

We have been working together to consider what the requirements set out in the NHS Long Term Plan mean for our residents, staff and health and care partner organisations across north central London (NCL). We have a collective commitment to deliver changes that will improve the health and wellbeing of residents and have listened to what residents told us is important to them.

We have developed a draft NCL delivery plan for prevention and are now seeking the engagement and involvement of all local partners, stakeholder and residents to refine and finesse these plans. Over the next two months, we will cross-reference, financially cost and finalise our plan for submission in November.

If you have any comments, queries or think we have missed important points relating to any of the sections please get in touch with Hannah Logan (Hannah.logan@islington.gov.uk).

More NHS Action on Prevention There is significant opportunity for prevention of disease in NCL. Almost half of adults in NCL have at least one behavioural or physiological risk factor (e.g. high blood pressure, smoking) that is putting them at risk of developing health issues. Between 2015-2017 in NCL there were almost 4000 deaths from cardiovascular, liver, respiratory disease and cancer that were considered preventable ¹.

Smoking LTP commitment

- *Targeted investment to develop NHS-funded smoking cessation services in selected sites in 2020/21*
- *Additional indicative allocations for all STPs and ICSs, from 2021/22, for the phased implementation of NHS smoking cessation services for all inpatients who smoke, pregnant women and users of high-risk outpatient services (as a complement not a substitute for local authority's own responsibility to fund smoking cessation).*

NCL ambition

- In NCL we want all partners working together to take a more proactive approach around smoking cessation for staff, patients and visitors to support our vision for London to be the world's most 'smoke free city. We aim to achieve this by preventing people starting smoking, supporting more people to quit and tackling health inequalities by targeting key groups. This will require the NHS to create a smoke free environment within their institutions and focus more on identifying smokers, supporting them to quit and referring them into smoking cessation support that works for their lifestyle (face to face, phone/text, digital support).
- NCL want to support more people to quit smoking and reduce smoking prevalence. We also want to reduce the variation in support for residents, patients and staff across NCL.
- We will use the anchor institutions model to support the smoke free agenda working with hospitals as major employers.
- We need to consider how financial resources will be required to develop services both within the NHS (i.e. smoking cessation support within the hospital) and the community (to commission services where there is currently a lack of community support).
- There will need to be renewed links between primary, secondary and community services.

¹ PHE [Mortality Profile](#) Under 75 mortality rate from cardiovascular, respiratory, liver diseases and cancer considered preventable 2015-2017

- As well as radically up-scaling the delivery of smoking cessation activities, we want to ensure additional support is available for pregnant women to quit smoking, in order to reduce health inequalities and the adverse impacts on the health and development of foetuses and infants.

Tobacco use in NCL

- Currently around 14% of people across NCL are smokers, this varies from 10% in Barnet to 17% in Haringey². It remains the single largest cause of health inequalities and premature death.
- The biggest killers and the biggest contributors to the differences in life expectancy across NCL are circulatory diseases and cancer³, for which smoking is a key risk behaviour.
- Smoking is thought to attribute to over 9,000 hospital admissions in NCL each year⁴.
- Data from PHE suggests that of the 122,116 smokers in NCL (excluding Enfield as there is no data) in 2017/2018, only around 4% (4,425) accessed stop smoking support of which 48% (2,132) successfully quit smoking at 4 weeks⁵
- Smoking is a major preventable cause of harm to both mothers and babies, and quitting smoking is one of the best actions a mother can take for her baby's health and development. Compared to babies born to non-smokers, babies of mothers who smoke have double the likelihood of being stillborn, on average 250g lighter at birth, 3 times more likely to die of sudden infant and 50% more likely to be born with heart defects⁶.
- Compared to other London boroughs, NCL has fewer women accessing stop smoking support, and fewer successful quits. 2 out of 5 NCL boroughs (Enfield and Haringey) have higher percentage of women smoking at the time of delivery as compared to the London average (4.8%)⁷. This is a self-reported figure, actual rates are estimated to be even higher, it is estimated over 6% of pregnant women are smoking at the time of their booking appointment in NCL (based on modelling by local public health intelligence).

Current provision

- There is significant variation in the availability of and capacity of community smoking cessation services across NCL, with each borough commissioning smoking services differently. Barnet provision is through GP and pharmacists, Camden and Islington commission a community stop smoking provider (Breathe) and in secondary care they commission a Smoking Cessation Programme Manager at UCLH and The Royal Free hospital, Enfield have currently don't have a dedicated community stop smoking support (except specialist support for pregnant women) and Haringey provide a mix of community, GP and pharmacy support.
- There is also access to the London Wide Stop Smoking portal in all boroughs.
- Despite some good examples of smoking cessation advice and support being delivered in secondary care settings in NCL, the identification of smokers, provision of brief advice, provision of pharmacotherapy, and onward referral into the community stop smoking support is not consistent, and does not follow the systematic approach of the Ottawa Model as set out in the LTP.

² PHE [Local tobacco control profiles](#) Smoking Prevalence in adults (18+) - current smokers (APS) 2018

³ PHE 2015-2017 [Mortality Profile](#)

⁴ PHE [Local tobacco control profiles](#) Smoking attributable hospital admissions 2017/18

⁵ PHE [Local tobacco control profiles](#) Smokers setting a quit date 2017/18 and Smokers that have successfully quit at 4 weeks 2017/18

⁶ Action on smoking and health, smoking in pregnancy challenge group. Review of the challenge July 2018

⁷ NHS Digital, 2017-18. Statistics on Women's Smoking Status at Time of Delivery, England.

<https://files.digital.nhs.uk/publication/2/m/stat-wome-smok-time-deli-eng-q3-17-18-rep.pdf>

- A needs assessment has shown that there is lack of mandatory and universal recording of smoking status in hospital notes, data issues to easily collect information on smokers within secondary care and many barriers to providing brief advice and provision of NRT
 - One barrier to providing smoking cessation is that a large number of staff are thought to be smokers themselves. Data from one trust suggest that around 10% of their frontline staff were smokers but this is self-reported so the real number is likely to be higher.
 - Lack of referrals into community services is also an issue. In 2018 it was estimated that only 8-10% of pregnant women who smoke were referred to an NCL stop smoking service, with only 14% of those women successfully quitting
 - Where there has been investment in secondary care at The Royal Free and UCLH around smoking (through provision of Smoking Cessation Programme Manager) there has been a 39% increase in referrals to the community stop smoking services.

Current work and future ambitions

- We are developing a system-wide map of current investment, service delivery, and stop smoking activity and outcomes across all secondary care providers in NCL, alongside LA-commissioned community cessation services to identify key gaps and requirements in order to deliver the LTP commitments.
- We are exploring the opportunities around reducing variations in care through initiatives such as developing a NCL smoke free policy, developing a NCL PGD for nicotine replacement therapy and exploring options around standardising very brief advice training and making every contact count for all frontline staff.
- Smoking in pregnancy has already been identified as a priority area to help tackle inequalities by the STP prevention work-stream. A joint programme of work is being delivered in partnership between maternity services, public health, service users, and stop smoking services across North Central London. Funding for the first 2 years of this work has been secured from borough public health teams and NCL Local maternity services (LMS) transformation funding.
- This work aims to develop and embed a whole-system approach to maternal smoking, incorporating NICE Guidance ⁸ and based broadly on the BabyClear model ⁹. It involves creation of new roles to support the work, including midwife champions and a maternity smoking programme coordinator, procurement of a specialist training programme for midwifery staff, provision of CO monitors and provision of expert strategic and implementation support.

Alcohol LTP Commitment

- *Targeted funding available from 2020/21 to support the development and improvement of optimal Alcohol Care Teams in hospitals with the highest rates of alcohol dependence-related admissions.*

NCL ambitions

- In NCL we want the health and care system to take a more proactive approach around alcohol management. This will require the system be more proactive in identifying individuals with alcohol

⁸ NICE, 2010. Smoking: stopping in pregnancy and after childbirth. <https://www.nice.org.uk/guidance/ph26>

⁹BabyClear is a complex intervention incorporating all of the elements required to ensure all pregnant smokers are offered effective support. It includes routine identification of smoking at booking via carbon monoxide screening, opt-out referral to specialist stop smoking support, improved training for midwives and stop smoking advisors and addressing gaps in provision of CO screening equipment, all underpinned by a number of wider system changes

dependency and supporting them to reduce or abstain, to prevent or reduce further hospital admissions due to alcohol and support individuals into treatment.

- Organisations across the STP to ensure that the healthcare and local authority workforce is trained in delivering alcohol Information and Brief Advice (IBA) and skilled to make every contact count.
- Partners to continue to drive the delivery of the NHSE Risky Behaviours CQUIN for alcohol and tobacco
- All organisations across the STP area to take action to minimise the impact of alcohol on the most vulnerable in our communities including the children of dependent and harmful drinkers.
- All local authorities across the STP area to increase the number of dependent drinkers receiving treatment
- Look at the feasibility of establishing well-resourced Alcohol Care Teams for every hospital in the STP area.

Alcohol use in NCL

- Alcohol is a significant cause of harm across the whole of NCL, resulting in high numbers of hospital admissions, ambulance call outs and GP attendances. In 2017/18 in NCL there were on average 2450 admission per 100,000 people attributed to alcohol¹⁰
- NCL has some of the highest rates of alcohol specific admissions in London with Camden and Islington significantly worse than the London and England value¹¹
- Haringey, Camden and Islington also have some of the highest death rates for alcohol related mortality across NCL¹².

Current provision

- We know that currently there are some excellent alcohol support services including preventative and treatment services being provided across community, primary and secondary care, like commissioned online support, community outreach teams, formalised detox and recovery services but this is not consistent across the five boroughs.
- The LTP has highlighted alcohol treatment teams (ACTs) as being an effective approach to preventing alcohol related harm. Within NCL, we have services for alcohol liaison playing a similar role to ACTs (in Camden, Haringey and Islington), funded by Borough and situated in the local Acute Trusts, which are producing improved outcomes and good return on investment.
- However, there are large differences in services provided across NCL and where there are good services being provided and there are opportunities to upscale and reach a larger proportion of those in need, the future funding is under consistent pressures on public health and local authority budgets, which are funding most of the current services. We need to undertake a gap analysis to understand the current service provision and gaps in service to better understand the need for new or enhanced services.

Obesity LTP Commitment

- *Increasing local uptake of the Diabetes Prevention Programme (DPP) is a nationally-funded and commissioned programme.*

¹⁰ PHE - Local Alcohol Profiles for England. Admission episodes for alcohol-related conditions (Broad) 2017/2018

¹¹ PHE - Local Alcohol Profiles for England 2017/2018 Admission episodes for alcohol-specific conditions

¹² PHE - Local Alcohol Profiles for England 2017/2018 Alcohol-related mortality 2017

- *Targeted funding for 2020/21 and 2021/22 for a small number of sites to test and refine an enhanced weight management support offer for those with a BMI of 30+ with Type 2 diabetes or hypertension and enhanced Tier 3 services for people with more severe obesity and comorbidities.*

Diabetes Prevention Programme: NCL ambition

- The NCL partnership is required to deliver sufficient referrals (estimated to be 32,435 referrals) to fill the 12,974 intervention places allocated over 3 years for NDPP2 Pre-diabetes
- Diabetes has a significant impact on morbidity (leading to stroke and heart attack) and pre-mature mortality. Type 2 diabetes is largely preventable and there are an estimated 125,000 pre-diabetics across NCL who could benefit from the diabetes prevention programme¹³

Current provision

- NCL's National Diabetes Prevention Programme (NDPP2) is now provided by a single provider, ICS, since 1st August 2019.
- ICS has developed a more comprehensive face-to-face behaviour change programme to those referred into the new programme. In addition, ICS have partnered with Oviva to deliver the programme via a digital platform to select individuals.
- The previous NDPP contracts started in September 2016 for Camden, Islington and Haringey (CIH) and May 2017 for Barnet and Enfield (BE) respectively.
- Across NCL at the end of the contract the NDPP programme received a total of 16,592 referrals and supported 8,285 service users with an initial assessment, which has resulted in 4,726 service users attending a group.
- In Barnet and Enfield, a total of 686 people have completed the programme to date, with a further 143 due to complete over the next month. Over the 9 months approximately 78.7% of patients have seen some weight loss.
- In Camden, Islington and Haringey 549 people have completed the programme to date, with a further 111 due to complete over the next month. Over the 9 months approximately 75.4% of patients have seen some weight loss.

Current work and future ambitions

- We will work in partnership with ICS to actively support general practices to maintain adequate referrals into the programme.
- A key area of focus is to improve equity of access. The priority groups for diabetes prevention locally include those at higher risk of diabetes e.g. people living in areas of high deprivation, men and BAME groups (such as South Asian). Local Public Health teams will provide support and share insights into reducing variation and inequalities with the 'at risk' groups.

Healthy Weight Management NCL ambitions

- It is our ambition in NCL to:
 - ensure equitable access to commissioned weight management services across NCL for adults and children in accordance with NICE guidance across the whole pathway
 - support local authority whole system approaches for healthy weight management

¹³ Public Health England, 2017 Analysis of non-diabetic hyperglycaemia prevalence in England
<https://www.gov.uk/government/publications/nhs-diabetes-prevention-programme-non-diabetic-hyperglycaemia>

- work with local hospitals to serve as anchor institutions and create healthier environments, especially around active travel, physical activity opportunities and reduce access to high sugar food and drinks

Obesity in NCL

- Being overweight is partly responsible for more than a third of all long term health conditions in NCL, with two of the five NCL boroughs (Enfield and Haringey) having a higher obesity prevalence (those with BMI of 30+) amongst 16+ than the London average¹⁴.
- The number of overweight children aged 10 to 11 years is much higher in NCL than the England average in three of the five boroughs – Enfield, Haringey and Islington¹⁵.

Current provision

- We need to undertake some detailed mapping to fully understand current gaps.
- Adults and children have access to NICE recommended Tier 1 and Tier 2 weight management support in four out of five NCL boroughs (Enfield do not commission any weight management services) through community and primary care initiatives, funded by the local public health teams.

There are also whole system approaches being implemented, which target the obesogenic environment through sugar reduction, nutrition advice, physical activity schemes and policies that promote healthy urban environment.

Air Pollution LTP Commitment

Targeted support from the NHS Sustainable Development Unit to spread best practice in sustainable development, including improving air quality, plastics and carbon reduction.

Air pollution in NCL

- Air pollution contributes to a number of conditions, including lung cancer, heart disease, stroke and lungs diseases, such as asthma. The fraction of mortality attributable to air pollution particulate matters in NCL vary from 6.3% in Barnet to 6.9% in Islington compared to 5.1% in England¹⁶. Air pollution is also a contributor to health inequalities. People living in the London's most deprived areas are, on average, exposed to about a quarter more NO₂ pollution¹⁷.

Current situation

- London's boroughs are already subject to statutory guidance around air quality in the form of the London Local Air Quality Management (LLAQM) process, they all have Air Quality Action Plans signed off jointly by Directors of Public Health and Environmental Health Directors.
- Specific projects across boroughs in NCL include works with schools, focus on Active Travel plans linked with local Transport Strategies and Local Implementation Plans, Healthy Streets approach, AirText messaging to residents that link with primary care, installing new electric charging points across NCL and health and care wide partnership on paediatric asthma pathways.

Current work and future ambitions

¹⁴ NHS Digital, 2018. Statistics on Obesity, Physical Activity and Diet - England, 2017. <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/statistics-on-obesity-physical-activity-and-diet-england-2017>

¹⁵ PHE Public Health Profiles: Year 6: Prevalence of overweight (including obesity) 2017/18

¹⁶ PHE Public Health Profiles: Fraction of mortality attributable to particulate air pollution 2017

¹⁷ https://www.london.gov.uk/sites/default/files/analysing_air_pollution_exposure_in_london_-_technical_report_-_2013.pdf

- Co-ordinated actions across the whole system would strengthen air quality management and a menu of interventions below should be considered by London's STPs NHS Long Term Planning proposals:
 - **Active travel:** Work with local NHS and local authority organisations to encourage and support staff, patients and visitors to use active travel modes (walking, cycling or public transport) through initiatives such as subsidising bike travel allowance more than car travel allowance. Work can be linked with Active Travel campaigns such as tax free NHS bike hire schemes and hospitals' air quality audits supported by TfL and GLA.
 - **Hospitals as anchor organisations promoting sustainability and embedding social values** Support NHS Trusts in North Central London to work towards signing up to the Clean Air Hospital Framework. Great Ormond street Hospital can lead on this work
 - **Reduction in business mileages and fleet air pollutant emissions by 20% by 2023/24:** NHS fleet to use low-emissions engines and all NHS sites will phase out primary heating from coal and oil fuel as well as to include this requirement to all procurements with their local suppliers' chain
 - **Awareness raising and communication:** Supporting each hospital to identify Air Quality Leads.
 - Establishment of NCL STP Air Quality work stream under the NCL SSTP Prevention Board.
 - KPIs to monitor air quality improvements will be set across London via London Health Board.

Antimicrobial Resistance LTP Commitment

- *Targeted support available to regions to drive progress in implementing the Government's five-year national action plan, Tackling Antimicrobial Resistance, to reduce overall antibiotic use and drug-resistant infections.*

NCL ambition

- To achieve the measures of success within our remit as set out in the Tackling antimicrobial resistance 2019–2024; the UK's five-year national action plan

Managing antimicrobial resistance in NCL

- All NCL CCGs are prescribing significantly below (14%- 43% below) the national target of reducing antimicrobial use by 15% from the current national rate
- Camden is the only borough achieving the target of broad spectrum antibiotics being less than 10% of the total antibiotics prescribed.
- NCL CCGs performed well on reducing inappropriate trimethoprim prescriptions, however, healthcare associated gram-negative blood stream infections did not fall to the target reduction.
- Antimicrobial resistance CQUIN data from 2018/19 for NCL Trusts demonstrated some improvements in total antibiotic usage. Many Trusts found it difficult to reduce total carbapenem usage.

Current work and future ambitions

- NCL have an established Antimicrobial Pharmacists Group which are evolving to become a multidisciplinary Antimicrobial Resistance (AMR) Strategy group. There is a newly appointed Senior Responsible Officer for AMR, who along with the AMR group will provide system leadership for delivery of the 5-year national action plan. Focus to date includes;
 - Development of NCL Primary Care guideline
 - Work towards Antimicrobial & Antifungal CQUINs
 - Survey of current activities (taken from London AMR survey)
 - Comparison of primary care prescribing
 - Review of UTI resistance and prescribing
 - Penicillin allergy

- It is our ambition going forwards to focus on
 - GP prescribing of broad spectrum antibiotics,
 - Healthcare associated Gram-negative blood stream infections and reducing UTI infections,
 - evolve the Antimicrobial Pharmacists Group to become a multidisciplinary Antimicrobial Resistance (AMR) Strategy group that provides system wide leadership for achieving the national AMR strategy.
 - Establishing and improving antifungal stewardship
 - Education & training – patients, public, healthcare workers
 - Scoping work across NCL – including emerging out-of-hours services, walk-in centres, community pharmacies, care homes
 - Continue to develop relationships with Primary care networks and community pharmacists to support delivery of our ambitions

DRAFT