



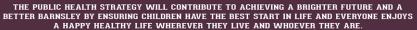
Smokefree Barnsley Tobacco Alliance Action Plan Refresh 2018-2020

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).



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Prevalence

		2012	2013	2014	20			16		17		18		19	20	20		21		22
5			20.0		Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target
Prevalence of smoking	Barnsley	24.4	22.4	22.5	21.2	22	20.6	21	18.2	20	17.4	18		16		14		12		10
among persons	Yorkshire & Humber	21.9	20.5	19.9	18.6	-	17.7	-	17		16.7									
aged 18 years and over ¹	England	19.3	18.4	17.8	16.9	-	15.5	-	14.9		14.4									
Prevalence of smoking	Barnsley	32.7	32	32.6	33	28.2	33.8	27	27.5	32	27.5	24		22		20		18		16
among persons aged	Yorkshire & Humber	33.9	32.4	32.5	30	-	28.9	-	28.2		27.4									
18 years and over - routine and manual 1	England	31.1	30.1	29.6	28.1	-	26.5	-	25.7		25.4									
	Barnsley	21.9	23	20.4	17.6	19	15.4	18	16.8	14	16	13		12		11		10		9
% of women who smoke at time of delivery	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 -	Barnsley	-	-	10.7	Indicat	tor no lo	onger a	vailable	at loca	l level										
current	Yorkshire & Humber	1	-	8.7																
56.1.5	England	-	-	8.2																
Smoking prevalence in	Barnsley	-	-	43.7																
adults with severe mental	Yorkshire & Humber	-	-	42.3																
illness	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



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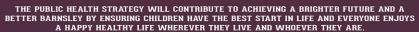


National theme	Actions	Responsibility	Progress this year
1. Prevention First To achieve a smokefree generation	 Ensure the effective operation of underage test purchasing and standardised packaging to reduce the uptake of smoking by young people. 	Trading Standards BMBC	
A smokefree generation Work to eliminate smoking	Continue to enforce smokefree cars	Trading Standards BMBC	
among under 18s and achieve the first smokefree generation.	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	CCG/ BHNFT/ SWYFT	
Stamping out inequality: smokefree pregnancy Reduce the prevalence of	referred via an opt-out system for specialist support.		
smoking during pregnancy to improve life chances for children.			
2. Supporting	Continue to monitor effectiveness of stop smoking	Stop Smoking	
smokers to quit	services; targeting priority groups and increasing 12 week quits.	Group	
To achieve a smokefree generation	 Ensure that local health professionals have access to the information and training they need to provide effective help for smokers to quit. 	SWYFT/ BHNFT/ CCG	
Parity of esteem: supporting people with mental health conditions	 Provide access to training for all health professionals on how to help patients – especially patients in mental health services - to quit smoking. 	Stop Smoking Group	





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Reduce the prevalence of smoking in people with mental health conditions. Backing evidence based	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	BHNFT/ SWYFT	
innovation Develop a strong evidence base on the full spectrum of	Staff in mental health trusts to implement NICE Guidance PH45 and PH48	SWYFT	
nicotine delivery products. A smokefree NHS, leading by	 Integrate further stop smoking support with addiction services and services for people with mental health conditions. 	BMBC/ SWYFT	
example Create and enable working environments which encourage smokers to quit.	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.	Stop Smoking Group/ BHNFT	
	 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. 	Stop Smoking Group/ CCG	
	 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. 	SWYFT	
	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	Stop Smoking Group	





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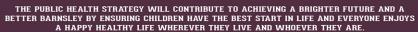




	Work with willing employers to develop advice for how employers across different industries can best support their workforces to stop smoking including the implementation of NICE guidance PH5 on workplace interventions to help people stop smoking plus making good use of information and momentum generated by national campaigns such as 'Stoptober' and regional campaigns to promote stopping smoking amongst their employees.	BMBC Place Directorate
3. Eliminating variation in smoking	Promote links to Stop Smoking Services across the borough.	All
rates To reduce the regional and	All health professionals engaging with smokers to promote quitting.	SWYFT/ BHNFT/ CCG
socio-economic variations in smoking rates, we need to achieve system-wide change and target our actions at the right groups	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.	BMBC/ CCG
A whole system approach Develop all opportunities within the health and care system to reach out to the	Work with PHE through the development of work on sector-led improvement driven by the local councils working together to drive performance.	вмвс
large number of smokers engaged with healthcare services on a daily basis.	Participating in another 'CLeaR' peer assessment, aiming for 100% of the marks available.	вмвс
Local inequalities Eliminating health inequalities through targeting those	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	Stop Smoking Group





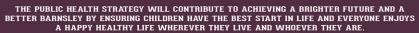




populations where smoking		smoking in their population.		
rates remain high. Public awareness Use mass media campaigns to	•	Locally support PHE mass media campaigns to promote smoking cessation and raise awareness of the harms of smoking.	ALL	
promote smoking cessation and raise awareness of the harms 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.	Stop Smoking Group	
Smokefree places				
Explore further opportunities to protect people from the harm of second-hand smoke and make smoking invisible.	•	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.	BMBC/ Barnsley College	
Tobacco control intelligence Ensure our strategies are effective and evidence based.	•	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.	вмвс	
	•	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.	вмвс	
	•	Continue to work to improve the reliability of data measures for smoking during pregnancy.	CCG	
			Stop smoking	
	•	Promotion of smokefree homes.	Group	









4. Effective	•	Improve the use of sanctions to address tobacco	Trading Standards BMBC		
enforcement		fraud, in particular for repeat offenders.	Stariuarus Divide		
To reduce the demand for	•	Engagement with the media to raise awareness of	Trading		
tobacco and continue to		tobacco duty evasion, its effect on society and the consequences for those involved in the fraud.	Standards BMBC		
develop an environment that protects young people					
and others from the harms of	•	Limit direct contact with the tobacco industry to	Trading		
smoking		that necessary.	Standards BMBC		
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.					



PUBLIC HEALTH STRATEGY THE PUBLIC HEALTH STRATEGY WILL CONTRIBUTE TO ACHIEVING A BRIGHTER FUTURE AND A BETTER BARNSLEY BY ENSURING CHILDREN HAVE THE BEST START IN LIFE AND EVERYONE ENJOYS

A HAPPY HEALTHY LIFE WHEREVER THEY LIVE AND WHOEVER THEY ARE.



Make Smoking Invisible

Appendix 1 How Barnsley compares to other areas:

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

Proportion - %

Area △▽	Recent Trend	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper Cl
England	_	6,360,957	14.4	H	14.2	14.
Yorkshire and the Humber region	_	719,325	16.7	H	15.9	17.
Kingston upon Hull	_	53,090	26.1	-	4 22.6	29.
North East Lincolnshire	-	26,566	21.2		18.3	24.
North Lincolnshire	-	28,555	21.0		17.9	24.
Doncaster	-	47,749	19.6	 	16.8	22.
Wakefield	-	52,623	19.3		16.5	22.
Rotherham	-	39,260	18.9		16.0	21.
Bradford	-	73,002	18.5	<u> </u>	15.6	21.
Leeds	-	113,023	18.2	-	15.6	20.
Barnsley	_	33,852	17.4		14.7	20.
Calderdale	_	25,503	15.5	-	12.7	18.
Kirklees	_	51,015	15.1	-	12.6	17.
East Riding of Yorkshire	_	35,367	12.8	-	10.5	15.
Sheffield	_	58,153	12.5	-	10.1	14.
North Yorkshire	_	59,806	12.0		9.8	14.
York	_	19,994	11.5		9.1	13.

Source: Annual Population Survey (APS)



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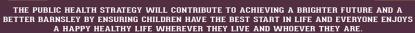
Smoking Prevalence in adults in routine and manual occupations (18-64) - current smokers (APS) 2018

Proportion - %

Area ▲▼	Recent Trend	Count	Value ▲▼		95% Lower CI	95% Upper Cl
England	_	-	25.4	H	24.8	26.0
Yorkshire and the Humber region	_	-	27.4	\vdash	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	<u> </u>	23.5	35.0
Barnsley	_	-	27.5	<u> </u>	21.1	34.0
Leeds	_	-	26.9		20.5	33.3
Calderdale	_	-	26.8	<u> </u>	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)







Make Smoking Invisible

Smoking status at time of delivery New data

2018/19

Proportion - %

Area ▲▼	Recent Trend	Count ▲▼	Value ▲ ▼		95% Lower CI	95% Upper CI
England	+	61,399	10.6		10.5	10.
Yorkshire and the Humber region	+	8,163	14.4*	Н	14.1	14.
North East Lincolnshire	→	376	23.2	<u> </u>	→ 21.2	25.4
Kingston upon Hull	+	663	19.9	\vdash	18.6	21.3
North Lincolnshire	→	296	19.1	 	17.3	21.
Rotherham	+	445	17.9	<u> </u>	16.5	19.
Wakefield	+	617	16.4	—	15.2	17.0
Barnsley	+	455	16.0	 	14.7	17.4
Doncaster	+	488	15.9	 -	14.7	17.3
Bradford	+	1,039	14.6	H	13.8	15.
East Riding of Yorkshire	→	363	14.3	—	13.0	15.
Calderdale	-	312	14.3		12.9	15.9
Kirklees	+	579	12.7	\vdash	11.7	13.
Leeds	+	1,125	12.3	H	11.6	12.9
Sheffield	+	679	11.7	H	10.9	12.
York	1	198	11.6		10.2	13.5
North Yorkshire	1	528	10.5	H	9.7	11.3

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