor
Enhance productivity and value for money	Smokers have poorer treatment outcomes across many areas including surgery, cancer and CVD
Help the NHS support broader social and economic development[2].	Smoking impoverishes people costing smokers around £2,500 a year and reduces their ability to work due to poor health

[1] Royal College of Physicians. Hiding in Plain Sight. 2018
[2] NHS England 2023: What are integrated care systems?

5. The guidance to producing the Joint Forward Plans, the legal duties described for ICBs and the recommendations in the recent Hewitt Review are all supported by reducing rates of smoking (see paragraphs 16 – 20 below). The Hewitt Review noted that the shift towards prevention was not only the right thing to do for population health but also "*the key to sustainable solutions to immediate performance challenges*".

6. Systematically identifying and treating smokers will also support efforts to reduce health inequalities and deliver for the Core20Plus5 populations. According to the ONS a third of smokers are among the 20% most deprived in our population and there are high rates of smoking across the Core20PLUS5 priority populations (see breakdown for your ICB here.)

7. Across the political spectrum there is consensus that part of the answer to the NHS's current challenges requires more ill health to be prevented upstream. Among the areas of prevention reducing smoking is where there is strongest consensus and clearest evidence.

Priority activity to reduce smoking

8. **Establish and maintain tobacco dependency treatment services in line with the NHS Long Term Plan.** In 2023/24 all ICBs have funding to implement tobacco treatment services for all acute inpatients, mental health inpatients and pregnant women. This should include screening all relevant patients for smoking status, making a rapid offer of support and medication with follow-up treatment appropriate to the pathway. Examples of successful services include the CURE project in Greater Manchester.

9. Smoking cessation interventions (behavioural support combined with medication) have been shown to increase a smokers' chances of quitting by 3 to 4 times compared with nothing, and also helps to equalise the chances that disadvantaged smokers will successfully stop compared to more affluent smokers who otherwise have a greater chance of quit success. They have long been recommended by NICE.

10. Modelling based on the Ottawa model of smoking cessation services in inpatient settings demonstrates reduction in all cause 30 days admissions, 1 year admissions, 2 year admission and 30 day A&E admissions. All these create more bed spaces each day and result in in-year financial savings. Hospital-based tobacco dependency treatment services therefore make a substantial contribution to developing a more prevention focused and operationally sustainable NHS.

11. **A system level tobacco control programme to work at scale to reduce smoking through comprehensive strategy.** Existing models include Fresh in the North East, the Greater Manchester Make Smoking History programme and a programme recently launched by the Humber and North Yorkshire Health and Care Partnership (see this King's Fund blog). These programmes take a population health approach, define comprehensive strategies to reduce uptake of smoking and support quitting, and act at scale to achieve change. For more info on developing a successful approach to regional tobacco control see here. ASH, with support from NHS England, has produced a suite of resources to support ICBs to develop their approach to tobacco.

12. The wider 'tobacco control' model beyond treatment services has been shown in the UK and around the world to reduce uptake and support quitting. It is part of the WHO treaty on tobacco and recommended by the World Bank. While some population level

levers sit with national government there is much that can be delivered at system level.

13. This is best exemplified by the long running programme in the North East – Fresh (see their programme of work below) which is now jointly funded by ICB and local authorities. A similar programme supported by the ICB runs in Greater Manchester and has more recently been invested in Humber and North Yorkshire ICB. In London local authorities have pooled some investment at regional level to establish the London Tobacco Alliance.

14. The system-wide models shape the wider environment to facilitate quitting and depress uptake of smoking. This is partly about broadening access to quit support but also includes a sustained communications strategy to motivate quitting and communicate harms, reducing access to illicit tobacco and underage sales and shaping environments so that smoking is denormalised and quitting promoted.

15. **Going further**. Those ICBs who want to accelerate their progress on smoking can implement wider support to smokers. Priority areas for action include:
    - embedded support to smokers within Targeted Lung Health Checks
    - increasing support to smokers in IAPT provision beyond signposting
    - extending inpatient tobacco dependency treatment services to key outpatient populations including CVD, cancer, COPD,diabetes, and elective surgery as part of pre-optimisation and enhanced recovery.

Joint Forward Plan guidance

16. JFP should reflect the priorities in the 23/24 operational planning guidance and the NHS Long Term Plan. Specifically, these include a requirement to ***"measures to improve health and reduce inequalities… paying due regard to the NHS Long Term Plan primary and secondary prevention priorities, including… smoking cessation."***

Legal duties for ICBs

17. Beyond this addressing smoking will also support delivery of a number of the legal duties on ICBs. Most importantly the: ***"Duty to reduce inequalities"***. As smoking is closely linked to most indicators of inequality, addressing smoking will reduce inequalities. Specifically, it will support the legal requirement to address differences in outcomes achieved across groups. Smoking limits the effectiveness of many healthcare interventions reducing effectiveness of medicines and increasing complications, for example post-surgery, with prolonged wound healing and increased infections.

Hewitt review recommendations

18. The Hewitt Review recommends that ***"the share of total NHS budgets at ICS level going towards prevention should be increased by at least 1% over the next 5 years"*** and ***"every opportunity should be taken to refocus clinical pathways towards prevention".*** It also recommends that a Joint Forward Planning process be used to refocus on prevention and ***"a further shift on prevention should be achieved, year on year".***

19. Hewitt further recommended that specific budget be allocated to prevention and protected – something ICBs can take forward without national mandate.

20. While the Hewitt Review says more work needs to be done to define a framework for prevention there is no doubt that measures to reduce smoking have a long-standing and robust evidence-base and make a swift and meaningful contribution to improving population health and to reducing the current burden on the NHS.

For more information about how to support your ICB to accelerate progress on tackling smoking contact Dr Olivia Bush, NHS Strategic Lead, olivia.bush@ash.org.uk