

JSNA Review - Prioritisation Tool

Priority Topic: Smoking / Smoking in pregnancy

Criteria	Score	High 10 points	Medium 5 points	Low 1 point	Zero 0 points	Score	Weighting	What's the evidence?
	Criteria							
Level of need – Volume		Topic covers an estimated <u>large 'in need' population</u> (>25,000 people).	Topic covers an estimated <u>medium sized 'in need' population</u> (10,000 – 24,999).	Topic covers an estimated <u>small 'in need' population</u> (<10,000).	-	Medium - 5 points	1.5	<ul style="list-style-type: none"> Smoking prevalence in Warwickshire, in 2012, was 17.9% of adults aged 18 and over (or 78,000 smokers). NHS Stop Smoking Services data for 2013-14 Quarter 3, indicate that 4,458 people had set a quit date between April 2013 and December 2013 and that 1,947, at the four week follow-up, had successfully quit (based on self-report) – 43% of those setting a quit date. Smoking in pregnancy which is also known as smoking at time of delivery (SATOD) in Warwickshire in 2012/13 was 17.6% of maternities meaning that around 1,000 babies born in Warwickshire have effectively already been smoking for nine months. <p style="text-align: right;"><i>Public Health Outcomes Framework</i> NB this was scored as 'medium' due to the two 'in need' populations (one being high volume and one being low volume) being averaged in order to combine them into a single topic.</p>
Level of need – Severity		The population concerned have <u>'severe' needs.</u>	The population concerned have <u>'considerable' needs.</u>	The population concerned have <u>'moderate' needs.</u>	-	High - 10 points	1.5	<ul style="list-style-type: none"> Smoking causes about 90% of lung cancers which equates to nearly 250 deaths per year in Warwickshire. It also causes cancer in many other parts of the body including the mouth, bladder, kidney and stomach. Furthermore, smoking causes damage to the heart and blood circulation, increasing the risk of developing conditions such as coronary heart disease, heart attack and stroke. Smoking also damages the lungs, leading to conditions such as chronic bronchitis, emphysema and pneumonia. It accounts for more than 80,000 premature deaths each year nationally. In Warwickshire, every year, there are more than 800 preventable deaths as a result of smoking. <p style="text-align: right;"><i>ONS, PCMD</i></p>
Level of need – Trend		Available evidence suggests <u>rapidly worsening</u> situation over time.	Available evidence suggests <u>worsening</u> situation over time.	Available evidence suggests situation has remained <u>stable</u> over time.	Available evidence suggests <u>improving</u> situation over time.	Low – 1 point	1	<ul style="list-style-type: none"> Smoking prevalence trends suggest that the rate in Warwickshire has fallen from 19.8% in 2010 down to 17.9% in 2012. At a District/Borough level rates have also fallen other than in Stratford-on-Avon District which has seen an increase from 17.4% to 19.8% in the same period. The picture as regards SATOD data is less clear with the rate having increased from 16.4% in 2010/11 to 19.6% in 2011/12 before declining to 17.6% in 2012/13. <p style="text-align: right;"><i>Public Health Outcomes Framework</i></p>

	<p>Level of need – Benchmarks</p>	<p>Available evidence suggests <u>very high</u> prevalence relative to comparator areas (the County is a clear statistical outlier).</p>	<p>Available evidence suggests <u>above average</u> prevalence relative to comparator areas.</p>	<p>Available evidence suggests prevalence <u>in-line</u> with comparator areas.</p>	<p>Available evidence suggests <u>relatively low</u> prevalence relative to comparator areas.</p>	<p>Medium – 5 points</p>	<p>1</p>	<ul style="list-style-type: none"> • A comparison in smoking prevalence shows that the rate in Warwickshire, in 2012, was slightly lower (but not statistically significantly) than the England rate of 19.5% of adults aged 18 and over. • At a District/Borough level the rate varied from 10.4% in North Warwickshire to 19.8% in both Nuneaton & Bedworth Borough and Stratford-on-Avon District. However, it should be noted that the North Warwickshire rate is based on a sample size of just 107 people. • NHS Stop Smoking Services data for 2013-14 Quarter 3, indicate that in England 394,000 people had set a quit date between April 2013 and December 2013 and that nearly 204,000, at the four week follow-up, had successfully quit (based on self-report) – 52% of those setting a quit date. • SATOD data shows that the position in Warwickshire at 17.6% is significantly worse than the England rate of 12.7% in 2012/13. <p style="text-align: right;"><i>Public Health Outcomes Framework</i></p>
	<p>What is the magnitude of potential health benefit from dealing with the issue? What is the ability to benefit?</p>	<p><u>Large</u> potential health benefits to be gained.</p>	<p><u>Medium</u> potential health benefits to be gained.</p>	<p><u>Small</u> potential health benefits to be gained.</p>	<p>-</p>	<p>Medium – 5 points</p>	<p>1</p>	<p>Stopping smoking is the single most important thing that can be done to improve health. However, smoking causes irreparable damage therefore reducing an individual's ability to benefit, especially for those in the older age groups.</p>

	Score	High	Medium	Low	Zero	Score	Weighting	What's the evidence?
	Criteria	10 points	5 points	1 point	0 points			
Early Intervention	Does the topic have early intervention implications? Is it any emerging issue which is likely to cause further problems in the future?	<u>Clear, demonstrable evidence</u> that there is a <u>strong case</u> for early intervention.	<u>Some evidence</u> which highlights areas suitable early intervention.	<u>Weak evidence</u> that the topic has areas suitable early intervention.	<u>No evidence</u> to suggest that the topic contains areas suitable early intervention.	High - 10 points	1	<ul style="list-style-type: none"> Warwickshire County Council were the first county council to sign up to the Declaration of Tobacco Control which is a commitment made by local authorities to take action to reduce the prevalence of smoking and its impact on public health. The commitments include acting at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities, as well as develop plans with partners and local communities to address the causes and impacts of tobacco use. As part of the declaration, the local authority also promises to participate in local and regional networks for support and support the government in taking action at a national level to help local authorities reduce smoking prevalence and health inequalities in our communities. NHS Warwickshire Stop Smoking Services provides the most effective treatment for stopping smoking. Smokers are up to four times more likely to succeed if they use products such as patches, gum, or Champix to reduce the cravings in combination with support from a trained advisor. In 2011-12 over 8,000 smokers used the Service. <i>Warwickshire Stop Smoking Services</i>
Consultation & Engagement	What level of qualitative information do we have on the issue?	<u>Consistent evidence of strong views</u> from stakeholders, patients, residents and/or service users.	<u>Some evidence of strong views</u> from stakeholders, patients, residents and/or service users.	<u>Weak evidence of views</u> from stakeholders, patients, residents and/or service users.	<u>No evidence of views</u> from stakeholders, patients, residents and/or service users.	Medium – 5 points	1	<ul style="list-style-type: none"> The <i>Living in Warwickshire Survey</i> (Autumn 2013) provides information about smoking in the county. It was found that 12% of survey respondents reported themselves as being current smokers with the highest rates within North Warwickshire (14.7%) and Nuneaton & Bedworth (16.3%). Nuneaton & Bedworth have the largest proportion of those to report being 'contented smokers' (36.5%) and the smallest proportion of those that report that they were 'planning to stop' (28.1%). This compares to the Warwickshire figures of 30.6% 'contented smokers' and 33.8% 'planning to stop'. A full analysis of the smoking data is available on the Public Health website

Inequalities	<p>What is the scale of inequality?</p>	<p><u>Persistent, wide scale geographic and population-based inequalities</u> are clearly apparent.</p>	<p><u>Some notable geographic or population-based inequalities</u> are apparent.</p>	<p><u>Some minor inequalities</u> exist.</p>	<p><u>Little or no evidence</u> of inequalities.</p>	<p>High - 10 points</p>	<p>1</p>	<ul style="list-style-type: none"> It is the single biggest preventable cause of health inequalities and increases the risk of cancer (including lung, oesophagus, bladder, liver, stomach, cervix, myeloid leukaemia, bowel and ovary), heart disease, stroke and chronic respiratory disease. Over half of the health inequalities between the north and the south of the county result from differential smoking behaviours. Three quarters of smokers begin smoking before it is legal to buy a cigarette. Smoking has serious consequences for people's health with one in two life-long smokers dying from their addiction. The effect of second hand smoke on us all, but especially unborn babies and young children is harmful. At least 20% of our children live in a house where people smoke. Children of smokers are almost twice as likely to be admitted to hospital with breathing difficulties as those that live in a smoke free home. Community attitudes to smoking are probably the most powerful factor in shaping smokers preparedness to quit or continue with their addiction. <ul style="list-style-type: none"> <i>Warwickshire Health and Wellbeing Interim Strategy</i> Smoking remains one of the few modifiable risk factors in pregnancy. It can cause a range of serious health problems, including lower birth weight, pre-term birth, placental complications and perinatal mortality. Reducing smoking during pregnancy is one of the three national ambitions in the Tobacco Control Plan published in March 2011, which is "to reduce rates of smoking throughout pregnancy to 11 per cent or less by the end of 2015 (measured at time of giving birth)"
Wider Impact	<p>What broader impact does the topic have on the local population?</p>	<p>A number of <u>significant, clear and obvious direct impacts</u>.</p>	<p>A <u>moderate direct and/or indirect impact</u>.</p>	<p>A <u>minor indirect impact</u>.</p>	<p><u>Unclear, little or no impact</u>.</p>	<p>Medium – 5 points</p>	<p>1</p>	<ul style="list-style-type: none"> The estimated economic cost of smoking in Warwickshire is high: <ul style="list-style-type: none"> Output lost from early death: £40.8 million Smoking breaks: £28.8 million NHS care: £26.8 million Sick days: £24.9 million Passive smoking*: £7.1 million Domestic fires: £5 million Smoking litter: £3.4 million <p><i>The cost of local tobacco toolkit, 2013 update, ASH</i></p> *Passive smoking: lost productivity from early death (not including NHS costs and absenteeism)

Cost Implications	Estimated economic cost associated with tackling the topic in Warwickshire	High levels (multi-millions of £s) of both direct and indirect <u>estimated economic costs</u> both now and in the future.	Medium levels (c. £5 million) of direct and/or indirect <u>estimated economic costs</u> both now and in the future.	Low levels (<£1 million) of <u>estimated economic costs</u> either now/and or in the future.	-	High – 10 points	1.5	2012/13 the cost per successful quitter, in Warwickshire, as being £208 against the West Midlands average of £351. HSCIC, 2012/13
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Total Score = 78.5

Maximum points available: 115