

10. Evidence based action to prevent ill health

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 and communities have told us is important to them.

This draft plan builds on existing plans and work already underway across NCL and sets out how we will deliver the commitments in the Long Term Plan. It has been developed by, and with the insights from, representatives working in NCL, including staff working in health and social care, and clinical leaders and managers, patients and residents, and our partner organisations from across the NHS, social care, voluntary sector and beyond. Local leaders across our partner organisations, including NHS trusts, general practice, commissioners and local authorities have been closely involved in shaping and overseeing the development of these plans. We are continuing to work closely with all of these groups as we refine the plans and move into delivery and implementation of the commitments.

If you would like to feedback or contribute to this work as we further develop our plans and implementation, please see the 'Listening to residents and communities' section for more details on how to get involved.

Introduction

The NHS Long Term Plan is our opportunity to not only treat people, but also prevent them from getting ill in the first place. Our NHS Long Term Plan aims to support people to live longer, healthier lives through helping them to make healthier lifestyle choices and treating avoidable illness early on.

There is significant opportunity for prevention of ill health and disability 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 preventable¹.

Every 24 hours, the NHS will cares for thousands of patients and their families across NCL. We will work to maximise the opportunities that patient contact and hospital admissions bring to help people to improve their health. This is why we are working across North Central London to spread the Making Every Contact Count (MECC) training and made this available for free to public sector and large scale employers. This an approach to behaviour change that uses the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing.

In addition, we will fund new evidence-based NHS prevention programmes that focus on reducing smoking, obesity and alcohol intake. Our new services will help more people to

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

stop smoking, maintain a healthy weight and make sure their alcohol intake is within a healthy limit. This is detailed in this section.

Action on Smoking

- *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 all partners across the health and care system will work together to take a systematic and proactive approach to smoking cessation for patients, visitors, residents and staff, to support London's and NCL's ambition to be the world's most 'smoke free' city. As a system, we will achieve this by preventing people starting smoking, supporting more people to quit and tackling tobacco-related health inequalities by targeting key groups. This will require all NHS partners in NCL to create a supportive, smoke free environment within their institutions and to focus on systematically identifying smokers, supporting them to quit and referring them into the right kind of smoking cessation support that works for them (face to face, phone/text, digital support).
- We want to support the London ambition of London being a smoke free city, which means reducing smoking prevalence to be less than 5%²
- NCL will support more people to quit smoking and reduce variation in the support available for residents, patients and staff across NCL.
- We will harness the role of all NHS organisations as "anchor institutions" to support the smoke free agenda, in particular through their role as major employers.
- We need to consider what financial resources will be required to develop services and support a systematic approach to smoking cessation within the NHS (i.e. smoking cessation support within the hospital) and the community (to commission services where there are currently gaps in community support).
- We will establish and renew the links between primary, secondary and community services in terms of support to people who smoke.
- 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 Haringey³.
- The biggest killers and the biggest contributors to the differences in life expectancy across NCL are circulatory diseases and cancer⁴, for which smoking is a key risk behaviour.

² The health and care vision for London <https://www.healthylondon.org/wp-content/uploads/2019/09/Tobacco-control-and-reducing-smoking.pdf>

³ PHE [Local tobacco control profiles](#) Smoking Prevalence in adults (18+) - current smokers (APS) 2018

⁴ PHE 2015-2017 [Mortality Profile](#)

- Smoking is thought to attribute to over 9,000 hospital admissions in NCL each year⁵.
- 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 weeks⁶
- 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 a 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 that over 6% of pregnant women are smoking at the time of their booking appointment in NCL (based on modelling by local public health intelligence).

Health Inequalities

- Smoking remains the single largest cause of health inequalities and premature death. The adult smoking prevalence rate is higher in people with serious mental illnesses, in routine and manual occupations and in people from more deprived communities⁸
- 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, are on average 250g lighter at birth, are 3 times more likely to die of sudden infant death syndrome and 50% more likely to be born with heart defects⁹.

Current provision

- There is significant variation in the availability and capacity of community smoking cessation services across NCL, with each borough commissioning smoking services differently. Barnet provision is through GPs and pharmacists, Camden and Islington commission a community stop smoking provider (Breathe) and a Smoking Cessation Programme Manager who works across UCLH and The Royal Free Hospital, Enfield do not currently commission dedicated community stop smoking support, with the exception of specialist support for pregnant women) and Haringey provide a mix of community, GP and pharmacy-based support.
- Residents of all five boroughs also have access to the London-wide Stop Smoking portal.
- 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 community stop smoking support is neither consistent or systematic, and no NCL provider is currently implementing the systematic approach of the 'Ottawa Model', as set out in the LTP.
 - A recent needs assessment identified a lack of mandatory and universal recording of smoking status in hospital systems/patient records, data issues that act as barriers

⁵ PHE [Local tobacco control profiles](#) Smoking attributable hospital admissions 2017/18

⁶ PHE [Local tobacco control profiles](#) Smokers setting a quit date 2017/18 and Smokers that have successfully quit at 4 weeks 2017/18

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>

⁸ PHE [Local tobacco control profiles](#) Smoking Prevalence in adults (18+) - current smokers (APS) 2018

⁹ Action on smoking and health, smoking in pregnancy challenge group. Review of the challenge July 2018

to the collection of information on smokers within secondary care and many barriers to providing brief advice and provision of NRT

- One barrier to providing smoking cessation advice is that a proportion of staff are smokers themselves. Data from one trust suggest that around 10% of their frontline staff are smokers, but this is a self-reported figure, so the real number is likely to be higher.
- Lack of referrals from secondary care into community stop smoking services is also an issue. In 2018 it was estimated that only 8-10% of pregnant women who smoke were referred to an NCL community stop smoking service, with only 14% of those women successfully quitting.
- Where there has been investment into secondary care to support an increased focus on and delivery of smoking cessation support (at The Royal Free and UCLH, through the employment of a dedicated Smoking Cessation Programme Manager) there has been a 39% increase in referrals into the community stop smoking services.

Current work and future ambitions

- We are developing a system-wide map of current investment, service delivery, stop smoking activity and outcomes across all secondary care providers in NCL, alongside Local Authority-commissioned community cessation services to identify key gaps and requirements in order to deliver on the LTP commitments and NCL ambitions
- We are also exploring opportunities to develop a more consistent approach across the NCL system, including the development of a NCL smoke free policy, development of a NCL PGD for nicotine replacement therapy and exploring options for standardising very brief advice training and making every contact count training 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 Guidance¹⁰ and based broadly on the BabyClear model¹¹. 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.

Taking action on Alcohol

- *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.*

¹⁰ NICE, 2010. Smoking: stopping in pregnancy and after childbirth.
<https://www.nice.org.uk/guidance/ph26>

¹¹BabyClear 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

NCL ambitions

- In NCL we will take a more proactive approach to the prevention of alcohol-related harm and to the identification and support of people drinking at levels harmful to their health.
- This will include a more proactive approach to identifying individuals with alcohol dependency, and supporting them to reduce their drinking or abstain including through supporting them to engage with treatment.
- We will work to ensure the workforce across the health and care system is trained in delivering alcohol Information and Brief Advice (IBA) and skilled to make every contact count.
- Providers will continue to deliver the NHSE Risky Behaviours CQUIN for alcohol and tobacco.
- All organisations across the STP area will work together 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 will work to increase the number of dependent drinkers engaged in treatment
- We will review the feasibility, costs and benefits of establishing well-resourced Alcohol Care Teams in every acute 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 2,450 admission per 100,000 people attributed to alcohol¹²
- NCL has some of the highest rates of alcohol specific admissions in London with rates in Camden and Islington significantly worse than the London and England value¹³
- Haringey, Camden and Islington also have some of the highest death rates for alcohol related mortality across NCL¹⁴.

Health Inequalities

- The impact of harmful drinking and alcohol dependence is much greater for those in the lowest income bracket and those experiencing the highest levels of deprivation¹⁵

Current provision and future work

- We know that currently there are some excellent alcohol support services, including preventative and treatment services, provided across community, primary and secondary care in NCL, including online support, community outreach teams, and detox and recovery services, but provision is not consistent across the five boroughs.
- The LTP has highlighted alcohol treatment teams (ACTs) as being an effective service model for preventing alcohol related harm. Within NCL, alcohol liaison services play a similar role to ACTs in Camden, Haringey and Islington, funded by local authorities and located in the local Acute Trusts. These liaison services are delivering improved outcomes and evaluation data suggest they also represent a good return on investment in the short to medium term

¹² PHE - Local Alcohol Profiles for England. Admission episodes for alcohol-related conditions (Broad) 2017/2018

¹³ PHE - Local Alcohol Profiles for England 2017/2018 Admission episodes for alcohol-specific conditions

¹⁴ PHE - Local Alcohol Profiles for England 2017/2018 Alcohol-related mortality 2017

¹⁵ PHE - Local Alcohol Profiles for England 2017/2018 <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>

- However, there are large differences in service provision across NCL and there are opportunities to upscale and extend provision in order to reach a larger proportion of those in need.
- We are developing a system-wide map of current investment, service delivery, activity and outcomes across all secondary care providers in NCL, alongside LA-commissioned community services to better understand the need and build a case for new or enhanced services.

Obesity LTP Commitment

- *Increasing local uptake of the Diabetes Prevention Programme (DPP), a nationally-funded and commissioned programme.*
- *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 committed to increasing referrals into the DPP to fill the 12,974 intervention places allocated to NCL over the next 3 years. Locally we estimate this will require the identification and referral of more than 32,000 patients with '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 people with pre-diabetes across NCL who could benefit from the diabetes prevention programme¹⁶.

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 for residents referred into the new programme. In addition, ICS have partnered with Oviva to deliver the programme via a digital platform to selected 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 this first phase of the NDPP programme in NCL, a total of 16,592 people were referred in, 8,285 service users underwent an initial assessment, and 4,726 service users attended 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. 79% of people 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. 75% of patients have seen some weight loss.

Current work and future ambitions

¹⁶ 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>

- We will work in partnership with ICS to actively support general practices to continue to make appropriate referrals into the programme.
- A key area of focus is to improve equity of access to address diabetes-related health inequalities. 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 continue to provide analytical support, insights and evidence to tackle variation in uptake and outcomes, and address inequalities across NCL.

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 whole system approaches to healthy weight in each borough, being led by local authorities
 - work with local hospitals to serve as anchor institutions and create healthier environments, especially around active travel, physical activity opportunities and reducing access to foods and drinks high in sugar, fat and salt

Obesity in NCL and health inequalities

- 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 amongst adults (those with BMI of 30+) than the London average¹⁷.
- The proportion 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 Islington¹⁸.
- Obesity does not affect all groups equally. Obesity is more common among people from more deprived areas, people with disabilities and in some black and minority ethnic groups. The prevalence of obesity and overweight children is lower in children from the least deprived groups in both reception and year 6, compared to those in the most deprived¹⁹.

Current provision

- We need to undertake some detailed mapping to fully understand current gaps in current weight management pathways and provision across NCL.
- 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-delivered initiatives, and funded by Council public health.

Whole system approaches to tackling overweight and obesity are being implemented in all five boroughs, to target the obesogenic environment through a broad range of actions and interventions at a range of levels and across multiple settings.

¹⁷ 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>

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

¹⁹ NCMP NHS Digital 2017/18

Taking action on Air Pollution

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 matter in NCL varies from 6.3% in Barnet to 6.9% in Islington compared to 5.1% in England²⁰. Air pollution is also a contributor to health inequalities. People living in the most deprived areas of London are, on average, exposed to about a quarter more NO₂ pollution than those living in the least deprived areas²¹.

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 and they all have in place agreed Air Quality Action Plans.
- Specific projects across boroughs in NCL include work with schools, focus on Active Travel plans linked with local Transport Strategies and Local Implementation Plans, adoption of the Healthy Streets approach, AirText messaging to residents linking 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

- Co-ordinated actions across the whole system would strengthen air quality management and a menu of interventions below should be considered by partners across the health and care system in NCL:
 - **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 a dedicated NCL STP Air Quality work stream under the NCL STP Prevention Board.
 - KPIs to monitor air quality improvements will be set across London via the London Health Board, and could be monitored at NCL level.

²⁰ PHE Public Health Profiles: Fraction of mortality attributable to particulate air pollution 2017

²¹ https://www.london.gov.uk/sites/default/files/analysing_air_pollution_exposure_in_london_-_technical_report_-_2013.pdf

Tackling Antimicrobial Resistance

- *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

Engagement with stakeholders

Stakeholder engagement, including resident and service user engagement, has shaped and will continue to shape prevention priorities in each of the five NCL boroughs, and the development of services that are responsive to local needs and communities. Behaviour change services, such as smoking cessation support weight management programmes and alcohol services and support have been co-designed with residents and other key stakeholders, ensuring continuous improvement and development of services to better suit resident needs. A focus on engaging key population groups runs through this work, to ensure services respond to and meet the needs of those groups at greatest risk and/or who have some of the poorest health outcomes. For example:

Residents from a range of BAME group, people with severe mental health issues, people with long term conditions, and pregnant women were amongst the key residents groups that were engaged in the design and development of community stop smoking services in Camden and Islington.

Barnet conducted a needs assessment of their substance misuse services to redesign their alcohol support; the feedback from service users and residents included a call for more integrated services, greater involvement of family and friends in treatment, like the group work programme, and additional follow-up support.

Haringey developed a whole systems approach to healthy weight using service user feedback to shape the local weight management offer, including single-sex weight management classes and development of an integrated support programme. Camden and Islington also recently piloted a Tier 3 weight management support service for severely obese children with complex needs, and the response from participants has helped shape future service delivery of weight management support for children and young people.

A report by Healthwatch in Haringey and Enfield showed that almost 1/3 of residents felt there should be more focus on reducing things to prevent ill health such as smoking, alcohol and obesity. The report also highlighted some cross cutting themes which are important to the prevention work stream, including issues around lack of information for people to help them prevent ill health and the importance of patients being involved in discussions around their care.

The ongoing smoking needs assessment has involved engagement with partners to help develop the vision for NCL and a workshop due to be held in November will draw in a wider group of partners to support development and implementation of the vision going forwards.

Wider prevention areas

The information above does not represent the totality of the work that public health is undertaking across NCL. For example, each borough is doing a lot of work on serious youth violence and have begun a number of conversations around what can be done more collaboratively and what the role and contribution of the NHS is. A lot is being done at borough level but we endeavour to build a population health approach at NCL level.