



Smokefree Barnsley Tobacco Alliance Action Plan Refresh 2018-2020

VISION: To see the next generation of children in Barnsley born and raised in a place free from tobacco, where smoking is unusual

- Smoking prevalence in Barnsley is reducing but we still have one of the highest smoking rates in the country.
- The latest data illustrates that **17.4%** of the adult population in Barnsley are smokers - significantly higher than the England average of **14.4%** (2018).
- There is a wide variation between wards where the proportion of adult smokers ranges from **12%** to **29%**. The prevalence amongst routine and manual workers within Barnsley is higher than the overall prevalence at **27.5%** compared to **17.4%** (2018).
- The smoking prevalence at age 15 of **10.7%** is significantly worse than the England average of **8.2%** (2014/15).
- Although recently smoking in pregnancy has seen a large reduction at **16%**, this is still significantly higher than the England average of **10.6%** (2018/19).
- Smoking attributable mortality and admissions are significantly higher in Barnsley when compared with the regional average.
- Roughly **£45.5 million** per year is spent on tobacco by the smokers of Barnsley. This is on average around **£2050** per smoker per year (ASH Ready Reckoner, the local cost of tobacco, October 2019).
- Each year in Barnsley smoking costs society around **£62.4 million**, this includes factors such as lost productivity, the cost of social care, healthcare and smoking-related house fires (ASH Ready Reckoner, The local cost of tobacco, October 2019).



Prevalence

		2012	2013	2014	2015		2016		2017		2018		2019		2020		2021		2022		
					Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	
Prevalence of smoking among persons aged 18 years and over ¹	Barnsley	24.4	22.4	22.5	21.2	22	20.6	21	18.2	20	17.4	18		16		14		12		10	
	Yorkshire & Humber	21.9	20.5	19.9	18.6	-	17.7	-	17		16.7										
	England	19.3	18.4	17.8	16.9	-	15.5	-	14.9		14.4										
Prevalence of smoking among persons aged 18 years and over - routine and manual ¹	Barnsley	32.7	32	32.6	33	28.2	33.8	27	27.5	32	27.5	24		22		20		18		16	
	Yorkshire & Humber	33.9	32.4	32.5	30	-	28.9	-	28.2		27.4										
	England	31.1	30.1	29.6	28.1	-	26.5	-	25.7		25.4										
% of women who smoke at time of delivery	Barnsley	21.9	23	20.4	17.6	19	15.4	18	16.8	14	16	13		12		11		10		9	
	Y & H (up to 2012)/ South York's and Bassetlaw	16.5	18.6	17.7	14.5	-	14.4	-	14.2		14.4										
	England	12.7	12	11.4	10.6	-	10.7	-	10.8		10.6										
Smoking prevalence at age 15 - current smokers	Barnsley	-	-	10.7	Indicator no longer available at local level																
	Yorkshire & Humber	-	-	8.7																	
	England	-	-	8.2																	
Smoking prevalence in adults with severe mental illness	Barnsley	-	-	43.7																	
	Yorkshire & Humber	-	-	42.3																	
	England	-	-	40.5																	

¹ Annual Population Survey (APS)

RAG rating against locally set target (in blue). For comparisons with statistical neighbours please see appendix 1



National theme	Actions	Responsibility	Progress this year
<p>1. Prevention First To achieve a smokefree generation</p> <p>A smokefree generation Work to eliminate smoking among under 18s and achieve the first smokefree generation.</p> <p>Stamping out inequality: smokefree pregnancy Reduce the prevalence of smoking during pregnancy to improve life chances for children.</p>	<ul style="list-style-type: none"> Ensure the effective operation of underage test purchasing and standardised packaging to reduce the uptake of smoking by young people. Continue to enforce smokefree cars All CCGs, Trusts and local councils fully implementing NICE Guidance including Smoking: stopping in pregnancy and after childbirth (PH26) which recommends that all pregnant women are CO screened and those with elevated levels referred via an opt-out system for specialist support. 	<p>Trading Standards BMBC</p> <p>Trading Standards BMBC</p> <p>CCG/ BHNFT/ SWYFT</p>	
<p>2. Supporting smokers to quit To achieve a smokefree generation</p> <p>Stop smoking services</p> <p>Parity of esteem: supporting people with mental health conditions</p>	<ul style="list-style-type: none"> Continue to monitor effectiveness of stop smoking services; targeting priority groups and increasing 12 week quits. Ensure that local health professionals have access to the information and training they need to provide effective help for smokers to quit. Provide access to training for all health professionals on how to help patients – especially patients in mental health services - to quit smoking. 	<p>Stop Smoking Group</p> <p>SWYFT/ BHNFT/ CCG</p> <p>Stop Smoking Group</p>	



<p>Reduce the prevalence of smoking in people with mental health conditions.</p> <p>Backing evidence based innovation Develop a strong evidence base on the full spectrum of nicotine delivery products.</p> <p>A smokefree NHS, leading by example Create and enable working environments which encourage smokers to quit.</p>	<ul style="list-style-type: none"> NHS Trusts will encourage smokers using, visiting and working in the NHS to quit, with the goal of creating a smokefree NHS by 2020 through the 5 Year Forward View mandate Staff in mental health trusts to implement NICE Guidance PH45 and PH48 Integrate further stop smoking support with addiction services and services for people with mental health conditions. Support the implementation of "preventing ill health by risky behaviours – alcohol and tobacco CQUIN", which includes a requirement for clinicians to undertake assessment and arrange for intervention where appropriate in relation to smoking status. Support the implementation of 'Get Fit First' to ensure smoking status is recorded by all GP's and there is an effective referral system in place. Commissioners and providers of the local health and social care system assessing the need of stop smoking support for people with mental health conditions and delivering targeted and effective interventions. Use the latest evidence available on e-cigarettes and other novel nicotine delivery systems include within quit smoking campaigns messages about the relative safety of e-cigarettes 	<p>BHNFT/ SWYFT</p> <p>SWYFT</p> <p>BMBC/ SWYFT</p> <p>Stop Smoking Group/ BHNFT</p> <p>Stop Smoking Group/ CCG</p> <p>SWYFT</p> <p>Stop Smoking Group</p>	
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	<ul style="list-style-type: none"> • Work with willing employers to develop advice for how employers across different industries can best support their workforces to stop smoking including the implementation of NICE guidance PH5 on workplace interventions to help people stop smoking plus making good use of information and momentum generated by national campaigns such as 'Stoptober' and regional campaigns to promote stopping smoking amongst their employees. 	<p>BMBC Place Directorate</p>	
<p>3. Eliminating variation in smoking rates To reduce the regional and socio-economic variations in smoking rates, we need to achieve system-wide change and target our actions at the right groups</p> <p>A whole system approach Develop all opportunities within the health and care system to reach out to the large number of smokers engaged with healthcare services on a daily basis.</p> <p>Local inequalities Eliminating health inequalities through targeting those</p>	<ul style="list-style-type: none"> • Promote links to Stop Smoking Services across the borough. • All health professionals engaging with smokers to promote quitting. • All commissioners taking up the 2017-19 Commissioning for Quality and Innovation framework which includes tobacco as a national indicator for clinicians to undertake assessment and arrange for intervention where appropriate in relation to smoking status. • Work with PHE through the development of work on sector-led improvement driven by the local councils working together to drive performance. • Participating in another 'CLear' peer assessment, aiming for 100% of the marks available. • Identify the groups and areas with the highest smoking prevalence within the local community and take focused action aimed at making reductions in health inequalities caused by 	<p>All</p> <p>SWYFT/ BHNFT/ CCG</p> <p>BMBC/ CCG</p> <p>BMBC</p> <p>BMBC</p> <p>Stop Smoking Group</p>	



<p>populations where smoking rates remain high.</p> <p>Public awareness Use mass media campaigns to promote smoking cessation and raise awareness of the harms of smoking.</p> <p>Smokefree places Explore further opportunities to protect people from the harm of second-hand smoke and make smoking invisible.</p> <p>Tobacco control intelligence Ensure our strategies are effective and evidence based.</p>	<p>smoking in their population.</p> <ul style="list-style-type: none"> Locally support PHE mass media campaigns to promote smoking cessation and raise awareness of the harms of smoking. Local areas working together to explore if regional and cross-regional approaches could offer a greater return on investment for stop smoking campaigns. Continue to develop 'Smokefree Barnsley', to include roll out of smokefree schools, Smokefree College and more smokefree town centre zones. To also include Smokefree High Streets starting with Wombwell. Encourage partners to have comprehensive Smokefree policies differentiating the levels of harm caused by existing tobacco products including e-cigarettes and other novel products. Supporting staff to quit and setting a good example to the general public. Review how the prevalence of young people who smoke is measured as well as their attitudes to smoking to inform policy on reducing smoking prevalence for young people. Continue to work to improve the reliability of data measures for smoking during pregnancy. Promotion of smokefree homes. 	<p>ALL</p> <p>Stop Smoking Group</p> <p>BMBC/ Barnsley College</p> <p>BMBC</p> <p>BMBC</p> <p>CCG</p> <p>Stop smoking Group</p>	
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4. Effective enforcement
To reduce the demand for tobacco and continue to develop an environment that protects young people and others from the harms of smoking

Illicit tobacco
 Implement an illicit tobacco strategy and reduce the market share of these products.

Regulation and enforcement
 Improve the use and effectiveness of sanctions and monitor the development of novel products.

- Improve the use of sanctions to address tobacco fraud, in particular for repeat offenders.
- Engagement with the media to raise awareness of tobacco duty evasion, its effect on society and the consequences for those involved in the fraud.
- Limit direct contact with the tobacco industry to that necessary.

Trading Standards BMBC

Trading Standards BMBC

Trading Standards BMBC



PUBLIC HEALTH STRATEGY

THE PUBLIC HEALTH STRATEGY WILL CONTRIBUTE TO ACHIEVING A BRIGHTER FUTURE AND A BETTER BARNSELY BY ENSURING CHILDREN HAVE THE BEST START IN LIFE AND EVERYONE ENJOYS A HAPPY HEALTHY LIFE WHEREVER THEY LIVE AND WHOEVER THEY ARE.



Appendix 1 How Barnsley compares to other areas:

Smoking Prevalence in adults (18+) - current smokers (APS) 2018

Proportion - %

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Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	6,360,957	14.4	14.2	14.7
Yorkshire and the Humber region	–	719,325	16.7	15.9	17.4
Kingston upon Hull	–	53,090	26.1	22.6	29.5
North East Lincolnshire	–	26,566	21.2	18.3	24.1
North Lincolnshire	–	28,555	21.0	17.9	24.0
Doncaster	–	47,749	19.6	16.8	22.4
Wakefield	–	52,623	19.3	16.5	22.2
Rotherham	–	39,260	18.9	16.0	21.8
Bradford	–	73,002	18.5	15.6	21.4
Leeds	–	113,023	18.2	15.6	20.8
Barnsley	–	33,852	17.4	14.7	20.1
Calderdale	–	25,503	15.5	12.7	18.4
Kirklees	–	51,015	15.1	12.6	17.6
East Riding of Yorkshire	–	35,367	12.8	10.5	15.1
Sheffield	–	58,153	12.5	10.1	14.9
North Yorkshire	–	59,806	12.0	9.8	14.3
York	–	19,994	11.5	9.1	13.9

Source: Annual Population Survey (APS)



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Smoking Prevalence in adults in routine and manual occupations (18-64) - current smokers (APS) 2018

Proportion - %

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Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	-	25.4	24.8	26.0
Yorkshire and the Humber region	-	-	27.4	25.6	29.2
Kingston upon Hull	-	-	33.0	26.3	39.7
Wakefield	-	-	33.0	26.7	39.2
North Lincolnshire	-	-	30.9	24.8	36.9
Doncaster	-	-	29.9	23.9	35.9
Rotherham	-	-	29.9	23.7	36.1
Bradford	-	-	29.4	22.4	36.3
North East Lincolnshire	-	-	29.3	23.5	35.0
Barnsley	-	-	27.5	21.1	34.0
Leeds	-	-	26.9	20.5	33.3
Calderdale	-	-	26.8	19.7	33.9
Kirklees	-	-	25.9	20.0	31.8
North Yorkshire	-	-	25.1	17.7	32.5
East Riding of Yorkshire	-	-	23.7	18.0	29.4
Sheffield	-	-	19.8	12.7	26.9
York	-	-	18.6	11.9	25.2

Source: Annual Population Survey (APS)



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Smoking status at time of delivery

New data

2018/19

Proportion - %



Export table as image



Export table as CSV file

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	61,399	10.6	10.5	10.7
Yorkshire and the Humber region	↓	8,163	14.4*	14.1	14.7
North East Lincolnshire	→	376	23.2	21.2	25.4
Kingston upon Hull	↓	663	19.9	18.6	21.3
North Lincolnshire	→	296	19.1	17.3	21.2
Rotherham	↓	445	17.9	16.5	19.5
Wakefield	↓	617	16.4	15.2	17.6
Barnsley	↓	455	16.0	14.7	17.4
Doncaster	↓	488	15.9	14.7	17.3
Bradford	↓	1,039	14.6	13.8	15.5
East Riding of Yorkshire	→	363	14.3	13.0	15.7
Calderdale	→	312	14.3	12.9	15.9
Kirklees	↓	579	12.7	11.7	13.7
Leeds	↓	1,125	12.3	11.6	12.9
Sheffield	↓	679	11.7	10.9	12.5
York	↓	198	11.6	10.2	13.2
North Yorkshire	↓	528	10.5	9.7	11.3

Source: Calculated by PHE from the NHS Digital return on Smoking Status At Time of delivery (SATOD)