



Public Health
England

Protecting and improving the nation's health

Local Tobacco Control Profiles for England (LTCP)

User survey update 2020

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Introduction

The Local Tobacco Control Profiles (LTCP) for England provide a snapshot of the extent of tobacco use, tobacco related harm, and measures being taken to reduce this harm at a local level and have been designed to help local government and health services to assess the effect of tobacco use on their local populations. They inform commissioning and planning decisions to tackle tobacco use and improve the health of local communities. The tool allows you to compare your local authority against other local authorities in the region and benchmark your local authority against the England or regional average.

As part of our commitment to develop our products in line with user needs – and as part of our compliance with the code of practice for official statistics – between 2 October 2018 and 1 April 2019 a survey linked to the LTCP webpage asked users a range of questions about who they are, how they use the tool and what developments they would like to see in future. A list of the questions asked is available in Appendix A. This report summarises the results from this survey, excluding respondents who did not complete all the mandatory questions in the survey.

Key findings and actions

Who are our users?

Local authorities are the main users of the LTCP, though the tool is also used by other governmental employees and members of the public.

What do our users think about indicators and what actions are we going to take?

We asked for respondents' views on various sections of the tool where we intended to make some changes, and their responses have informed our action as follows:

Smoking prevalence

More than half of respondents thought it would be useful to produce a new indicator for smoking prevalence in young people (age 18 to 19 or age 18 to 24) and this will be investigated further.

Respondents were interested in a pooled smoking prevalence based on a combination of results from various surveys however further investigation has shown this option does not produce feasible results.

Impact of smoking

Respondents found the domain as a whole useful even though the indicators only provide national figures. We have modified the view in the domain to make them more user-friendly.

Smoking quitters

A high proportion of respondents felt that all the indicators currently in the smoking quitters domain were useful and these will therefore remain.

More than three-quarters of respondents felt that the proposed additional indicators for this domain would be useful, and the options will now be investigated further.

What else do users want?

Suggestions for additional indicators include local level data on e-cigarette use, other data sources for mental health and smoking, local level data for young people and the cost of smoking. The possibility of these will be explored over the coming months.

Users also expressed an interest in other geographical areas such as Clinical Commissioning Group (CCG), Sustainability and Transformation Partnership (STP) and ward. We have already begun adding CCG level data in to the tool and will continue to do so where possible.

Methodology

Between 2 October 2018 and 1 April 2019 a select survey linked to the LTCP webpage was available for users to complete online. We considered the following topics when compiling the questionnaire:

Current indicators for removal

We reviewed current indicators in the tool, particularly noting those that had not been updated recently due to lack of available data, and considered the relevance of the latest data.

Other current indicators questioned were those where only national level data was available.

Options for additional indicators

Where there is a data need to monitor national targets in the Tobacco Control Plan, we investigated available data for possible future indicators and asked how useful these would be.

Where other indicators may be available from the same data source as current indicators, the usefulness of additional data was questioned.

There are some frequent requests that could be addressed through new indicator data and these were included as options.

Tool functionality

We wanted to assess how used and useful new functionality, such as the at-a-glance documents, are.

A list of the questions asked is available in Appendix A

Results

What type of organisation do you work for?

The majority of respondents (65%) were from local authorities. Of the remaining, 13% were from Public Health England itself, 10% were from the NHS, 6% from members of the public, 3% from private companies and a final 3% listed as ‘Other’.

What is your role?

The largest proportion of respondents selected the ‘other’ option (see table 1). When asked to specify, the responses included public health specialists and practitioners, tobacco control leads, commissioners, students and healthcare professionals.

Table 1: The role of respondents

	Number	Percentage
Analyst	9	33%
Policy	6	22%
Other	12	44%

How often do you visit the data tool?

The frequency with which responders visit the tobacco profiles varied (see table 2). No respondents said they visit daily but 15% said they visit the tool weekly. This rises to 27% visiting the tools monthly and a further 27% visiting following an update. 31% of survey respondents visited less often than this.

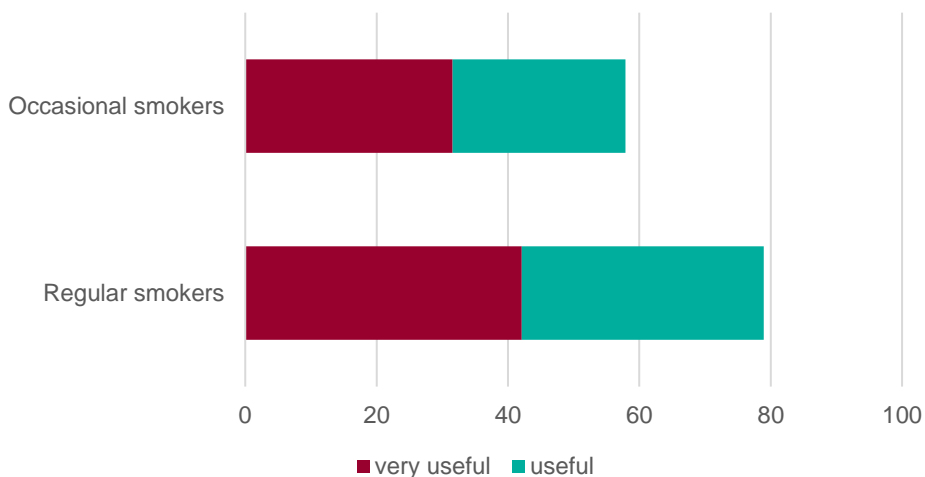
Table 2: Frequency of respondents visiting the tool

	Number	Percentage
Weekly	4	15%
Monthly	7	27%
Following an update	7	27%
Less often	8	31%

How useful do you find the following indicators?

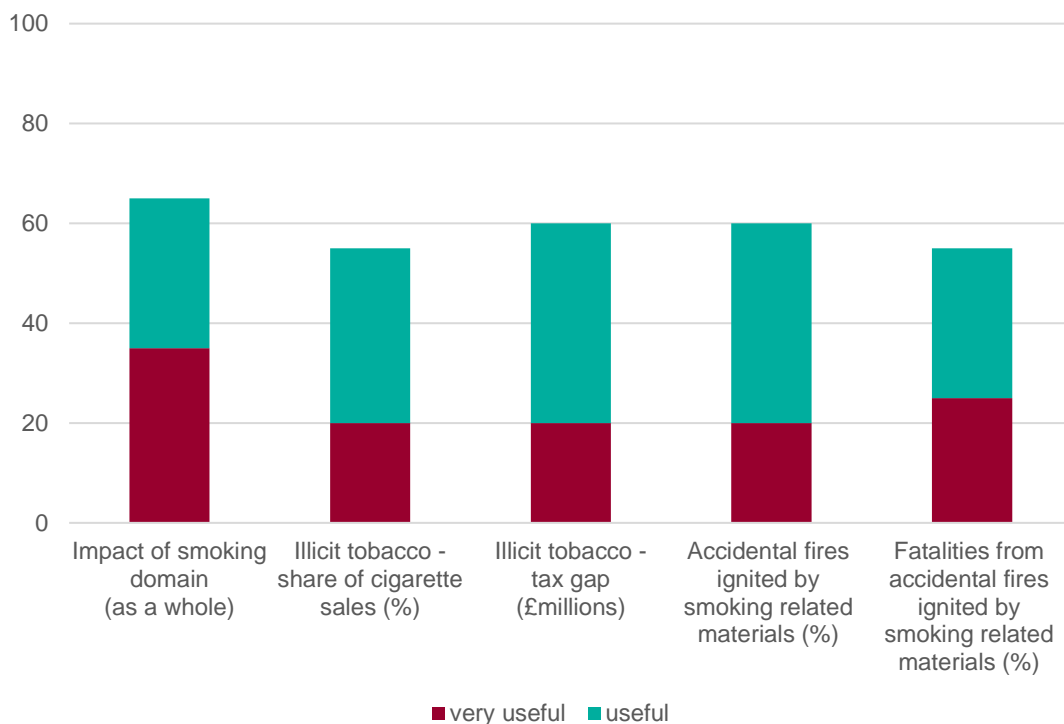
Smoking prevalence age 15 years (England only)

The majority of respondents found these indicators either useful or very useful.



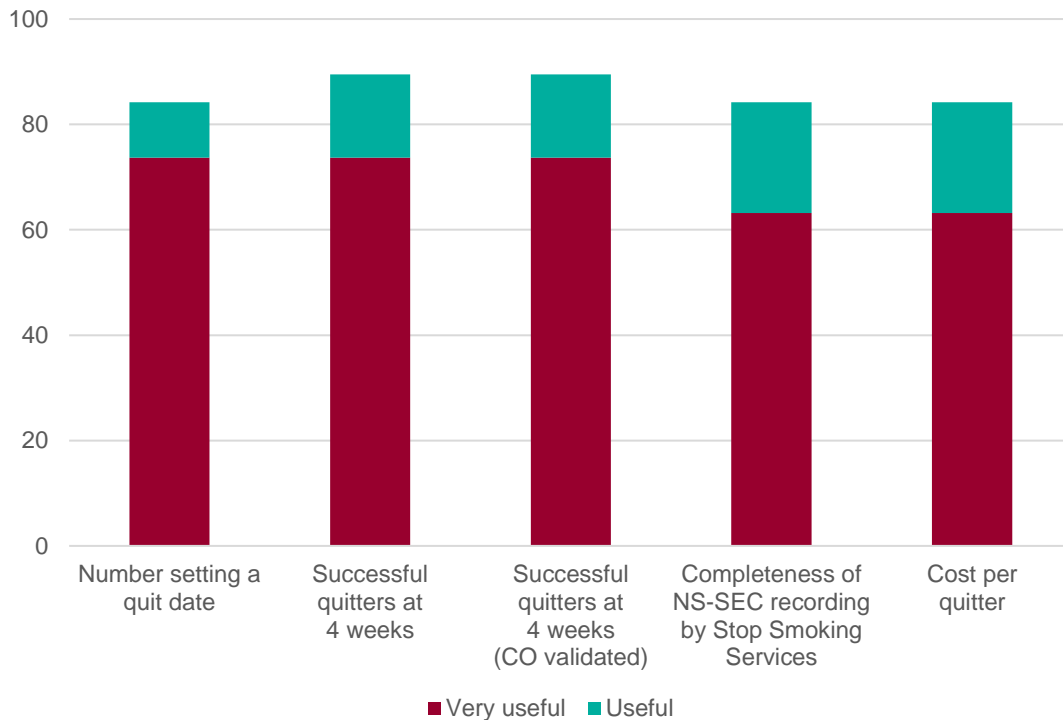
Impact of smoking

A large proportion of the respondents had a neutral opinion about the usefulness of the indicators in this domain, though there were no respondents who found any of these indicators either not useful or not at all useful.



Smoking quitters

For all the indicators in the smoking quitters domain there was a strong feeling that the indicators are very useful.

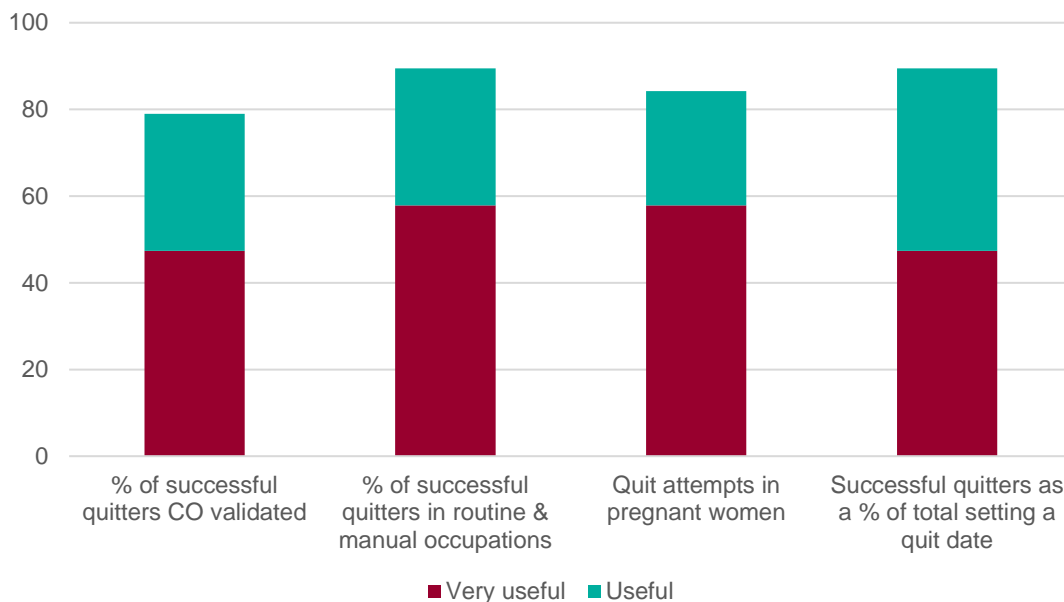


How useful do you think you might find the following?:

1. A new indicator incorporating the different measures into a single measure of smoking prevalence at local level (given there are various smoking prevalence estimates presented on the profiles calculated using different surveys)?
2. Just under half of respondents think that a pooled smoking prevalence would be very useful (47%) and around a third think it would be useful (32%).
3. A new indicator for smoking prevalence in young adults at LA level. This may have relatively small sample sizes and therefore large confidence intervals.
4. Over half (55%) of respondents thought an indicator on smoking prevalence in 18 to 19 year olds using 3-year rolling averages would be useful or very useful. Results were similar (58%) for the proposal of smoking prevalence age 18 to 24, though the proportion of those who thought it could be very useful was higher (32% for age 18 to 24 compared with 22% for age 18 to 19 years).

Additional indicators added in to the smoking quitters domain

There are several new indicators proposed for the smoking quitters domain. Chart 4 shows the majority of respondents thought each of these indicators would be either useful or very useful.



Given that fingertips was mainly developed to present local data, we are considering moving the England only indicators in the Impact of smoking domain out of the profile and linking to them from our further resources. What do you think of this proposal?

When asked about the proposal to move indicators for which there is only England level data out of the profiles, 26% of respondents agreed. A further 32% had a neutral response to the proposal. 26% disagreed with the proposal and 16% strongly disagreed.

Have you visited the new further resources section of the profiles or at-a-glance summary tables since their development in July? If yes, how useful did you find them?

Around half of respondents had visited the further resources since their update (53% answering yes and 47% answering no) and of these, 60% found them useful or very useful. The at a glance summary tables had been used by 74% of respondents, and 88% of these people found them useful.

Are there any indicators you would remove from the profiles? (If yes, please specify)

The majority of the respondents said that there were not any indicators they would remove from the profiles (84%).

Comments on which indicators should be removed included where data is old and has not been updated and where they did not agree with the methods we use for the calculation of the indicator.

Do you have any suggestions for new indicators? (If yes, please specify)

There were 7 responses with suggestions for new indicators. The most common suggestion was for an indicator on e-cigarette usage, including a break down by smoking status. Other suggestions included more indicators around mental health, smoking attributable mortality from COPD, the cost impact of smoking, more up-to-date data on smoking at age 15 and changes to geographies for some indicators (such as, ward level).

Are there any additional geographies that you would like to see displayed in the profiles? (If yes, please specify)

37% of respondents said there were additional geographies they would like to see in the profiles. The geography most mentioned was ward level, also CCG, LSOA and one comment for LA data where possible.

Any further comments?

Further comments included suggestions for the Fingertips R package and expressing how useful they find the tool and would welcome further developments.

What action will we take as a result of these findings?

Since the start of the survey various actions and considerations have been taken

1. An investigation into the feasibility of a pooled smoking prevalence estimate has been carried out. Due to the difference between the survey sample sizes, sampled population and methodology, it was deemed inappropriate to calculate a new indicator pooling smoking prevalence from all available data sources. Discussions with local tobacco control leads suggested that they tended to focus on the Annual Population Survey estimate as this aligned with the national monitoring.
2. The following indicators have been added to the LTCP to address the need for data on smoking and mental health:
 - smoking prevalence in adults with a long term mental health condition (18+) – current smokers (GPPS)
 - smoking prevalence in adults with anxiety or depression (18+) – current smokers (GPPS)
3. The following indicators have been or will be removed from the LTCP:

Indicative sales of tobacco products

This indicator has been removed from profiles as the data are old and there is no intention to update the figures.

Indicators related to smoking prevalence at age 15 calculated from the What about YOUth (WAY) survey

These will be removed from the Public Health Outcomes Framework (PHOF) in the first instance, then later from the LTCP as the survey will not be repeated so no updated data will be available. The data will then be available to download from the further resources section of the profiles.

4. The following will be considered for development as new indicators:
 - smoking prevalence in young adults age 18 to 24 years (APS)
 - smoking prevalence at age 15 years – current smokers (SDD): this would combine the regular and occasional smokers, allowing for further breakdowns by region and ethnicity to be displayed
 - nicotine prescriptions per 100,000 smokers
 - proportion of smokers setting a quit date that successfully quit

- proportion of successful quitters that were CO validated
 - proportion of successful quitters in routine and manual occupations
 - quit attempts in pregnant women
5. Clinical Commissioning Group data has been added for the following indicators:
- Smoking prevalence in adults (18+) – current smokers (APS)
 - Smoking prevalence in adults (18+) – ex-smokers (APS)
 - Smoking prevalence in adults (18+) – never smoked (APS)
 - Smoking at time of delivery

Further CCG data will be added where possible when indicators are updated in future publications. Aggregation to STP level will also be added where possible.

6. Given that users find the 'impact of smoking' domain useful, we will not be removing these indicators for the time being. We have modified the view in the domain so that indicator values are only shown when 'England' is selected from the area type dropdown list, rather than a series of '-' under all the labels for local authorities.
7. Ward level smoking prevalence data has been modelled and is due to be published in the PHE Local Health tool.
8. Working in collaboration with NHS Digital we published for the first time the smoking quitters indicators on the same date as NHS Digital in response to users requesting more timely data.

Furthermore, we will continue to develop the further resources pages of the website and update indicators at the earliest opportunity with the latest data.

Appendix A

1. What type of organisation do you work for:

- PHE Centre
- Other PHE
- Department of Health
- Other Government department
- Local authority
- Voluntary organisation
- NHS
- Private company
- Member of the public
- Other, please specify

2. What is your job role?:

- Analyst
- Policy
- Other (please specify)

3. How often do you visit the data tool?

- Daily
- Weekly
- Monthly
- Following an update
- Less often

4. How useful do you find the following current indicators?:

a) Smoking prevalence age 15 years (England only)

- Regular smokers (SDD)
- Occasional smokers (SDD)

a) Impact of smoking

- Impact of smoking domain (as a whole)
- Illicit tobacco – tax gap (£millions) (England only)
- Illicit tobacco – share of cigarette sales (%) (England only)
- Accidental fires ignited by smoking related materials (%) (England only)
- Fatalities from accidental fires ignited by smoking related materials (%) (England only)

b) Smoking quitters

- Number setting a quit date
- Successful quitters at 4 weeks (per 100,000 smokers)
- Successful quitters at 4 weeks (CO validated) (per 100,000 smokers)
- Completeness of NS-SEC recording by Stop Smoking Services
- Cost per quitter

5. We are looking to develop new indicators in the profiles to address some gaps in the data where local authorities may want to monitor progress following the latest **Tobacco Control Plan. Please tell us how useful you might find the proposals below:**

- a) Given there are various smoking prevalence estimates presented on the profiles calculated using different surveys, how useful would you find it to develop a new indicator incorporating the different measures into a single measure of smoking prevalence at local level?
- b) A NEW indicator for smoking prevalence in young adults at LA level. This may have relatively small sample sizes and therefore large confidence intervals. Bearing this in mind, how useful do you think you would find the following:
- Age 18 to 19 years (3 year rolling averages, UTLA sample sizes 15 to 117 per UTLA)
 - Age 18 to 24 years (3 year rolling averages, UTLA sample sizes 33 to 387 per UTLA)
- c) Additional indicators added in to the smoking quitters domain. How useful do you think you might find the following:
- Successful quitters as % of total setting a quit date
 - % of successful quitters that were CO validated
 - % of successful quitters in routine & manual occupations
 - Quit attempts in pregnant women

6. Given that fingertips was mainly developed to present local data, we are considering moving the England only indicators in the impact of smoking domain out of the profile and linking to them from our further resources. What do you think of this proposal?

7. Further resources and at-a-glance summary

- a) Have you visited the further resources section of the profiles since the developments in July?

b) In July we replaced the old PDF downloadable file with at-a-glance summary tables. Have you used these?

c) If yes, how useful did you find them?

8. Are there any indicators you would remove from the profiles? (if yes, please specify):

9. Do you have any suggestions for new indicators? (if yes please specify):