

Overview

Additional Government funding for stop smoking services

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Measures Announced

1. Create 1st smoke free generation – legislate to raise age of sale of tobacco one year every year to ensure children born on or after 1st January 2009 unable to legally buy tobacco products

2. Strengthen support to quit smoking by

- increasing funding to LAs stop smoking services
- additional funding for marketing campaigns
- Swap to Stop - one million smokers to swap cigarettes for vapes
- Pregnancy Voucher Incentive
- Mandatory cigarette pack inserts

3. Tackle Youth Vaping - crackdown on Illicit vapes sales – to stop children, young people, non-smokers take up smoking



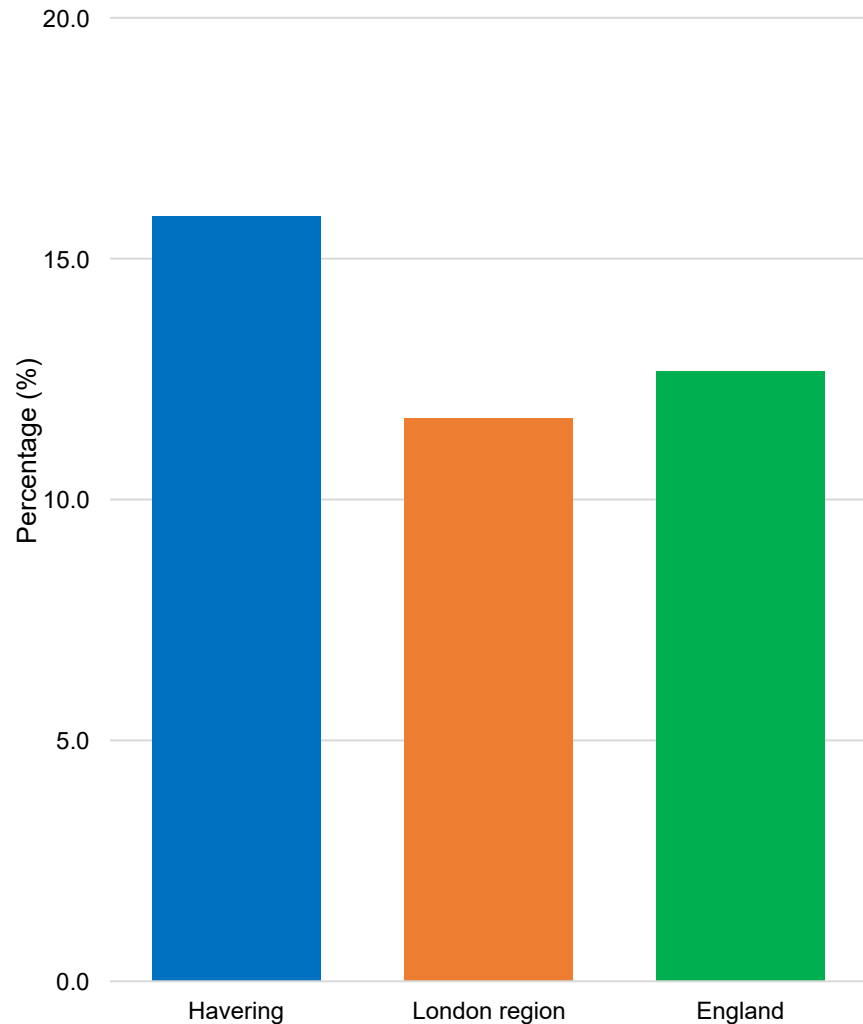
Funding to Local Authorities Stop Smoking Services

- Aim- to help more people quit smoking
- Funding over 5 financial years - 24/25 to 28/29
- Targets local areas with highest smoking rates
- Funding annually, ring fenced and to be spent
- Havering allocation for 2024-25: £307, 542.61

Funding Criteria: LAs must:

- Maintain existing spend on stop smoking services
- Maintain the level of funding throughout grant period
- Comply with the quarterly reporting requirements to NHS England

Smoking in Havering



Source: OHID Fingertips – APS 2022

Adult Smokers -18+

15.9% Annual Population Survey (APS), 2022

13.4% (28,300) adult smokers

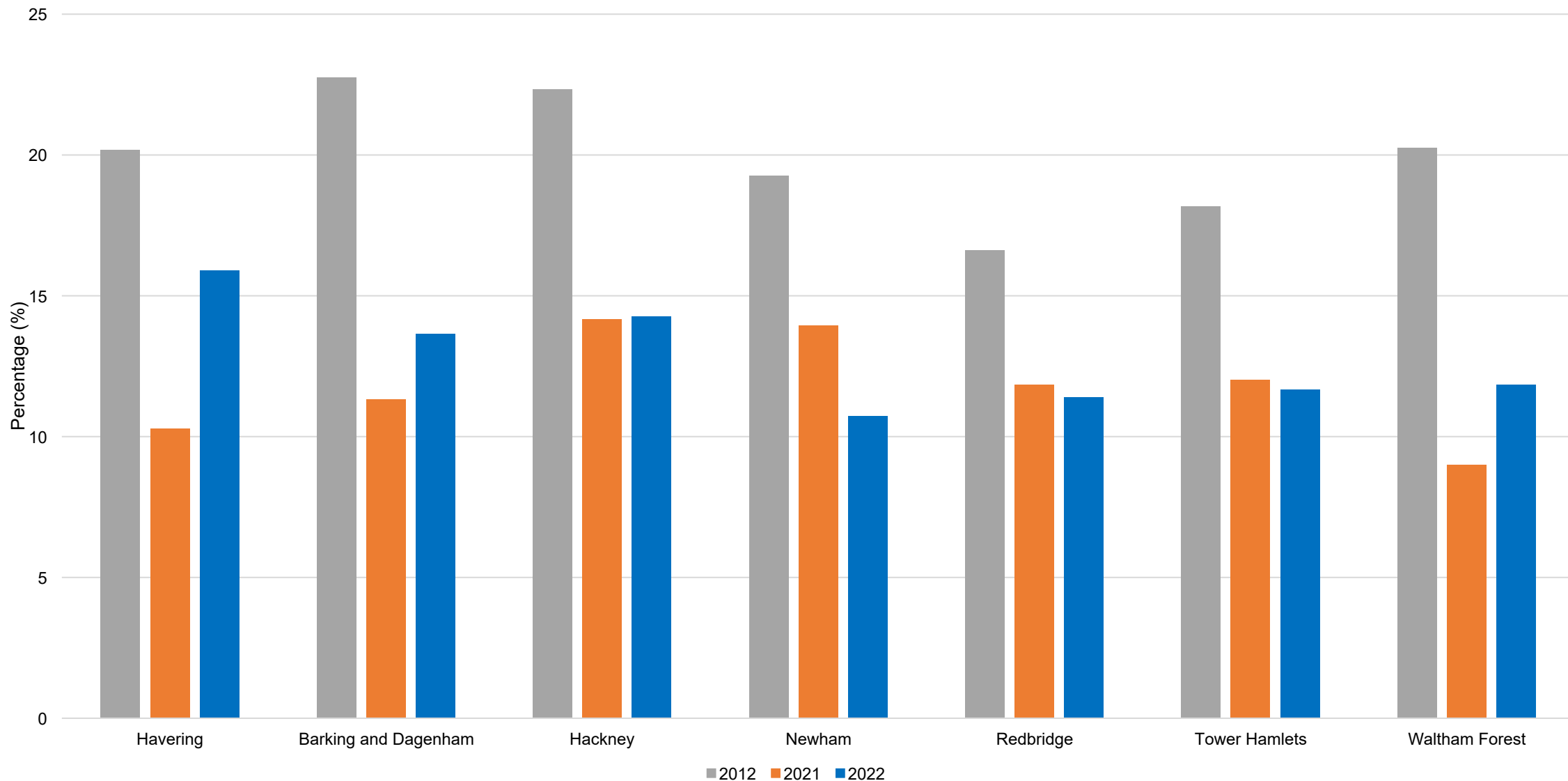
NEL ICB GP data, September 2023

Smoking by Gender

22.5% males 8.5% females

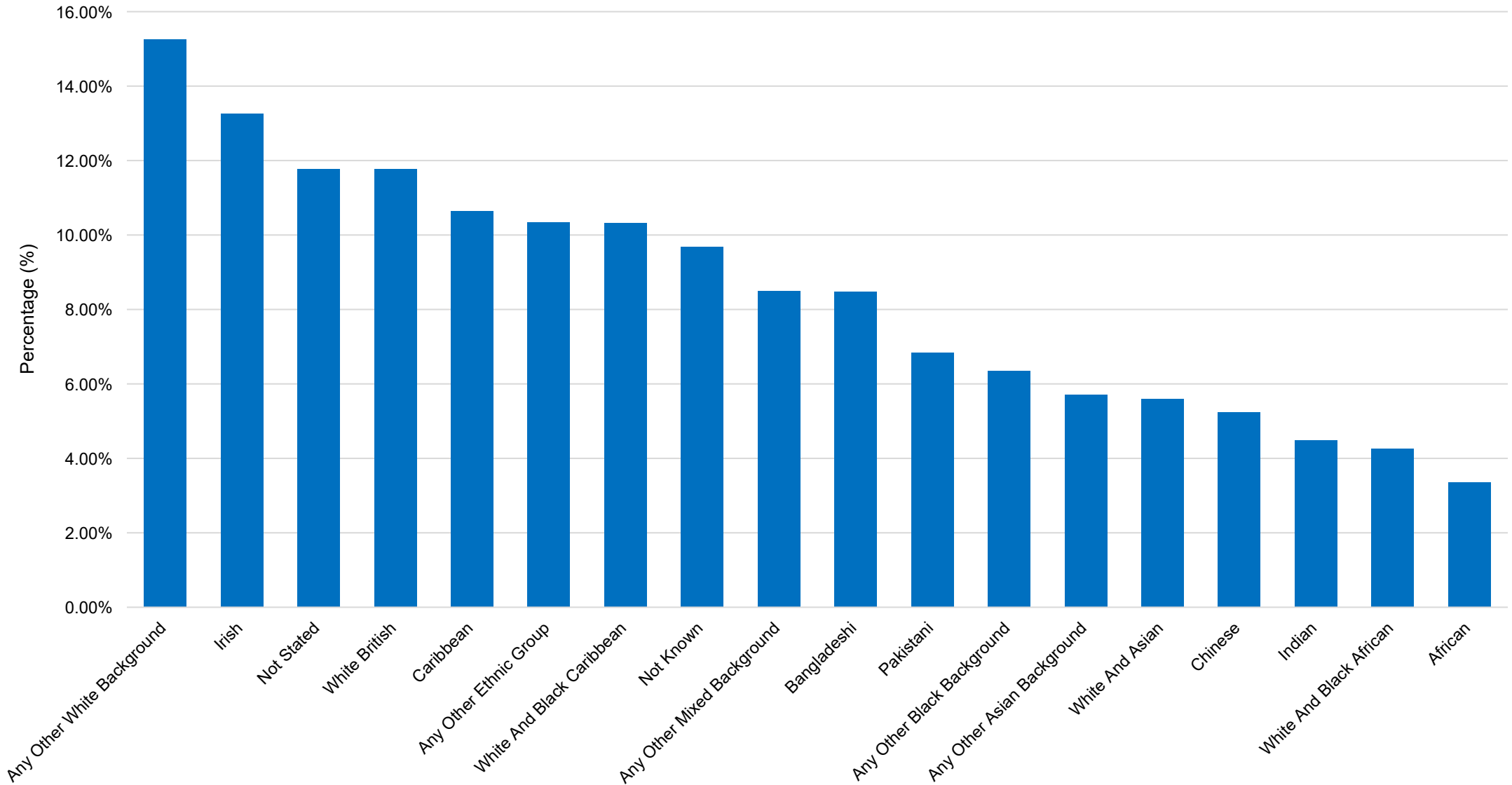
Source: OHID Fingertips – APS 2022

Time series of smoking across NEL



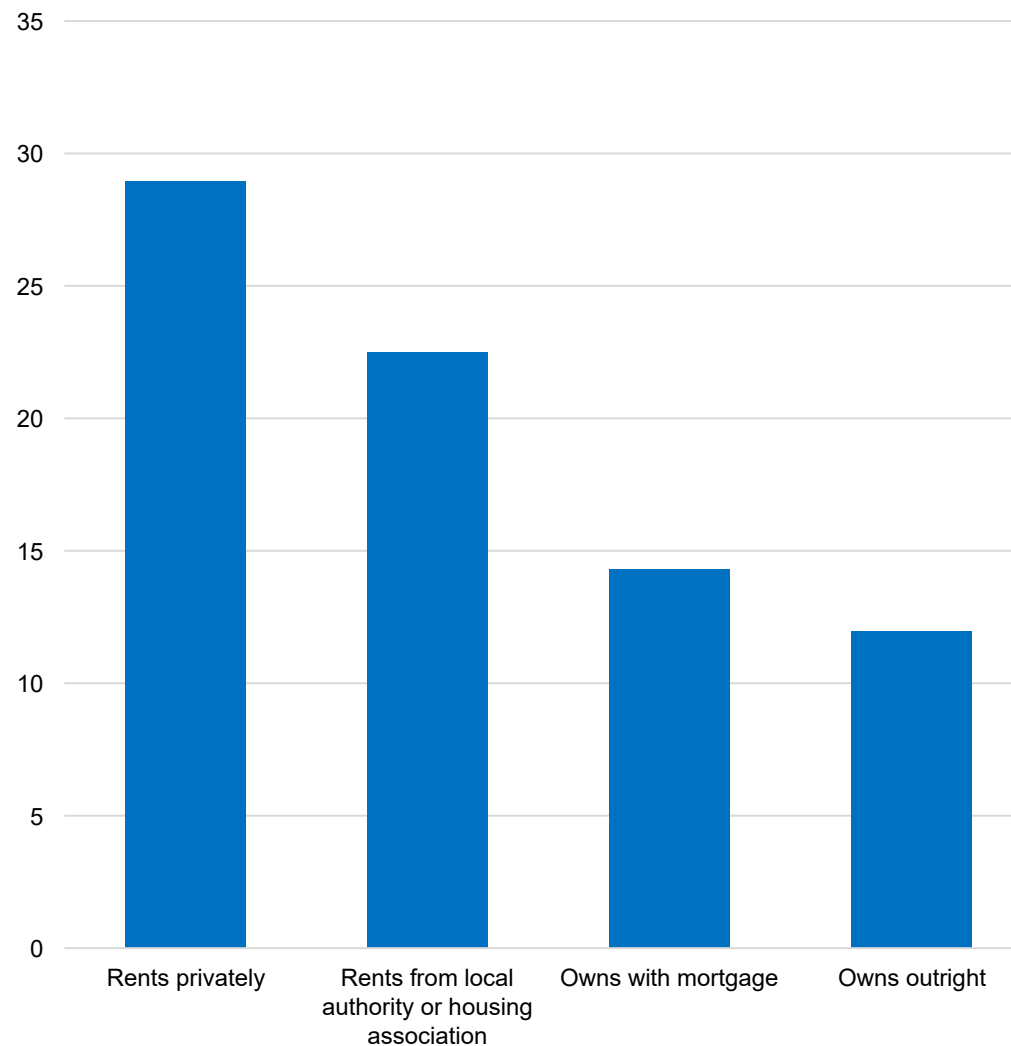
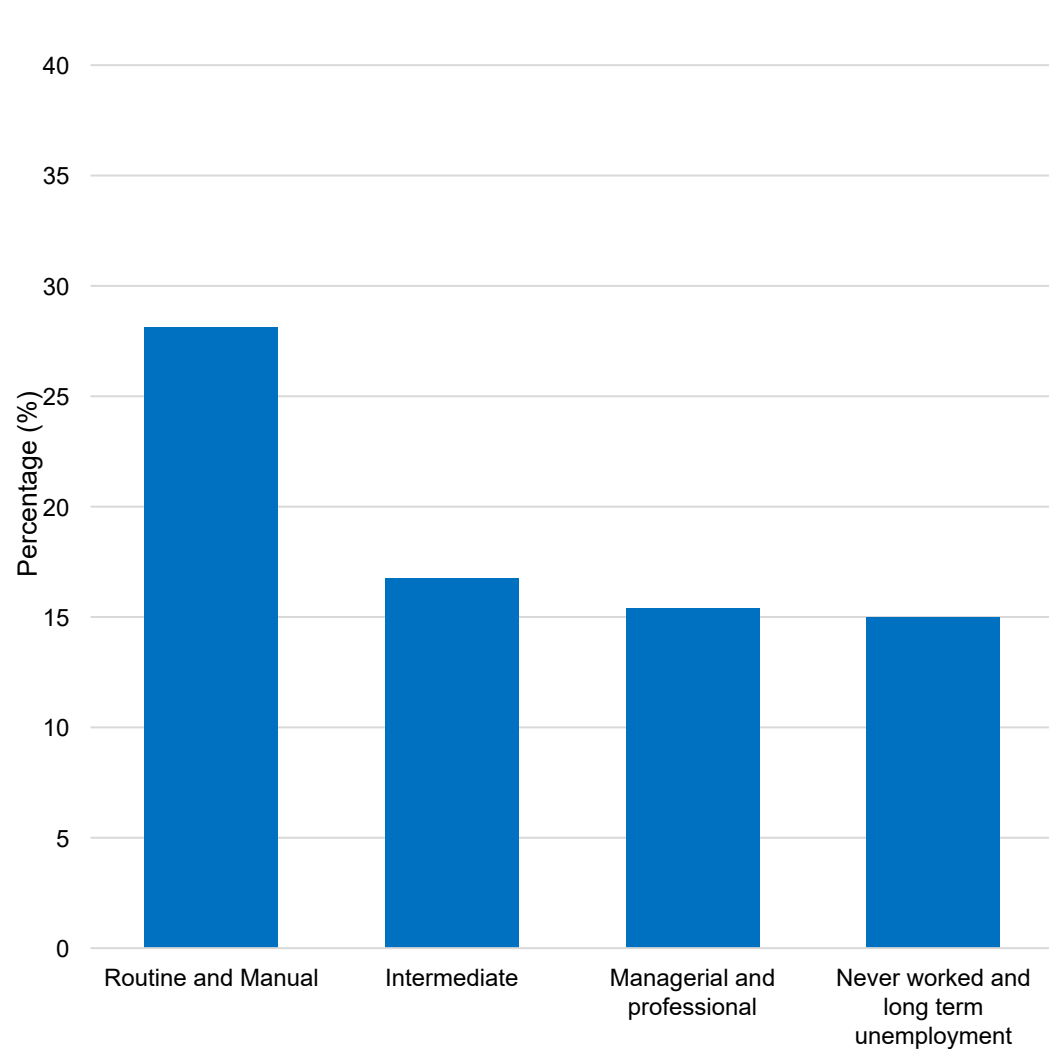
Source: OHID Fingertips – APS 2022

Smoking by Ethnicity in Havering

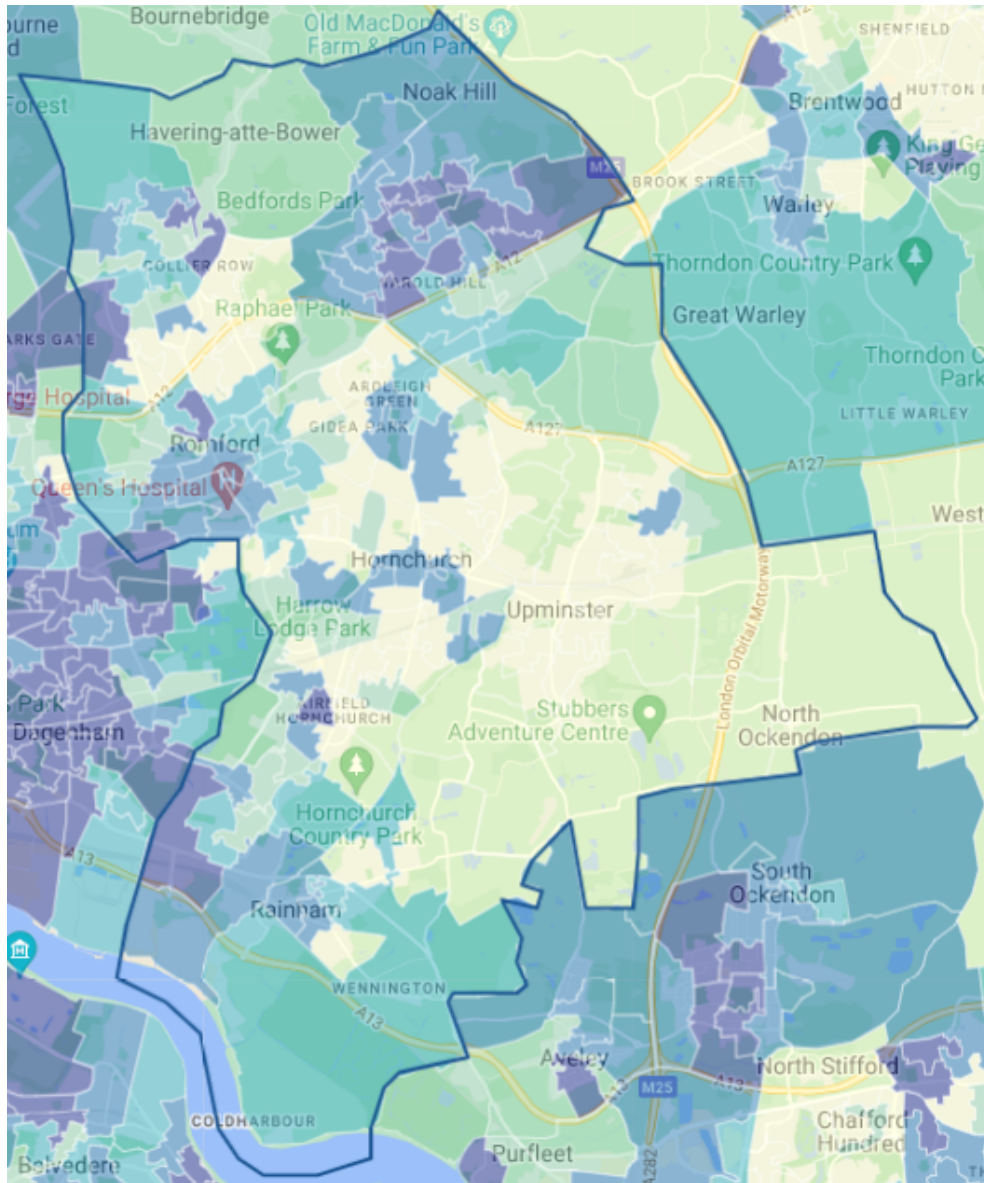


Source: NEL ICB GP data, September 2023

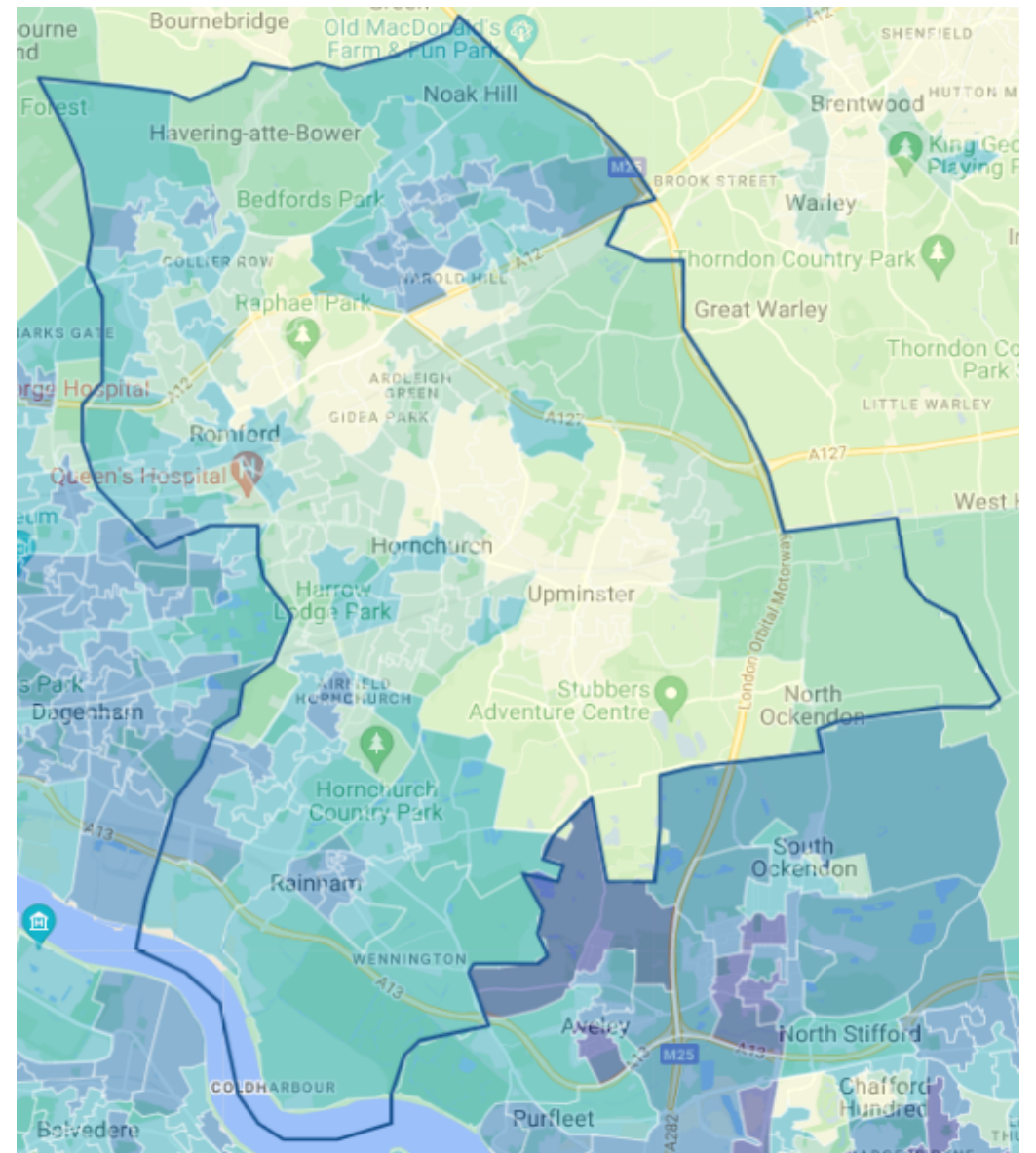
Adult Smokers by Occupation and Housing,



Source: OHID Fingertips – APS 2022



Social rented housing (Census 2021)



Routine Occupations (Census 2021)

Source: Havering Local Insight

51% Homeless are smoke

33% with Severe Mental Illness (SMI) are smoke

7-7.9% Learning Disability smoke

Source: NEL ICB GP data, September 2023

4.5% women smoked at time of delivery

33.7% adults admitted for alcohol misuse treatment are smokers

60% admitted for alcohol & non opiate misuse are smokers

Source: OHID Fingertips – APS 2022

Smoking and children

10,200 children in Havering estimated to live in smoking households.

Around **480** children each year estimated to start smoking in Havering

Source: ASH Inequalities Dashboard 15/11/2023 (accessed on 02/12/2023)

Key impacts of smoking

- **901** deaths attributable to smoking
- **1,452** number of hospital admissions (2019/20)
- **363.0** rate of emergency hospital admissions for COPD/100,000 people (2019/20)

Source: OHID Tobacco Control Dashboard (Power BI)

- **£266.8m** estimated economic cost

Source: ASH ready reckoner 15/11/2023 (accessed on 02/12/2023)

Highlight on Vaping

- Legal Vapes are safer than smoking, can be useful aid to stop smoking but long term effects are unknown
- Vaping increasing among people who have never smoked
- Increasing vaping among young people a large concern
- Vapes being marketed at young people using flavours and colours to appeal
- Illegal vapes are a large concern, with varying levels of nicotine and toxic chemicals
- Disposable vapes have implications for the environment

Enforcement Issues

- 87 premises in Havering selling vapes
- 3 raids undertaken - 1 raid was of two shops – taking:
 - 2500 vapes
 - 58,000 cigarettes
 - 223 packets of HRT (hand rolling tobacco)
 - Estimated value of £69,000
- Economic costs = £2 billion/yr nationally
- **Insufficient resources in Trading Standards to enforce illegal tobacco & vape sale**

Guidance on use of funding

Guidance

- Sets out how extra funding is to be used.
- Funding is ring fenced for stop smoking support and services but
- Allows for additional activities which are effective.

Proposed key areas of investment with additional funding based on

- Needs assessment
- Gaps in current provision
- Actions likely to yield maximum outcome
- National guidance

Building capacity

Increase Leadership, co-ordination and commissioning capacity to expand offers to support smokers to quit.

Increase local resources to help people quit and widen availability of stop smoking aids by:

- Recruiting dedicated specialist staff to provide smoking cessation interventions and support others
- Improving knowledge and skills of non-specialist staff – e.g. nurses via training
- Access to specialist and non-specialist advisers in locations routinely attended by smokers- GP surgeries etc
- Increasing spend for stop smoking aids making available full range of products to support quit
- Enhancing overall service infrastructure, including: digital and remote support, and outreach

Building demand

Improve the referral pathways and number of referrals into local stop smoking services and support, using the ‘very brief advice’.

Working jointly with key partner agencies and frontline services to increase demand through:

- routine identification of smokers
- providing advice on effective methods to quit
- making active referrals to provide swift access to behavioural support referral (not signposting)
- increased referrals from partner agencies including: primary care/NHS talking therapies/ employers, Drugs & Alcohol services
- **Increased promotion of local SSS**
- **Working together to fund services-** over a greater geographical area/through integrated care partnership

Proposed Actions

Action	Description	Target Groups
1. Expand current local provision of stop smoking services:	a. Scale up pharmacy service offer by recruiting 5 more pharmacies Consideration to those located near social housing estates, close to transport links, and in higher deprivation areas	Routine & manual workers/unemployed/long term sick
	b. Extend the consultation period and provide enhanced supply of quit aids including S2S vapes.	Ditto
	c. Establish Stop Smoking Advisor led SSS support through recruitment of 2 stop smoking advisors to provide support in specific community settings e.g. social housing, temporary accommodation/hostels, community hubs/pantry, foodbanks, YMCA, Colleges, Children's Centres	Ditto + young people/care leavers/homeless/those with drug & alcohol addiction
2. SMI service	Use allocation to Fund SMI service from 2024/25	Residents with Severe Mental Illness discharged from acute setting and in the community.
3. Training for front line health & social care staff	Very Brief Advice training to improve knowledge and confidence around giving advice to stop smoking be undertaken by	frontline/healthcare workers – Wellbeing Coaches, Health Visitors, Housing Officers
4. Provide CO test kits	Provide CO test kits to Health visitors & HWB coaches to use at appointment with pregnant women and new birth appointments to enable prompt Signposting/referring to SSS.	Pregnant women and families/new parents

Proposed Actions

Actions	Description	Target Groups
5. Communications campaigns to raise awareness of tobacco harm and the services available	<p>Targeted campaign: materials printed and displayed in housing estates, advertisements in key channels-newsletters, Community Hubs, Facebook/Instagram .</p> <p>Generic Annual Campaigns (National No Smoking Day/New Year/Stoptober): widespread advertisement using JC Decaux boards, council boards /adverts in Living, website carousel/banner, internal advertising</p> <p>Promotion of services</p>	All residents 12+ that smoke
6. Data management System to report stop smoking outcomes to DH	Payment for Pharmoutcomes data license for all local stop smoking services	
7. Evaluation of services	Evaluation of stop smoking services to assess effectiveness and measure equality of uptake across various demographics	