

STOP SMOKING AND TOBACCO CONTROL SERVICE UPDATE

Author: Vicky Head (Director of Public Health, Milton Keynes City Council)

Ruth Dean (Public Health Principal – Stop Smoking and Tobacco Control, Bedford Borough, Central Bedfordshire and Milton Keynes Public Health Team)

Purpose of Report:

The purpose of this report is to: update the Partnership on smoking prevalence in MK and the key activities of the Stop Smoking Service and wider strategic partners; outline key challenges in reducing smoking prevalence and associated inequalities; and outline future planned work.

1. Recommendations

1.1 That the Partnership:

- 1) Notes the stagnation in smoking prevalence in Milton Keynes and the activities and achievements of the Stop Smoking Service and wider partners.
- 2) Considers opportunities available through the Partnership to address the challenges we face in continuing to reduce smoking prevalence, particularly in Primary Care and the Acute and Mental Health Trusts, and in meeting the more complex needs of smokers.

2. Introduction

- 2.1 The aim of the Stop Smoking Service (the Service) is to reduce both the smoking prevalence in the local population and the inequalities gap in smoking prevalence by increasing access to stop smoking support for vulnerable groups.
- 2.2 The Stop Smoking Service for Milton Keynes residents is managed by Central Bedfordshire Council as part of the shared public health service across Bedford Borough, Central Bedfordshire and Milton Keynes.
- 2.4 The purpose of this report is to: update the partnership on smoking prevalence in MK and the key activities of the Service and wider strategic partners; outline key challenges in reducing smoking prevalence and associated inequalities; and outline future planned work.

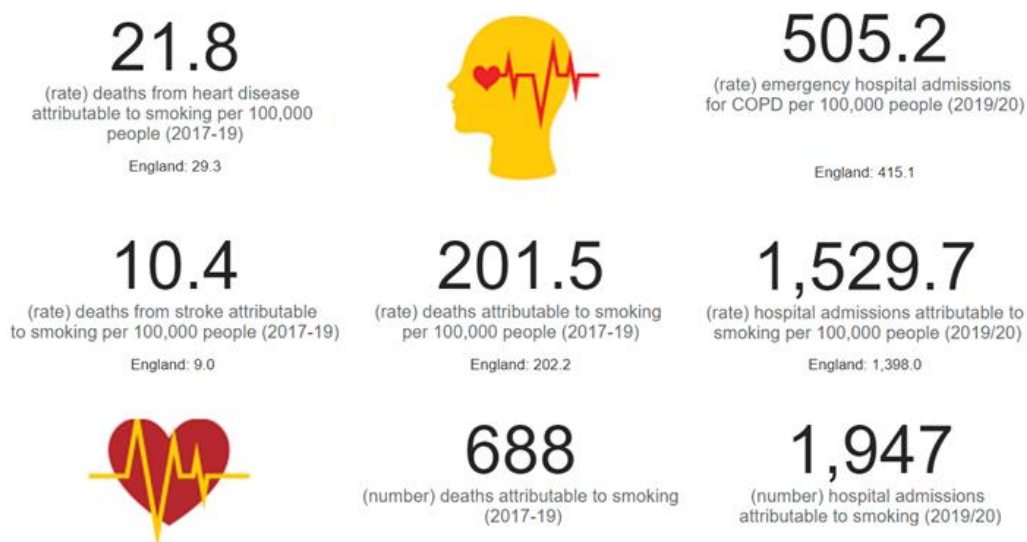
3. Background

- 3.1 Helping individual smokers to quit is a vital way to reduce smoking prevalence and remains a key priority for the Service.
- 3.2 Of equal importance to this are evidenced-based tobacco control measures which serve to de-normalise smoking and prevent residents from being exposed to second-hand smoke.
- 3.3 In 2021-2022, 597 Milton Keynes residents quit smoking following an intervention from the Stop Smoking Service. This number has decreased by 17% on the 2020-21 figures, where 698 residents had a successful quit outcome. This decrease can largely be attributed to a fall in overall capacity of the Stop Smoking Service due to the impact of the COVID-19 pandemic on Primary Care. This is expanded on further in Section 7 of this report.

4. Smoking prevalence in Milton Keynes

- 4.1 14.9% of Milton Keynes residents smoke, which is higher than the national average of 13% and its deprivation decile of 11.6%. At least half of these smokers will die prematurely if they do not give up smoking.
- 4.2 Every year nearly 2,000 Milton Keynes residents are admitted to hospital because of their smoking and 688 residents die of smoking-related illnesses. Further details of the burden of tobacco-related disease are shown in Figure 1.

Figure 1: The burden of tobacco related disease in Milton Keynes.



Infographic from [UKHSA Tobacco Control Dashboard](#), referencing using indicators from the [OHID Local Tobacco Control Profiles](#).

4.3 In Milton Keynes residents are:

- Significantly more likely to smoke if they work in a routine or manual labour role (25.2% prevalence) compared to those working in managerial and professional occupations (8.2% prevalence)
- Nearly three times more likely to smoke if they have a diagnosed long-term mental health condition (42.8% prevalence).

4.4 Smoking tobacco is the biggest contributing factor in the life expectancy gap between the poorest and the most affluent cohorts, and between those with and without long-term mental health issues.

5. Current work programmes of the Stop Smoking Service

5.1 Standard programme of support

5.1.1 The standard programme of support delivered by the Service to clients includes eight weeks of intensive behavioural support. It also includes an option of single nicotine replacement therapy, medication or, since 1 October 2022, an e-cigarette for the duration of the course.

5.1.2 There are extended treatment programmes for vulnerable groups, including pregnant smokers and those with a long term or mental health condition. Face-to-face support is also available for vulnerable groups and the Service runs regular clinics based at Milton Keynes Library and Water Eaton Health Centre.

5.2 Targeted place-based interventions

5.2.1 Over the last 12 months the Specialist Service has delivered targeted place-based interventions in response to particularly high smoking prevalence rates affecting residents of the Lakes Estate.

5.2.2 Work on the Lakes Estate has included:

- Running regular drop-ins and face-to-face support from the Spotlight Centre (local community centre).
- Attendance and talks at local events and the Community Larder.
- Engagement with the local secondary school, care home, GP Practice and pharmacy.
- Two new clinics being set up at Water Eaton Health Centre.

5.2.3 Evaluation of these interventions is ongoing. Initial findings show increased numbers of residents engaging with the programme, setting quit dates and successfully completing the programme as a direct result of this approach.

5.2.4 We will develop this model further to incorporate community-led interventions in future, including opportunities for peer support workers who have direct experience of using the Service. We are also working with Public Health Social Housing colleagues and the Milton Keynes Housing Team to expand our work to include areas such as Fullers Slade and Netherfield. We have also been linking with partners to support Community Cafés and Money Saving Events in targeted areas across Milton Keynes in February and March.

5.3 Introduction of e-cigarettes to support smokers to quit

- 5.3.1 As part of ongoing service development, from 1st October 2022 the Specialist Service has introduced e-cigarettes (popularly known as “vapes”) as part of a universal offer to all adult smokers who access the Service, alongside medicinally licenced stop smoking products.
- 5.3.2 A [2021 Cochrane Review](#) determined that e-cigarettes are more effective as an aid to quitting smoking than nicotine replacement therapy (NRT). The Review also concluded that more people remained abstinent from smoking for at least six months using e-cigarettes compared to those using NRT.
- 5.3.3 E-cigarette products are considered to [pose a fraction of the risk of tobacco smoking \(at least 95% less harmful\)](#), and the UK has some of the strictest regulation for e-cigarettes in the world. We only recommend e-cigarette usage for adult smokers as part of a quit attempt and only provide e-cigarettes to support residents quit smoking
- 5.3.4 We are closely evaluating the uptake and impact of this intervention for different cohorts of smokers in different localities.

6. Work led by strategic partners

- 6.1 The NHS Long Term Plan sets out a three-year pathway for Tobacco Dependence Treatment Programmes to be implemented in NHS inpatient care and maternity services by March 2024.
- 6.2 Milton Keynes Maternity Services have recruited a Stop Smoking Advisor to work directly with pregnant smokers as a wider part of their maternity care. The pathway is still being refined, but this Service should be in place by April 2023 in Year 3 of the programme. It is heavily supported by the Specialist Stop Smoking Service, who will assist with elements such as funding for the pharmacotherapy component, staff training, data collection and referral pathways for both Bedfordshire Hospitals Trust and Milton Keynes University Hospital.
- 6.3 The Acute and Mental Health elements of this pathway, led by Milton Keynes University Hospital (MKUH) and CNWL, have progressed more slowly due to challenges around capacity and funding. A Prevention Programme Manager has been recently recruited by BLMK ICB and is working with MKUH, CNWL and Public Health colleagues to move this forward. This area represents a key opportunity to embed smoking cessation in clinical pathways, significantly increasing engagement with stop smoking interventions across Milton Keynes.

7. Challenges

7.1 COVID-19 pandemic

7.1.1 The COVID-19 pandemic has had a significant impact on the Stop Smoking Service. Primary Care is a key component in the current Service through direct delivery as a commissioned provider and as a referral route into the Service.

7.1.2 The impact of the COVID-19 pandemic and ongoing pressures on Primary Care services means there is reduced capacity to deliver smoking cessation treatment or refer via GPs.

7.1.3 In 2021-22 42% of quits for the Stop Smoking Service in Milton Keynes were delivered by Primary Care, compared to 69% in the pre-pandemic period of 2019-20, creating an overall deficit in capacity to reach smokers across Milton Keynes and delivering reduced outcomes.

7.2 Increasing complexity and changing support needs of smokers

7.2.1 While the prevalence of smoking in England has fallen year on year since 2011, in Milton Keynes it has remained relatively unchanged since 2016. The needs of smokers are becoming increasingly complex, with greater levels of addiction and many experiencing multiple issues such as poor mental and physical health and economic pressures.

7.2.2 Currently fewer than 5% of smokers in Milton Keynes access support from the Stop Smoking Service and the way in which smokers want to quit is also changing. Evidence suggests they are becoming increasingly less likely to access traditional face-to-face services and more likely to engage with remote support. There is a risk however that digital service models create barriers for some people to access the service. Providing an accessible service for all that also recognises the needs of more vulnerable groups is an ongoing challenge.

8. Future planned work

8.1 New work is already being developed and implemented by the Specialist Stop Smoking Service as outlined above.

8.2 In addition we have had a research proposal accepted by PHIRST London. This is evaluating the impact of digital interventions in the Stop Smoking Service on health inequalities. This will enable us to better understand the needs of smokers living in the most deprived wards in Milton Keynes. It will also provide an evidence-base from which we can develop effective and targeted interventions to reduce persistently high prevalence rates in these groups.

8.3 We have recently recruited a Tobacco Control Practitioner to lead on co-ordination of evidence-based tobacco control programmes. They will focus on areas such as regulatory enforcement, smokefree public places, and targeted marketing and communications campaigns. This will be vital to our work

supporting the wider development of a culture which actively discourages smoking for our residents.

- 8.4 We are engaging with workplaces around the [Healthy Workplace Standards](#). We will focus predominantly on organisations who have medium to large routine and manual workforces to support a change in culture which challenges and de-normalises smoking in Milton Keynes, and reduces the high smoking prevalence which disproportionately affects those in routine and manual occupations.

List of Annexes

None

List of Background Papers

None