

## LEICESTER CITY HEALTH AND WELLBEING BOARD DATE

<b>Subject:</b>	Tobacco Smoking Joint Strategic Needs Assessment
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### EXECUTIVE SUMMARY:

#### 1. Introduction:

A Joint Strategic Needs Assessment (JSNA) is a statutory process by which local authorities and commissioning groups assess the current and future health, care and wellbeing needs of the local community to inform decision making.

The JSNA:

- Is concerned with wider social factors that have an impact on people's health and wellbeing such as poverty and employment.
- Looks at the health of the population with a focus on behaviours which affect health, such as smoking, diet and exercise.
- Provides a view of health and care needs in the local community
- Identifies health inequalities
- Indicates current service provision
- Identifies gaps in health and care services, documenting unmet needs

Smoking is the leading cause of preventable illness and premature death in England, causing harm in many parts of the body.

The Joint Strategic Needs Assessment of Tobacco Smoking provides a report of the following:

#### 2. Risk factors associated with tobacco smoking:

Higher smoking prevalence is seen in:

- Age: 25-44 year olds
- Men:
- Socio-economic class: routine and manual workers, those who have never worked or are long-term unemployed
- Qualifications: those with no qualifications
- Ethnic groups: White and Mixed ethnic groups

### **3. Impact of tobacco smoking on Leicester's population:**

#### **3.1 Prevalence**

Smoking prevalence in Leicester has been decreasing annually from over 22% in 2013 to 13% in 2022, which is similar to the national rate.

Smoking prevalence in Leicester men is 17% compared to 9% in women. The latest Health and Wellbeing Survey carried out in 2018 showed higher prevalence of smoking in men, 25-44 year olds, those of White ethnic groups and those living in the most deprived areas. The next Health and Wellbeing Survey for adults will take place later this year.

Highest smoking levels are seen in adults in routine and manual occupations at around 23% and those with a long-term mental health condition (25%).

Smoking in pregnancy: smoking at time of delivery is reported as 9.2%. *note: overall smoking prevalence in Leicester women is likely to be an underestimate as some women will have also given up smoking before/during pregnancy.*

#### **3.2 Cancer registrations**

Smoking increases risk of cancers and is heavily linked to lung, oral and oesophageal cancers.

Lung cancer registration rate is significantly higher in Leicester than nationally and equivalent to around 200 diagnoses per year

Oral cancer registration rates are also significantly higher in Leicester than nationally and equivalent to around 60 new diagnoses each year

#### **3.3 Hospital admissions**

The rate of smoking-attributable hospital admissions in Leicester is significantly higher than the national rate and equivalent to over 2,800 admissions per year.

Chronic Obstructive Pulmonary Disease (COPD) is a serious lung condition including chronic bronchitis and emphysema, for which smoking is the biggest preventable risk factor. In 2019/20 there were 975 emergency hospital admissions for COPD in Leicester residents, giving a significantly higher rate than nationally per 100,000 population.

#### **3.4 Mortality**

Leicester has around 246 deaths annually attributed to smoking, giving a significantly higher mortality rate compared to the national average per 100,000.

The majority of deaths attributable to smoking are due to lung cancer, chronic airway obstruction and coronary heart disease.

#### 4. Current services

Services include:

- **Live Well:** offers a Stop Smoking Service access to a trained advisor for behavioural support and stop smoking medication. All pregnant women are also offered support as part of the Long Term Plan.
- **Preventing young people from taking up smoking:** Targeted youth work through school smoke-free policy and educational content
- **Tackling cheap and illicit tobacco:** surveillance of local markets in illicit sales and supply chains, under-age test purchasing
- **Tobacco harm reduction:** long-term management of withdrawal and nicotine use beyond the treatment period for people unable to stop smoking in one step
- **Smoke-free homes and cars:** Intervention programme encourage people to take up the smoke-free pledge
- **NHS Long Term Plan:** making England a smoke-free society and supporting stop smoking programmes in settings including inpatients, mental health patients and pregnant women
- **Acute CURE Tobacco dependency service:** inpatient service operating across Glenfield, General and Royal hospital sites and on-ward referral to community services following discharge from hospital
- **Mental Health Inpatient tobacco dependency service:** Leicester Partnership Trust provide specialist behavioural support, Nicotine Replacement Therapy and e-cigarettes on the ward and transfer of care into the community.
- **Smokeless Tobacco:** Live Well can deliver smokeless tobacco in accordance with NICE guidelines
- **Marketing and awareness:** Live Well promotes awareness through face-to-face network, training, briefing Making Every Contact Count

#### 5. Unmet needs and service gaps

As the smoking rate falls, it becomes harder to engage with those who still smoke. Innovative methods of engagement are required to reach these groups and reduce inequalities

#### 6. Recommendations

- Continue to commission high-quality, evidence-based support for adults who want to quit
- Provision of tailored and targeted support for priority groups to stop smoking
- Ensure harm reduction interventions for those who cannot quit in one go
- Ensure continuity of the Long Term Plan inpatient tobacco dependency programmes across LLR

### RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

Note the unmet needs and service gaps and provide comment on areas identified for improvement.