

# Smoking in Southwark

## *Southwark's Joint Strategic Needs Assessment*

Place and Health Improvement

Southwark Public Health Division

March 2019

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## GATEWAY INFORMATION

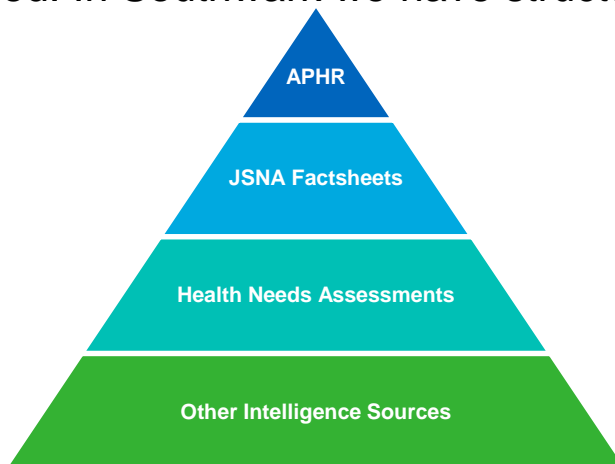
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# Health Needs Assessments form part of Southwark's Joint Strategic Needs Assessment process

## BACKGROUND

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The purpose of the JSNA is to inform and underpin the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.
- The JSNA is built from a range of resources that contribute to our understanding of need. In Southwark we have structured these resources around 4 tiers:



**Tier I:** The Annual Public Health Report provides an overview of health and wellbeing in the borough.

**Tier II:** JSNA Factsheets provide a short overview of health issues in the borough.

**Tier III:** Health Needs Assessments provide an in-depth review of specific issues.

**Tier IV:** Other sources of intelligence include Local Health Profiles and national Outcome Frameworks.

- This document forms part of those resources.
- All our resources are available via: [www.southwark.gov.uk/JSNA](http://www.southwark.gov.uk/JSNA)

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# Smoking has a large impact on our population from both a health and economic perspective

## INTRODUCTION

**Smoking is the largest single cause of preventable ill health in the world and is the biggest cause of inequalities in death rates between the richest and poorest in our communities.**

- Smoking is a risk factor for lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease along with being associated with other cancers such as mouth and throat.
- Each year, almost 270 people in Southwark die from smoking-related illnesses with rates significantly higher than both national and regional levels.

**Smoking poses a significant economic burden on society in England. The total cost is estimated to be £12.9 billion a year, which includes the cost to the NHS treating diseases, lost productivity due to years of ill health, premature death, smoking breaks in work and absenteeism.**

- Locally the economic impact of smoking is estimated to be over £84 million per year.
- National evidence suggests that the average smoker consumes just over 10 cigarettes per day. With the average price of a 20 pack of cigarettes at £10.26, this would equate to an average cost per smoker of almost £170 per month (£2,000 a year).
- In Southwark, over 30,000 households have at least one smoker with 17% of these households below the poverty line.
- If these smokers quit and the cost of smoking was returned to the household, over 4,000 households could potentially be elevated out of poverty.

### References

1. PHE: Local Tobacco Control Profiles
2. The Economics of Tobacco; ASH, 2017
3. King's Health Partners. Treating Tobacco Dependence in Sick Smokers, 2018

# This health needs assessment will support the future commissioning of our local smoking cessation service

## AIMS & OBJECTIVES

**The aim of this needs assessment is to consider the impact and cost effectiveness of the existing Southwark smoking cessation service and inform future commissioning**

The objectives of this needs assessment are to:

- Develop our understanding of current prevalence of tobacco use in Southwark, including identifying at-risk groups and variation in needs;
- Review the provision for additional tobacco control interventions and compare to Southwark current resource allocation;
- Better understand where the greatest benefit for stop smoking services and other tobacco control interventions could be realised;
- Consider how digital interventions, solutions and integration could support efforts to reduce smoking prevalence at a local level;
- Make recommendations to inform the future commissioning provision for tobacco control including Stop Smoking Services and Tobacco Control Interventions;
- Make recommendations to potentially reduce health inequalities between different population groups in Southwark.

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# The national drive for reducing smoking prevalence has been continuously ambitious and historically successful

## NATIONAL POLICY CONTEXT

In March 2011, the Government launched a tobacco control plan for England. This included an ambition to reduce smoking prevalence among adults to 18.5% or less; to 12% or less among 15 year olds; and to 11% or less among pregnant women by - the end of 2015. These targets have been met and exceeded.

In July 2017, the Government launched an updated tobacco control plan for England with the vision of a 'smoke-free generation', defined as a smoking prevalence of 5% or less. The plan uses recognised tobacco control measures across six themes:



### References

1. Health Lives, Healthy People: a tobacco control plan for England (2011)
2. Towards a Smoke free Generation – A Tobacco Control Plan for England 2017-2022 (2017):



# Towards a Smoke-free Generation plan 2017-2022 includes a set of bold ambitions and objectives

## NATIONAL POLICY CONTEXT

### **Ambitions:**

- The first smoke-free generation
- A smoke-free pregnancy for all
- Parity of esteem for those with mental health conditions
- Backing evidence based innovations to support quitting

### **Objectives:**

- Reduce the number of 15 year olds who regularly smoke from 8% to 3% or less
- Reduce smoking among adults in England from 15.5% to 12.0% or less
- Reduce the inequality gap in smoking prevalence, between those in routine and manual occupations and the general population
- Reduce the prevalence of smoking in pregnancy from 10.5% to 6.0% or less

**The aim is to achieve these objectives by the end of 2022.**

#### References

1. Health Lives, Healthy People: a tobacco control plan for England (2011)
2. Towards a Smoke free Generation – A Tobacco Control Plan for England 2017-2022 (2017):

# The Mayor of London's Health Inequalities Strategy - Better Health for all Londoners

## REGIONAL POLICY CONTEXT

**The London Health Inequalities Strategy acknowledges that smoking is a 'major inequalities issue' and is the largest cause of preventable and premature death in the capital.**

- The scale of harm associated with smoking is highlighted with 8,000 premature deaths of Londoners per year and smoking being the leading cause of preventable death.

**The strategy outlines two key areas where it seeks to tackle smoking in the city:**

- Support London boroughs on their work preventing tobacco, alcohol and drug-related harms, including by working closely with HMRC to help establish a pan-London approach to illegal tobacco and counterfeit alcohol.
- Support employers to encourage and signpost their staff to services to help them quit smoking and reduce alcohol intake, through the Healthy Workplace Charter.

### References

Better Health for all Londoners - Greater London Authority, September 2018.

# “Breaking the Chain 2017-20” uses recognised tobacco control measures at a local level with targeted populations

## LOCAL POLICY CONTEXT

**Southwark’s tobacco control strategy “*Breaking the Chain 2017-20*” sets out bold ambitions and a new approach to reducing smoking in our population while protecting young children from tobacco smoke and helping our young people to stay smoke free throughout their lives.**

- Reducing smoking prevalence, particularly among the most deprived communities, is a key ambition of the Southwark Health and Wellbeing Board.
- By 2019/20 it was agreed to work towards reducing adult smoking prevalence to 14.5%, and prevalence among routine and manual workers to 20.2%.
- This will be achieved through a co-ordinated, multi-agency approach, across the same six recognised strands of tobacco control within the *Towards a Smoke free Generation* national plan with the implementation of local authority level, evidence-based interventions.

### References

1. Breaking the Chain. 2017 to 2020. Southwark Council.

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# Smoking prevalence among adults in Southwark fell by more than a third between 2011 and 2017

## SMOKING PREVALENCE

**Latest figures show that smoking among adults in Southwark continues to decline and the prevalence is now lower than both the London and national average.**

- The annual population survey suggests there are approximately 30,300 current smokers in Southwark; equating to a prevalence of 12.2%.
- Figures for 2017 show Southwark has the 9<sup>th</sup> lowest rate of smoking in the capital.
- Since 2011 the prevalence of smoking in the borough has fallen by more than a third.
- However trends show an inequality in smoking prevalence between men and women with men continuing to have a higher prevalence than women, locally, regionally and nationally.

Figure 1: Current smoking prevalence in Southwark compared to London and England

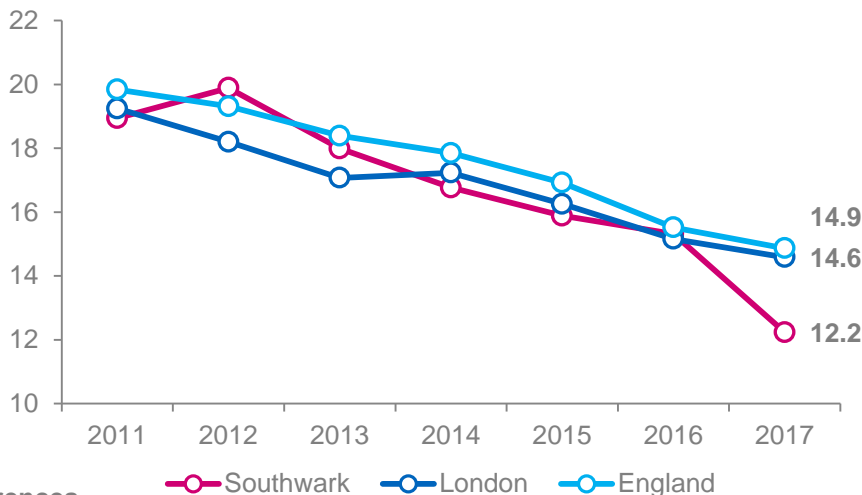
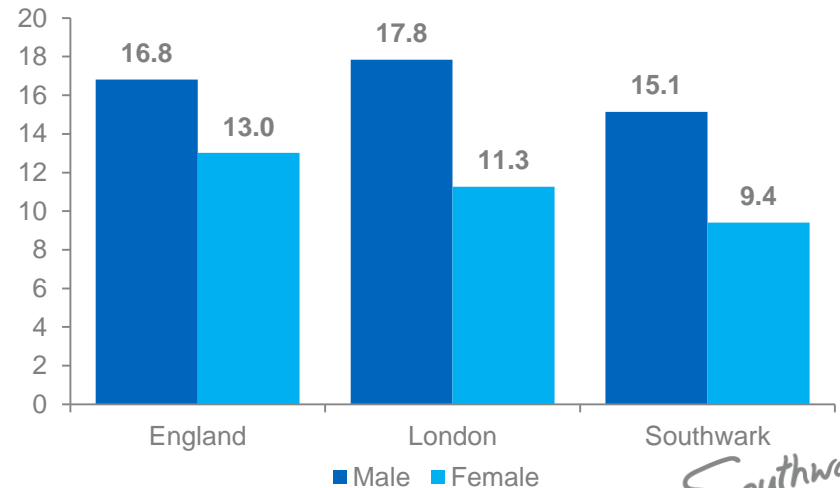


Figure 2: Current smoking prevalence in men and women in Southwark compared to London and England, 2017



### References

1. PHE: Local Tobacco Control Profiles



# Smoking prevalence is highest among those of mixed ethnicity and young adults

## INEQUALITIES IN PREVALENCE

### Smoking prevalence varies significantly between demographic groups.

- National estimates highlight the inequality in smoking prevalence by ethnicity, with the highest levels among those of mixed and white ethnic groups.
- Locally we have an ethnically diverse population, with those people from a White ethnic background more concentrated in affluent communities in the south of the borough, such as Dulwich, and more deprived communities in the north, such as Bermondsey.
- In contrast, people from a Black and Mixed ethnic backgrounds are concentrated across the centre of the borough, from Peckham through to Camberwell.
- National models also show that smoking prevalence is highest among those aged between 25 and 34 years and reduces with age.

Figure 3: National smoking prevalence by ethnicity, 2017

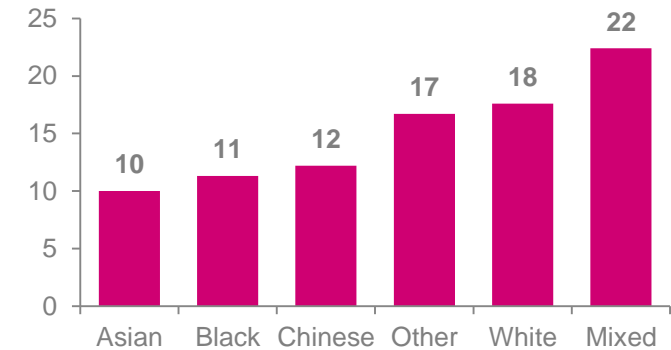
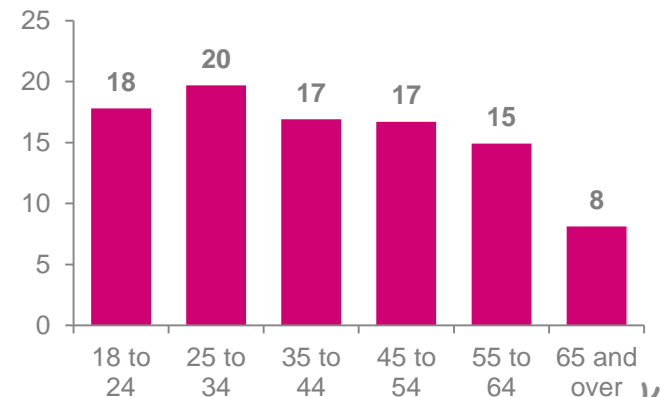


Figure 4: National smoking prevalence by age group, 2017



#### References

1. Adult smoking habits in the UK: 2017; Office for National Statistics

# Smoking prevalence is significantly higher among those in routine and manual occupations and those on low income

## INEQUALITIES IN PREVALENCE

**Smoking prevalence also varies significantly between socio-economic groups.**

- In Southwark, the median gross annual income is just under £35,000 which is substantially higher than the national levels of approximately £29,000. This is reflective of the comparatively high proportion of local residents employed in professional, managerial and technical occupations.
- However it is important to recognise the significant inequalities that exist within Southwark, with high levels of deprivation across the centre of the borough.
- National estimates show that prevalence is highest among those on lower incomes, particularly those earning below £30,000.
- A comparison of prevalence by occupation shows that more than 1 in 4 people in routine and manual occupations smoke compared to just 1 in 10 people in managerial and professional roles.

Figure 5: National smoking prevalence by income, 2017

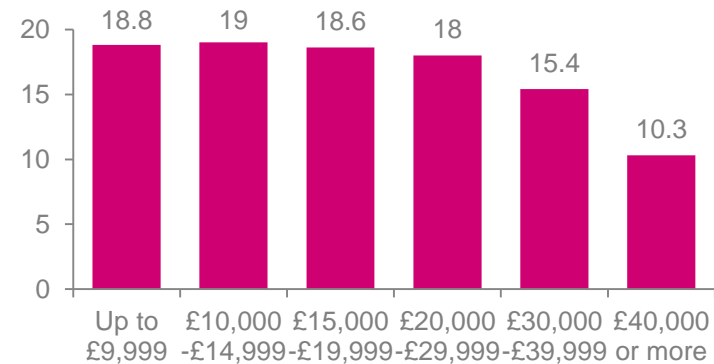
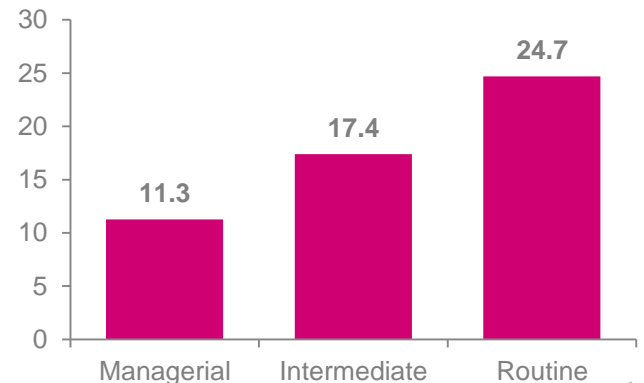


Figure 6: National smoking prevalence by occupation, 2017



### References

1. Adult smoking habits in the UK: 2017; Office for National Statistics



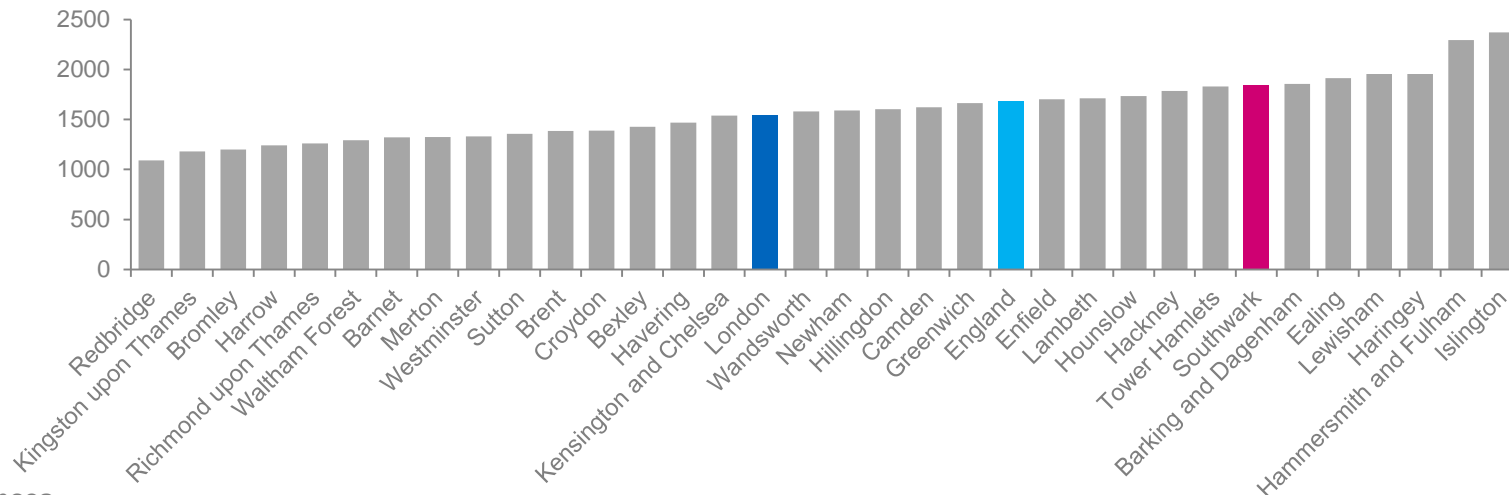
# Southwark has the 7<sup>th</sup> highest rate of smoking attributable hospital admissions in London

## HEALTH IMPACT: SMOKING ATTRIBUTABLE ADMISSIONS

**Southwark has a higher rate of smoking attributable admissions than both the England and London average.**

- There were over 1,800 smoking attributable admissions of Southwark residents in 2016/17, and the borough has the 7<sup>th</sup> highest admission rate in London.
- There has been little change in the rate of admissions in Southwark between 2009/10 (1,817 per 100,000) and 2016/17 (1,846 per 100,000).
- It is important to acknowledge that admissions may be due to the ill-health of ex-smokers and may not represent current prevalence.

Figure 7: Rate of smoking attributable admissions per 100,000 aged 35 and over by local authority in London region, 2016/17

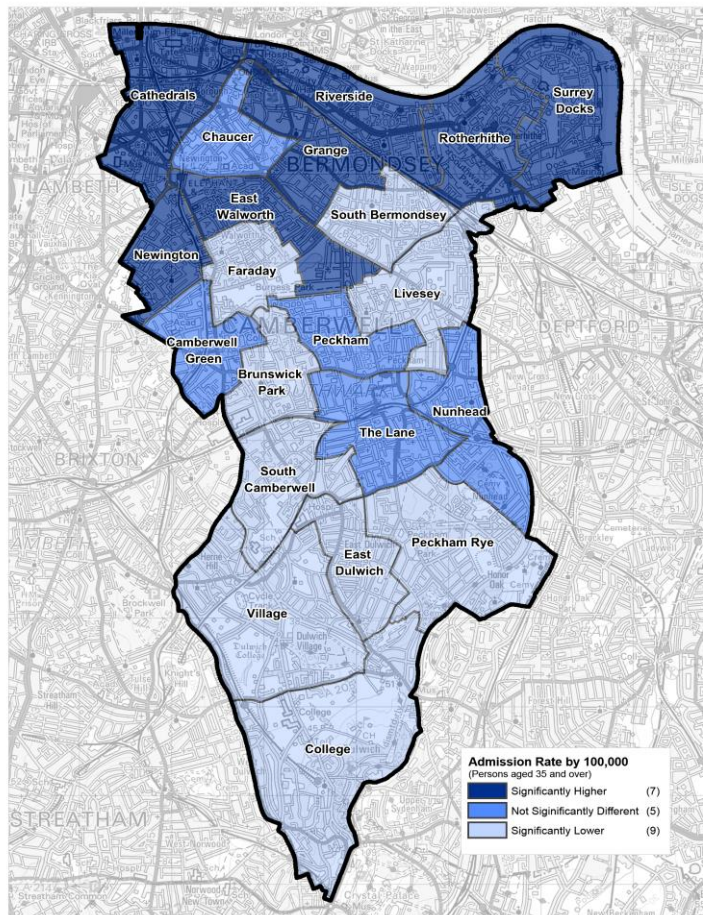


### References

1. PHE: Local Tobacco Control Profiles

# Admissions are concentrated in the north of the borough despite deprivation being highest in the middle

## HEALTH IMPACT: SMOKING ATTRIBUTABLE ADMISSIONS



Directly age-standardised admission rate for smoking-related conditions 2012-15

Data source: Hospital Episode Statistics (HES)  
Southwark Public Health Department | People & Health Intelligence | public.health@southwark.gov.uk  
February 2018.  
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**Significant inequalities in admissions can be seen across the borough.**

- A third of wards are significantly higher than the Southwark average and are all located in the north of the borough.
- Surrey Docks has the highest rate of admissions in Southwark (1,980 per 100,000)
- Followed by Riverside ward which has a rate of 1,894 admissions per 100,000 people.
- The lowest rate can be seen in Village ward in the south of the borough (760 admissions per 100,000) where admissions are more than 2.5 times lower than Surrey Docks.
- It is important to acknowledge that admission rates may be reflective of historical rather than current smoking patterns. However the management and treatment of these residents remains important.

### References

1. NHS Digital - Hospital Episode Statistics 2012-13 to 2014-15

# Despite falling smoking prevalence across the borough, inequalities in gender and socioeconomic status persist

## SUMMARY

**Estimates suggest that over 30,000 smokers currently live in Southwark with prevalence lower than both the regional and national average.**

- One in seven men compared to one in ten women smoke in Southwark equating to an overall smoking prevalence of 12.2% in 2017.
- Those aged between 25 and 34 are most likely to smoke with prevalence reducing as residents get older.
- National estimates highlight the significant inequalities in smoking prevalence with rates highest among those from white or mixed ethnic groups, and those on low incomes.
- Smoking prevalence is more than two times higher among those with routine and manual occupations compared to those with professional occupations.
- With over 1,800 smoking attributable hospital admissions in 2016/17, Southwark has the 7<sup>th</sup> highest rate of admissions in London.
- All wards with smoking attributable admissions higher than the Southwark average are found in the north of the borough, however this may reflect historical patterns of smoking prevalence.
- The average smoker spends approximately £170 a month, representing a significant proportion of household income.
- In Southwark, many risk factors associated with smoking, such as age, ethnicity and socio-economic status, coincide within our communities to create multiple disadvantages among residents.

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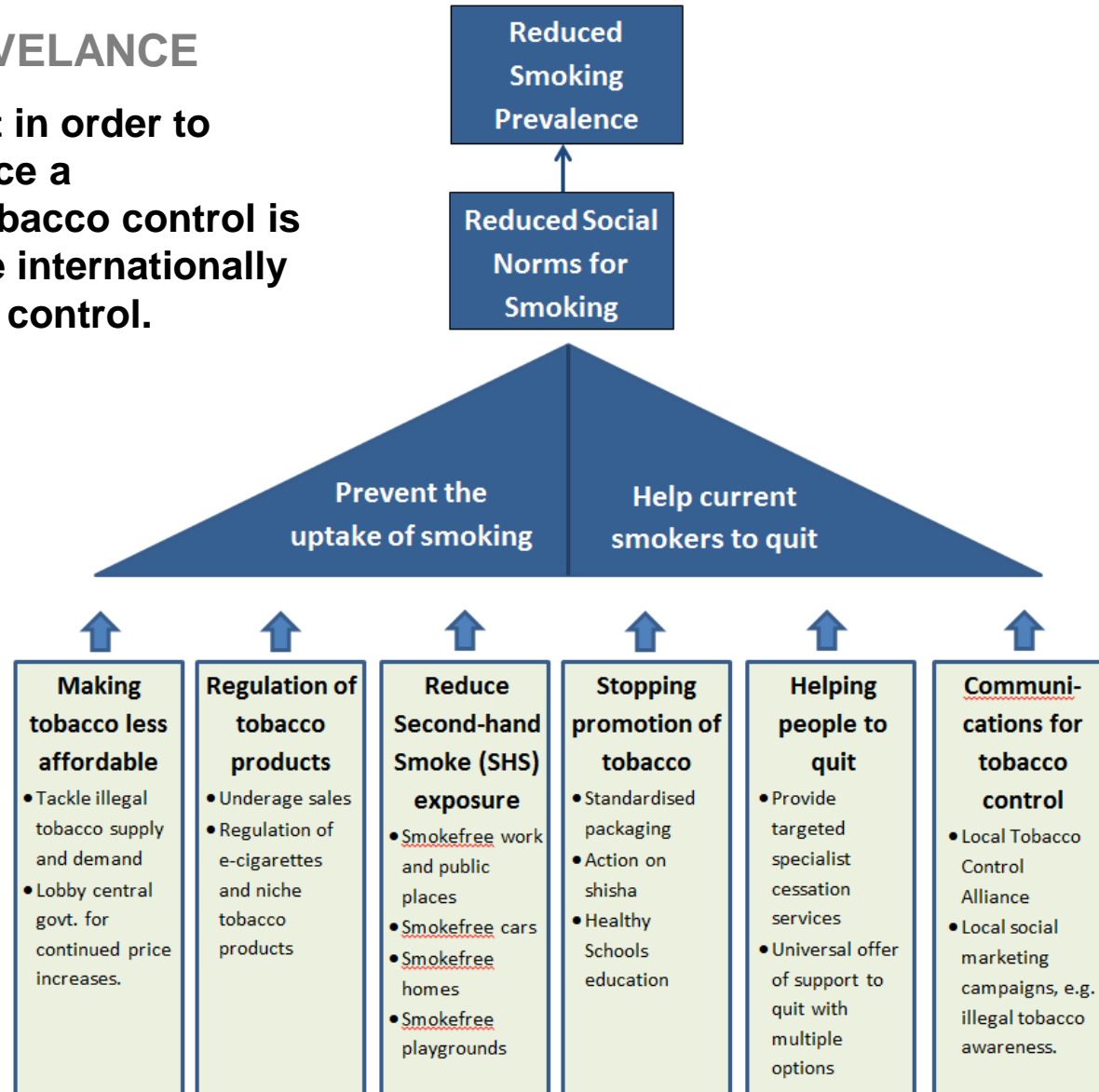
**Summary & Recommendations**

# As part of a local strategic response Southwark has adopted a new approach to tobacco control

## REDUCING SMOKING PREVALANCE

The evidence base is clear that in order to impact on population prevalence a comprehensive approach to tobacco control is required including all six of the internationally recognised strands of tobacco control.

- In Southwark, this means placing greater focus on the prevention of uptake of smoking, particularly among young people, alongside efforts to assist current smokers to quit.
- Regular monitoring and evaluation of progress against the six strands, and reviewing emerging evidence of best practice, is key feature of the local plan.



# Southwark has a number of local and regional partnerships to steer tobacco control

## PARTNERSHIP WORKING

**Southwark benefits from a broad partnership support system to address tobacco control and smoking cessation at a local and regional level.**

### Locally:

- **Southwark Stop Smoking Board:** Local service management and improvement
- **Lambeth and Southwark Tobacco Control Alliance:** To advise and oversee the development of activities relating to tobacco control in Lambeth and Southwark
- **KCH Smokefree Strategy Group:** Implement Smokefree NICE guidance in KCH Trust
- **GSTT Maternal and Neonatal Safety Collaborative:** To increase the delivery of very brief advice (VBA) and offer referrals to pregnant smokers.

### Regionally:

- **South East London Sustainability and Transformation Partnership (SEL STP):** To improve care and manage limited resources in tobacco and alcohol services
- **SE and SW London Enforcement Group:** Trading standards officers group to discuss progress with enforcement
- **London Tobacco Control Network:** Updates and presents best practice for public health and trading standards partners
- **Pan London Illegal Tobacco Group:** Strategic group with the vision of reducing illegal tobacco across the Capital
- **London Smoking Cessation Transformation Programme:** To support boroughs to transform stop smoking services.

# Southwark has the 9<sup>th</sup> lowest rate of smoking quitters at four weeks in London

## SMOKING CESSATION SERVICES

The number of smokers in Southwark setting a quit date and successfully quitting smoking at 4 weeks has fallen year on year, mirroring a national and regional trend.

- There were 387 successful quitters at 4 weeks in Southwark in 2017/18 compared to 1,050 in 2014/15. This marks a reduction of more than half over the 3 year period.
- In 2017/18, just over 60% of those who had set a quit date had successfully quit at 4 weeks. This is above the London (52%) and England (51%) levels.
- The quit rate in Southwark (1,247 per 100,000 smokers) is lower than both the London and England average. Among South East London boroughs, Southwark has the lowest quit rate, and the 9<sup>th</sup> lowest in the capital. However it is important to acknowledge that stop smoking services will vary between boroughs.

Figure 8: Number of smokers setting a quit date and successfully quitting from 2014/15 to 2017/18

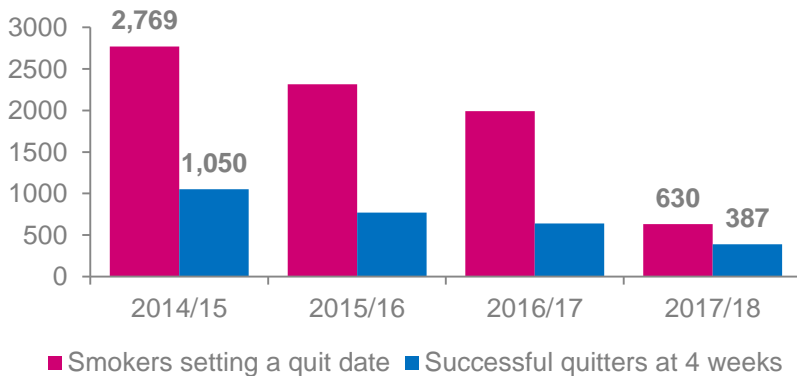
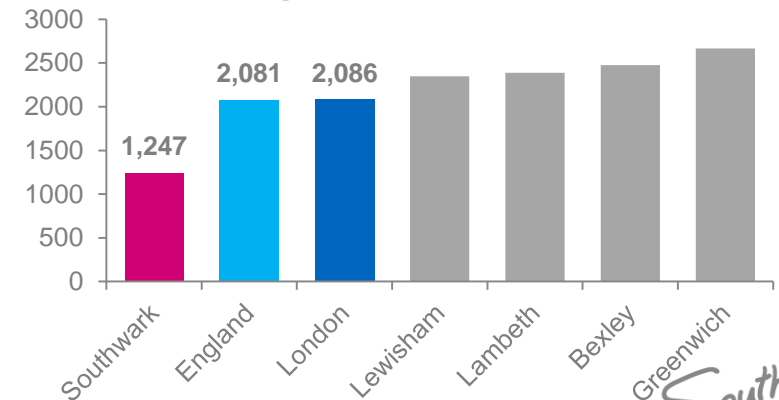


Figure 9: Rate of successful quitters at 4 weeks per 100,000 smokers aged 16 and over in 2017/18\*



### References

1. PHE: Local Tobacco Control Profiles
- \* No data available for Bromley for 2017/18

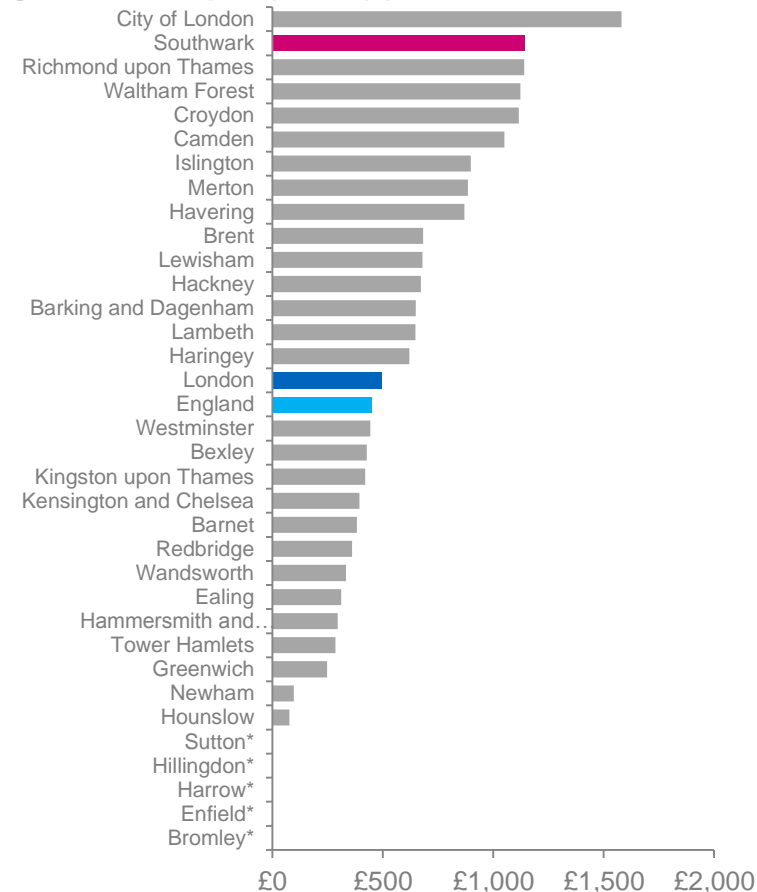
# Southwark also has the 2<sup>nd</sup> highest expenditure per successful quitter in London

## SMOKING CESSATION SERVICES

**Expenditure data released by Public Health England can act as a guide to how cost-effective stop smoking services are.**

- In 2017/18, £441,829 was spent on stop smoking services (including pharmacotherapies).
- At £1,142 per quitter, Southwark has substantially higher costs per quitter than both the London and England average.
- Since 2014/15 there has been a 152% increase in the cost per quitter in Southwark, when the cost per quitter was £454.
- While there has been an increase in cost per quitter across the country, the increase locally far exceeds that for London and England as a whole.
- However, it is worth noting that expenditure reporting across the country may be inconsistent due to variations in local service models so interpretation should be treated with caution.

Figure 10: Cost per quitter (£) in 2017-18



### References

1. PHE: Local Tobacco Control Profiles

\* No data available



# Local stop smoking services have a high success rate at 4 weeks, though the number of people quitting is low

## SMOKING CESSATION SERVICES

In 2017 GSTT, SLaM and 20 pharmacies across Southwark began a 2 year contract to provide stop smoking services to Southwark residents and those registered with a Southwark GP.

- The table below shows the outcomes achieved by the specialist and pharmacy services during 2017/18

Provider	Service Targets			Service Outcomes		
	Target 4 week Quits	Achieved 4 week Quits	Achievement against target	Setting Quit Dates	Achieved 4 week Quits	Success Rate
Pharmacies	200	147	74%	267	147	55%
Specialist Service	150	183	122%	275	183	67%
<b>Total</b>	<b>350</b>	<b>330</b>	<b>94%</b>	<b>542</b>	<b>330</b>	<b>61%</b>

### References

- NHS Digital - Stop Smoking Services 2017-18

# Local services have a higher success rate at 4 weeks across all key population groups than the national average

## SMOKING CESSATION SERVICES

**Southwark has higher quit rates across all at-risk groups when compared to England, though numbers are small for some demographics.**

- The table below shows outcomes for those setting a quit date in 2017-18.
- In Southwark, at-risk groups are achieving higher quit rates than the national average.
- However there are a low number of quitters using our specialist services compared to the estimated number of smokers within these groups in Southwark.

Population Group	Number Setting a Quit Date	Number of Quitters	Southwark Quit Rate	England Quit Rate
<b>BME</b>	135	77	57%	52%
<b>Under 18</b>	<5	<5	67%	41%
<b>Routine &amp; Manual</b>	77	54	70%	53%
<b>Pregnant Women</b>	40	28	70%	45%

Note: Data presented in the columns of this table are mutually exclusive and not cumulative

### References

1. NHS Digital - Stop Smoking Services 2017-18

# The cost per quitter for different service elements ranges substantially for both provision and pharmacology costs

## SMOKING CESSATION SERVICES

**Breakdown of cost information by Specialist clinic and Pharmacy provision in Southwark:**

Smoking Cessation Service	Service cost per quitter	Pharmacology cost per quitter
GSTT Specialist Clinic	£2,166*	£285
SLaM Specialist Clinic	£1,327	£135
Combined Specialist Clinic	£1,912*	£239
Pharmacy Clinics	£114	£185

\*GSTT costs include management fee for 1 x 0.5 Band 7 Manager and 1 x FTE Band 4 Administrator.

- The London average cost per quitter in 2017-18 was circa £450. In contrast, the cost per quitter in Southwark was £1,142, suggesting there is a large disparity in service costs alone when compared against a generic quitter.
- However, Southwark's service is largely a specialist service targeting high risk and vulnerable patients, whilst other London boroughs have more of a universal provision.

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# NICE has issued the following guidance documents on smoking and smoking cessation

## NICE GUIDANCE

The National Institute for Health and Care Excellence (NICE) guideline [NG92] on Stop smoking interventions and services, set targets for stop smoking services, including the number of people using the service and the proportion who successfully quit smoking.

### Recommendations include:

- Set targets for stop smoking services, including the number of people using the service and the proportion who successfully quit smoking. Performance targets should include:
  - treating at least 5% of the estimated local population who smoke each year.
  - achieving a successful quit rate of at least 35% at 4 weeks, based on everyone who starts treatment and defining success as not having smoked (confirmed by carbon monoxide monitoring of exhaled breath) in the fourth week after the quit date.
- Check self-reported abstinence using carbon monoxide monitoring, with success defined as less than 10 parts per million (ppm) at 4 weeks after the quit date. This does not imply that treatment should stop at 4 weeks.
- Monitor performance data for stop smoking services routinely and independently. Make these results publicly available.
- Prioritise specific groups who are at high risk of tobacco-related harm.

### References

1. [Kamran Siddiqi](#),<sup>1,2</sup> [Omara F. Dogar](#),<sup>1</sup> and [Najma Siddiqi](#)<sup>3,4</sup> Smoking Cessation in Long-Term Conditions: Is There “An Opportunity in Every Difficulty”? International Journal of Population Research. Volume 2013, Article ID 251048, 10 pages.

# NICE Return on Investment tool (RoI) for Tobacco Control calculates where resources should be allocated

## NICE GUIDANCE

In Southwark the adult population (18+ years) is about 245,000, of which roughly 30,300 (12.2%) are current smokers. The modelling suggests that Southwark has an ex-smoking rate of around 28.5%.

**A total of 25.6% (7,750) of adult smokers should be allocated to individual-level smoking cessation interventions, including:**

- 6.5% of smokers receive Local Stop Smoking Service interventions<sup>†</sup> = 2,000
- 17.0% receive other, non-LSSS cessation interventions = 5,100
- 1.9% receive NRT to help them cut down = 550
- 30.0% of pregnant smokers receive cessation interventions = 55
- 26.0% of non-pregnant smokers receive GP Brief Advice = 45

**The costs of these services should be as follows:**

- Local Stop Smoking Services (LSSS) running costs\* = £336,551
  - Subnational tobacco control programme = £75,780
- Total = £412,331\*\***

<sup>†</sup> NICE Guidance recommends a minimum of 5% therefore 6.5% is presented as an optimal, achievable level.

\* Includes costs of interventions targeted at pregnant smokers = of £6,061 and non-LSSS cessation services costs borne by organisations such as PHE, NHS at £303,387

\*\*For this modelling the average hourly wage rate in Southwark is assumed as £14.50. Average wage rate data from Annual Survey of Hours and Earnings at regional levels are used instead of a single national average, thus better taking into account geographical variations in earnings. .

### References

1. NICE Return on Investment Tool for Tobacco Control v3.0

# Alternative digital smoking interventions are emerging yet the current evidence base remains weak

## THE EVIDENCE BASE FOR DIGITALISATION

**The London Smoking Cessation Transformation Programme (LSCTP) was established as a collaborative across London local authorities in 2016.**

- The programme aim was to support London boroughs to transform and improve the way their residents accessed stop smoking support, with the potential to deliver savings to participating local authorities and improved outcomes for their residents.
- The scope of the programme was explore and eventually offer boroughs innovative service options across alternative channels such as **online and telephone**, which could complement locally-determined services such as face-to-face models.
- Whilst phase 1 (pilot) of the programme has shown very limited uptake of the service by Londoners to the telephone service and visits to the website, phase 2 however focusses more resources into developing the marketing, public awareness and insight understanding on the client base so to better target the service.
- The resultant “*Amazing Things Happen*” campaign is specifically targeted at London smokers aged 25 - 40 years old; the largest smoking population in the UK and considered as very digitally enabled. The campaign is designed to encourage London smokers to engage with both local and regional support in order to set a quit date and start their supported stop smoking journey. The campaign will run from 19 November 2018 to 31 March 2019.
- The London Smoking Cessation Transformation Programme funding has been extended to 31 March 2020.

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# Tobacco Control in Southwark is strong however there are opportunities for further improvement

## SUMMARY & KEY FINDINGS

**Estimates suggest that over 30,000 smokers currently live in Southwark with prevalence lower than both the regional and national average.**

- Our smoking prevalence is significantly below levels seen in 2012, and has fallen each year.
- However we know that significant inequalities exist, with those from white and mixed ethnic groups, those aged 25 to 34, and those on low incomes much more likely to smoke.

**Outcomes for those using our local smoking cessation service are good compared to the national average, however the numbers accessing the service are too low.**

- Local quit rates are above 60% in comparison to 50% nationally.
- However, the service requires an increase in referrals as we currently reach an estimated 1% of current smokers, compared to the 5% recommended in NICE guidance.
- Southwark has the second highest expenditure per successful quitter in London, and the NICE Return on Investment tool for Tobacco Control, suggests we should be achieving between 700-1,000 quitters per annum for an investment of £336,551.
- The RoI tool suggests that Southwark should rebalance resources to better reflect tobacco control and prevention.

**Whilst work is taking place at a regional level in reviewing digital solutions to smoking cessation and tobacco control, alternative digital or technology solutions should also be considered at the local level.**

# A number of recommendations have been identified to strengthen tobacco control and improve cessation rates

## RECOMMENDATIONS (1 of 2)

	Gaps & Opportunities	Recommendations
1	<p><b>Leadership and Management:</b> Streamlining of service management and improved clarity of leadership roles and responsibilities.</p>	<ul style="list-style-type: none"> <li>▪ Evaluate the Stop Smoking Service against both NICE guidance and national best practice examples.</li> <li>▪ Develop local service improvement recommendations to ensure that the service is fit for purpose against local issues and populations, and is digitally enabled.</li> <li>▪ Investigate whether there are barriers to service accessibility in a variety geographical locations.</li> </ul>
2	<p><b>Data Analysis:</b> Limited data collection and reporting. With a complicated local picture of prevalence and high smoking related hospital admissions, additional data analysis could reveal opportunities to better target resources.</p>	<ul style="list-style-type: none"> <li>▪ Building on existing data collection the Southwark Stop Smoking Service should collect, analyse and submit enhanced data for further interpretation and aide service planning by the Stop Smoking Board.</li> <li>▪ Explore patterns on completion outcomes against high risk groups.</li> <li>▪ Address inequalities on quit rates across different population groups.</li> </ul>
3	<p><b>Commissioning:</b> The Stop Smoking Service has not been tendered since its establishment and is not able to demonstrate best value against Council competitive tendering principles.</p>	<ul style="list-style-type: none"> <li>▪ In line with best value and Council procurement and commissioning guidelines, Public Health should retender the Stop Smoking Service contract at the end of the existing contract term. This will ensure that the service conforms to Council competitive tendering procedures and has been robustly tested for cost effectiveness.</li> </ul>

# A number of recommendations have been identified to strengthen tobacco control and improve cessation rates

## RECOMMENDATIONS (2 of 2)

	Gaps & Opportunities	Recommendations
4	<p><b>Tobacco Control:</b> The NICE Return on Investment (ROI) Tool suggests a realignment of the local budget allocation for prevention and treatment.</p>	<ul style="list-style-type: none"> <li>▪ Explore models to re-balance budget allocations for prevention and treatment of tobacco use.</li> <li>▪ Review and refresh Southwark's tobacco control strategy 'Breaking the Chain' 2017-20 action plan.</li> </ul>
5	<p><b>Digital Technologies:</b> There is a growing evidence base of the opportunities to digitalise health improvement programmes and pathways to improve uptake, outcomes and impact.</p>	<ul style="list-style-type: none"> <li>▪ As part of the external evaluation and review of the Southwark Stop Smoking Service, the opportunity for alternative or complimentary digital solutions should be explored for our residents keen to quit but unable or unwilling to attend face-to-face appointments.</li> </ul>
6	<p><b>Engagement with Primary Care:</b> There are significant opportunities to increase referrals to the Stop Smoking Service particularly from Primary Care.</p>	<ul style="list-style-type: none"> <li>▪ Explore opportunities for the existing Southwark Stop Smoking Service to significantly increase referrals from the Southwark GPs.</li> <li>▪ Consider creating closer relationships with the two GP Federations.</li> <li>▪ Explore having Stop Smoking Clinics in key GP surgeries.</li> <li>▪ Create better referral pathways, systems and communication channels between GPs and Pharmacies.</li> </ul>

**Find out more at**  
[southwark.gov.uk/JSNA](https://southwark.gov.uk/JSNA)

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