

Newham Tobacco Control Plan 2024-2027



Contents

Acknowledgements	3
Foreword	4
Executive summary	5
Vision, ambitions and approach	6
About tobacco	7
National policy context	9
Newham strategy and policy context	11
Smoking in Newham	12
Evidence to inform action	17
The action plan	21
Governance and monitoring	26
Appendix A: priority group definitions and data used	28

Acknowledgements

We would like to thank the local residents and partners who co-developed this tobacco control plan. Their expert knowledge and contributions were crucial for ensuring the plan will have impact and reflects Newham's unique population, assets and challenges.

Those who took part included:

- Newham Council departments (Public Health, Commissioning, Trading Standard, Fire Safety, Housing and Co-production)
- NHS partners (Barts Health NHS Trust, East London NHS Foundation Trust, NHS NEL ICB, NHS Cancer Alliance)
- Stop Smoking service provider – Quit Well Newham
- Queen Mary University of London
- London Fire Brigade
- Voluntary, community and faith sector partners
- Newham residents



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Foreword

I would like to take this opportunity to introduce our Local Tobacco Control Plan 2024 – 2027 for Newham, which outlines our vision to become smoke-free by 2030, aligning with the national ambition. This is further referenced in our health and wellbeing strategy, 50 steps to a Healthier Newham 2024-2027 where smoking is identified as a key step in improving health outcomes and reducing health inequalities.

Newham has made significant progress over the last decade in reducing smoking prevalence through co-ordinated and sustained action against tobacco use in various ways. This includes the launch of our specialist stop smoking service, Quit Well Newham, which aims to provide universal, high- quality support to help people living in Newham quit smoking. In addition, our partnership with organisations and individuals across the borough, through the Newham SmokeFree Alliance, has played a crucial role in reducing harms and preventing the uptake of tobacco, such as through providing carbon monoxide screening for pregnant women, tackling illicit tobacco use through successful enforcement operations and school-based prevention programmes to make smoking less desirable from an early age through Healthy Schools.

It is important to note, whilst rates are falling in Newham, smoking remains the leading cause of preventable illness and premature death. There is still more we can do to ensure the next generation are born and raised in a borough which is free from tobacco. The effect of smoking can also extend to non-smokers through second-hand smoke exposure, particularly affecting vulnerable groups such as children and pregnant women.

The local tobacco control plan will require us to continue adopting a whole-systems approach with partners to ensure there is meaningful change. This will aim to address smoking related health inequalities and achieve our ambition of becoming a smoke-free generation.

Residents are at the heart of everything we do and have made valuable contributions in developing this local plan. We will continue to listen and gather insights from residents to inform the direction of our tobacco control activity and strengthen our relationship with community groups.

We are committed to preventing tobacco use and helping people quit to ensure all Newham residents can live healthy lives.



Councillor Neil Wilson
Cabinet Member for Health and Adult Social Care

Executive summary

Smoking remains as the leading preventable cause of death and disease and the single largest driver of health inequalities in England.¹ Tobacco use continues to be a significant public health challenge due to the long-term health impacts on both smokers and people exposed to second-hand smoke, resulting in chronic conditions and mortality. This has prompted the government to set a vision for creating the first smokefree generation by 2030, reducing smoking prevalence to 5% or less.

In 2023, an estimated 13% of adults in Newham smoked, which was similar to national levels². However, smoking rates are higher among some population groups, such as people with mental health conditions (23%) and White Other communities (34%).

Therefore effective action on tobacco is a public health priority to prevent and address the harms from smoking, particularly for those who are most vulnerable to smoking, such as children and pregnant women, and those who are more likely to smoke. This in turn will improve health and reduce health inequalities in Newham.

The local action plan adopts a whole-systems approach for tobacco control in Newham, with a three-year vision aligning with Newham's health and wellbeing strategy, 50 steps to a Healthier Newham 2024 – 2027. This plan sets out evidence-based actions to prevent uptake, promote quitting and treating tobacco dependence.

The Newham Smokefree Alliance will be responsible for the overall governance, monitoring and evaluation of this action plan with smaller sub working groups delivering on each action area.



1 Action on Smoking and Health (2019) [Health Inequalities and Smoking](#).

2 Office for Health Improvement and Disparities (2024) [Smoking Profile in Newham](#)

Vision, ambitions and approach

Vision

To see the next generation of children in Newham born and raised in a place free from tobacco.

Aims

Through this local tobacco control plan, we aim to reduce the prevalence of smoking and tobacco use in Newham by preventing uptake and providing high quality support to quit amongst those who smoke.

The plan will also signal Newham's active commitment to take comprehensive action towards tackling the harms associated with smoking, following the signing of the Local Government Declaration on Tobacco Control³ in August 2023.

Objectives



Address health inequalities linked to smoking through intelligence-led and targeted measures.



Prevent people from starting to smoke through targeted prevention programmes and awareness raising campaigns.



Deliver and promote high-quality stop-smoking support.



Protect non-smokers from second-hand smoke exposure in public and private spaces.

Principles

- Adapt and respond to developments and opportunities arising in the national context, such as new legislation.
- Take a whole-systems approach and strengthen partnership opportunities where possible.
- Use evidence and intelligence to inform our priorities and activity.
- Focus on equity and reducing smoking among priority cohorts.
- A shared framework across partners for monitoring and evaluating tobacco control activities.

Who is the plan for?

This action plan is relevant to the following organisations and service providers:

- Newham SmokeFree Alliance partners
- Commissioners and providers of services that have a role in tobacco control, including Newham Council, NHS NEL and local NHS provider organisations
- Health and social care professionals, such as service managers and clinical leads in community, primary and secondary care services
- Local voluntary, community and faith sector organisations
- Housing associations and other specialist housing providers
- Schools, other education settings and youth zones
- Retailers of tobacco products
- Local businesses and employers
- Regional NHS partners (e.g. North East London Cancer Alliance).

3 ASH (2024) [The Local Government Declaration on Tobacco Control](#).



About tobacco

Tobacco use is the leading cause of preventable death and disease in the UK. The use of tobacco is extremely harmful to the body. When it enters the body, thousands of carcinogenic chemicals are released, harming nearly every organ. Tobacco-related harms include cardiovascular disease, cancers, respiratory conditions, stillbirth, asthma, dementia, premature death and many more.⁴

Tobacco is available in many forms. Cigarette smoking is the most widely used form, but other niche products are also commonly used. Under UK regulation, 'niche tobacco products' means smokeless tobacco products (such as chewed tobacco and snuff), shisha, and hand-rolled tobacco.⁵

Cigarette smoking

In the UK, an estimated 64,000 people die from smoking annually⁶ and around two in three lifelong smokers die from smoking-related illnesses⁷. Smoking among adults in the UK has fallen significantly since records began, from 46% prevalence in 1974 to 13% in 2022⁸. However since 2019 the decline in smoking across England has stalled, with the numbers of people quitting being offset by people taking up smoking or relapsing, which may be linked to the COVID-19 pandemic.⁹

Most smoking-related deaths are from one of the three types of disease: respiratory conditions such as chronic obstructive pulmonary disease (COPD); cancers, particularly lung cancer which is the most common cause of cancer death for men and women in the UK; and circulatory conditions such as coronary heart disease.¹⁰

Table 1: Deaths attributed to smoking in the UK, 2020

Cause of death	Proportion of all deaths attributed to smoking (%)
Respiratory	35%
Cancer	25%
Circulatory	12%

Source: NHS Digital

4 Action on Smoking and Health (2023) [Smoking Statistics](#).

5 Action on Smoking and Health (2020) [Evidence into smokeless tobacco products](#).

6 Gov.uk (2023) [Stopping the Start: our new plan to create a smokefree generation](#).

7 UK Health Security Agency (2021). [Smoking attributable deaths in England: When the information changes](#)

8 Action on Smoking and Health (2023). [Smoking Statistics Factsheet](#).

9 UCL (2023) [Decline in smoking in England has stalled since the pandemic](#)

10 NHS Digital (2020) [Statistics on smoking, England 2020](#)



Niche tobacco products

Niche tobacco products carry similar levels of harms as cigarette smoking, and may even be more harmful in some circumstances. For example, in a shisha session lasting from 20 to 80 minutes, a smoker can inhale the same amount of smoke as over 100 cigarettes.¹¹

There is limited national data on the scale and patterns of niche tobacco use, but there is evidence that these products are commonly used, and that use and type of product vary between different population groups. For example, in a survey exploring use of smokeless tobacco in different ethnic groups, South Asian groups had the highest levels of having ever tried, or regularly using, smokeless products. Of the South Asian ethnic groups, adults of Bangladeshi origin were most likely to have tried or regularly use smokeless tobacco (41%), compared to 21% of respondents of Indian or Pakistani origin.¹²

Table 2: Use of smokeless tobacco products by ethnic group, UK, 2019

	White	South Asian	Black / African / Caribbean	Other / mixed ethnicity
Ever tried	12%	23%	19%	20%
Regular use (at least monthly)	1%	7%	5%	3%
Never tried	86%	64%	75%	75%

Source: ASH

Note: Ethnic categories as per data collected and reported by ASH which is why there is no more detailed breakdown.

Similarly, shisha smoking is estimated to be more common among Asian, Black, Mixed and Other ethnic groups, where around half say they have tried or use shisha, compared to White groups (around a quarter having tried or use shisha) nationally.¹³

Second-hand smoke exposure

The use of tobacco not only harms the individual, but can also lead to second-hand smoke exposure which has serious health harms. Second-hand smoke exposure is particularly harmful to children; children who live in households where at least one-person smokes are at higher risk of chest infections, meningitis and long-term conditions such as asthma compared to children in non-smoking households.¹⁴

¹¹ British Heart Foundation. (2021) [Shisha](#)

¹² ASH (2024). [Tobacco and ethnic minorities](#)

¹³ ASH (2024). [Tobacco and ethnic minorities](#)

¹⁴ NHS (2022). Passive smoking. www.nhs.uk/live-well/quit-smoking/passive-smoking-protect-your-family-and-friends

National policy context

Many of the levers to reduce tobacco use are at a national level, such as through taxes, smoking bans and other regulations. This section summarises several key policies and national strategies that have – or will have – significant impacts on smoking and major public health benefits.

Tobacco and Vapes Bill 2024

As of November 2024, the government are progressing a Tobacco and Vapes Bill, aiming to create the first smokefree generation and reduce national smoking prevalence to 5% or less by 2030¹⁵. If successful, the Bill will¹⁶:

- Make it illegal to sell tobacco products to anyone born on or after 1 January 2009, raising the age of sale each year to gradually phase out smoking.
- Reduce the appeal and availability of vapes, including making it illegal to sell all types of vapes to children (strengthening existing legislation banning underage sales of nicotine-containing products¹⁷).
- Strengthen enforcement against underage sales.

This is accompanied by additional resources to help people quit, such as additional funding for local stop smoking services, financial incentives to help pregnant women quit smoking, and a national ‘swap to stop’ scheme encouraging one million adult smokers to swap cigarettes for vapes.

When passed, the legislation will become part of the UK’s suite of tobacco legislation which is among the most comprehensive in the world.¹⁸



Illicit Tobacco Strategy 2024

The illicit tobacco trade undermines efforts to reduce smoking as well as supporting organised crime such as smuggling of weapons, drugs and people. The illicit tobacco market was estimated at £2.8 billion in 2021 to 2022. Illicit tobacco disproportionately affects deprived communities, and is therefore also a health inequalities issue.¹⁹

In 2024 the government launched a new illicit tobacco strategy, which aims to reduce both supply and demand and enhance enforcement capabilities to reduce trade and disrupt organised crime.

¹⁵ DHSC (2024) [Stopping the start: our new plan to create a smokefree generation](#)

¹⁶ DHSC (2024) [Tobacco and Vapes Bill 2024](#)

¹⁷ www.legislation.gov.uk/ukxi/2015/895/contents

¹⁸ DHSC (2022) [Post-implementation review of tobacco legislation](#)

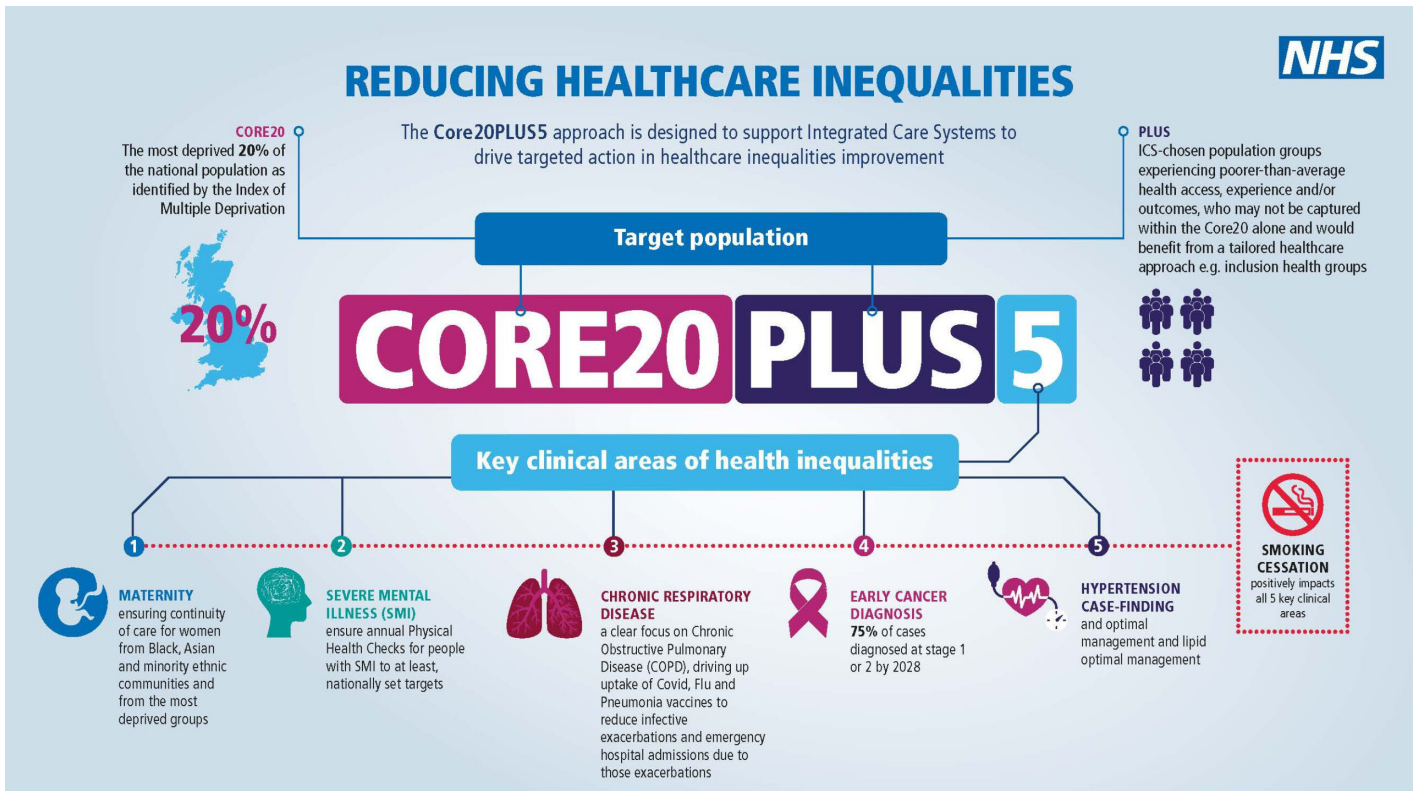
¹⁹ HMRC and Border Force (2024) [Stubbing out the problem: A new strategy to tackle illicit tobacco](#)

NHS Long Term Plan and Core20PLUS5

The NHS Long Term Plan is a 10-year plan that outlines the NHS' priorities and plans to improve healthcare and address key health challenges. It has a specific focus on prevention and reducing health inequalities, including how NHS services should help patients quit smoking, with a focus on people admitted to hospital, pregnant women and their partners, people using specialist mental health services and those accessing learning disability services.²⁰

Core20PLUS5 is an NHS England approach to inform action to reduce healthcare inequalities.²¹ Smoking cessation is a thread that runs through the whole model, highlighting that helping people quit should be priority action in all domains.

Figure 1: Core20PLUS5



20 NHS (2019) [NHS Long Term Plan](#)

21 NHS England (2021) [Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities.](#)

Newham strategy and policy context

Newham Smoke Free Alliance

The Newham Smoke Free Alliance is a group of organisations committed to achieving Newham's smokefree vision through co-ordinated, effective and sustained action against tobacco by organisations and individuals working in partnership.

The Alliance co-developed and own this tobacco control plan, and are committed to delivering on its priorities and actions over the coming three years.

Building a Fairer Newham 2022-2026

Newham Council's corporate plan, Building a Fairer Newham, outlines the Mayoral and Council's priorities to help residents during challenging times and ensure all residents can live happy, healthy and fulfilling lives.²² Health and ageing well is one of the priorities, and the plan commits the council to working to improve life expectancy in Newham and address the root causes of inequality. Given smoking is a leading cause of premature death and health inequalities, tobacco control is key to delivering on these commitments.

50 steps to a Healthier Newham 2024-27

Newham Health and Wellbeing Board's strategy, 50 steps to a Healthier Newham 2024-2027, aims to improve health and reduce health inequalities through action across 50 steps, which span the determinants of health.²³ Given the wide range of harms that smoking causes, tobacco control is relevant to many of the strategy's commitments. In addition, step 16: make Newham smokefree by 2030, sets out high level actions around tobacco control, and this tobacco control plan provides the rationale and detail needed to drive forward these actions.

Newham Education Vision

The Newham Education Vision informs action to give children and young people the best start in life through education. It commits the council and partners to ensuring all Newham's children and young people have the chance to be safe, happy, healthy, and feel belonging in their schools and communities. Addressing smoking and vaping among children and young people and promoting smokefree environments across school settings will play an important role in achieving these ambitions.

East London NHS Foundation Trust Strategy

Improving population health through prioritising prevention is a strategic priority in East London NHS Foundation Trust's (ELFT) strategy.²⁴ As a member of Newham's Smokefree Alliance, the actions in this tobacco control action plan set out the detail of how ELFT will deliver on its commitment to prevention in terms of tobacco control.

London Fire Brigade: Newham Risk Management Plan 2023

Smoking is a major cause of fire fatalities across the UK. Between 2021 and 2024, there were 146 smoking-related fires in Newham, posing serious risks to residents' health, lives and homes.²⁵ The London Fire Brigade (LFB) is committed to protecting Londoners from all fire risks, and the Newham borough risk management plan sets out LFB's high level commitments and priorities for Newham.²⁶ As a member of Newham Smokefree Alliance, this tobacco control plan set out in further detail actions that LFB will lead to reduce smoking-related fire risks in the borough.

²²Newham Council (2022). [Building a Fairer Newham Corporate Plan 2022-2026](#)

²³Newham Council (2024) [50 Steps to a Healthier Newham 2024-2027](#)

²⁴East London NHS Foundation Trust (2021) [The ELFT Strategy](#)

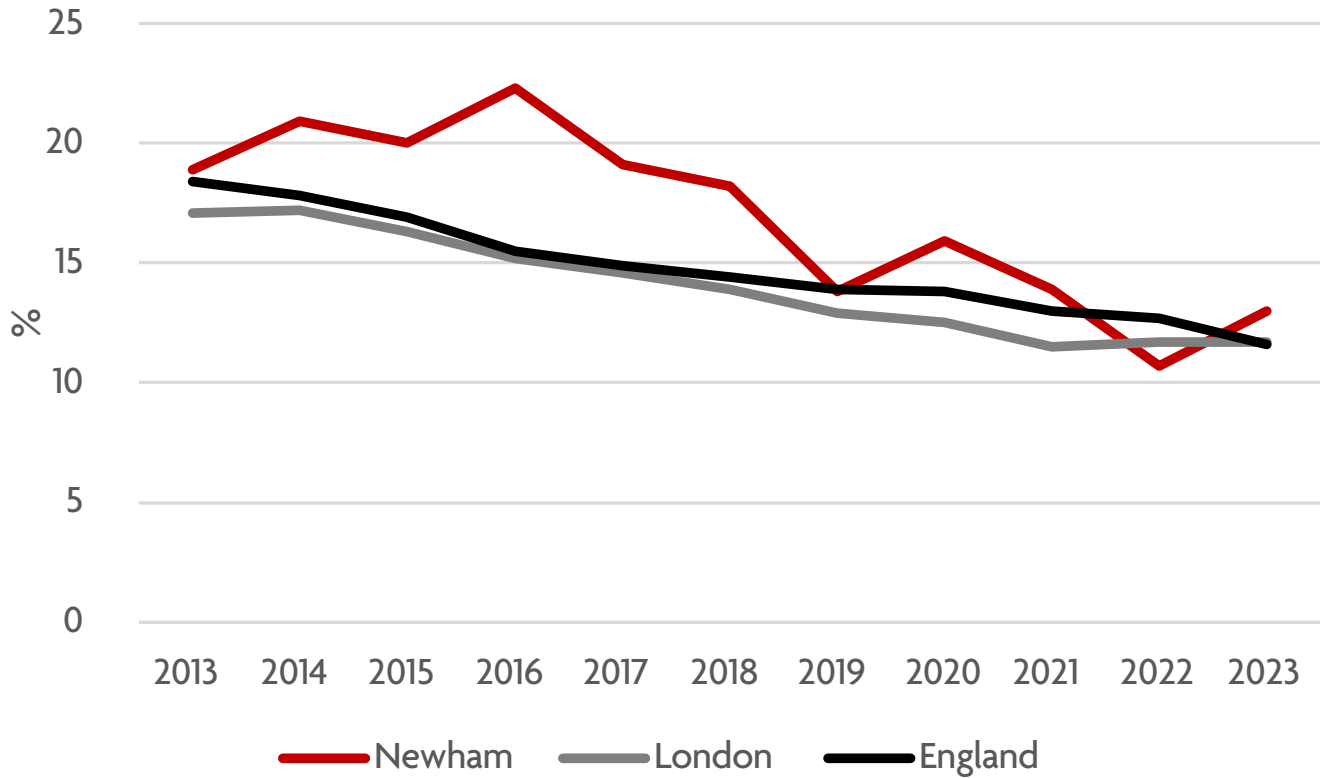
²⁵London Fire Brigade (2024) Smoking related fires in Newham [unpublished]

²⁶London Fire Brigade (2023) [Newham Borough Risk Management Plan](#)

Smoking in Newham

In 2023, an estimated 13% of adults aged 18 and over in Newham smoked. This was similar to the smoking prevalence across London and England. Over the past decade smoking prevalence in Newham has declined in line with national trends.²⁷

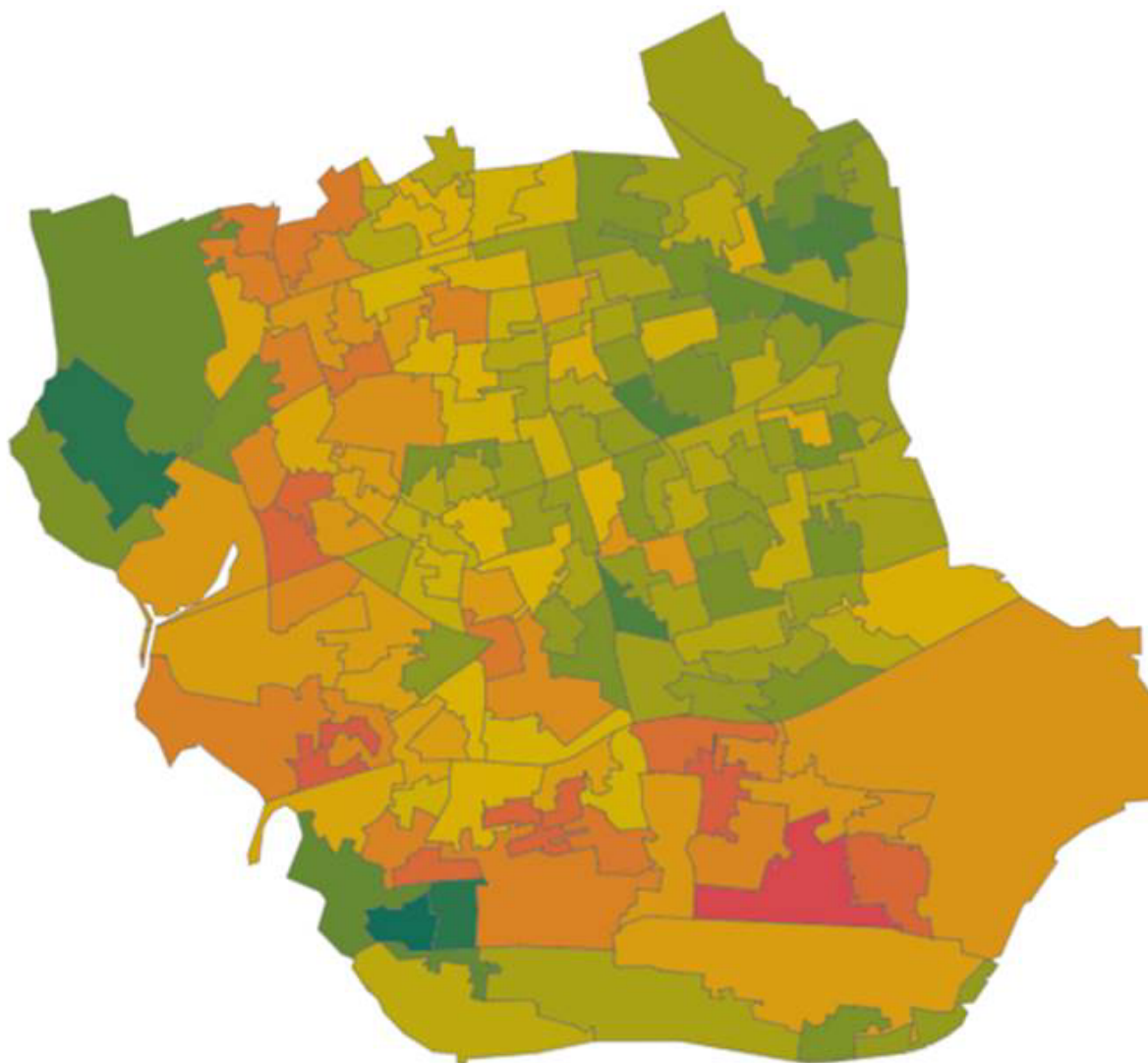
Figure 2: Smoking prevalence, adults 18+, 2013-2023, proportion (%)



Source: Annual Population Survey (APS)

²⁷ Office for Health Improvement and Disparities (2024) [Smoking Profile in Newham](#)

Figure 3: Smoking prevalence rate by LSOA, Newham NHS-registered population aged 18+, 2024, crude rate per 100
There is variation in smoking prevalence across Newham whereby the south and west of the borough seems to have higher smoking prevalence.



Source: Power BI East London Database

Key

- Green:** Less than or equal to 8 smokers per 100
- Red:** Less than or equal to 25 smokers per 100

Smoking affects some population groups more than others and is a major contributor to health inequalities. Some population groups in Newham are considered priority cohorts for stop smoking interventions and services due to smoking having a disproportionately greater impact (e.g. during pregnancy) or the cohort having higher smoking prevalence than the general population.

The table lists the current priority groups in Newham and describes estimated smoking prevalence and uptake of stop-smoking services. Appendix A provides definitions of the priority groups and information about the data sources used.

Table 3: Priority groups for stop smoking intervention and services in Newham, 2023

Priority group	Estimated level of smoking		Uptake of stop-smoking services		
	Number of smokers in Newham	Smoking prevalence (% of priority group that smoke)	Number of people setting a quit date, 2023/24	Number of people quitting at 4 weeks, 2023/24	Proportion of people quitting at 4 weeks, 2023/24
People with long term conditions (selected conditions)	7,323	14%	486	286	59%
People with long term mental health condition		23%	234	123	53%
People living in a high smoking prevalence ward	23,652	44%	465	277	60%
People living in a deprived ward	11,051	21%			
Young Person Under 25	3,814	7%	74	52	70%
People from White Other population	17,871	34%	227	149	66%
Routine and manual occupations		9%	253	159	63%
Pregnant women		5%	105	88	84%

Based on national guidance and emerging local insights, we will also have a focus on the following groups:

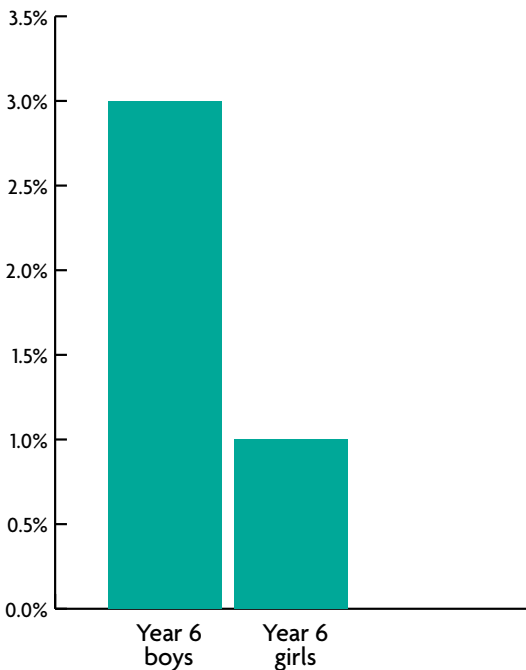
- Smokers accessing substance misuse services
- Smokers living in social housing
- Travellers
- South Asian population (smokeless tobacco users)
- Older people known to Adult Social Care

Smoking in young people

Smoking is detrimental to the health of young people throughout their lives. Starting smoking in childhood is linked to higher levels of smoking and dependence, a lower chance of quitting and higher mortality.²⁸

In 2022, an estimated 2% of year six pupils in Newham had smoked in the past or now, with more boys than girls saying they had smoked (Figure 4). In the same year, an estimated 4% of year six pupils (6% of boys and 2% of girls) had tried e-cigarettes / vaping and 1% said they had smoked shisha.

Figure 4: Smoking in the past or now among Year 6 children in Newham by gender, 2022



Source: Newham Children and Young People’s Health and Wellbeing Survey 2022, Schools Health Education Unit (SHEU)

Newham’s specialist stop smoking services

Since Newham’s specialist stop smoking service, Quit Well Newham, launched in 2021, there have been around 2,500 registrations with around 1,500 (60%) people sustaining their quit for at least four weeks after the programme.²⁹

Table 4: Quit Well Newham outcomes: quit dates set and quits, Newham, 21/22 to 23/24

Year	Quit date set (QDS)	Number of quits	Quits (% of QDS)
21-22	670	396	59%
22-23	760	462	60%
23-24	1052	634	60%

Alongside Quit Well Newham, 11 community pharmacies provide stop smoking support to residents, giving people more choice in where and how they get stop smoking support.

Table 5: Community pharmacy outcomes: quit dates set and quits, Newham, 21/22 to 23/24

Year	QDS	Number of quits	Average quit rate Quits (% of QDS)
21-22	305	131	42%
22-23	127	62	48%
23-24	202	89	44%

²⁸Peto R et al (2012) [Mortality from smoking in developed countries 1950-2010](#)

²⁹PharmOutcomes (2024) Standard Report for Stop Smoking [Unpublished]

The cost of smoking in Newham

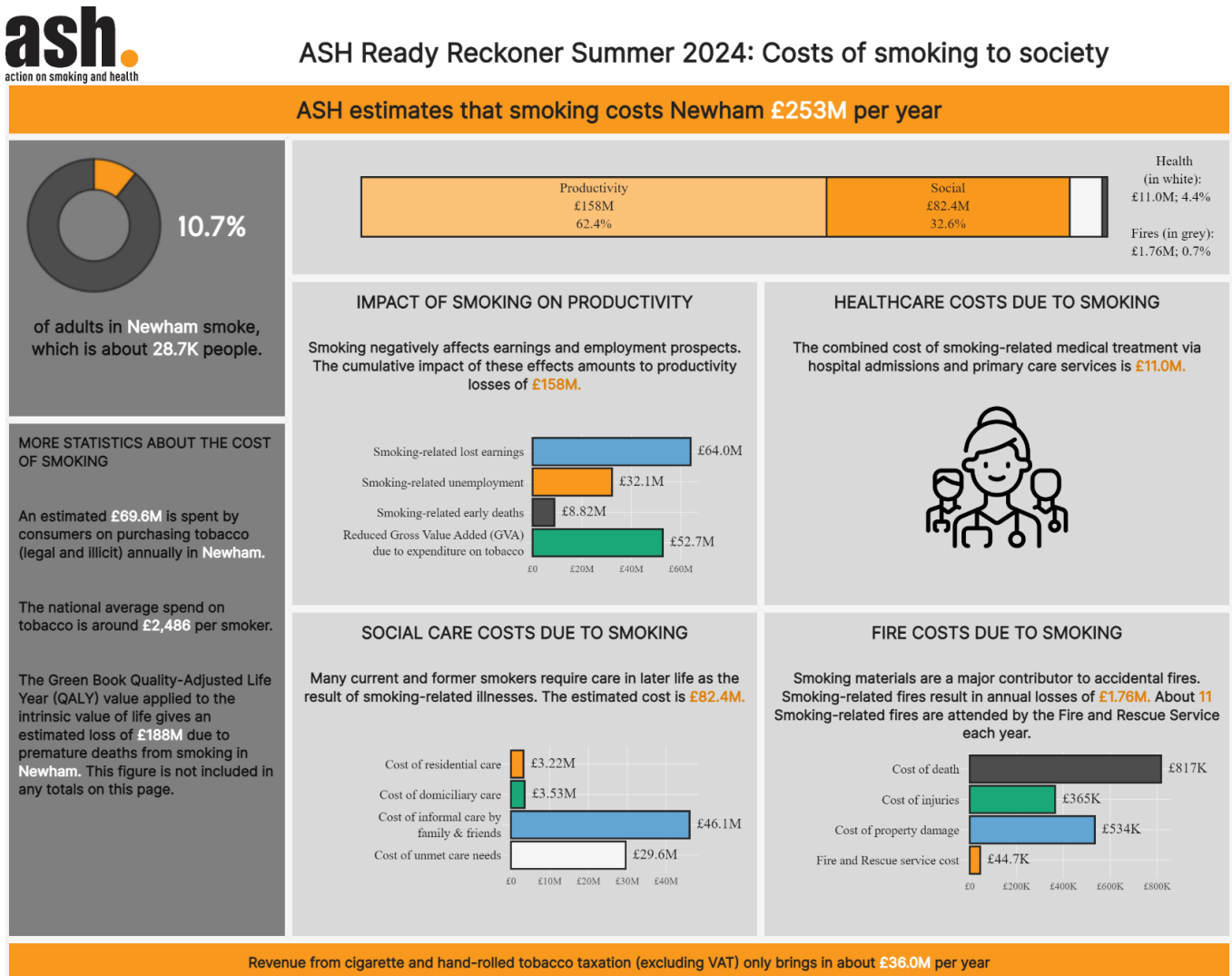
The use of tobacco not only damages health, it also places significant financial pressure on the NHS and social care, with smokers being more likely to need health and care services – and from a younger age – than non-smokers, and has wider economic impacts, such as lost productivity from sick days.

In Newham, smoking costs an estimated £253 million a year, which comprises:³⁰

- £158m in lost productivity
- £82m in social care costs
- £11m in NHS costs
- £1.8m in fire-related costs.

These costs are estimates and take into account financial costs, such as the cost of providing NHS services, and wider social costs, such as smoking-related deaths. They offer a guide as to the large economic and social impacts of smoking in Newham, underlining the importance of reducing tobacco use to benefit local people and protect vital public services.

Figure 5: Costs of smoking in Newham, Action on Smoking and Health Ready Reckoner, Spring 2024



Source: Action on Smoking and Health

³⁰Action on Smoking and Health (2024) [ASH Ready Reckoner Spring 2024: Costs of smoking to society](#)

Evidence to inform action

NICE guidance on tobacco

The National Institute for Health and Care Excellence (NICE) produces gold-standard, evidence-based guidance on a range of topics. The NICE tobacco guidance offers recommendations for local areas to prevent uptake, promote quitting, and treat tobacco dependence.³¹ The actions in this tobacco control plan have been informed by this guidance.

Table 6: NICE guidance on tobacco, summary of recommendations for local areas

Preventing uptake	<ul style="list-style-type: none"> • Planning, developing and implementing campaigns to prevent uptake and denormalise tobacco use. • Helping retailers avoid illegal tobacco sales. • Co-ordinated approach to school-based interventions (adult and peer-led) • Development and implementation of organisation-wide smokefree policies.
Promoting quitting	<ul style="list-style-type: none"> • Using medically licensed nicotine containing products. • Promoting stop smoking support including those using smokeless tobacco.
Treating tobacco dependence	<ul style="list-style-type: none"> • At every opportunity identifying and quantifying people's smoking status. • Use of evidence-based stop smoking interventions and tailoring accordingly. • Support to stop smoking in community, primary and secondary care services. • Adopting a harm reduction approach for people who do not want, are not ready to stop smoking in one go. • Stopping use of smokeless tobacco. • Adherence and relapse prevention.

CLear assessment

CLear tobacco control assessment is an improvement tool for tobacco control. It enables local systems to score themselves against established standards of good practice, such as NICE guidance, and publicly available outcomes data. The assessment identifies strengths and areas for development.

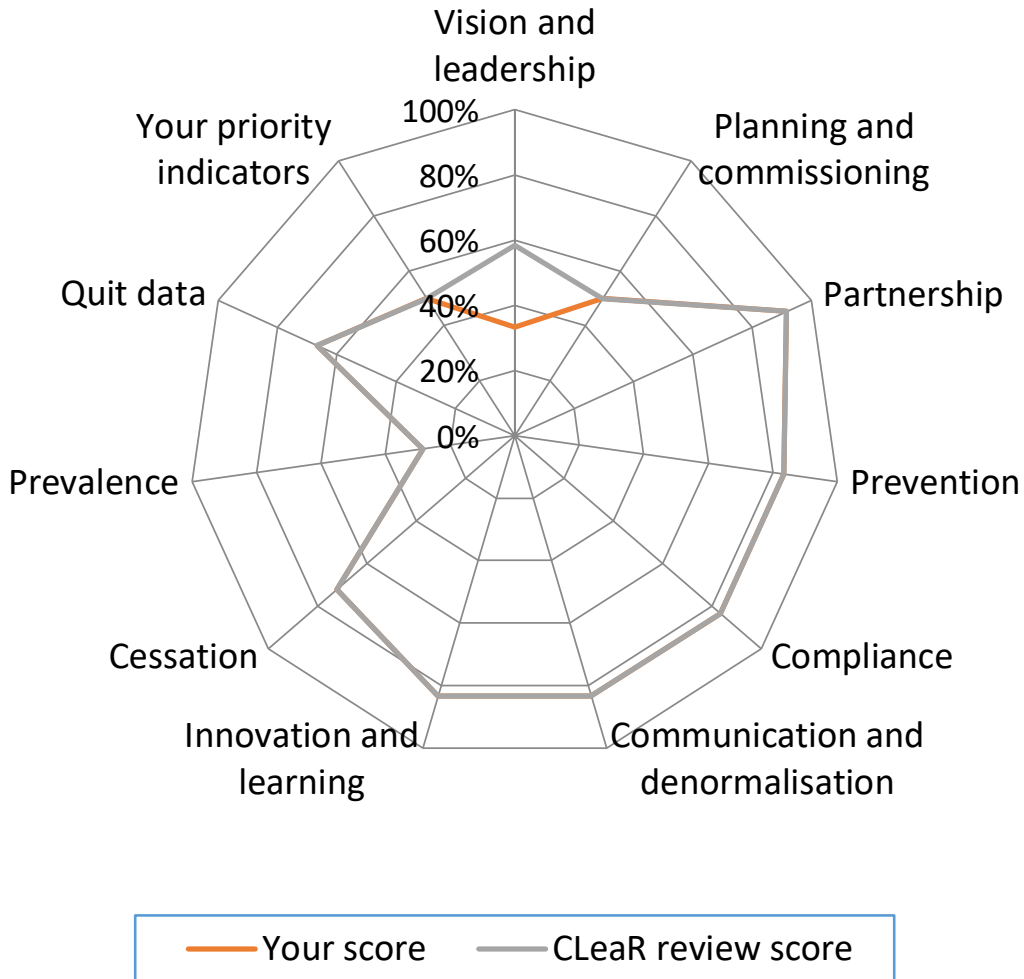
Newham Smokefree Alliance published Newham's CLear assessment in January 2023. A range of Alliance members took part in the assessment, including Newham Council's Public Health, Trading Standards and Communications teams, Barts Health NHS Trust, East London NHS Foundation Trust, and Newham's stop-smoking service provider. This partnership approach ensured the assessment was a holistic, accurate reflection of where Newham was in its tobacco control efforts, and that partners were engaged and aware of their roles and responsibilities to deliver on the gaps identified. A peer assessment was also undertaken with a neighbouring local authority, which helped to expand on our initial self-assessment.

³¹ National Institute for Health and Care Excellence (2023) [Tobacco: preventing uptake, promoting quitting and treating dependence](#)

Findings

The figure gives an overview of how Newham scored in each of the 11 assessment domains.

Figure 6: Newham CLeaR assessment scores, overview



Source: CLeaR local tobacco control assessment: Newham results [unpublished]

In each domain, the assessment identified Newham's strengths and areas for development, which are summarised in the table. These insights informed the priorities and actions in this tobacco control plan.


Table 7: Insights from Newham's CLear assessment

Domain	Strengths	Areas for development and suggested ways forward
Vision and Leadership	<ul style="list-style-type: none"> Clinical champions within NHS Trusts acting as 'change makers' to support tobacco control activity in Newham. Elected councillors (Cllrs) are keen to deliver on smokefree ambition with Cabinet Member for Adults and Health joining smokefree Cllr Network Signed Local Government Declaration for tobacco control 	<ul style="list-style-type: none"> Regularly update senior, strategic boards, such as Health and Wellbeing Board Develop a Local Tobacco Control Plan containing SMART objectives
Planning and commissioning	<ul style="list-style-type: none"> Good uptake of smoking cessation advice by GP practices. Pathway developed into primary care via EMIS and secondary care for inpatients, pregnant women and smokers with mental health conditions. Maternity services adhere to Saving Babies Lives Care Bundle with routine CO monitoring at 36 weeks adhering to NICE guidance 	<ul style="list-style-type: none"> Strengthen referral pathways between Quit Well Newham and primary care Engage with stakeholders to enhance pathways into substance misuse services
Prevention	<ul style="list-style-type: none"> Local plans protected against interest of tobacco industry 	<ul style="list-style-type: none"> Secondary care Very Brief Advice training should be made available to all frontline staff
Partnership	<ul style="list-style-type: none"> Active Smokefree Alliance with extensive membership list ranging from council, NHS partners and voluntary, community and faith sector organisations 	<ul style="list-style-type: none"> Co-production to develop holistic smokefree policies in schools and council owned buildings.
Compliance	<ul style="list-style-type: none"> Newham Trading Standards participating in Operation CeCe funded by HMRC and local policy developed aligning with national guidance. 	<ul style="list-style-type: none"> Limited capacity and resource for Trading Standards to initiate prevention campaigns.
Communication and denormalisation	<ul style="list-style-type: none"> Regular smokefree updates from members of the Alliance via newsletter Local media campaigns aligned with national campaigns 	<ul style="list-style-type: none"> Additional support for those using smokeless tobacco. Development of advocacy campaign helping retailers avoid illegal tobacco sales
Innovation and learning	<ul style="list-style-type: none"> Data and evaluation of key smoking cessation campaigns shared across alliance during quarterly meetings, newsletter and mailing list including referral and quit data into the service 	<ul style="list-style-type: none"> Disseminate smoking cessation information including update on campaigns with local residents through smokefree champion model.


Domain	Strengths	Areas for development and suggested ways forward
Cessation	<ul style="list-style-type: none"> Commissioned stop smoking service available in Newham including pharmacy service and targeting priority groups with high smoking prevalence. Promoting stop smoking through print and digital platforms during smoking cessation campaigns and offering translated materials in key community languages. 	<ul style="list-style-type: none"> Make Every Contact Count (MECC) through delivery of very brief advice training to every frontline practitioner with NHS and voluntary, community and faith sector organisations.
Prevalence	<ul style="list-style-type: none"> Reduced smoking prevalence among routine and manual occupation from 22.5% in 2021 to 9.1% in 2024 through targeted outreach at construction sites. Review of system wide action with trading standards colleagues to address illegal tobacco and enforce tobacco regulation through enforcement policy. 	<ul style="list-style-type: none"> Closely monitor smoking prevalence for adults 18+ to establish if smoking trend is improving among adults in Newham.
Quit data	<ul style="list-style-type: none"> Data regularly submitted to NHS digital and improving trends in quits 	<ul style="list-style-type: none"> Monitor equity data to inform other areas of the action plan and identify groups most need.

The action plan


The action plan is arranged in five key areas as shown in the figure, which align with our objectives:

- 


1. Address health inequalities linked to smoking through intelligence-led and targeted measures.

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2. Prevent people from starting to smoke through targeted prevention programmes and awareness raising campaigns.

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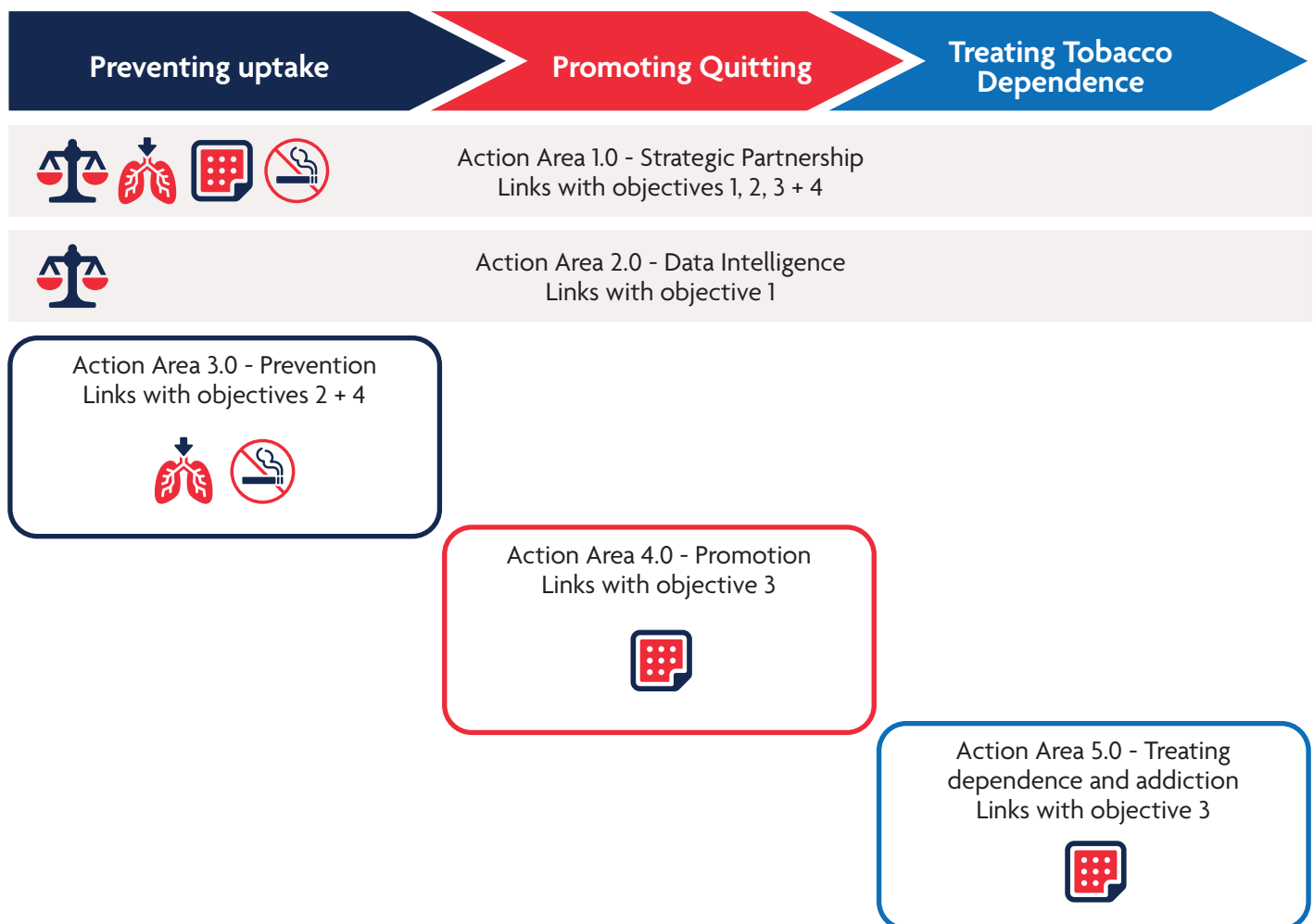
3. Deliver and promote high-quality stop-smoking support.

- 

4. Protect non-smokers from second-hand smoke exposure in public and private spaces.

The actions were developed in 2024 and designed to align with the national and local context at the time. We recognise this context may change, such as new legislation. As a principle in delivering this three-year plan, we will remain live to the wider context in which this plan sits, and we will adapt and respond as needed to ensure we are maximising every opportunity to address tobacco use in Newham.

Figure 7: Overview of action areas and alignment with objectives



How will the actions target the priority groups?

Many actions are relevant to a variety of priority groups (as set out above), and prioritisation and equity cuts across the whole action plan. Rather than listing different actions for each priority group, for each action we will consider how it should be targeted and tailored to different priority groups. Our monitoring and evaluation will assess how effectively we are reaching the priority groups, which will inform subsequent priorities and actions.

Table 8: Action plan table Newham Tobacco Control Plan, 2024-2027

Action area	No.	Action	Responsible	Output or outcome measure
1.0: Strategic partnership Adopting a whole-systems approach in tackling tobacco use and reducing smoking related health inequalities	1.1	Provide annual updates to the Health and Wellbeing board on tobacco control asserting ambitions and goals of becoming smokefree through the local tobacco control plan.	Newham SmokeFree Alliance	
	1.2	Support local elected members to be advocates for tobacco control locally, regionally and nationally	Cabinet Member for Adults and Health	
	1.3	Maintain a multi-agency collaboration to ensure tobacco control remains a priority.	Newham SmokeFree Alliance	
	1.4	Share and learn best practice around tobacco control activities from neighbouring boroughs and regional networks	Public Health	
2.0: Intelligence and insights Fostering opportunities to collect behavioural insights from smokers, as well as reviewing and monitoring local smoking data to inform tobacco control initiatives.	2.1	Undertake a health equity audit to understand the barriers to accessing Quit Well Newham among key priority groups.	Public Health Commissioning	
	2.2	Review uptake and quit rate data from key referral pathways into Quit Well Newham including community, primary and secondary care using PharmOutcomes and Power BI.	<ul style="list-style-type: none"> Public Health Commissioning Barts Health NHS Trust East London NHS Foundation Trust 	
	2.3	Gather qualitative insights from service users, residents, voluntary, community and faith organisations and businesses to inform stop smoking interventions e.g. Quit Well Newham and smokefree sites.	<ul style="list-style-type: none"> Incumbent stop smoking provider Public Health 	

Action area	No.	Action	Responsible	Output or outcome measure
3.0: Prevention Developing and implementing measures to prevent people from starting to smoke, including helping retailers avoid illegal tobacco sales.	3.1	Co-design and pilot smokefree sites with residents, businesses and local voluntary, community and faith organisations.	<ul style="list-style-type: none"> Public Health Housing 	Number of pilot smokefree sites offering specialist stop smoking support.
	3.2	Develop a fire safety pathway including a referral checklist and high-level resource with fire safety tips and process for person-centred fire risk assessment.	<ul style="list-style-type: none"> Fire Safety Housing London Fire Brigade 	Number of smoking-related fires in Newham.
	3.3	Implement the Young People Action Plan on Smoking and Vaping	Vaping, Smoking and Young People Working Group	
	3.4	Deliver Very Brief Advice Training including smokeless tobacco to frontline staff within adult social care, primary, secondary and voluntary, community and faith organisations settings.	<ul style="list-style-type: none"> Incumbent stop smoking provider Barts Health NHS Trust East London NHS Foundation Trust 	<ul style="list-style-type: none"> Number of people trained in Very Brief Advice Number of settings receiving Very Brief Advice training
	3.5	Deliver effective enforcement service to disrupt sale of illicit tobacco products.	Trading Standards	<ul style="list-style-type: none"> Number of underage tobacco test purchases including vapes and shisha. Number of inspections and search visits including community language test purchase and sniffer dog days.

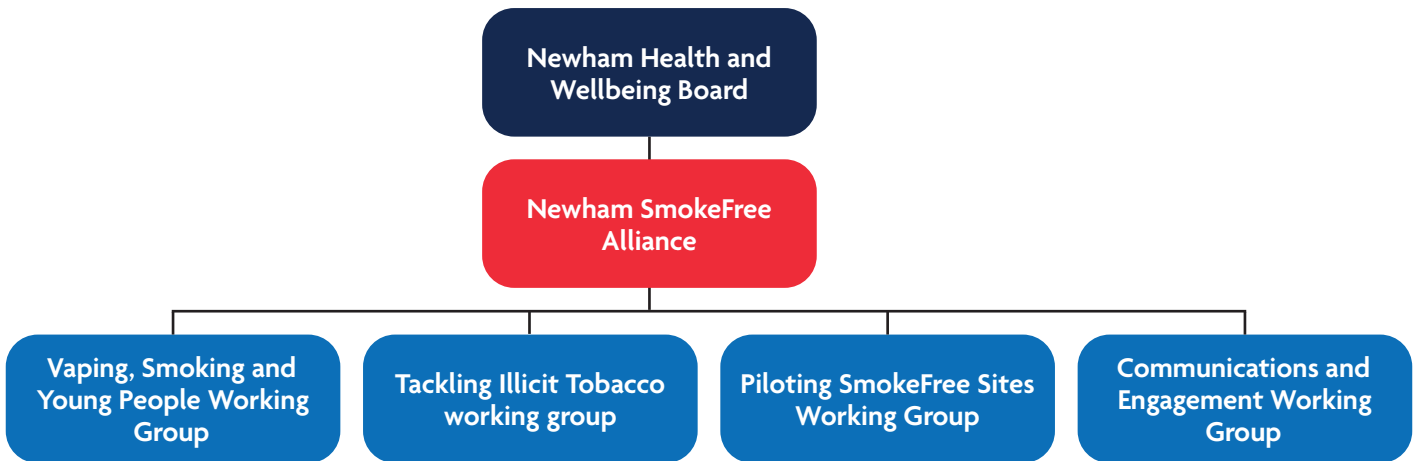
Action area	No.	Action	Responsible	Output or outcome measure
4.0: Promotion Raising awareness of the high quality support available to help people quit smoking or quit using smokeless tobacco.	4.1	Ensure all health service providers and other frontline services (housing, fire safety and social care) signpost and refer into Quit Well Newham or community pharmacy for stop smoking support.	SmokeFree Alliance Members	Numbers of referrals from each service
	4.2	Promote the London Tobacco Alliance e-cigarette position statement to local residents and businesses, communicating the evidence that e-cigarettes are less harmful for adult smokers and are an effective quit aid.	SmokeFree Alliance Members	
	4.3	Increase smoking cessation activity within community pharmacies to promote stop smoking support, targeted to deprived areas of Newham.	NEL Community Pharmacy	<ul style="list-style-type: none"> • Number of people setting quit dates with community pharmacies • Proportion service users with a quit at 4 weeks
	4.4	Pilot the Responsible Retailer programme to ensure tobacco and vape products are not sold to underage users.	Trading Standards	Number of retailers signed up to Responsible Retailer Scheme
	4.5	Design a smokefree champion model with support from local voluntary, community and faith organisations to encourage people to stop smoking and promote Quit Well Newham	Resident Engagement	<ul style="list-style-type: none"> • Number of smokefree champions • Number of referrals from community, voluntary and faith organisations into stop smoking service.

Action area	No.	Action	Responsible	Output or outcome measure
5.0: Treating dependence and addiction Strengthening pathways into specialist services to increase and generate high quality referrals, supporting priority groups to quit or reduce their harm if they are unable to stop in one go.	5.1	Deliver regular smoking cessation clinics to support smokers treated for substance misuse.	<ul style="list-style-type: none"> Substance Misuse Provider Stop Smoking Provider 	Number and proportion of adults aged 18+ treated for substance misuse and who smoke, with a CO validated quit at 4-weeks.
	5.2	Deliver work-based interventions to support routine and manual workers.	Stop Smoking Provider	Number and proportion of stop smoking service users from routine and manual occupations with a CO validated quit at 4-weeks.
	5.3	Strengthen pathways and stop smoking interventions in adult social care.	Public Health Commissioning	Number and proportion of people accessing adult social care services who smoke, with a CO validated quit at 4-weeks.
	5.4	Enhance pathways from inpatient healthcare services into stop smoking services to increase quits among smokers with long-term conditions and smokers with mild, moderate and severe mental illnesses.	<ul style="list-style-type: none"> Barts Health NHS Trust East London NHS Trust Stop Smoking Provider 	<ul style="list-style-type: none"> Number and proportion of service users with a diagnosed mental health condition who smoke and quit at 4 weeks. Number and proportion of service users with a long-term health condition who smoke, with a CO validated quit at 4-weeks.
	5.5	Enhance pathways to support pregnant women and their partners to stop smoking through maternity services, Family Hubs and children's services.	<ul style="list-style-type: none"> Public Health Children's services 	Number and proportion of pregnant women who smoke with a CO validated quit at 36 weeks of pregnancy.
	5.6	Pilot home visits offering specialist stop smoking support to smokers with mild and moderate and severe mental health illnesses.	East London NHS Foundation Trust	Number of pilot home visits delivered to smokers with mild, moderate and severe mental health illnesses.
	5.7	Pilot pop-up smoking cessation clinics in high smoking prevalence wards targeting priority cohorts.	NEL / Community Pharmacy	<ul style="list-style-type: none"> Number of pilot pop-up smoking cessation clinics. Number of smokers setting a quit date at pilot pop-up smoking cessation clinic Proportion of smokers with a CO-validated quit at 4-weeks from pilot pop-up clinics.

Governance and monitoring

The Newham Smokefree Alliance will govern and oversee the delivery of the tobacco control plan. Working groups will focus on relevant areas of the action plan, and report to the Alliance regularly. The Alliance will produce an annual report, which will be shared with the Newham Health and Wellbeing Board and other key partnership groups.

Figure 8: Governance structure to monitor tobacco control work in Newham



Outcomes, monitoring and evaluation

The plan will be monitored and evaluated through a number of output and outcome measures to provide a robust and rounded view of what has been achieved, what has worked well, and areas for further action.

The output and outcome measures listed in the action plan table above will be used to measure each action individually. Some of these measures may change depending on data availability.

Table 9 sets out the overarching outputs and outcomes we will use to measure overall success of the plan, with accompanying indicators and targets for each. The indicators and targets have been set for 2024/25 and 2025/26 (excluding the target for 2030), and may change over time as the work and data capabilities progress.

Table 9: Overarching outputs and outcomes, with indicators and targets

Output / outcome	Indicator	Target
Smoking prevalence in Newham (and breakdown by priority group)	Smoking prevalence in adults (aged 18 and over) – current smokers	<5% of adult population in Newham by 2030
Total number of people accessing local stop smoking services and numbers with a CO-validated quit at four weeks	<ul style="list-style-type: none"> Number of people with a QDS Number and proportion of people quitting at 4 weeks 	<p>Year 24/25</p> <ul style="list-style-type: none"> 1700 QDS 1000 quits 60% with 4 week quit <p>Year 25/26</p> <ul style="list-style-type: none"> 1800 QDS 1100 quits 60% with 4 week quit
Equity analysis of people using local stop smoking services	<ul style="list-style-type: none"> Number and proportion of QDS and 4 week quits by deprivation decile Number and proportion of QDS and 4 week quits by ethnicity 	For all indicators, the target is for QDS and 4 week quits to be proportional to need
	<ul style="list-style-type: none"> Proportion of adults aged 18+ treated for substance misuse and who smoke, with a CO validated quit at 4 weeks³² 	<p>Year 24/25 & 25/26</p> <ul style="list-style-type: none"> 5% of total QDS per year to be from this cohort 60% with 4 week quit per year
Engagement during key smoking cessation campaigns e.g. Stoptober	<ul style="list-style-type: none"> Number of campaigns delivered Number of referrals from campaigns delivered³³ Number of people setting a quit date following referrals from campaigns 	<p>Year 24/25 & 25/26</p> <ul style="list-style-type: none"> 4 campaigns per year 250 referrals per year 150 QDS per year

For more information on this tobacco control plan or joining the Newham SmokeFree Alliance please contact:

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³² This is the equity indicator for Step 16, 50 steps to a Healthier Newham 2024-2027

³³ Definition: referrals taking place during the campaign period.

Appendix A: priority group definitions and data used

Priority group	Definition	Data source
People with long term conditions (selected conditions)	People with a recorded diagnosis of COPD, coronary heart disease, diabetes, asthma or cancer	Data source: primary care data via East London Database, Clinical Effectiveness Group (CEG)
People living in a high smoking prevalence ward	<ul style="list-style-type: none"> • Wards with a smoking rate of more than or equal to 25 per 100 registered patients aged 18+. • Wards include Beckon, Canning Town North, Canning Town South, Forest Gate North, Forest Gate South, Plaistow North, Plaistow South and West Ham. 	This includes all people registered with an NHS GP practice with a valid Newham postcode
People living in a deprived ward	<ul style="list-style-type: none"> • The 20% most deprived wards in Newham based on IMD score. • Wards include Canning Town North, Custom House, Canning Town South and East Ham South 	
Young person under 25	People aged 18 to 24	
People from White Other population	People with a recorded ethnic group of White Other	
People with long term mental health condition	Adults with a diagnosed long-term mental health condition.	NHS England and GP Patient Survey
Routine and manual occupations	Adults aged 18 to 64 who work in routine and manual occupations including lower supervisory, semi-routine and routine classifications.	Annual Population Survey
Pregnant women	<ul style="list-style-type: none"> • Someone who gives birth to one or more live or stillborn babies of at least 24 weeks gestation, where the baby is delivered by either a midwife or doctor at home or in a NHS hospital. • Smoking is defined as those who are known to be smokers at the time of delivery. 	NHS England, Statistics on Women's Smoking at a Time of Delivery

Additional notes about data

Data on smoking for Newham comes from a range of sources. All sources have strengths and limitations; the data is a useful guide but is unlikely to be exact.

- NHS data: this is from general practice records. It provides granular information such as people's age, sex, ethnicity, location and health conditions, which makes it useful for assessing smoking among some priority groups. However the data only captures those who have their smoking status recorded, which means it may underestimate levels of smoking. Similarly, not all population groups interact with NHS services equally, so the data may under- or over-represent certain groups depending on differences in interactions with NHS services. In addition, the NHS-registered population is higher than other Newham population estimates, which means the data may not accurately reflect the true value in the population.
- Survey data: surveys such as the Annual Population Survey measure smoking in a sample of the population and use this to estimate smoking for the whole population. This means that the estimated values are unlikely to be exact and the 'true' value is likely to be somewhere within a range. The uncertainty is greater where the group of interest, such as routine and manual workers, is relatively small.

