From:	Clair Bell, Cabinet Member for Adult Social Care & Public Health Dr Anjan Ghosh, Director of Public Health
To:	Health Reform and Public Health Cabinet Committee
Date:	12 July 2022
Subject:	**Update on the One You Kent Smoking Cessation Quit Targets**
Classification:	Unrestricted
Past Pathway:	N/A
Future Pathway:	N/A

Summary:

At the previous Health Reform and Public Health Cabinet Committee the smoking cessation KPI target for smoking quits was noted as increasing from 52% to 55% in advance of the implementation date of April 2022.

The report presents an explanation of why the forthcoming quit target was not achieved by providing clarity on several contributory factors that brought about the reduction in the quit success rate, with a particular focus on data lag, impact of the COVID-19 pandemic on Primary Care and delivery and withdrawal of Varenicline, one of the most effective pharmacotherapies to support smokers in their quit attempt.

The report also suggests mitigations against the decline in success rates and highlight some of the key elements of the new independent report on Tobacco Control – “Making Smoking Obsolete”[1].

Recommendation(s):

The Cabinet Committee is asked to **NOTE** the justifications put forward for the quarter 3 reduction, recognising that Kent has until this period performed above the 55% target.

1. Introduction

1.1 This paper provides an overview of Tobacco Control performance in Kent for the period 2020/21 to 2021/22 and acknowledges that there were several challenges faced by the local stop smoking service as a direct consequence of

[1] Javed Khan, (June 2022) Independent Report: Making Smoking, Obsolete, OHID

the COVID-19 pandemic and changes to the type of pharmacotherapy being prescribed as well as known data lag issues.

1.2 The paper also provides assurance to members that the Kent stop smoking service continues to provide a quality service which is supporting tobacco users to stop smoking and contributes to the national ambition of achieving a smoke free nation by 2030.

2. Context

2.1 Smoking is a major public health issue and has been recognised as one of the primary causes of preventable illness, morbidity, and premature death.

2.2 Smoking has been identified as the single biggest cause of inequality in mortality rates between rich and poor in the UK. The prevalence of smoking has reduced from 19.8% in 2011 to 12.1% in 2020 in England and from 21.8% to 13.4% respectively in Kent.

2.3 Stop smoking services in Kent are provided by Kent Community Health NHS Foundation Trust (KCHFT), through the One You Kent (OYK) lifestyle service that aims to achieve the common objective of promoting healthy lifestyles among the Kent population to:

- Extend healthy life expectancy through prevention of chronic conditions such as obesity, cardiovascular diseases, and diabetes.
- Reduce health inequalities
- Reduce avoidable demand on the health and care system in Kent.

2.4 Over the period 2021/22 the services have faced many challenges, from the impact of the COVID-19 pandemic to greater workload pressures as referrals increase.

3. Smoking in Kent

3.1 The latest data (2020) suggests that 13.4% of the Kent adult population are smokers[2] and although the prevalence has declined, there are still 166,493 people who smoke in our communities. This costs the local economy around £480m each year.[3] Furthermore:

- 5,980 people died from smoking related illness in 2017-19[4]
- Around 10,139 people are admitted to hospital as result of smoking related conditions each year[5]

3.2 The chart in Figure 1 illustrates the decline in smoking prevalence in Kent.

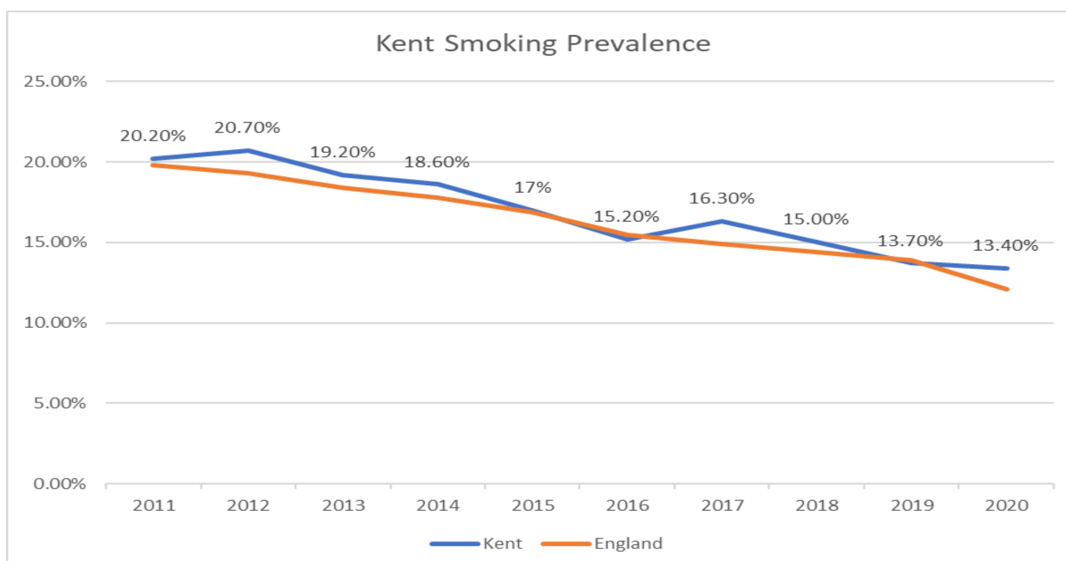
[2] Annual Population Survey 2020, Office for Health Improvement and Disparities, Local Tobacco Control Profiles https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132885/pat/6/ati/402/are/E10000016/iid/93798/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[3] Action on Smoking and Health, ASH Ready Reckoner, 2022, https://ash.org.uk/ash-local-toolkit/ash-ready-reckoner-2022/

[4] Office for Health Improvement and Disparities Tobacco Control Profiles, Smoking Attributable mortality 2017-2019

[5] Office for Health Improvement and Disparities Tobacco Control Profiles, Smoking attributable hospital admissions 2019/20

Figure 1. Smoking Prevalence in Kent 2011-2020



Source: Annual Population Survey 2020

3.3 Smoking prevalence estimates are available at a district level although figures are likely to be less accurate than Kent data due to smaller sample sizes. They do, however, reflect the inequalities in smoking, with higher smoking rates in the most deprived communities, thus perpetuating greater poverty.

Table 1. Smoking Prevalence Estimates by District in Kent (2020)

District	Smoking %	District	Smoking %
Ashford	12.7%	Maidstone	14.1%
Canterbury	9%	Sevenoaks	11.3%
Dartford	16.8%	Swale	17.7%
Dover	13.6%	Thanet	16.1%
Folkestone & Hythe	11.9%	Tonbridge & Malling	10.3%
Gravesham	17.6%	Tunbridge Wells	11.3%

Source: Annual Population Survey 2020

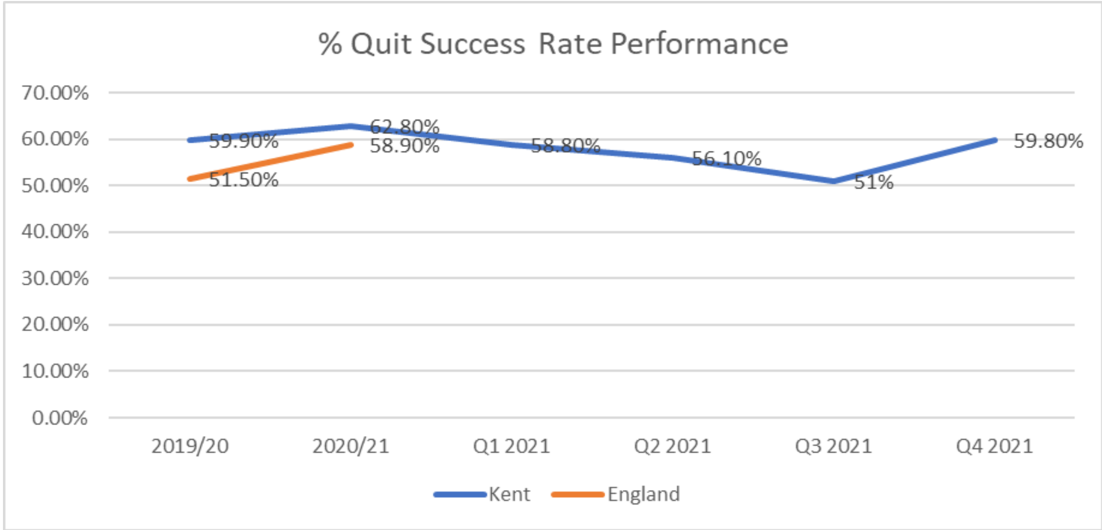
3.4 Action on Smoking and Health (ASH) estimate that 30% of smokers make some attempt to quit smoking each year. This gives a potential of 49,948 smokers in Kent trying to quit at any one time. In 2020/21, 4,089 smokers accessed Kent's local stop smoking services and made a quit attempt. 2,566 people went on to successfully quit smoking, giving a 63% success rate. Local stop smoking services provide the highest chances of quitting successfully and are considered to be four times more successful than quitting without any support. Other quit smoking methods may be over the counter Nicotine Replacement Therapy (NRT) or vaping.

4. Quit Success Rate in Kent

4.1 The 'quit' success rate is defined as the percentage of those who set a quit date with the Stop Smoking Service, who go on to successfully quit smoking at four weeks.

4.2 Kent has traditionally attained a higher than national average success rate which can be seen from April 2019 to March 2021 in Figure 2 below. NHS Digital has suspended the submission dates of quarterly data returns beyond April 2021, so it is not currently possible to compare national and regional trends beyond this date. Kent Public Health will compare and explore trends as soon as the national data sets are available.

Figure 2. Stop Smoking Services Quit Success Rate Performance - 2019/20 and 2020/21



Source: NHS Digital Stop Smoking Services Quarterly Monitoring Return Q1-4 2021/22

4.3 The data reported in the performance report to the Health Reform and Public Health Cabinet Committee on the 17 May 2022 highlighted an underachievement of 49% against the 55% new target. This new target should in fact have been implemented in 2022/23 rather than being used to assess performance of the reported Quarter 3 performance data covering October to December 2021. Because of data lag issues this rate increased to 59.8% above achievement of new target (55%) and above the original target of 50%.

4.4 Data for Q1 2022/23 will begin to be available from the end of July 2022 but due to the time lag on data, this will not provide a complete picture of quits until late August 2022.

5. Contributory Factors to the Reduction in Quit Success Rate

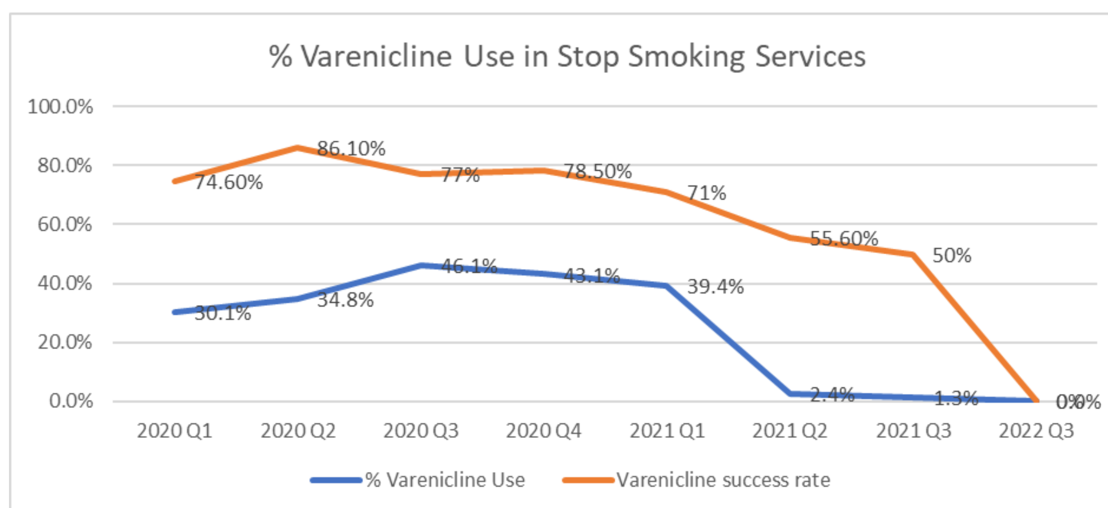
5.1 Varenicline

5.1.1 Varenicline is one of the most effective pharmacotherapies to support smokers in their quit attempt, achieving 79% success rate in Kent services in 2020/21.

5.1.2 In June 2021, and without warning, services experienced difficulty in accessing Varenicline due to a national disruption in supply from the manufacturer, Pfizer. Nitrosamine levels present in the product were considered to be above the acceptable levels of daily intake which may increase the risk of cancer if exposed to them over long periods of time. This led to the national recall of all Varenicline products in October 2021.

5.1.3 The impact of the recall, without any alternative products available, has resulted in all Stop Smoking services depending on dual Nicotine Replacement Therapy products, which have given 48.8% success in the same period of 2020/21, as illustrated by Figure 3. Although there may be additional factors contributing to the reduction in the service success rate in Q3 2021, the absence of Varenicline from October 2021 has had a significant effect. Table 2 below shows the decline in Varenicline use across the quarterly periods of 2021/22 from 46% in Q3 2020 to 0% in Q4 2021.

Figure 3. Varenicline Use in Stop Smoking Services - 2019/20 to 2020/21



Source: NHS Digital, Stop Smoking Services Quarterly Monitoring Return Q1-4 2021/22

Table 2. Varenicline Usage – Quarter 1 to 4 2020/2021 and 2021/2022

Kent	2020/21 Q1	2020/21 Q2	*2020/21 Q3*	2020/21 Q4	2021/2022 Q1	2021/22 Q2	2021/22 Q3	2021/22 Q4
% Varenicline Use	**30.1%**	**34.8%**	***46.1%***	**43.1%**	**39.4%**	**2.4%**	**1.3%**	**0%**

Source: NHS Digital, Stop Smoking Services 2019/20 and 2020/21Stop Smoking Services Quarterly Monitoring Return Q1-4 2021/22

5.2 COVID-19 Pandemic

5.2.1 The COVID-19 pandemic has also had a significant impact on access to stop smoking services and service delivery both nationally and locally. Whilst some smokers have been motivated to quit smoking due to health concerns throughout the pandemic, it is reported that some smoked more and ex-smokers relapsed into smoking due to anxiety and depression over the period.[6]

5.2.2 The GP surgeries and pharmacies that delivered quit support, alongside community stop smoking services ceased delivery throughout the pandemic, increasing community stop smoking service referrals by a third. This resulted

[6] Peckham et al (2021) in Public Mental Health and Smoking, ASH and Public Mental Health Implementation Centre, 2022, p.12

in a waiting list for people wanting to access quit support until the services were able to increase resources to cope with demand.

5.2.3 In response, the mode of service delivery was adapted from face-to-face support to telephone support and has now become a blended model (both face to face and telephone/zoom support) approach to suit client needs. This has proven to be an effective way forward and has enabled the Council to meet the demand.

5.2.4 Although it is not possible to directly correlate the COVID-19 scenario to success rates, it is assumed it still may be contributing to the changing attitude and behaviour of smokers generally and any fluctuations in the access and success rates since 2020.

6. Mitigations

6.1 To mitigate against future reductions in smoking quit success rates, the provider has implemented the following measures:

6.2 A pilot to offer e-cigarettes to clients wishing to stop smoking which is viewed as an option which individuals who may have been prescribed Varenicline are likely to choose.

6.3 Increasing the use of third-party providers, which dropped during the pandemic as the pandemic required third party providers to focus their capacity on other areas. This increase will offer clients alternative options to receive their care.

6.4 Increasing face to face delivery, which some individuals prefer in helping them to achieve a smoking quit.

6.5 In addition to the above mitigations, reporting on any changes to targets will only be reported when they have come into place to avoid miscommunication over the provider's performance.

7. National Tobacco Control Update – "Making Smoking Obsolete"7

7.1 The new independent report by Dr Javed Khan OBE, 'Making Smoking Obsolete' puts forward several recommendations to advance achievement of the Government's ambition to reduce the amount of people smoking to less than 5% by 2030.

7.2 Key Recommendations for National Government

Khan's report sets out recommendations to be taken at a national level, which will be key enablers locally:

- Increased investment: Urgently invest £125 million per year in a comprehensive Smokefree 2030 programme. Options to fund this include a 'polluter pays' levy.

[7] Javed Khan, (June 2022) Independent Report: Making Smoking, Obsolete, OHID

- Increase the age of sale: Raising the age of sale of tobacco by one year every year and reduce the appeal of smoking through a mass media campaign to create a Smokefree culture.

- Promote vaping: Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals.

- Improve prevention in the NHS: The NHS to prioritise further action to stop people from smoking, by providing support and treatment across all its services, including primary care.

8. Local Tobacco Control Update

8.1 Kent has, for the last few years, been developing and delivering on a range of activities recommended in the Khan report, notably:

1. Creating smokefree places, particularly where children play.
2. Smokefree school gates.
3. Smokefree park initiatives to help denormalise smoking and reduce the exposure of second-hand smoke.
4. Smokefree homes.
5. Working with housing associations to promote stop smoking services to social housing tenants.
6. Vaping pilot to offer vaping and behavioural support to help smokers quit.
7. Working closely with Kent Trading Standards to tackle minimum age of sales and the illicit tobacco trade.

9. Recommendation(s):

9.1 The Cabinet Committee is asked to **NOTE** the justifications put forward for the quarter 3 reduction, recognising that Kent has until this period performed above the 55% target.

10. Contact details

Report Author: Cynthia Folarin
Name and job title: Interim Consultant in Public Health
Telephone number: +443000 418 212
Email address: cynthia.folarin@kent.gov.uk

Relevant Director: Director of Public Health
Name and job title Dr. Anjan Ghosh Director of Public Health
Telephone number 03000 412633
Email address: anjan.ghosh@kent.gov.uk