Introduction

This document provides supporting evidence for the Smoking Joint Strategic Needs Assessment in Northamptonshire. Alongside the Stop Smoking Needs Profile, this Equity Profile shows the extent to which local Stop Smoking Services are supporting and engaging those groups and deprived communities where smoking rates are highest and reducing health inequalities. It gives an overview of: who is using local stop smoking services and who is more successful at quitting in terms of geographical spread of service users, characteristics (sex, age, ethnicity), socioeconomic class, pregnant smokers and type of service used; and where universal services are currently located:

1. **Area**

2. **Characteristics: sex, age, ethnicity**

3. **Socioeconomic class**

4. **Pregnant smokers**

5. **Service type**

6. **Geographical spread of universal services**

One key objective of Stop Smoking Services is to **reduce smoking amongst those groups and deprived communities where smoking rates are highest**. Helping these groups to quit is one of the ways that services seek to reduce health inequalities. In the *Tobacco Control Plan for England* Government (Department of Health) makes clear its expectation that ‘local councils take focussed action aimed at making reductions in health inequalities caused by smoking in their population’.

In summary, smoking prevalence in Northamptonshire is:

- An estimated **16.3% of the adult population are current smokers** (APS, 2016), similar to the England and East Midlands averages, and reducing.
- An estimated 8.7% of 15 year olds are current smokers (WAY, 2014/15), and an estimated **6.2% of 15 year olds are regular smokers**, both similar to the England average
- An estimated **14.4% of women smoke at time of delivery** (2016/17), which is significantly worse than the England average.
- An estimated **26.3% of adults in routine and manual occupations smoke** (similar to the England average), compared with 16.3% of the general (adult) population.
Methodology

Stop Smoking Service user data (2016/17)

This analysis has been carried out on one full financial year of data based on people using local services who set a quit date in the financial year of 2016/17 provided by First for Wellbeing from their ‘QuitManager’ customer database.

The analysis has been restricted to unique records only, so if a person made two quit attempts (i.e. set two quit dates) in the same year then only the most recent is included. For the purpose of this Equity Profile, this avoids double counting of characteristics and geographical concentration of people who have had multiple quit attempts in a year.

The analysis relating to geographical location of service users was restricted to Northamptonshire residents only. For the purpose of aggregating data at different geographical levels to form part of the analysis, Vlookups were used to match postcodes with Northamptonshire LSOAs, MSOAs and districts and boroughs using the ONS Postcode to LSOA file (2016). Some manual corrections were made where an N/A value was returned, most typically due to the incorrect formatting of the postcode. However, in addition to a small proportion of service users living outside of the county, some records did not have postcodes or only partial postcodes. Altogether, the % of records that were matched to LSOAs was 96.6% and to districts and boroughs 97.8% (due to additional manual corrections).

In terms of characteristics, ‘Ethnicity’ was recorded for 96.2% of service users, but ‘Ethnicity Other’, which captures country of origin, was only recorded for 1.4% of service users. Gender, age and occupation was recorded for 100% of service users.

Quit data is based on the service user’s ‘4 week quit status’. The 4 week quit status was recorded as a yes or a no for 61.7% of service users, with the remaining 38.3% carrying the status ‘lost to follow up’ therefore unknown.

Acorn Likelihood Estimates data : % Households : Current Cigarette Smoker (2016)

This data looks at the likelihood of an area having certain characteristics which are found listed within the Acorn Household Knowledge Sheet for the United Kingdom, in this instance the number of households in the local area which are LIKELY to have a resident current cigarette smoker. This "likelihood" is calculated using the national percentage of households with the characteristic and the number of households of each Acorn type locally (producing an estimated number of households and the likely percentage of households in the area).

This data was linked with service user data to illustrate the number of households with a stop smoking service user (setting a quit date) as a proportion of households likely to have a resident smoker and presented as a heat map at LSOA level.

It must be emphasised that the smoking prevalence estimates used for calculating the estimated proportion of adult smokers setting a quit date and quitting at district/borough level were from a different dataset provided by Public Health England, which was not not available at a lower geographies. This also applies to pregnant service users and quitters.

CACI ACORN Customer Insight : Household Types

Acorn is a customer segmentation dataset which has been purchased by Northamptonshire County Council/First for Wellbeing on contract from CACI Limited. Customer segmentation “is the sub-dividing of people with distinctive shared needs and characteristics into reachable groups, based on three dimensions: who they are;
what they do; how they think and feel." Through the regular collation of huge amounts of data about society and population behaviour, along with local knowledge about housing in an area, CACI is able to apply an Acorn ‘type’ to each household and postcode area across the country based on characteristics. Acorn segments households and postcodes into 6 categories, 18 groups and 62 types. Each postcode in the country has been categorised as one of 62 types that give a distinctive picture of the kinds of people who live in an area, their attitudes and how they behave.

The postcodes of those people who were successful in quitting at 4 weeks were linked with the Acorn categories using the Acorn directory 2016. For more information see: Acorn and smoking quitters (JSNA supporting document).
Stop Smoking Service Users & Quit Rates

In 2016/17 4,122 individuals set a quit date(s) with a stop smoking service in Northamptonshire. Of these individuals, 45% (1,843) quit by the end of the year (measured 4 weeks from quit date), 17% (701) did not quit and 38% (1,578) were not known/lost to follow up. 11% of these individuals made multiple quit attempts in the year. Quit rates are an important measure of the effectiveness of stop smoking services. NICE guidance recommends a success rate of at least 35%, validated by carbon monoxide monitoring (see: Models of delivery for stop smoking services, PHE, Sept 2017); Northamptonshire’s quit rate is well above this threshold.

1. AREA

2016/17 quit rates sit above the NICE threshold of 35% in all Northamptonshire’s Districts and Boroughs (see below), which is to be expected given that a proportion are self-reported, not CO tested and inevitably higher. The proportion of unique service users who quit in 2016/17 was highest in Northampton and lowest in Wellingborough (see below), with a gap of just over 12 percentage points. The difference is partly attributable to non-quitters and partly to those who lost contact with the service and whose outcomes are therefore unknown.

The map below shows the percentage of unique clients who quit smoking in 2016/17 at a lower geographical level (LSOA) (the darker the shading, the higher the quit rate). For the purposes of targeting, supporting data shows the areas which have no/low quit rates where smoking prevalence is likely to be above average (Acorn smoking household likelihood estimates (2016) provided by CACI). For example, there are four LSOAs in the county that have a low number of residents using Stop Smoking Services and no quitters, yet estimated above county average proportion of households with a current cigarette smoker, according to Acorn Likelihood Estimates. These LSOAs are 2 apiece in Northampton, 1 in South Northamptonshire and 1 in Daventry.
Percentage of unique clients who had quit smoking at 4 weeks after setting a quit date in 2016/17, by LSOA.

Source: QuitManager 2016/17

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It is also useful to be able to assess the impact of a smoking cessation service to look at **quit attempts** and **successful quits** against the **estimated smoking prevalence in the county**. NICE guidance recommends that local services should aim to treat around 5% of their smoking population each year (see: Models of delivery for stop smoking services, PHE, Sept 2017), which provides an indication of where Northamptonshire should be aiming. The chart below shows the highest proportion of estimated smokers seeking support from a stop smoking service (and setting a quit date) is in Daventry at an estimated 5.33%, whilst the lowest is in East Northamptonshire, which has the highest estimated smoking prevalence amongst adults in the county at 20.3% (2016) (See: JSNA Stop Smoking Needs Profile), suggesting a poor take up of cessation services within East Northamptonshire and an area that may benefit from targeted work. It is worth noting that East Northamptonshire, Kettering and South Northamptonshire fall more than 1% short of the recommended 5% mentioned above.

Northamptonshire 2016/17

% of area’s adult smokers

![Chart showing smoking prevalence](chart.png)

Sources of data: (1) First for Wellbeing client database - county residents aged 18+ setting a quit date in 2016/17 and 4 week quit status. (2) Source: Smoking prevalence in adults, Local Tobacco Profiles (2016) PHE.

The map below shows the difference a lower geographical level (LSOA). It must be emphasised that the same smoking prevalence estimates at county and district and borough level (shown above) are not available at a lower geographies. LSOA calculations are, therefore, based on a different dataset, and illustrates the number of households with a stop smoking service user (setting a quit date) as a proportion of households likely to have a resident smoker, as estimated by CACI ACORN dataset (2016). This provides an illustration at household, LSOA level and shows the areas with the lighter shading with little or no service take-up. The smoking likelihood rates vary between these areas. However, for the purposes of targeting, the supporting data shows a number of LSOAs with above county average proportion of households likely to have a resident smoker, yet few or no people taking-up local Stop Smoking Services. This, again, provides a basis for targeting certain areas on the basis of low/no service take-up but likelihood of high smoking prevalence.
The number of private households with a stop smoking service user in 2016/17 as a proportion of households likely to have smoker(s)

Source: CACI Acorn Likelihood Estimates (2016)
QuittManager 2016/17
2. CHARACTERISTICS

The proportion of unique service users amongst males and females was fairly equal in 2016/17 and therefore reasonably consistent with estimated smoking rates amongst males and females in Northamptonshire (at 16.6% and 16.0% respectively). Quit rates were slightly higher amongst males (difference of 2.68%-points). Half of this difference is attributable to non-quitters and half to lost contact with the service and therefore unknown outcomes.

SEX
Northamptonshire 2016/17

The highest proportion of unique service users of Northamptonshire Stop Smoking Services were aged between 30 and 55 in 2016/17 (see below). Quit rates appear to improve with age. Amongst the 30 to 55 age cohort, quit rates are highest amongst those aged 45 to 55. It is worth noting that estimated smoking prevalence (in England – no local rates by age) is highest amongst 18-34 year olds, with the highest rate being amongst 25-29 year olds (see: Public Health England, Local Tobacco Control Profiles: Inequalities (2016). This would suggest that more engagement is needed with younger adults.

AGE
Northamptonshire 2016/17
As would be expected, given the ethnic profile of the Northamptonshire population, the largest proportion and vast majority of the smoking population is ‘White British’ at 82%. The second largest is ‘White other’ at 8%. ‘White other’ captures the predominantly ‘White’ EU population.

It is worth noting within the Northamptonshire Demography JSNA that the last Census in 2011 puts the ‘White British’ population of Northamptonshire at 86% and ‘White other’ at 4.7%. However, the proportion of ‘White other’ is likely to now be higher. Recent uplifts in population growth in the UK have generally coincided with an increase in the number of countries holding EU membership, International migration into Northamptonshire has been above average in recent years, and the vast majority of National Insurance number allocations have been to EU nationals in recent years (an above average proportion) (see: Local Area Migration Suite and National Insurance Number Allocations to Adult Overseas Nationals on www.NorthamptonshireAnalysis.co.uk ).

It is also worth noting that estimated smoking prevalence in England (local data not available) is highest, by far, amongst residents born in Poland at nearly twice the rate of the general population. Whilst adult overseas nationals from EU8 countries (including Poland) accounted for around 60% of national insurance number allocations to adult overseas nationals in Northamptonshire at their peak in 2013, there has been a decisive switch to EU2 nationals (Bulgaria and Romania) who now make up the majority of allocations (see: National Insurance Number Allocations to Adult Overseas Nationals). It is, therefore, worth noting the results of the last European health interview survey (EHIS) (2013-2015) which found smoking rates in Bulgaria to be the highest of the 27 EU countries, disproportionately so amongst men.

The ‘White other’ ethnic group featuring proportionately amongst service users compared to the likely population suggests that this group is engaging with services, with quit rates above the NICE threshold. It should still be noted that whilst smoking prevalence may be disproportionately high amongst some residents who describe themselves as ‘White other’ (i.e. Polish residents), targeted work should be considered.
It is also important to note that whilst national data estimates above average smoking prevalence amongst 'Mixed' ethnic groups, this does not appear to be reflected in service user data with 'Mixed' ethnic groups only accounting for just over 1% of service users, compared to 2% of the general population in 2011. A more targeted approach may be required.

3. SOCIOECONOMIC CLASS

The highest proportion of Northamptonshire stop smoking (unique) service users are routine and manual workers, which is consistent with higher rates of smokers amongst routine and manual workers (see: JSNA Stop Smoking Needs Profile), and directly linked to targeted Stop Smoking work that was done with specific workplaces in Northamptonshire during 2016/17. The highest quit rates are found amongst service users who are sick/disabled and unable to work. It is unclear why, however reasons might include the volume of referrals from hospitals and GPs for Stop Smoking Services and the appeal to those on lower/no incomes given that the cessation products are free. It is also worth noting that quit rates fall below the NICE threshold of 35% amongst full-time students and those who have never worked/long term unemployed, which is concerning given that not all successful quits are CO tested and therefore likely to be more optimistic.

**OCCUPATION**
Northamptonshire 2016/17

<table>
<thead>
<tr>
<th>OCCUPATION</th>
<th>% of all service users</th>
<th>% who quit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine &amp; manual</td>
<td>24.21%</td>
<td>41.38%</td>
</tr>
<tr>
<td>Retired</td>
<td>12.74%</td>
<td>53.71%</td>
</tr>
<tr>
<td>Unable to code</td>
<td>12.25%</td>
<td>34.06%</td>
</tr>
<tr>
<td>Managerial/professional</td>
<td>10.82%</td>
<td>47.76%</td>
</tr>
<tr>
<td>Sick/disabled and unable to work</td>
<td>10.72%</td>
<td>65.84%</td>
</tr>
<tr>
<td>Never worked/long term unemployed</td>
<td>9.36%</td>
<td>31.87%</td>
</tr>
<tr>
<td>In Prison</td>
<td>7.86%</td>
<td>46.60%</td>
</tr>
<tr>
<td>Intermediate</td>
<td>6.36%</td>
<td>44.27%</td>
</tr>
<tr>
<td>Home carer</td>
<td>3.69%</td>
<td>43.42%</td>
</tr>
<tr>
<td>Full-time student</td>
<td>1.99%</td>
<td>19.51%</td>
</tr>
</tbody>
</table>
In 2016/17 39% (1,608) of service users (setting a quit date) lived in the county’s 25% most deprived areas (LSOAs). The quit rate of service users living in the county’s 25% most deprived areas was similar to the rate for all service users at 45.46% (731) versus 44.99% (see below) and slightly better than for those services users not living in the county’s 25% most deprived LSOAs (by just 1.4%).

The 25% most deprived LSOAs in the county all fall within the bottom 3 national deciles; therefore within the 30% most deprived areas of the country.

In terms of deprivation relative to other small areas in England, the highest proportion of service users setting a quit date in 2016/17 fell into the 2nd national decile (10% to 20% - decile 1 being the 10% most deprived LSOAs and 10 being the 10% least deprived LSOAs) (ONS, IMD 2015). The second highest proportion live in the 6th decile (50% to 60% in terms of relative deprivation, i.e. middling).

It is also worth noting the results of an analysis of 2016/17 smoking cessation service user data combining ACORN data provided by CACI (demographics and lifestyle research data and information). This indicated significantly lower than average proportions of service users quitting amongst more specific categories of lower income groups:

- Poorer families, many children, terraced housing (35.1%)
- Deprived areas and high-rise flats (33.3%)
- Low income large families in social rented semis (32.5%)
- Low income older people in smaller semis (31.3%)

These are also ACORN types most likely to smoke in the population which highlights important sub groups within the population that may benefit from targeted cessation services.

Overall, the segmentation category ‘urban adversity’ had the lowest percentage (37%) of successful quitters at 4 weeks compared to the average for the county (see opposite). This category has lower income households,
more likely to be on benefits which is unsurprising based on previous evidence of increasing smoking prevalence with deprivation.

The ‘Not private households’ category include ‘business areas without resident population’ and ‘inactive communal populations’ types. 95% of people in the ‘Not Private Households category’ are receiving services in Prison or Psychiatric Hospital. This higher quit rate will reflect the targeted enforced quitting in prisons.

<table>
<thead>
<tr>
<th>Four week quitters by Acorn category 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="chart_url" alt="Chart showing quit rates by Acorn categories" /></td>
</tr>
</tbody>
</table>

When the analysis is broken down further it shows the ‘Struggling Estates’ segmentation group to have significantly lower (34.4%) than average for the county successful quit rate. The map above shows their location across the county.
4. SMOKING IN PREGNANCY

In 2016/17 168 pregnant individuals set a quit date(s) with a stop smoking service in Northamptonshire. Of these individuals, 41% (69) quit by the end of the year (measured 4 weeks from quit date), 20% (34) did not quit and 39% (65) not known/lost to follow up.

By district and borough, the proportion of unique pregnant service users who quit in 2016/17 was highest in Northampton (as for all service users – see earlier) and lowest in Daventry (see above), with a gap of just over 15 percentage points. The difference is mostly attributable to those who lost contact with the service. It is worth noting that the quit rate of pregnant service users in Corby and Daventry fall below the NICE threshold (recommended success rate of at least 35%). Actual performance against the NICE threshold is likely to be lower than the mixture of self-reported and CO validation contained in the aforementioned figures, making them all the more concerning.

By ethnicity, the highest proportion of pregnant service users in 2016/17 were ‘White British’ (71%), followed by ‘White other’ (19%). The ‘White other’ ethnic group amongst service users is disproportionately higher than within the general population, suggesting a greater need and/or level of engagement.

It is useful to be able to assess the impact of a cessation service by looking at successful quits against the estimated smoking prevalence. The chart below shows the highest proportion of estimated pregnant smokers seeking support from a stop smoking service (and setting a quit date) is in Wellingborough at an estimated 20%, whilst the lowest is in Corby at 8.38%, which has the highest, by far, estimated rate of smoking at time of delivery in the county at 19.7% (2016), suggesting a poor take up of cessation services within Corby and an area that may benefit from targeted work.
SMOKING IN PREGNANCY
Northamptonshire 2016/17
% of pregnant smokers

Sources of data: (1) First for Wellbeing client database - pregnant service users setting a quit date in 2016/17 and 4 week quit status. (2) Source: Smoking status at time of delivery (current method) in Northamptonshire and districts and boroughs, Public Health England, 2016/2017
* There is a data quality issue with this value (see East Northamptonshire).
5. SERVICE TYPE

An analysis of Northamptonshire Smoking Cessation Service data found differences in quit rates depending on the setting in which the service was received. Of all quit dates set between 1st April 2016 and 30th September 2017 the highest conversion (to quitter/non-smoker) was within prisons. This higher quit rate will reflect the targeted enforced quitting in prisons. This was followed by group setting and telephone service (see below).

Overall, GPs and pharmacies had significantly lower quit rates than the Northamptonshire average (36.7%, 37.4% vs. 42.3%), but their CO verification rates were significantly higher (84.0%, 80.3% vs. 70%). Stop Smoking Teams had a significantly higher quit rate than the Northamptonshire average (46.6%). However, their CO verification rate was significantly lower (60.3%).

![Quit rates by service setting](image-url)

(Source: First for Wellbeing customer database: Quit Manager, quit dates set between 1st April 2016 to 30th September 2017)
6. GEOGRAPHICAL SPREAD OF UNIVERSAL SERVICES

The Stop Smoking Service in Northamptonshire is made up of a core specialist team, which provides a more intensive level of support to groups for whom smoking poses the greatest risk, and a Level 2 network, offering community-based, universal support services (e.g. via pharmacies, GP surgeries, medical centres, vape shops, libraries, charities).

From 1st April 2018, Northamptonshire County Council plans to reduce spending on the current core specialist team, whilst funding for the universal services (the ‘level 2 network’) will be increased by 10%.

The coverage of universal services (the ‘level 2 network’), which will service the needs of a greater number of groups with above average levels of smoking, will become all the more important. Universal services in Northamptonshire consist of 139 outlets at the time of writing (excluding adult learning centres). The majority of these providers are pharmacies and GP practices. Additional services are provided by:

- Select wards in St. Mary’s Hospital, Kettering
- First for Wellbeing Libraries in Northampton, Wellingborough and Kettering
- Northamptonshire carers in Northampton, Wellingborough and Daventry
- Vaping companies in Northampton and Daventry

Services may provide individual behavioural counselling or group therapy, Nicotine Replacement Therapy, or a combination of the two. Two thirds of Northamptonshire’s providers offer a combination of behavioural therapies and NRT.

There is a good level of service coverage in the county’s main urban centres, which according to 2016 Acorn classification data have notably higher proportions (likelihood) of households with an adult smoker than the county’s predominantly rural areas (Daventry, East Northamptonshire and South Northamptonshire). While less demand for smoking cessation may be expected in the rural areas, there are large parts of Daventry, East Northamptonshire and South Northamptonshire where the travel distance to the nearest provider may be a barrier to accessing services. South Northamptonshire has the fewest service locations out of all the districts.

This is demonstrated within the following maps showing the number of service providers by type and level of service for each Northamptonshire District and Borough against the backdrop of Acorn smoking household likelihood estimates.

The Acorn data used within the below maps is taken from the 2016 Northamptonshire Acorn Dataset. Contains Royal Mail data © Royal Mail copyright and database right 2014. © Copyright 1979-2015 CACI Limited. This report shall be used solely for academic, personal and/or non-commercial purposes.
Smoking cessation services by provider - Corby

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Smoking cessation services by service type - Corby

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Provider Type
- Individual behavioural counselling or group therapy
- Provision of Nicotine Replacement Therapy
- A combination of the above

Estimated % households with current smoker (Acorn 2015)
- 7.4 - 14.0
- 14.0 - 20.6
- 20.6 - 27.1
- 27.1 - 33.7
- 33.7 - 40.3
Smoking cessation services by provider - Daventry

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Smoking cessation services by service type - Daventry

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Smoking cessation services by provider - East Northamptonshire

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Smoking cessation services by service type - East Northamptonshire

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Smoking cessation services by provider - Kettering

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Smoking cessation services by provider - Northampton
Smoking cessation services by service type - Northampton
Smoking cessation services by provider - South Northamptonshire

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Smoking cessation services by service type - South Northamptonshire

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smoking cessation services by provider - Wellingborough

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Smoking cessation services by service type - Wellingborough

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Key points

In relation to service engagement (take-up) versus need, the Equity Profile suggests greater targeting may be required: in East Northamptonshire; amongst younger adults in the county; amongst ‘White other’ (with more routine recording of nationality) and ‘Mixed’ ethnic groups in the county; and for pregnant smokers in Corby.

Whilst service usage, as a the proportion of estimated smokers seeking support from a stop smoking service, is close to the NICE recommended 5% of the smoking population in Northamptonshire (4.41% estimate), East Northamptonshire, Kettering and South Northamptonshire appear to be falling behind (1% or more short of the recommended 5%). The lowest proportion is in East Northamptonshire (2.78%), which has the highest estimated smoking prevalence amongst adults in the county at 20.3% (2016) and therefore may benefit from targeted work.

Whilst the gender split of service users is reflective of estimated smoking prevalence, the proportion of service users aged 25-29 - the age group with the highest estimated smoking prevalence - is not one of the highest in the county, suggesting more engagement needed with younger adults in Northamptonshire.

As would be expected, given the ethnic profile of the Northamptonshire population, the largest proportion and vast majority of the smoking population is ‘White British’ at 82%. The second largest is ‘White other’ at 8%. ‘White other’ captures the predominantly ‘White’ EU population.

Whilst the ‘White other’ and ‘Mixed’ ethnic groups appear to be engaging with services to an extent, well above average estimates of smoking prevalence amongst these groups might warrant closer consideration, data collection of country of origin (‘White other’ in particular) and a more targeted approach to ensure sufficient and continued engagement.

Whilst the highest proportion of Northamptonshire stop smoking service users were routine and manual workers in 2016/17, which is consistent with higher rates of smokers amongst this group, there is a risk that the loss of targeted/specialist provision for this socio-economic group will result in a fall in service user engagement.

Whilst the quit rate of service users living in the county’s 25% most deprived areas (LSOAs) was similar to the rate for the remaining 75% and indeed the average for all service users, deeper analysis of socio-economic groups combining service user data with ACORN data indicated significantly lower than average proportions of service users quitting amongst more specific categories of lower income groups, highlighting important sub groups that may benefit from targeted cessation services. Similarly the quit rate for service users that ‘have never worked/long term unemployed’ was the second lowest amongst the ‘occupational’ groups.

Not only does Corby have the highest estimated rate of smoking at time of delivery in the county (2016), Corby also has a low estimated proportion of pregnant smokers engaging with stop smoking services, and a well below average quit rate amongst those who do engage with services. This strongly suggests that Corby would benefit from more targeted/specialist support.

A separate analysis of Northamptonshire Smoking Cessation Service data found differences in quit rates depending on the setting and type of service. Whilst differences in CO verification might account for some of this difference, the engagement and quit rates amongst high need groups for services classed as ‘universal provision’ will become all the more important without access to more specialist support.
Useful links

Public Health Glossary, NHS Health Education England

Northamptonshire Local Tobacco Control Profile, Public Health England

Local Tobacco Control Profiles, Public Health England

Northamptonshire Analysis, Northamptonshire County Council

Local Health, Public Health England

Towards a smoke free generation: a tobacco control plan for England, Department of Health, July 2017

Northamptonshire Health and Wellbeing Strategy 2016 to 2020, Northamptonshire Health and Wellbeing Board

Alcohol, drugs and tobacco: commissioning support pack, Public Health England, Sept 2017

Statistics on smoking in England - 2017, NHS Digital, June 2017

Adult smoking habits in the UK: 2016, Office for National Statistics, 2017

Demography JSNA for Northamptonshire, Northamptonshire County Council, 2017

CLeaR local tobacco control assessment, Public Health England, November 2017