

City & Hackney Tobacco Needs Assessment 2024

Findings, local implementation and recommendations

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Outline of the presentation

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2. Findings from the Tobacco Needs Assessment for City and Hackney
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 - b. The local response
 - c. Recommendations
3. Questions for the Board

1. Context

1. Context: why tobacco smoking (a reminder)?

- Tobacco smoking remains the biggest cause of preventable illness and premature death (accounting for almost 75,000 deaths a year in England) and the leading cause of health inequalities (accounting for half the difference in life expectancy between the richest and poorest in society).¹
- At least one in two long term smokers will die from a smoking-related disease² - this risk may now be as high as two in three.³
- Nationally, one in five households with a smoker (21%) in the UK were living below the poverty line, amounting to 1 million households. When tobacco expenditure is included in the assessment of poverty, this increases to nearly a third (32%), equivalent to 1.5 million households.⁴
- Children who live with parents or siblings who smoke are up to 3x more likely than children of non-smoking households to become smokers themselves.⁵ Each year, at least 23,000 young people in England and Wales are estimated to start smoking by the age of 15 as a result of exposure to smoking in the home.⁶

1. Smoking-related ill health and mortality NHS Digital: Statistics on Smoking, England 2020 (Table 1.4 & 1.5)

2. The Doctors Study" (Doll R, Peto R, Wheatley K, Gray R, Sutherland I. Mortality in relation to smoking: 40 years observations on male British doctors. British Medical Journal 1994; 309:901-911).

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2362092/>.

3. The Khan review - "Making smoking obsolete". Independent review commissioned by the UK Government into smokefree 2030 policies by Dr Javed Khan OBE, Published 9 June 2022

4. Smoking and Poverty, ASH (2021) <https://ash.org.uk/resources/view/smoking-and-poverty-2>

5. Royal College of Physicians. Smoking and the young. Tobacco Control. 1992;1:231-235.

6. Leonardi-Bee J, Jere M, Britton J. Exposure to parental and sibling smoking and the risk of smoking uptake in childhood and adolescence: a systematic review and meta-analysis. Thorax. 2011;66(10):847-855.

2. Findings from the Tobacco Needs Assessment for City and Hackney 2024

CoL smoking prevalence around 11%

Prevalence and equivalent estimated number of adult (18+) smokers, City of London residents

| Prevalence | | Estimated number | |
|------------|---------|------------------|---------|
| APS 2021* | GP 2022 | APS 2021* | GP 2022 |
| 11.5% | 10.5% | 916 | 772 |

Sources: GP data: Clinical Commissioning Group (CEG), East London Database, 2022; APS data: Annual Population Survey (APS) 2021 prevalence applied to ONS mid-year 2021 population aged 18 and over to calculate the estimated number based APS(23). As Census 2021 data was collected during the COVID-19 pandemic when the local resident population may have been temporarily lower, ONS mid-year 2021 population is used in this document. Note: GP data covers the City of London and Hackney residents registered with a GP in North East London (NEL), which includes eight local authority areas: Barking & Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest. The prevalence calculated amongst those with smoking status known in the last 5 years (from 2017/18 to 2021/22) was applied to the whole adult population registered to calculate the estimated numbers. 17 *No prevalence value available for City of London in APS, so London value was used.

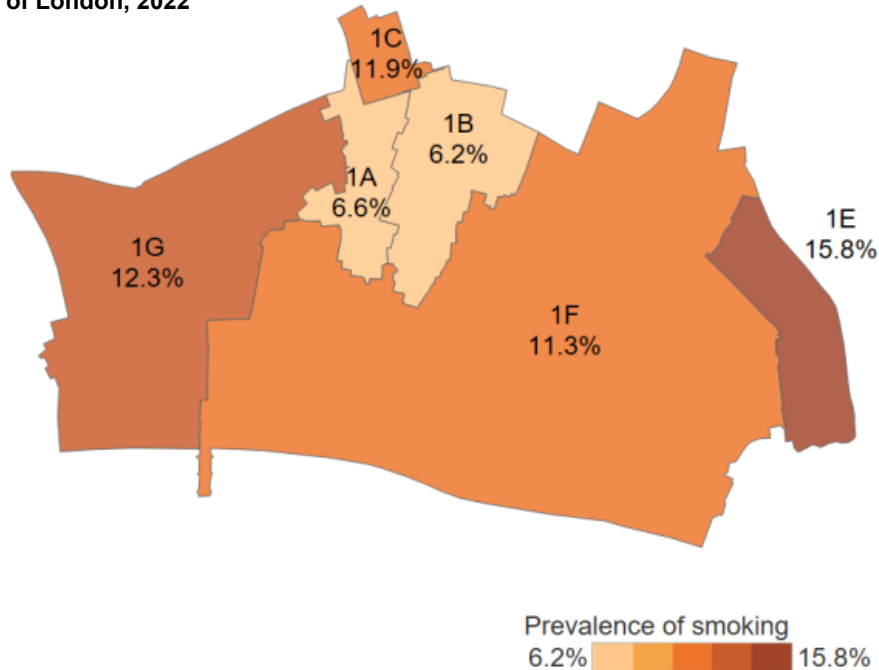
- CoL smoking prevalence is around 11%. This is lower than Hackney, London and England.
- The number of smokers in CoL is estimated to range between 772 (APS) and 916 (GP), depending on the source and methodology used.
- Annual Population Survey (APS) data is the 'official' published source and used to estimate number of smokers, plus for comparison purposes. No data is available to CoL due to small numbers. Local GP data is used for the detailed inequalities analysis, frequently combined with Hackney due to small numbers.

Characteristics of residents with higher smoking rates

| | | | |
|-------------------------------|--|---|---|
| Sex (CoL data) | Men (13.3% vs 7.3%) | Occupation (no CoL data, APS) | Manual and routine occupations |
| Age (CoL data) | No reliable data for <18 Smoking prevalence relatively stable up to age 59 (between 9.0% among 18-24 and 12.7% among 40-59) Declines in older age groups (around 7%) | Housing tenure (no CoL data, APS) | Social and private renters |
| Ethnicity (CoL data) | Bangladeshi men (32.8% vs 13.3%) Black men (23.9% vs 13.3%) non-British* white women (9.6% vs 7.3%), which include white European ethnicities, for example. | Other groups (CoL data, but Gay, lesbian and bisexual people, national data) | People with severe mental illness (SMI, 20.4%) People who are homeless (71.0%) People engaged in substance use (<5 individuals) Gay, lesbian and bisexual people (National data, heterosexual comp.) |
| Deprivation (CoL data) | Residents in most deprived areas (15.8% in the most deprived area vs 6.4% in the least deprived areas) | <p>Data source: Smoking prevalence in adults (18+) - current smokers (APS), OHID Fingertips, 2023 and Clinical Commissioning Group, 2023.</p> | |

There is some variation in smoking prevalence between different areas in the City of London

GP recorded prevalence of current smokers (18+) by Lower Layer Super Output Areas (LSOAs), City of London, 2022



- The highest % of smokers is recorded in the east of CoL, in Portsken (1E)
- Portsken is a relatively deprived area, with a significant Bangladeshi community.

Data source: Clinical Effectiveness Group, East London Database, 2022.

Notes: Lower Layer Super Output Areas (LSOAs) are small geographical areas consistent in population size (between 1000 and 1500 residents).

Nicotine containing e-cigarettes (vapes)

- In 2023, nationally around 21% of children aged between 11 and 17 had tried vaping, up from 16% in 2022 and 14% in 2020.
- Adults (18+) regular e-cigarette use was estimated at around 7% of the population in 2022.
- Latest evidence recommends e-cigarettes as an effective tool to quit tobacco smoking.
- Government response to consultation on youth vaping recommended to ban disposable vapes, restrict flavours, plain packaging and change how displayed in shops to reduce appeal to children and young people.
- Hackney Trading Standards officer is leading the way in informing the Government's response to enforcement of vapes.

Data source: ASH, Use of e-cigarettes among young people in Great Britain, 2021.

Local insight revealed:

- the use of disposable vapes may be common among young people
- there are common misperceptions locally (as elsewhere) about the relative risks of e-cigarettes vs tobacco smoking, which may be discouraging smokers from trying e-cigarettes as a quit aid.

2b. The local response

City & Hackney Tobacco Control Alliance

Partnership Priorities 2023-2026

| | |
|---|---|
| 1 | Re-set our strategic approach through senior level re-engagement, and ensure alignment of tobacco control priorities with the Health & Wellbeing Strategy implementation plan and City & Hackney Place Based Partnership delivery plan |
| 2 | Develop and implement a proactive, coordinated approach to local communications about smoking - consistent messaging, maximise use of all available channels, focused on high prevalence communities/groups, measure impact |
| 3 | Co-design a new stop smoking service that is explicitly focused on reducing stubborn inequalities in smoking prevalence and addresses the needs of disadvantaged communities |
| 4 | Ensure careful coordination (and effective communication) of NHS and local authority funded tobacco dependency and stop smoking treatment pathways |
| 5 | Review/refresh our approach to smokefree environments - including promotion of smokefree homes (including training and comms) and social housing public spaces, and refresh of NHS and local authority smokefree policies |
| 6 | Better enable young people to live smoke free by 'denormalising' smoking - targeted comms for parents who smoke, continue work to reduce supply of illegal tobacco (and vapes), education outreach, youth engagement (e.g. system influencers, youth leaders, young black men inspirational leaders) |
| 7 | Review and strengthen system-wide action to address illegal and niche tobacco use |
| 8 | Improve local understanding of how to maximise the benefits and balance the risk of using e-cigarettes and agree a partnership position to inform our local communications and service delivery |

Treatment, care and support

Local Stop Smoking Service

- Commissioned by Public Health
- In person and remote support
- Range of community settings:
 - GP practices
 - community pharmacies (via walk-in)
 - hospitals
 - other outreach locations.
- Previous service (*ended 30 June 2024*) consistently achieved above average performance compared to London and England - both in terms of the number of smokers setting a quit date and the % who successfully quit at 4 weeks
- Quit rates were broadly similar across different groups of smokers
- **New service launched on 1 July 2024**

Local insight revealed:

- It is important to offer a variety of **options for accessing support** to quit, including different locations and formats (virtual and in person)
- the importance of **self-referral** for many patients
- **peer support following a quit attempt** can help reduce relapse
- a **harm reduction approach** may be more effective than an abrupt quit **for some groups** (e.g. those with SMI)
- **awareness of the service is lower among younger age groups**
- **social media** could be used to **attract** young people to health services

Some groups of smokers were ‘underrepresented’ in the previous City & Hackney stop smoking service

| | | | |
|--------------------|---|------------------------|---|
| Sex | Men | Occupation | Not possible to analyse |
| Age | Younger adults (18-39) | Housing tenure | Not possible to analyse |
| Ethnicity* | ‘other’ white* ‘other’ black ‘other’ Asian and ‘any other ethnicity’ | Other groups | People with severe mental illness People engaged in substance use is not possible to analyse People who are homeless Sexual orientation is not possible to analyse |
| Deprivation | Residents in least deprived areas | Geographic area | People living in Shoreditch Park and City PCN. |

* The main groups within the ‘other white’ category are Turkish, Kurdish or Cypriot (making up more than 40% of this category), followed by people from Eastern Europe (at least 15% of this category) and Western Europe (accounting for more than 12%).

Data sources: Clinical Effectiveness Group, East London Database, 2022. Smokefree City and Hackney, 2023.

Notes: ‘Underrepresented’ groups refer to groups that represent a larger proportion of the local smoker population than the SSS user population.

Introducing the new City & Hackney Stop Smoking Service

Primary aim is to reduce stubborn inequalities

- Reduced annual targets to focus on key populations and entrenched smokers

Focus on community engagement, co-production and outreach

- A centrepiece of the service specification which will continue throughout delivery, in partnership with a (new) dedicated Community Outreach and Engagement Lead, hosted by Hackney Council
- Capacity building to support direct delivery by community partners (focus on VCS but not exclusively)

Strong community presence with virtual options

- See map (next slide); note: LSSASG plans to increase City community activity

Key Activity in the City

A minimum of 100 quit-dates set p.a
Tailored to City Workers
Targeted activity at key populations
Ongoing access to NHS Swap to Stop Scheme

Target Populations

Turkish/Kurdish
Black Caribbean
Bangladeshi
Eastern European
Vietnamese
Common Mental Illness
Pregnant Women
LGBTQIA+
Homeless

gloji

SMOKEFREE
City & Hackney

thrive tribe



Local Stop Smoking Services and Support Grant

Financial Allocation FY 24/25:

London Borough of Hackney: £327,891 | City of London: £12,087

“**Stopping the start: our new plan to create a smokefree generation**” sets out the proposed actions the government will take to tackle smoking and youth vaping.

- This allocation is part of the government’s announcement to create a ‘smokefree generation’
- The previous Conservative government committed an additional ring-fenced £70 million per year (for 5 years)
- We have a combined c. £340k per annum (confirmed for 2024/25 only)

Grant Conditions

1. Ring-fenced
2. Enhance existing services/investment
3. Deliver increased number of quits

Grant Management

1. Oversight provided by City & Hackney Tobacco Control Alliance
2. Project proposals agreed and in progress



Other local tobacco control initiatives



Local NHS tobacco dependency treatment (TDT) services

- Homerton Healthcare NHS Foundation Trust (acute and maternity)
- East London Foundation Trust (mental health)



Smokefree commitments

- Hackney Council
- Homerton Healthcare NHS Foundation Trust
- East London Foundation Trust
- GP Confederation



Prevention work in schools

Lessons and teacher resources on the harms of smoking and the use of nicotine vapes

Trading standards - enforcement



Dedicated Senior Trading Standards Officer (Hackney) focused on reducing supply and under-age sales of illicit tobacco, vapes and alcohol - working in close partnership with City of London Trading Standards team

2c. Recommendations

Summary of recommendations from the needs assessment

Addressing smoking inequalities requires strong, sustained collaboration.

1. Prioritise preventing smoking (and vaping) initiation and support young smokers to quit, with focus on whole-school approaches and peer-led initiatives.
2. 'De-normalise' smoking through a robust tobacco control plan, advocating for smoke-free public spaces and reaffirming partnership commitments.
3. Tailor support for high-prevalence communities to quit, collaborating with relevant partner organisations to ensure a targeted approach.
4. Continue funding evidence-based community stop-smoking services, offering flexible support, harm reduction and transparent information on vaping.
5. Improve reporting of smoking status in GP records to facilitate targeted very brief advice and referrals to stop smoking services.
6. Sustain investment in enforcement to curb illicit tobacco and e-cigarette supply, preventing underage sales and associated harms.
7. Launch a coordinated campaign to address vaping misconceptions, raise awareness about illicit products and strongly discourage non-smokers and youth from taking up.
8. Implement a comprehensive local comms strategy to increase quit attempts, emphasise tobacco harms and promote all available offers of support to quit.

Declaration of our partnership commitments to tobacco control

The NHS Smokefree Pledge

As local health leaders we acknowledge that:

- Smoking is the leading cause of premature death, disease, and disability in our communities
- Smoking places a significant and sustainable burden on the NHS
- Healthcare professionals have a duty to support to quit successfully
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities
- Smoking is an addiction starting in childhood, two thirds of smokers start before the age of 18
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes the uptake of smoking to replace the tens of thousands of people it kills in England every year; and
- The illicit trade in tobacco funds organised criminal gangs and gives children access to cheap tobacco.

We welcome:

- The Government's ambition to reduce smoking prevalence
- The NHS Long Term Plan's commitment to mental health services to be off budget
- NICE public health guidance on smoking

In support of a smokefree future:

- Treat tobacco dependency as a mental health condition
- Ensure that smokers within the most disadvantaged in our communities receive the guidance on smoking in second hand smoke
- Create environments that support smoking cessation
- Deliver consistent messages aligned with NICE guidance
- Actively work with local authorities to reduce smoking prevalence
- Protect tobacco control work from commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees
- Monitor the progress of our plans against our commitments and publish the results; and
- Publicly declare our commitment to reducing smoking in our communities and to join the Smokefree Action Coalition, the alliance of organisations working to reduce the harm caused by tobacco.

Signed by:

Chair

Endorsed by:

Mayor of London, Chair of Smokefree London

Prof Maggie Rice, President, Faculty of Public Health

Local Government Declaration on Tobacco Control

As public health leaders, we acknowledge that:

- Smoking is a leading cause of premature death, disease and disability in our communities;
- Reducing smoking in our communities significantly increases household incomes and benefits the local economy;
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities;
- Smoking is an addiction largely starting in childhood, two thirds of smokers start before the age of 18;
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes the uptake of smoking to replace the tens of thousands of people it kills in England every year; and
- The illicit trade in tobacco funds organised criminal gangs and gives children access to cheap tobacco.

We welcome the:

- Opportunity for local government to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;
- Government's ambition to make England smokefree by 2030 and tackle inequalities in smoking prevalence;
- Commitment by the government to live up to its obligations as a party to the World Health Organization's framework convention on Tobacco control (FCTC) and in particular to protect the development of public health policy from the vested interests of the tobacco industry; and
- NHS Long Term Plan commitments to provide all smokers in hospital, pregnant women and long-term users of mental health services with tobacco dependence treatment.

We commit _____ from this date _____ to:

- Act at a local level to reduce smoking prevalence and health inequalities, to raise the profile of the harm caused by smoking to our communities and in so doing support delivery of the national smokefree 2030 ambition;
- Develop plans with our partners and local communities to address the causes and impacts of tobacco use;
- Participate in local and regional networks for support;
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities;
- Protect our tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Monitor the progress of our plans against our commitments and publish the results; and
- Publicly declare our commitment to reducing smoking in our communities and to join the Smokefree Action Coalition, the alliance of organisations working to reduce the harm caused by tobacco.

Signatories:

Leader of Council _____

Chief Executive _____

Director of Public Health _____

The Local Government Declaration on Tobacco Control is a statement of commitment to take comprehensive action to address the harms from smoking (signed by Hackney Council in 2014).

The NHS Smokefree Pledge similarly sets out an organisational commitment to help smokers to quit and provide smokefree environments in support of this (signed by Homerton, ELFT and GP Confederation in 2018).

Recommendation: Joint City and Hackney partnership commitment to reducing tobacco-related harms

- City of London Corporation to sign up to the Local Government Declaration on Tobacco Control
- Homerton, ELFT, GP Confederation (now City and Hackney Integrated Primary Care CIC) to renew their commitment under the NHS Smokefree pledge



3. Questions for the Board

Q1. Does the Board endorse the recommendation for a joint City & Hackney partnership commitment to reduce the harms from tobacco?

Q2. How can the Health and Wellbeing Board - as a collective body and as leaders within your organisations - use its influence to implement the recommendations of the tobacco needs assessment?

Q3. How can we better align our local tobacco control plans with the implementation of the City Health & Wellbeing Strategy priorities (improving mental health, increasing social connection, supporting greater financial security)?

Thank you

For follow-up questions or support around tobacco control, please contact City and Hackney Tobacco Lead:

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