

Stop Smoking Service

Public Health

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Why is it important?

- Smoking continues to kill 79,000 people in England every year and is the number one cause of preventable death in the UK
- Around half of all lifelong smokers will die prematurely, losing an average of ten years of life
- Beyond the well recognised effects on health; tobacco also plays a role in perpetuating poverty, deprivation and health inequalities
- Smoking has been identified as the biggest single cause of inequalities in death rates between rich and poor in the UK
- Tobacco also imposes a significant economic burden on society. ASH tobacco ready reckoner suggests that the cost to Central Bedfordshire Council alone is £68.41 million

How effective are we currently?

- Stop Smoking Services are a key component of highly cost effective tobacco control strategies at a local and national level
- Targeted, high-quality Stop Smoking Services are essential to the reduction of health inequalities for local populations
- Evidence shows that specialist Stop Smoking Services offering evidence-based behavioral support, alongside effective pharmacotherapy; provide smokers with highly effective treatment for tobacco dependence
- Services currently offer primarily face to face support for residents wanting to quit across all three authorities with long term programmes available for pregnant smokers and those with a long term or mental health condition

Objectives

- To improve choice and personalised access to Stop Smoking Services for residents in Central Bedfordshire, Bedford Borough and Milton Keynes
- To deliver required efficiencies across the three authorities
- To focus on our priority/vulnerable residents who find it harder to quit
- To maintain or reduce smoking prevalence
- To ensure the Stop Smoking Service can attract and attain its staff
- To ensure consistent quality of services and outcomes while reflecting the needs of each local authority

The Evidence Base

Established from Countries such as Australia, New Zealand, Sweden, Canada and the US which have all successfully implemented quit lines in various formats for several years (many for over 10 years) to help smokers to successfully quit.

It is difficult to compare specific outcomes across Countries with different populations and circumstances, however there are some common themes:

- The outcomes for multi-session proactive (pre-arranged calls) telephone counselling are similar to face to face support
- Telephone counselling is more accessible particularly in rural areas and is more cost effective

The evidence base continued

- The evidence about effectiveness for priority/vulnerable groups is mixed with some countries reporting better uptake and outcomes with quit lines
- The evidence for quit lines is weaker for pregnant women and people with mental health issues who appear to benefit from bespoke programmes
- There is evidence to show that appropriately tailored resources and text messaging services are effective as part of the service
- Currently the evidence base is weaker for apps and web-based services as an alternative to telephone counselling

Key milestones

- Evidence review, national direction of travel and best practice examples to inform outline consultation
- Stakeholder engagement
- User/customer insights work
- Outline 'options appraisal' for stakeholder consultation
- A review of contractual implications and mechanisms
- Procurement
- GO LIVE – January 1st 2019

Feedback or Questions?