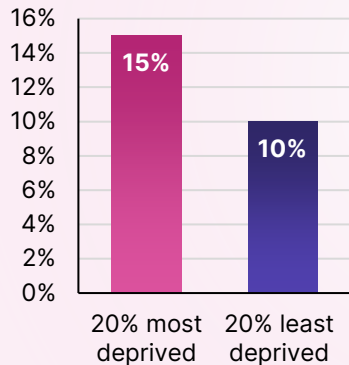


# Impact of smoking on **Core20PLUS5**

## Guide for NHS North Central London ICB

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

National smoking rates APS (2020)



In your ICS smoking rates among the routine and manual population are 25%<sup>1</sup>

Annually smoking causes

- 7,846 hospital admissions<sup>2</sup>
- 2,873 premature deaths<sup>3</sup>

Additional impact on communities

- Costs society 502.31M a year<sup>4</sup>
- 58,218 smoking households live in poverty<sup>5</sup>
- 6,550 people out of work due to smoking<sup>6</sup>
- 21,092 people receive informal care from friends and family because of smoking<sup>7</sup>

### PLUS: The most deprived groups have the highest smoking rates

National smoking rates among:

- Homeless (77%)<sup>8</sup>
- People entering prison (80%)<sup>9</sup>
- 11–16-year-olds with a mental disorder (22%)<sup>10</sup>
- Social housing (26%)<sup>11</sup>

ICS smoking rates for those receiving addiction treatment:

- opioids 64%<sup>12</sup>
- alcohol 44%<sup>13</sup>

### 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](#).

### 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	Smoking is the leading cause of the 10-20 year reduction in life expectancy for people with SMI.	Around 86% of all COPD deaths are caused by smoking	Smoking is the leading preventable cause of cancer responsible for 27% of cancer deaths	Smoking cessation is embedded in <a href="#">NICE guidelines on hypertension</a> because smokers' CVD risk is double that of non-smokers.
In your ICS 5% <sup>14</sup> of women smoke at time of delivery ~ 851 women annually <sup>15</sup>	In your ICS 40% of people with SMI smoke <sup>16</sup>	In your ICS 368 people a year die from COPD <sup>17</sup>	In your ICS 443 people a year die from cancer caused by smoking <sup>18</sup>	In your ICS 153 people a year die from CVD caused by smoking <sup>19</sup>
<a href="#">Find out more</a>	<a href="#">Find out more</a>	<a href="#">Find out more</a>	<a href="#">Find out more</a>	<a href="#">Find out more</a>

## References

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