SMOKING CESSATION AND TOBACCO CONTROL HEALTH NEEDS ASSESSMENT

London Borough of Sutton

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List of abbreviations

ASH	Action on Smoking and Health
CBT	Cognitive behavioural therapy
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
CKD	Chronic kidney disease
COPD	Chronic Obstructive Pulmonary Disease
CVD	Cardiovascular disease
DH	Department of Health
GLA	Greater London Authority
GP	General Practitioner
HDL	High-density Lipoprotein (Cholesterol)
HNA	Health Needs Assessment
HSCIC	Health and Social Care Information Centre
ICD-10	International Classification of Diseases (WHO classification)
IMD	Index of Multiple Deprivation
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LSOA	Lower layer Super Output Area
MSOA	Middle Super Output Area
NHS	National Health Service
NRT	Nicotine Replacement Therapy
ONS	Office for National Statistics
PAD	Peripheral arterial disease
PCT	Primary Care Trust
PHE	Public Health England
PHOF	Public Health Outcomes Framework
PNA	Pharmaceutical Needs Assessment
QOF	Quality and Outcomes Framework
SLA	Service Level Agreement
SUS	Secondary Uses Service
TIA	Transient Ischaemic Attack
WTE	Whole time equivalent

TABLE OF CONTENTS

1 EXECUTIVE SUMMARY

Sutton Smoking Cessation and Tobacco Control Health Needs Assessment 2016

1.1 Introduction

Smoking is the single most important preventable cause of death and ill health and contributes to health inequalities nationally and locally. A reduction in smoking will contribute to a reduction in mortality and morbidity for all of the major diseases to which tobacco use contributes; namely respiratory disease, circulatory disease, cancers and stroke.

Smoking remains one of our most significant public health challenges, both in Sutton and nationally. While rates have continued to decline over past decades, we must sustain action to further drive down smoking related deaths and disability. The most effective tobacco control strategies involve taking a multi-disciplinary and comprehensive approach at both local and national level.

This Health Needs Assessment (HNA) brings together information and evidence on local services, needs and stakeholder views to inform the planning and commissioning of the best services, appropriate to needs, for our population. Smoking is a priority in light of the burden of avoidable disease that it places on the population as well as the associated avoidable costs.

1.2 Methods

- An epidemiological assessment of need was undertaken by analysis of relevant published data from a range of sources.
- Relevant local and national strategies and policies were obtained and evaluated.
- Information on good practice and best evidence about what works was identified.
- Costs of smoking and treatment were estimated from appropriate sources where feasible.
- User and stakeholder feedback was obtained from local and national survey data, and from relevant conferences and events.
- Smoking cessation performance data were obtained from the local service provider and analysed to evaluate how services related to the needs of smokers in Sutton.
- Meetings and discussions took place with relevant stakeholders including the service provider to inform the HNA.

- This project was overseen by the Sutton Tobacco Control Alliance Steering Group. Main findings and draft versions were presented quarterly to the group for review and further development.

1.3 Results

1.3.1 Key Policy Documents

Comprehensive tobacco control strategies have provided the foundation for progress in reducing smoking prevalence in England for almost two decades. *The most important piece of legislation in the last ten years was the smoking ban implemented through the Health Act 2006* which applied to smoking in enclosed public places including workplaces and areas that the public access. Further legislation relating to plain packaging and display was introduced by the National Strategy in 2011 which aimed to reduce smoking prevalence overall, with specific targets for certain population groups.

1.3.2 Tobacco Control Services in Sutton

Smoking Cessation services for our residents have been commissioned by Sutton Council from Hounslow and Richmond Community Healthcare NHS Trust since April 2013. This is provided as part of the LiveWell health improvement service and operates from a number of locations in Sutton as follows:

- 32 Community pharmacies in Sutton
- 14 GP Practices within Sutton

Smoking is just one of the health improvement services delivered by LiveWell. Others relate to weight management, physical activity, mental health and alcohol consumption.

1.3.3 Prevalence of smoking in Sutton: overall and for vulnerable population groups

Overall prevalence and trends
Sutton's prevalence of smoking in the adult population was 15.3% in 2014. This is statistically similar compared to London (17%) and England (18%). Over time there has been a reduction in smoking prevalence for Sutton and our comparators.

Young people
Sutton's prevalence rates of smoking for children and young people are similar to England. Sutton's rate of smoking for young people aged 15 is higher than for London according to rates published by Public Health England. Further, there is

variation within the borough with higher prevalence in some of our more deprived wards, in the north and centre of Sutton.

- *Therefore children and young people are a priority target group.*

Routine and manual workers

Sutton's prevalence of smoking is much higher for people in routine and manual occupations (25.5%), than for the general population (15.6%). Sutton's rate for people in routine occupations is similar to London (25.3%) and England (28%). There is a correlation between people in the more deprived population groups and smoking.

- *The more deprived parts of the borough should be a focus for services and interventions, with those in routine and manual occupations a priority target group.*

Pregnant women

In 2014-15 the proportion of pregnant women who were smokers at the time of delivery for Sutton was 6.2%. This was statistically significantly higher (worse) than the London average of 4.8%.

- *Pregnant women are a priority target group.*

Other vulnerable populations

Evidence shows that generally smoking prevalence is significantly higher in people with mental health problems. Smoking is also a risk factor for a range of long term health conditions.

- *People with mental health problems are a priority target group.*

1.3.4 Smoking related disease and mortality

Smokers have higher death rates than non-smokers. Overall in Sutton the level of mortality attributable to smoking is in line with London and England (284.4 DSR Sutton, 275.9 DSR London, 288.7 DSR England in 2011-13). However, over time there has been an increase in mortality from COPD for which smoking is a major risk factor.

The prevalence of smoking varies markedly by socio-economic group. People in deprived circumstances are not only more likely to take up smoking, but generally start younger, smoke more heavily, are less likely to quit, and are at greater risk of relapse after a quit attempt, each of which increases the risk of smoking-related disease. Analysis of published data found a clear correlation between deprivation and smoking related conditions in Sutton, i.e. COPD hospital admissions, incidence of lung cancer and mortality from respiratory disease.

1.3.5 Performance of Tobacco Control Services in Sutton

Data from Public Health England (PHE) indicates that Sutton's rate of successful quitters is statistically significantly lower than for both London and England. Sutton's rate is 2,548 per 100,000 smokers aged 16 years and over in 2014-15, and the borough ranks low amongst London authorities. This is disproportionately poor given that we are one of the least deprived. When carbon monoxide (CO) validated, Sutton's rate remains significantly lower than London and the national average. However, Sutton's Smoking Cessation Service provider LiveWell has reported recent improvement in numbers accessing the service and who go on to quit.

In 2013-14 Public Health undertook analysis of data provided by LiveWell. Overall, results showed a strong relationship between deprivation and people accessing the service, as well as between deprivation and those that were successful in quitting. This suggests that services in Sutton are being targeted to those populations most in need.

However, as described, our rates of quitters are low compared to London. This is of concern, and it is a priority to investigate the reasons and to continue to work to improve our rates.

1.3.6 Current issues and horizon scanning

Current issues include the increase in the use of non-traditional smoking products, including e-cigarette smoking and non tobacco products such as shisha, and the use of illicit tobacco

E-cigarettes: New regulations prohibiting the sale and purchase of e-cigarettes to under-18s came into effect on 1st October 2015. Sutton has a number of outlets where e-cigarettes and vaping products can be purchased, some in areas with a high footfall on our main high streets.

In August 2015 Public Health England (PHE) published a report, *E-cigarettes: an evidence update*.[1] This stated that e-cigarettes are 95% less harmful to health than normal cigarettes. When supported by a smoking cessation service, they help most smokers to quit tobacco altogether. A key message was that Smoking Cessation services should support smokers using e-cigarettes to quit. This HNA accepts the findings from the PHE report. Further, in January 2016 the UK medicines regulator approved a brand of e-cigarette to be marketed as an aid to help people stop smoking.

[1] Public Health England. E-cigarettes: an evidence update. August 2015. https://www.gov.uk/government/publications/e-cigarettes-an-evidence-update

Shisha: There are some shisha outlets in Sutton, and there are many cafes and shops selling it throughout London. There is no requirement for an outlet to obtain a licence to sell shisha. However, if the product contains tobacco all regulations must be complied with.

Smokeless tobacco (including chewed, sucked and inhaled): Estimates for Sutton are not available of the consumption of such products, but there will be users. Sutton's rates of oral cancer, despite being in line with London and England, are higher than would be expected given the profile of our population, for which chewing and sucked tobacco is a risk factor (Oral cancer registrations, Sutton 13.2 DSR per 100,000, London 13.5 DSR, England 13.2 DSR).

Illicit tobacco: Sutton's Trading Standards Service is responsible for tackling the supply of illicit products, i.e. counterfeit and unsafe tobacco products. Issues include health and safety, e.g. house fires, access by children, and unknown and unregulated ingredients. Trading Standards enforce under age sales, illicit sales, counterfeit sales and safety of products including e-cigarettes. Environmental Health enforces the Smoke Free aspect under the Health Act 2006.

1.3.7 Stakeholder and Client Views

From a survey undertaken by the Smoking Cessation provider LiveWell of around 250 current smokers resident in Sutton, common themes were around *Barriers to entry* and *Ways to encourage people to use the local NHS Stop Smoking Service.*

Recommendations from the survey included more engagement with GP Surgeries to encourage referral. There is strong evidence that advice from health professionals is one of the most highly effective measures to encourage people to quit. Other recommendations were to take a longer term approach than just four week quit rates, more focused promotion of Smoking Cessation Services, flexibility, becoming e-cigarette friendly, and promotional materials aimed at people smoking just a few cigarettes.

Conclusions and Recommendations

Smoking is the single most important preventable cause of death and ill health and contributes to inequalities between populations. A reduction in smoking prevalence will contribute to a reduction in mortality and morbidity for all of the major diseases to which tobacco use contributes; namely respiratory disease, circulatory disease, cancers and strokes.

While Sutton's rates of smoking continue to decline, this HNA highlights a number of issues. These include our lower than expected quit rates, the difference in prevalence for manual and routine workers compared to the general population, the higher rates for pregnant women, and for young people.

Local analysis found that Sutton's smoking cessation service is successful in treating people from the more deprived parts of our borough where smoking rates are higher. The service has improved utilisation rates, and has aimed to become more flexible and responsive through a range of innovations, for example the introduction of drop-in clinics, working in a wider range and greater number of settings over longer hours, and adjustments to the payment system to encourage better compliance with the programme. The service provides value for money and compares well to spending by other boroughs where known. In Sutton, the focus is on smoking cessation rather than wider tobacco control.

In summary, as smoking places such a large burden on avoidable mortality and mortality in the population, it is vital to continue to provide a good and accessible service for the borough.

Key Recommendations of the Tobacco Control Health Needs Assessment

To improve smoking cessation rates	
Issue	**Recommendation**
Data from PHE indicates that Sutton's rates of quitters are significantly lower than for London and England. Sutton's adult smoking prevalence is 15.3% and the lowest rate in England is 9.8%. As overall Sutton's rates are in line with comparators, our focus is on those population groups with higher prevalence groups.	• **To continue to work to improve smoking cessation rates and to focus services on the most vulnerable groups in our population** **These are:** • ***Children and young people*** • ***Smokers from the more deprived parts of the borough*** • ***Smokers in the routine and manual occupations*** • ***Pregnant women who smoke*** • ***Smokers with mental health problems*** • **To develop a pathway so that all professionals, including health services, inform and direct patients and clients to smoking cessation services, including to NHS support that is available online**
Capacity of smoking cessation advisers	• **To continue to train more advisers within the wider health professional teams, or link specialist advisers from the LiveWell service to groups/clinics**
Directing clients to smoking cessation support	• **To encourage GP referral of clients into Smoking Cessation Services and to NHS support available online**
Ensuring that 'every contact counts'. In particular, it is known that the the likelihood of quitting is much higher with support from a health professional.	• **To embed brief advice about smoking into routine conversations between health professionals and service users** • **To consider opportunities to improve the referral process electronically** • **To take an integrated approach between agencies and traders to develop effective tobacco control interventions** • **To develop the Sutton Tobacco Control Alliance to support objectives, with a clear targeted, remit and action plan**

To target smokers in the most vulnerable population groups	
Issue	**Recommendation**
Sutton's adult smoking prevalence is in line with comparators the focus is on prioritising vulnerable populations with higher rates of smoking. Although local analysis has confirmed that Sutton's more deprived population groups are accessing the smoking cessation service, smoking prevalence remains higher for routine and manual workers (25.5%) compared to the general population in Sutton (15.3%).	• **To continue to target vulnerable population groups with a higher prevalence of smoking** The list of such groups is listed in Section 1 above.
Sutton's smoking rates for young people aged 15 are higher than for London. The local LiveWell service is available to Sutton residents of any age, with treatment available for those aged 12 and over, so there is good support for younger smokers.	• **Continued promotion of consistent health messages for young people to explain and warn against the risks of smoking** This could include education in schools and continued enforcement to avoid sales or proxy sales of tobacco products to minors, including e-cigarettes.
In 2014-15 the proportion of pregnant women who were smokers at the time of delivery for Sutton was 6.2%, significantly higher than the London average of 4.8%.	• **To reduce rates of smoking in pregnant women** This will involve investigating the reasons and developing strategies to address these higher rates. Specifically, the roles of one-to-one midwifery support, specialist stop smoking advice (LiveWell) and pharmacies need to be understood and integrated and to ensure that services are appropriate and acceptable for pregnant women.
Both the commissioner and the provider should use data and intelligence to monitor trends and geographical differences and work together to develop strategies to continue to make improvements.	• **To evaluate the provision of services across the borough and to assess whether there are gaps in relation to our defined vulnerable population groups**

To develop effective ways to promote smoking cessation messages	
Issue	**Recommendation**
Effective communication, including branding and marketing that communicates effectively with our communities.	• **To continue to develop effective outreach programmes in order to reach our defined vulnerable population groups** • **To continue to seek opportunities for social marketing approaches in order to communicate most effectively with our vulnerable populations, e.g. Insight work or risk stratification**

To monitor the uptake of non-traditional smoking products	
Issue	**Recommendation**
E-cigarettes: the role for Sutton commissioners is to keep abreast of developments. Evidence published by Public Health England in August 2015 stated that e-cigarettes are 95% less harmful to health than normal cigarettes and when supported by a smoking cessation service help most smokers to quit tobacco altogether. In January 2016 the UK medicines regulator approved a brand of e-cigarette to be marketed as an aid to help people stop smoking.	• **In light of the PHE report it is recommended that the Sutton Smoking Cessation Service considers declaring itself e-cigarette friendly and supports smokers using e-cigarettes to quit by offering them advice and behavioural support**
Increases in the availability of Shisha	• **To work with the Trading Standards Service to minimise the impact of proposals for shisha cafes with regard to their location, e.g. near schools. This would be through working in partnership with Environmental Health, Health and Safety, and the Sutton Planning Department**

To use national data to effectively target local smokers	
Issue	**Recommendation**
Since 2015, a detailed breakdown of people signing up to the national Stoptober campaign is available for each local authority	• **To ensure that Smoking Cessation providers access the nationally available data through Stoptober with Sutton commissioners** This will provide our local Tobacco Control service with summary information about clients that may be unknown to us.

Monitoring and evaluation of service performance	
Issue	**Recommendation**
The value of the service provider's contribution to Public Health intelligence and the value to the local population is recognised.	• **Service providers to work with London Borough of Sutton Public Health intelligence, sharing information on services and outcomes**

To be consistent with national policy and Local Government Initiatives	
Issue	**Recommendation**
National policy An overarching goal of 'Transforming London's health and care together', London's delivery of the NHS Five Year Forward View is to help Londoners to kick unhealthy habits. One of the five key areas of the prevention programme is 'Taking innovative action to reduce smoking'	• **As in Section 1 above, to continue to work to improve smoking cessation rates and to focus services on the most vulnerable groups in our population**
Local Government initatives This Local Government Declaration on Tobacco Control developed by Newcastle City Council is a statement of a council's commitment to ensure that tobacco control is part of mainstream Public Health work and commits councils to taking comprehensive action to address harm from smoking. Since May 2013, over 80 councils in England have signed it.	• **The London Borough of Sutton to consider signing up to the Local Government Declaration on Tobacco Control**
Littering in public spaces of cigarette butts and packaging.	• **Consideration to piloting a littering scheme, whereby enforcement officers (police) could refer people dropping cigarette butts to a Smoking Cessation service as an alternative to issuing a Fixed Penalty Notice**

To focus targeting effectively and economically	
Issue	**Recommendation**
Smokers place an economic burden on the whole system (e.g. to Local Authorities, NHS, productivity, fire services), so as well as direct health costs, there are wider economic costs to the whole system.	• **To provide best value for money amidst funding constraints, and to continue to focus targeting on our most vulnerable populations, i.e. those from the more deprived parts of the borough, people in routine and manual employment, pregnant women, young people and smokers with mental health issues.**

SMOKING CESSATION AND TOBACCO CONTROL HEALTH NEEDS ASSESSMENT

London Borough of Sutton, March 2016

2 INTRODUCTION

Tobacco use remains one of our most significant Public Health challenges, both locally and nationally. While rates of smoking have continued to decline over past decades, it is essential to sustain action to drive prevalence down further so as to prevent avoidable mortality and morbidity. There is evidence that the most effective tobacco control strategies involve taking a multi-faceted and comprehensive approach at both local and national level.[2] This Health Needs Assessment (HNA) brings together information about our local tobacco control services, patterns of smoking and related illness in our population, and client and stakeholder views to inform the planning and commissioning of the best services to meet the needs of the residents of Sutton. This is the first HNA to focus on Smoking Cessation and Tobacco Control in Sutton. This is a priority area in light of the burden of avoidable disease that smoking places on the population.

Smoking is the UK's single greatest cause of preventable illness and early death. Adults who smoke lose an average of ten years of their lives and more than 100,000 people in the UK die each year. Statistics from Cancer Research indicate that smoking causes more than four in five cases of lung cancer. There is evidence that smoking causes other diseases, particularly cardiovascular disease including hypertension, strokes, heart disease, respiratory disease, including chronic obstructive pulmonary disease (COPD), and certain eye conditions that can lead to blindness such as macular degeneration. Smoking also impacts on child health, increasing the likelihood of low birth weight and child mortality.

Nationally, the proportion of people who smoke is 18% but prevalence varies markedly according to socio-economic group. People in deprived circumstances are not only more likely to take up smoking but generally start younger, smoke more heavily and are less likely to quit, each of which increases the risk of disease. Set against this context, we have conducted our HNA of Tobacco Control in Sutton.

This is one of a series of HNAs undertaken by Public Health, Sutton. HNA is defined by Cavanagh and Chadwick as ‘a systematic method for reviewing the health issues

[2] Department of Health. Healthy Lives, Healthy People: A Tobacco Control Plan for England, March 2011. (Government Strategy)

facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities.'[3]

The purpose of the HNA is to ensure that our locally commissioned services are of good quality and meet the needs of the local population. This HNA aims to bring together information on services, needs, and stakeholder views to inform the best commissioning of tobacco control services on behalf of Sutton residents.

3 METHODS

- An epidemiological assessment of need was undertaken by analysis of relevant published data from a range of sources.
- Relevant local and national strategies and policies were obtained and described.
- Information on good practice and best evidence about what works was identified.
- Costs of smoking and treatment were estimated from appropriate sources where feasible.
- User and stakeholder feedback was obtained from local and national survey data, and from relevant conferences and events.
- Smoking cessation performance data were obtained from the locally commissioned service provider and analysed to evaluate how it related to the expected needs of smokers in Sutton.
- Meetings and discussions took place with relevant stakeholders including the service provider to inform the HNA.
- The development of the Tobacco Control HNA was overseen by the Sutton Tobacco Control Alliance Steering Group. Main findings and draft versions were presented quarterly to the group for review and further development.

[3] Cavanagh S, Chadwick K. Health Needs Assessment: A Practical Guide. 2005, page 3. https://www.urbanreproductivehealth.org/toolkits/measuring-success/health-needs-assessment-practical-guide

The main data and key sources used in this HNA are as follows:

Table 1: Data and key sources in HNA

Topic	Source
Epidemiology	• Policy documents and national guidance • Smoking related data from Public Health England (PHE), Public Health Outcomes Framework (PHOF) • Public Health England (PHE), Local Health Tool • Public Health England (PHE), Tobacco Profile Tool • Smoking Cessation Service data from LiveWell, the local commissioned provider of Tobacco Control Services in Sutton • General Practitioner (GP) practice prevalence data from the Quality and Outcomes Framework (QOF), from the Health and Social Care Information Centre (HSCIC) • Demographic data from the Office for National Statistics (ONS), Census 2011 • Estimates of economic cost of smoking from the charity Action on Smoking and Health (ASH)
Performance	• Smoking Cessation Service data and information from LiveWell • Information available from the Sutton Pharmacy Needs Assessment (PNA)
Stakeholder and patient views	• Survey data from LiveWell Sutton, Resident Smokers Survey, April 2015 • National Survey: Tackling Tobacco, 2014, ASH
Mortality data	• HSCIC Mortality data • PHE, Local Health Tool
Special groups	• Smoking related indicators from PHE, PHOF • PHE, Local Health Tool • Information presented at PHE, London Public Health Data and Intelligence Group meeting, Smoking Session, 21st May 2015 • Information presented at PHE, Smoking in Pregnancy Provider Event, 10th June 2015
Wider determinants	• The English Indices of Deprivation, Department for Communities and Local Government

4 RESULTS: KEY POLICY DOCUMENTS

Key policies with an impact on tobacco control and smoking cessation are as follows:

4.1 Smoking kills: a White Paper on tobacco, 1998[4]

This White Paper announced the Government's concerted plan of action to stop people smoking. It presented a series of measures for reducing smoking among young people, new cessation services for adults, and action on smoking among pregnant women. It outlined measures for abolishing tobacco advertising and promotion, altering public attitudes, preventing tobacco smuggling, and supporting research. It described proposals for working in partnership with businesses to restrict smoking in public places, places of work, and government offices, and for working with other governments at European and global levels. It described how progress would be measured and monitored, and set out broad conclusions.

4.2 The Health Act 2006[5]

This significant Act introduced provisions for the creation of a ban on smoking in enclosed public places as follows:

- In places of work
- In places that the public access to obtain goods and services, including private clubs
- In other places designated by Statutory Instrument (secondary legislation)

The ban took effect on 1st July, 2007 in England. The basis of the Act was to prevent exposure to second hand smoke at work.

4.3 National Strategy: Healthy Lives, Healthy People: A Tobacco Control Plan for England, 2011[6]

The three key targets of the national strategy of the previous government were:

1. To reduce adult smoking prevalence to 18.5% or less by end 2015
2. To reduce smoking during pregnancy to 11% or less by end 2015
3. To reduce prevalence of smoking among 15 year olds

It included commitments to:

- Implement legislation to end tobacco displays in shops
- Consider whether plain packaging of tobacco products could be an effective way to reduce the number of young people who take up smoking and to support adult smokers who want to quit, and consult on options

[4] Department of Health. Smoking kills: a White Paper on tobacco. 1998.
[5] Health Act 2006. http://www.legislation.gov.uk/ukpga/2006/28/contents/enacted
[6] Department of Health. Healthy Lives, Healthy People: A Tobacco Control Plan for England, March 2011. (Government Strategy) at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213757/dh_124960.pdf

- Continue to defend tobacco legislation against legal challenges by the tobacco industry, including legislation to stop tobacco sales from vending machines
- Continue to follow a policy of using tax to maintain the high price of tobacco products at levels that impact on smoking prevalence
- Promote effective local enforcement of tobacco legislation, particularly on the age of sale of tobacco
- Encourage more smokers to quit by using the most effective forms of support, through local stop smoking services
- Publish a three-year marketing strategy for tobacco control

4.4 The Children and Families Act 2014[7]

The Children and Families Act 2014, granted Royal Assent on 13th March 2014, gave the Secretary of State for Health powers to make private vehicles smoke free when carrying children under the age of 18 years. Changes to the law also included restrictions on sales of e-cigarettes to minors. The regulations were passed in February 2015 and were implemented on 1st October 2015.

On 1st October 2015 it became illegal:

- For retailers to sell electronic cigarettes or e-liquids to someone under 18
- For adults to buy tobacco products or e-cigarettes for someone under 18
- To smoke in private vehicles that are carrying someone aged under 18

4.5 Public Health Outcomes Framework[8]

This sets out the structure and objectives of the Public Health system for England effective from April 2013 and how progress against these objectives will be measured. There are a number of relevant indicators with regard to smoking and related disease.

5 RESULTS: NICE GUIDANCE AND QUALITY STANDARDS FOR TOBACCO CONTROL

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. There are a series of Public Health Guidelines and Quality Standards relating to smoking. These are listed in **Appendix 1.**

[7] The Smoke-free (Private Vehicles) Regulations 2015 at: http://www.legislation.gov.uk/ukdsi/2015/9780111126004/contents

[8] Public Health England, Public Health Outcomes Framework at: http://www.phoutcomes.info/

6 RESULTS: SMOKING CESSATION SERVICES IN SUTTON

6.1 A description of local Tobacco Control Services for Sutton

Smoking cessation services within Sutton are commissioned by Public Health, People's Directorate, London Borough of Sutton. The service is delivered by Hounslow and Richmond Community Healthcare NHS Trust, community based services delivered under the trade name 'LiveWell', an integrated health improvement service. The service operates from a number of locations in Sutton including:

- 32 Community pharmacies
- 14 GP Practices

Services are delivered in accordance with a Service Level Agreement with the Trust. The current three year contract runs until 31st March, 2016.

Smoking cessation services are available across the borough with additional specialist services provided in schools and colleges.

In further detail:

The Smoking Cessation service aims to:

- Reduce the number of smokers in Sutton
- Reduce health inequalities by ensuring the service is aimed at the most vulnerable population
- Reduce the risk of developing smoking related conditions

The service follows NICE guidance and provides residents with help and support to quit smoking. It incorporates both the LiveWell branding as well as the Department of Health Smokefree branding which has the strapline 'you are four times more likely to quit smoking with NHS support'.[9]

The Smoking Cessation Service is nationally promoted as a six week programme which focuses on establishing a client's 'quit' status four weeks after a quit date is set. However, support and medication is provided for up to 12 weeks to help achieve lasting change.

The service provides both individual and group support, although in recent years there has been little demand for the latter, but instead both telephone and web-based online support have become increasingly popular. The service is actively seeking to become more dynamic whilst operating within NICE guidance. Weekly sessions include motivational support, carbon monoxide monitoring and medication

[9] Smokefree NHS. http://www.nhs.uk/smokefree/help-and-advice

advice and supply. During these sessions, a trained Stop Smoking Advisor completes a monitoring form which includes personal information, a quit date, and the preferred medication provided.

The service has an open referral policy, so people can self-refer. However, referrals can also be made by any organisation, including GPs, Social Services, voluntary groups, schools, and acute providers. The service is available across the borough seven days a week and during the evening and has more than 70 trained Stop Smoking Advisors. Settings include schools, colleges, GP Surgeries, community pharmacies, Children's Centres, acute providers (Epsom & St Helier NHS Trust), voluntary organisations, and workplaces.

Venues include:

- LiveWell Sutton
- GP surgeries
- Community Pharmacists
- St Helier Hospital
- Drop-in clinics
- Health Trainers offer smoking cessation support at venues including Sutton Civic Centre, Sutton Volunteer Centre, Sutton Centre for Independent Living and Learning (SCILL), Sutton College and Sutton Life Centre
- Support for Young People at colleges and schools

The smoking cessation service conforms to NICE guidance.[10] All medication is offered as first-line treatment and combination treatment is available for more addicted smokers.

The service follows protocols and procedures in line with latest guidance but retains the flexibility to meet the needs of each individual smoker.

Although there is no charge for the service, prescriptions (i.e. for Nicotine Replacement Therapy (NRT)) must be paid for unless users are exempt.

6.2 Performance of Tobacco Control Services in Sutton

The LiveWell service has operated in Sutton for more than two years and prior to that was delivered in-house by Sutton and Merton Primary Care Trust (PCT).

The aim of Sutton's Smoking Cessation Service is to increase the number of clients accessing the service and setting a quit date. In 2014-15, 1,222 people accessed the service and 629 (51%) were recorded as having quit successfully at four weeks (self-report).

Data submitted to the HSCIC by the provider for 2014-15 is summarised below.

[10] NICE Guideline PH10 (2008) https://www.nice.org.uk/guidance/ph10/chapter/1-Key-priorities

Numbers who accessed the Smoking Cessation Service and who quit, 2014-15

Smokers who set a quit date: 1,222 people (100%), males, 44%, females 56%

Quitters at four weeks: 629 people (51%), males, 46%, females 54%

Therefore 51% of service users successfully quit. This is a similar percentage to the previous year, but there was an *improvement* in the both the number of users and quitters since 2013-14 when 1,094 users set a quit date and 550 were successful.

Age and sex of those who accessed the Smoking Cessation Service

More females than males accessed the service.

According to the charity ASH, smoking prevalence in Britain is highest in young adults.[11] However, data from the Sutton Smoking Cessation Service indicates that the age group 45 to 59 years accounted for the highest number of people accessing the service, and had the most success.

There could be an opportunity to target younger smokers in Sutton into the service. However, it is acknowledged that for many people, it is not until they have become addicted and been smoking for many years that they might consider trying to give up. Further, younger people could be more likely to self-medicate independently via pharmacies or through treatments available online.

Ethnicity of those who accessed the Smoking Cessation Service

By far the majority of people using the service are White, and of those 90% are White British. This is a higher percentage than the percentage of the Sutton population who are white, i.e. 81% aged 18 and over at the 2011 census. However, the Charity ASH report that overall smoking rates among ethnic minority groups are lower than the UK population with the exception of the Black Caribbean and Bangladeshi populations, explained by socioeconomic differences. In Sutton, these two ethnic groups account for the highest proportion of activity after the white group. However, it is important to note that it is not fully understood whether in Sutton our relatively low uptake by people from minority ethnic groups is due to lower smoking prevalence or other factors that deter people from accessing the service.

It has been reported that in some parts of London it is extremely difficult to reach certain ethnic groups, e.g. a presentation at a recent meeting of the Public Health England, London Knowledge and Intelligence Network in May 2015 focused on the difficulties of engaging with the Turkish community in Enfield.[12]

[11] ASH Fact Sheet January 2015. Smoking Statistics available at: http://ash.org.uk/files/documents/ASH_106.pdf

[12] Glenn Stewart. Smoking in the Turkish Community. Presentation to London Knowledge and Intelligence Network, May 2015 available at: http://www.lho.org.uk/events/KnowledgeIntelligence.aspx

Pregnant women who accessed the Smoking Cessation Service

44 pregnant women accessed the service in 2014-15. Of those 50% quit (self reported), although this was only confirmed by CO validation for 16%. This could have been due to the result of the test or because the test was not undertaken.

Socio-economic classification of those who accessed the Service

The routine and manual occupation group has marginally the highest proportion of service users and quitters overall. This is an important group due to the association between socio-economic status and smoking. As already indicated, prevalence figures from PHE indicate that Sutton has a much higher proportion of smokers in this group compared to the general population.

In terms of those who went on to quit, the intermediate occupations group, followed by routine and manual, and then retired groups were the most successful. Students, followed by those who were sick, unemployed and had never worked, and home carers were the least successful. This is an important indication of the vulnerable groups that need the most support.

Smoking Cessation Service users who receive free prescriptions

61% of total users received free prescriptions.

Pharmacotherapy treatment received by those who accessed the Service

The most commonly used treatments are a combination of licensed nicotine containing products concurrently, followed by varenicline alone, and then by a single licensed nicotine containing product. For those who were successful in quitting, the same three treatments were the most common.

Interventions for those who accessed the Smoking Cessation Service

One-to-one sessions are by far the most common intervention. This is followed by drop-in clinics offered by some pharmacists and the core team, also provided on a one-to-one basis. These drop-in sessions have been pioneered by the service provider based on previous experience of their effectiveness.

It has been the provider's experience that group sessions are not popular or effective. This is partly because when a client decides to try to quit, they do not want to wait for a group session to start.

Intervention setting for users of the Smoking Cessation Service

Pharmacies, closely followed by general practices, are the main settings, followed by hospitals. Most pharmacies provide services in-house and very few refer outside of their pharmacy setting. Some GPs provide the intervention in-house, whilst some refer elsewhere. It is noted that there are no or very few interventions in some settings (such as dental and prisons).

Summary of a meeting with the provider about performance of the service

To inform this HNA a meeting took place with the provider in July 2015 about current performance and to highlight any issues and identify opportunities to continue to make improvements. Key points are as follows:

- There has been good progress in the most recent year.
- There is a wealth of expertise and experience amongst the members of the LiveWell team who are highly qualified in many relevant areas, e.g. nutritional and psychological services.
- Over time the team have developed much more flexible work patterns, e.g. open later in the day and taking on an expanded role. There are more services than ever before in a wider range of settings targeted at our vulnerable groups
- There have been improvements in the promotion of the Smoking Cessation service. Previously it was promoted under the overall 'LiveWell' branding which includes a number of services, and might have been missed by potential users.
- The service has been very flexible in offering training to produce more accredited smoking cessation providers.
- The service works well because it recognises that the people that tend to access it need support and reassurance throughout the programme.
- There is an issue that some GPs are still prescribing medication directly themselves separately from the Smoking Cessation Service.
- With reference to antenatal care, progress has been good this year, achieving 22 quitters this way.
- The service would consider becoming e-cigarette friendly.
- The service is available to people of any age, although 12 years is the youngest age that prescriptions can be issued to due to ability to obtain informed consent.

Settings where Sutton Smoking Services are delivered

Sutton's Smoking Cessation Services are delivered in a wide range of settings. Analysis of the location of services by ward indicates that there are no services in Sutton South and only in a school setting in Sutton North. However, overall, analysis found a correlation between the numbers of services by ward and deprivation. This is important given the higher prevalence in the more deprived populations.

Smoking cessation services in pharmacies

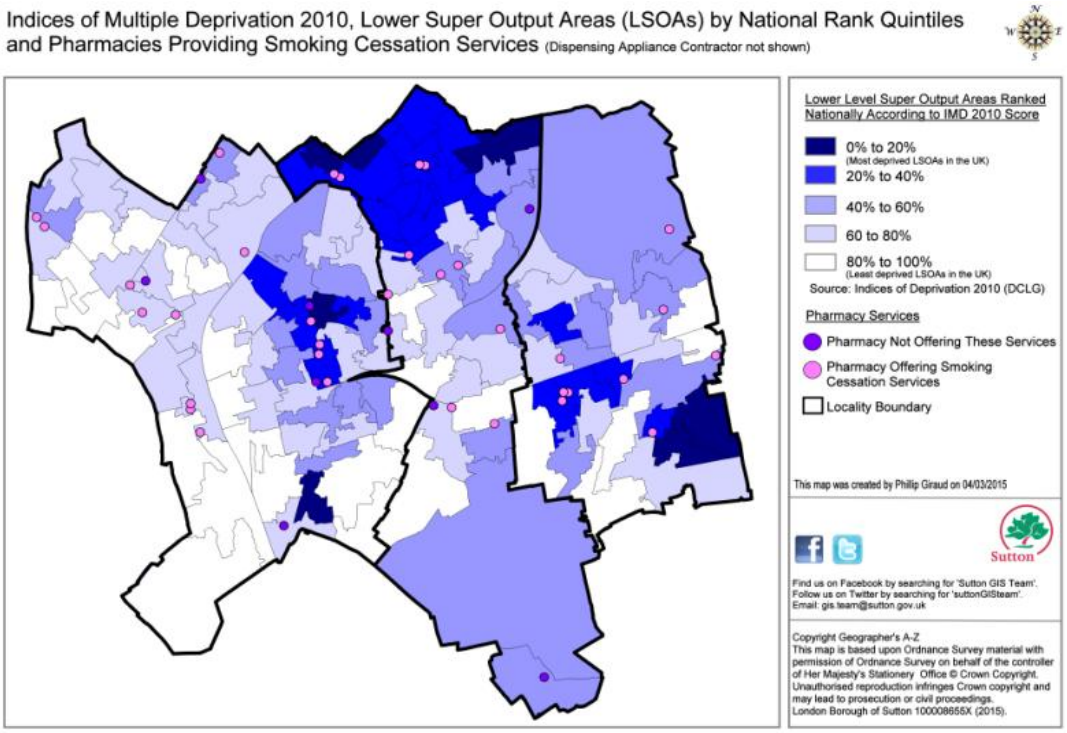
The highest proportion of Smoking Cessation services are in pharmacies, followed by general practice.

Services in Community Pharmacies are described in detail in Sutton's Pharmaceutical Needs Assessment, 2015-18.[13] Sutton CCG is subdivided into three localities. From west to east these are Sutton and Cheam, Carshalton and Wallington.

In March 2015 there were 44 Sutton Pharmaceutical contractors in Sutton of which 32 delivered smoking cessation services. 13 were in Sutton and Cheam locality, 10 in Carshalton locality and nine in Wallington locality. All are open during the week including Saturday, whilst eight open on Sunday.

The map below profiles the location and type of pharmacy by geographical locality and deprivation quintile.

Figure 1: Pharmacy Smoking Cessation Services, by deprivation



[13] Sutton Health and Wellbeing Board Pharmaceutical Needs Assessment 2015-18. Available at: https://sutton.citizenspace.com/adult-social-services-and-housing/pharmaceutical-needs-assessment-pna-consultation

6.3 National Smoking Cessation Services

6.3.1 Smokefree NHS

- The free Smokefree national support programme is available by telephone helpline on 0300 123 1044.
- Trained advisers are available Monday to Friday 9am to 8pm, Saturday/Sunday 11am to 4pm
- Online advice is also available via the Smokefree chatline

6.3.2 Stoptober

This is a 28 day campaign led by PHE each October. Support is available via an online/smartphone app, a Stoptober pack, a 28 day stop smoking text support programme with support via the Smokefree Facebook page. The pack contains facts, tips and tools to support smokers through the 28 days of Stoptober. It includes information on preparing to stop smoking, along with day-by-day support. It can be ordered from www.smokefree.nhs.uk/stoptober.

Both the commissioner and provider would find it useful if this nationally collected data through the annual 'Stoptober' campaign, as well as other information collected by NHS England, could be shared with Sutton. This information could be used by the Sutton Smoking Cessation service to target clients that may be unknown to us. This has been raised with PHE who advise that this may be possible this year.

- *PHE advise that this information is now available for the first time.*

7 RESULTS: THE NEED FOR TOBACCO CONTROL SERVICES IN SUTTON

7.1 Smoking prevalence

Numbers of smokers and estimates of prevalence rates for are available from a range of statistics published by PHE.

A list of indicators from the PHE, Local Tobacco Profile is shown in Appendix 2.

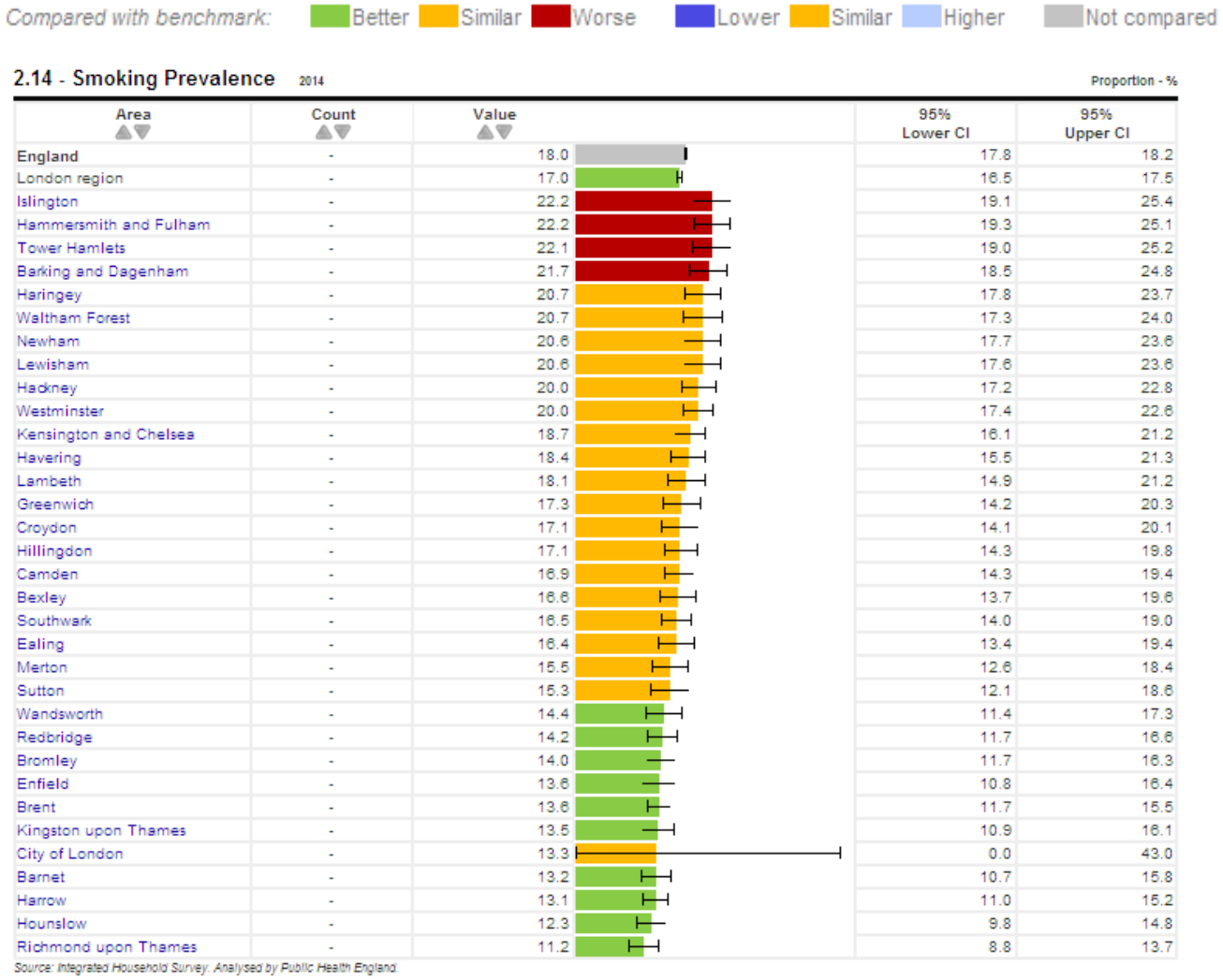
Table 2: Numbers of smokers and prevalence rates

Population Group	Estimate of number and rate of Sutton residents
Adults (Source: PHOF)	
Smoking prevalence, aged 18+ years	15.3% of people aged 18+ = approx. 23,400 people
Routine and Manual workers aged 18+	25.5% of smokers in routine and manual group = approx. 5,200 people (22.3% of 23,600)
Pregnant women smoking at time of delivery	6.2% = 153 women
Children and Young people (Source: PHE Tobacco Control Profiles, modelled synthetic estimates 2009-12)	
Aged 11 to 15	2.4% regular smokers, 1.3% occasional smokers = 439 children and young people
Aged 16 to 17	11.6% regular smokers, 5.3% occasional smokers = 826 young people

7.2 Smoking prevalence

Data from PHE for 2014 indicates that Sutton's smoking prevalence is statistically similar (15.3%) to London (17%) and England (18%).[14]

Figure 2: Prevalence of smoking by London borough compared with England



2.14 - Smoking Prevalence 2014

Proportion - %

Area	Count	Value	95% Lower CI	95% Upper CI
England	-	18.0	17.8	18.2
London region	-	17.0	16.5	17.5
Islington	-	22.2	19.1	25.4
Hammersmith and Fulham	-	22.2	19.3	25.1
Tower Hamlets	-	22.1	19.0	25.2
Barking and Dagenham	-	21.7	18.5	24.8
Haringey	-	20.7	17.8	23.7
Waltham Forest	-	20.7	17.3	24.0
Newham	-	20.6	17.7	23.6
Lewisham	-	20.6	17.6	23.6
Hackney	-	20.0	17.2	22.8
Westminster	-	20.0	17.4	22.6
Kensington and Chelsea	-	18.7	16.1	21.2
Havering	-	18.4	15.5	21.3
Lambeth	-	18.1	14.9	21.2
Greenwich	-	17.3	14.2	20.3
Croydon	-	17.1	14.1	20.1
Hillingdon	-	17.1	14.3	19.8
Camden	-	16.9	14.3	19.4
Bexley	-	16.6	13.7	19.6
Southwark	-	16.5	14.0	19.0
Ealing	-	16.4	13.4	19.4
Merton	-	15.5	12.6	18.4
Sutton	-	15.3	12.1	18.6
Wandsworth	-	14.4	11.4	17.3
Redbridge	-	14.2	11.7	16.6
Bromley	-	14.0	11.7	16.3
Enfield	-	13.6	10.8	16.4
Brent	-	13.6	11.7	15.5
Kingston upon Thames	-	13.5	10.9	16.1
City of London	-	13.3	0.0	43.0
Barnet	-	13.2	10.7	15.8
Harrow	-	13.1	11.0	15.2
Hounslow	-	12.3	9.8	14.8
Richmond upon Thames	-	11.2	8.8	13.7

Source: Integrated Household Survey. Analysed by Public Health England.

[14] Public Health England. Public Health Outcomes Framework. http://www.phoutcomes.info/

Trends in smoking prevalence in Sutton

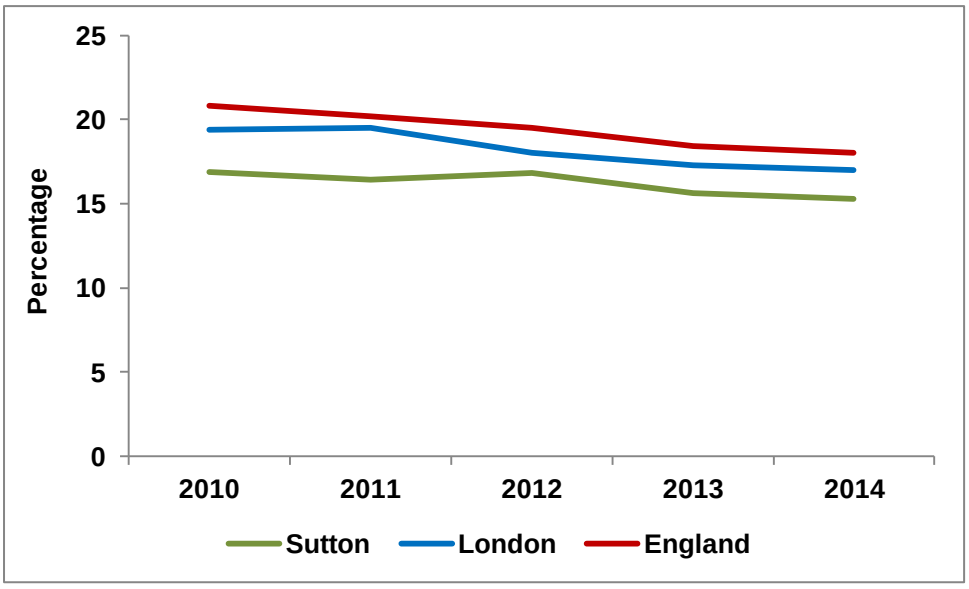
Figure 3 shows a slight reduction over time in Sutton's smoking prevalence, though for the last three years rates have been similar to England (previously they were better).

Figure 3: Trend in Smoking Prevalence, Sutton compared with England

Compared with benchmark: Better Similar Worse Lower Similar Higher Not compared

Period		Count	Sutton	Lower CI	Upper CI	London	England
2010		-	16.9	14.4	19.4	19.4	20.8
2011		-	16.4	13.6	19.2	19.5	20.2
2012		-	16.8	13.9	19.8	18.0	19.5
2013		-	15.6	12.7	18.6	17.3	18.4
2014		-	15.3	12.1	18.6	17.0	18.0

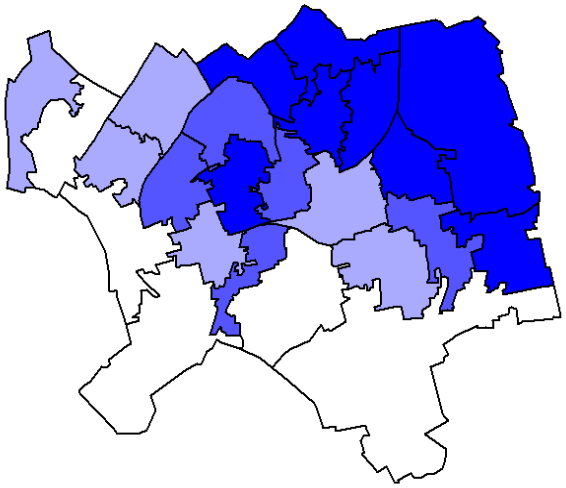
Source: Integrated Household Survey. Analysed by Public Health England.



Variation in prevalence of smoking within Sutton

There is no current, reliable smoking prevalence data available for small areas within the borough. Figure 4 below shows a synthetic estimate published by the former Association of Public Health Observatories, but is based on quite old data.

Figure 4: Estimate of adults who are current smokers by MSOA (2006-08)



Key	Percentage
	0 to 14.8%
	14.9 to 15.9%
	16 to 19.9%
	20% and over

Source: Association of Public Health Observatories
Estimates of Adults' Health and Lifestyles, Percentage of the adult population who are current smokers, 2006-08, by MSOA (modelled estimate)

Prevalence of smoking and support by GP practice in Sutton

The Quality and Outcomes Framework (QOF) is the annual reward and incentive programme detailing GP practice achievement results introduced as part of the GP contract in 2004. Although primarily a performance system, it includes some useful data on prevalence for both individual practices and for Sutton overall. *However, data from QOF is an underestimate as it only reports on what is known and recorded by GPs.*

Percentage of recorded smokers offered support and treatment

Although smoking prevalence is not available from QOF, there are some indicators on treatment. The percentage of smokers offered support and treatment by their GP in Sutton ranged from 55% to 100% in 2014-15. For the CCG overall the percentage was 82%, lower than London (88%) and England (87%).

Percentage of recorded smokers with long term conditions offered support and treatment

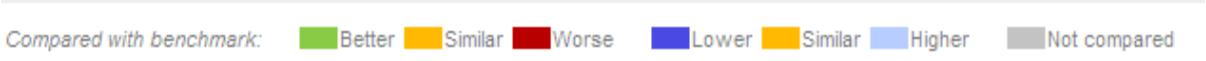
At practice level, smokers with a long term condition offered support and treatment to quit ranged from 81% to 100% in 2014-15. The rate for Sutton CCG overall was 96%, the same as for London and England.

Smoking quit rates

Data published in the PHE, Local Tobacco Control Profiles for 2014-15 indicate that for 'Successful Quitters at 4 weeks' Sutton's rates are statistically *significantly lower* than both London and England. Sutton's value is 629 quitters, a rate of 2,548 per 100,000 smokers aged 16 and over.

Another indicator, 'Successful Quitters (Carbon Monoxide (CO) Validated) at 4 weeks' is a better measure as it is objectively validated and also acts as a motivational tool for clients. CO validation is attempted on all clients who self-report as having successfully quit at the four week follow-up except if this was by telephone. Sutton's had 420 validated quitters in 2014-15, a rate of 1,701 quitters per 100,000 smokers. This again is statistically *significantly lower* than both London and England. These rates are low given that Sutton is one of the least deprived London boroughs.

Figure 5: Quitters at four weeks, London boroughs



Successful quitters at 4 weeks 2014/15

Crude rate - per 100,000 smokers aged 16+

Area	Count	Value	95% Lower CI	95% Upper CI
England	229,688	2,829	2,817	2,840
London region	36,139	3,064	3,032	3,095
City of London	224	16,884	14,745	19,246
Hounslow	1,470	5,323	5,054	5,602
Greenwich	1,823	5,228	4,990	5,473
Ealing	1,964	4,914	4,699	5,136
Hammersmith and Fulham	1,483	4,693	4,458	4,938
Croydon	2,143	4,304	4,124	4,490
Enfield	1,603	4,048	3,852	4,251
Redbridge	1,195	3,901	3,683	4,129
Wandsworth	1,565	3,670	3,490	3,857
Waltham Forest	1,359	3,591	3,403	3,787
Camden	1,361	3,581	3,393	3,776
Havering	1,301	3,457	3,272	3,650
Lewisham	1,573	3,303	3,142	3,470
Islington	1,271	3,159	2,987	3,337
Tower Hamlets	1,364	3,123	2,959	3,293
Bexley	1,056	3,040	2,860	3,229
Lambeth	1,552	2,977	2,831	3,129
Hillingdon	1,053	2,810	2,643	2,985
Kensington and Chelsea	640	2,753	2,544	2,975
Sutton	629	2,548	2,353	2,755
Bromley	1,010	2,453	2,304	2,609
Brent	1,049	2,447	2,301	2,600
Hackney	1,007	2,324	2,183	2,472
Harrow	580	2,313	2,128	2,509
Merton	517	2,292	2,098	2,498
Westminster	766	2,109	1,962	2,264
Southwark	1,050	2,056	1,933	2,184
Newham	910	1,937	1,813	2,067
Haringey	754	1,902	1,769	2,043
Kingston upon Thames	395	1,720	1,554	1,898
Barking and Dagenham	531	1,587	1,455	1,728
Barnet	680	1,530	1,417	1,649
Richmond upon Thames	261	1,486	1,311	1,678

Source: PHE - Epidemiology and Surveillance Team

These statistics on quitters are supported by local performance data. The current quit rate for Sutton is around 51% of people accessing the service. However, although the *proportion* of service users who successfully quit has increased, the actual *number* of both service clients and quitters decreased slightly over time through to 2013-14, as shown in the graphs below (Source: Sutton Smoking Cessation Service data). However, in the latest year for 2014-15 there was an improvement.

8 RESULTS: THE ECONOMIC COST OF SMOKING IN SUTTON

According to estimates by the charity ASH, the cost of smoking to Sutton is £42.9m each year.

The breakdown as follows:

- Smoking related early deaths result in 527 years of lost productivity = £11m
- Smoking breaks, costs to businesses = £19.8m
- Lost productivity to smoking sick days = £3m
- NHS trusts costs of smoking related ill health = £5m
- Passive smokers health costs = £655,000
- Current and ex smokers requiring care in later life = £3m
  (£1.7m to Local Authority and £1.3m to individuals who self fund their care)
- Smoking materials leading to fires = £901,000
- Plus costs of 17 tons of waste

To offset this statistic, in 2013-14 Sutton smokers paid an estimated £22.9m in duty. This leaves a shortfall of £20m a year, which equates to around £840 per smoker.

Source: ASH, The Local Cost of Tobacco, Ready Reckoner May 2015 Update

This estimate highlights the costs of smoking to the whole system which extends far beyond the health and financial burden borne by the individual. These include costs to various local authority services (e.g. Public Health, Social Services and refuse collection), fire services and treatment of avoidable diseases by the NHS. NICE has information and guidance on the costs of smoking and savings that can be achieved by tackling tobacco use.[15] All organisations potentially benefit from investment in accessible smoking cessation services and there is scope for all to offer incentives, e.g. improve rates of referral from GPs and pharmacies. There could be wider initiatives, such as enforcement officers (police) referring people caught littering by dropping cigarette butts to the Smoking Cessation service as an alternative to issuing a Fixed Penalty Notice.

[15] NICE. Advice LGB10. Judging whether public health interventions offer value for money, September 2013.

Public Health spending on tobacco

Sutton's financial allocation and on smoking cessation services in 2014-15 was £160,000.

Routine statistics are not available by which to compare spending between boroughs, or the national/regional average. However, some comparative figures were made available by PHE as a background to discussions for a peer reviewed Sector Led Improvement Programme. Sutton attended a session as part of the programme with three other London boroughs (some with a very different demographic). Of the four areas, Sutton spent the lowest amount on smoking services in 2013-14, equating to 3.2% of the total Public Health budget. Funding was focussed on smoking cessation services and interventions rather than wider tobacco control strategies (e.g. influencing choices, disincentives to smoking, providing information and monitoring).

In 2015 there were reductions e to the Public Health grant to local authorities. In light of this there need to be even better targeting of our most vulnerable populations, i.e. those from the more deprived parts of the borough, people in routine and manual employment, pregnant women, smokers with mental health issues, and young people.

9 RESULTS: LB SUTTON ACTIONS TO CONTROL SMOKING

The effective enforcement of tobacco control legislation is a key element of any comprehensive approach to the control of smoking.

Legislation is in place to make the supply of tobacco products to children aged under 18 and the supply of counterfeit and illicit tobacco an offence, and to reduce the exposure and effects of second hand smoke. Whilst legislation on the sale of age restricted goods including tobacco has been in place for several decades, additional enforcement responsibilities around advertising, labelling, illicit products and smoke free requirements have supplemented this legislation with the 'The Nicotine Inhaling Products (Age of Sale and Proxy Purchasing Regulations 2015)' being the most recent.

Local services have a recognised and essential role in tobacco control. In Sutton, Trading Standards and Environmental Health Services take a risk based approach to enforcement and continue to build compliance with tobacco legislation; engaging with businesses, providing advice and information, with enforcement action taken in line with policy as a last resort.

The enforcement of legislation remains a priority through activities such as:

- Delivering an educative programme to retailers to advise them of their responsibilities under the legislation
- Age-restricted sales test purchasing targeting retailers where intelligence has indicated sales of tobacco are being made.
- Tackling the supply of illicit products, i.e. counterfeit and unsafe tobacco products
- Tobacco advertising and promotion
- Product labelling
- Point of sale display requirements
- Enforcing smokefree legislation

10 RESULTS: SMOKING RELATED DISEASE AND MORTALITY

10.1 Mortality due to smoking

Generally, smokers have far higher mortality rates than the general population, with annual death rates around more than 10 times than that for the general population. Smoking contributes to more than 10% of adult mortality.[16]

Overall in Sutton, smoking attributable mortality is in line with London and England. Sutton's rate is 284.4 Directly Standardised Rate (DSR) per 100,000 population aged 35 years and over (2011-13), similar to London (275.9 DSR) and England (288.7 DSR). However, lower rates could be expected given that Sutton is one of the least deprived London boroughs. There has been a slight decrease over the last four years. Death rates from lung cancer and COPD, which are associated with smoking, are also in line with London and England.

For every smoking related death there are 20 people with a smoking related disease.[17] Overall, smoking attributable hospital admission rates in Sutton are lower (better) than for London and England. Rates are 1,446 Sutton DSR people aged over 35 (1,368 people), London 1,608 DSR and England 1,688 DSR. There was little change over the last four years.

Lung cancer incidence, COPD hospital admission rates, and mortality rates from respiratory disease by ward are mapped below. These conditions are strongly associated with long term smoking. Some patterns can be seen between these indicators, particularly in the north of the borough and the centre which are also some of the most deprived.

[16] Cornish et al (2010). Risk of death during and after opiate substitution treatment in primary care: prospective observational study in UK General Practice Research Database. BMJ 2010; 341:c5475.
[17] ASH Fact Sheet 2014. Smoking Statistics. http://ash.org.uk/files/documents/ASH_107.pdf

10.2 Respiratory Disease

Many conditions affect the lungs and airways and impact on a person's ability to breathe. Respiratory disease is the third most commonly reported disease in adults. The three conditions that have the greatest impact on health services and mortality are COPD, asthma and pneumonia.

As smoking is the most significant risk factor for COPD, some of this mortality is avoidable. In Sutton, recorded prevalence of COPD is 1.4% compared with 1.1% in London and 1.8% nationally, though these figures will be an underestimate as they only represent disease that is diagnosed and registered (source QOF).

Figure 6: Deaths from respiratory disease by ward, all ages, 2008-12
Source: Public Health England, Local Health, SMR

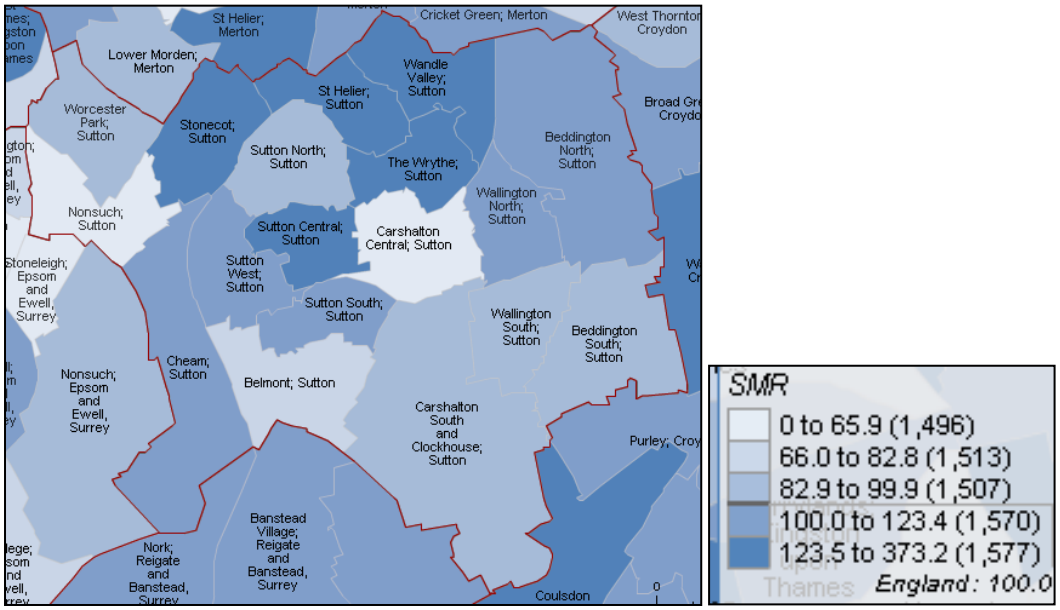
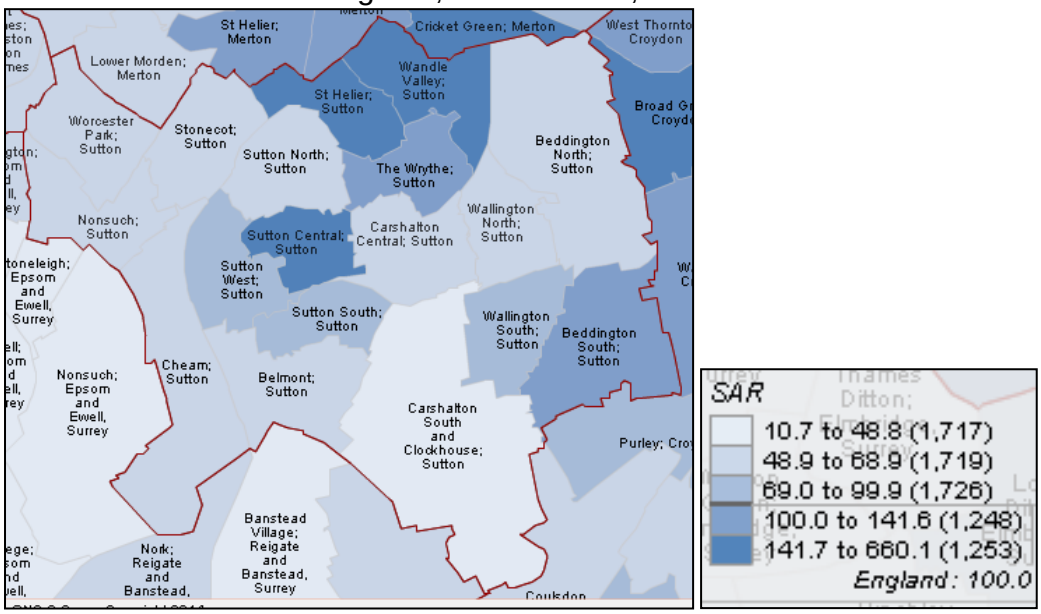


Figure 7: Emergency hospital admissions, COPD, by ward, 2008-9 to 2012-13
Source: Public Health England, Local Health, Standardised Admission Ratio



10.3 Cancer

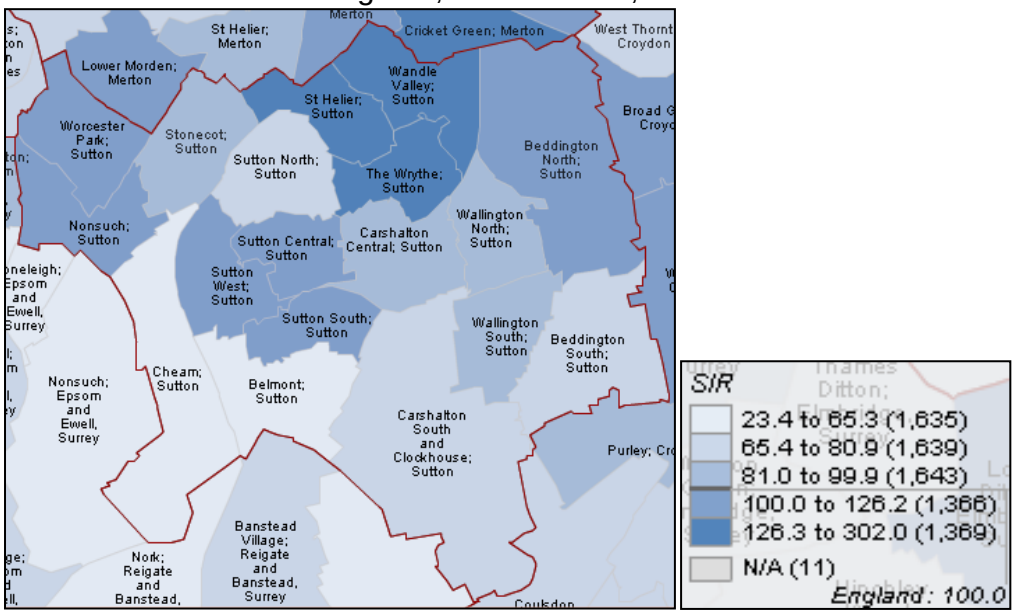
Lung cancer

Evidence shows that cigarette smoking is the single biggest risk factor for lung cancer, responsible for about 90% of all cases. Tobacco smoke contains more than 60 toxic substances which are known to be carcinogenic (cancer-producing). The map below shows incidence (new cases) of lung cancer by ward, indicating higher rates in our more deprived northern wards.[18]

[18] NHS Choices. Lung cancer – Causes. Available at: http://www.nhs.uk/Conditions/Cancer-of-the-lung/Pages/Causes.aspx

Figure 8: Incidence of lung cancer, by ward, 2007 to 2011

Source: Public Health England, Local Health, Standardised Incidence Ratio



Oral cancer[19]

Smoking is the main cause of oral cancer. A reduction in the prevalence of smoking would reduce the incidence of oral cancer.

Most oral cancers are triggered by tobacco and alcohol, which together account for 75% of cases. Five year survival rates are 56%. Cigarette smoking is associated with an increased risk of the more common forms of oral cancer, estimated to be ten times that for non-smokers. More intense use of tobacco increases the risk (including all tobacco products, not just those ingested by smoking), while ceasing to smoke for ten years or more reduces it to almost the same as that of a non-smoker.

The DSR for Sutton is 13.2 per 100,000 population, which is in line with London (13.5 DSR) and England (13.2 DSR). However, given Sutton's relatively affluent population lower rates would be expected.

[19] PHE, Local Tobacco Control Profiles. Definition for Indicator 7: Age-standardised rate for oral cancer registrations per 100,000 populations. Available at: http://www.tobaccoprofiles.info/

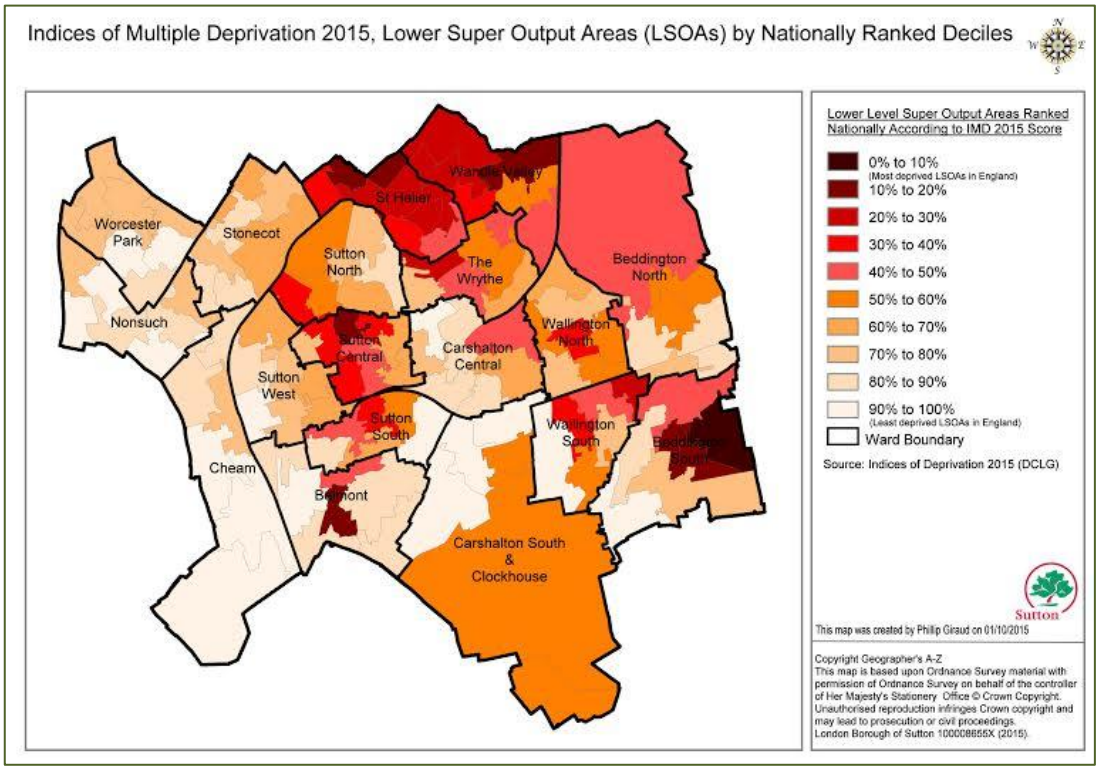
11 RESULTS: VULNERABLE GROUPS AND SMOKING

11.1 Smoking and deprivation

People in deprived circumstances are not only more likely to take up smoking, but generally start younger, smoke more heavily and are less likely to quit, each of which increases the risk of smoking-related disease.

The English Indices of Deprivation (IMD) are used to monitor and measure small areas that are experiencing multiple aspects of deprivation in the borough. Scores are produced at Lower layer Super Output Area (LSOA) level, small areas that comprise around 1,500 people. Overall, Sutton is one of the less deprived areas. However, there are marked differences within the borough and some of its small areas are among the most deprived in the country. Wards with LSOAs in the most deprived quintile in Sutton are: Beddington South, Belmont, Wandle Valley, St Helier and Sutton Central. Overall, small areas within Sutton have become relatively less deprived compared with the rest of England although there is now one area in Beddington South in the bottom decile nationally.

Figure 9: Indices of Multiple Deprivation 2015 Overall



Analysis of local data by Public Health in 2013-14 found a clear correlation between deprivation and smoking, based on COPD admissions, lung cancer incidence and mortality from respiratory disease. It indicated a particularly strong relationship between emergency COPD admissions at ward level with deprivation and respiratory mortality.

Local service data was analysed to evaluate the extent to which services were reaching our most vulnerable groups by linking with deprivation data. It found a strong relationship between uptake of services and deprivation.

11.2 Smoking and children and young people

Tobacco dependency is a long-term (relapsing) condition that starts in childhood. Taking up smoking at an early age greatly increases the health risks of smoking, such as of developing lung cancer. Children and young people who start smoking are more likely to continue into adulthood, and are less likely to give up than those who start later. In England, survey data from 2009 indicated that almost two thirds (65%) of adult smokers started before they were 18 years old. Only 6% of smokers started at the age of 25 or over.[20]

A survey of Smoking, Drinking and Drug Use among Young People[21] is conducted annually in schools across England to provide information about self-reported smoking among young people aged 11-15 years. Results from the 2014 survey included that:

- In 2014 less than one in five 11 to 15 year olds (18%) said that they had smoked at least once. This was the lowest level recorded since the survey began in 1982 and continues the decline since 2003 when 42% of pupils had tried smoking.
- Over a fifth (22%) of pupils had used e-cigarettes at least once. This included most pupils who smoked cigarettes regularly (89%). E-cigarette use was considerably lower among pupils who had never smoked (11%).
- One in ten (10%) of pupils had used water pipe tobacco at least once.
- Regular smoking was associated with other risky behaviours: drinking alcohol, taking drugs and truancy. The influence of family and friends was also important.
- The proportion of all pupils (not just smokers) who have tried to buy cigarettes in a shop has fallen from 10% in 2008 to 4% in 2014.
- The estimates from this survey indicate that in England in 2014 around 90,000 pupils aged between 11 and 15 were regular smokers.

[20] Public Health England. Smoking in England. http://www.lho.org.uk/LHO_Topics/National_Lead_Areas/NationalSmoking.aspx

[21] Health and Social Care information Centre. Smoking, drinking and drug use among young people in England in 2014. HSCIC 2015. http://www.hscic.gov.uk/catalogue/PUB17879/smok-drin-drug-youn-peop-eng-2014-rep.pdf

In Sutton, estimates of smoking prevalence rates for young people aged under 18 are similar to England.[22] Rates of modelled estimates for 2009-12 are as follows:

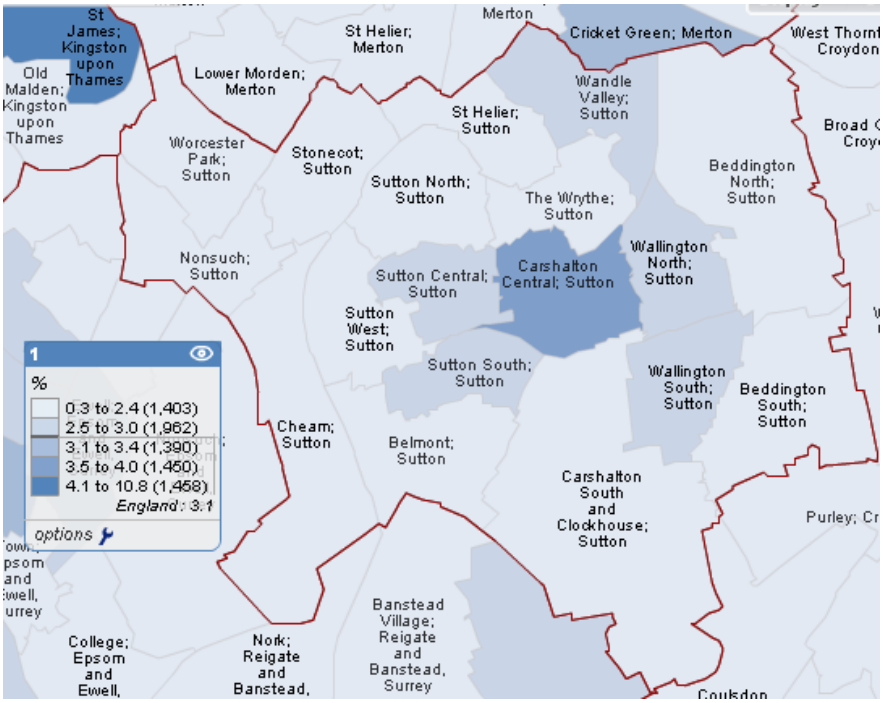
Table 3: Prevalence rates of smoking, children and young people

Population group	Sutton	England
Regular smokers aged 11 to 15	2.4%	3.1%
Regular smokers aged 15	6.7%	8.7%
Regular smokers aged 16 to 17	11.6%	14.7%
Occasional smokers aged 11 to 15	1.3%	1.4%
Occasional smokers aged 15	3.6%	3.9%
Occasional smokers aged 16 to 17	5.3%	5.8%

However, data from another source (the What About Youth (WAY) survey) for 2014-15, reported Sutton's percentage of smokers aged 15 years as 8%. This is higher than the modelled estimates above. The rate was similar to England (8.2%) but *significantly higher* than for London (6.1%).

There is variation within the borough. The maps below of regular underage smokers indicate a higher prevalence in some of our more deprived wards in the north and around Sutton Central.

Figure 10: Modelled prevalence of people aged 11 to 15 who are regular smokers, 2009 to 2012 by ward Source: Public Health England, Local Health



[22] PHE. Local Tobacco Profiles. Available at: http://www.tobaccoprofiles.info/

Figure 11: Modelled prevalence of people aged 15 who are regular smokers, 2009 to 2012 by ward Source: Public Health England, Local Health

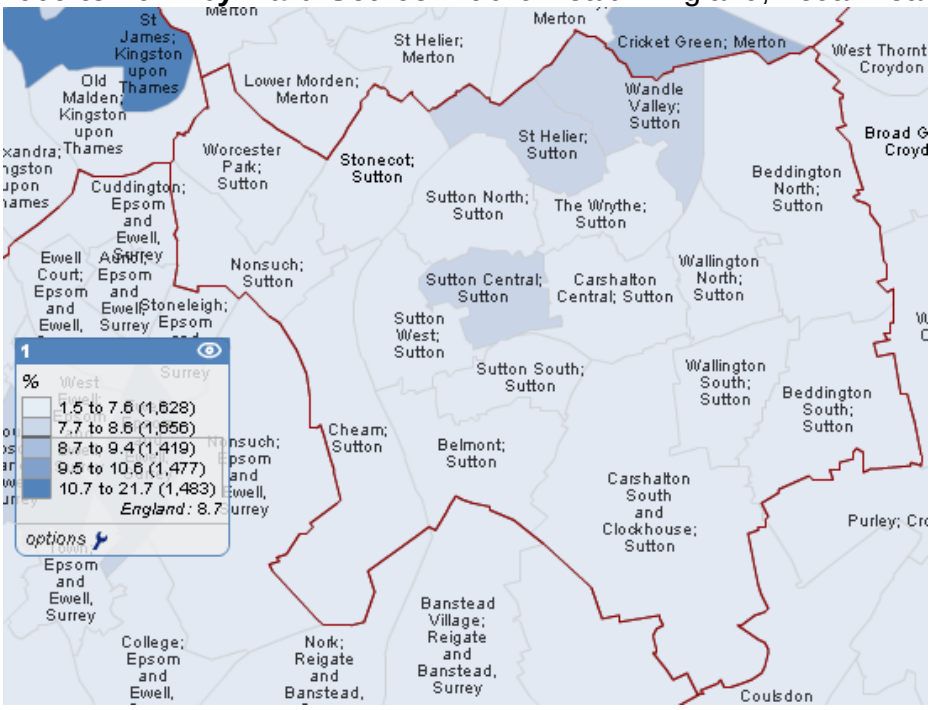
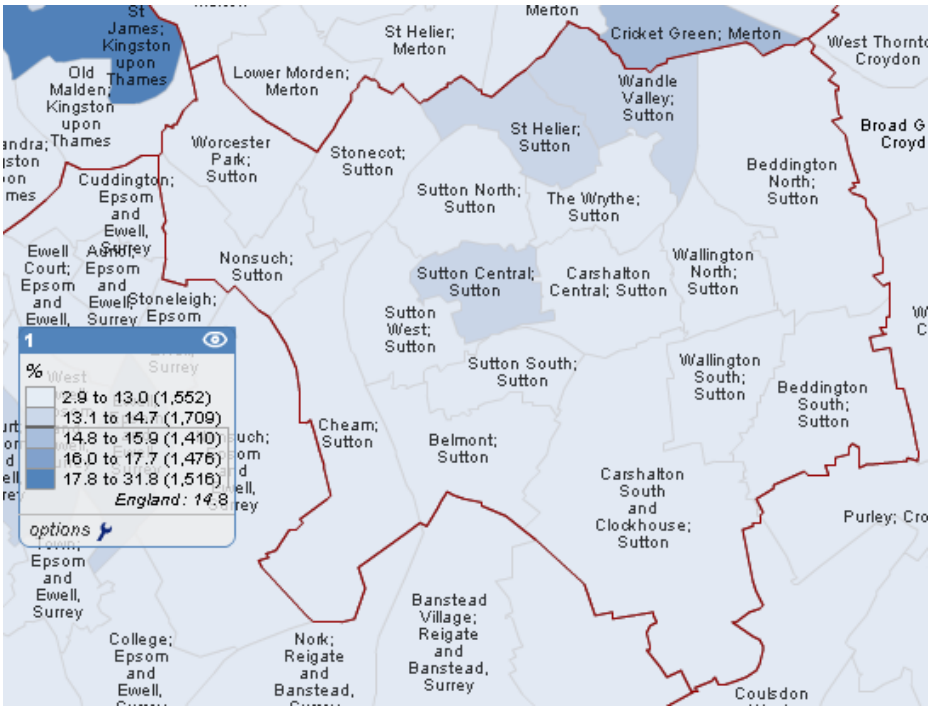


Figure 12: Modelled prevalence of people aged 16 to 17 who are regular smokers, 2009 to 2012 by ward

Source: Public Health England, Local Health



1.3 Smoking and pregnant women

Smoking is the most important modifiable risk factor in pregnancy accounting for:[23]

- 1 in 12 premature births
- 1 in 5 cases of low birth weight in babies carried to full term
- 1 in 14 preterm-related deaths
- 1 in 3 SUDIs (Sudden Unexpected Death of an Infant)
- Pregnant women from unskilled occupations are five times more likely to smoke than professionals. Teenagers in England are six times more likely to smoke than older mothers aged 30-34 years.

In addition:

- Smoking can affect future fertility,[24] the health of the pregnant woman, her unborn child and young children
- Women who use the combined oral contraceptive pill and who smoke are vulnerable to increased risk of cardiovascular disease[25]
- Babies born to women that smoke are on average lighter than those of a non smoking mother (low birthweight)[26]
- The rate of spontaneous abortion, or miscarriage, is significantly higher in women who smoke[27]
- Smokers experience higher rates of complications during pregnancy and labour[28]
- Smokers' risks of pre term birth are higher than non smokers[29]
- More than a quarter of the risk of Sudden Infant Death Syndrome (or cot death) can be attributed to maternal smoking[30]
- There are longer term risks for a child growing up in a smoking household including increased risk of serious respiratory infection and asthma[31,32,33]

[23] PHE. Reducing infant mortality in London: An evidence-based resource https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/431516/Reducing_infant_mortality_in_London_2015.pdf
[24] Olsen J Cigarette smoking, tea and coffee drinking, and subfecundity. American Journal of Epidemiology (1991) 133: 734 – 9
[25] WHO Collaborative Study of Cardiovascular Disease and Steroid Hormone Contraception 1996. Ischaemic stroke and combined oral contraceptives: results of an international, multicentre, casecontrol study. Lancet 348: 498-505.
[26] Larsen, L.G. et al. Stereologic examination of placentas from mothers who smoke during pregnancy. Am J Obstet & Gynecol. 2002; 186: 531-537.
[27] Smoking and Reproductive Health. BMA, 2004.
[28] Saraiya M et al Cigarette smoking and the risk factor for ectopic pregnancy. Am J Obstet Gynecol 1998 178: 493-8.
[29] Kyrklund-Blomberg NB, Granath F, Cnattingius S. Maternal smoking and causes of very preterm birth. Acta Obstet Gynecol Scand. 2005: 84 (6): 572-7.
[30] Royal College of Physicians. Smoking and the Young. RCP, London, 1992.
[31] Gilliland, F.D. et al. Effects of maternal smoking during pregnancy and environmental tobacco smoke on asthma and wheezing in children. Am J Respir Crit Care Med 2001; 163(2): 429-436.
[32] Sondergaard,C. Smoking during pregnancy and infantile colic. Pediatrics 2001; 108(2): 342-346.
[33] Chung, K.C. et al Maternal cigarette smoking during pregnancy and the risk of having a child

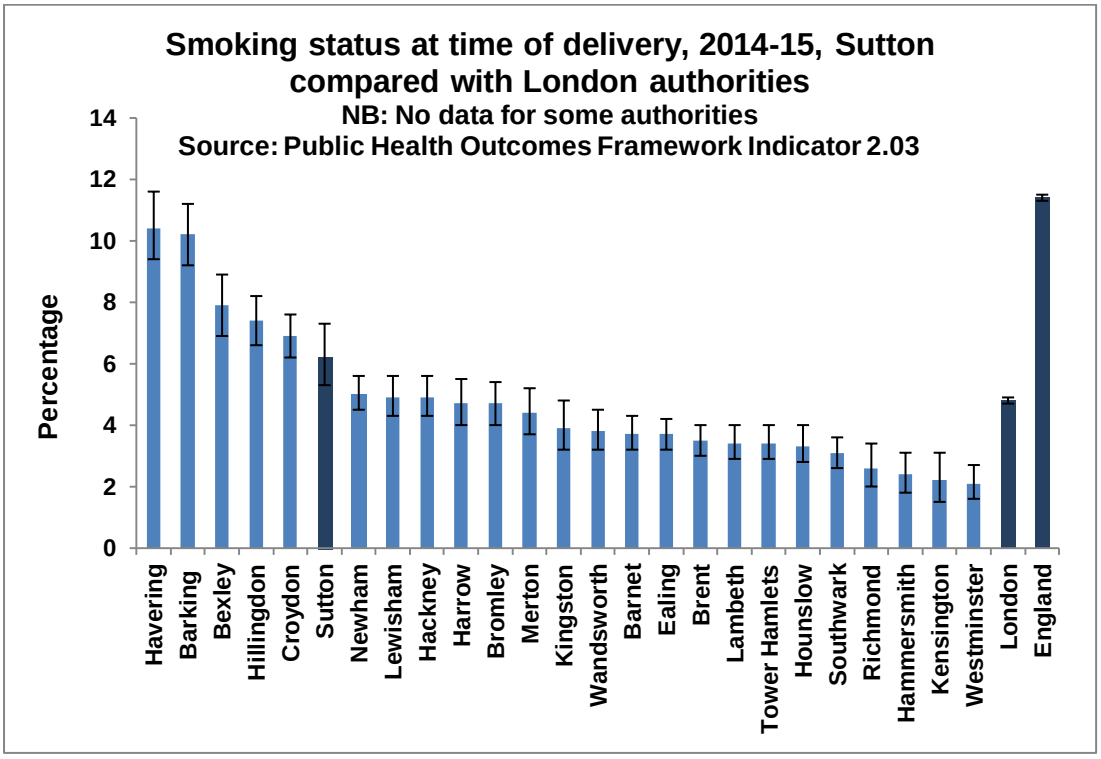
Reducing smoking in pregnancy includes:

- Identification and referral of pregnant women who smoke
- Sufficient expertise in local stop smoking services to meet the needs of pregnant women
- Smoking cessation training for all health professionals working with pregnant women
- Effective communication with women and their families and between health professionals
- Implementation of NICE guidelines

NHS England is developing a 'Care Bundle' for Stillbirth Reduction. This is a series of interventions and improvements in quality of care which maternity units are encouraged to introduce to help reduce stillbirths. There are four elements of the bundle, one of which is stopping smoking – all women to be offered a test to check their carbon monoxide level at their antenatal appointments.

Sutton data for 2014-15 from PHE indicates that the proportion of mothers smoking at the time of delivery for Sutton is 6.2% (153 women), statistically *significantly worse (higher) compared to the London average of 4.8%,* although still much better and around half that of England's rate of 11.4%.

Figure 13: Smoking status at time of delivery



with cleft lip/palate. Plast.Reconstr.Surg. 2000; 105 (92): 485-491.

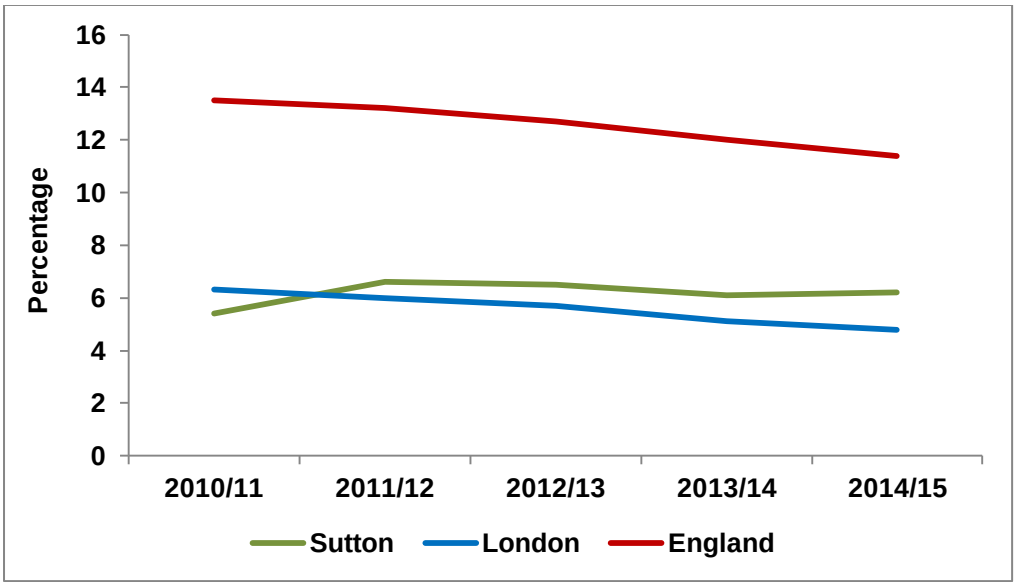
Trends indicate an increase since 2010-11 when the rate of smoking at the time of delivery was 5.4 per 100, although overall in recent years rates have remained similar.

Figure 14: Trend in smoking status at time of delivery, 2010-11 to 2014-15

Compared with benchmark: Better Similar Worse | Lower Similar Higher | Not compared

Period		Count	Value	Lower CI	Upper CI	London	England
2010/11	●	138	5.4*	4.6	6.4	6.3	13.5
2011/12	●	160	6.6*	5.7	7.6	6.0	13.2
2012/13	●	150	6.5*	5.5	7.5	5.7	12.7
2013/14	●	140	6.1	5.2	7.1	5.1	12.0
2014/15	●	153	6.2	5.3	7.3	4.8	11.4

Source: Calculated by KIT East from the Health and Social Care Information Centre's return on Smoking Status At Time of delivery (SSATOD)



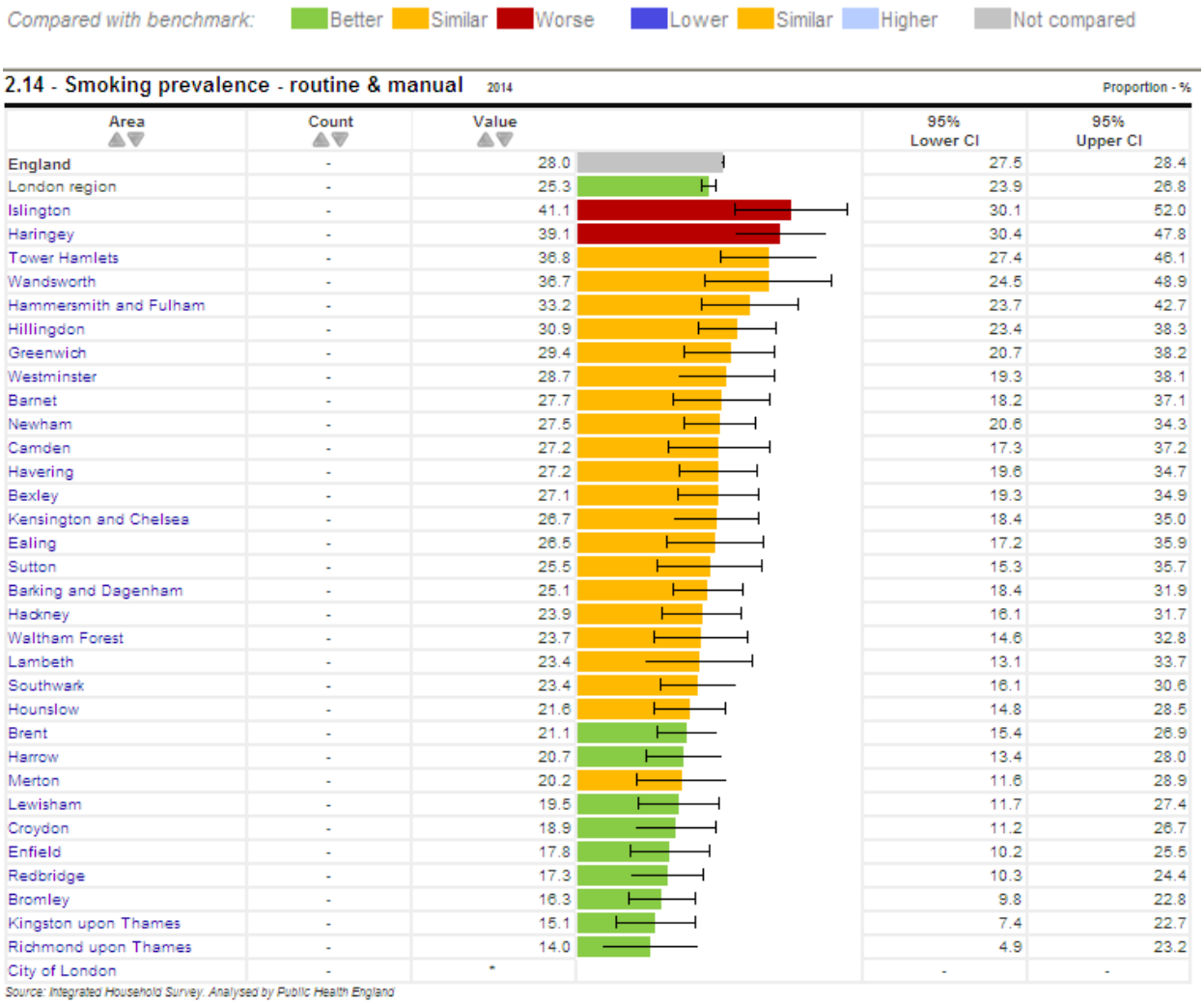
Antenatal care and smoking in Sutton

The service provider LiveWell advises that there is a midwife trained in smoking cessation at St. Helier Hospital and all antenatal referrals are referred to her. The midwife contacts women individually and registers them for the service. Progress was good in 2014-15, achieving 22 quitters this way. It is essential to monitor smoking rates for pregnant women in Sutton.

11.4 Smoking and manual workers

For those in routine and manual occupations, Sutton's smoking prevalence is higher than for the general population, i.e. 25.5% in routine and manual occupations compared to 15.3% generally. This compares to 25.3% in London and 28% in England.

Figure 15: Prevalence of smoking, Routine and Manual Occupations, London boroughs compared to England



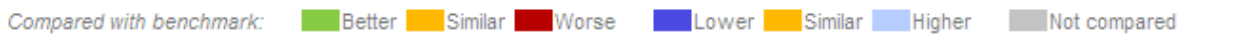
2.14 - Smoking prevalence - routine & manual 2014 — Proportion - %

Area	Count	Value	95% Lower CI	95% Upper CI
England	-	28.0	27.5	28.4
London region	-	25.3	23.9	26.8
Islington	-	41.1	30.1	52.0
Haringey	-	39.1	30.4	47.8
Tower Hamlets	-	36.8	27.4	46.1
Wandsworth	-	36.7	24.5	48.9
Hammersmith and Fulham	-	33.2	23.7	42.7
Hillingdon	-	30.9	23.4	38.3
Greenwich	-	29.4	20.7	38.2
Westminster	-	28.7	19.3	38.1
Barnet	-	27.7	18.2	37.1
Newham	-	27.5	20.6	34.3
Camden	-	27.2	17.3	37.2
Havering	-	27.2	19.6	34.7
Bexley	-	27.1	19.3	34.9
Kensington and Chelsea	-	26.7	18.4	35.0
Ealing	-	26.5	17.2	35.9
Sutton	-	25.5	15.3	35.7
Barking and Dagenham	-	25.1	18.4	31.9
Hackney	-	23.9	16.1	31.7
Waltham Forest	-	23.7	14.6	32.8
Lambeth	-	23.4	13.1	33.7
Southwark	-	23.4	16.1	30.6
Hounslow	-	21.6	14.8	28.5
Brent	-	21.1	15.4	26.9
Harrow	-	20.7	13.4	28.0
Merton	-	20.2	11.6	28.9
Lewisham	-	19.5	11.7	27.4
Croydon	-	18.9	11.2	26.7
Enfield	-	17.8	10.2	25.5
Redbridge	-	17.3	10.3	24.4
Bromley	-	16.3	9.8	22.8
Kingston upon Thames	-	15.1	7.4	22.7
Richmond upon Thames	-	14.0	4.9	23.2
City of London	-	*	-	-

Source: Integrated Household Survey. Analysed by Public Health England

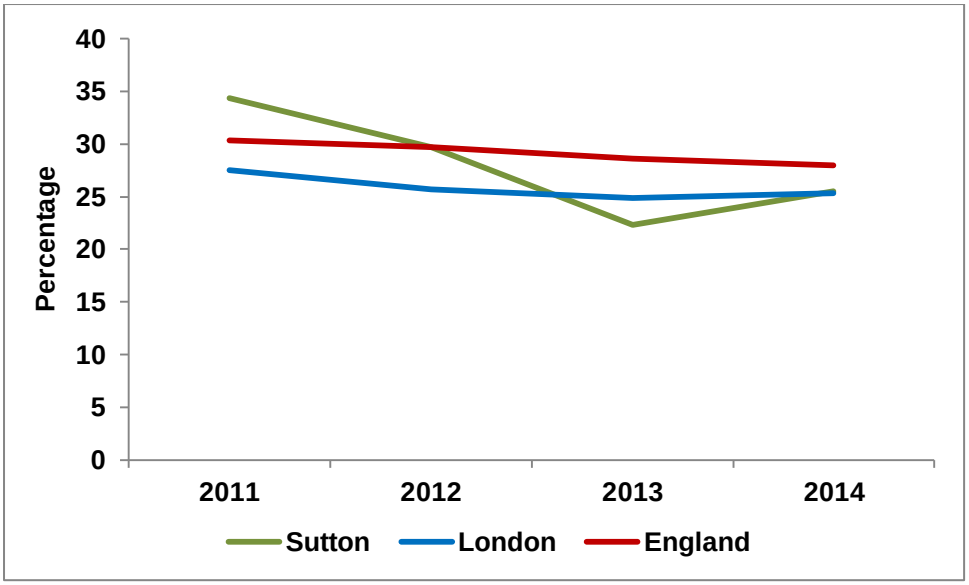
Smoking prevalence rates for Sutton routine and manual workers have increased in the latest year, though remain statistically similar to London and England.

Figure 16: Trend in smoking prevalence – routine and manual, percentage



Period		Count	Sutton	Lower CI	Upper CI	London	England
2011	●	-	34.4	25.8	43.0	27.5	30.3
2012	●	-	29.7	21.3	38.2	25.7	29.7
2013	●	-	22.3	13.3	31.2	24.9	28.6
2014	●	-	25.5	15.3	35.7	25.3	28.0

Source: Integrated Household Survey. Analysed by Public Health England



The difference in smoking prevalence rates for routine and manual workers compared to the general population remains a concern.

11.5 Smoking and mental health

Smoking prevalence is significantly higher in people with mental health problems than among the general population, as well as the healthcare professionals that work with them.

It is estimated that of the ten million smokers in the UK, approximately 30% have a mental health disorder. People with psychotic disorders in institutions are particularly vulnerable. More than 70% of this group smoke, including 52% who are heavy smokers, and approximately 83% of probation clients. The association is stronger in relation to the severity of the mental disorder, with the highest levels of smoking in psychiatric inpatients. This has an impact on mortality rates of people with a mental health disorder compared to the general population. However, clients are generally able to quit smoking if provided with evidenced-based support.[34]

On behalf of South West London and St George's Mental Health NHS Trust, Springfield University Hospital runs a specialist smoking cessation programme in South West London. The service is available for all users (including those with substance misuse problems) aged 16 or over who want help quitting smoking. The smoking cessation programme consists of up to 12 weekly sessions which involve:

- One-to-one sessions
- Carbon Monoxide Monitoring

[34] ASH. Smoking and mental health. http://ash.org.uk/current-policy-issues/health-inequalities/smoking-and-mental-health

- Pharmacological Therapy (nicotine products, e.g. patches)
- Behaviour Change Therapy (i.e. motivational interviewing, cognitive behavioural therapy (CBT) and health belief models)
- Close liaison between the stop smoking advisor and key health providers to ensure medication dosage is monitored

The trust helps clients cut down or quit, either of which has a benefit. There are nine clinics across Sutton, Merton and Wandsworth boroughs.

11.6 Smoking and People with Learning Disabilities

Learning disability refers to a significant general impairment in intellectual functioning acquired during childhood. In England approximately 1.2 million people have learning disabilities. Research by Emerson et al. reports the following.[35]

Overall, people with learning disabilities have poorer health than their non-disabled peers, differences which to some extent are avoidable and therefore represent health inequalities. They have shorter life expectancy compared to the general population although this is increasing, in particular for people with Down's syndrome. However, all cause mortality rates among people with moderate to severe learning disabilities are three times higher than in the general population and particularly high for young adults, women and people with Down's syndrome. Potentially preventable causes that are relatively common include aspiration pneumonia and seizures.

It is important to note that it has been found that fewer adults who use learning disability services smoke tobacco compared to the general population. However, rates of smoking are considerably higher among adolescents with mild learning disabilities and people with learning disabilities who do not use services.

11.7 Smoking and long term diseases

11.7.1 Smoking and diabetes[36]

There is evidence that smoking is a risk factor for Type 2 diabetes mellitus. Smoking has been identified as a possible risk factor for insulin resistance, a precursor for diabetes. It has also been shown to deteriorate glucose metabolism, leading to the onset of Type 2 diabetes. There is some evidence to suggest that smoking increases diabetes risk through a body mass index independent mechanism.

People with diabetes already have an increased risk of heart disease which is further elevated if they smoke. Diabetes acts in several ways to damage the heart: high glucose levels affect the walls of the arteries making them more likely to develop fatty deposits which in turn make it more difficult for blood to circulate. People with

[35] Emerson E, Baines S, Allerton L ,Welch V. Health Inequalities and People with Learning Disabilities in the UK: 2012. http://www.options-empowers.org/wp-content/uploads/2013/02/Improving-Health-and-Lives-health-inequalities-and-people-with-learning-disabilities-in-the-UK-annual-report.pdf
[36] Smoking and diabetes. ASH fact sheet, June 2012. http://ash.org.uk/files/documents/ASH_128.pdf

diabetes are more likely to have high blood pressure and high levels of fats such as triglycerides. They are also more likely to have lower levels of the protective HDL (high-density lipoprotein) cholesterol. It is important to note that compared to non-smokers with diabetes, people with diabetes who smoke have twice the risk of premature death.

Sutton's prevalence based on QOF GP Registers for 2014-15 is 6.1% (both Type 1 and Type 2, but only adults); that is about 1 in 16 adults have diabetes compared to London also 6.1% and 6.4% nationally. This represents 8,988 Sutton GP-registered adults (though it is stressed that this is only diabetes that has been diagnosed and recorded, so an underestimate).

Smokers with diabetes are strongly advised to quit. However, the charity Diabetes UK found that 42% of smokers had not received support or advice to quit.

The Smoking Cessation provider has confirmed that many of the clients seen by the service are diabetics, referred by the Jubilee Health Centre diabetic nurses. In Sutton, diabetic nurses routinely ask clients if they smoke and refer to the Smoking Cessation Service if they wish to quit.

11.7.2 Smoking and HIV

Smoking rates are generally higher in the population of people living with HIV. Evidence from US studies of people with HIV found smoking rates significantly higher than the general population.[37] [38]

12 RESULTS: WIDER ISSUES RELATING TO SMOKING

12.1 E-cigarettes[39]

Electronic cigarettes were invented in China in 2003 and designed to provide inhaled doses of vaporised nicotine. They were introduced to Europe in around 2005 and have become increasingly popular. They typically comprise a re-chargeable lithium ion battery, and a battery powered atomiser which produces vapour by heating a solution of nicotine, usually in propylene glycol or glycerine, held in a cartridge in the device. Drawing air through the e-cigarette triggers the heater to create vapour which contains nicotine and is inhaled in the same way as smoke from conventional cigarettes. They appeared on the market in England within the last ten years and it is

[37] Conference Presentation. Smoking Rate Twice Higher With Than Without HIV in First National US Study. 2013 http://www.natap.org/2013/CROI/croi_21.htm
[38] Reynolds N. Cigarette Smoking and HIV: More evidence for action. 2011. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3248054/
[39] Public Health England. Electronic cigarettes: A report commissioned by Public Health England, 2014. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/311887/Ecigarettes_report.pdf

estimated that around 5% of the population use them, mostly smokers or recent ex-smokers. According to recent statistics published as part of the Local Tobacco Control Profiles, from survey data it is estimated that in Sutton 11.5% of 15 year olds are estimated to have tried an e-cigarette which is similar to London (12%) but lower than for England (18.4%).

New powers in the Children and Families Act 2014 allowed for the introduction of a ban on sales to under 18 year olds and new regulations prohibiting the sale and purchase of e-cigarettes on behalf of under-18 year olds came into effect on 1st October 2015. As for enforcement of age of sale for tobacco, Trading Standards Officers will be responsible for implementing the law.

In August 2015 PHE published a report, 'E-cigarettes: an evidence update'.[40] This stated that e-cigarettes are 95% less harmful to health than normal cigarettes. When supported by a smoking cessation service, they help most smokers to quit tobacco altogether. A key message was that smokers who have tried other methods of quitting without success could be encouraged to try e-cigarettes to stop smoking, and that stop smoking services should support smokers using e-cigarettes by offering behavioural support. The guidance from this paper is accepted, although the debate continues on this issue and about the robustness of the evidence cited.

Further, in January 2016 the UK medicines regulator approved a brand of e-cigarette to be marketed as an aid to help people stop smoking.

12.2 Shisha

Shisha smoking, also called hookah, narghile, waterpipe, or hubble bubble smoking, is a method of smoking tobacco, sometimes mixed with fruit or molasses sugar, through a bowl of water and hose or tube. The tube ends in a mouthpiece from which the smoker inhales the smoke from the substances being burnt. Shisha smoking is traditionally used in Middle Eastern or Asian communities but is becoming increasingly popular among all groups in UK cities. Traditionally shisha contains cigarette tobacco, so contains nicotine, tar, carbon monoxide and heavy metals, such as arsenic and lead, placing smokers at risk of the same diseases as cigarette smokers, i.e. circulatory, cancer, and respiratory disease. The average shisha session lasts one hour in which time it is possible to inhale as much smoke as from more than 100 cigarettes. Because only some of the nicotine is absorbed by the water, shisha smokers are still exposed to sufficient levels of nicotine to cause addiction.[41]

In Sutton a number of shisha outlets have emerged, and there are cafes and shops that sell shisha throughout London, so there is consumption by our population

[40] Public Health England. E-cigarettes: an evidence update. August 2015. https://www.gov.uk/government/publications/e-cigarettes-an-evidence-update
[41] British Heart Foundation. Shisha. https://www.bhf.org.uk/heart-health/risk-factors/smoking/shisha

though prevalence is unknown. There is no requirement for an outlet to obtain a licence to sell shisha, but if it contains tobacco then all relevant regulations must be complied with.

12.3 Smokeless tobacco

Smokeless tobacco includes a variety of products used in different ways: chewed (dry chewing tobacco), sucked (moist oral tobacco) or inhaled (nasal snuff). Most smokeless tobacco products in the UK are used by South Asian communities who often use dry chewing tobacco as part of a 'betel quid' or 'paan'. These consist of a mixture of betel nut (or areca nut), slaked lime and various herbs and spices, wrapped in a betel leaf. Smokeless tobacco users can be exposed to similar or even higher levels of cancer-causing tobacco-specific nitrosamines (TSNAs) and nicotine than cigarette smokers. So, like cigarettes, smokeless tobacco is both dangerous and addictive.[42]

Smokeless tobacco is not burned. It is known as chewing tobacco, oral tobacco, spit or spitting tobacco, dip, chew, and snuff. Most people chew or suck (dip) the tobacco in their mouth and spit out the juices that build up. Nicotine is absorbed through the lining of the mouth.

Local estimates are not available of the consumption of such products, but there will be some use. Sutton's rates of *oral cancer,* despite being in line with London and England, are higher than would be expected given the profile of our population. Chewing and sucked tobacco use is a risk factor for oral cancer.

12.4 Illicit tobacco

Sutton's Trading Standards Service is responsible for tackling the supply of illicit products, i.e. counterfeit and unsafe tobacco products. Issues include health and safety, e.g. house fires, access by children, and unknown and unregulated ingredients. Trading Standards enforce under age sales, illicit sales, counterfeit sales and safety of products including e-cigarettes. Environmental Health enforces the Smoke Free aspect under the Health Act 2006.

12.5 Cannabis and tobacco

Cannabis (also known as marijuana, weed or grass) is the most widely used illegal drug in the UK.[43] In England it is commonly mixed with tobacco in which case it presents the same health risks. As for tobacco, cutting down or quitting will present the same withdrawal symptoms.

[42] Cancer Research UK. E-cigarettes, smokeless tobacco and shisha. http://www.cancerresearchuk.org/about-cancer/causes-of-cancer/smoking-and-cancer/e-cigarettes-smokeless-tobacco-and-shisha

[43] NHS Choices. Cannabis. http://www.nhs.uk/livewell/drugs/pages/cannabis-facts.aspx

13 RESULTS: CLIENT AND STAKEHOLDER VIEWS

This section describes what we know about the views and attitudes of patients and stakeholders in relation to our local tobacco control services, and about smoking more generally.

User and stakeholder views were collected from a survey of our residents who smoke by the LiveWell provider service in April 2015. In addition, information on the views of smokers available from a national survey from 2014 is summarised.

13.1 Local Survey: LiveWell Sutton – Resident Smokers Survey, April 2015

A total of 257 Sutton residents who classified themselves as current smokers completed a Resident Smokers Survey at community settings during March and April 2015. The survey included a range of questions, including age, gender, about attempts to stop smoking, methods used, and suggestions about what LiveWell could do to improve smoking cessation services. The survey aimed to specifically identify barriers to accessing the service in order to make improvements. Overall, the majority of participants had attempted to stop smoking in the previous two years, but many had not used the LiveWell service.

- Of the 257 who participated in the survey only 72 (28%) responded that they were interested in quitting smoking at this point in time, in contrast with national data which suggests that 70% of smokers would like to stop.
- Around a third of recipients had lived in the borough for less than ten years.
- Nearly half of the respondents were aged between 38 and 63 years.
- Respondents were 57% male and 43% female which corresponds to the profile of service users.
- 65% had tried to stop smoking within the previous two years.
- The main support methods were: 27% none (i.e. cold turkey), 25% had used e-cigarettes, 23% used NRT products purchased themselves, and just 14% had tried with NHS support, although 68% knew about the service.
- 20% of respondents had used the service at some (unspecified) time in the past.
- 51% of participants confirmed that a practice member from their GP surgery had advised they should quit in the past year. This is important as the likelihood of quitting is 217% higher with support from a health professional.[44]

Survey Results: Barriers to entry

The five most common reasons to not use the local Stop Smoking Service were:

- Not ready/ interested in quitting smoking

[44] Aveyard P, R. Begh, A. Parsons, and R. West, Brief opportunistic smoking cessation interventions: a systematic review and meta-analysis to compare advice to quit and offer of assistance. Addiction, 2012. 107(6): p. 1066-73.

- Confident to quit smoking independently
- No time to use the Stop Smoking Service
- Smokers who only smoke a little, therefore not acknowledged as a problem and needing help
- Not enough information about the service

Survey Results: What could the local NHS Stop Smoking Service offer to encourage people to use it?

- More advertising of the services
- A more flexible and accessible service
- Free NRTs or prescriptions
- Free e-cigarettes
- Focus on methods to gradually quit smoking
- Pay smokers for quitting

Recommendations from the Survey were:

- More engagement with GP Surgeries to encourage referral. There is strong evidence that advice from health professionals is highly effective, so there is a need for further engagement.
- Many clients want help to cut down before quitting completely. The focus of the service is on achieving four-week quits. If the service could help those most in need over a longer period, this could have a bigger impact on reducing health inequalities. (This should be in line with NICE guidance methods, aimed at those who cannot stop smoking in one step).
- Some respondents would like to be paid to quit, though this was not a recommendation of the survey. However, removal of prescription charges would help users. Most (58.5%) do not pay these anyway.
- There is a need for more focused advertising and promotion to increase awareness and understanding of what the smoking cessation service provides. Previously, it was considered that the message might have been diluted by use of the LiveWell branding which covers a broad range of services, so some of the unique selling points were lost. Some respondents considered that the service isn't flexible to meet their needs. However it has been designed to be flexible, so this is not always being perceived or understood.
- The service cannot offer e-cigarettes, but could promote itself as being e-cigarette friendly and help e-cigarette users by offering behavioural support.
- A quarter of respondents were prepared to provide their contact details. This was regarded as an unexpected success and could enable ‘survey outreach’ to increase future referral numbers.

- A large number of people are purchasing NRT independently so a strategy should be developed to enable these smokers who want to quit benefiting from the service.
- The service could target smokers trying the 'cold turkey' method, for example through promotion of a slogan along the lines of, *'Failed to quit smoking on your own, try LiveWell to increase your chance of success.'* This could involve testing a range of messages targeted at various groups to find what was most successful.
- Develop promotional materials to ensure that smokers are aware that even a few cigarettes a day are dangerous in order to reach 'light' smokers who feel that they don't need to quit.
- To develop promotion of Varenicline (Champix) as a nicotine free option as many people have not tried this and could be encouraged into the service.

The following is the full list of initiatives suggested by respondents to support them to use the Smoking Cessation service:

More promotion

- More promotion of the services
- Inform me of the service
- Advertise and promote more
- Give out more information
- Contact me
- Have my GP advise about the service more
- Provide more positive advertisements
- Make the services well known and approachable

Economic incentive

- Provide the service for free
- Give away freebee
- Supply e-cigarettes on NHS
- If you pay me
- Pay me £1m
- Free NHS NRT's or free prescriptions
- Provide a voucher for pregnant women
- Providing free patches would help
- Give away free NRT through the post
- Provide Allen Carr for free
- Offer the NRT products for free

Choice of products

- To offer something like nicotine candy
- To offer something in place of nicotine, something totally different and does not contain nicotine

- Provide any methods that will gradually help me quit smoking
- Provide a method that will provide a long lasting effect, or at least stop the craving
- Provide something that tastes awful; something that would stop the craving for cigarettes completely
- Speaking to me and find a substitute for cigarettes like an inhaler
- Offer hypnosis free through the NHS
- Supply e-cigarettes on NHS
- Let people try all the different methods of stop smoking
- I am interested in Champix
- Provide something that will help relieve my stress
- I have an allergy to NRT products, so providing something else would be useful. I tried everything and did not succeed
- Offer one-to-one sessions
- Offer stress management service
- Provide one-to-one regular sessions until I quit

Access

- Offer easy access to the service
- Need easily accessible service for personal support
- Make it more available in the evenings

Resistance to quitting

- Nothing
- To provide a support service that is flexible, that suits my time schedule
- I do not think the NHS could do anything; it is all up to the person's willpower
- I need to be convinced to stop smoking
- No one can encourage me
- I will decide when I want to quit
- Not ready, helps me to deal with stress at work

Other

- They were helpful when I used the service before
- Medication attracts more clients
- A lot is involved in the meetings
- NHS must guarantee me to quit, then I would consider it
- To help smokers feel more confident and to stop putting us down. Stop making the issue taboo
- Link up the GP surgeries and ask doctors to ask patients if they smoke and if they would like to quit
- They are doing enough already

13.2 User views from the Pharmaceutical Needs Assessment Patient Survey

This process included a patient survey from which 45 people answered questions about 'stop smoking help' from a community pharmacy. Of these responses 58% indicated that they knew about the service while 13% did not.

13.3 User views from National Surveys: The Smokefree Britain Survey 2015[45]

User views from an annual national study undertaken by the ASH Charity are as follows:

The highest proportion of respondents in London believed that the government is not doing enough about tobacco policy.

Responses: Not doing enough, 35%, About right 38%, Doing too much 14%

People in London see a need for greater action to control tobacco. Support for the ban on smoking in cars carrying children younger than 18 years of age is particularly high at 82%.

The majority of people (58%) in London support proposals for plain, standardised packs for tobacco products.

Smoking in the home: More than eight in ten people in London (83%) said that they do not allow smoking anywhere in their home or only in places that are not enclosed, with a minority (7%) stating that they would allow smoking inside their home.

The results of the survey indicated that illicit purchases made up a significant minority (11%) of total tobacco purchases in London. There was very strong public support for measures to curb the illicit trade.

All figures from YouGov Plc. The sample size was 10,017 adults in England. The unweighted sample for London was 1,164. Fieldwork was undertaken in February to March 2015. The survey was carried out online. The figures have been weighted and are representative of all England adults (aged 18+ years).

[45] ASH http://ash.org.uk/localtoolkit/docs/R7-LDN/PO-R7-LDN.pdf

14 CONCLUSIONS AND RECOMMENDATIONS

This section draws together conclusions from the HNA and proposes a series of recommendations.

14.1 Conclusions

Smoking is the single most important preventable cause of death and ill health and contributes to health inequalities. A reduction in smoking prevalence will contribute to a reduction in mortality and morbidity for all of the major diseases to which tobacco use contributes; namely respiratory and circulatory disease, cancers and stroke.

While Sutton's rates of smoking continue to decline, this HNA highlights a number of issues. These include our lower than expected smoking cessation rates, the higher prevalence for manual and routine workers compared to the general population, the higher rates for pregnant women, the higher than regional rates of smokers aged 15, and evidence about smoking prevalence for those with mental health issues. Analysis found that the local service is successful in targeting people from the more deprived parts of our borough where smoking rates are higher, but the aim should be for more people overall to achieve a successful quit status. The service has improved its utilisation rates, and has made efforts to become more flexible and responsive through a range of innovations, for example the introduction of drop-in clinics, working in a wider range and a greater number of settings over longer hours, and adjusting the payment system to encourage better compliance with the programme. The service provides value for money and compares well to spending by other boroughs where known. Provision is focussed on smoking cessation rather than wider tobacco control (e.g. influencing choices, disincentives to smoking, providing information and monitoring).

As smoking places such a large burden on avoidable mortality and mortality in the population, it is essential to provide a good service for the borough.

14.2 Key recommendations

Based on the above, the key recommendations are as follows:

To improve smoking cessation rates	
Issue	**Recommendation**
Data from PHE indicates that Sutton's rates of quitters are significantly lower than for London and England. Sutton's adult smoking prevalence is 15.3% and the lowest rate in England is 9.8%. As overall Sutton's rates are in line with comparators, our focus is on those population groups with higher prevalence groups.	• **To continue to work to improve smoking cessation rates and to focus services on the most vulnerable groups in our population** **These are:** • ***Children and young people*** • ***Smokers from the more deprived parts of the borough*** • ***Smokers in the routine and manual occupations*** • ***Pregnant women who smoke*** • ***Smokers with mental health problems*** • **To develop a pathway so that all professionals, including health services, inform and direct patients and clients to smoking cessation services, including to NHS support that is available online**
Capacity of smoking cessation advisers	• **To continue to train more advisers within the wider health professional teams, or link specialist advisers from the LiveWell service to groups/clinics**
Directing clients to smoking cessation support	• **To encourage GP referral of clients into Smoking Cessation Services and to NHS support available online**
Ensuring that 'every contact counts'. In particular, it is known that the the likelihood of quitting is much higher with support from a health professional.	• **To embed brief advice about smoking into routine conversations between health professionals and service users** • **To consider opportunities to improve the referral process electronically** • **To take an integrated approach between agencies and traders to develop effective tobacco control interventions** • **To develop the Sutton Tobacco Control Alliance to support objectives, with a clear targeted, remit and action plan**

To target smokers in the most vulnerable population groups	
Issue	**Recommendation**
Sutton's adult smoking prevalence is in line with comparators the focus is on prioritising vulnerable populations with higher rates of smoking. Although local analysis has confirmed that Sutton's more deprived population groups are accessing the smoking cessation service, smoking prevalence remains higher for routine and manual workers (25.5%) compared to the general population in Sutton (15.3%).	• **To continue to target vulnerable population groups with a higher prevalence of smoking** The list of such groups is listed in Section 1 above.
Sutton's smoking rates for young people aged 15 are higher than for London. The local LiveWell service is available to Sutton residents of any age, with treatment available for those aged 12 and over, so there is good support for younger smokers.	• **Continued promotion of consistent health messages for young people to explain and warn against the risks of smoking** This could include education in schools and continued enforcement to avoid sales or proxy sales of tobacco products to minors, including e-cigarettes.
In 2014-15 the proportion of pregnant women who were smokers at the time of delivery for Sutton was 6.2%, significantly higher than the London average of 4.8%.	• **To reduce rates of smoking in pregnant women** This will involve investigating the reasons and developing strategies to address these higher rates. Specifically, the roles of one-to-one midwifery support, specialist stop smoking advice (LiveWell) and pharmacies need to be understood and integrated and to ensure that services are appropriate and acceptable for pregnant women.
Both the commissioner and the provider should use data and intelligence to monitor trends and geographical differences and work together to develop strategies to continue to make improvements.	• **To evaluate the provision of services across the borough and to assess whether there are gaps in relation to our defined vulnerable population groups**

To develop effective ways to promote smoking cessation messages	
Issue	**Recommendation**
Effective communication, including branding and marketing that communicates effectively with our communities.	• **To continue to develop effective outreach programmes in order to reach our defined vulnerable population groups** • **To continue to seek opportunities for social marketing approaches in order to communicate most effectively with our vulnerable populations, e.g. Insight work or risk stratification**

To monitor the uptake of non-traditional smoking products	
Issue	**Recommendation**
E-cigarettes: the role for Sutton commissioners is to keep abreast of developments. Evidence published by Public Health England in August 2015 stated that e-cigarettes are 95% less harmful to health than normal cigarettes and when supported by a smoking cessation service help most smokers to quit tobacco altogether. In January 2016 the UK medicines regulator approved a brand of e-cigarette to be marketed as an aid to help people stop smoking.	• **In light of the PHE report it is recommended that the Sutton Smoking Cessation Service considers declaring itself e-cigarette friendly and supports smokers using e-cigarettes to quit by offering them advice and behavioural support**
Increases in the availability of Shisha	• **To work with the Trading Standards Service to minimise the impact of proposals for shisha cafes with regard to their location, e.g. near schools. This would be through working in partnership with Environmental Health, Health and Safety, and the Sutton Planning Department**

To use national data to effectively target local smokers	
Issue	**Recommendation**
Since 2015, a detailed breakdown of people signing up to the national Stoptober campaign is available for each local authority	• **To ensure that Smoking Cessation providers access the nationally available data through Stoptober with Sutton commissioners** This will provide our local Tobacco Control service with summary information about clients that may be unknown to us.

Monitoring and evaluation of service performance	
Issue	**Recommendation**
The value of the service provider's contribution to Public Health intelligence and the value to the local population is recognised.	• **Service providers to work with London Borough of Sutton Public Health intelligence, sharing information on services and outcomes**

To be consistent with national policy and Local Government Initiatives	
Issue	**Recommendation**
National policy An overarching goal of 'Transforming London's health and care together', London's delivery of the NHS Five Year Forward View is to help Londoners to kick unhealthy habits. One of the five key areas of the prevention programme is 'Taking innovative action to reduce smoking'	• **As in Section 1 above, to continue to work to improve smoking cessation rates and to focus services on the most vulnerable groups in our population**
Local Government initatives This Local Government Declaration on Tobacco Control developed by Newcastle City Council is a statement of a council's commitment to ensure that tobacco control is part of mainstream Public Health work and commits councils to taking comprehensive action to address harm from smoking. Since May 2013, over 80 councils in England have signed it.	• **The London Borough of Sutton to consider signing up to the Local Government Declaration on Tobacco Control**
Littering in public spaces of cigarette butts and packaging.	• **Consideration to piloting a littering scheme, whereby enforcement officers (police) could refer people dropping cigarette butts to a Smoking Cessation service as an alternative to issuing a Fixed Penalty Notice**

To focus targeting effectively and economically	
Issue	**Recommendation**
Smokers place an economic burden on the whole system (e.g. to Local Authorities, NHS, productivity, fire services), so as well as direct health costs, there are wider economic costs to the whole system.	• **To provide best value for money amidst funding constraints, and to continue to focus targeting on our most vulnerable populations, i.e. those from the more deprived parts of the borough, people in routine and manual employment, pregnant women, young people and smokers with mental health issues.**

APPENDIX 1: Relevant NICE Guidance and Quality Standards for Tobacco Control

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. There is a series of Public Health Guidelines and Quality Standards relating to smoking. These are listed here:

- PH1: Brief interventions and referral for smoking cessation, Published March 2006
- PH10: Smoking cessation services, Published February 2008
- PH14: Preventing the uptake of smoking by children and young people, Published July 2008
- PH23: School-based interventions to prevent smoking, Published February 2010
- PH26: Quitting smoking in pregnancy and following childbirth, Published June 2010
- PH39: Smokeless tobacco cessation: South Asian communities - Tools and resources, Published September 2012
- PH45: Tobacco: harm-reduction approaches to smoking, Published June 2013
- PH48: Smoking cessation in secondary care: acute, maternity and mental health services, Published November 2013
- QS43: Smoking cessation: supporting people to stop smoking, Published August 2013
- QS82: Smoking: reducing tobacco use - Tools and resources, Published March 2015
- Tobacco return on investment tool, Published April 2015
- LGB24: Local Government Briefing: Tobacco. NICE advice, Published date: January 2015

APPENDIX 2: Indicators from the Local Tobacco Control Profiles for England, Sutton compared to England

Source: Public Health England http://www.tobaccoprofiles.info/

Indicator	Period	Sutton		Region	England	London region		
		Count	Value	Value	Value	Worst	Range	Best
Smoking Prevalence in adults - current smokers (IHS)	2014	-	15.3%	17.0%	18.0%	22.2%		11.2%
Smoking prevalence in adults in routine and manual occupations - current smokers (IHS)	2014	-	25.5%	25.3%	28.0%	41.1%		14.0%
Successful quitters at 4 weeks	2014/15	629	2,548	3,064	2,829	1,486		5,323
Smoking status at time of delivery	2014/15	153	6.2%	4.8%	11.4%	10.4%		2.1%
Smoking attributable mortality	2011 - 13	788	284.4	275.9	288.7	384.0		186.6
Smoking attributable hospital admissions	2013/14	1,447	1,499	1,606	1,645	2,534		1,192
Deprivation score (IMD 2010)	2010	-	15.4	-	21.7	-	-	-
Smoking Prevalence in adults - ex-smokers (IHS)	2014	-	37.0%	29.4%	33.9%	14.4%		37.0%
Smoking Prevalence in adults - never smoked (IHS)	2014	-	47.7%	53.6%	48.1%	42.3%		65.0%
Smoking prevalence in adults in routine and manual occupations - current smokers (IHS)	2014	-	25.5%	25.3%	28.0%	41.1%		14.0%
Smoking prevalence in adults in routine and manual occupations - ex-smokers (IHS)	2014	-	33.0%	24.6%	30.8%	12.7%		39.5%
Smoking prevalence in adults in routine and manual occupations - never smoked (IHS)	2014	-	41.5%	50.1%	41.2%	32.1%		61.9%
Smoking prevalence in adults - current smokers (QOF)	2013/14	28,444	17.9%	18.3%	19.1%	22.6%		13.3%
Smoking prevalence at age 15 - current smokers (WAY survey)	2014/15	-	8.0%	6.1%	8.2%	14.3%		3.4%
Smoking prevalence at age 15 - regular smokers (WAY survey)	2014/15	-	5.4%	3.4%	5.5%	6.7%		1.3%
Smoking prevalence at age 15 - occasional smokers (WAY survey)	2014/15	-	2.7%	2.7%	2.7%	7.6%		1.1%
Use of e-cigarettes at age 15 years (WAY survey)	2014/15	-	11.5%	12.0%	18.4%	16.6%		7.2%
Use of other tobacco products at age 15 years (WAY survey)	2014/15	-	17.9%	21.0%	15.2%	28.8%		17.2%
Deaths from lung cancer	2012 - 14	272	59.0	57.7	59.5	84.0		43.7
Deaths from chronic obstructive pulmonary disease	2012 - 14	274	58.9	50.8	51.7	89.5		29.2
Smoking attributable deaths from heart disease	2011 - 13	73	25.8	30.2	32.7	43.5		21.2
Smoking attributable deaths from stroke	2011 - 13	31	11.0	10.7	11.0	15.7		7.4
Premature births (less than 37 weeks gestation)	2010 - 12	538	66.1	78.2	75.8	96.8		64.1
Low birth weight of term babies	2014	54	2.1%	3.2%	2.9%	5.0%		2.1%
Hospital admissions for asthma (under 19 years old)	2013/14	90	191.1	204.8	197.1	360.4		80.6
Smoking attributable hospital admissions	2013/14	1,447	1,499	1,606	1,645	2,534		1,192
Cost per capita of smoking attributable hospital admissions	2011/12	3,933,759	37.3	39.1	38.0	56.7		31.4
Lung cancer registrations	2010 - 12	330	73.9	72.2	76.0	116.5		47.8
Oral cancer registrations	2010 - 12	63	13.2	13.5	13.2	21.5		8.2
Number setting a quit date	2014/15	1,222	4,950	6,150	5,549	3,156		9,523
Successful quitters at 4 weeks	2014/15	629	2,548	3,064	2,829	1,486		5,323
Successful quitters (CO validated) at 4 weeks	2014/15	420	1,701	2,027	1,954	735		3,687
Completeness of NS-SEC recording by Stop Smoking Services	2014/15	1,036	84.8%	83.1%	88.3%	45.1%		100%
Cost per quitter	2014/15	160,000	£254	£417	£420	£874		£98

APPENDIX 3: Map of Smoking Cessation Service Provision in Sutton