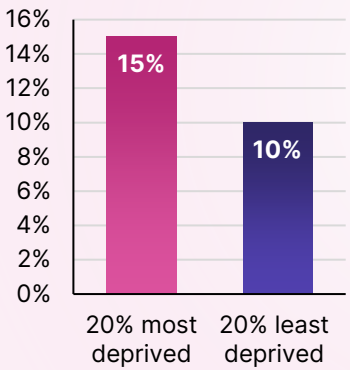
Impact of smoking on Core20PLUS5

Guide for NHS Lancashire and South Cumbria ICB

Core20: Above-average smoking rates among the most deprived reduces their healthy life expectancy and increases pressure on the NHS



In your ICS smoking rates among the routine and manual population are 21%[1]

Annually smoking causes
- 17,158 hospital admissions[2]
- 7,600 premature deaths[3]

Additional impact on communities
- Costs society 487.88M a year [4]
- 88,273 smoking households live in poverty [5]
- 6,930 people out of work due to smoking[6]
- 38,888 people receive informal care from friends and family because of smoking[7]

PLUS: The most deprived groups have the highest smoking rates

National smoking rates among:
- Homeless (77%)[8]
- People entering prison (80%)[9]
- 11–16-year-olds with a mental disorder (22%)[10]
- Social housing (26%)[11]

ICS smoking rates for those receiving addiction treatment:
- opioids 79%[12]
- alcohol 52%[13]

5: Five clinical areas of focus are all impacted by smoking

1. Maternity	2. Severe Mental Illness	3. Chronic respiratory illness	4. Early cancer diagnosis	5. Hypertension
Smoking is the leading modifiable risk factor for poor birth outcomes In your ICS 13%[14] of women smoke at time of delivery ~ 2,034 women annually[15]	Smoking is the leading cause of the 10-20 year reduction in life expectancy for people with SMI. In your ICS 44% of people with SMI smoke[16]	Around 86% of all COPD deaths are caused by smoking In your ICS 1,123 people a year die from COPD[17]	Smoking is the leading preventable cause of cancer responsible for 27% of cancer deaths In your ICS 1,086 people a year die from cancer caused by smoking[18]	Smoking cessation is embedded in NICE guidelines on hypertension because smokers' CVD risk is double that of non-smokers. In your ICS 394 people a year die from CVD caused by smoking[19]
Find out more	Find out more	Find out more	Find out more	Find out more

What your ICB can do:

1. **Prioritise implementation of the NHS LTP funded tobacco dependency treatment pathways** in maternity, mental health and acute inpatient services by 23/24 with mainstreaming by 24/25. Current timeline for implementation variable across the system. ICB leadership is needed to drive action.

2. **Ensure prevention plans** are developed in collaboration with local government, the system leader for public health and focus on tobacco and inequalities. The NHSE 22/23 operating guidance requires plans to include action on tobacco. ASH recommendations here.

3. **Sign the NHS Smokefree Pledge** a public commitment to tackling smoking by NHS leaders on behalf of their organisations. Nationally the Pledge has been endorsed by the NHSE Chief Executive, ADPH, AoMRC, BMA, FPH and RCM.

4. **Support regional models for tobacco control.** Collaboration with local government on a regional footprint has been proven to be a cost-effective way to tackle smoking and reduce inequality. ASH report and summary.

To find out more get in touch hazel.cheeseman@ash.org.uk and see here

April 2022

References

[1] Smoking Prevalence in adults in routine and manual occupations (18-64) – (2019) current smokers (APS) Local Tobacco Control Profiles - Data - OHID

[2] Smoking Attributable hospital admissions (2019/20). Admissions data from Hospital Episode Statistics (HES); Office for National Statistics (ONS) - mid-year population estimates; Smoking prevalence data from Annual Population Survey; and . and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight'. Data - OHID

[3] Smoking attributable mortality (new method). 2017 – 19 Directly standardised rate - per 100,000 Local Tobacco Control Profiles - Data - OHID

[4] ASH Ready Reckoner for ICS 2022

[5] H Reed (2021), Estimates of poverty in the UK adjusted for expenditure on tobacco – 2021 update.

[6] H Reed (2020), The impact of smoking history on employment prospects, earnings and productivity: an analysis using UK panel data.

[7] H Reed (2021), The costs of smoking to the social care system and related costs for older people in England: 2021 revision.

[8] Homeless Link. The Unhealthy State of Homelessness. 2014.

[9] O'Moore E. Successfully delivering smokefree prisons across England and Wales. July 2018.

[10] Marcheselli F, Brodie E, Si N, Pearce N, McManus S, Sadler K, et al. Mental Health of Children and Young People in England, 2017 . NHS Digital; 2018.

[11] Local Tobacco Profiles – Data – OHID:

[12] Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) - all opiates. 2019/20 Local Tobacco Control Profiles - Data - OHID

[13] Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) - alcohol. 2019/20 Local Tobacco Control Profiles - Data - OHID

[14] Smoking status at time of delivery. (2021) Calculated by PHE from the NHS Digital return on Smoking Status At Time of delivery (SATOD) Local Tobacco Control Profiles - Data - OHID

[15] Smoking status at time of delivery. (2021) Calculated by PHE from the NHS Digital return on Smoking Status At Time of delivery (SATOD) Local Tobacco Control Profiles - Data - OHID

[16] Smoking prevalence in adults (18+) with serious mental illness (SMI) (2016) Local Tobacco Control Profiles - Data - OHID

[17] Mortality rate from chronic obstructive pulmonary disease (3 year range) 2017 – 19 Directly standardised rate - per 100,000 Local Tobacco Control Profiles - Data - OHID

[18] Smoking attributable deaths from Cancer (new method). 2017 – 19 Directly standardised rate - per 100,000 Local Tobacco Control Profiles - Data - OHID

[19] Smoking attributable deaths from heart disease (new method). 2017 – 19 Directly standardised rate - per 100,000 Local Tobacco Control Profiles - Data - OHID