Health Behaviours in Suffolk

Health Needs Assessment: tobacco

June 2022

Contents

Note

Please note that this report is part of the wider Health Behaviour Health Needs Assessment (HNA) for Suffolk. For other topic areas, please see the Healthy Suffolk website.

COVID-19 and data limitations

The data within this report mostly cites 2019/20 data sets and therefore does not examine the impact of COVID-19 on service provision, health behaviours or outcomes. Rather, the impact of COVID-19 is currently being explored through interviews with stakeholders and service users throughout Suffolk, which are not included in this report.

Please note that report was written in October 2021 and published in May 2022. At the time of publication, 2020/21 data has been published. Therefore, future work streams related to health behaviour services will reflect new data sources.

Smoking prevalence data

The Annual Population Survey (APS) is designated as a National Statistic and has provided a consistent time series of data for smoking prevalence. However, in 2020 due to the impact of the COVID-19 pandemic the mode of the APS changed from face-to-face interview to telephone only from Quarter 2 2020. Prior to publication Office for National Statistics (ONS) have investigated whether there was a relationship between the smoking prevalence estimate and the change in data collection. The conclusion was that the estimates have indeed been impacted by the change in survey mode from face-to-face interview to telephone, and that selection bias will have also influenced the final prevalence figures. The final prevalence figures as published are lower than would have been expected if data collection had stayed the same for 2020.

Therefore, this report refers to 2019/20 smoking prevalence data so that it is possible to provide time series and comparable reflection.

Quality and Outcome Framework data

The adult weight management data and smoking prevalence data relate to Quality and Outcomes Framework (QOF) data provided by GP practices. 2020/21 QOF data is now available on the Office for Health Improvement and Disparities (OHID) Fingertips website. As this report was written in 2021 and published in 2022, the QOF data within this report refers to 2019/20.

Recommendations

- **Continue the commissioning of Local Stop Smoking Services (LSSS) in Suffolk**
  There is strong evidence for the effectiveness of LSSS both nationally and locally. This suggests that investment in local stop smoking services would be an effective use of resource moving forwards. Further work can be done to improve the reach and accessibility of services to populations at higher risk of smoking related harm.

- **Targeted engagement with populations at higher risk of smoking-related harm**
  Behavioural science approaches can be used to target engagement to those population groups with the highest level of risk to harms of smoking. Specific work to understand the needs and motivations of those in routine and manual occupations (including pregnant routine and manual workers) in Ipswich, and black and minority ethnic populations, can be used to inform targeting and health promotion messaging.

- **Work in collaboration to target geographical and population-based smoking cessation interventions**
  Using high relative deprivation, high smoking prevalence, and low smoking support as a proxy for enhanced targeted support, GP patients lists can be used to inform the targeting of priority intervention groups. collaborative working between partners who work to support primary care will support the development of local actions and support in each of the priority categories.

- **Work in collaboration to develop, monitor and evaluate local pathways for pregnant smokers and smokers with mental-ill health as part of the NHS Long Term Plan**
  Using the partnerships that have been created in the Suffolk and Northeast Essex (SNEE) and Norfolk and Waveney (N&W) tobacco dependency steering groups.

- **Improve data collection and monitoring of longitudinal data around quits to gain a better understanding of long-term impact of LSSS**
  Consider local engagement with smokers and ex-smokers, and the use of technology to support and maintain contact with previous smokers.

- **Continue to develop and deliver support and training options for primary care and wider statutory and voluntary sectors organisations**
  Using local engagement conversations to identify reasons for low offers of support to inform approaches to training and support. Continued promotion of Making Every Contact Count and behaviour change approaches will be beneficial.

Why it matters

There are 1.3 billion tobacco users worldwide, with over 80% of these living in low- and middle-income countries[1]. In the UK, in 2019, 14.1% of people aged 18 and above smoked, which is about 6.9 million people in the population; smoking is more common among men and younger people (those aged 25 to 34)[2].

Smoking has a huge impact on an individual's health and causes around 7 out of every 10 cases of lung cancer[3]. There is no safe level of exposure to tobacco - it has been shown that smoking just one cigarette per days leads to a 50% increase in risk of coronary heart disease in men and 57% in women[4].

In 2019, across the globe, smoking was responsible for 7.69 million deaths in 2019 and was the leading risk factor for deaths among males[5]. In England, there were estimated to be 74,600 deaths attributable to smoking; this is steadily improving over time, down 3% on 2018 figures, and 9% on 2009 figures. However, smoking related hospital admissions have been increasing over time - in England, there were 506,100 hospital admissions attributable to smoking in 2019, which is 10% higher than in 2009/10[6]. In 2019/20 5% of all hospital admissions among males, and 3% among female, were estimated to be attributable to smoking[6].

Smoking is a major cause of health inequalities, with smoking rates much higher among low-income groups and among adults with a mental health condition; around 40% of those with a serious mental health condition smoke[7]. In 2019 around 1 in 4 (23.4%) of people in routine and manual occupations smoked, compared to only 9.3% of those in managerial and professional occupations[2]. Smoking accounts for around half the difference in life expectancy between the richest and poorest groups[8]. Modelling indicates that smoking prevalence in England will continue to decline in the forthcoming years, but relative inequalities in smoking prevalence between lower and higher educational qualification groups will increase[9].

National policy

In July 2017, the UK government published 'Towards a Smokefree Generation – A Tobacco Control Plan for England'[10]. This contained a vision of a smokefree generation (prevalence of 5% or lower) with a plan for action to reduce both overall prevalence and reduce the inequality gap in prevalence. Actions included a focus on prevention, supporting smokers to quit, eliminating variations in smoking rates and ensuring enforcement e.g., high duty rates for tobacco products.

The NHS Long Term Plan contained the following actions relevant to smoking[11]

- By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services
- The model will be adapted for pregnant mothers
- A new universal smoking cessation offer will be available as part of specialist mental health services

Relevant NICE guidance

Smoking: preventing uptake in children and young people (PH14) (2014)[12]

This guidance is specifically focused on mass-media and point of sale measures to prevent the uptake of smoking by children and young people. Some of the key recommendations are as follows:

- Develop national, regional or local mass-media campaigns to prevent the uptake of smoking among young people under 18.

- Action by national government to help halt illegal sales, including supporting local authorities to enforce legislation and undertake audits of test purchasing

Stop smoking interventions and services (NG92) (2018)[13]

This guideline covers stop smoking interventions and services delivered in primary care and community settings for those aged 12+, with an emphasis on vulnerable groups. This guideline is currently being updated. Some of the key recommendations are as follows:

- Ensure evidence-based stop smoking interventions and services are available for everyone who smokes
- Prioritise specific groups who are at high risk of tobacco-related harm
- Set targets for stop smoking services including the number of people using the service and the proportion who successfully quit smoking.

Smoking: acute, maternity and mental health services (2013) (PH48)[14]

This guideline covers helping people to stop smoking in acute, maternity, and mental health services, promoting smoke free policies and services. Some key recommendations are as follows:

- All secondary care buildings and grounds should be smoke-free
- During the first face-to-face contact, people should be asked if they smoke or have recently stopped smoking
- Everyone who smokes should be encouraged to stop completely and provided with access to licensed nicotine-containing products or other pharmacotherapies

Smoking: harm reduction (2013) (PH45)[15]

This guideline covers reducing harm from smoking, aiming to support those who may not want to give up smoking in one step, may not be ready to give up nicotine or may want to reduce the amount they smoke.

Key recommendations include:

- If someone does not want, is not ready or is unable to stop smoking in one step, ask them if they would like to consider a harm reduction approach
- Ensure people know that licensed nicotine-containing products make it easier to cut down prior to stopping or reduce the amount they smoke
- Offer all types of licensed nicotine-containing products to people who smoke as part of a harm-reduction strategy

Smoking: stopping in pregnancy and after childbirth (2010) (PH26)[16]

This guideline covers support to help women stop smoking during pregnancy and in the first year after childbirth. Key recommendations include:

- Midwives should assess women's exposure to tobacco smoke, provide information about the risks of smoking in pregnancy and advise pregnant smokers to stop completely.
- Refer all women who smoke, or have stopped smoking within the last 2 weeks, to NHS Stop Smoking Services

Smoking prevention in schools (PH23) (2010)[17]

This guidance covers school-based interventions to prevent smoking among children and young people. Key recommendations are as follows:

- Develop a whole-school or organisation-wide smoke-free policy in consultation with young people and staff
- Integrate information about the health effects of tobacco use into the curriculum
- Deliver interventions that aim to prevent the uptake of smoking as part of PSHE

Tobacco-related strategies and services in Suffolk

Suffolk has a Tobacco Control Alliance which works towards a smoke-free Suffolk supporting people to stop smoking and disrupting the illicit tobacco trade[18]. The Tobacco Control Alliance has a dedicated plan for 2021-22. Members of the alliance include; Public Health, Trading Standards, Health and Wellbeing Teams, HMRC, NHS Partners and OneLife Suffolk. The 2021-22 Delivery Plan sets out the following priorities:

1. Prevention: Implementing opportunities to ensure adults do not smoke around children and vulnerable adults.
2. Protection: Maintain focus on illicit tobacco
3. Cessation:
    a) Reduce smoking prevalence in those most risk of health inequalities (including those with long term conditions and mental health conditions, Routine & Manual workers, areas of Suffolk with high smoking prevalence, those from Ethnic Minority backgrounds) and pregnant women & their partners
    b) Support NHS Smoke-free commitments and the implementation of the NHS Long Term Plan
    c) Increase awareness and reach of Making Every Contact Count (MECC) and Very Brief Advice (VBA) for frontline workers across Suffolk

Support for Suffolk residents to quit smoking is facilitated by OneLife Suffolk Integrated Healthy Lifestyle Service (Stop Smoking Team)[19]. This offers:

- A choice of where and how to access treatment and support to stop smoking. This includes through OneLife Suffolk specialist service, GP or Pharmacy.
- An 8-12 week programme which includes access to a broad range of stop smoking medications (that includes nicotine replacement treatments or prescription medications) and behavioural support.
- An initial triage appointment, with a subsequent choice of setting and either one-to-one appointments or within a group.

Smoking prevalence in Suffolk

Suffolk had the fourth highest prevalence of smoking in adults (16.1%) out of the eleven local authorities in the East of England. Smoking prevalence in Suffolk was statistically similar to England (13.9%) and the East of England (13.7%).

Figure 1: Smoking prevalence in adults (18+) – current smokers (APS), East of England, Local Authorities, 2019

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	6,111,270	13.9	13.6	14.1
East of England region	–	667,356	13.7	12.9	14.5
Peterborough	–	28,229	18.8	15.9	21.8
Thurrock	–	22,590	17.5	14.9	20.2
Luton	–	26,401	16.8	14.6	19.1
Suffolk	–	97,435	16.1	13.6	18.6
Norfolk	–	106,518	14.5	12.3	16.8
Central Bedfordshire	–	30,298	13.7	10.7	16.7
Southend-on-Sea	–	18,915	13.2	11.1	15.3
Cambridgeshire	–	68,062	13.2	10.5	15.9
Essex	–	153,841	13.2	11.5	14.9
Hertfordshire	–	100,155	11.0	9.2	12.8
Bedford	–	14,147	10.8	7.3	14.2

Source: Annual Population Survey (APS)

Compared with benchmark: Better Similar Worse Not compared

Source: Fingertips 2020, derived from the Annual Population Survey 2019

Smoking prevalence in Suffolk districts and boroughs

All of the districts within Suffolk had a similar smoking prevalence compared to England (see figure 2). Ipswich was the only LTLA to present a statistically significantly higher smoking prevalence (20.7%) compared to the East of England (13.7%) (see figure 3). Ipswich was ranked 3rd highest for smoking prevalence out of the 45 districts and boroughs in the East of England.

Mid Suffolk has moved from statistically significantly lower than England and the East of England in 2018 (8.3% compared to 14.4% and 14.0%, respectively) to statistically similar to England and the East of England in 2019 (12.0% compared to 13.9% and 16.1%, respectively).

Figure 2: Smoking prevalence in adults (18+) – current smokers (APS), Suffolk districts compared to England, 2019

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	6,111,270	13.9	13.6	14.1
Suffolk	–	97,435	16.1	13.6	18.6
Ipswich	–	22,087	20.7	13.9	27.5
East Suffolk	–	35,031	17.4	12.9	21.9
West Suffolk	–	22,599	16.0	11.1	21.0
Mid Suffolk	–	9,921	12.0	5.9	18.0
Babergh	–	7,763	10.5	4.7	16.3

Source: Annual Population Survey (APS)

Compared with benchmark: Better Similar Worse Not compared

Source: Fingertips 2020, derived from the Annual Population Survey 2019

Figure 3: Smoking prevalence in adults (18+) – current smokers (APS), Suffolk districts and boroughs compared to East of England, 2019

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	6,111,270	13.9	13.6	14.1
East of England region	–	667,356	13.7	12.9	14.5
Ipswich	–	22,087	20.7	13.9	27.5
East Suffolk	–	35,031	17.4	12.9	21.9
West Suffolk	–	22,599	16.0	11.1	21.0
Mid Suffolk	–	9,921	12.0	5.9	18.0
Babergh	–	7,763	10.5	4.7	16.3

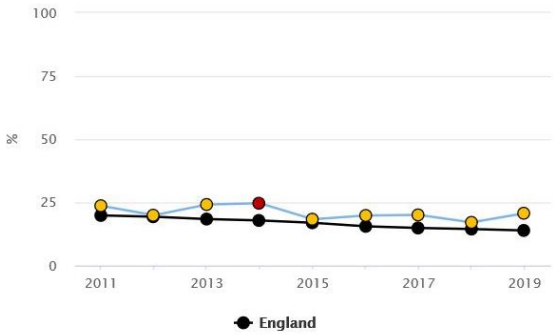
Source: Fingertips 2020, derived from the Annual Population Survey 2019

A deep dive: smoking trends over time

Smoking rates in Ipswich have remained statistically similar to England since 2015 (see figure 4). A similar trend can be seen when comparing Ipswich and the East of England from 2015 to 2018 (see figure 5). However, there was a divergence between Ipswich and the East of England in 2019 leading to a statistically significantly higher smoking prevalence in Ipswich compared to East of England.

Ipswich has not seen a statistically significant increase in smoking prevalence from 2018 to 2019 when measured against itself (i.e., smoking prevalence has remained (statistically) the same although the percentage has marginally increased). The marginal increase in smoking prevalence in Ipswich from 2018 to 2019 (17.1% to 20.7%, respectively) and the marginal drop in smoking prevalence in the East of England from 2018 to 2019 (14.0% to 13.7%, respectively) has created a greater proportional gap between the two (3.1 percentage points gap in 2018 compared to a 7 percentage point gap in 2019). This has resulted in Ipswich being statistically significantly higher than the East of England in 2019 (see figure 5).

Figure 4: Smoking prevalence in adults (18+) – current smokers (APS), Ipswich Borough compared to England, 2011 – 2019 time series



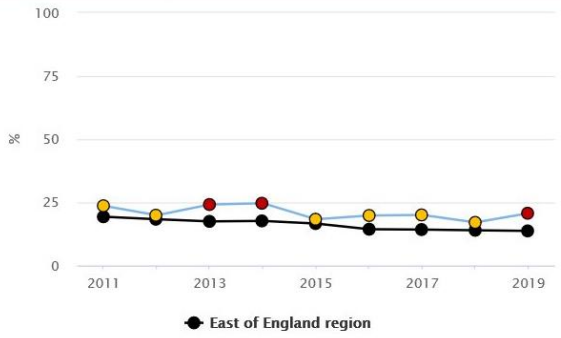
Recent trend: –

Period		Ipswich Count	Ipswich Value	Ipswich 95% Lower CI	Ipswich 95% Upper CI	East of England	England
2011	●	24,561	23.6%	16.2%	31.1%	19.3%	19.8%
2012	●	20,954	19.9%	14.7%	25.2%	18.3%	19.3%
2013	●	25,535	24.1%	18.3%	30.0%	17.5%	18.4%
2014	●	26,210	24.6%	19.0%	30.3%	17.7%	17.8%
2015	●	19,660	18.3%	12.9%	23.7%	16.6%	16.9%
2016	●	21,353	19.8%	13.9%	25.7%	14.4%	15.5%
2017	●	21,569	20.0%	14.2%	25.9%	14.2%	14.9%
2018	●	18,220	17.1%	12.1%	22.0%	14.0%	14.4%
2019	●	22,087	20.7%	13.9%	27.5%	13.7%	13.9%

Source: Annual Population Survey (APS)

Source: Fingertips 2020, derived from the Annual Population Survey 2019

Figure 5: Smoking prevalence in adults (18+) – current smokers (APS), Ipswich Borough compared to East of England, 2011 – 2019 time series



Recent trend: –

Period		Ipswich Count	Value	95% Lower CI	95% Upper CI	East of England	England
2011	●	24,561	23.6%	16.2%	31.1%	19.3%	19.8%
2012	●	20,954	19.9%	14.7%	25.2%	18.3%	19.3%
2013	●	25,535	24.1%	18.3%	30.0%	17.5%	18.4%
2014	●	26,210	24.6%	19.0%	30.3%	17.7%	17.8%
2015	●	19,660	18.3%	12.9%	23.7%	16.6%	16.9%
2016	●	21,353	19.8%	13.9%	25.7%	14.4%	15.5%
2017	●	21,569	20.0%	14.2%	25.9%	14.2%	14.9%
2018	●	18,220	17.1%	12.1%	22.0%	14.0%	14.4%
2019	●	22,087	20.7%	13.9%	27.5%	13.7%	13.9%

Source: Annual Population Survey (APS)

Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

Source: Fingertips 2020, derived from the Annual Population Survey 2019

Smoking prevalence in general practice

In 2019/20, there were 54,822 (15.6%) recorded tobacco users in IESSCG, 35,351 (16.3%) in WSCCG, and 39,247 (19.7%) in GYWCCG. IESCCG had ten GP practices with a statistically significantly higher smoking prevalence compared to England (ranging from 19.2% to 25.7%), WSCCG had eight GP practices with a statistically significantly higher smoking prevalence compared to England (ranging from 18.3% to 24.1%), and GYWCCG had six Suffolk-based GP practices with a statistically significantly higher smoking prevalence compared to England (ranging from 18.9% to 31.2%).

Figure 6: IESCCG GP practices presenting a statistically significantly higher smoking prevalence than England average, estimated smoking prevalence, crude rate, 2019/20

Area	Count	Value	99.8% Lower CI	99.8% Upper CI
England	8,250,060	16.5	16.4	16.5
NHS Ipswich And East Suffolk CCG	54,822	15.8	15.6	16.1
D83056 - Hawthorn Drive Surgery	1,866	25.7	23.9	27.6
D83059 - Barrack Lane Medical Centre	3,916	25.4	24.1	26.6
D83008 - Burlington Road Surgery	3,295	24.0	22.7	25.3
D83058 - The Norwich Road Surgery	1,935	23.3	21.7	24.9
D83039 - The Chesterfield Drive Practice	2,279	22.6	21.1	24.1
D83073 - Dr Solway & Dr Mallick Practice	1,142	22.1	20.2	24.2
D83081 - Haven Health	1,494	21.8	20.1	23.6
D83082 - Walton Surgery	444	21.6	18.5	24.9
D83074 - Orchard Medical Practice	2,470	20.7	19.5	22.1
Y01794 - Ravenswood Medical Practice	2,401	19.2	18.0	20.5

Compared with England ■■■ Lower | Similar | Higher | Not compared

Source: QOF, 2019/20

Figure 7: WSCCG GP practices presenting a statistically significantly higher smoking prevalence than England average, estimated smoking prevalence, crude rate, 2019/20

Area	Count	Value	99.8% Lower CI	99.8% Upper CI
England	8,250,060	16.5	16.4	16.5
NHS West Suffolk CCG	35,351	16.3	16.0	16.6
Y00774 - Brandon Medical Practice	1,108	24.1	21.9	26.4
D83021 - Haverhill Family Practice	2,750	21.2	20.0	22.5
D83062 - Forest Surgery	1,361	21.0	19.2	22.8
D83029 - The Rookery Medical Centre	2,532	20.8	19.6	22.2
D83012 - Christmas Maltings and Clements Practice	2,981	19.7	18.6	20.8
D83075 - Siam Surgery	1,623	19.1	17.6	20.6
D83027 - Orchard House Surgery	1,742	18.7	17.3	20.1
D83078 - The Reynard Surgery	1,313	18.3	16.8	19.9

Source: QOF, 2019/20

Figure 8: GYWCCG GP practices presenting a statistically significantly higher smoking prevalence than England average, estimated smoking prevalence, crude rate, 2019/20

Area	Count	Value	99.8% Lower CI	99.8% Upper CI
England	8,250,060	16.5	16.4	16.5
NHS Great Yarmouth And Waveney CCG	39,247	19.7*	19.4	20.0
D83030 - Kirkley Mill Health Centre	1,636	31.2	28.9	33.7
D82067 - The Park Surgery	3,340	30.0	28.4	31.6
D82007 - East Norfolk Medical Practice	6,229	29.6	28.5	30.8
D83002 - Alexandra & Crestview Surgeries	3,336	26.3	24.9	27.7
D83023 - High Street Surgery	2,556	24.0	22.6	25.5
D82003 - Beaches Medical Centre	4,340	20.6	19.6	21.5
D83016 - Victoria Road Surgery	1,766	18.9	17.6	20.3

● *GP practice is located outside of Suffolk*

Source: QOF, 2019/20

Smokers setting a quite date

Setting a quit date gives smokers time to prepare and keeps them motivated. It also enables smoking cessation services to engage smokers over time and take the first step to giving up.

Although the number of smokers recruited into smoking cessation services and setting a quit date is statistically significantly better rate than England (4,253 per 100,000 compared to 3,512 per 100,000 respectively), it has the second lowest recruitment rate across services in the East of England (4,672 per 100,000). In 2019/20, only 4.4% of estimated current smokers had set a quit date in Suffolk.

Figure 9: Smokers setting a quite date, East of England LTLAs, per 100,000, 2019/20

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	221,678	3,512	3,497	3,527
East of England region	–	32,193	4,672*	4,619	4,723
Essex	–	4,620	2,903	2,820	2,987
Suffolk	–	4,266	4,253	4,123	4,387
Cambridgeshire	–	2,989	4,265	4,111	4,423
Central Bedfordshire	–	1,472	4,647	3,824	5,733
Norfolk	–	5,103	4,659	4,529	4,790
Peterborough	–	1,460	5,006	4,363	5,751
Bedford	–	812	5,521	4,107	7,485
Hertfordshire	–	5,826	5,628	5,480	5,778
Luton	–	1,729	6,379	5,640	7,202
Southend-on-Sea	–	1,596	8,192	7,100	9,444
Thurrock	–	2,320	9,893	8,608	11,374

Compared with England ▪▪▪ Better 95% | Similar | Worse 95% | Not compared

Source: QOF, 2019/20

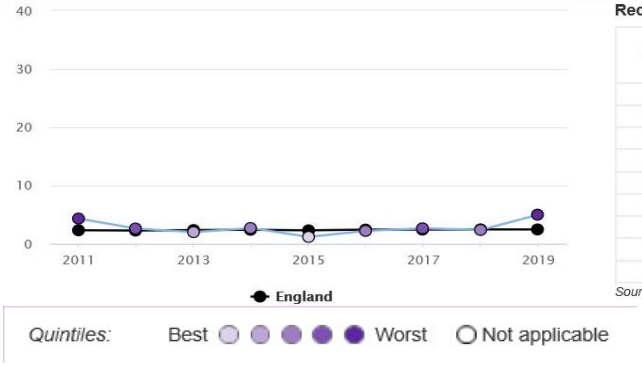
Smoking prevalence in priority populations

Although national smoking prevalence continues to decline, the picture is not so positive for all groups and communities. Smoking remains highest among populations who already suffer from poorer health and other disadvantages.

In 2016, people living in the most deprived areas of England were more than four times more likely to smoke than those living in the least deprived areas[20]. While the prevalence of smoking among people working in jobs classed as routine and manual was more than double that of people working in managerial and professional occupations[20]. Additionally, mothers in routine and manual occupations are five times more likely to have smoked throughout pregnancy compared to women in managerial and professional occupations, meaning those from lower socio-economic groups are at a much greater risk of complications during and after pregnancy[10].

The latest data from 2019 shows that the smoking prevalence among people working in jobs classed as routine and manual was more than 5.0 times that of people working in other occupations in West Suffolk (see figure 10) and 4.9 times more likely in Ipswich (see figure 11). In the context of the East of England, West Suffolk has the 2nd highest odds of being a smoker in a routine and manual occupation vs. the odds of being a non-smoker in other occupations. While Ipswich is the 3rd highest (see figure 10). Please note, however, that the sample sizes for these cohorts are small and prone to fluctuation from year to year.

Figure 10: Smoking prevalence in adults (18-64) - socio-economic gap in current smokers (APS), the odds of being a smoker in a routine and manual occupation vs. the odds of being a non-smoker in other occupations, West Suffolk, 2019



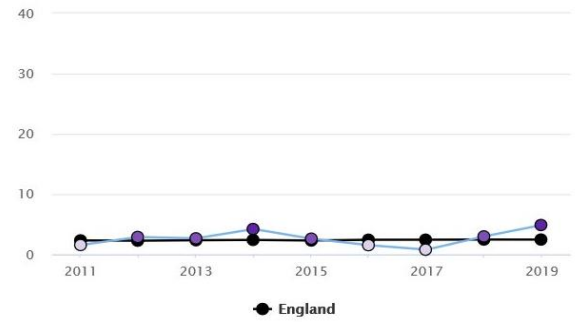
Recent trend: –

Period	West Suffolk					East of England	England
		Count	Value	95% Lower CI	95% Upper CI		
2011		-	4.33	2.40	7.80	2.52	2.32
2012		-	2.61	1.44	4.74	2.34	2.27
2013		-	2.01	1.01	3.97	2.45	2.35
2014		-	2.70	1.49	4.88	2.61	2.40
2015		-	1.19	0.60	2.38	2.21	2.31
2016		-	2.22	1.07	4.57	2.55	2.43
2017		-	2.65	1.32	5.33	2.25	2.44
2018		-	2.38	1.04	5.43	2.58	2.47
2019		-	5.00	2.14	11.67	2.46	2.46

Source: Annual Population Survey (ONS)

Source: Fingertips 2020, derived from the Annual Population Survey 2019

Figure 11: Smoking prevalence in adults (18-64) - socio-economic gap in current smokers (APS), the odds of being a smoker in a routine and manual occupation vs. the odds of being a non-smoker in other occupations, Ipswich, 2019



Recent trend: –

Period	Ipswich					East of England	England
		Count	Value	95% Lower CI	95% Upper CI		
2011		-	1.56	0.79	3.06	2.52	2.32
2012		-	2.89	1.40	5.95	2.34	2.27
2013		-	2.66	1.37	5.16	2.45	2.35
2014		-	4.21	2.18	8.13	2.61	2.40
2015		-	2.61	1.31	5.19	2.21	2.31
2016		-	1.53	0.77	3.05	2.55	2.43
2017		-	0.79	0.39	1.61	2.25	2.44
2018		-	2.99	1.37	6.53	2.58	2.47
2019		-	4.87	2.14	11.12	2.46	2.46

Source: Annual Population Survey (ONS)

Source: Fingertips 2020, derived from the Annual Population Survey 2019

Figure 12: Smoking prevalence in adults (18-64) - the odds of being a smoker in a routine and manual occupation vs. the odds of being a non-smoker in other occupations, top five districts and boroughs in the East of England, 2019

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	-	2.46	2.37	2.55
East of England region	–	-	2.46	2.18	2.77
Chelmsford	–	-	5.46	1.85	16.09
West Suffolk	–	-	5.00	2.14	11.67
Ipswich	–	-	4.87	2.14	11.12
Tendring	–	-	4.44	1.66	11.89
Uttlesford	–	-	3.99	1.23	12.93

Source: Fingertips 2020, derived from the Annual Population Survey 2019

A deep dive: smoking among routine and manual workers

Proportionally, Ipswich presents a statistically significantly higher smoking prevalence among those working in routine and manual occupations (42.5%) compared to England (23.2%) and the East of England (25.1%). Babergh was the only district in Suffolk to present a statistically significantly lower smoking prevalence among those working in routine and manual occupations (3.5%) (see figure 13). It must be noted that there are wide confidence intervals and low sample numbers, which can lead to significant variation in percentages from year to year.

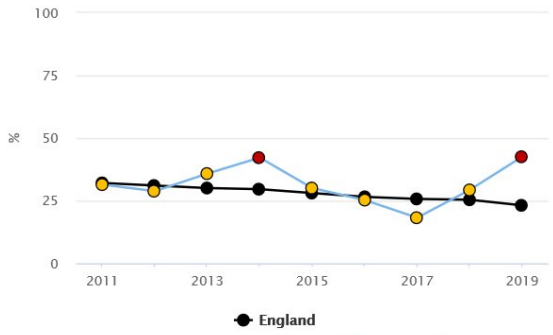
Out of all districts and boroughs in Suffolk, Ipswich presented an increase in smoking prevalence among routine and manual workers for the second year in a row – rising from 18.2% in 2017 to 42.5% in 2019 (see figure 14). This figure is a similar proportion to 2015 when smoking prevalence among routine and manual workers in Ipswich reached 42.2%.

Figure 13: Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS), Suffolk districts and boroughs, 2019

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	-	23.2	22.6	23.8
East of England region	–	-	25.1	23.0	27.2
Ipswich	–	-	42.5	26.1	58.9
West Suffolk	–	-	32.0	20.0	44.0
East Suffolk	–	-	31.7	19.9	43.5
Mid Suffolk	–	-	18.7	0.0	37.3
Babergh	–	-	3.5	0.0	10.4

Source: Fingertips 2020, derived from the Annual Population Survey 2019

Figure 14: Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS), Ipswich compared to England, 2011 – 2019



Recent trend: –

Period		Ipswich Count	Ipswich Value	Ipswich 95% Lower CI	Ipswich 95% Upper CI	East of England	England
2011		-	31.4%	19.4%	43.4%	33.1%	32.1%
2012		-	28.8%	17.2%	40.5%	30.9%	31.1%
2013		-	35.8%	23.1%	48.6%	30.3%	30.1%
2014		-	42.2%	31.7%	52.7%	31.0%	29.6%
2015		-	30.1%	19.2%	40.9%	28.0%	28.1%
2016		-	25.3%	14.8%	35.7%	26.6%	26.5%
2017		-	18.2%	8.5%	28.0%	24.0%	25.7%
2018		-	29.3%	18.1%	40.5%	25.7%	25.4%
2019		-	42.5%	26.1%	58.9%	25.1%	23.2%

Source: Annual Population Survey (APS)

Compared with benchmark: Better Similar Worse Not compared

Source: Fingertips 2020, derived from the Annual Population Survey 2019

Smoking status at time of delivery

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption, and premature rupture of membranes.

Encouraging pregnant women to stop smoking during pregnancy may also help them kick the habit for good, and thus provide health benefits for the mother and reduce exposure to second-hand smoke by the infant.

The Department of Health set the ambition to reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less by the end of 2022. This looks somewhat achievable for Ipswich and East Suffolk CCG (7.3% in 2018/19) and West Suffolk CCG (11.0% in 2018/19). However, Great Yarmouth and Waveney CCG[1] continues to have a statistically significantly higher prevalence of smoking at time of delivery (19.2%) compared to England (10.6%) – see figure 15.

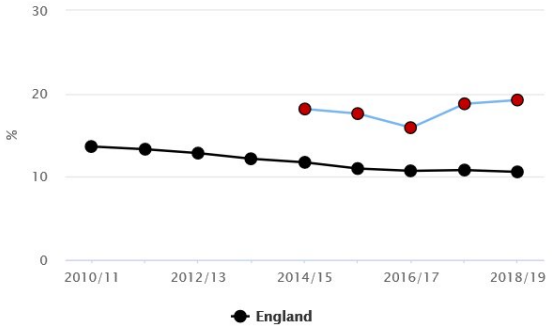
Figure 15: Smoking status at time of delivery, CCGs within Suffolk compared to England, NHS Digital return on smoking status at time of delivery, 2018/2019

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	61,399	10.6	10.5	10.7
East of England NHS Region	–	-	-	-	-
NHS Great Yarmouth And Waveney CCG	→	396	19.2	17.6	21.0
NHS West Suffolk CCG	→	224	11.0	9.7	12.4
NHS Ipswich And East Suffolk CCG	→	263	7.3	6.5	8.2

Source: Fingertips, 2020

Smoking status at time of delivery across Great Yarmouth and Waveney CCG has been statistically significantly higher than England over the last five years. Over the past two years the proportion of pregnant women registered as smoking at time the of delivery has increased from 15.9% in 2016/17 to 19.2% in 2018/19 – see figure 16.

Figure 16: Smoking status at time of delivery, Great Yarmouth and Waveney CCG compared to England, NHS Digital return on smoking status at time of delivery, 2014/15 – 2018/19



Recent trend: →

Period	NHS Great Yarmouth And Waveney CCG					East of England	England
		Count	Value	95% Lower CI	95% Upper CI		
2010/11		-	-	-	-	-	13.6%
2011/12		-	-	-	-	-	13.3%
2012/13		-	-	-	-	-	12.8%
2013/14		-	-	-	-	-	12.2%
2014/15	●	406	18.2%	16.6%	19.8%	-	11.7%
2015/16	●	381	17.6%	16.1%	19.3%	-	11.0%
2016/17	●	348	15.9%	14.4%	17.5%	-	10.7%
2017/18	●	421	18.8%	17.2%	20.4%	-	10.8%
2018/19	●	396	19.2%	17.6%	21.0%	-	10.6%

Source: Calculated by PHE from the NHS Digital return on Smoking Status At Time of delivery (SAT OD)

Source: Fingertips, 2020

[1] Great Yarmouth and Waveney CCG has now become Norfolk and Waveney CCG

Smoking prevalence and mental health

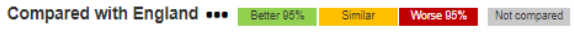
Nationally, when compared to the general population, adults with a common mental health condition (such as depression or anxiety) are twice as likely to smoke and adults with schizophrenia or bipolar disorder are three times more likely to smoke [21]. High smoking rates among people with mental-ill health are the single largest contributor to their 10 to 20-year reduced life expectancy.

In Suffolk, 38.6% of those living with a serious mental illness (schizophrenia, bipolar affective disorder and other psychoses, on GP lists (i.e., not living in an institution)) were smokers. Although this presents a statistically significantly better proportion that the England average (40.5%), it is over double the smoking prevalence seen in all adults across Suffolk during the same year (16.1%).

Similarly, almost a quarter (25.6%) of adults with anxiety or depression in Suffolk were smokers in 2016/17. This is not statistically different to England (25.8%); however, it is statistically significantly higher that the East of England average (23.9%).

Figure 17: Smoking prevalence in adults (18+) with serious mental illness, Suffolk compared to counties and unitary authorities in the East of England, 2014/15

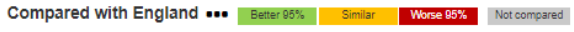
Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	146,442	40.5	40.4	40.7
East of England region	–	11,919	39.0	38.4	39.5
Hertfordshire	–	2,405	35.7*	34.5	36.8
Luton	–	586	38.6	36.2	41.1
Suffolk	–	1,534	38.6*	37.1	40.1
Cambridgeshire	–	1,217	38.7*	37.0	40.4
Peterborough	–	344	38.7*	35.6	41.9
Essex	–	1,911	39.4*	38.1	40.8
Bedford	–	359	40.0	36.8	43.2
Central Bedfordshire	–	598	40.0	37.5	42.5
Norfolk	–	2,078	40.7*	39.3	42.0
Southend-on-Sea	–	592	45.2*	42.5	47.9
Thurrock	–	294	45.5*	41.7	49.4



Source: Health and Social Care Information Centre, PHE Fingertips

Figure 18: Smoking prevalence in adults (18+) with anxiety or depression, Suffolk compared to counties and unitary authorities in the East of England, 2016/17

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	-	25.8	25.6	26.1
East of England region	–	-	23.9	23.0	24.7
Cambridgeshire	–	-	19.9	17.4	22.5
Central Bedfordshire	–	-	22.2	17.8	26.5
Essex	–	-	22.3	20.7	24.0
Norfolk	–	-	23.4	21.2	25.6
Hertfordshire	–	-	24.5	22.2	26.7
Luton	–	-	24.6	20.0	29.3
Bedford	–	-	25.5	20.2	30.7
Suffolk	–	-	25.6	22.9	28.3
Thurrock	–	-	26.0	21.8	30.2
Southend-on-Sea	–	-	30.3	26.1	34.6
Peterborough	–	-	30.6	25.5	35.7



Source: Health and Social Care Information Centre, PHE Fingertips

An evidence-led approach to smoking cessation

Summarising the literature

The literature on smoking prevalence among adults suggests that:

1. Higher levels of relative deprivation are directly correlated to an increased smoking prevalence. For example, in 2016 men and women living in the most deprived areas of England were more than twice as likely to smoke as those living in the wealthiest areas[20];

2. National stop smoking services have a positive, population-level impact on rates of starting and stopping smoking, and also on smoking prevalence[22];

3. When looking at smoking prevalence by socio-economic status, 23.2% of those working in routine and manual occupations (for example, as labourers, bar staff, lorry drivers, receptionists, and care workers) said they currently smoked in 2019. This was 42.5% in Ipswich (statistically significantly higher than England), and above 30% in West Suffolk (32.0% - statistically similar to England) and East Suffolk (31.7% - statistically similar to England); and

4. Mothers in routine and manual occupations are five times more likely to have smoked throughout pregnancy compared to women in managerial and professional occupations[10], meaning those from lower socio-economic groups are at a much greater risk of complications during and after pregnancy.

Priority groups

Using points 1 and 2 above as a supposition to support geographical and population-based targeted smoking cessation interventions, GP practice patient lists can be used to create A, B and C priority intervention groups.

Please note that priority groups are based on Quality Outcome Framework data[2], which may differ to the Local Tobacco Controls profiles on Fingertips.

Priority group A: critical priority

Using high relative deprivation, high smoking prevalence, and low smoking support as a proxy for enhanced targeted support.

Context:

- GP patient populations that are in areas of higher relative deprivation compared to England;
- GP patient populations that have a higher smoking prevalence than England (16.7%); and
- GP practices that have offered smoking support to fewer than 95.0% of recorded smokers.
- There are 8 GP practices that meet these criteria.
- These GP practices serve 88,834 patients and 20,660 registered smokers.

[2] See QOF indicators here.

Parent Name	Area Name	Deprivation score (IMD 2019)	Smoking prevalence 2019 (%)	Smoking support 2019 (%)
GYWCCG	Alexandra & Crestview Surgeries	40.2	26.2	76.1
IESCCG	Hawthorn Drive Surgery	32.3	25.8	91.6
IESCCG	Barrack Lane Medical Centre	29.2	25.4	89.6
IESCCG	Burlington Road Surgery	29.1	24.4	89.2
GYWCCG	Victoria Road Surgery	29.0	19.1	77.3
IESCCG	The Chesterfield Drive Practice	27.9	23.3	91.2
IESCCG	Orchard Medical Practice	25.5	21.2	93.6
IESCCG	The Norwich Road Surgery	23.6	22.8	91.6
	England	**21.7**	**16.7**	**89.7**

Priority group B: high priority

Targeting GP practices with a low proportion of smoking support offered to registered smokers compared to England (89.7%).

Context:

- GP practices that have offered smoking support to fewer than 89.7% (England average) of recorded smokers.
- This cohort are not defined by deprivation or smoking prevalence. This cohort is predicated on evidence base that promoting smoking cessation is the most effective thing a clinician can do to improve health outcomes for patients who smoke. It is also one of the most effective ways of triggering a quit attempt and all smokers should be offered stop smoking advice and referral to evidenced based support at all relevant points in their journeys through the health system.
- There are 22 GP practices that meet these criteria.

Parent Name	Area Name	Deprivation score (IMD 2019)	Smoking prevalence 2019 (%)	Smoking support 2019 (%)
IESCCG	Constable Country Rural Medical Practice	8.5	10.6	54.6
WSCCG	Wickhambrook Surgery	15.4	11.9	60.5
WSCCG	Market Cross Surgery	18.7	18.1	62.1
GYWCCG	Cutlers Hill Surgery	19.7	13.5	65.7
WSCCG	Victoria Surgery	15.2	14.7	67.8
IESCCG	Saxmundham Health Centre	19.0	15.2	70.2
GYWCCG	Alexandra & Crestview Surgeries	40.2	26.2	76.1
IESCCG	Howard House Surgery	18.1	15.8	76.2
GYWCCG	Victoria Road Surgery	29.0	19.1	77.3
GYWCCG	Longshore Surgeries	24.1	15.7	77.9

Parent Name	Area Name	Deprivation score (IMD 2019)	Smoking prevalence 2019 (%)	Smoking support 2019 (%)
WSCCG	The Long Melford Practice	14.4	12.0	78.1
IESCCG	Mendlesham Health Centre	15.4	11.6	79.8
IESCCG	Needham Market Country Practice	11.8	13.0	82.3
WSCCG	Botesdale Health Centre	15.1	10.1	85.5
GYWCCG	Rosedale Surgery	20.3	16.4	86.2
IESCCG	Framlingham Surgery	12.5	11.7	88.5
WSCCG	The Guildhall and Barrow Surgery	14.2	14.7	89.1
WSCCG	Woolpit Health Centre	10.4	11.4	89.1
IESCCG	Two Rivers Medical Centre	15.0	13.4	89.1
IESCCG	Burlington Road Surgery	29.1	24.4	89.2
IESCCG	Barrack Lane Medical Centre	29.2	25.4	89.6
IESCCG	Eye Health Centre	15.7	13.2	89.6
	England	**21.7**	**16.7**	**89.7**

Priority group C: low priority

Targeting GP practice patient lists where smoking prevalence is currently higher than the Department of Health's Tobacco Control Plan for England 12.0% or less 2022 target.

Context:

- In 2017, the Department of Health published the Tobacco Control Plan for England stating an objective to reduce smoking prevalence amongst adults in England from 15.5% to 12.0% or less.
- Using QOF data, GP practices have been filtered by smoking prevalence of 12.0% or more.
- There are 56 GP practices that meet these criteria.

Parent Name	Area Name	Deprivation score (IMD 2019)	Smoking prevalence 2019 (%)	Smoking support 2019 (%)
GYWCCG	Kirkley Mill Health Centre	43.2	31.5	96.3
GYWCCG	Alexandra & Crestview Surgeries	40.2	26.2	76.1
IESCCG	Hawthorn Drive Surgery	32.3	25.8	91.6
IESCCG	Barrack Lane Medical Centre	29.2	25.4	89.6
IESCCG	Burlington Road Surgery	29.1	24.4	89.2
WSCCG	Brandon Medical Practice	20.6	24.1	99.4
IESCCG	The Chesterfield Drive Practice	27.9	23.3	91.2
IESCCG	The Norwich Road Surgery	23.6	22.8	91.6
IESCCG	Haven Health	22.7	22.7	96.0
IESCCG	Dr Solway & Dr Mallick Practice	26.3	22.6	97.7
WSCCG	Christmas Maltings and Clements Practice	18.7	21.4	92.5
IESCCG	Orchard Medical Practice	25.5	21.2	93.6

Parent Name	Area Name	Deprivation score (IMD 2019)	Smoking prevalence 2019 (%)	Smoking support 2019 (%)
WSCCG	The Rookery Medical Centre	15.4	21.0	95.6
WSCCG	Haverhill Family Practice	19.1	20.8	90.4
WSCCG	Forest Surgery	20.1	20.8	90.8
GYWCCG	Victoria Road Surgery	29.0	19.1	77.3
IESCCG	Walton Surgery	19.1	19.0	94.5
WSCCG	Siam Surgery	18.7	18.9	91.4
WSCCG	Orchard House Surgery	15.2	18.8	91.0
WSCCG	The Reynard Surgery	16.4	18.8	93.0
WSCCG	Market Cross Surgery	18.7	18.1	62.1
IESCCG	Leiston Surgery	18.5	18.0	90.6
IESCCG	Deben Road Surgery	23.1	17.6	98.1
IESCCG	The Derby Road Practice	20.7	17.5	90.9
WSCCG	Lakenheath Surgery	16.4	17.1	91.8
IESCCG	Felixstowe Road Medical Practice	19.5	16.8	97.6
IESCCG	The Barham & Claydon Surgery	11.0	16.6	99.1
WSCCG	Hardwicke House Group Practice	18.0	16.5	98.6
GYWCCG	Rosedale Surgery	20.3	16.4	86.2
GYWCCG	Andaman Surgery	23.7	16.3	90.2
GYWCCG	Bungay Medical Centre	20.3	16.2	90.8
IESCCG	Combs Ford Surgery	17.0	16.2	89.7
WSCCG	Swan Surgery	15.1	16.2	91.0
WSCCG	Angel Hill Surgery	15.0	16.0	98.9
WSCCG	Glemsford Surgery	14.2	15.8	99.0
IESCCG	Howard House Surgery	18.1	15.8	76.2
GYWCCG	Longshore Surgeries	24.1	15.7	77.9
IESCCG	Grove Medical Centre	16.7	15.5	90.0
IESCCG	Stowhealth	14.7	15.4	89.7
IESCCG	Saxmundham Health Centre	19.0	15.2	70.2
WSCCG	Stanton Surgery	14.5	15.2	98.2
GYWCCG	Bridge Road Surgery	21.9	15.0	99.6
WSCCG	Victoria Surgery	15.2	14.7	67.8
WSCCG	The Guildhall and Barrow Surgery	14.2	14.7	89.1
GYWCCG	Beccles Medical Centre	19.2	14.6	90.2
IESCCG	Ivry Street Medical Practice	20.1	13.6	98.5
GYWCCG	Cutlers Hill Surgery	19.7	13.5	65.7
IESCCG	Wickham Market Medical Centre	13.3	13.5	91.4
WSCCG	Oakfield Surgery	13.7	13.5	90.5
IESCCG	Two Rivers Medical Centre	15.0	13.4	89.1
IESCCG	Eye Health Centre	15.7	13.2	89.6
IESCCG	Needham Market Country Practice	11.8	13.0	82.3

Parent Name	Area Name	Deprivation score (IMD 2019)	Smoking prevalence 2019 (%)	Smoking support 2019 (%)
IESCCG	Hadleigh Boxford Group Practice	11.7	12.8	96.3
GYWCCG	Sole Bay H/C	16.6	12.5	90.5
WSCCG	Mount Farm Surgery	10.7	12.4	91.1

Targeting routine and manual occupations in Ipswich

Routine and manual occupations include positions where employees are engaged in routine occupations which have a basic labour contract. There include:

- Routine sales and service occupations
- Routine production occupations
- Routine technical occupations
- Routine operative occupations
- Routine agricultural occupations

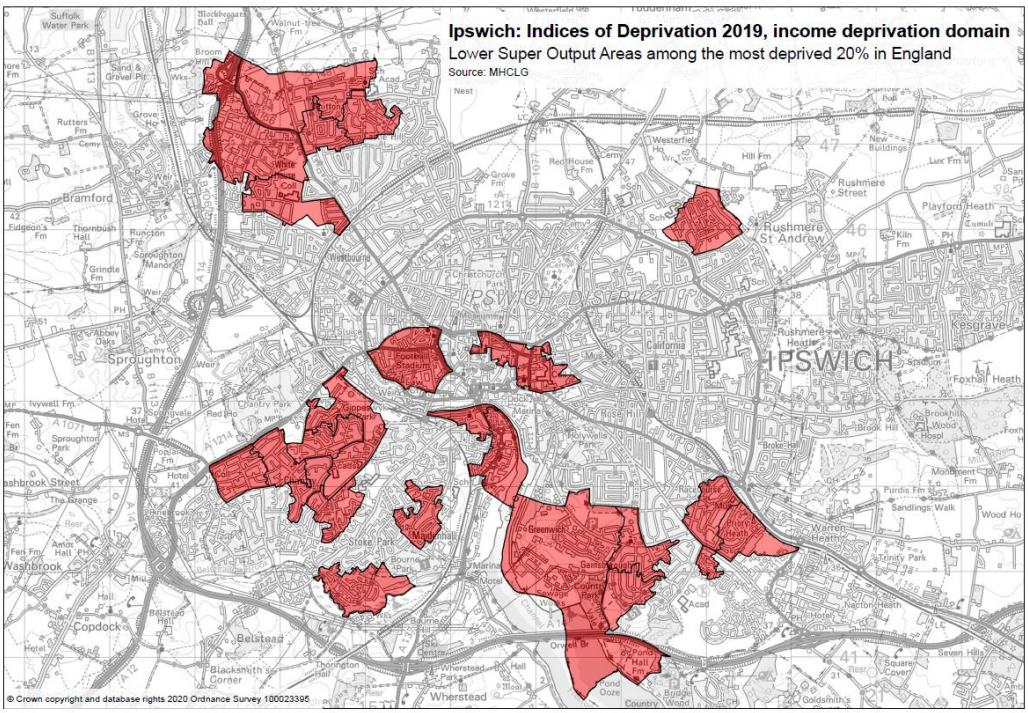
Employees in these positions are regulated by a basic labour contract and are thus less likely to have opportunities for promotion, autonomy over work and so on. Waiters and waitresses, bar staff, machinists, sorters, packers, road construction workers, building labourers, dockers, couriers, refuse collectors, car park attendants and cleaners are some of the occupations to be found in routine and manual occupations.

Routine and manual occupations are linked with lower levels of income. Therefore, the Income Deprivation Domain from the English indices of deprivation 2019 could be used as a proxy for locating and targeting routine and manual workers in Ipswich.

The Income Deprivation Domain measures the proportion of the population in an area experiencing deprivation relating to low income. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings (and who satisfy the respective means tests).

The map below shows all LSOAs in Ipswich that are in the bottom 20% of relative income deprivation compared to England.

Figure 19: Indices of Deprivation, 2019, income deprivation domain, LSOAs in Ipswich among the most deprived 20% in England

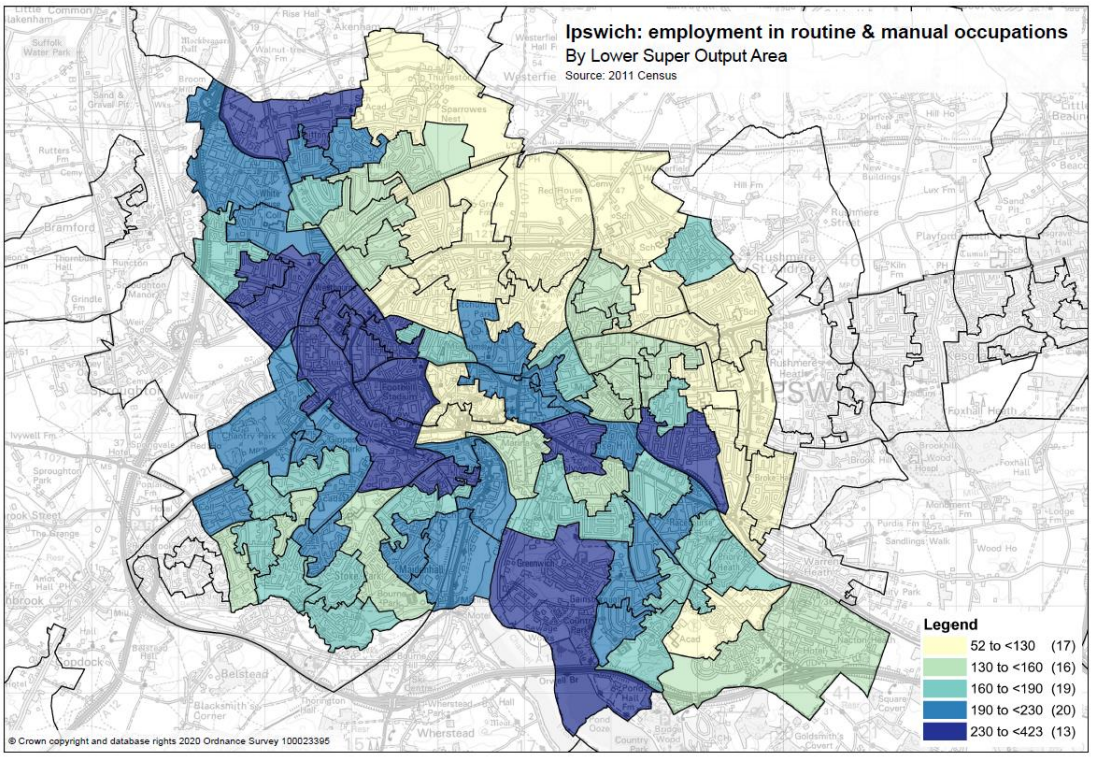


Alternatively, the 2011 Census has data on occupation at LSOA includes some occupation codes that are routine and manual workers. These include:

- 8. Process, plant and machine operatives
- 81. Process, plant and machine operatives
- 811. Process Operatives
- 812. Plant and Machine Operatives
- 813. Assemblers and Routine Operatives
- 814. Construction Operatives
- 82. Transport and mobile machine drivers and operatives
- 821. Road Transport Drivers
- 822. Mobile Machine Drivers and Operatives
- 823. Other Drivers and Transport Operatives
- Elementary occupations
- 91. Elementary trades and related occupations
- 911. Elementary Agricultural Occupations
- 912. Elementary Construction Occupations
- 913. Elementary Process Plant Occupations
- 92. Elementary administration and service occupations
- 921. Elementary Administration Occupations
- 923. Elementary Cleaning Occupations
- 924. Elementary Security Occupations
- 925. Elementary Sales Occupations
- 926. Elementary Storage Occupations
- 927. Other Elementary Services Occupations

Using these LSOAs, it is clear that there are hotspots that appear in the Census LSOAs and income deprivation domain LSOAs. It must be noted, however, that the Census 2011 data is nine years old.

Figure 20: Ipswich LSOAs by employment in routine and manual occupations, Census 2011



A targeted approach to smoking at time of delivery in Waveney

As mentioned previously, mothers in routine and manual occupations are five times more likely to have smoked throughout pregnancy compared to women in managerial and professional occupations, meaning those from lower socio-economic groups are at a much greater risk of complications during and after pregnancy.

Using the income deprivation domain from the Indices of Deprivation and 2011 Census, we can map populations who are in low income and/or routine and manual occupations across the Waveney geography. This could be an effective method for targeted social media interventions or on-the-ground campaigns.

Figure 21 and Figure 22 show that there are high levels of income deprivation and routine & manual occupations in Lowestoft (and surrounding area of Kirkley) and one hotspot LSOA in Beccles.

Figure 21: Indices of Deprivation, 2019, income deprivation domain, LSOAs in Waveney among the most deprived 20% in England

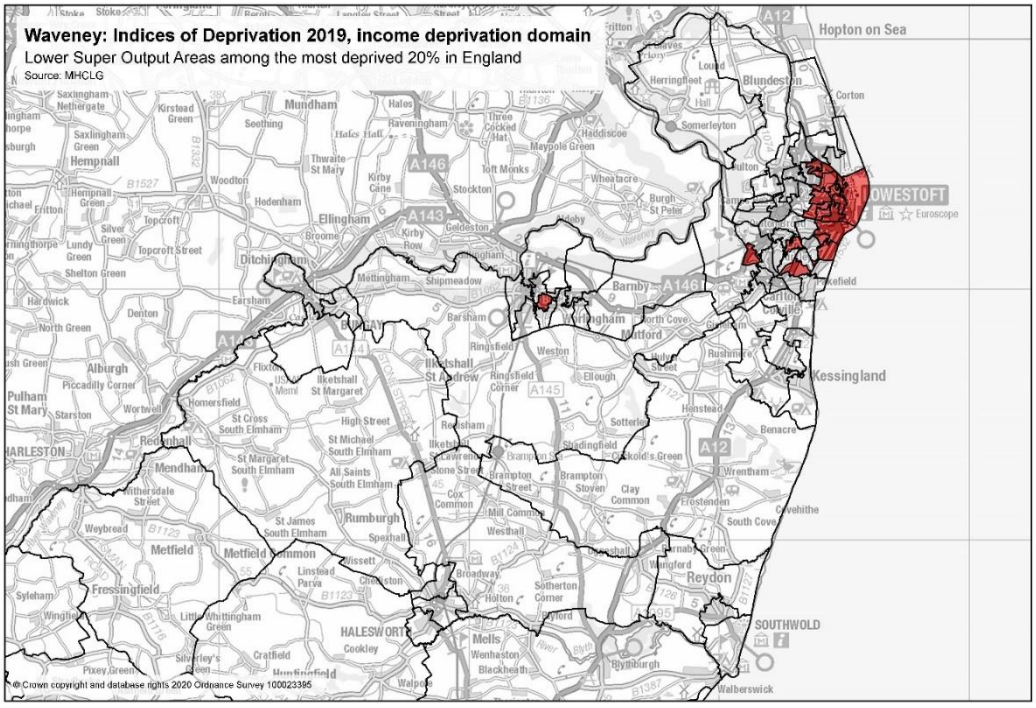
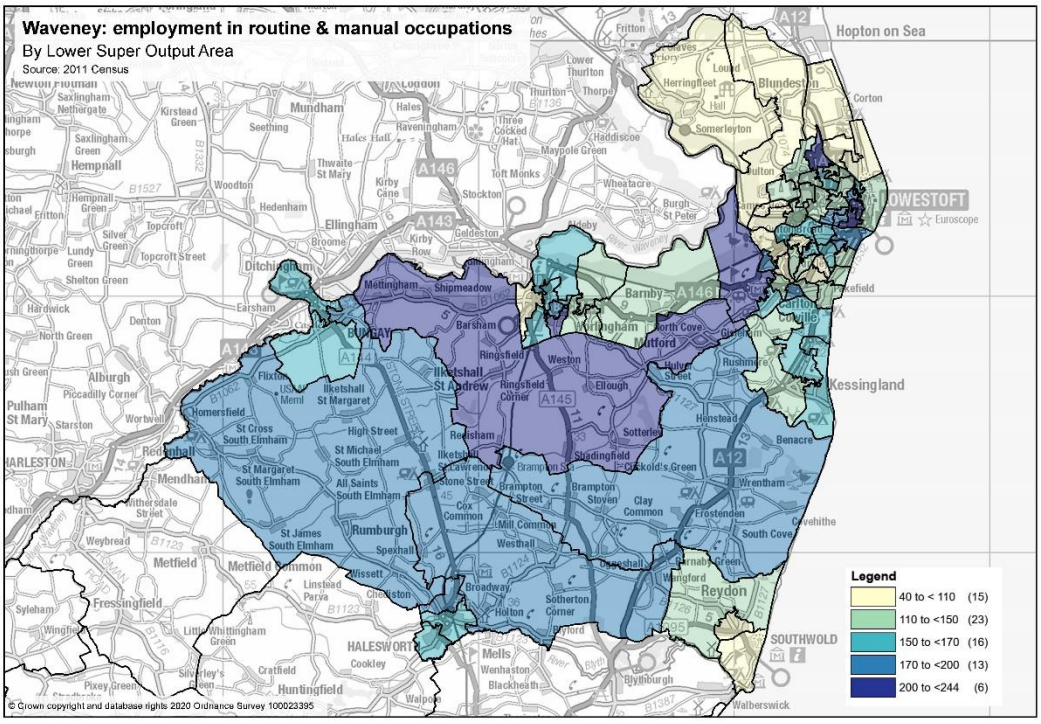


Figure 22: Waveney LSOAs by employment in routine and manual occupations, male and female, Census 2011



Suffolk's integrated healthy lifestyles commissioned services

Smoking cessation programmes

The smoking cessation programme delivered by OLS provides a supportive behaviour change programme to enable smokers to have an increased opportunity for a long-term positive lifestyle change and increase the likelihood that they will stop smoking.

The 8-week smoking cessation support service includes Carbon Monoxide monitoring, access to treatments (Champix, Zyban, Nicotine Replacement Therapy) for up to 12 weeks (product dependent) as well as a direct supply of Nicotine Replacement Therapy. Smoking cessation services have had to evolve since they were first set up in 2003. The more recent rise in the popularity of electronic cigarettes has seen a further shift needed in services to accommodate today's smoker.

To target the service in the best way possible, the Smoking Cessation practitioners seek to identify and provide additional support for clients who are at particular risk of tobacco related harm such as people with mental-ill health, people with existing health conditions made worse by smoking, and people living in communities where smoking prevalence is particularly high. The service is for people of any age who have smoked a tobacco product in the last 48 hours through: self-referral or referral from health or social care practitioner, provided by public, private or voluntary sector, and are based in community, workplaces, primary care or online.

During 2019/20, prior to the COVID-19 pandemic, there were 85 weekly stop smoking clinics across Suffolk provided by the specialist service. These were a variety of group sessions (n=4) drop-ins (n=2) and one-to-one clinics with bookable appointments (n=79) which were either face to face (n=41) or telephone (n=38).

Face-to-face clinics are offered in all areas of Suffolk. Additionally, where there is a higher smoking prevalence and/or demand for a service this is reflected in provision. Of the 47 face-to-face clinics, there were approximately 20 in Ipswich & East Suffolk, 8 in West Suffolk and 19 in the Waveney area. The locations of the clinics were held in a variety of venues from GP practices, community centres, Children's Centres, hospital outpatients, Colleges, Libraries and Leisure Centres. In addition to the specialist clinics provided by OLS, they subcontract GP surgeries and community pharmacies to deliver stop smoking support.

There is also specialist support provided to pregnant smokers with a specific pregnancy pathway for all three maternity units within Suffolk.

There were 18 GP surgeries and 45 pharmacies across Suffolk offering this service during 2019/20. This reduced in 2021/22 due to the pressures on Primary Care as a result of the COVID-19 pandemic. From March 2020, all specialist clinics became telephone clinics. Since April 2021 there has been a move to re-open some face-to-face clinics, however there is low uptake with continued demand being for a telephone clinic option.

Client characteristics

Demographics

In 2019/20, a total of 3,494 clients attended the OLS Smoking Cessation services. The large proportion of the clients were White (97%), and their mean age was 47 years. More than half (56%) were females, and routine/manual workers formed a half (52%) of all clients. Nearly 60% of all clients were from the 40% most deprived LSOAs of Suffolk.

Of all clients, 9% were pregnant women and most of the services provided to clients were one-to-one (86%). Less than a fifth lived with children (18%) or other smokers (19.8%).

Table 1: Client characteristics at baseline, smoking cessation service, 2019/20

		n	%
Gender	Female	1959	56.1
	Male	1535	43.9
Ethnicity	White	3389	97.0
	Non-White	105	3
	Missing	2	0.1
Occupation	Never worked/long term unemployed	362	10.4
	Sick/disabled/unable to work	238	6.8
	Retired	486	13.9
	Home carer	109	3.1
	Full-time student	52	1.5
	Intermediate	162	4.6
	Routine & manual	1812	51.9
	Managerial/professional	250	7.2
	Missing	23	0.7
IMD Quintile	1 (10% most deprived)	1276	36.5
	2	797	22.8
	3	518	14.8
	4	454	13.0
	5 (10% least deprived)	387	11.1
	Missing	62	1.8
Pregnant	No	3192	91.4
	Yes	302	8.6
Breast Feeding	No	3490	99.9
	Yes	4	0.1
Service provider	OLS	2874	82.3
	GP support	620	17.7
Service Provided	One-to-one	3007	86.1
	GP practice	373	10.7
	Group	75	2.1
	Drop in	39	1.1

Nicotine habits and dependency

According to the Fagerstrom score[3] nearly a quarter (23%) of all clients were having a high to very high level of nicotine dependence (Table 2). A quarter (26%) of all clients had also smoked for over 31 years.

Table 2: Client nicotine dependency, smoking cessation service, 2019/20

		n	%
Years smoked	< 1	5	0.1
	1 - 2	24	0.7
	3 - 4	45	1.3
	5 - 6	53	1.5
	7 - 8	62	1.8
	9 - 10	80	2.3
	10 - 15	234	6.7
	16 - 20	234	6.7
	21 - 30	377	10.8
	31 - 40	374	10.7
	41 - 50	278	8.0
	>50	240	6.9
	Missing	1488	42.6
Smokes Hand Rolled	No	524	15.0
	Yes	914	26.2
	Missing	2056	58.8
Nicotine dependence (Fagerstrom score)	0-2 (very low)	1363	39.0
	3-4 (low)	801	22.9
	5 (medium)	480	13.7
	6-7 (high)	630	18.0
	8-10 (very high)	179	5.1
	Missing	41	1.2
Current Smoker of Tobacco Product	No	49	1.4
	Yes	3445	98.6

[3] In scoring the Fagerstrom Test for Nicotine Dependence, yes/no items are scored from 0 to 1 and multiple-choice items are scored from 0 to 3. The items are summed to yield a total score of 0-10. The higher the total Fagerström score, the more intense is the patient's physical dependence on nicotine.

Outcomes

Completion

In 2019/20, a total of 3,296 clients (94%) completed 4 weeks follow up and 61% achieved quit status. This is higher than the national self-reported successful quits, which was 58% in 2020[23]. Nicotine Replacement therapy (NRT) was used by more than half of clients (53%) (Table 3).

Table 3: follow up outcome measures, smoking cessation services, 2019/20

		n	%
4 Week Follow Up Completed	No	79	2.3
	Yes	3296	94.3
	Missing	119	3.4
		3494	100.0
4 Week Quit Status	No	933	26.7
	Yes	2117	60.6
	2	313	9.0
	Missing	131	3.7
		3494	100.0
4 Week CO Reading taken	No	1996	57.1
	Yes	1398	40.0
	Missing	100	2.9
4 Week Method	Self-reported	940	26.9
	Carbon Monoxide	786	22.5
	Missing	1768	50.6

Engagement during interventions

It took an average of 2.46 ± 4.15 weeks from starting the programme to quitting smoking. On average, pregnant women started the programme at 23.25 ± 8.56 gestational weeks. The mean years of smoking for the clients were 7.88 ± 2.32 years and clients used approximately 43.68 ± 28.13 grams of tobacco per week. The mean number of times Nicotine Replacement Therapy (NRT) was used was 5.89 ± 5.12 and the mean % attendance was 88.70 ± 17.50 % (Table 4).

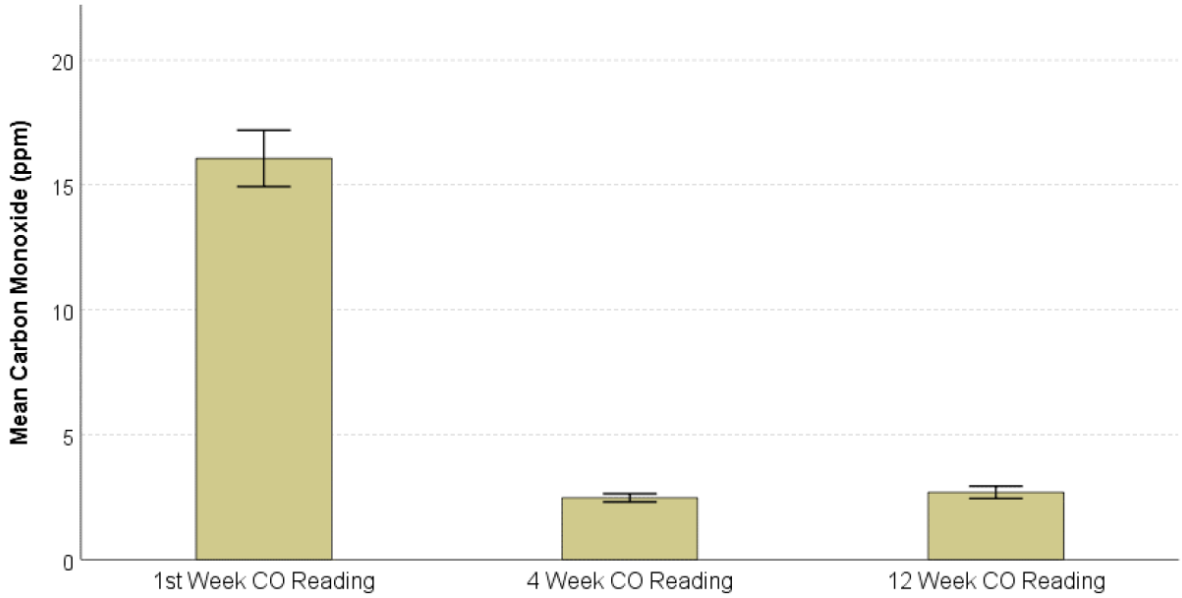
Table 4: key insights during intervention, smoking cessation services, 2019/20

	Mean ± SD
Age at quit date (years)	46.57 ± 15.68
Weeks from Starting Programme to Quitting	2.46 ± 4.15
Gestational Age at Start Programme (weeks)	23.25 ± 8.56
Years smoked	7.88 ± 2.32
Hand Rolled Per Day	17.35 ± 8.96
Grams of Tobacco Per Week (grams per week)	43.68 ± 28.13
Age > 12/Prior Approval Received (years)	0.94 ± 0.24
No. of Times NRT was used	5.89 ± 5.12
Number of Sessions Attended	5.00 ± 3.30
% Attendance	88.70 ± 17.50

Health outcomes

Recording smoking status using carbon monoxide testing provides an incentive for people who are trying to quit and is an objective way to measure individual and service level outcomes. Following attendance at the Suffolk smoking cessation programme, clients' mean carbon monoxide reading decreased from 17.0 ppm at baseline to 3.4 ppm in week 4 and 2.7 ppm in week 12 (Figure 23).

Figure 23: mean carbon monoxide reading at baseline, week 4, and week 12, smoking cessation services, 2019/20



Key Performance Indicators for 2019/20 and 2020/21

In 2019/20, Suffolk's smoking cessation services exceeded their 'four week quit date achieved' target of 2,155 by achieving 282 additional 4-week quits (2,437 total). The majority of these were achieved

through OneLife Suffolk (84%, n=2,050), while over 1 in 10 were through GP practices (14%, n=340). Pharmacies contributed 2% (n=47) of the total quit dates achieved (see Table 5).

In 2020/21, Suffolk's smoking cessation services did not meet their 'four week quit date achieved' target as the COVID-19 pandemic caused reduced services from GP practices and pharmacies. However, 97% of the target was reached (1,971 of the 2,042 target was achieved). This was primarily due to OneLife Suffolk, making up 92% of the total service users who achieved their four-week quit date (n=1,808) – see table 6.

Table 5: quit date set and quit date achieved figures for Suffolk smoking cessation services, 2019/2020

	Targets	**Total**	OLS	GP	Pharmacy
Quit date set		**4237**	3360	654	223
Actual 4 week quit (4WQ) achieved	**2155**	**2437**	**2050**	**340**	**47**
40% most deprived 4WQ	1185	1425	1277	115	33
Routine & Manual groups 4WQ	1077	1299	1166	126	7
BAME 4WQ	323	211	171	38	2
Pregnant smokers 4WQ	200	195	191	4	0

Source: Public Health and Communities Suffolk

Table 6: quit date set and quit date achieved figures for Suffolk smoking cessation services, 2020/2021

	Target	**Total**	OLS	GP	Pharmacy
Quit date set		**3550**	3199	281	70
Actual 4 week quit (4WQ) achieved	2042	**1971**	**1808**	**139**	**24**
40% most deprived 4WQ	1123	1128	1062	50	16
Routine & Manual groups 4WQ	1021	1108	1059	44	5
BAME 4WQ	204	177	162	11	4
Pregnant smokers 4WQ	121	212	211	1	0

Source: Public Health and Communities Suffolk

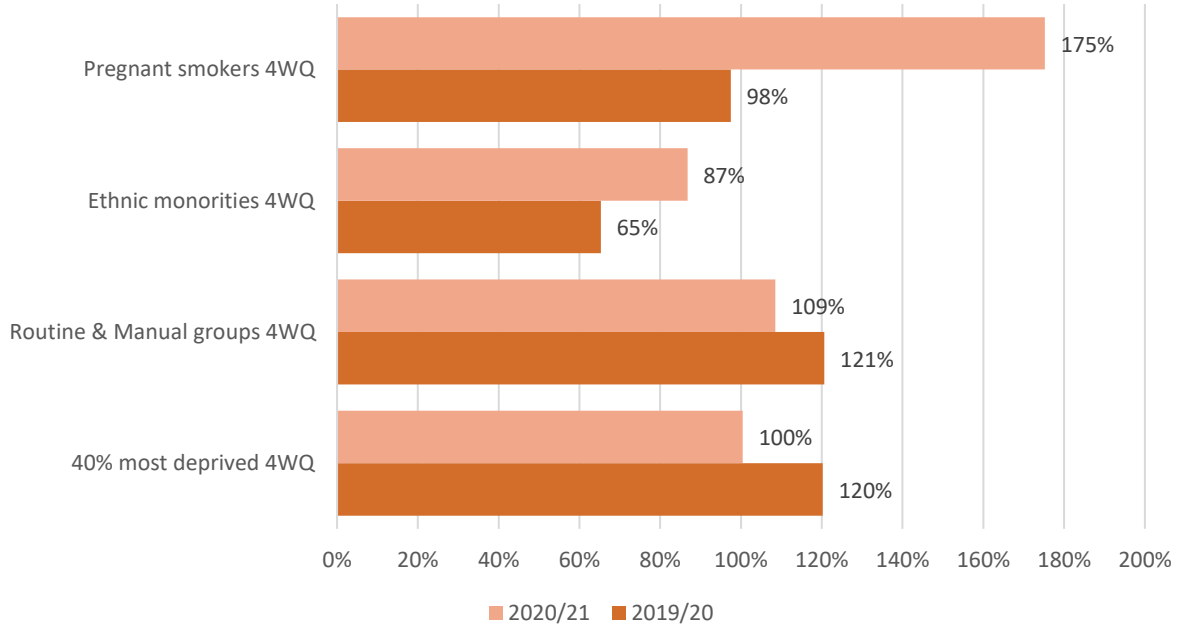
Reducing smoking prevalence in priority audiences

One of the priorities for Suffolk Tobacco Control Alliance is to reduce smoking prevalence in pregnant women. Nearly 10% of clients during year 4 of the programme (2019/20) were pregnant women, with 195 pregnant women quitting smoking. During Year 5 (2020/21) there were 212 pregnant women quitting with the target exceeded substantially (see Table 6 above).

The relationships built up by the Specialist Pregnancy Advisor with the local maternity services and the commitment of the maternity services to each employ a Smoking in Pregnancy Specialist Midwife has enabled a productive outcome for this priority audience. However, changes in staff at OneLife Suffolk during early 2021, and the additional pressures in maternity services due to COVID-19, has led to a reduction in quitting activity compared the usual level of activity by this client group in the early part of the 2021/22 year.

The smoking cessation services in Suffolk have consistently achieved their targets when engaging priority groups such as pregnant smokers, routine and manual workers, and individuals living in the most deprived 40% areas relative to England. However, outcomes and engagement of – minority ethnic communities continues to fall short of targets – 65% of the target was reached in 2019/20 (n=211) and 87% in 2020/21 (n=177).

Figure 24: Percentage of target met for four-week quit date among priority groups, 2019/20 and 2020/21, Suffolk



Source: Public Health and Communities Suffolk

Accessibility of settings for clients

Whilst there are options for clients to access stop smoking services through GP practices, pharmacies, and the specialist services, the offer within the pharmacy setting has diminished over the last few years.

In Year 4 (2019/20) there were 41 'active' pharmacies that delivered services to 223 clients. There were also four additional pharmacies that were signed up but didn't deliver any stop smoking service

activity. This reduced to 70 clients accessing services through a pharmacy in Year 5 (2020/21) and 40 clients so far at the time of writing this report in 2021/22.

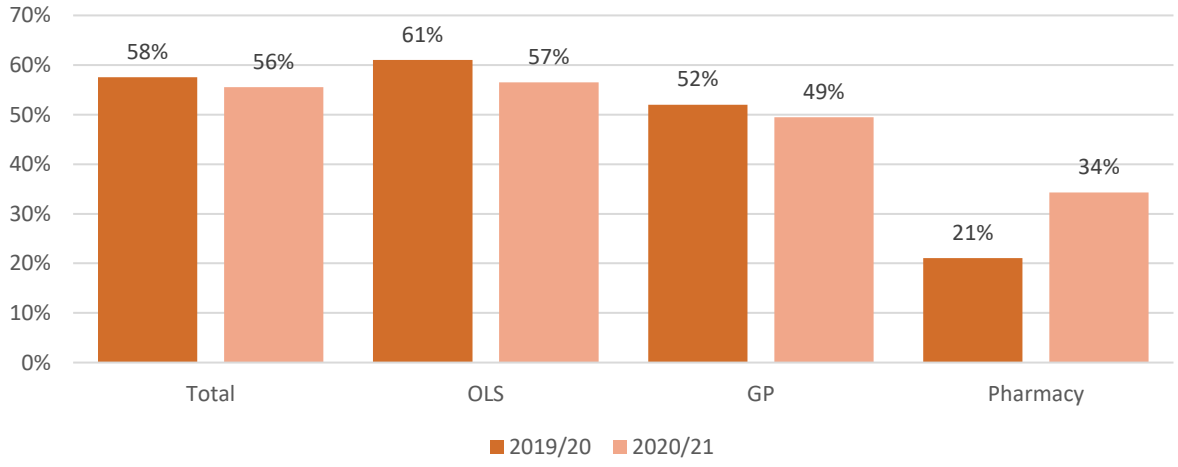
COVID-19 has also impacted on the uptake and delivery of pharmacy activity. The number of active pharmacies has reduced to 7 'active' so far in 2021/22 from 24 who are signed up. However, whilst the reach by pharmacies is currently limited, data from year 4 OLS evaluation indicates that 81% of clients in pharmacies were from the 40% most deprived areas of Suffolk, suggesting that the pharmacy setting is a key for engaging this priority audience. Moreover, the majority of clients who used the pharmacy service (64%) heard about the service within the pharmacy itself.

Effectiveness of the service in helping clients to quit smoking

The Year 4 evaluation for OneLife Suffolk indicates there is short term effectiveness of the stop smoking service with a 60% quit rate at 4 weeks, which is well above the 35% NICE guideline standard. However quit rates in the subcontracted GP and pharmacy clinics are lower than the specialist services. In year 4, the GP contracted service had a quit rate of 52% and the pharmacy service a quit rate of 21%, which is well below the NICE guideline standard.

Longer term effectiveness needs to be analysed with follow up data that is collected consistently. In year 5 the overall average rate was 56% which was a slight reduction from year 4 of the programme. GP services had a quit rate of 49% which was also a reduction. Pharmacy rates, however, have improved: they are at 34%, which is higher than the previous year, despite the much smaller cohort of pharmacies offering the service.

Figure 25: proportion of people setting who achieved their quit date within 4 weeks, 2019/20 and 2020/21, Suffolk



Source: Public Health and Communities

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