

Tobacco Control JSNA

Health and Wellbeing Board

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COVID-19 and smoking

- JSNA tobacco control published end 2019, pre COVID-19
- Available evidence is that smoking is associated with increased severity of illness and death in hospitalised COVID-19 patients

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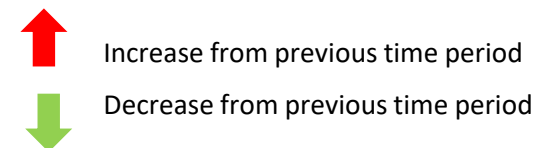
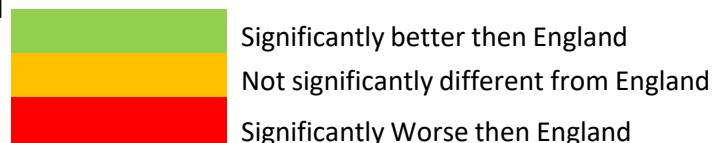
(World Health Organization <https://www.who.int/news-room/commentaries/detail/smoking-and-covid-19>)

Tobacco Control – Level of Need

Key Issues - Smoking prevalence

- Smoking prevalence in over 18s in Leicestershire has decreased between 2018 (13.2%) and 2019 (12.0%).
- Smoking prevalence in adults in routine & manual occupations increased between 2018 (22.4%) and 2019 (24.0%).
- Smoking prevalence in adults with a long term mental health condition has decreased for the 3rd year.
- The Prevalence of young smokers (aged 15) is similar to the England average.





Indicator	Leicestershire (%)	Leicestershire (%) <u>Latest Data</u>	Change from previous time period	England (%) Latest Data
Smoking prevalence in adults (18+)	13.2% (2018)	12.0% (2019)	↓	13.9% (2019)
Smoking prevalence in adults in routine & manual occupations (18-64)	22.4% (2018)	24.0% (2019)	↑	23.2% ↻
Smoking prevalence in adults with a long term mental health conditions	24.5% (2017/18)	20.2% (2018/19)	↓	26.8%
Smoking prevalence at age 15 (regular smokers)	4.5% (2014/15)	No new data available	—	5.5

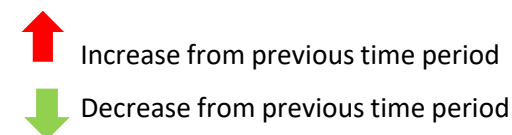
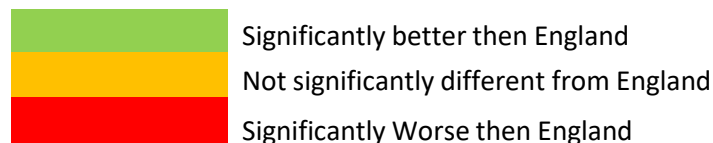


Tobacco Control – Level of Need

Key Issues – SATOD, Smoking related mortality & ill health

- The percentage of women smoking at time of delivery (SATOD) has been significantly decreasing for the last 5 years.
- Although smoking attributable hospital admissions have increased since 2017/18, the rate has significantly decreased over the last 5 years.
- Smoking attributable mortality continues to decrease from previous time period and performs better than the England average.
- Lung Cancer registrations have increased since the previous time period but remain significantly better than the England average.

Indicator	Leicestershire	Leicestershire <u>Latest Data</u>	Change from previous time period	England
Smoking status at time of delivery (Leicestershire & Rutland combined)	9.5% (2017/18)	8.5% (2018/19)		10.6%
Smoking attributable hospital admissions (per 100,000 population)	1350 (2017/18)	1454 (2018/19)		1612
Smoking attributable Mortality (per 100,000 population)	220.7 (2015-2017)	217.5 (2016-2018)		250.2
Lung cancer registrations (per 100,000 population)	64.2 (2015-2017)	66.0 (2016-2018)		77.9



Unmet Needs/Gaps

- Geographical difference in smoking levels; prevalence ranges from 6.3% in Oadby and Wigston to 19.2% in North West Leicestershire
- Leicestershire smoking population equates to 73,535 people
- Lesbian, gay and bisexual people more likely to be current smokers
- Smoking prevalence in routine and manual occupations in Leicestershire is 22.4%; therefore inequality related to burden of smoking related illnesses
- Higher prevalence of smoking results in excess mortality due to smoking in those with serious mental illness
- Looked after children, the homeless population and the prison population all have higher smoking prevalence than the average, leading to potential health inequalities due to smoking (as well as other inequalities)
- Smoking in pregnancy: 1 in 10 women still smoke at time of delivery
 - Substantial risk factor in miscarriage, premature birth, stillbirth, sudden unexpected death in infancy
 - Premature births are increasing over time

Tobacco Control Recommendations

- 1. Development of a Tobacco Control strategy for Leicestershire to set out a clear vision and priorities for reducing smoking related health inequalities and reducing the burden of illness and disease from smoking recognising the partnership between different organisations that will be required to fulfil this.**
- 2. Reduce health inequalities due to smoking through a reduction in people starting smoking, supporting people to stop smoking (recurrently if needs be) and optimal management of smoking related illnesses and diseases in primary and secondary care.**
- 3. To take a multiagency approach to prevention and stop smoking support in geographical areas where smoking prevalence is highest, alongside universal access to services.**
- 4. To carry out an evaluation of the Quit Ready service to ensure that those groups with higher smoking prevalence are appropriately targeted and reached by the service, alongside maintaining a universal offer to all smokers.**
- 5. Working in partnership across organisations in Leicestershire, and in Leicester and Rutland where appropriate, on areas such as smoke-free housing and in patient stop-smoking services.**
- 6. Continue to consider equality of access to stop smoking services, including information and support, for those who may face particular challenges in accessing services, for example those with a learning disability and other groups under the Equality Act.**

Tobacco Control Recommendations

- 7. Ensure that smoking advice and information, and the stop smoking services are thoroughly embedded in the Making Every Contact Count plus (MECC+) workstream and training.**
- 8. Work with Primary Care Networks in conjunction with social prescribing link workers to ensure that smokers are offered brief advice and relevant signposting to stop smoking services by social prescribing link workers.**
- 9. University Hospitals of Leicester NHS Trust and Leicestershire Partnership NHS Trust (Acute mental health services) to strengthen their smokefree sites policies and the enforcement of these policies.**
- 10. Work in partnership to reach LAC and support them and the places where they live to be smoke free, and have tailored services to support quit attempts.**
- 11. For specialist services such as prison healthcare, and homeless primary care services to ensure that accessible and relevant advice is provided to these groups in appropriate and pragmatic ways, with support from partners as appropriate and required.**
- 12. Investigate why prevalence of smoking in Leicestershire may have increased from 2017 to 2018, and continue to monitor and respond to the trend of smoking over time.**

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