Appendix 1

Executive summary:
Findings from health needs assessments relating to the healthy lifestyles pathway

This executive summary draws from two health needs assessments that were undertaken in 2021/22, focussed on smoking and healthy weight.

Smoking

Data headlines

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

Prevalence of smoking in Rotherham is higher than all-England in most groups.

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.

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.

Impact of tobacco-use in Rotherham

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.

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.

Reflections on the current system

Primary prevention

Primary prevention involves minimising the number of people who take up smoking.

- 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 *Smoke-free Toolkit* 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 (although 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

Getting support quitting through smoking services or using nicotine replacement therapy (NRT) increases chances of success by up to 300%.

In the community:

- *Get Healthy Rotherham* 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:

- 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 group has not met regularly for several years.
- Rotherham Council does have a Smokefree policy.

Recommendations

- **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.
- **Targets:** Review and refine targets and progress indicators for Rotherham to enable meaningful tracking of progress against the strategy and action plan.
- **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.
- **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.
- **Reinvigorate primary prevention programming** in partnership with local primary and secondary schools, and by stepping-up work to reduce under-age sales.
- **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.

- **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
- **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.

Healthy weight

Data headlines

In general, Rotherham performs worse than the national average for most measures relating to weight. Of note, there is currently a lack of granular data locally (for example, prevalence of excess weight by age, sex, ethnicity or geography) which could be used to identify areas of highest need to target interventions.

Excess Weight

The prevalence of excess weight has been increasing over time, both locally and nationally. Rotherham has a higher prevalence of excess weight than the national average.

- 26.6% of reception age children were overweight or obese in 2019/20, compared to 23.0% nationally
- 37.9% of Year 6 children were overweight or obese in 2019/20, compared to 35.2% nationally
- 72.9% of adults in Rotherham overweight or obese in 2019/20, compared to 62.8% nationally – this equates to around 150,000 adults in Rotherham with excess weight
- 28.3% of women in Rotherham were obese in early pregnancy in 2018/19, compared to 22.1% nationally
- National Child Measurement Programme data appears to show a significant increase in excess weight for 2020/21 (4.7%) which is likely to have been mirrored locally

Underweight

Generally, there is a lack of local data about the prevalence of underweight in adulthood.

- 0.6% of reception age children were underweight in 2019/20, compared to 0.9% nationally
- 1.8% of Year 6 children were underweight in 2019/20, compared to 1.4% nationally
- Nationally, Health Survey for England data suggests that around 2% of the adult population (16+) are underweight – this would equate to around 3500 adults in Rotherham
- Nationally, referrals for childhood eating disorder services have doubled since the COVID-19 pandemic
- Note that undernourishment is not synonymous with underweight; people who are undernourished may be of a ‘healthy’ weight

Physical Activity

- 42.4% of children and young people in Rotherham were considered physically active in 2018/19, compared to 46.8% nationally
- 64.3% of adults in Rotherham were considered physically active in 2019/20, compared to 66.8% nationally
- Uptake of cycling in Rotherham is particularly low, with just 0.3% of adults cycling for travel 3 or more days a week in 2018/19, compared to 3.1% nationally

Risk factors

It should be noted that there is a lack of granular data available locally (for example, prevalence of excess weight by age, sex, ethnicity or geography.) However, national data and research highlights a number of risk factors associated with being overweight:

- Men are more likely to be overweight, women to be obese.
- Increasing risk with increasing age, up until 65 years.
- Black and White British ethnic groups.
- Those living in areas of higher socioeconomic deprivation.
- Those with learning difficulties or mental health difficulties including SMI.
- Women identifying as lesbian or bisexual, heterosexual men.

There are also several risk factors associated with being underweight:

- Those aged 16-24 are the most likely to be underweight, with a decline towards middle age, and then an increase again towards older age.
- Women identifying as 'other' sexual orientation and men identifying as gay, bisexual or 'other' sexual orientation.
- People with learning disabilities.

Reflections on the current system in Rotherham

Certain elements of the current system in Rotherham function well, especially where strong positive relationships exist between partners. Of note, some programmes seem to have had particular success where the non-physical-health benefits of exercise and diet have been the primary focus of activities (for example, mental wellbeing days or use of physical activity as a behaviour management tool in schools).

There are, however, some current issues within the system. These include:

- A lack of unified approach to ensuring a healthier weight
- Poor data quality
    - There is a lack local granularity on excess weight/physical activity which makes it hard to identify areas of highest need and therefore target services
    - Data is often self-reported, and people who respond to surveys may be more motivated to lose weight than non-responders
    - Can be difficult to measure the success of programmes (for example, continuation of physical activity at a different club is hard to capture)
    - May be less data about interventions in certain groups (for example, those with severe mental illnesses)
- A lack of single, clear, up-to-date resource to signpost people to
- The cost and location of currently available services means that those who probably have the greatest need are not always able to access services
- The projects that are available are often not sustainable due to funding or resourcing, which ties into difficulties with signposting people to resources
- Service users are not always at the right stage to consider changing certain health behaviours (e.g., diet alterations)

Recommendations

Many potential actions to influence weight, diet and physical activity lie outside of the remit of Place. The recommendations below, however, are areas where practice could be improved locally:

- There should be a more joined-up approach to healthy weight across the borough, including a wide variety of partners from across the system

- There should be greater data collection and information sharing between partners
- There should be a more visible Tier 1 primary prevention presence across the borough
- There should be consideration of the creation of a physical health prevention online resource or addition of physical health resources to the website Rotherhive
- Future services or interventions should ideally include an element of co-production
- There should be a greater focus on provision for children, particularly in the early years settings
- There should be a greater focus on food and dietary changes in organised settings, combined with a focus on encouraging physical activity outside of organised settings
- Environments should be designed to promote healthy choices as the easiest and most convenient option
- Adult Tier 2 weight management services and Health Checks should be recommissioned
- It should be ensured that future actions do not serve to worsen health inequalities