

Haringey's new plan to create a smokefree generation by 2030

Briefing to Adults and Health Scrutiny Panel, 19 September 2024

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National context:

- **Smoking is the single most entirely preventable** cause of ill health, disability and death in the UK - leads to around **80,000** deaths a year - **one in four of all cancer deaths**.
- Around **half of all regular cigarette smokers** will be killed by their addiction (1) and on average they **will lose 10 years of life**.
- Smoking is the leading cause of health inequalities (2) - accounts for **half of the difference in life expectancy** between affluent and poor communities in England. The burden of smoking today is concentrated amongst the poorest and most disadvantaged in our society.
- **Economic impact** -smoking costs society an estimated £17bn each year through lost productivity, health and social care costs and smoking related fires - **[1] Ash-Ready Reckoner tool**
- **LAs commitment** - most local authorities are at the frontline of national efforts to achieve the goal of Smokefree 2030 and Tobacco control (3) despite public health funding cuts, and wider pressures on local authority budgets.

Local context:

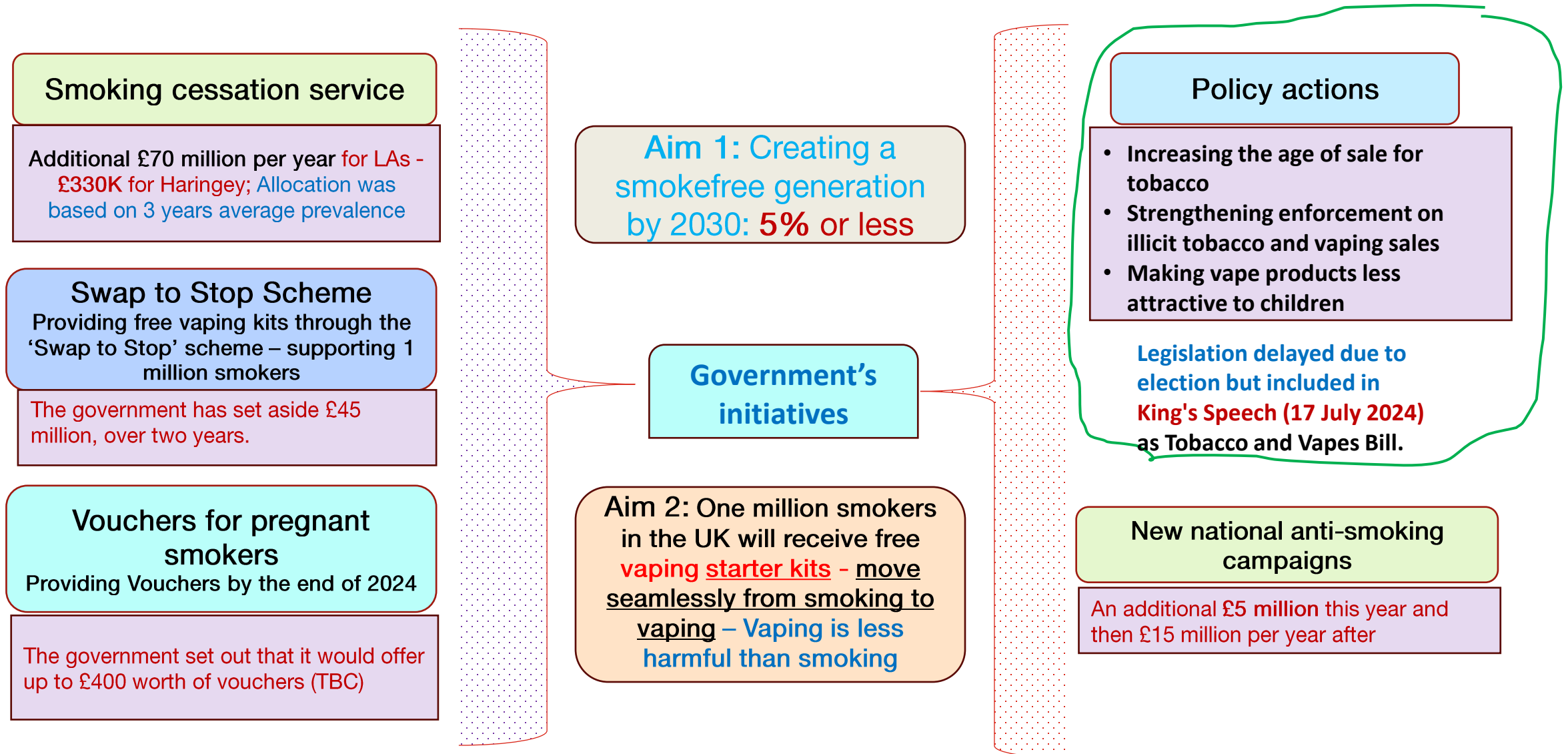
- As of November 2023, **17%** (n=59, 620) of the GP registered population in Haringey are smokers.
- **Smoking prevalence is showing a rising trend (4)** and required enhanced focus from service delivery to leadership.
- **Disparity exists among different groups** and areas; particular concerns are in:
 - People in routine and manual occupations
 - People with mental health conditions.
 - People have contact with the criminal justice system
 - Certain ethnic communities (Turkish, Romanian and Polish speaking)
 - People who live deprived areas
- Further concerns also noted in **youth vaping** – for example, **3%** of students vape occasionally or regularly (HRBQ, 2023).
- Haringey has the 2nd **highest mortality rate** (167 per 100,000) in NCL for smoking attributable mortality, in persons aged 35 years and above **Hospital admission rates - 1,397 per 100,000 higher than London** (OHID-fingertips, 2021).
- **Economic impact:** each year we estimate that Smoking costs Haringey around **100m** (productivity losses, health and social care costs, Fire costs) (**Ash -Ready Reckoner tool**).

(1) Doll R, Peto R, Boreham J, Sutherland I: Mortality in relation to smoking: 50 years' observations on male British doctors. BMJ 2004 328(7455): 1519

(2) Jha P, Peto R, Zatonski W, Boreham J, Jarvis MJ, Lopez AD. 'Social inequalities in male mortality, and in male mortality from smoking: indirect estimation from national death rates in England and Wales, Poland, and North America.' Lancet. 2006 Jul-Aug;368:367– 70.

(3) Department of Health & Social Care. Advancing our health: prevention in the 2020s – consultation document, 22 July 2019.

(4) Public health fingertips



Smoking prevalence

- 15% aged 18+ - APS
- 17% (n=59,620) 18+ - GP register

Occupation

33% in routine or manual jobs

Mental health

28.2% LT Mental health condition

Ethnicity

31% Romanian or Polish and 28% Turkish speaking

Deprivation

20% in the topmost deprived area

Pregnancy

5.4% at the time of delivery

SMU

68.2% in admitted for substance misuse treatment

Why we focus on smoking?

Impact

Mortality

2nd highest rate (167 per 100,000) in NCL

Hospital admission rates

1,397 per 100,000 higher than London

Smoking costs the economy in Haringey:

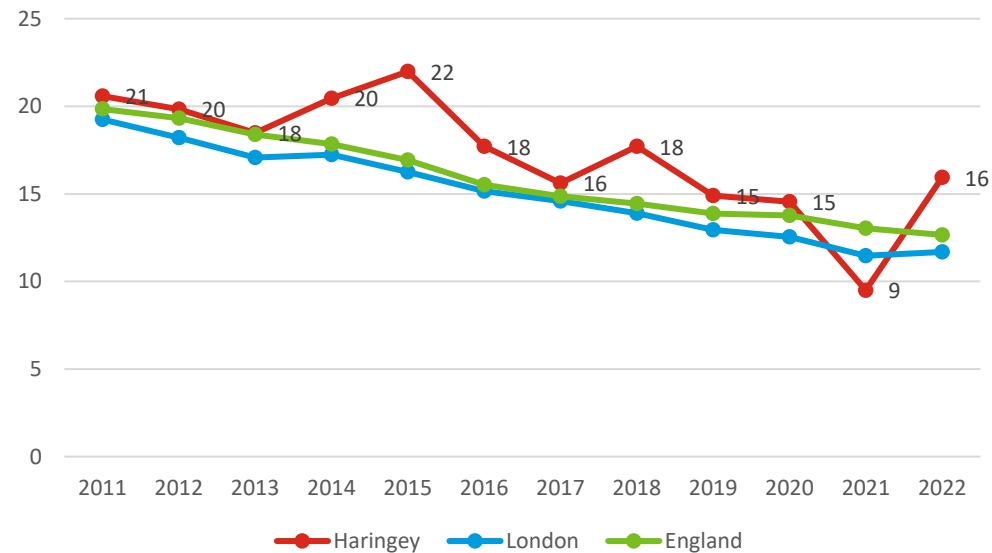
£100.34 million a year:

- £9.7 million in healthcare costs,
- £5.05 million in social care spend and
- £84.05 million due to smoking related losses in productivity and employment.

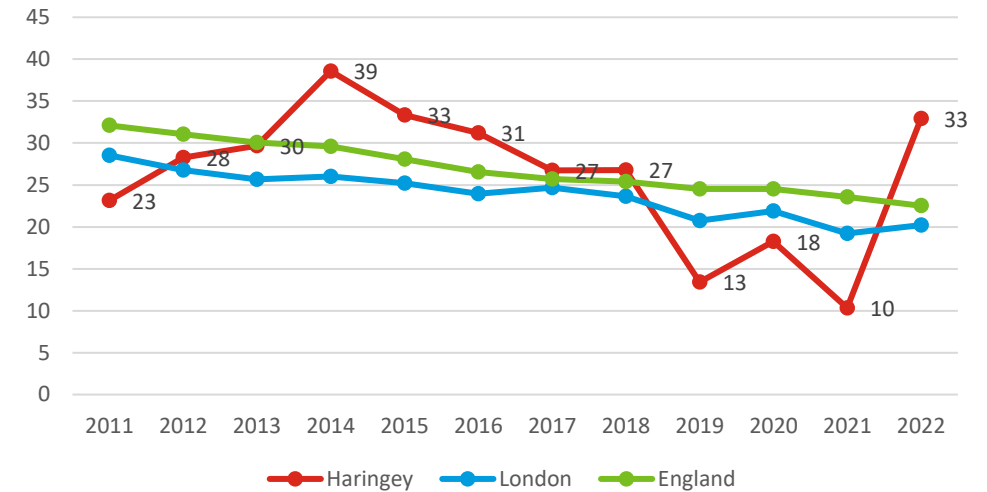
Somebody who smokes 20 a day will be spending **£4,182** a year (average smoker spends **£1,945**)

Trend in smoking prevalence – how do we compare in Haringey?

% Smoking Prevalence in adults (18+) - current smokers (APS) in Haringey



% Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS) in Haringey



Caution on interpreting short term trend

- Small sample size for data collection and therefore tend to fluctuate each year because of more statistical uncertainty.
- We will need to Look at the long-term trends in smoking prevalence rather than an indication of year-on-year changes.

Assessment and self-evaluation:

- Forming Haringey Tobacco Alliance – wider memberships
- CLear Assessment
- Tobacco Control Strategy
- Tobacco Control Action Plan
- The Tobacco Control Declaration

Leadership and management:

- Embed the Tobacco control agenda in the local Health and wellbeing strategy
- Effective integration of Stop Smoking Services (community and secondary care)
- Regular meetings of Tobacco Control Alliance for assessment, action plan, monitoring and evaluation of services.
- The signing off the Tobacco Control Declaration by elected members.
- Clinical champions within primary and secondary care.
- NCL and/or London wide resources sharing



Policy actions led by Health in All (HiAPs) principles:

- **Supporting Tobacco and Vapes Bill - smokefree by 2030 ambition**
- **School superzones initiatives –Vaping & Young People initiatives** – schools, waste, local research, mapping vape waste and poster campaign.
- **Promote smoke free environments** - Smoke free homes, workplaces, public spaces reduce exposure to second-hand smoke.
- **Public education, peer support and communication campaigns and developing guidance** – For example Vaping and E-cigarettes Guidance for Schools
- **Licencing** – while tobacco and e-cigarettes are not licenced products, however, if the licensee sells illegal nicotine products their licence could be at risk. Trading Standards inspects licence premises and signs up retailers to the Responsible Retailers Scheme which gives retailers training and advice to understand due diligence and take preventative action to stop underage sales.
- **Enforcement and illicit trade/trading standard**
 - conducting underage test purchases of tobacco products
 - conducted underage test purchases of e-cigarettes/vapes
 - seizing illicit tobacco products
 - seizing illicit e-cigarettes/vapes

Goal:
5% smoking prevalence by 2030

Targeted approach:

- People with routine and manual occupations
- Pregnant women
- People who live in most deprived areas
- More focus on Turkish, Romanian/Polish communities
- People with mental health conditions
- People with alcohol/drug problems
- Homeless/refugees

Swap to Stop scheme (Very Brief Advice) to:

- Drug and alcohol treatment support staff
- People with mental health problems
- Housing association staff
- Jobcentre plus staff
- Health ambassadors – One You Haringey (OYH)
- Voluntary Community organisations
- Community respiratory team
- Social subscribers
- homeless people and/or Refugees/asylum seekers



• Means to reach most in need

- Using **clinical records**
- **Health ambassadors** from key community groups
- **Multilingual website – 9 locally spoken languages**
<https://oneyouharingey.org/smoke-free>
- **Improved referrals pathways** – GPs, Hospitals, Dentists, health visiting/school nursing, community respiratory services

• Increased intervention options:

- Traditional face to face or remote
- Digital intervention/Apps – self-support (Local and London)
- Interpretation support
- Clinics in community setting with improved accessibility

• Capacity building and workforce:

- **Increase in number of smoking advisors** (4.5 WTE) with better CPD and support - Speciality training **on mental health**
- **One full time project officer** as part of smoke free generation by 20230 initiatives
- **Level II smoking training** for GPs and Pharmacy staff

- **Population level actions** - Community events, Public education, peer support and communication campaigns



Goal:
5% smoking prevalence by 2030

- **Support for Tobacco and Vapes Bill - smokefree by 2030 ambition**
 - Making it an offence for anyone born on or after 1 January 2009
 - Crack down on youth vaping
 - Clamp down on underage sales
 - **Support our effort to sign the “The Local Government Declaration on Tobacco Control”** - a statement of commitments for comprehensive actions.
 - **Support our overall local effort on the tobacco control initiatives**
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- **Elected members, senior leaders and officers are supported to be advocates for tobacco control and can:**
 - sign up to London Smoke Free Councillor Network and
 - receive emails every time with newly published guidance for councillors
 - receive a Councillor newsletter
 - participate in evening webinars for Councillors on suggested topics