

From: Graham Gibbens,
Cabinet Member for Adult Social Care and Public Health

Andrew Scott-Clark, Director of Public Health

To: Adult Social Care and Health Cabinet Committee, 10 March
2016

Subject: Progress Report on Smoking and Tobacco Control

Classification: Unrestricted

Past pathway: This is the first committee to consider this report

Future pathway: None

Electoral divisions: all

Summary:

This progress report provides an update on the Smoking and Tobacco Control performance in Kent. Smoking still remains the main preventable cause of premature mortality accounting for approximately 5.5% of the total NHS budget. High rates of smoking attributable mortality rates are an indicator of poor population health. Kent smoking prevalence is currently 19.1% compared to the national average of 18%. Kent Public Health seeks to address this issue through a range of evidence-based but innovative service delivery that meets the motivational needs of the smoking population in Kent.

Recommendation:

Members of the committee are asked to consider, comment on and endorse the work undertaken to address smoking and tobacco control issues.

1. Introduction

- 1.1. Despite the decline in prevalence, smoking remains the main cause of preventable disease in the UK, being accountable for 1 in 6 of all deaths in England. Smoking is a risk factor for lung cancer (90% of which is attributable to smoking), chronic obstructive pulmonary disease (COPD), and heart disease; and associated with cancers of the lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Mortality rates due to smoking are three times higher in the most deprived areas than in the most affluent areas, demonstrating that smoking is intrinsically linked to inequalities.
- 1.2. Smoking is a modifiable lifestyle risk factor and Public Health Englandⁱ report that effective tobacco control measures can reduce smoking prevalence in the population.

2. Financial Implications

- 2.1. Smoking in Kent costs the local community £391.4m per year, equating to £1,736 per smoker per year. £52.4m is spent in the NHS in Kent as a direct result of treating smoking related ill health and £3.3m is spent on treating the effects of passive smoking in non-smokers. Loss of productivity due to smoking costs the Kent business economy £300m per year and the Kent local authority £18.8m pa in additional costs to providing social care in later life (as a result of smoking related illnesses).

3. Smoking in Kent

3.1 Prevalence of smoking

- 3.1.1 Smoking prevalence has decreased nationally from 18.4% in 2013 to 18% in 2014. However, the prevalence in Kent has not changed since 2013. The Kent NHS Stop Smoking Service provider has recorded 29% fewer 4 week quits into their service from the previous year although this is in line with the national trend. It is considered by Public Health England, that many smokers who wish to stop smoking with the support of stop smoking services have already done so and the routine and manual groups (whose smoking prevalence remains stubbornly high) are less inclined to give up smoking using traditional services, favouring quitting alone or using e-cigarettes. The Kent stop smoking services have been more successful in reaching a higher proportion of smokers from the routine and manual groups than the national average. In 2013/14 Kent had a similar number of quitters from routine and manual groups than the national rate (28.4%) but has reduced dramatically by 2.6% to 25.8% of quitters from this demographic group to England's 28% rate. This demonstrates the effort that the local quit services are making towards targeting services in the areas of highest prevalence.
- 3.1.2 However, more needs to be done to motivate smokers to want to quit smoking and considering the national decline in smokers accessing stop smoking services, Kent Public Health are using local insights and social marketing research to explore other options to appeal to smokers:
- 3.1.3 A self-support Quit Pack is being developed by Kent Public Health and the Service provider to empower smokers to quit using social media, apps and other resources as an alternative to the traditional service.
- 3.1.4 The new Public Health integrated health improvement model will include a new concept of stop smoking services combining evidence-based core cessation services and innovative service delivery using existing resources through Making Every Contact Count.

3.2 Actions

- 3.2.1 Kent Public Health are developing a Stop Smoking campaign by April 2016 across Kent to encourage smokers to quit.
- 3.2.2 GPs and pharmacies also provide stop smoking support and prescribe Nicotine Replacement Therapy and other stop smoking related drugs which contributes approximately two thirds of the total number of quitters.
- 3.2.3 Public Health are working closely with Kent Trading Standards to tackle the problem of illicit tobacco, combining public awareness enforcement campaigns. One of the main challenges of the illicit trade is that it often targets children and young people, undermines government policies to deter smokers from quitting by making tobacco affordable and is often related to other organized crime.
- 3.2.4 Plain tobacco packaging (otherwise known as Standardised Packaging) legislation will be introduced to reduce the recognized branding of cigarettes. The regulations were approved by the House of Lords on the 16th March 2015 and will take effect in May 2016.

3.2.5 E-cigarettes are the most popular form of quitting smoking. The national estimate of those using e-cigarettes is 16% which would equate to 35,600 users in Kent. E-cigarettes (otherwise known as 'Vape sticks') are required to be licenced as medicines by the Medicines and Healthcare Products Regulatory Agency later this year which will give stop smoking services opportunities to promote and prescribe them as a quit treatment thus expanding their service offer to meet the quit needs of the public. Currently the stop smoking services provide behavioural support for smokers who wish to use e-cigarettes to quit but e-cigarettes cannot be endorsed or supplied until they become licenced. A fact sheet and guidance has been produced by the Kent Tobacco Control Alliance to publicise up to date research and evidence on e-cigarettes (see annex 1).

3.3 Smoking amongst young people

3.3.1 40% of smokers are reported to have started before the age of 16 years old (and 80% before the age of 20ⁱⁱ). Kent Public Health have been progressing the national Smokefree agenda in the community with the aim to denormalise smoking to discourage young people from taking up smoking in the first place and to protect children from the harms caused by second hand smoke. Following the Making Every Contact Count (MECC) principle, Kent Public Health are working with existing colleagues and resources to equip them to provide stop smoking support for their customers and clients. As trusted advisers and support workers in the community, this approach maximises reach across the community, can provide the motivation and support that people need and deliver a cost-effective stop smoking programme in addition to the commissioned services.

3.4 Actions

3.4.1 The Smokefree Homes programme is being delivered by Childrens Centres across the County to support households with children to ensure that their homes are smoke free.

3.4.2 In addition, smoke free parks have been promoted by the District Authorities of Ashford and Canterbury. Park signs, co-designed by the local community, are erected requesting that people do not smoke in areas where children play. Although non-enforceable, the programme has been met with support and enthusiasm from local communities, including those who do smoke.

3.4.3 Youth Workers in Shepway are piloting a programme to deliver tailored stop smoking services specifically to young people. Trained as 'Quit Coaches', youth workers are seen as trusted sources for guidance and support for young people.

3.5 Smoking in pregnancy

3.5.1 Smoking in Pregnancy rates remain high in Kent with 12.6% of women estimated to be smoking at the time of delivery (SSATOD) compared to the national average of 11.4%. Kent has implemented the national babyClear programme which, working with midwives, automatically refers pregnant women who smoke into the stop smoking service. There are currently high rates of women who decline a stop smoking service or who do not attend.

3.6 Actions

3.6.1 Further support is being provided to midwives and the stop smoking services to raise awareness of the risks of smoking in pregnancy and assist with motivating pregnant women to stop smoking. Additional support is being provided with the commission of a pilot Smoking in Pregnancy campaign in Swale (the district with the highest smoking in pregnancy rates) and Kent's participation in the national Baby Be Smokefree pilot study that will develop an enhanced effective service model using insights of local women who smoke. It is anticipated that these enhanced efforts will reduce Smoking in Pregnancy rates in Kent.

4 Conclusions

4.1 Kent is developing new approaches to stop smoking service delivery in line with the awaited national Tobacco Control Strategy, due to be published in spring 2016.

4.2 NHS Stop Smoking Services still provides the most likely route to successfully quit smoking, with smokers four times more likely to quit than attempting to quit without support, but the national trend clearly demonstrates that many smokers are looking for other ways to quit.

4.3 The allocated spend on Kent commissioned Stop Smoking Services is £2,196,016 for 15/16 and yet numbers of those accessing the service and quitting are declining year on year. As part of the proposed integrated model for health improvement services, Kent Public Health aims maintain its priority to motivating and supporting people to stop smoking by shifting the focus from total investment in the core service to additional offers of activity (such as quit packs and campaigns, outreach community events and recruiting existing Local Authority resources) that can encourage more quitters and deliver more cost effective services.

4.4 This paper provides an update to Kent Cabinet Committee on the smoking and tobacco control agenda delivered in Kent Public Health in 2015/16. Public Health is currently trialling different approaches and quit models, working with other local authorities to identify best practice and innovation. We are also working with the local community to co-design services that are commensurate to need, cost-effective and designed to be fit for the future.

5 Recommendation(s)

Recommendation:

Members of the committee are asked to consider, comment on and endorse the work undertaken to address smoking and tobacco control issues.

6 Contact details

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Background documents:

ⁱ Public Health England, Local Tobacco Control Profiles for England
<http://www.tobaccoprofiles.info/> Accessed 15/2/16

ⁱⁱ ASH fact sheet: Young People and Smoking July 2015.
http://www.ash.org.uk/files/documents/ASH_108.pdf Accessed 15/2/16

Appendix 1: Kent Guidance on e-cigarettes.