

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS, MEETING

Meeting Date: 24 June 2015

Title and Author of Paper:

Reducing harm from tobacco in NTW - Dr Damian Robinson

Paper for Debate, Decision or Information:

Debate and decision to support continued working towards implementation

Key Points to Note:

- Smoking is arguably the most important modifiable lifestyle factor which increases the risk of early death amongst people with mental health problems
- This brief paper summarises how NTW is moving towards reducing harm arising from tobacco use in people with mental health problems.
- The Trust will become smoke free for staff and visitors from 1st July 2015
- The Trust is working with TEWV for both Trusts to become smoke free for all, including service users, from National No Smoking Day 2016 (9th March).
- This paper was considered by the CDT on 15 June 2015 and it was supported with the following comments: clarity that all sites are included; need to work up a financial model for 2016/17 financial plans; support for staff who want to quit; sanctions and addressing visitors.

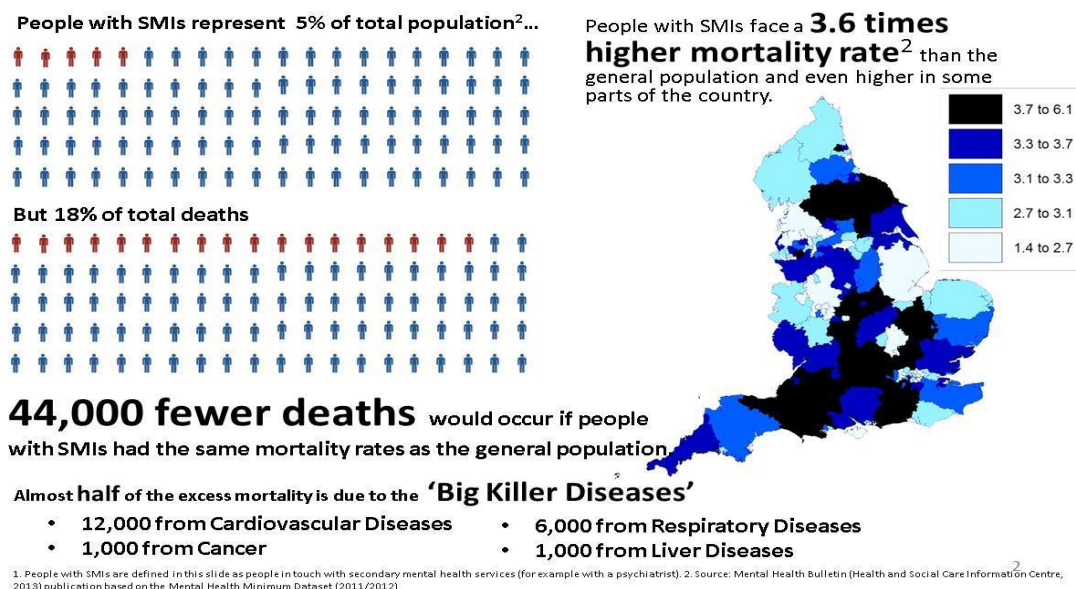
Outcome required:

Decision to support working towards smoke free for all from 2016

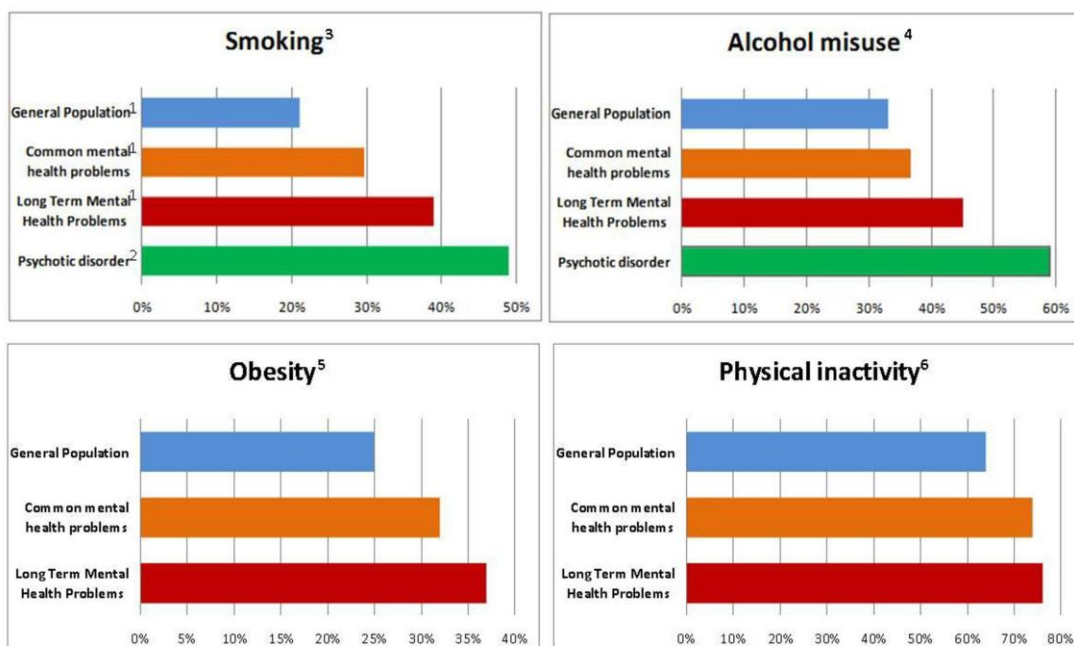
REDUCING HARM FROM TOBACCO IN NTW.

1. People with severe mental illness suffer significant premature mortality, dying some 20 years earlier than the general population and with mortality rates more typical of the 1950s (see infographic).

Premature Mortality and Serious Mental Illness¹



2. A significant proportion of this premature mortality is due to modifiable lifestyle factors such as smoking, alcohol misuse, obesity and physical activity which are more common in people with long term mental health problem and psychotic disorder.



1. Source: Health Survey for England (2010). Those with common mental health problems are identified by the GHQ12 questionnaire.; 2. Source: Adult Psychiatric Morbidity Survey (2007). Note that those with psychotic disorders are also likely to be included among those with Long term mental health problems. 3. Answers positively to the question: "Do you smoke cigarettes nowadays?"; 4. Weekly alcohol consumption >21 units (men), >14 units (women); 5. Body Mass Index >30; 6. Weekly physical exercise does not exceed 30 minutes on five days.

Engagement in harm reduction from tobacco initiatives.

3. Currently, NTW is engaged with regional initiatives to support reduction of harm arising from the use of tobacco products by people with mental health problems.

The “Healthy Lifestyles, Harm Reduction, Tobacco” group is hosted by the North East Strategic Clinical Network and is focussed on reducing smoking rates amongst people with mental health problems. It is attended by both NTW and TEWV, FreshNE, Public Health England and local authority stop smoking services. It is through this group that both Trusts are co-ordinating a North East approach to smoke free mental health/learning disability sites.

The “Making Smoking History in the North East Partnership” is a multi-agency meeting chaired by the Chief Executive of Newcastle City Council and brings together a wide range of statutory organisations, including health, across a wider membership.

Roll-out of smoke free sites for staff and visitors

4. From July 1st 2007 it became an offence to smoke in an enclosed space and NTW introduced a Trustwide Smoke Free policy (NTW(O)13) to support this. The policy also restricts when and where staff, visitors and service users can smoke tobacco products. With regard to smoking on hospital sites, the key restriction is that staff who are smoking should do so out of the public gaze. The purpose for restricting when and where staff can smoke is to set an example of good health promoting practice to the public, as well as encouraging staff to attempt to give up smoking.

The policy made provision for a roll-out of smoke free sites where staff and visitors would not be permitted to smoke on entire sites. St Nicholas Hospital site became smoke free for staff and visitors from November 2011.

5. NICE has recently produced guidance on smoking in secondary health services, including mental health services (PH48). This guidance supports the introduction of smoke free sites for all persons using, or working in, secondary health care services.
6. As an initial step towards implementing this guidance the Trust will roll-out smoke free sites for staff and visitors across all major hospital sites from 1st July 2015. This will include Hopewood Park, Monkwearmouth Hospital, Walkergate Hospital, Ferndene, Northgate Hospital, and St George’s Park. In addition, the Tranwell Unit and services on the CAV site are already smoke free for staff under the policy of the respective acute Trusts on whose sites they are based; this position will be reinforced.

7. A Smoke Free working group has been established which has representation from staff side on it. Prior to the introduction of smoke free site status for staff, arrangements are being made with local stop smoking services to facilitate access to advice and support for staff wishing to reduce or give up smoking. Details are currently being promoted through the Live Well, Work Well bulletin and Trust intranet.

Smoke free sites for service users

8. While smoke free sites for all users is only part of a wider harm reduction approach for tobacco, NICE Public Health Guidance (PH48) strongly advocates this action on the grounds of equity between mental health and physical health service users, as well as reinforcing a strong public health commitment from organisations.
9. The Trust has undertaken an assessment of its current position against NICE guidance, supported by Public Health England. Results from this assessment were discussed at a half day conference on 11th March 2015. This was followed by a regional conference (jointly with TEWV and Public Health England) on 30th April 2015 where external speakers from Trusts which have already gone smoke free shared their experience of implementing smoke free sites for all users.
10. Implementation of smoke free sites for all will necessarily involve further work particularly with external partners to ensure there is a clear pathway to support smoking cessation attempts. The North of England regional implementation of smoke free sites is being co-ordinated through the “Healthy Lifestyles, Harm Reduction, Tobacco” group of the Strategic Clinical Network, supported by FreshNE.
11. Benefits to service users and the organisation will include:
 - a. Service users will experience the same opportunities to be free from smoking during a mental health hospital stay as during a physical health hospital stay.
 - b. Response to treatment with psychiatric medication will be improved, resulting in lower medication dosage and reduced short and long term side effects. This is because tobacco smokes increases the breakdown of many psychiatric drugs and makes them less effective.
 - c. For those who wish to do so, service users will be supported in a longer term quit attempt with significant benefit to their physical health.
 - d. Staff will be freed from supervising smoking to allow them to undertake more clinical activities
 - e. Service users who quit will be experience better financial and social circumstances, which will further reduce inequalities.

- f. An integrated approach will address alcohol, weight and physical activity in addition to smoking.
- g. The Trust will, in partnership with other local organisations, be seen to promote a positive public health message.
- h. The Trust will achieve national and local targets.

12. Risks which have been identified, and mitigation, include:

- i. Failure to engage with service users – While the majority of mental health service users who smoke say they would like to give up, other Trusts have experienced opposition from service users in introducing a site ban. Service users are currently represented on the SCN group and were present at the two recent conferences. A communication plan to address their concerns is being developed.
- j. Failure of communication from hospital to community – All service users admitted to hospital will be temporarily abstinent from tobacco, which will have effects (beneficial) on their response to medication. On leaving hospital drug doses may need to be increased if they return to smoking, and this will require good communication with GP and community services. Implementation of systems to address the physical health CQUIN will enable this additional information to be integrated into the discharge summary.
- k. Failure of smoking cessation pathways – On discharge from hospital those service users who wish to continue a quit attempt will require rapid pick up by an appropriate community stop smoking service. In many places these services are currently under review and close liaison with commissioners/local authorities is required to ensure pathways are maintained/improved. PHE is working with commissioners/LAs currently.
- l. Staff will not have the skills and knowledge to address smoking – All front facing clinical staff will be trained to level 1 brief intervention (recognition and signposting to support). On each hospital site additional staff will be trained to level 2 (full support). Qualified nursing staff will be trained to an intermediate level which enables them to prescribe nicotine replacement therapy under a PGD to address the immediate needs of a service user admitted to a ward.
- m. Failure to engage with staff – The phased approach will allow issues arising from the implementation of smoke free sites for staff and visitors to be worked through prior to implementation of smoke free sites for service users. Staff and staff side will be engaged in the implementation plan. Communications are already being developed to address staff concerns.
- n. Increased violence and aggression on wards – While this is a frequently voiced concern, this has not been the experience of other Trusts who have gone smoke free. This was not observed when smoking on wards was banned.

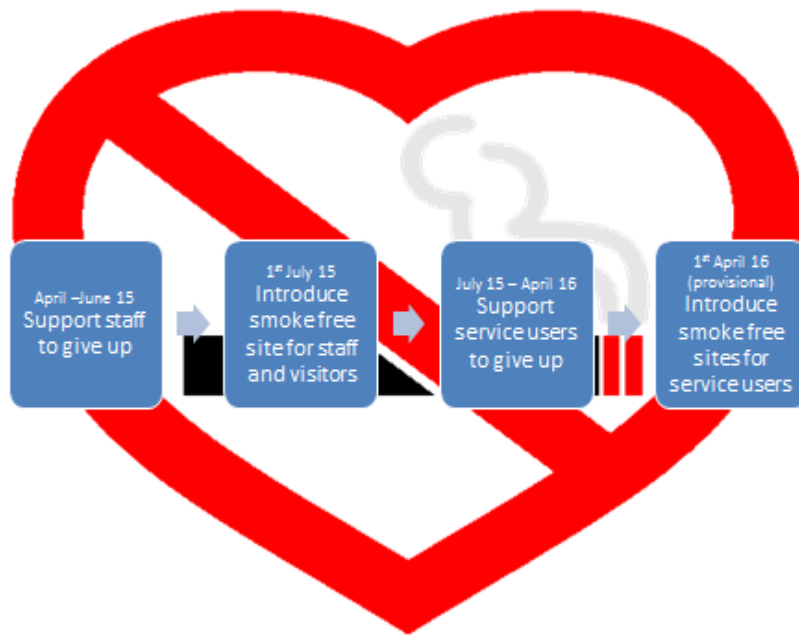
- o. Illicit smoking – All smoking materials will be managed as contraband for all service users while they are on the ward.
- p. Adverse publicity both locally and in social media – Working with TEWV, PHE, FreshNE and the strategic clinical network will ensure that this is an integrated North East public health intervention, rather than a single Trust initiative. Both FreshNE and PHE have access to experienced communication support and will work proactively with news agencies
- q. Potential legal challenges – Previous legal attempts to overthrow smoke free site decisions (e.g. within secure hospitals) on the grounds of Human Rights have failed in UK courts.
- r. Ongoing use of e-cigarettes – The Trust has a current policy on e-cigarettes which will require revision. There is no national consistent approach to the use of e-cigarettes in hospitals and the two Trusts will need to agree a standard approach.

Resources required.

13. The Trust lead for implementation of NICE PH48 is Dr D Robinson (Group Medical Director) supported by a recently appointed band 6 Health Improvement Specialist, who will work with the corresponding project lead in TEWV over the operational aspects of implementation. This work supports delivery of the wider physical health agenda and CQUIN, led by Anne Moore (Group Nurse Director) and a band 7 project officer funded by NHSIQ. A project methodology will be used to develop a delivery plan.
14. Additional financial resources will be required to deliver the project, mainly to support communications and estates signage. It is anticipated that training for staff will be delivered by partner agencies without significant financial charge (although this has not yet been confirmed), but will require release of staff. An estimate of additional financial resource required is under £10K.
15. In addition, there will be additional pharmacy costs in providing nicotine replacement therapies (NRT) to in-patients. This will be partly offset by reduced psychotropic drug costs and more efficient use of staff time no longer required to supervise smoking. NTW and TEWV are exploring with commissioners whether additional funds might be available to support this. The additional cost of NRT is estimated at £150,000 in the first year.

Decision requested.

16. The Trust Board is asked to support working with partners towards Smoke Free sites for all with a provisional implementation date of No Smoking Day 2016 (March 2016), to coincide with the implementation of a corresponding ban in TEWV Trust.



**Dr Damian Robinson
May 2015**