

ASH Webinar: Delivering on the shift to prevention in the NHS

17th June 2025

ASH receives funding from:

- Cancer Research UK
- British Heart Foundation

Housekeeping

- Please can all panellists and attendees keep themselves muted and turn their videos off unless they are presenting. ASH staff will mute anyone who is unmuted and not presenting.
- We encourage all attendees to submit questions and reflections in the meeting chat, to be discussed during the Q&A session.
- This webinar is being recorded. The recording and slides will be shared online.
- If you have any other issues, please post in the meeting chat or email admin@smokefreeaction.org.uk

Agenda

- 11.30 -11.35 Opening from the Chair - Sarah Woolnough, Chief Executive of The King's Fund
- 11.35 – 11.45 The ICB shift to prevention - Sir Jim Mackey, Chief Executive of NHS England
- 11.45 – 11.55 The local case for prioritising prevention - Dr Chris Weiner, Chief Medical Officer, Derby & Derbyshire ICB
- 11.55 – 12.05 Implementing prevention services at scale - Ailsa Rutter, Director, Fresh North East
- 12.05 – 12.15 Using ICB scale to improve population health - Peter Rodderick, Director of Public Health, City of York
- 12.15 – 12.30 Q&A
- 12.30 Chair closes



England

The ICB Shift to Prevention

Sir James Mackey
Chief Executive, NHS England



Context

1. **Right now, we are focused on supporting colleagues to return to an ambitious system.** We are working to a 100 day plan which aims to reset the NHS by simplifying the operating model, reducing delivery metrics and rebuilding confidence among political leaders, NHS staff and patients.
2. **Focusing on decluttering the NHS system and reducing the layers** – renewed focus for the “centre” and placing ICBs as strategic commissioners to deliver the three strategic shifts – sickness to prevention, hospital to community, analogue to digital.
3. **SR is providing a £29 billion real terms increase (£53 billion cash increase) in annual NHS day-to-day spending from 2023-24 to 2028-29.** The SR also announces a £2.3 billion real terms increase (£4 billion cash increase) in DHSC’s annual capital budgets from 2023-24 to 2029-30. Largest ever health capital budget, representing a more than 20% real terms increase by the end of the SR period.
4. The 10 Year Plan will have a big focus on **a neighbourhood health service - a big moment to create the environment to shift the service towards prevention.**

ICBs as system leaders on population health

Delivery of the 10 Year Health Plan will require a leaner and simpler way of working where every part of the NHS is clear on its purpose, what it is accountable for and to whom.



Prevention as a priority for all parts of the NHS

Locking in local focus:

- Ask on ICBs is significant as they work to build the foundation for neighbourhood health and manage the local changes involved with ICB redesign. Govt has made it clear that prevention is one of the three big shifts we want to see for the NHS.
- We don't want this to distract efforts on prevention and population health. Up and down the country, there are examples of systems working to increasingly shift the focus on proactive prevention.
- In the NHS Performance Assessment Framework, we're looking at how to help and encourage ICBs – and trusts where applicable – deliver on key prevention interventions.

Continued focus by NHSE and the DHSC:

- Reminders for cervical screening via the NHS App, as part of a new 'ping and book' service to boost uptake
- Invested £198m in strengthening the focus on CVD prevention through the 2025/26 QOF in the GP contract
- Action to end the HIV epidemic through our Blood Borne Virus opt-out testing programme
- Published our plan to drive the elimination of Cervical Cancer through screening and vaccination
- Record 166,360 more adults in England began receiving support last year from NHS' Healthier You initiative, to stop or delay them developing Type 2 diabetes
- World-first vaccination programme against gonorrhoea - 4CMenB

Smoking and tobacco will remain a top focus

- **Supporting people to stop smoking can contribute to current demand reduction and increased capacity across the NHS.** Smokers see their GP up to a third more often than non-smokers and are 36% more likely to be admitted to hospital
- **It is estimated that the total costs of smoking in England are over £17 billion.** This includes an annual £14 billion loss to productivity and costs to the NHS and social care of £3 billion.
- Since the NHS Long-Term Plan was published, we have successfully rolled out tobacco dependence treatment services on an opt-out basis for 93% of Trusts providing inpatient services and 97% of maternity units.
- **We want to maintain that focus. The Govt has shown commitment through funding in the SR – and we in the NHS are creating the structural environment to drive up progress.**
- In the NPAF, we are looking at how to support ICBs to deliver on key metrics such as the percentage of pregnant women supported to quit smoking and the percentage of inpatients referred to stop smoking services.

17th June ASH Webinar

Delivering on the shift to prevention in the NHS

Ailsa Rutter OBE Director of Fresh and Balance

“Implementing prevention services at scale”





Running since 2005

Thanks for commitment and funding from all 12 LAs and also NECB ICB

Locally together approach – regional programme- multiple partners

Collaboration with other subnational programmes

No complacency- lots still to do

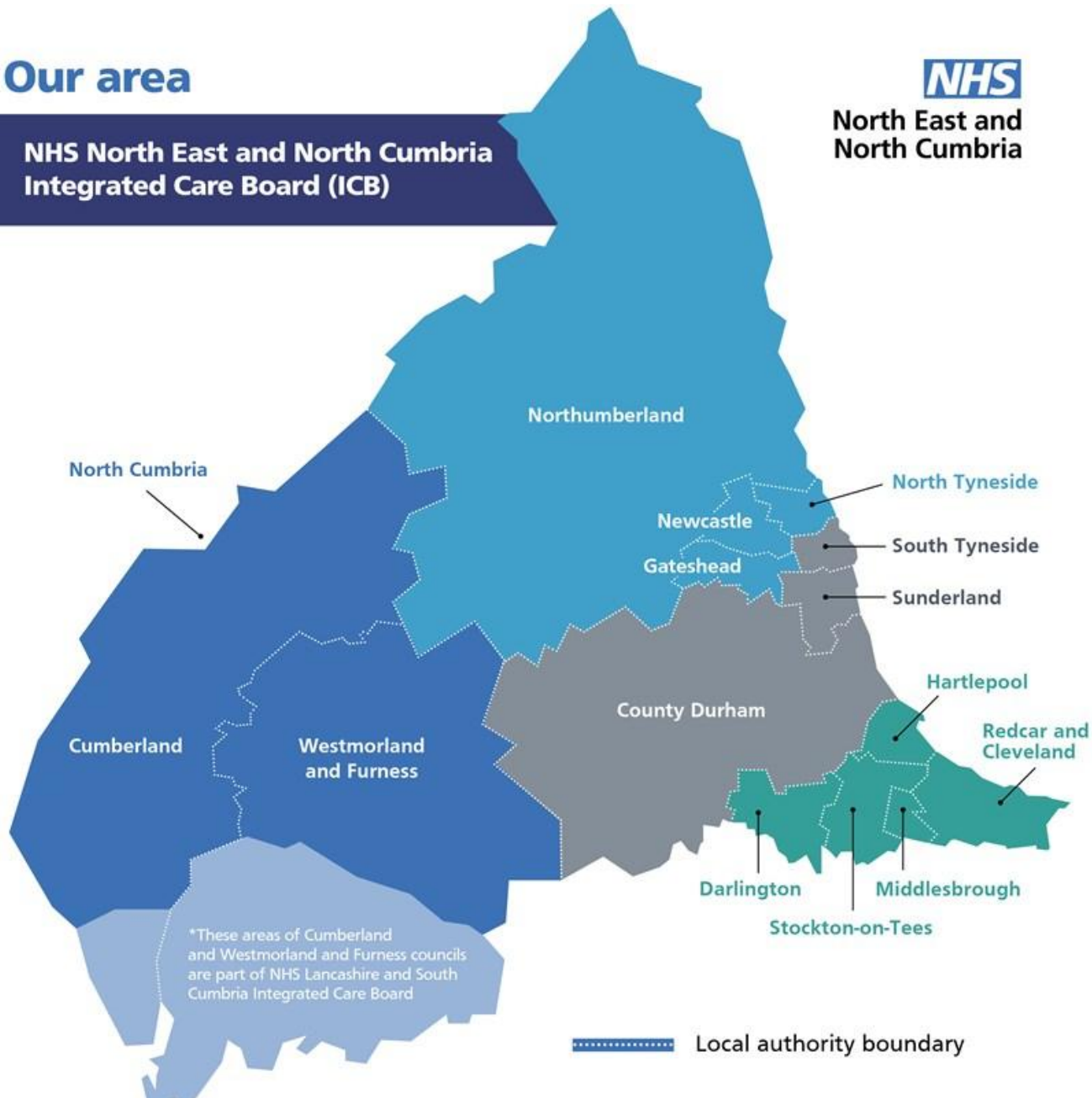
62% reduction

North East adult smoking prevalence down from 29% in 2005 to 11% in 2023 - now lower than England average

Our area

**NHS North East and North Cumbria
Integrated Care Board (ICB)**

NHS
North East and
North Cumbria



- A population of 3.1 million people, second largest ICS
- Largest ICS geographically
 - 2 x Mental Health Trusts
 - 8 x Acute Trusts
 - 14 x Local Authorities

We have a clear NENC vision



DECLARATION FOR A SMOKEFREE FUTURE

“Smoking has a negative impact on our region’s health, wealth, happiness and wider economy.

The region has suffered for too many years from the harms of tobacco smoking with thousands of local people prematurely dying from avoidable smoking related illnesses driven by global tobacco companies with a pursuit for profit.

We believe it is unacceptable that at least one in every two long term smokers will die from smoking and for each person who dies, there are 30 people suffering from a smoking related illness. It is wrong that tobacco related harm is costing our region around £2.35 billion each year due to the impact on health care, social care, fires and our businesses.

Our public agree with us. They don’t want this to continue happening.

We have ensured that reducing smoking rates has been a key priority for both local government and the NHS over many years and with the support from Fresh our dedicated regional tobacco control programme we are proud that our region has achieved the biggest overall drop in adult smoking rates since 2005.

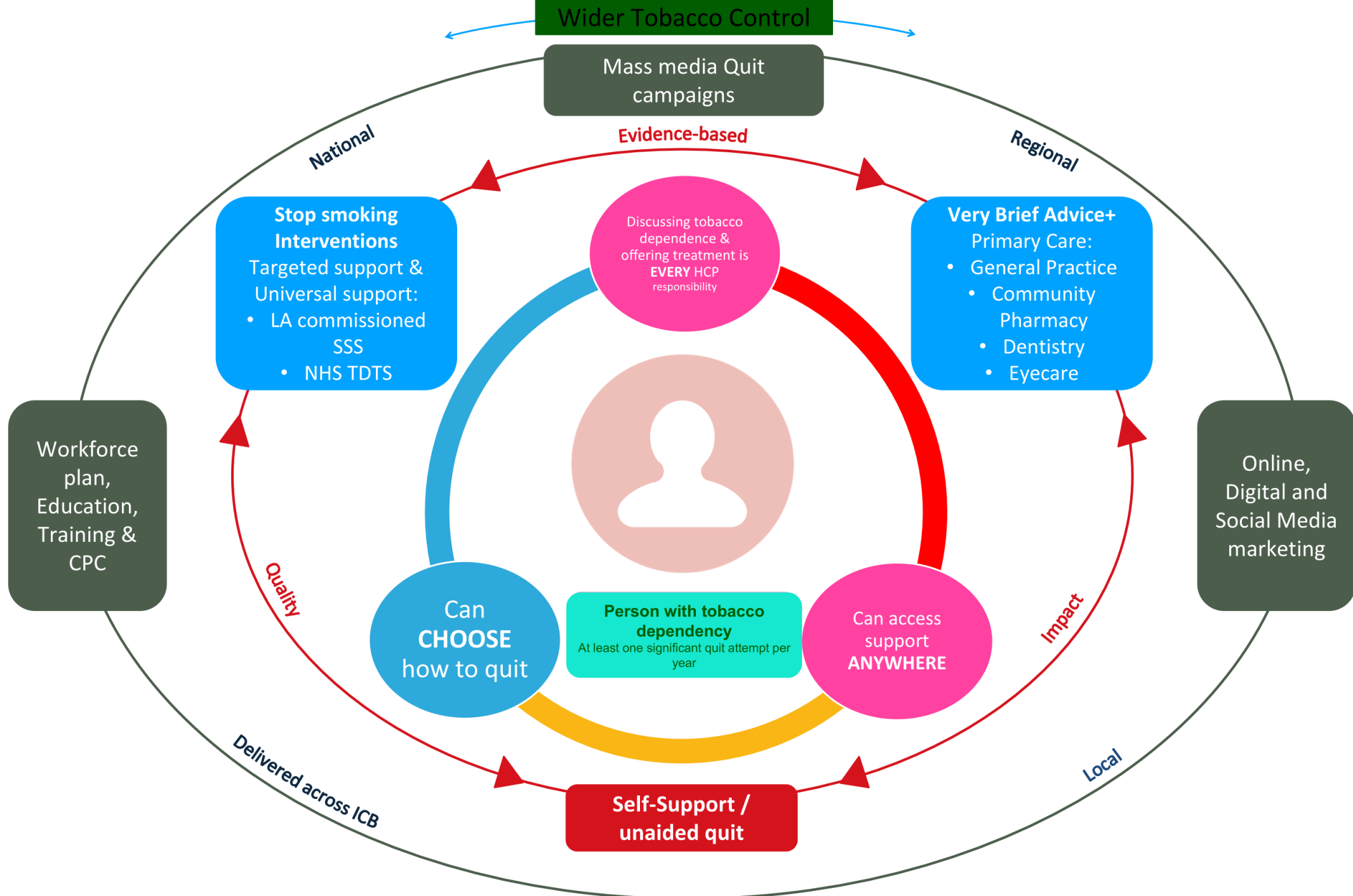
We however recognise that there is much more to be done and continued system wide efforts and focus must be given to reducing smoking across all groups noting that higher smoking prevalence is associated with almost every indicator of deprivation or marginalisation.

We commit that we will strive to achieve our regional ambition to reduce overall rates to 5% or less by 2030 but ultimately we believe that to achieve our Better Health and Wellbeing For All Plan we need to be bold and ambitious.

Our final aim is that tobacco smoking will and should become obsolete- a thing of the past- and with no future generations taking it up. This will require our region advocating for effective national action that supports our regional and local focus. We know we have the support from the public who do not want any future generation to suffer from tobacco related harm.

A smokefree future, free of the death and disease from tobacco, is needed, wanted and workable. This would improve the health and wealth of our region’s most disadvantaged communities more than any other measure”.

27th September 2023 (updated June 2024 with latest estimates for cost of smoking)



Smokefree NHS/Treating Tobacco Dependency Programme and Taskforce

A dedicated multi-agency Taskforce established in 2017 predating the NHS LTP:

Aim: To reframe smoking as a chronic long term condition which requires clinical treatment and embed this as part of core clinical practice for every healthcare professional

To oversee delivery of the LTP strand of work and ensure sustainability of a Smokefree NHS, including tobacco dependency treatment services (TDTS) and expanding into other NHS settings. Jointly chaired NHS and LA. (Learning too from other key programmes eg CURE in GM)

NENC Integrated Care Board (ICB) commitments to be part of a wider, whole system approach to comprehensive tobacco control. Taskforce now reports into ICB prevention board and then into Healthier and Fairer Programme Board



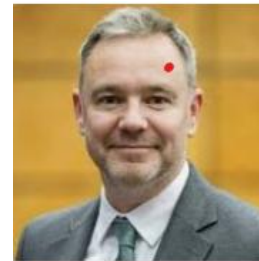
Dr Ruth Sharrock- NENC
Clinical Lead For Tobacco
Dependency



Rachel McIlvenna –
Smokefree NHS
Strategic Manager



Joojo Kyei- Sarpong-
Smokefree NHS Project
Manager



Prof Ewan Maule, SRO,
Joint Chair of Prevention
Board, NENC ICB
Clinical Director of
Medicines



Alice Wiseman DPH
Gateshead and
Newcastle – joint chair
ICB Prevention Board



Amanda Healy DPH
Durham, ADPHNE Chair
and– joint chair ICB
Healthier and Fairer
Programme Board

Enabling

Workstreams/ Pillars

Communications

Comprehensive Regional Training & Quality Improvement Culture

Established Peer Networks

Evaluation & Focus on improving data quality and outcomes

ICS Funding Commitment & Leadership

Digital Cessation Support- Smokefree App

Approach to Vaping



In NENC since April 2022 across acute & mental health inpatients and maternity pathways:



51,760 smokers have been referred to our Tobacco Dependency Treatment Services



36,625 have been seen by our teams



9,260 have set a quit date



2,085 quit 28 days post discharge and beyond

NENC Smokefree NHS Programme Highlight Summary

1st April 2024 – 31 March 2025



Inpatient Tobacco Dependency Services

- 31,836 smokers identified on admission
- 18,670 (79%) received support and cessation aids,
- 3,835 set a quit date: 715 quit at 4 weeks post-discharge



Pregnancy Support

- 3,035 pregnant smokers identified
- 1,785 seen, 905 (62%) set a quit date, 425 (47%) quit
- Over 400 smokefree births
- 232 supported via National Pregnancy Incentives scheme since Nov 2024: 116 quit, over 22 smokefree deliveries.



SATOD (Smoking at Time of Delivery)

- Q3 2024/25 rate: 7.9% down from 10.9% in 23/24

Expansion of Community Programme

- CNTW delivering community mental health tobacco support in North Tyneside & Newcastle: 31 referrals, 7 quits.
- Innovative programmes like COSTED launched in Northumbria FT (includes vape provision).
- New collaborations with North East Ambulance Service and Trust Paediatrics.
- Enhanced Lung Cancer Checks pilot underway; funding secured for 2025/26.



50 staff trained at 3 new/refresher tobacco dependency training sessions (maternity, acute, mental health/community mental health)
1 Academic paper published



Vape Initiatives

- Vape pilots across 4 Trusts: 300 Vapes distributed, 44 quits
- 874 vapes distributed via ICB Swap to Stop, 510 quit



Events & Engagement

- 2 Best Practice events, 100 attendees.
- Record 40+ delegates at SCAH Conference with 3 abstract posters, 1 oral rapid fire; 1 breakout speaking slot session
- Co-led webinar with Newcastle University & NHR 60+ attendees on NENC NHS Staff Tobacco Dependency Offer



Expansion Professional Development & Academic Progress:

- 50 staff trained at 3 new/refresher tobacco dependency training sessions (maternity, acute, mental health/community mental health)
- 1 Academic paper published

Continuing Professional Development & Academic Progress:

NENC ICB funding commitment at same level for 25/26:

- ❖ TDTS
- ❖ Smokefree NHS programme
- ❖ Fresh



Changing lives literally- Carol

- Domestic at Gateshead NHS Trust
- Smoked since **11** years
- Diagnosed with mild COPD
- Respiratory Consultant offered vapes and products to support to quit smoking
- NENC ICB staff offer for smoking cessation
- Successfully quit at **56** years
- New Role -Tobacco Dependency Advisor (TDA)



Find out more?

Link to NENC ICB tobacco page:

[Tobacco Dependency | North East and North Cumbria NHS](#)

On X/Bluesky/LinkedIn

@FreshSmokeFree

@SmokefreeNHS_NE

[LinkedIn](#)

www.fresh-balance.co.uk (stakeholders)

www.freshquit.co.uk (for people who smoke)

[Email info@fresh-balance.co.uk](mailto:info@fresh-balance.co.uk)



Using ICB scale to improve population health

Peter Roderick

Director of Public Health, City of York Council

North Yorkshire



Humber and North Yorkshire
Health and Care Partnership

1.7 million people

6 Local Authorities
(upper tier and unitary authorities)

550 care homes

180 home care companies

10 hospices

**1000s of voluntary and
community sector
organisations**

U75s preventable mortality
= 4,450 deaths (2021-23)

...of which

NCDs @ 90%
= 2000 deaths per year

42 Primary Care Networks
(181 GP Practices)

4 acute hospital trusts
(operating across 9 sites)

3 mental health trusts

**4 community / not for
profit providers**

2 ambulance trusts

c.50,000 staff
across health and
adult social care

**Total budget of
approx. £3.5bn**

York

East Riding
of Yorkshire

Hull

North
Lincolnshire

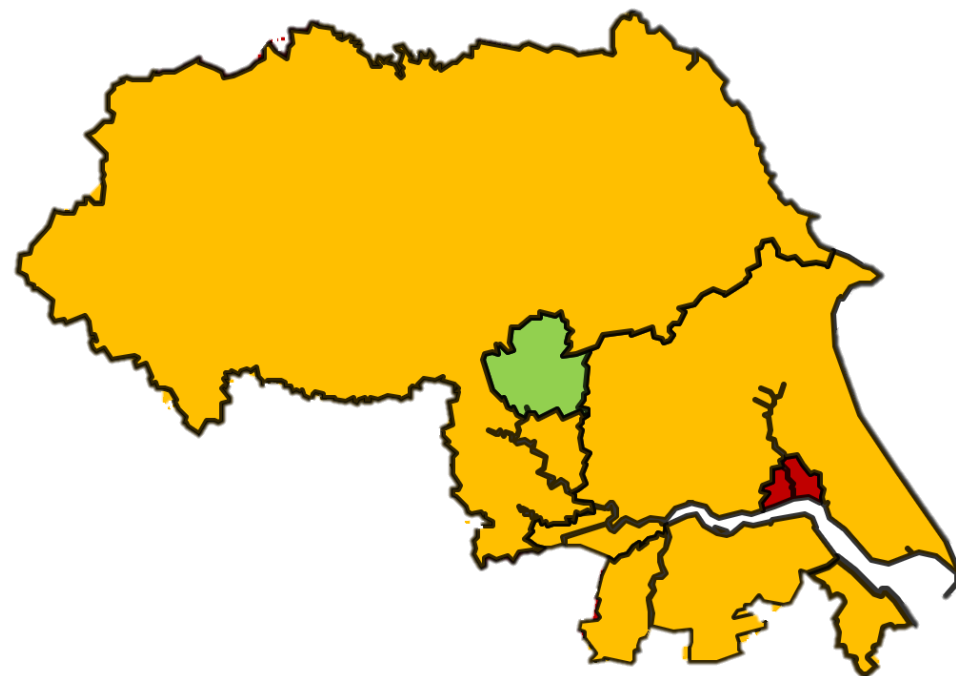
North East
Lincolnshire

Smoking drives health inequalities in HNY

- There are at least **176,000 adults who smoke** in H&NY
- This represents a **12.7% prevalence**
- There are stark **inequalities** in the region:

Hull	17.6%	East Riding	12.3%
North Yorkshire	9.8%	North Lincolnshire	17.0%
York	8.1%	North East Lincs	16.6%

22.8% of people in routine and manual occupations in HNY smoke



Smoking prevalence (2023)

Cessation efforts are delivering results

TDDS services fully implemented across 9 pathways (5 Trusts) in HNY. In 2024/25

Acute: Seen 5105 → Quit set 3261 → Quit 706
Maternity: Seen 1616 → Quit set 779 → Quit 142

Overall the service has seen over 10,000 people in HNY since it started in Q2 2023/24. Rough figures for savings to the acute system (from ASH ROI calculator) are

- £3 Million savings based on reduction of 1-year readmissions
- 8,200 bed spaces created
- 860 lives saved

HNY closely involved in the National Quality Mark scheme and two Trusts among the first five Trusts nationally to achieve this status.



TDDS Quality Mark Guidance

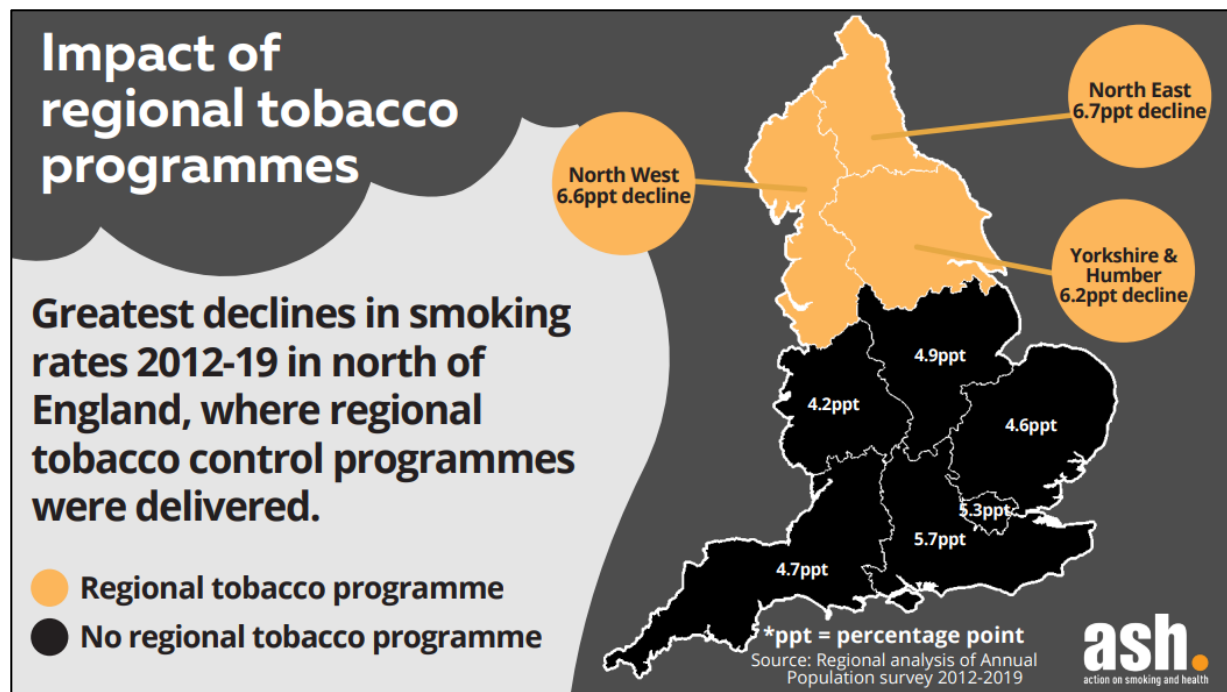
This document will provide guidance for each of the metrics proposed for the quality mark scheme. The guidance will outline examples of appropriate evidence.

Service is operational and working to be established to plan.

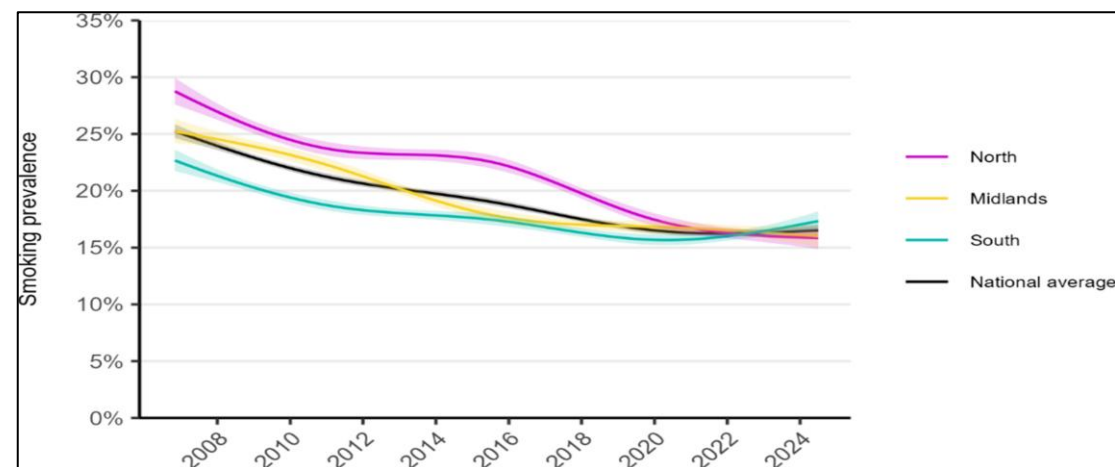
Trusts can use implementation tracker submission as evidence for this metric. It is proposed that evidence for this metric will be taken from the implementation tracker. Trusts may want to consider assessing coverage of their current service to demonstrate that they are working to be established to plan.



Regional coordination seems to add value



Trends in smoking prevalence and socio-economic inequalities across regions in England: A population study, 2006 to 2024



Addiction, First published: 18 March 2025, DOI: (10.1111/add.70032)

'Between 2006 and 2024, smoking rates in the North of England fell faster than the national average, narrowing the geographic inequalities in smoking prevalence and bringing the North of England into alignment with other regions by 2024. Regional tobacco control programmes appeared to contribute to this progress.'

The HNY Centre for Excellence in Tobacco Control

Co-ordination

- Priority 1: Increasing the numbers attending local stop smoking services
- Priority 2: Better access to pharmacotherapy alongside behavioural support.
- Priority 3: Mass media campaigns, align push/pull marketing, insight into communication with hard to engage groups focussing on areas of deprivation and comms methods.
- Priority 4: Coordinated and consistent approach to tobacco and nicotine bill
- Priority 5: Coordinated and consistent approach to vaping
- Priority 6. Increase local capacity and capability for proactive trading standards approaches with shared framework for illicit tobacco

Effective delivery

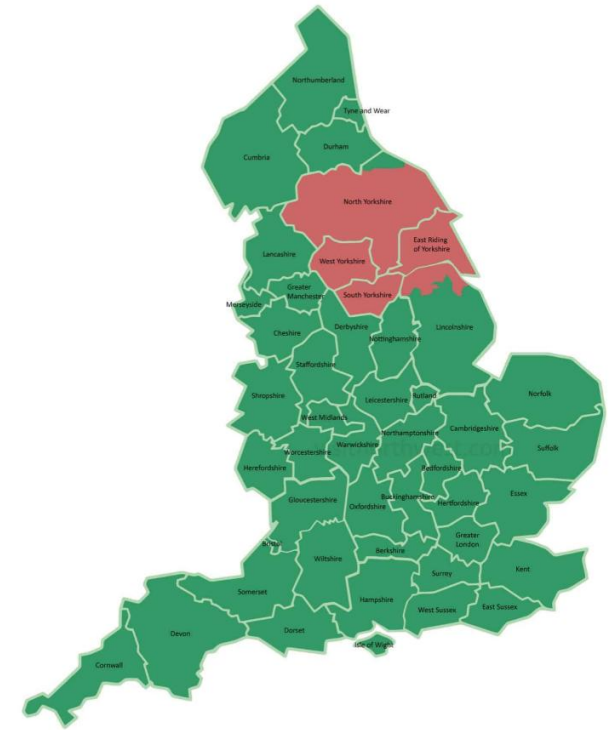
- ICS level marketing, PR and campaigns (quit, smokefree homes and illicit)
- Campaign research & evaluation
- Public support surveys
- One stop shop quit platform
- Training & workforce development
- Empower local communities through engagement with smokers (film & digital content for place)
- Illicit tobacco survey
- Integrated Smoking Cessation Lung Health Checks

Inspire change

- Support the implementation of the Tobacco and Nicotine Bill
 - Give leaders and TC Leads a voice to champion action across system
 - Champion action needed nationally.
 - Media spokesperson

Collaborating beyond HNY

- Pooled top slice from local government grants for stop smoking services across 15 local authority areas across West Yorkshire, South Yorkshire and Humber and North Yorkshire
- Deliver a regionwide mass media campaign
- Create a 'one stop shop' website
- Advanced practitioner training programme



The role of mass media at population level

- 4 weeks on ITV Linear – Seen on average 5.6 times by 37% of C2DE viewers.
- 3 weeks on C4, ITVx, Sky and Sky sports on demand – over **820k impressions**
- 82 x bus streetliners across the region – 60 panels still in place
- Nearly **10 million** delivered impacts across Greatest Hits radio
- Over **435k clicks** to ‘Yes to Quit’ website
- Over **10 million impressions on social media!**
- **108k link clicks** on social media
- ... this kind of reach would be impossible for a single Local Authority

**Campaign performs most strongly in making people stop and think,
and being hard hitting.**

Few think it was patronising or inappropriate.



Hundreds of hospital patients quit smoking in NHS plan

© 26 July 2023



GETTY IMAGES

A new stop smoking service in the Humber and North Yorkshire region has been hailed as a huge success

ICBs can lead the way to a smoke-free future

Integrated care boards have the power to bring system partners the war on tobacco and build a healthier, smoke-free future for a

Amanda Bloor, Sue Symington, Stephen Earnes
3 November 2023

Health bosses push for smoking law change



GETTY IMAGES

Thousands of illegal vapes seized at

North Yorkshire NHS chiefs welcome plans to tackle smoking

'My Nannie died from lung cancer, and it was scary for her' – East Yorkshire schoolgirl, 12, she wants to be part of a smokefree generation

Rose Connolly is visiting Parliament as part of a

The time for action on prevention is now

As leaders we must make a choice to protect our prevention work from the

Humber and North Yorkshire residents visit Parliament on No Smoking Day to share their smoking survivor stories

Residents from across Humber and North Yorkshire visited Parliament on No Smoking Day to tell their stories about the impact of smoking on their lives.

By Louise Hollingsworth
Published 13th Mar 2024, 15:12 BST



Hull hospital hands out vapes in anti-smoking drive

© 21 November 2023



Health bosses push for smoking law change



GETTY IMAGES

The new law would see the age at which people can buy tobacco products - currently 18 - increase by a year each year.

Smoking rates in northern Lincolnshire as Government 'deadly habit'

New 'Stoptober' campaign encourages people in Yorkshire and the Humber to stop smoking for 28 days

The latest public health campaign from Humber and North Yorkshire Health

Influencing beyond Yorkshire

- Strong input at all stages of the Tobacco and Vapes Bill
- Forging local and regional connections for advocacy and advancing tobacco control measures
- Parliamentary visit 2nd April
- Official pics with our 'Yes to Quit' speech bubbles!
- Ongoing support and press releases



Learnings from other areas and risk factors - alcohol, unhealthy foods/HFSS and gambling



Tobacco

- **13%** of adults smoke tobacco¹
- **506,100** smoking related admissions to hospital in 2020¹



Alcohol

- **24%** of adults drink over the guidelines of 14 units a week (11)
- **980,000** alcohol related estimated admissions to hospital in 2021²

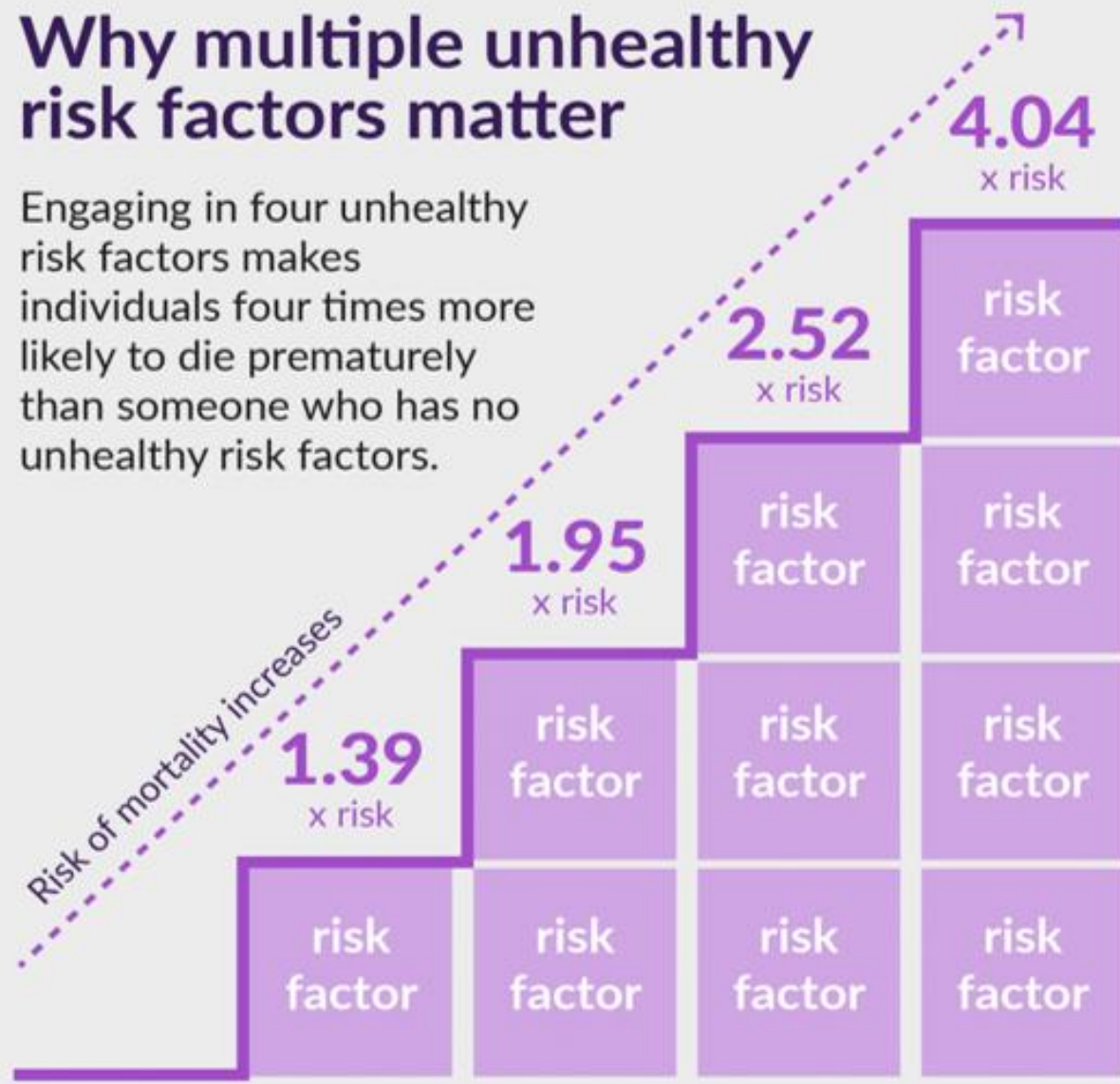


HFSS Products

- **64%** of adults are living with overweight or obesity³
- **1,020,000** weight related admissions hospital admissions in 2020³

Why multiple unhealthy risk factors matter

Engaging in four unhealthy risk factors makes individuals four times more likely to die prematurely than someone who has no unhealthy risk factors.



Risk factors



Poor diet



Excessive alcohol consumption



Inactive lifestyle



Smoking

Figure 1: Table from The King's Fund "Multiple unhealthy risk factors: why they matter and how practice is changing"

Panel Q&A

- Chair Sarah Woolnough, Chief Executive of The King's Fund
- Sir Jim Mackey, Chief Executive of NHS England
- Dr Chris Weiner, Chief Medical Officer, Derby & Derbyshire ICB
- Ailsa Rutter, Director, Fresh North East
- Peter Rodderick, Director of Public Health, City of York

Any questions?

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