JSNA: Smoking
(focus on stop smoking services)

June 2018
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INTRODUCTION AND OVERVIEW

Smoking is recognised as the ‘leading cause of preventable illness and premature death in England’ (Towards a smoke free generation: a tobacco control plan for England, Department of Health, July 2017). It is estimated that the annual cost of smoking to society in Northamptonshire is £200.41m due to lost productivity (smoking breaks, sick days and early deaths), smoking related disease (NHS), social care costs, fires and passive smoking (Action on Smoking and Health Ready Reckoner Tool v5.7). Tobacco control interventions are important in helping to cut costs to local businesses, healthcare and public services, as well as improving people’s health, quality of life and life expectancy.

Smoking is responsible for many fatalities from cancer, respiratory and circulatory disease, as well as many non-fatal diseases which are intensified as a result of smoking. In Northamptonshire, there are an estimated 275 smoking attributable deaths and 1,405 potential years of life lost due to smoking related illness per 100,000 people (2014-16, Public Health England). There are also 1,804 smoking attributable hospital admissions per 100,000 people in Northamptonshire (2015/16, Public Health England), which is worse than the national average.

The vision for Northamptonshire’s Health and Wellbeing Strategy is to improve the health and wellbeing of all people in Northamptonshire and reduce health inequalities by enabling people to help themselves; acknowledging smoking as one of the leading causes of preventable diseases in Northamptonshire and the stark differences in smoking habits within the county. One of the desired outcomes of the strategy is that fewer people smoke. To achieve this, it is essential to have a clear understanding of the health issues and vulnerabilities of the local population with regards to smoking. Changes will be made to the current targeted Stop Smoking services from 1st April 2018 to operate within a smaller funding envelope, focussing specialist support on groups of people within local acute hospital trusts, namely pregnant woman, those known to cardiology and respiratory services and those undergoing pre-operative assessments, whilst universal services will see a 10% increase in funding.

This JSNA provides an up-to-date picture of the level of need in the local population for Stop Smoking services, take-up of local services and quit rates in relation to local need to make recommendations for future commissioning of smoking cessation services. This document supersedes the JSNA Smoking Report 2013.

This JSNA is supported by more detailed analyses of:

**Stop Smoking Needs Profile:**
Gives an overview of the level of need in the local population in terms of smoking prevalence and in particular, identifies those groups and areas with the highest smoking rates. See Needs Profile summary.

**An Equity Profile**
Provides an overview of local smoking cessation service take-up and quit rates in 2016/17 in relation to the local need established in the Stop Smoking Needs Profile. See Equity Profile summary.

**Acorn and smoking quitters**
An analysis of 2016/17 smoking cessation service user data combining ACORN data provided by CACI (demographics and lifestyle research data and information) to estimate socio-economic profile of service users and associated quit rates. See Acorn analysis summary.
Evidence Review
A rapid review of what works in relation to engagement and delivery of services to targeted groups established for the core specialist team from 1st April 2018. See Evidence Review summary.

Summary of smoking prevalence in Northamptonshire:
- 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.

By the end of 2022, national ambitions set out in the Tobacco Control Plan for England are to:
- Reduce smoking amongst adults to 12% or less.
- Reduce smoking amongst 15 year olds who regularly smoke to 3% or less.
- Reduce smoking in pregnancy to 6% or less.
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population.

For example, this would mean Northamptonshire reducing the number of people smoking by the following thresholds to meet the minimum ambitions set out in the national targets (above):

- More than 20,000 adults quitting smoking by 2022 to reduce prevalence amongst adults by 4.3%-points to 12% based on the current (2016) population
- Preventing more than 200 15 year olds from starting regularly smoking by 2022 to reduce prevalence amongst 15 year olds by 2.8%-points to 3%
- More than 690 additional pregnant women quitting smoking in pregnancy by 2022 to reduce smoking at time of delivery by 8.4%-points to 6%
- The inequality gap in smoking prevalence between those in routine and manual occupations and the general population is currently (2016) 10%-points in Northamptonshire, where an estimated 26.3% of adults in routine and manual occupations smoke, compared with 16.3% of the general (adult) population. This compares to an 11% gap for England overall (2016).

KEY ISSUES & GAPS
Within a context where funding to support focussed action is reducing there is a risk that smoking prevalence amongst high need groups will not reduce in line with the rest of the population and therefore associated health inequalities remain and indeed worsen.

The ability of universal services to meet the needs of groups with disproportionately high smoking rates, as well as young people, will become all the more important. This includes less affluent groups, people with mental health conditions and ‘White other’ and ‘Mixed’ ethnic groups. However, there is scope to mitigate some of these impacts through the already established MECC (Making Every Contact Count) to ensure good awareness of referral pathways.
The wider implications that smoking costs have on pushing low/no income households below/further below the poverty line should remain a concern, as should the county’s resilience to changes in economic conditions.

**SUMMARY OF RECOMMENDATIONS FOR COMMISSIONING**

A number of priorities for targeted support from 1st April 2018 have already been established. To support this, it is recommended that engagement with the local acute hospitals is strengthened to ensure targeted work is more consistently supported across the county, as well as conducting an evaluation of the targeted services within acute hospitals to ensure the potential benefits of the service are realised locally.

Also, as an identified priority group for targeted support from 1st April 2018, it is recommended that the available evidence around e-cigarette use by pregnant smokers is considered in relation to how this should be applied to local services, as well as consideration of identified smaller geographies for targeted support.

It is also recommended that consideration is given to the evidence in the Equity profile (JSNA supporting document) in relation to greater targeted support: in East Northamptonshire; amongst younger adults; ‘White other’ (with more routine recording of nationality) and ‘Mixed’ ethnic groups; and amongst lower income groups.

In order to mitigate against the reduction in funding for specialist provision (particularly young people, routine and manual workers, BME communities – ‘white other’) the ongoing roll out of Making Every Contact Count will be important in ensuring good awareness of universal services, as well as considering other relevant examples of best practice. As well as exploring options for targeted support for these groups. In addition, specifically assessing the need of stop smoking support for people with mental health conditions.

Systematically collating service user views as part of a quality assurance and improvement process will also form an important mitigation against worsening and widening health inequalities.
WHO IS AT RISK AND WHY?

Smoking rates are higher within certain groups and deprived communities and the rate of decline of smoking prevalence has not been equal among all populations, according to Public Health England. Helping these groups to quit is, therefore, one of the ways that services seek to reduce health inequalities.

It is estimated that the highest proportions of adult smokers are found amongst:

- **Males** versus females, although in **Northamptonshire** the split is almost equal, in contrast to the England, where smoking prevalence amongst males is higher than females by 3.7%-points. Estimated smoking prevalence amongst females in Northamptonshire is higher than the national average (16.0% versus 13.7% nationally).
- **Younger adults**, particularly the 25-29 age bracket, with proportions of smokers reducing with age on the whole (local data not available).
- ‘Mixed’ ethnic groups, followed by ‘White’ ethnic groups (including ‘white other’) (local data not available).
- Residents born in **Poland** (by far the highest rates of smoking at almost twice the level of the general population), followed by Scotland, Northern Ireland and Wales (local data not available).

Northamptonshire’s above average levels of International migration from (non-UK) EU countries should be noted (see: Demography JSNA - components of population change: International migration, ONS Local Area Migration Suite and National Insurance Number Allocations to Adult Overseas Nationals on www.NorthamptonshireAnalysis.co.uk for most up to date information).

For data, see: Public Health England, Local Tobacco Control Profiles: Inequalities (2016)

**Smoking in pregnancy** increases the risk of premature birth and neonatal complications, as well as miscarriage and still birth. Prevalence of smoking in pregnancy is considerably higher in more disadvantaged groups and in women under the age of 20 than in more affluent and older groups. There is, therefore, a major health inequality associated with smoking in pregnancy as disadvantaged groups are at a much greater risk of complications during and after pregnancy. Children who grow up with a parent who smokes are also more likely to be smokers themselves (Towards a smoke free generation: a tobacco control plan for England, Department of Health, July 2017). As such, the Government aims to reduce the prevalence of smoking in pregnancy, as every child deserves the best start in life. With significantly higher than England rates of smoking at time of delivery in Northamptonshire, this is a priority for the county.

Discouraging **young people** from smoking is also a national priority. There are a number of factors associated with regular smoking amongst young people, including: having smokers at home. Many young people become addicted to tobacco before they fully understand the health risks and smoking rates amongst young people impacts on future adult smoking rates (Towards a smoke free generation: a tobacco control plan for England, Department of Health, July 2017).

Smoking rates are almost three times higher amongst the **lowest earners** compared to the highest earners. Smoking accounts for approximately half of the difference in life expectancy between the richest and poorest in society (Towards a smoke free generation: a tobacco control plan for England, Department of Health, July 2017). The prevalence of smoking increases with deprivation, as such, residents living in the 20% most deprived areas of the country are more likely to smoke than those in less deprived areas (see: Public Health England, Local Tobacco Control Profiles: Inequalities (2016), by as much as four times according to analysis by the Office for National Statistics (Likelihood of smoking...
four times higher in England’s most deprived areas than least deprived, ONS Digital, March 2018).

One of the Government’s ambitions within the current Tobacco Control Plan for England is, therefore, to reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population and assumes targeted support provided by local areas for those in routine and manual occupations due to smoking prevalence remaining high. This inequality gap is currently (2016) 10%-points in Northamptonshire, where an estimated 26.3% of adults in routine and manual occupations smoke, compared with 16.3% of the general (adult) population. This compares to an 11% gap for England overall (2016).

Additionally, there are efforts to lift people out of poverty and increase social mobility (see Government Poverty and Social Justice Policies). It should also be noted that smoking costs have the potential to push low-income households further below the poverty line.

Prevalence is also higher in people with mental health conditions. A report by the Royal College of Physicians and the Royal College of Psychiatrists states that when compared to the general population, adults with a common mental health disorder (such as depression or anxiety) are twice as likely to smoke and adults with schizophrenia or bipolar disorder are three times more likely to smoke. High smoking rates among people with mental health problems are the single largest contributor to their 10 to 20-year reduced life expectancy compared to the rest of the population. It is estimated that in England, approximately 40% of adults who smoke have a serious mental illness (Local Tobacco Control Profiles, Public Health England).

One of the Government’s (Department of Health) expectations set out within the current Tobacco Control Plan for England is for ‘Government Commissioners and providers of the local health and social care system assessing the need of stop smoking support for people with mental health conditions and delivering targeted and effective interventions’.
THE LEVEL OF NEED IN THE POPULATION

SMOKING PREVALENCE

Smoking prevalence in England has seen a steady decline in recent decades. A combination of public health measures have contributed to this decline, including stop smoking services, legislation curbing tobacco advertising, establishment of smoke free places, and a ban on smoking in cars with children.

National ambitions set out in the Tobacco Control Plan for England are to further reduce smoking prevalence, particularly in groups and deprived communities which have the highest rates of smoking.

In the Tobacco Control Plan for England, Government (Department of Health) makes clear its expectation that local councils identify the groups and areas with the highest smoking prevalence within their local communities to be able to take focussed action to reduce health inequalities. A more detailed Stop Smoking Needs Profile is therefore available, which is summarised below.

SMOKING PREVALENCE AMONGST ADULTS (18+)

One of the ambitions of the Tobacco Control Plan for England is to reduce smoking prevalence in adults in England from the current (2016) 15.5% to 12% or less by 2022.

In Northamptonshire, An estimated 16.3% of the adult population smoke (2016), similar to the England (15.5%) average. At least 24,420 adults in Northamptonshire would need to quit smoking by 2022 to reduce prevalence amongst adults in line with the national target (reduction of 4.3%-points to 12%). The highest rates of smoking in the county are found in East Northamptonshire, Corby and Daventry (2016).

LOCATION

Maps showing potential areas of higher smoking prevalence and areas for targeted work at a smaller geography within the county and districts are available in the Stop Smoking Needs Profile. 5 out of the 10 worst areas (LSOAs) in terms of having the highest proportion of households likely to have a resident, regular smoker (20+ a day) are in Northampton, with 2 in Wellingborough and 1 apiece in Daventry, Kettering and Corby.

CACI Acorn likelihood estimates: % households in LSOA with resident smoker(s)

Data is taken from the 2016 Northamptonshire Acorn Dataset. Contains Royal Mail data © Royal Mail copyright and database right 2014. © Copyright 1979-2018 CACI Limited. This report shall be used solely for academic, personal and/or non-commercial purposes. Maps generated on www.NorthamptonshireAnalysis.co.uk.
SMOKING IN PREGNANCY

Reducing the prevalence of smokers at time of delivery is a high priority in Northamptonshire. At time of delivery, an estimated 14.4% of women smoke, which is significantly worse than the England average. In Northamptonshire, at least 693 more pregnant women would need to quit smoking by 2022 to reduce smoking at time of delivery in line with the national target for 2022 (a large reduction of 8.4%-points to 6%).

The proportion of women who were smokers at time of delivery has been above the England average for at least the last 7 years, as shown in the Public Health Outcomes Framework.

All districts within the county have a significantly higher than the England rate of smoking at time of delivery. The highest rate is found in Corby (13th worst in England out of 324). The inequality gap between the Corby and England has widened since 2012/13.

Prevalence of smoking in pregnancy is considerably higher in more disadvantaged groups and in women under the age of 20 than in more affluent and older groups (Towards a smoke free generation: a tobacco control plan for England, Department of Health, July 2017).

Analysis in the full Stop Smoking Needs Profile provides further detail to show births by age of mother, deprivation and with ACORN segmentation data on smokers, young(er) households and socio-economic groups of young mothers.

This all highlights smaller areas for targeted smoking cessation services; mostly concentrated in Northampton, Wellingborough, Corby and Kettering.

Considering what we know about recent International migration into the county, the rate of births to EU8, EU2 and EUOther countries (most recent waves of EU expansion) at twice the England average, and smoking rates amongst women in these countries, this may be relevant in terms of a wider influence of cultural norms affecting rates of smoking in pregnancy, warranting greater understanding to assess the need for targeted support.

SMOKING PREVALENCE AMONG YOUNG PEOPLE

In Northamptonshire an estimated 8.7% of 15 year olds smoke (latest WAY survey data from 2014/15), with 6.2% of 15 year olds being regular smokers. Both values are similar to the England average. At least 272 15 year olds would need to be prevented from starting smoking by 2022 to reduce prevalence (from 2014/15 levels – latest data) amongst 15 year olds who regularly smoke in line with the national target (reduction of 2.8%-points to 3%).

The highest estimated prevalence of regular smokers (15 year olds) is in Corby, Daventry and East Northamptonshire, consistent with the adult prevalence figures. The large confidence limits within this data should be borne in mind, but this does still demonstrate the likely hierarchy of need within the county by district/borough. Exposure to a parent smoking is one of a number of risk factors associated with higher likelihood of smoking initiation among young people (Source: Tobacco commissioning support pack 2018 to 2019: key data, Public Health England, Sept 2017).

Many young people become addicted to tobacco before they fully understand the health risks and smoking rates amongst young people impacts on future adult smoking rates (Towards a smoke free generation: a tobacco control plan for England, Department of Health, July 2017).
National evidence shows regular smoking is more prevalent in White, Mixed and Asian ethnic groups and increases with age. Factors such as other smokers at home, friends who smoke, substance misuse and exclusion from school are all related to increased prevalence and nearly half in the national survey were unconcerned about dependence on smoking.

Click here for map of modelled likelihood of smoking prevalence amongst 15 year olds in Northamptonshire by MSOA (% 15 year olds)

POVERTY AND LOW INCOMES

In Northamptonshire, there is a 10%-points difference between smoking prevalence amongst adults in routine and manual occupations (at 26.3%) and the general (adult) population (at 16.3%). This compares to an 11% gap for England overall (2016). See: Local Tobacco Control Profiles: Inequalities, Socioeconomic class

In the context of poverty and low income, it is worth noting that average resident earnings in Northamptonshire (ONS, ASHE, 2017) remain below the England average (well below in Corby and Wellingborough). Northamptonshire has low Social Mobility when compared with other Local Authorities in the most recent Social Mobility Index (see article: Northants results within the Social Mobility Index 2017, 1st Dec 2017 ); this measures the likelihood of people from disadvantaged backgrounds making social progress. Corby is 4th worst in the country within the most recent Social Mobility Index and Wellingborough 7th. Within the Index of Multiple Deprivation (2015), Northamptonshire ranks in the 3rd quartile (middle to bottom) amongst all other upper tier local authorities in England and 5th most deprived when compared to the 26 other county areas.

It is worth noting that the majority of household types with the strongest likelihood of having resident smokers fall within the lower affluence Acorn categories (Acorn, CACI, 2016). This is also reflected in national data relating to smoking prevalence by level of deprivation, see: Public Health England, Local Tobacco Control Profiles: Inequalities (2016) (deprivation deciles)

Improvements within the local economy and prosperity of residents is therefore highly relevant, as is the county’s resilience to less favourable economic conditions.

HEATH AND SOCIETAL COSTS OF SMOKING

SMOKING RELATED MORTALITY AND ILL HEALTH

In Northamptonshire in 2015/16 smoking attributable hospital admissions per 100,000 people were significantly worse than the England average and have been for the last 5 years. Smoking is one of the main causes of chronic obstructive pulmonary disease (COPD) (NICE). Emergency admissions and deaths from COPD (2015/16 and 2014-16) are significantly worse than the England average.

The above average rate of deaths from COPD is driven by well above average rates in Corby (100 per 100,000 people versus 52.2 England average), which has the 3rd highest rate in England. Northampton also has an above average rate of COPD deaths at 62.7 deaths per 100,000 people. Corby, Wellingborough, Northampton and Kettering all have above England average rates of emergency hospital admissions for COPD; Corby has the highest rate in the East Midlands and 9th highest in the England. It is worth noting the inequalities within the county with a rate of 812 admissions per 100,000 in Corby compared to a rate of 263 per 100,000 in South Northamptonshire. See the Stop Smoking Needs Profile and Northamptonshire Local Tobacco Control Profile (Public Health England) for more information.
ECONOMIC AND SOCIETAL COSTS OF SMOKING

Across England the total annual cost of smoking to society is around £12.6bn, and in Northamptonshire the burden is estimated to be £163.9 million. Smoking also contributes to poverty, in the East Midlands an estimated 36,000 households could be lifted out of poverty if they were helped to quit smoking, around 4,700 in Northamptonshire.

Smoking places additional financial burdens on councils from smoking-related fires, litter and social care needs. Smokers are more likely to need domiciliary care and need care on average 9 years earlier than non-smokers. Additional smoking related social care needs costs Northamptonshire County Council £11 million per year, and local residents pay an additional £9.1 million to self-fund their care. These figures come from the ASH Ready Reckoner, which can be accessed here.

To support councils in taking action, ASH is publishing a new set of Councillor Briefings highlighting the impact tobacco has on local communities and what councils can do to reduce this burden. These Briefings cover topics from smoking related litter to electronic cigarettes and implementation of the Tobacco Control Plan for England and can be accessed here.

As smoking prevalence increases with deprivation, the increased expenditure on smoking imposes a comparatively higher cost on proportionally more low-income households compared to high income households. It is estimated by ASH if the smokers below the poverty line were to quit then there is a potential for nearly 5,000 households in Northamptonshire to be elevated out of poverty, potentially over 14,000 people if the cost of smoking was returned to the household. More detail is available in the Stop Smoking Needs Profile. The Tobacco Return on Investment Tool (NICE 2014) aims to support commissioners in their investment decisions by enabling them to explore the costs and impact of different tobacco control interventions. By applying this tool, the current package of tobacco control interventions can be evaluated for its economic returns in four payback timescales (2, 5, 10 years and lifetime). It is recommended this tool is used locally to evaluate the package of interventions in the new service to ensure it is providing the best value for money against benefits received.

The tool can be accessed at https://www.nice.org.uk/about/what-we-do/into-practice/return-on-investment-tools/tobacco-return-on-investment-tool.
CURRENT SERVICES IN RELATION TO NEED

CURRENT STOP SMOKING SERVICES

Stop smoking services are free to everyone in the UK. Targeted, high quality stop smoking services are essential to the reduction of health inequalities for local populations. Research has shown that specialist smoking cessation interventions increase people’s chances of quitting. According to the Tobacco Control Plan for England smokers who use local stop smoking services are four times more likely to quit successfully than those who choose to quit without help.

Upper tier and unitary Local Authorities have, since 2013, been responsible for providing or commissioning smoking cessation services as one means of improving the health of their local population, bestowed upon them by the Health and Social Care Act 2012.

In Northamptonshire, smoking cessation services are provided by First for Wellbeing, a Community Interest Company (CIC) established by three founding partners – Northamptonshire County Council, Northamptonshire Healthcare NHS Foundation Trust and the University of Northampton - to improve the physical, emotional and social wellbeing of the people of Northamptonshire by offering an integrated health and wellbeing service.

The Stop Smoking Service 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).

Via universal services (the ‘level 2 network’) anyone who is willing to stop smoking can access free stop smoking support. This includes free clinics providing regular support and motivation from trained NHS advisors and specialists, one-on-one support, advice on ‘stop smoking’ medication and nicotine replacement therapy (NRT), telephone appointments, support groups, information booklets, leaflets and information.

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%. Development and prevention work with young people will be removed, however treatment of young people and quit support within universal services will remain. Development work will also be removed with BME communities, routine and manual workers and people with mental health conditions.

The reduced core specialist team will focus on specific groups of people within local acute hospital trusts, namely pregnant woman, those known to cardiology and respiratory services and those undergoing pre-operative assessments. Note Northamptonshire’s above average rates of smoking at time of delivery and emergency hospital admissions due to Chronic Obstructive Pulmonary Disease (COPD). The main area identified for targeted support will be the North of the County, in particular Corby.

The coverage of universal services (the ‘level 2 network’), that will service the needs of all other groups, consists of 139 outlets (at the time of writing) in Northamptonshire (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 have notably higher proportions 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.

**EQUITY PROFILE**

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’.

Therefore, a Stop Smoking Services Equity Profile has been produced for Northamptonshire to give an overview of who is using local stop smoking services against need in the population 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.

This information, alongside the associated Stop Smoking Needs Profile, provides insight into the extent to which local Stop Smoking Services are supporting and engaging those groups and deprived communities where smoking rates are highest.

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) 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 falls well above this threshold, however they are a mixture of self-reports and CO validated quits.

**AREA**

The proportion of unique service users who quit in 2016/17 was highest in Northampton and lowest in Wellingborough, with a gap of just over 12 percentage points.

The Stop Smoking Services Equity Profile provides information on the percentage of unique clients who quit smoking in 2016/17 at a lower geographical level (LSOA) against need (likelihood of households having resident smokers). It also shows that 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 (2.78%), which has the highest estimated smoking prevalence amongst adults in the county at 20.3%
(2016), suggesting a poor take up of cessation services within East Northamptonshire and an area that may benefit from targeted support. It is worth noting that East Northamptonshire, Kettering and South Northamptonshire fall more than 1% short of the recommended 5%.

The Stop Smoking Services Equity Profile also provides similar information at lower geographic level to enable more targeted support.

Characteristics (age, sex, ethnicity)

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).

The highest proportion of unique service users of Northamptonshire Stop Smoking Services were aged between 30 and 55 years in 2016/17. Quit rates appear to improve with age. Amongst the 30 to 55 year age cohort, quit rates are highest amongst those aged 45 to 55 years. 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 in Northamptonshire and should be considered alongside the changes to the targeted service provision (link to unmet gaps).

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 that recent uplifts in population growth in the UK have generally coincided with an increase in the number of countries holding EU membership (see: Northamptonshire Demography JSNA) and International migration into Northamptonshire has been above average in recent years. Adult overseas nationals from EU8 countries (including Poland) accounted for around 60% of national insurance number allocations to adult overseas nationals in Northamptonshire until their peak in 2013, following which there has been a decisive switch to EU2 nationals (Bulgaria and Romania) who now make up the majority of allocations. 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 (see: Stop Smoking Needs Profile and the last European health interview survey (EHIS) (2013-2015) found smoking rates in Bulgaria to be the highest of the 27 EU countries, disproportionately so amongst men.

The ‘white other’ ethnic group appears to be engaging with services, with quit rates above the NICE threshold. However, it is not possible to fully identify country of origin due to incomplete recording. With such disproportionately high rates of smoking amongst some residents who describe themselves as ‘white other’ targeted work should be considered. Similarly, whilst ‘Mixed’ ethnic groups only account for just over 1% of service users (2% of the general population in Northamptonshire in 2011), national estimates indicate above average smoking prevalence in this group, therefore a more targeted approach may be required.

SOCIO-ECONOMIC 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. However, it should be noted
that the same targeted work with Northamptonshire workplaces is not part of
the offer of the core specialist team in 2018/19 and therefore, a potential gap,
although universal services will still be available.

Whilst quit rates were above the NICE 35% threshold in 2016/17 for routine and
manual workers - to be expected given that a proportion are self-reported, not CO
tested and inevitably higher - quit rates amongst full-time students and those who
have never worked/long term unemployed fell below and therefore of concern.

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% and slightly better than for those services users not
living in the county’s 25% most deprived LSOAs (by just 1.4%).

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) (see: Acorn and smoking quitters report).
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%)\(^1\)

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. Please see the Acorn and smoking quitters report for
more information and detailed maps.

**PREGNANT SMOKERS**

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, with a gap of just over 15% points. It is worth noting that the
quit rate of pregnant service users in Corby and Daventry fall below the NICE
threshold who recommended a success rate of at least 35% based on validation by
carbon monoxide monitoring. Performance against the NICE threshold is likely to
be lower than the mixture of self-reported and CO validation contained in the
above 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.

The Stop Smoking Services Equity Profile illustrates that 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

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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 further targeted support.

SERVICE TYPE

A separate 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.

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%).

COMPARATIVE QUIT RATES

Comparative data on stop-smoking services is published quarterly and annually. It should be noted that all quit attempts are counted within this data regardless of whether it is a single or multiple quit attempt by the same individual.

In Northamptonshire, the number of quit dates set (including multiple quit attempts by the same person(s)) has reduced from 8,015 in 2013/14 to 4,842 per 100,000 smokers in 2016/17: This compares to 7,302 and 4,434 England averages (See: Local Tobacco Control Profiles; number setting a quit date). It has been reported nationally that the reduction in recent years may be partly due to the increased use of e-cigarettes (see: NHS Stop Smoking Service Statistics, 2016/17 Report). The number of quit dates set per 100,000 smokers in Northamptonshire was similar to the England rate in 2016/17 and fared relatively well with other areas - 5th highest out of 16 ‘nearest neighbours’ (see: Local Tobacco Control Profiles, PHE), as did the rate of successful quitters at 4 weeks. The rate of successful quitters at 4 weeks per 100,000 smokers is also similar to the England rate in 2016/17.

However, Northamptonshire’s conversion rate (% quitters vs number of quit dates set) was significantly lower than the national average, 43.8% vs. 50.7% (NHS Digital 2017). During 2016/17 and into 2017/18 (to end of September)

**Conversion rates by Northamptonshire locality**

<table>
<thead>
<tr>
<th>Location</th>
<th>Conversion Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Northants</td>
<td>45.9</td>
</tr>
<tr>
<td>Central Northampton</td>
<td>42.9</td>
</tr>
<tr>
<td>Kettering</td>
<td>42.4</td>
</tr>
<tr>
<td>Corby</td>
<td>40.8</td>
</tr>
<tr>
<td>Western Northampton</td>
<td>40.6</td>
</tr>
<tr>
<td>Northamptonshire</td>
<td>40.2</td>
</tr>
<tr>
<td>DSN South</td>
<td>40.2</td>
</tr>
<tr>
<td>DSN Southern Northampton</td>
<td>38.3</td>
</tr>
<tr>
<td>DSN North</td>
<td>36.4</td>
</tr>
<tr>
<td>Wellingborough</td>
<td>36.2</td>
</tr>
<tr>
<td>Other</td>
<td>26.3</td>
</tr>
</tbody>
</table>

Northamptonshire’s quarterly conversion rates vary from a low of 38.5% to a high of 50.1% (January to March quarter) (Source: First for Wellbeing customer database: Quit Manager). Within the county, the most recent data shows the highest conversion rates being found in East Northamptonshire and the lowest in Wellingborough (see below).
PROJECTED SERVICE USE AND OUTCOMES

As smoking prevalence decreases, the proportion of people in the population seeking stop smoking services will likely decrease if the take-up of stop smoking services stays the same.

In Northamptonshire, for example, despite the adult population (18+) projected to increase by 4.5% by 2022, the size (number of people) of the smoking population would be lower than it is today (2016) if smoking prevalence in the county continues to reduce. For example, a reduction in the adult smoking prevalence of: 1% would mean 1,762 fewer adult smokers; 2%, 7,697 fewer smokers; 3%, 13,633 fewer smokers and 21,000 fewer adult smokers should the county equal the Government target of 12%. Should service take-up and size remain the same, this would therefore result in a lower number of service users compared to 2016/17 levels.

The impact of changes to local Stop Smoking Services in terms of investment and disinvestment in the future can be assessed using the National Institute for Health and Care Excellence (NICE) Tobacco return on investment tool.

It is also worth noting the range of influences on future smoking prevalence and take up, including:

- The effect of e-cigarette use on smoking cessation and reduction, with new research stating that the evidence suggests that e-cigarettes have contributed to tens of thousands of additional quitters in England, thus accelerating the drop in smoking rates across the country (see: E-cigarettes and heated tobacco products: evidence review, Feb 2018).
- The current number of young smokers who will impact on the future adult smoking prevalence rates. Northamptonshire has a slightly higher than England average proportion of 0-19 year olds (2016 MYE, ONS). The rate of 15 year olds smoking in Northamptonshire was last estimated in 2014/15 at 8.7% (WAY survey), with 6.2% of 15 year olds being regular smokers; however, both rates are similar to the England averages.
- By continuing high levels of international migration into Northamptonshire. The wider influence of cultural norms with regards to smoking may remain an important consideration in relation to prevalence (positive and negative) and warrant greater understanding. For latest articles, see: ONS Local Area Migration Indicators Update and NI No Allocations to Overseas Nationals on www.NorthamptonshireAnalysis.co.uk.

It is also worth noting which areas of the county are projected to have the highest rates of population growth within the next decade alongside current smoking prevalence estimates. Corby is projected to have the 5th fastest population growth in the country to 2024 at +16.7% (ONS 2014-base – latest projections). Current smoking prevalence in Corby is well above average at 20.0% (2016) compared to 15.5%, as is smoking at time of delivery at 19.7% (2016) compared to the England average of 10.7%. It is also worth noting Corby’s high fertility rate (2016). For more information on population changes, see the Demography Chapter of the Joint Strategic Needs Assessment.

Socio-economic conditions are also worth taking note of and monitoring due to the higher rates of smoking associated with higher levels of deprivation and lower paid occupations. The county is experiencing a number of challenges associated with social mobility; for example, this includes educational attainment, skills and occupation levels (see: Northants results within the Social Mobility Index 2017). Wider economic uncertainties could also impact on local smoking prevalence.
It is also worth bearing in mind that where there are higher than average rates of smoking, e.g. smoking in pregnancy, demand, if sufficiently targeted, is likely to be strong for these services.
EVIDENCE OF WHAT WORKS

There is a strong evidence base to guide efforts to reduce the impact of smoking on the health of Northamptonshire residents.

This includes commissioning guidance issued by Public Health England (PHE), the National Institute for Health and Care Excellence (NICE) and the National Centre for Smoking Cessation and Training (NCSCT).

The latest Tobacco Control Plan for England states that local areas should be fully implementing NICE guidance, with specific mention of guidance related to pregnant smokers and mental health (all included below).

A rapid literature review and summary of evidence has been conducted to support the JSNA. It focuses on smoking cessation in relation to engagement and delivery of services to some of the targeted groups (pregnancy and pre-operative) established for the core specialist team from 1st April 2018. The review highlights evidence within relevant NICE guidelines in more detail and reviews more recent evidence on NRT, self-help and e-cigarettes in pregnancy and the efficacy and cost-effectiveness of smoking cessation to pre-operative patients.

General guidance – smoking cessation
PHE – Stop smoking services: models of delivery, Sept 2017
Supports directors of public health and local healthcare commissioners in rapidly appraising the evidence, to enable informed decisions on provision.
NICE – Stop smoking services, March 2018
This guidance seeks to raise awareness of the range and types of support available and includes recommendations on: treatment options and support for specific groups
NICE – Smoking: harm reduction, July 2013

This guideline covers reducing harm from smoking. It aims to help people, particularly those who are highly dependent on nicotine, who may not be able (or do not want) to stop smoking in one step; may want to stop smoking, without necessarily giving up nicotine; may not be ready to stop smoking, but want to reduce the amount they smoke.

Specialist guidance
NICE – Stop smoking in pregnancy and after childbirth, June 2010
This guidance covers support to help women stop smoking during pregnancy and in the first year after childbirth. It includes identifying women who need help to quit, referring them to stop smoking services and providing intensive and ongoing support to help them stop. The guidance also advises how to tailor services for women from disadvantaged groups in which smoking rates are high.
Smoking: acute, maternity and mental health services, Nov 2013
Outlines evidence-based, recommended, cost-effective approaches, including for identifying people who smoke and offering help to stop, providing intensive support for people using acute and mental health services and providing intensive support for people using maternity services.
NICE – Smoking cessation in secondary care
Provides an overview of NICE guidance on smoking cessation in secondary care, including strategy, policy and commissioning for secondary care.
The clinical case for smoking cessation before surgery (NHS, 2010)
A short note covering: receptiveness of patients in secondary care to quitting, health benefits, and how to approach smoking cessation with patients, including referral to Stop Smoking Services for longer term support.

Return on investment
The National Institute for Health and Care Excellence (NICE) Tobacco return on investment tool can be used by commissioners and policy makers to evaluate a portfolio of tobacco control interventions, and models the economic returns that can be expected in different payback timescales.
TARGET POPULATION/SERVICE USER VIEWS

Proposals to change the service from 1st April 2018 to reduce the function of the specialist Stop Smoking Team and an associated budget reduction, as described earlier in Current Stop Smoking Services, were subject to a 6 week consultation at the end of 2017. This was open to anyone and not specifically targeted at service users. The results of this consultation can be found here: Changes to the stop smoking service. In summary, people were asked to what extent they agreed or disagreed with this proposal. Almost half of the respondents agreed with this proposal (48.68%), whilst just over a quarter disagreed (28.03%). By far the most frequent reason respondents gave as to why they agreed was because they felt that smoking was a life choice, with the risks attached to it well publicised and common knowledge. The respondents who said they disagreed mostly said they felt it would be a false economy to reduce the funding as they believe it would have further, more expensive cost implications in the future with earlier intervention being preferable to putting demand on NHS budgets.

With regards to service users’ views, engagement work took place with one priority group in September 2017 comprising of a short survey of pregnant woman who achieved a 4 week quit following a referral from maternity services to the First for Wellbeing Stop Smoking Service. This sought to see what was working well and what could be strengthened. The survey was completed by 10 women. From talking to these 10 women, First for Wellbeing found that:

- 7 out of the 10 women said the midwife had talked to them about smoking in pregnancy; 5 of whom said they had found this information helpful. 6 out of 10 women said the midwife made a referral to Stop Smoking Services.

- 9 out of the 10 women said they found the Stop Smoking Advisor helpful, but only 4 out of 10 said the location/type of appointment was suitable and therefore this is being reviewed.

There is currently no further evidence of the service’s engagement with service users or the target population to ascertain their views and thereby quality assess the service.
In 2016/17 it is reported that £959,000 was spent on Stop Smoking services and interventions in Northamptonshire (LA spend); £1.31 per head of population, ranking 11th (6th lowest out of 16) amongst the county’s nearest neighbours, and below the county average.

Spend on wider tobacco control was also below average with Northamptonshire ranking 5th lowest out of 16.

In 2016/17 the cost per quitter in Northamptonshire appears slightly below the England average and the value is middling compared to the county’s ‘nearest neighbours’.

Local Authority – Northamptonshire and ‘nearest neighbours’

<table>
<thead>
<tr>
<th>Cost per Head 2016/17</th>
<th>Stop smoking services and interventions</th>
<th>Cost per Head 2016/17</th>
<th>Wider tobacco control</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA Name</td>
<td>Total Spend £000</td>
<td>Cost Per head £</td>
<td>Cost per head Rank</td>
</tr>
<tr>
<td>Suffolk</td>
<td>2,327</td>
<td>£3.12</td>
<td>1</td>
</tr>
<tr>
<td>Lancashire</td>
<td>2,540</td>
<td>£2.32</td>
<td>2</td>
</tr>
<tr>
<td>Gloucestershire</td>
<td>1,316</td>
<td>£2.11</td>
<td>3</td>
</tr>
<tr>
<td>Kent</td>
<td>2,754</td>
<td>£1.79</td>
<td>4</td>
</tr>
<tr>
<td>Hampshire</td>
<td>2,195</td>
<td>£1.61</td>
<td>5</td>
</tr>
<tr>
<td>Leicestershire</td>
<td>1,083</td>
<td>£1.59</td>
<td>6</td>
</tr>
<tr>
<td>Derbyshire</td>
<td>1,178</td>
<td>£1.50</td>
<td>7</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>1,734</td>
<td>£1.47</td>
<td>8</td>
</tr>
<tr>
<td>Staffordshire</td>
<td>1,176</td>
<td>£1.36</td>
<td>9</td>
</tr>
<tr>
<td>Warwickshire</td>
<td>744</td>
<td>£1.34</td>
<td>10</td>
</tr>
<tr>
<td>Northamptonshire</td>
<td>959</td>
<td>£1.31</td>
<td>11</td>
</tr>
<tr>
<td>Buckinghamshire</td>
<td>686</td>
<td>£1.28</td>
<td>12</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>789</td>
<td>£1.15</td>
<td>13</td>
</tr>
<tr>
<td>Essex</td>
<td>1,618</td>
<td>£1.11</td>
<td>14</td>
</tr>
<tr>
<td>Nottinghamshire</td>
<td>854</td>
<td>£1.05</td>
<td>15</td>
</tr>
<tr>
<td>Worcestershire</td>
<td>346</td>
<td>£0.59</td>
<td>16</td>
</tr>
<tr>
<td>All (non-met) counties average</td>
<td>£1.51</td>
<td>All (non-met) counties average</td>
<td>£0.11</td>
</tr>
</tbody>
</table>

Source: DCLG, Revenue Outturn - 2016-17
UNMET NEEDS AND SERVICE GAPS

Within the latest Tobacco Control Plan for England Government (Department of Health) have stated certain expectations on local areas in relation to reducing smoking prevalence, in support of national targets. Identifying groups and areas with the highest smoking prevalence and taking focussed action is a key expectation. Within a context where funding to support focussed action is reducing (for 2018/19 at least – see: Current Stop Smoking Services), this inevitably result in unmet needs and service gaps.

Whilst the focus on development and targeted work will be directed towards hospital, maternity, pre-op assessment, cardiology and respiratory patients/service users, the focus on development and prevention work with young people, BME communities, schools and colleges has specifically been removed, which could pose a risk in terms of impact on future adult smoking prevalence rates. The highest estimated prevalence amongst 15 year olds was last estimated to be in Corby, Daventry and East Northamptonshire, consistent with the most recent adult prevalence figures.

Whilst universal services remain, there is no specialist provision made in 2018/19 for a number of groups highlighted as having well above average smoking rates including routine and manual workers, people with mental health conditions, and (growing) ‘new’ communities falling into the ‘white other’ ethnic group (e.g. Polish and Bulgarian economic migrants) as well as ‘Mixed’ ethnic groups.

Without the targeted provision in workplaces that took place in 2017/18 (or an equivalent intervention), there’s a risk that rates of service engagement with routine and manual workers will fall in future years and the inequality gap between those in routine or manual occupations and the general population increase. It is also worth noting that the quit rate amongst service users who have never worked/long term unemployed is one of the lowest and a separate analysis found lower than average quit rates amongst specific categories of lower income groups, further indicating a need for more targeted support to achieve better quit rates amongst people with lower/no income and avoid an increase in the overall health inequality gap. There is the additional concern that the costs of smoking are having implications on families already close to the poverty line.

With regards to mental health, there is a specific expectation set out by Government in the latest Tobacco Control Plan for England for Commissioners and provider of the local health and social care system to assess the need of stop smoking support for people with mental health conditions and deliver targeted and effective interventions. People with mental health issues are not a priority group for additional support from the core specialist team in 2018/19. It is not possible to assess the extent to which people with mental health conditions use local Stop Smoking Services, nor quit rates, to know if engagement with the universal services exists.

In relation to service engagement (take-up) versus need, the Equity Profile suggests greater targeted support 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 pregnant smokers in Corby.

It is recommended that MECC (Making Every Contact Count) be used to mitigate some of these impacts. MECC training includes the teaching of referral pathways for Stop Smoking services within the county to ensure that there are champions cascading the correct information, and continues to be offered to any organisation that comes in to contact with customers or patients. In addition, ‘Train the Trainer’ sessions are being continuously delivered across Northamptonshire and a mobile application is being developed to ensure correct
Public Health messages are available along with consistently up to date stop smoking pathways.
RECOMMENDATIONS FOR COMMISSIONING

1. Strengthen engagement with the local acute hospitals to ensure targeted work is more consistently supported across the county and conduct an evaluation of the targeted services within acute hospitals to ensure the potential benefits of the service are realised locally.

2. Continue to review the available evidence around e-cigarette use and NRT by pregnant smokers (target, priority group) and consideration of how this should be applied to local services and consider the evidence within the Needs Profile (JSNA supporting document) identifying smaller geographies (LSOAs) recommended for targeting.

3. Consider the evidence in the Equity profile (JSNA supporting document) in relation to greater targeting: in East Northamptonshire; amongst younger adults; amongst ‘White other’ (with more routine recording of nationality) and ‘Mixed’ ethnic groups; amongst lower income groups.

4. Mitigate against reduction in funding for specialist provision through ongoing roll out of Making Every Contact Count and consider other relevant examples of best practice and opportunities for targeted support.

5. Systematically collate service user views and build into quality assurance and improvement process.

6. Re-look at developing greater use of ROI tools.
RECOMMENDATIONS FOR NEEDS ASSESSMENT WORK

1. Collate more evidence and access to local data relating to volume and conversion rates relating to those known to cardiology and respiratory services and those undergoing pre-operative assessments.

2. Collate further information relating to wider responsibilities around tobacco control (i.e. enforcing the law on smoking and on tobacco sales) and wider impact in relation to service cuts from 1st April 2018.

3. Consider further use of ‘deep dive’ self-assessment/improvement tools, specifically CLeaR local tobacco control assessment, which Government expects local health and wellbeing partners to be participating in (See: Tobacco Control Plan for England)

4. Wider understanding of service impact resulting from changes in economy and population and regular monitoring within the context of Public Health.

5. Better understanding of mental health needs in the county and engagement with universal or other Stop Smoking services.

6. Greater understanding and level of detail relating to any impact of wider cultural norms associated with International migration into the county and smoking in pregnancy.

7. Deeper analysis of geographical spread as well as take-up (and associated quit rates) of universal services by those group with disproportionately high smoking prevalence, not offered specialist stop smoking support.
This chapter has been led by Anna Dunkley (BIPM), with the support and input from Public Health and BIPM (Caroline Thickens, Chenyu Shang, Anne Hartley, Annette Walker, Raj Gangotra and Richard Corless) and First for Wellbeing (Ellie McGuire).
REFERENCES & NEXT STEPS

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

Northamptonshire Local Tobacco Control Profile, Public Health England

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

Local Health, Public Health England

Smoking, drinking and drug use among young people in England - 2016, NHS Digital, November 2017

Local Resources, Action on Smoking and Health (ASH)

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Northamptonshire Analysis, Northamptonshire County Council

E-cigarettes and heated tobacco products: evidence review, Feb 2018

NHS Stop Smoking Service Statistics, 2016/17 Report

European health interview survey (EHIS), Eurostat, 2013-2015

Models of delivery for stop smoking services, PHE, Sept 2017

First for Wellbeing

USEFUL LINKS

Public Health Glossary, NHS Health Education England

Local Tobacco Control Profiles, Public Health England

Smoking policies on www.gov.uk, Department of Health

Smoking facts and evidence, Cancer Research

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

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

What is chronic pulmonary obstructive disease?, British Lung Foundation

NHS programming budget, NHS England

Stop smoking, NHS

Collaboration for Leadership in Applied Health Research and Care, East Midlands, preventing chronic disease research – smoking in pregnancy

Tobacco Return on investment Tool, NICE, 2014


Public Health England (PHE)

National Institute for Health and Care Excellence (NICE)

National Centre for Smoking Cessation and Training (NCSCT).

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