

Rotherham Tobacco Control Health Needs Assessment

Executive Summary

Accurate as of April 2022

1. Despite a huge decrease in the number of people who smoke in the last 10+ years, **smoking remains the leading cause of preventable and early deaths in the UK and Rotherham**. From 2017-19, there were 1,272 deaths in Rotherham that can be attributed to smoking.

Tobacco-use in Rotherham

2. **Approximately 17.8% of Rotherham adults (around 37,100 people) were smokers in 2019 compared to 13.9% nationally**. In 2020, this figure was estimated to be 12.5% in Rotherham, and 12.1% nationally. However, 2020 estimates should be treated with caution because data collection was affected by COVID-19 and are not comparable with previous estimates.
3. **10% of Rotherham young people smoked age 15 according to 2014/15 estimates**. A 2019 survey found that the odds of being a smoker were 2.3 times higher amongst Rotherham young people who came from a home with another smoker, compared to young people who came from a smoke-free home.
4. Smoking behaviours appear to have shifted since the outbreak of COVID-19. There have been more successful attempts to quit, but an increase in smoking among young adults and older teens, and probably no overall change in the prevalence of smoking nationally.
5. Smoking is more common amongst some groups:
 - a. The odds of smoking amongst adults (aged 18-64) with a **routine and manual occupation** in Rotherham are 2.9 times the odds of smoking amongst people in other occupations.
 - b. **36% of adults with long term mental illness and 25% of adults with anxiety or depression smoke** in Rotherham.
 - c. **27% of unemployed people smoke compared to 15% of employed people, nationally**.
 - d. **20% of people who are from a Mixed ethnic group** smoke, followed by Other ethnicities (16%); White (14%); Black (10%) Asian (8%) and Chinese (7%) groups;
 - e. **22% of people who identify as gay or lesbian** smoke compared to 16% of straight people nationally.
 - f. **16% of men** smoke compared to 13% of women nationally.

6. **Rates of smoking during pregnancy are particularly high in Rotherham.** 14% of Rotherham women who gave birth were smokers at the time of delivery. This is significantly worse than across the region or nationally. Smoking during pregnancy increases the risk of stillbirth, and babies born to smokers are more likely to be born underdeveloped and in poor health.
7. Prevalence of smoking in Rotherham is consistently higher than all-England

Indicator (year/period)	Rotherham*	All-England
Smoking prevalence amongst adults (2019 definition)	17.8%	13.9%
Smoking prevalence amongst adults (2020 definition)	12.5%	12.1%
Smoking prevalence at age 15 (2014/15)	10.0%	8.2%
Smoking in early pregnancy (2018/19)	27.9%	12.8%
Smoking at the time of delivery (2020/21)	14.0%	9.6%
Smoking prevalence in adults with a long-term mental health condition (2019/20)	35.9%	25.8%
Smoking amongst adults with anxiety or depression (2019/20)	24.8%	25.8%
Smoking amongst people who work in routine and manual occupations (2020)	26.3%	21.4%

*Colours indicate performance compared with all-England: Red = significantly worse; Orange = comparable; Green = significantly better.

What impact does tobacco-use have in Rotherham?

Deaths

8. **From 2017-19, there were 1,272 smoking attributable deaths in Rotherham** – a rate of 271 deaths per 100,000 population. This is significantly worse than the England rate of 202 or the Yorkshire and the Humber rate of 239 deaths per 100,000 population.

Illness and disability

9. An estimated 13,836 Disability Adjusted Life Years (DALYs) in Rotherham were caused by smoking in 2019 alone. This accounts for 16% of all DALYs in Rotherham - making smoking the single greatest contributor to the total burden of disease locally.
10. Rotherham performs significantly worse than all-England for most indicators used to monitor the impact of smoking on population health.

Indicator (year/period)	Rotherham*	All-England
Smoking attributable hospital admissions: Rate per 100,000 population (2019/20)	2,023	1,398
Emergency hospital admissions for COPD: Rate per 100,000 population (2019/20)	561	415
Premature births (<37wks gestation) per 1,000 births (2016-18)	87.5	81.2
Lung cancer registrations: Rate per 100,000 population (2016-18)	101.1	77.9
Oral cancer registrations: Rate per 100,000 population (2016-18)	16.7	15.0
Oesophageal cancer registrations: Rate per 100,000 population (2016-18)	14.8	15.4

*Colours indicate performance compared with all-England: Red = significantly worse; Orange = comparable; Green = significantly better.

Counting the financial cost

11. **Smoking in Rotherham creates a total societal cost of approximately £67.5 million every year** – including £46.2m of potential wealth lost from the local economy from lost productivity, and £13.8m spent by the NHS.
12. Rotherham's spend on tobacco control per head of population fell by 49% between 2013 and 2018. By 2018, spend per head of resident population was £1.68. This is lower than the figure for all-England (£1.97) or other authorities in Rotherham's deprivation decile (£1.89).
13. Tobacco control remains a sound financial investment. **Every £1 invested in smoking is cessation is estimated to save £10 in future health care costs and health gains.** Specialist Stop Smoking Services are estimated to **cost less than £6,000 per Quality Adjusted Life Year (QALY)** gained, (far below the 'cost-effectiveness' threshold of £20,000 - £30,000 per QALY).

Tobacco control measures in Rotherham¹

Primary Prevention
<i>Primary prevention involves minimising the number of people who take up smoking</i>
<ul style="list-style-type: none">• In accordance with national requirements, schools in Rotherham incorporate teaching on smoking as part of the Personal, Social and Health Education.• In 2019, a local <i>Smoke-free Toolkit</i> was launched to support primary schools to develop smoke-free policies. There are no centrally held records of policy implementation, and there have been no coordinated efforts to roll out the kit to secondary schools (some schools locally do have policies).• Historically, RMBC's Trading Standards team have conducted age verification checks via test purchases to tackle underage sales of tobacco. However, no such programme is currently in place due to resourcing constraints
Promoting quitting and supporting stopping smoking
<i>Getting support quitting through smoking services, or using nicotine replacement therapy (NRT) increases chances of success by up to 300%</i>
In the community <ul style="list-style-type: none">• <i>Get Health Rotherham</i> provide free behaviour change support and pharmacotherapy to local smokers to aid quitting.• 66% of people referred to the service from 2018-21 were from the most deprived groups. 72% of referrals were self-referrals. Just 6% of referrals came from GPs.• Services and referral routes (especially via the suspended NHS Health Checks) have been disrupted by COVID-19.• In 2019/20, the crude rate of smokers setting a quit date in Rotherham was 2,951 per 100,000 smokers – significantly lower than the England rate (3,512). The number of smokers that quit at 4-weeks (CO validated) in Rotherham was 1,135 per 100,000 smokers – comparable with the all-England rate.
In acute and mental health services

¹ The full assessment outlines local tobacco measures in detail, drawing on service delivery data, stakeholder interviews, and the results of the CLeAR self-assessment tool. Opportunities to strengthen programming are given with reference to national guidance and evidence.

- The QUIT Programme is an initiative to change the way tobacco addiction is tackled in hospitals across South Yorkshire, by introducing systematic opt-out treatment of tobacco addiction for all in- and out-patients as well as staff and parents of children who are admitted.
- Roll-out is ongoing following the programme's launch mid-pandemic in 2021.

In maternity services

- The local NHS Foundation trust provides a specialist smoking in pregnancy support service. All pregnant women are routinely tested for CO levels, referred for specialist midwife support on an opt basis if they do smoke, and given regular CO monitoring to assess ongoing smoking status. Support includes behavioural therapy, and NRT.
- The service has helped deliver significant reductions in rates of smoking at the time of delivery over 10 years, but local rates remain worryingly high.

Enforcement of illicit and illegal tobacco control measures

Illicit tobacco offers a cheaper option for those who might otherwise see price as a reason to stop smoking

- Rotherham Trading Standards Team aims to conduct two enforcement operations per year in response to received intelligence on illicit and illegal tobacco. These operations are conducted in close coordination with the South Yorkshire Police.
- Enforcement efforts were disrupted by COVID-19 in 2020, but the Trading Standards team resumed operations in late 2021 resulting in the seizure tobacco with an estimated resale value of over £24,000

Policy and governance

- Rotherham previously had a Tobacco Control Alliance, with multidisciplinary membership. The Alliance oversaw the signing of the Local Government Declaration of Tobacco Control in 2014 and launched an ambition to ensure that Rotherham is smoke free by 2025. The group has not met regularly since 2018.
- Rotherham Council does have a Smokefree policy.

Recommendations

- i. **Strategy:** Develop a Tobacco Control Strategy and Action Plan for Rotherham in response to the new National Tobacco Control Plan (once published). The strategy should be fully costed and aligned with the Rotherham Prevention and Health Inequalities strategy and action plan.
- ii. **Targets:** Review and refine targets and progress indicators for Rotherham to enable meaningful tracking of progress against the strategy and action plan.
- iii. **Governance:** Re-invigorate a local Tobacco Control Alliance for Rotherham. It is recommended that a strategic group should be formed on a time-limited basis to develop a strategy. A second operational group should be formed with a focus on implementation.
- iv. **Resourcing:** Given the cost-effectiveness of tobacco control, the higher-than-average cuts made in resourcing for tobacco control locally, and the high burden of disease caused by smoking in Rotherham, funding for tobacco control should be increased to match national spend per head of population.
- v. **Reinvigorate primary prevention programming** in partnership with local primary and secondary schools, and by stepping-up work to reduce under-age sales.

- vi. Tackle inequalities:** In recognition that smoking behaviours are often replicated within families across generations, and that smoking is most prevalent amongst low income groups, it is recommended that Rotherham should explore opportunities to 'break the cycle' by providing intensive support to cut smoking amongst low-income families. This could include the use of financial incentive programmes to encourage quitting during pregnancy in low-income communities, as well as an intensive MECC approach across council teams.
- vii. Re-commission of community-based smoking cessation services** at the end of the current contract, with a focus on ensuring:
 - a. Provision of a universal offer with targeted programming for priority groups (potentially including manual workers; unemployed people; people with mental health illness; and family members of people receiving care through QUIT).
 - b. Continuity of care for people exiting other smoking cessation services (including QUIT / SATOD / RDASH services)
 - c. High rates of referral from primary care.
 - d. Alignment with effective service delivery models
 - e. Alignment with existing guidance around the value and risks of e-cigarettes to aid quitting
- viii. Data and monitoring:** Strengthen the use of existing data (e.g., data held by GPs and the CCG) data and consider investing in the generation of new data (e.g., through procurement of a geo-demography data package, or by conducting small scale qualitative data) to better identify and understand communities with high prevalence of smoking.