ISLINGTON
For a more equal future

Public Health

4th Floor, 222 Upper Street, N1 1XR

Report of: Director of Public Health

Meeting of: Health and Wellbeing Board

Date: 9th July 2024

Ward(s): All wards

Subject: Smokefree Islington

1. Synopsis

1.1 Smoking is the single largest preventable cause of health inequalities, as well as a range of other adverse social and economic impacts. Islington has seen a significant reduction in smoking prevalence over time, but there remain significant socioeconomic and other inequalities in smoking prevalence in the borough. There is also heightened concern about the impact of vapes on nicotine addiction among young people and of disposable vapes on the environment.

1.2 Islington supports substantially more people to quit smoking each year compared to London and national averages. There is a significant focus on reaching key groups within the population with higher rates of smoking and/or who may be more dependent, such as pregnant women, people in routine and manual occupations and people with serious mental health conditions, among other groups.

1.3 A new grant to boost stop smoking support provides the opportunity to reach more residents and address this key source of inequalities. Wider programmes of coordinated action that support prevention, regulation and enforcement, and reductions of harm, are important to increase impact.

2. Recommendations

2.1 To note and support:

- Note the many adverse impacts of smoking in Islington, its contribution to health, social and economic inequalities, and the stop smoking support available.

- Support implementation of models of effective practice to support increases in stop smoking reach into key settings, groups and communities.
- Support the establishment of a new Islington Tobacco Alliance to support and develop coordinated plans to help make Islington smokefree.

3. Background

The impact of smoking on health and health inequalities

3.1 Smoking remains the biggest single entirely preventable cause of illness, disability and death in the UK. It is driving health disparities and directly contributes to developing all major groups of health conditions causing disability and premature death: cancers, cardiovascular disease, dementia, chronic respiratory disease, musculoskeletal disorders1. Smoking is the largest single cause of cancer in the UK, with 3 in 20 (15%) of cases attributable to smoking2 and is the biggest preventable behavioural risk factor of cardiovascular disease (CVD), including for coronary heart disease (CHD). Second-hand smoke also has harmful cardiovascular effects3. People who smoke are 50% more likely to develop cognitive impairment (including dementia) than people who do not.4

3.2 In Islington, there is an estimated 13.2% smoking prevalence among adults; approximately 3 in 20 adults registered with a GP are recorded as smokers, with higher rates of smoking among men; people aged 50-64; people in some White ethnic groups; individuals whose main language is Romanian, Polish and Turkish, and people living in the most deprived areas. Islington has the highest rate in NCL for smoking attributable hospital admissions (1,728 per 100,000) and mortality (240 per 100,000), in persons aged 35 years and above. This is significantly higher than London and England averages.

3.3 Smoking and second-hand smoke exposure in pregnancy significantly increase the risks of complications, such as stillbirth, miscarriage, premature birth, and sudden infant death. Babies born to smoking parents are more likely to develop respiratory conditions, behaviour problems and to grow up to be smokers5. In Islington 5.5% of women smoked at the time of delivery in 2022/23, this is similar to London (4.4%) but lower (better) than the national average (8.8%). In the 2021-22 Health Related Behaviours Questionnaire, around one-fifth of primary and secondary pupils in Islington reported living with adults who smoked at home either daily or weekly.

3.4 People with a diagnosis of severe mental illness (SMI) experience significant health inequalities when compared to the general population. Current smoking prevalence in this population is around 30% (with some estimates as high as 40%) and is the single largest cause of the 10–20-year difference in life expectancy between people with SMI

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[1] DHSC Policy paper: Major conditions strategy. 21 August 2023)
[2] (Cancer Research UK, 2023)
[3] ASH Smoking-the heart and circulation 2021)
[4] National Institute for Health and Care Excellence (NICE), Harms caused by smoking 2023).
[5] Royal College of Obstetricians and Gynaecologists, Smoking and pregnancy, 2020)

and the general population[6]. Rates of smoking among people with severe mental illness have reduced much less in the past 30 years in comparison with other population groups.

3.5 Smoking rates among people living in social housing are double the national average, and social housing residents who smoke spend on average one eighth of their total income on smoking. This is more than double that spent by the much lower proportion of homeowners who smoke[7]. Women from the most deprived backgrounds or areas are the most likely to smoke, to be exposed to secondhand smoke during pregnancy, and to experience infant mortality compared to women in the least deprived areas[8].

3.6 As well as the preventable impacts on health and wellbeing, there are significant social and economic costs associated with smoking. It is estimated that smoking costs Islington at least £249 million annually: in healthcare costs (£8.4 million); lost productivity, unemployment and sickness absence (£170.4 million); formal and informal social care due to smoking related illnesses (£68.2 million); and smoking-related fires (£1.5 million). While the costs to public services and workplaces are high, it is worth noting that the direct and opportunity costs directly borne by people who smoke, their carers and households in terms of the impact of unemployment, ill health and caring represent the greater part of the economic and social care costs associated with smoking, which further exacerbate the inequalities.

3.7 In February 2024, DHSC confirmed a new ring-fenced grant allocation for local stop smoking services and support, starting from 2024-25 and intended to run until 2028-29. This was accompanied by an implementation framework which outlines the most effective actions that local areas can take to meet the funding objectives9.

4. Stop smoking services in Islington

4.1 Islington Public Health commissions a community stop smoking service, Breathe – It's about living, provided by Central and North West London NHS Foundation Trust (CNWL). Provision in primary care is through general practice and community pharmacy locally commissioned services, funded through Public Health.

4.2 Islington's community stop smoking service, Breathe – It's about living, has been provided by Central and North West London NHS Foundation Trust (CNWL) since 1 April 2023. This is a joint contract with Camden, managed by Islington on behalf of the two councils, with an annual value of £317,150 per borough.

4.3 The Breathe model of a tiered specialist stop smoking service, based on Robert West's Stop Smoking+ has been in operation since 2017 and is a well-accepted, highly effective and cost-effective service. It offers up to 16 weeks of personalised support in

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[6] Longer Lives: the North Central London Integrated Care System strategic delivery plan to support physical health for residents with severe mental illness, 2023
[7] ASH: Smoking and social housing. May 2022
[8] ONS: Child and infant mortality in England and Wales 2021)
[9] Local stop smoking services and support: guidance for local authorities - GOV.UK (www.gov.uk)

tier three (higher intensity), or between two and six telephone or face-to-face sessions in tier two (lower intensity service). This includes stop smoking medications, dual nicotine replacement therapy (i.e. two products at the same time) and vapes. Smokers who are interested in stopping smoking without ongoing professional support can access information and advice from Breathe online, by email or through printed materials, available in multiple languages (tier one).

4.4 Breathe operates face-to-face clinics four days a week from the north and south of the borough (Archway and St Lukes), and a third location is being planned for the east of the borough (Mildmay). A flexible offer of a mix of telephone and face-to-face support sessions is currently the preferred option by service users.

4.5 GPs and community pharmacies provide tier two support offering behavioural support together with nicotine replacement therapy. These are locally commissioned services. There has been reduced stop smoking activity in GP practices and pharmacies compared with the period before Covid, which is associated with turnover in trained staff, capacity limitations and other factors.

4.6 NHS secondary care trusts provide tobacco dependence services through NHS England funding, as part of the delivery of the NHS Long Term Plan. The patient pathway integrates Breathe stop smoking service support upon discharge. Coming out of the Covid period, this has become a significant referral source into the community service which supports the on-going quit attempt.

4.7 The NHS pathway for pregnant women with referral to Breathe, has demonstrated particularly successful outcomes, achieving the highest success rates in London (jointly with Newham) (84%) and the highest number of pregnant women quitting smoking (78) among London boroughs (quarters 1 to 3 2023/24).

4.8 The integrated approach across the NHS and community stop smoking services established in response to the NHS Long Term Plan, presents a significant opportunity to reach many more smokers. Breathe has successfully established strong partnerships with acute trusts to maximise outcomes for patients from the combined service offer. The service receives a consistent flow of referrals from University College London Hospital (UCLH), Royal Free and the Whittington. As the trusts are at different stages of rolling out their tobacco dependency treatment programmes, Breathe stop smoking specialists are supporting patients in the respiratory ward at the Whittington, as well as following discharge.

5. The opportunity to end smoking in Islington

5.1 The three broad objectives for programmes to reduce and stop smoking are: focus on children and young people so that they do not start smoking (more than 80% of smokers report starting under the age of 18); smokers are supported to quit for good; and everyone is protected from the harms caused by tobacco. Smoking causes harms across society, but smoking-related ill health and disability drive many of the health

disparities experienced by people living in social and economic hardship. Action on smoking will help to reduce these inequalities.

5.2 The recent national smokefree generation plans and accompanying investment present a significant opportunity to accelerate our progress towards reducing harms and ending smoking in Islington. This will require co-ordinated, sustained partnership work by a wide range of stakeholders and individuals in Islington and across London.

5.3 Drawing on models of effective practice and guidance, there are three overarching priorities to enable Islington to achieve this objective:

1. Build further partnerships across the system, so as to be able to deliver change faster and support many more smokers to quit.
2. Reduce health disparities caused by smoking, by focusing efforts on key groups with higher smoking rates.
3. Protect children and young people from the harms of tobacco use.

5.3.1 The first priority includes:

- Enable cross-sector, strategic collaboration and transformational leadership on tobacco control, led by a new multi-agency Islington Tobacco Alliance (ITA). We will engage a wide range of partners and stakeholders from across sectors who encounter the effects of smoking and can act to help reduce smoking and its harms. This includes services from across the council, the NHS, police and emergency services, the community and voluntary sector, among others.
- Encourage and support the development of delivery plans with key organisations, including commissioned stop smoking services, to deliver stop smoking support with high success rates to increased numbers of smokers and encourage more attempts to quit across the whole Islington population.
- Co-produce communication materials to motivate and inspire smokers to make quit attempts and engage partners in promoting them, through contacts with professionals, community leaders and online and social media.
- Identify activity best delivered collaboratively (such as implementation of NHS plans with the North Central London Integrated Care Board; work with the London Tobacco Alliance).
- Share learning and good practice

5.3.2 To reduce health disparities caused by smoking, actions include:

- Reduce smoking rates among groups experiencing multiple disadvantage and higher smoking rates to decrease health disparities experienced by these populations, through promotion and engagement and targeted interventions.
- Scale up the offer of evidence-based interventions with flexible delivery to support more smokers to quit.
- Focus on underserved populations and groups at highest risk.

- Support smokers who may not be ready to use our stop smoking services to switch from smoking to vaping (Swap to Stop scheme).
- Work collaboratively with partners supporting quitting smoking in our priority populations: people living with mental health conditions, especially severe mental illness (SMI); currently pregnant or recently had a baby (and their families); working in routine and manual occupations; living in social housing and/ or low-income households; identifying as LGBTQ+; from minoritised ethnic communities; experiencing drugs and/or alcohol misuse; vulnerably housed or experiencing homelessness.

5.3.3 Actions to protect children and young people from the harms of tobacco use and de-normalise smoking include:

- Reducing adult smoking in the most disadvantaged communities, which given generational effects, will drive down smoking initiation by children growing up in these households and reduce their exposure to second hand smoke, with its associated effects on health and development.
- Working with NHS Trusts to support smokefree pregnancies, in line with the NHS Plan.
- Ensuring good quality perinatal support on smoking cessation and smokefree homes.
- Ensuring effective regulation and enforcement of smokefree legislation to prevent underage and proxy sales.
- Supporting schools to monitor and respond to concerns about vaping and provide information for pupils and parents.

Islington Tobacco Alliance will act as the key mechanism through which shared priorities are identified, and to co-ordinate and amplify action across the system and inspire change and empower communities.

6. Grant income and delivery plans

6.1 In February 2024, the Department of Health and Social Care (DHSC) confirmed that every local authority in England has been allocated a Local Stop Smoking Services and Support Grant (‘the grant’) for 2024-25, to support the delivery of more help to people to successfully quit smoking. The ring-fenced grant is for the next five years starting from 2024-25 and until 2028-29. Funding will only be confirmed on a year-to-year basis, subject to spending review settlements.

6.2 The grant amount is based on the local authority's average smoking prevalence over a 3-year period. Islington will receive £287,152 for 2024-25, with an expected total £1,435,760 over 5 years. The grant conditions stipulate that local authorities must maintain their existing level of spend on smoking cessation provision. The grant award is expected to remain the same for each of the five years, but may be reduced in the event of an underspend.

6.3 The purpose of the grant is to:

- Invest in enhancing local authority commissioned stop smoking services and support, in addition to and while maintaining existing spend on these services and support from the Public Health Grant.
- Build capacity to deliver expanded local stop smoking services and support.
- Build demand for local stop smoking services and support.
- Deliver increases in the number of people setting a quit date and 4 week quit outcomes, reporting outcomes in the NHS Digital Stop Smoking Services Collection.

6.4 Islington's anticipated number of set quit dates in 2023/24 is 1,268. Over the five-year grant period, Islington is expected to deliver 3,977 additional quit dates, an average of 795 additional quits each year. The Office for Health Improvements and Disparities (OHID) have provided all local authorities with projections for year-on-year increases by which the requisite additional quit dates might be achieved. For Islington, this is around 200 additional quit dates in year 1, rising to 1,193 additional quit dates by year 4. (These targets are derived from a baseline of 1,131 quits per year, slightly lower than our anticipated 2023/24 performance).

Table 1: Expected number of quit dates to be achieved in Islington 2024/5 to 2028/29

	Average annual target	5-year target	2024/25	2025/26	2026/27	2027/28	2028/29
% increase from baseline	-	-	25%	50%	125%	150%	150%
Number of additional	795	3,977	**199**	**398**	**994**	**1,193**	**1,193**

	Average annual target	5-year target	2024/25	2025/26	2026/27	2027/28	2028/29
quit dates set							
Total number of quit dates (baseline + additional)	(1,131)	9,632	**1,330**	**1,529**	**2,125**	**2,324**	**2,324**

6.5 In the first year of the programme, funding is not linked to performance against these targets. OHID has advised that this may change in subsequent years.

6.6 On receiving confirmation of the grant allocation, officers have worked collaboratively with key regional delivery partners, including the London Tobacco Alliance, Camden Council's Health and Wellbeing department and the Breathe service provider, CNWL, to look at options for how the grant could be spent to support the council in achieving the outcomes outlined in the national smokefree generation plans.

6.7 The local delivery plan is organised under two key areas, which can broadly be described as **building capacity** and **building demand.**

6.7.1 Building capacity

- Increase local resources to support smokers to quit and to respond to increased demand.
- Enhance the overall service infrastructure and increase spend on stop smoking aids (stop smoking medications and vapes).
- Increase local authority coordination and commissioning capacity, to develop a partnership approach across the whole system, and monitor delivery.

6.7.2 Building demand

- Increase referrals and improve pathways from a range of community settings, such as primary care or community mental health services.
- Increase promotion of the local service
- Train more local staff to deliver stop smoking advice and referrals.

6.8 In year 1, proposals for investment and activity will include:

- Increasing capacity and reach of the Breathe service, including additional roles and treatment products (e.g. nicotine replacement therapies)
- An enhanced training offer, delivered by Breathe, to reach more residents, communities and healthcare professionals. This will include priority groups, such as people with complex or multiple needs.
- Insight and co-production work with priority groups and communities, to produce communication and promotional messages, resources in community languages and improve social media engagement and stop smoking service online presence.
- Launching a new Islington Tobacco Alliance.
- An assistant public health strategist role to support programme delivery.
- Investing in a London-wide digital app with quit aid provision.
- Work to improve local awareness of stop smoking support options and how people can access them. We will work with Islington Food Partnership and other voluntary and community sector (VCS) partnerships, drug and alcohol services, services working with homeless people, community mental health services, health visiting, family hubs, Access Islington, community pharmacy and others.

6.9 It is anticipated that the focus in the second year will include:

- Improving the reach and capacity of our locally commissioned stop smoking services (provided through GP practices and community pharmacies).
- Scale up targeted outreach, collaboration and engagement with priority populations, applying the findings of year one insight and co-production work.

6.10 Islington Public Health have also received grant funding to implement the ‘Swap to Stop’ scheme in partnership with drug and alcohol services and those working with people sleeping rough or at risk of homelessness. This national scheme provides an additional quit option by offering a vape starter kit to help people swap from tobacco to vaping, before quitting.

6.11 Reporting of outcomes and grant spend will take place through:

- The Stop Smoking Services Collection, an existing data collection and reporting system used to monitor the delivery of local stop smoking interventions. The collection requires local authorities to submit quarterly cumulative counts of activity to NHS England.
- A quarterly financial report to submit to DHSC, monitoring payments to service providers and by budget line of spend for the project delivery.
- A final statement of grant usage submitted to DHSC following the expiry of the Financial Year.
- Locally, quarterly and annual analysis by key groups with higher smoking prevalence to review and develop the inequalities focus of the local offer.

7. Challenges in 2024/25

7.1 The funding was confirmed in February 2024 and receipt of funds was at the end of May 2024. The timing means that the provider will not receive the funds until later in the financial year, shortening the effective delivery period in year one. Funding for 2024/25 is not contingent on performance targets for 2023/24 and we are confident that the current provider will be able to mobilise at pace.

7.2 All local authorities are receiving additional funding and are likely to be looking to increase their workforce. Workforce availability of highly specialist front-line staff will be limited across all regions, and may prove particularly competitive in London, where most people live within commuting distance of a range of local authorities, NHS Trusts, and other provider organisations advertising vacancies. The provider will partly mitigate this by recruiting to some non-specialist roles, such as training lead, administrator and volunteers, generating efficiencies by freeing up existing specialist staff capacity.

7.3 It may take time to build additional demand for stop smoking services. Insight and co-production work with key communities and groups, and social media engagement will be implemented in the second half of year one, but it may take time for promotional work to take effect. Breathe staff will contribute to raising awareness and demand for the service, through targeted outreach and training. An early focus for the ITA will be to help mobilise existing and new partnerships to improve pathways into the service, integrating stop smoking support with other services and improving ease of access.

7.4 With average smoking prevalence falling in the general population, the service must reach more dependent smokers among a reducing group. Groups with the highest rates of smoking, e.g. people with severe mental illness, people accessing drug and alcohol services, or sleeping rough, are likely to require higher levels of support and/or a different treatment and support pathway. Programme metrics reflect numbers of set quit dates only, and do not reflect the additional work needed to achieve successful quit for groups experiencing the most health disparities. Similarly, underserved groups by nationality or language may be less likely to access existing services without effective engagement of community leaders and organisations. The proposed delivery plans are aiming to address these challenges through service integration, improved choice, harm-reduction approaches, targeted communications, and training.

7.5 The NHS Plan requires Trusts to provide tobacco dependency services for pregnant individuals in-house from 2024-25. Local Trusts are developing those services, and this will help to free up capacity within the Breathe service so that specialist staff can focus on other key groups of need.

7.6 The projected year-on-year increases in the number of people setting a quit date, require the service to essentially double the current number of service users by year 4 of the programme. The funding does not allow however for doubling of staff capacity and is therefore likely to require greater innovation in how the service is offered. The ITA may help collective and creative thinking across the system to support increased delivery, and to promote the service, based on insight and co-production with residents.

7.7 Similarly, the cost of providing Nicotine Replacement Therapy (NRT) to twice as many people may not be sustainable within the existing grant allocation, assuming the proportion of people making a quit attempt using pharmacotherapy remains the same. Lower cost options, including reusable vapes, may reduce this pressure. There is a financial risk if costs for NRT and vapes significantly increase over the 5 years of the programme.

8. Next steps

8.1 Commissioners' local delivery plans focus on increasing service capacity and service demand. To increase capacity the existing Breathe provider (CNWL) we are finalising the proportion of the grant we will allocate in year 1, to create new staff roles, increase the budget for provision of stop smoking aids and scale up the targeted promotion of the service.

8.2 Public health will commission a programme of insight and promotion work co-produced with priority groups, to effectively reach and bring in more smokers to the service. This work will be procured jointly with Camden Council to achieve efficiencies.

8.3 Recruitment for an assistant public health strategist to support the development of an Islington Tobacco Alliance is underway.

8.4 The Public Health review of stop smoking provision through GP and pharmacy locally commissioned services is underway. Recommendations from this review will inform plans for enhancing these services from year 2 of the grant.

8.5 The indicative plans are being shared with colleagues across the Council and partners, to seek their collaboration ahead of convening the new Islington Tobacco Alliance.

9. Implications

9.1 Financial Implications

9.1.1 There are no financial implications arising from this report. The measures and recommendations proposed in this report are not currently quantifiable. If recommendations are subsequently made about the use of any money or grants, this will require a full set of Financial Implications.

9.1.2 Grant amount identified in this report has not been fully allocated, once allocated then full set of financial implications will be provided.

9.2 Legal Implications

9.2.1 There are no legal implications flowing from this report.

9.3 Environmental Implications and contribution to achieving a net zero carbon Islington by 2030

9.3.1 No new implications arise from this report. Any new implication arising will be assessed via an assessment when required.

9.3.2 There would be a number of Environmental Implications associated with the delivery of Stop Smoking practices and the operation of the Islington Tobacco Alliance. However, the Environmental benefits of reducing smoking would massively outweigh such. There would also be positive benefits from reducing the need for health care that are associated with the impacts of smoking.

9.4 Equalities Impact Assessment

9.4.1 The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

9.4.2 Please see Appendix 2 provided.

10. Conclusion and reasons for recommendations

10.1 Smoking prevalence has significantly reduced in Islington over time, but it remains the single most important preventable source of health inequalities, linked to a range of illnesses and long-term conditions, and social and economic impacts. There is opportunity to tackle and reduce the harms of tobacco through a new Islington Tobacco Alliance. An increase in resources for stop smoking support can help to boost the number of people quitting smoking and address inequalities in groups with higher smoking rates, supported by a wider programme of action.

Appendices:

Appendix 1 Smokefree Generation PowerPoint.

Appendix 2 Smokefree Grant Equalities Impact Assessment

Background papers:

None

Final report clearance:

Signed by: Jonathan O’ Sullivan - Director of Public Health

Date: June 2024