

<b>16 October 2012</b>		<b>ITEM 6</b>
<b>Health &amp; Well- Being Overview and Scrutiny Committee</b>		
<b>Smoking Cessation Strategy 2012/13 South West Essex</b>		
<b>Report of:</b> Debbie Maynard, Head of Health Improvement		
<b>Wards and communities affected:</b> All wards within the Borough	<b>Key Decision:</b> No Decision	
<b>Accountable Head of Service:</b> Debbie Maynard, Head of Health Improvement		
<b>Accountable Director:</b> Jo Olsson, Director of People Services		
<b>This report is</b> The current position of Smoking Cessation Services across South West Essex to include specific details around the Thurrock population		
<b>Purpose of Report:</b> Update		

## **EXECUTIVE SUMMARY**

Smoking continues to be the leading preventable cause of death in the East of England, as in the rest of the developed world and is the single biggest cause of health inequalities between different population groups in South West Essex. The purpose of this paper is to set out the details of the Smoking Cessation strategy for 2012/13 and update the Committee with the current position in the South West localised to Thurrock.

### **1. RECOMMENDATIONS:**

- 1.1 Health Overview and Scrutiny Committee champion the need to work with partners around all aspects of tobacco control in Thurrock including prevention of children starting smoking, smoking cessation and wider enforcement and legislation issues.**

### **2. INTRODUCTION AND BACKGROUND:**

- 2.1 Introduction

The council assumes new responsibilities for public health in April 2013. This year the public health team co-located into the council and are working with colleagues across the council to deliver the public health priorities established by the Shadow Health and Well Being Board, one of which is smoking reduction.

Smoking cessation programmes are currently commissioned from providers, (GPs, Pharmacists and specialist stop smoking services) for South West Essex population through North East London Foundation Trust (Vitality Health and Wellbeing Service) We are in the process of splitting the current activity and contracts between Essex County Council and Thurrock Council. Early indications suggest that the current level of activity using 2011/12 data is Essex 46% and Thurrock 54%. From 1 April 2013 smoking cessation programmes will be reported for Thurrock only.

In March 2011, the Department of Health published Healthy Lives Healthy People: A tobacco control plan for England. The plan sets out how tobacco policy fits with the localism agenda and how, together with local partners, the Government will:

- Help smokers to quit
- Reduce exposure to second-hand smoke
- Stop the promotion of tobacco in shops
- Make smoking less affordable
- Regulate tobacco products more effectively
- Protect health policy from the vested interests of the tobacco industry

The plan established three clear national ambitions to reduce the harm from smoking. By the end of 2015 together we will:

- Reduce adult smoking prevalence in England to 18.5% or less by the end of 2015
- Reduce regular smoking among 15 year olds to 12%
- Reduce smoking throughout pregnancy to 11%

## 2.2 Background

### 2.2.1 Smoking and Health

Smoking continues to be the leading preventable cause of death in the East of England, as in the rest of the developed world and is the single biggest cause of health inequalities between different population groups in South West Essex.

Tobacco is the only legal product in the UK that when used correctly leads to the death of its users. Smoking has been linked to 20 causes of death. It has been estimated that in England, 364,000 patients are admitted to NHS hospitals each year due to diseases caused by smoking. This translates into 7,000 hospital admissions per week or 1,000 per day (ONS, 2002).

One in two long-term smokers die prematurely as a result of consuming tobacco. Half of these die in middle age. Most die from one of the three main diseases associated with cigarette smoking: lung cancer, chronic obstructive lung disease (bronchitis and emphysema) and coronary heart disease. It has been estimated that between 1950 and 2000, six million Britons and 60 million people worldwide have died from tobacco related diseases.

Deaths caused by smoking are five times higher than the combined total of all deaths caused by traffic accidents, poisoning and overdose, alcoholic liver disease, other

accidental deaths, murder and manslaughter, suicide and HIV infection. Half of all teenagers who are currently smoking will die from diseases caused by tobacco if they continue to smoke. One quarter will die after 70 years of age, one quarter before, with those dying before losing on average 21 years of life.

The national ambition set out in the Government's Tobacco Control Plan (2011) is to reduce adult (aged 18 or over) smoking prevalence in England to 18.5 per cent or less by the end of 2015, meaning around 210,000 fewer smokers a year. This will be measured by Smoking prevalence among adults from office for national Statistics' Integrated Household Survey. The baseline measure is 21.2 per cent (April 2009 to March 2010).

### **2.2.2 Local picture**

The prevalence of smoking in South West Essex was 20% in 2008 (East of England Lifestyle Survey). There are some areas of South West Essex (MSOAs) where smoking prevalence exceeds 30% which is correlated with deprivation. The prevalence of smoking in Thurrock in 2010/11 was 23.2% as measured by the integrated household survey (ONS).

The prevalence of smoking amongst adults in Thurrock is significantly greater than national and regional comparators, but not statistically different to its CIPFA comparator group of local authorities. Smoking prevalence is not distributed evenly within Thurrock but largely linked to deprivation levels. The greatest prevalence of smoking is in Grays, Tilbury and St.Chads, Tilbury Riverside and parts of Stanford East and Corringham Town.

The national measurement for success is quitters at four weeks. Access to and the rate of quit success at four weeks through NHS stop smoking services does not correlate well to deprivation levels with some deprived areas such as Belhus having high quit rates per estimated smoking population and others low rates. In order to reduce health inequalities, there is a need to focus the commissioning of stop smoking services on the areas of West Thurrock and South Stifford, Grays Riverside, Tilbury St. Chads, Little Thurrock and Blackshots and Chadwell St. Mary.

In Thurrock we are in the process of engaging in robust consultations with our communities jointly through the HWB work programme. We also hope to work with partners to engage with retailers, businesses and enforcement agencies to spread the messages around the health and social concerns with smoking. The Public Health team are engaging with exploratory work with County Council on the Essex Tobacco Alliance Strategy to review opportunities with colleagues around commissioning programmes related to tobacco control in order to meet the challenges of this agenda moving forward into 2013/14.

### **Thurrock statistics**

- Amongst men in Thurrock, death rates: have for lung cancer generally remained higher than both regional and national rates, yet overall have declined.
- Amongst women in Thurrock, death rates have declined for cancer, are lower than observed in males but are higher than regional and national rates.

### 2.2.3 Current Activity and services

NHS South West Essex holds a contract with the (NELFT) Vitality Health and Wellbeing service to deliver lifestyle modification services including level 2 & 3 Smoking Cessation services. Vitality have a target of their own to deliver 4 week quitters through this contract and they are also responsible for training, monitoring and supporting Primary Care providers to deliver against their 4 week quitter targets (GPs and Pharmacists). In line with best practice this is specifically any provider that refer less than 10% of all their smokers to smoking cessation support (GPs) or have less than a 35% conversion rate of quit date sets resulting in four week quits (both GPs and Pharmacies).

NHS South West Essex has commissioned a Locally Enhanced Service (LES) for smoking cessation services with individual GP practices and pharmacies.

## 3. ISSUES AND/OR OPTIONS:

### 3.1 Target

The target set from the NHS Midlands and East StHA is for there to be at least **3337** 4 week quitters in total across South West Essex between April 2012 and the end of March 2013. This target is set based on producing 50 quitters per 1000 smokers. The details of how this target is split is set out in the table below:

Service commissioned	Target to deliver (min number of quitters)	% of overall target
GP practices	1970	61%
Community Pharmacy	900	26%
Vitality Health and Wellbeing Service	467	13%
<b>Totals</b>	<b>3337</b>	<b>100%</b>

For 1 April 2011 – March 2012 the division of 4 week quitters as a % of the total achieved was split as follows, the end column shows the effectiveness of the service by giving a percentage success rate of all those who set a quit date with the service.

Service commissioned	4 week quitters	Success rate
Vitality Health and Wellbeing Service	15%	49%
GP practices	32%	39%
Community Pharmacy	53%	39%

The Vital sign that relates to this target is 'VBS05 number of 4 week quitters' which is reported on a quarterly basis to the Department of Health. Vitality are responsible for submitting this return by the deadline each quarter.

The target for 4 week quitters for 2012-13 is split in the following way to account for seasonal trends observed in previous years.

Q1 = 25% = 833 quits

Q2 = 20% = 668 quits

Q3 = 20% = 668 quits

Q4 = 35% = 1168 quits

## 4. CONSULTATION (including Overview and Scrutiny, if applicable)

- 4.1 We are currently undertaking a three month consultation with communities around smoking behaviours to understand how we can encourage more people to quit and more importantly prevent them from taking up smoking in the future

**5. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT**

5.1 Performance to date

Smoking data is presented in quarters there is seasonal variation and trends. The End of year quarter 4 figures for 2011/12 show that NHS South West Essex were 4<sup>th</sup> in the region (out of 13) with 106.2% of the vital signs target achieved and fourth in the region for the quit rate per 1000 smokers with 53.5 quitters per 1000 smokers.

Although the vital signs target has been met the overall quality of the service is poor in comparison with the other 12 PCTs in the region.

The data in section 3 shows that the most successful way to quit was through the specialist stop smoking service (Vitality in South West Essex) their average success rate across the year was 49% and as much as 55% in quarter 3. The most quitters came from community pharmacy (61% in quarter 4) the average success rate across the year was 39% and as low as 35% for the first half of the year. The performance in General Practice was similar with an average success rate across the year of 39% however less people chose to quit within GP practices (31% of all the quarter's quitters in quarter 4).

The quit rate (percentage of people quitting from those setting a quit date) is low, the following table illustrates this in comparison with the rest of the region for quarter 4 of 2011/12

2011-12 Q4		
Code	PCT Name	Service Success rate
5P2	Bedfordshire	52.61
5PP	Cambridgeshire	46.53
5PR	Great Yarmouth & Waveney	54.37
5QV	Hertfordshire	53.59
5GC	Luton	58.66
5PX	Mid Essex	64.68
5PQ	Norfolk	49.45

5PW	North East Essex	49.38
5PN	Peterborough	58.30
5P1	South East Essex	41.63
5PY	South West Essex	40.36
5PT	Suffolk	49.94
5PV	West Essex	58.38
<b>Q35</b>	<b>East of England</b>	<b>50.53</b>

The East of England RAG rating is for a success rate of 50%+ is green, amber is rated as between 40 – 49% and red rating is below 40%.

There is a time lag in being able to report 4 week quitters. i.e. a smoker setting a quit date end the end of quarter 2 in September may not have completed their sessions with an advisor and be recorded as a 4 week quitter until end of October. This results in a time delay in having an accurate reflection of the performance achieved in a quarter.

Performance is slowly improving and in 2012/13 the new service specifications have been revised to ensure they are robust. We have a new public health performance system in place to identify risks earlier and have introduced a new computer system called ‘Quit Manager’ which will increase efficiency of recording and reporting of 4 week quitters.

## 6. CONCLUSION

Smoking and tobacco control will continue to be a priority for the public sector; we need to focus on prevention to reduce children from taking up smoking. To achieve this we need to work with partners in schools and in the community.

We offer smoking cessation programmes to encourage smokers to quit. Each year this target is tougher as those still smoking are the hard to reach groups so innovative programmes need to be developed.

Finally and very importantly we need to work with national and local retailers, businesses and enforcement agencies to spread the message that this is everyone’s responsibility and engage them with the wider tobacco control agenda. Public Health sitting in local authorities should enable this wider engagement to happen to address this agenda and is an opportunity to achieve a more integrated approach.

## BACKGROUND PAPERS USED IN PREPARING THIS REPORT:

- JSNA Refresh 2012
- Healthy Lives, Healthy People: A tobacco control plan for England (2011)
- Preventing the uptake of smoking by children and young people (NICE public health guidance 14): <http://www.nice.org.uk/pH14>
- School-based interventions to prevent smoking (NICE public health guidance 23): <http://www.nice.org.uk/pH23>

**APPENDICES TO THIS REPORT:**

Appendix A: Detailed background Thurrock profile on smoking data.

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