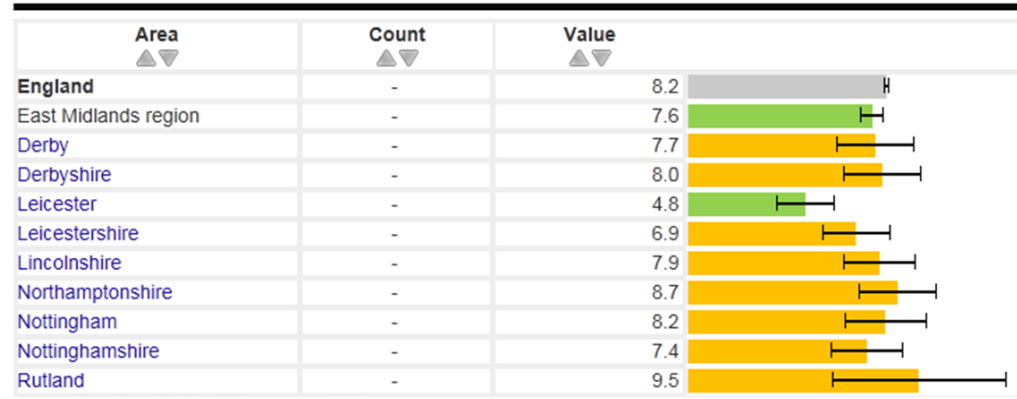


Theme Position Statement

Smoking Prevalence u 18 – is based on a national survey of 15 year olds answering questions on smoking. 7.9% of 15 year olds report to currently smoke.

2.09i - Smoking prevalence at age 15 - current smokers (WAY survey) 2014/15

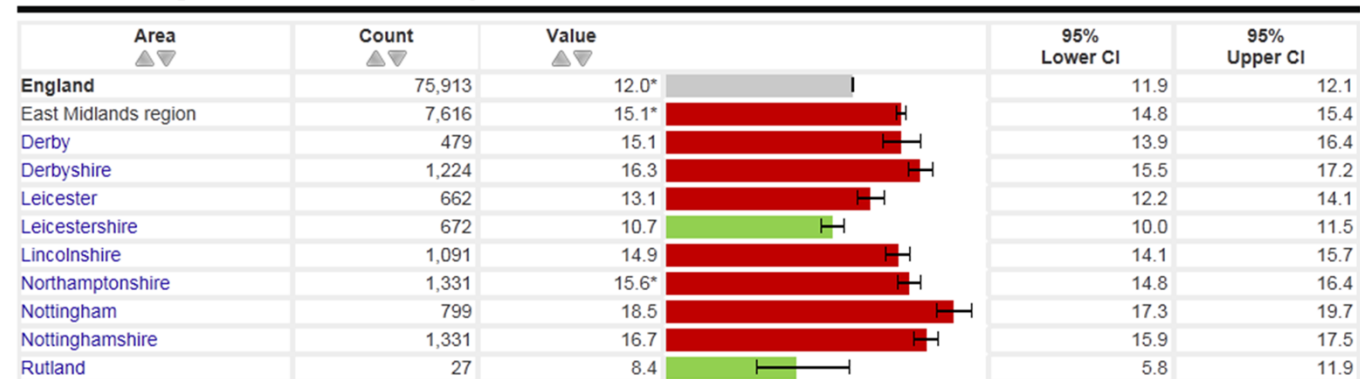


Source: What About YOUTH (WAY) survey, 2014/15

Local research has provided an estimate on young people's smoking prevalence. Of a sample of 1,037 under 16s 6.8% current smoke cigarettes or roll-ups and 4.4% smoke every day. In terms of e-cigarette use, of a sample size of 1,037 under 16s 4.5% currently use e-cigarettes and 1.4% use e-cigarettes daily

Smoking at the Time of Delivery - (SATOD) data is routinely collected by Maternity Services. More recent SATOD data from 2012/13 is now reported by CCG boundaries. The table below displays a Lincolnshire value of 14.9% of women reporting still smoking at time of delivery.

2.03 - Smoking status at time of delivery 2013/14 Proportion - %



Source: Calculated by KIT East from the Health and Social Care Information Centre's return on Smoking Status At Time of delivery (SSATOD)

A review of the smoking in pregnancy services has highlighted diminishing specialist smoking cessation support for pregnant women and a severe lack of capacity in local maternity services to support women to be smoke-free. More importantly, it is an imperative that ULHT re-prioritise the ability for maternity services to support pregnant women to stop smoking.

The SATOD data has notorious data quality problems. This year three CCG areas (LW, LE and LSW) are national outliers for data quality. ULHT hospitals have had lengthy problems with the transfer of IT systems. This has affected the SATOD data and will disrupt the 2014/15 statistics.

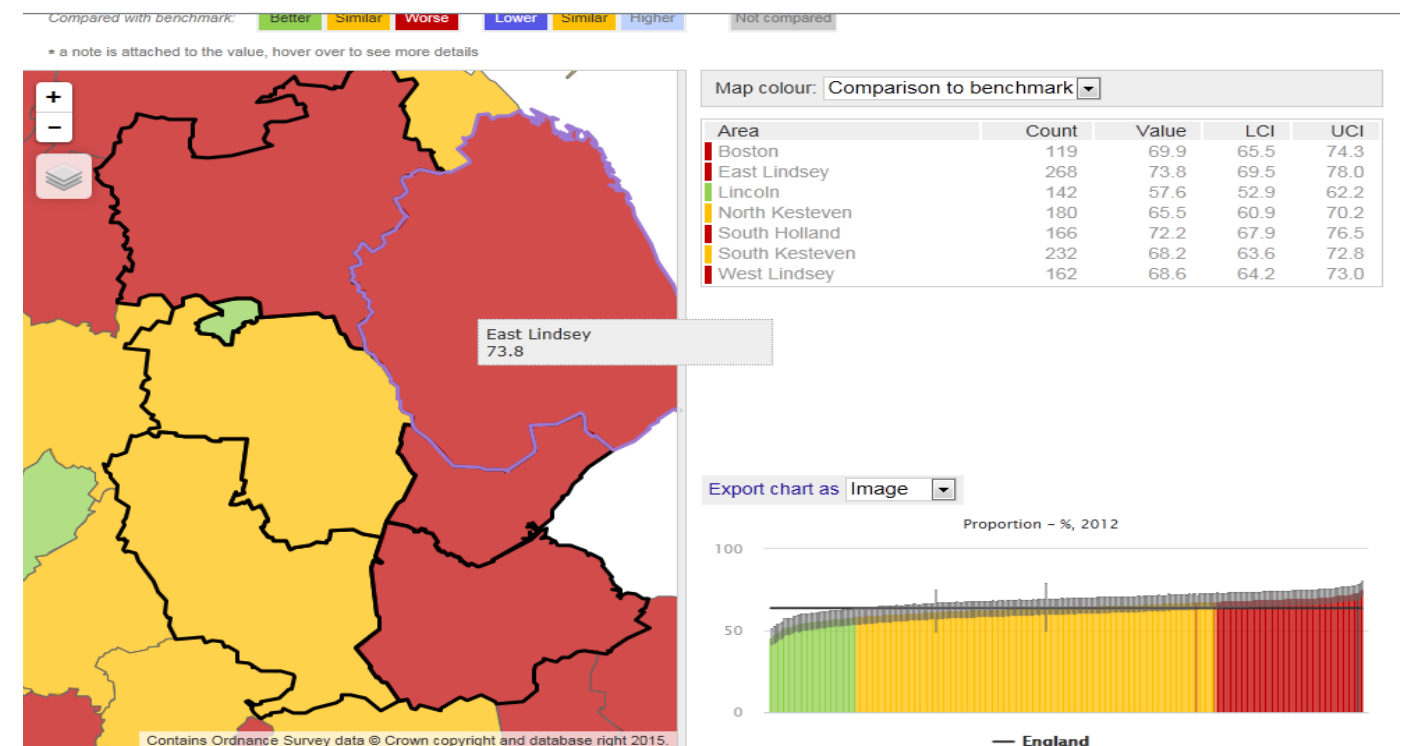
Smoking Prevalence (Adults) - smoking prevalence (as measured via the Integrated Household Survey – HIS) has Lincolnshire smoking prevalence at 19.1% of the adult population (England average is 18.5%). Across the districts there is a range from 14.6% (SK) to 24.1% (Boston).

Table: Smoking Prevalence by Lower-tier Local Authority

Lower-tier Local Authority	General Prevalence	Routine & Manual Prevalence
Boston Borough	24.1%	46.5%
South Holland District	23.0%	36.6%
East Lindsey District	21.4%	24.9%
City of Lincoln	19.5%	29.7%
North Kesteven District	17.3%	32.4%
West Lindsey District	16.7%	31.5%
South Kesteven District	14.6%	31.5%

The differences in prevalence across districts are proportional to the degree of routine and manual smoking prevalence (a measure of economic occupations/status) and local deprivation figures. Such intelligence acts as a guide for directing service provision (current and future). The proportion of smokers who quit from routine and manual occupations accounts for 35% of NHS Stop Smoking service users, with a 55% quit rate.

Excess Weight in Adults - Lincolnshire's obesity prevalence is above the average for England and the East Midland. Lincolnshire's county figure is 68.2% of adults with excess weight (overweight and obese) with a range from 57.6% (Lincoln) to 73.8% (EL). An East / West split is particularly obvious.



Being overweight/obese is more common: amongst people with a lower socio-economic background, e.g. IMD; with increasing age, infirmity and disability.

This indicator is a new question within the Active People Survey from Sport England. Previous indicators focussed solely on obesity. Typically, the sample size of 7,000 adults in the county are surveyed annually.

A range of commissioned health improvement interventions seek to enable sedentary adults who are overweight or obese (BMI >30, BMI >28 plus co-morbidities); these range from the Weight Watchers programme, the Health Trainer programme and the Exercise Referral programme, the Food & Health schemes, the Walking for Health schemes and Vitality. These interventions seek to enable adults to be more active, eat and drink healthily and change behaviours. An estimated 19,000 adults actively engage with this range of health improvement interventions.

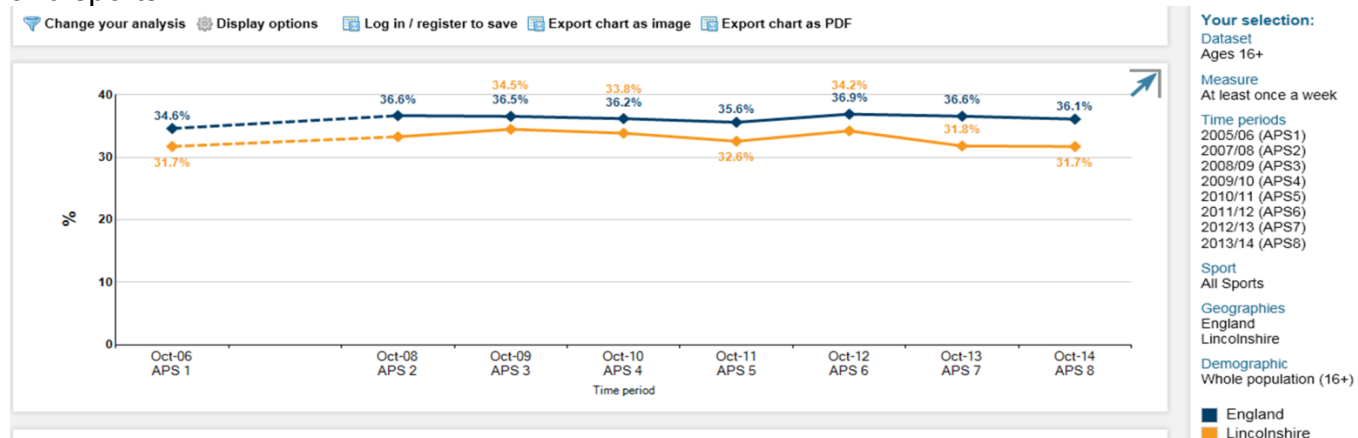
Three specific interventions measure weight loss: Weight Watchers, Health Trainers and Exercise Referral. Their respective successes are recorded below:

Scheme	Reach	Engagement in Weight loss	Completion Rate	Success: Proportion -5% weight loss	Proportion from the 40% IMD Wards
Weight Watchers	Not known	4,562	64%	42%	39%
Health Trainers	5,027	1,797	81%	14%	64%
Exercise Referral	4,188	4,042	77%	13%	58%

In addition to weight loss the interventions report physical, psychological and social benefits from all the interventions.

The CCGs are currently in negotiations regarding a Tier 3 obesity intervention for adults with a BMI 35+.

Proportion of Physically Active and Inactive Adults - these two indicators are also in the Active people Survey. They are newly re-formulated from the 3x30min to 150mins per week questions. The previous question related mostly to sports activity. Many of the interventions mentioned earlier have enabled sedentary adults to be more active, noted in previous years by the improvement in adults moving from 0x30mins to 1 or 3x30mins. For Lincolnshire, sporting endeavours have begun to "tail off" compared to the England average. Local insights have begun to identify a switch in the near active and active populations moving to independent and free activity, than traditional clubs and sports.



The new questions relate to activities of daily life and recreation more.

Premature Mortality for Respiratory and Cardiovascular Diseases – these are indicators that have improved in recent years through better disease management systems within the NHS; a greater range and choice of lifestyle interventions, e.g. smoking cessation, physical activity programmes; greater awareness through national and local campaigns and healthier lifestyle legislation, e.g. Smoke-free public places.

Alcohol-related Disease Indicators – disease and deaths from the related effects of alcohol have continued to rise in Lincolnshire, compared to the national average. Variations across districts are pronounced. A recent focus on improving alcohol treatment services has had an impact on access into services although the penetration into dependant drinkers accessing treatment is still only 6.5%, nationally this is 6%. The estimated number of dependant drinkers is 17,160.

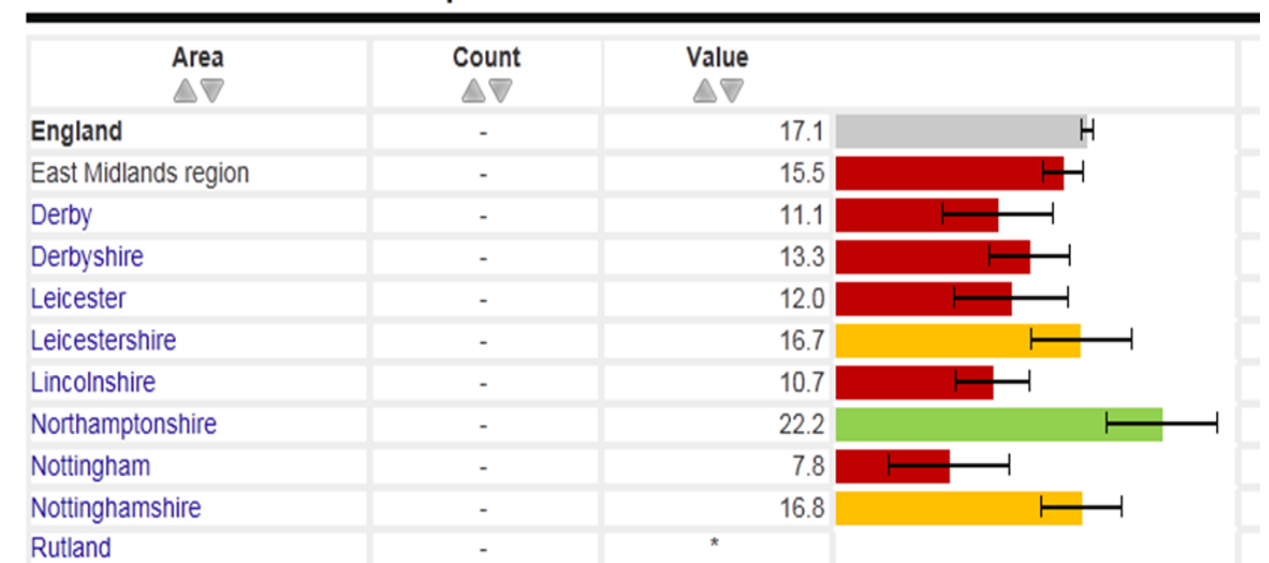
Hospital admission due to alcohol across all of Lincolnshire is now lower than the national average however in Lincoln alone this is not the case and is considerably higher. Across the county there has been a general decline in alcohol related admissions over the past 5 years. Males are twice as likely to be admitted to hospital for an alcohol related condition compared to females.

In respect of treatment, 1,163 adults accessed alcohol treatment in 2013/14. The present rate for successful completions from alcohol treatment is 40.5% with only 4.5% of those accessing treatment re-presenting within 6 months.

Utilisation of outdoor/green spaces for exercise/health reasons - there is strong evidence to suggest that green spaces have a beneficial impact on physical and mental wellbeing and cognitive function through both physical access and usage. Visits to the natural environment are defined as time spent "out of doors" e.g. in open spaces in and around towns and cities, including parks, canals and nature areas; the coast and beaches; and the countryside including farmland, woodland, hills and rivers.

For a shire county, Lincolnshire has a poorer score compared with East Midlands comparators. Only Nottingham city has a lesser value.

1.16 - Utilisation of outdoor space for exercise/health reasons Mar 2013 - Feb 2014



Source: Natural England: Monitor of Engagement with the Natural Environment (MENE) survey

Other wellbeing indicators are in development or incomplete.

### What's Working Well – examples of key achievements 2014/15

- The development and publication of a five year Tobacco Control Plan for Lincolnshire.
- Maintenance of health improvement interventions for obesity and healthy lifestyles across the transition from NHS to local authority commissioning.
- The development and publication of a multi-agency Alcohol and Drug Strategy through the Community Safety Partnership.

### Future Challenges

Smoking – the introduction of e-cigarettes and their impact on smoking behaviour; the danger of fires and explosions from inappropriate e-cigarette charging; smoking in pregnancy and changes in service provision.

Obesity – changing patterns in behaviours (work, recreation, activities, families and food); formulation and marketing of high energy food products; denial/refusal to acknowledge the corporate, economic and social influences upon behaviours; an effective evidence-base to apply locally; the scale of the challenge – the requirement to double/triple the number of adults currently being supported to change behaviours/lose weight.

Alcohol – recognition of the impact of alcohol upon the population; denial/refusal to acknowledge the corporate, economic and social influences upon behaviours; the local impact of alcohol treatment with mental health and substance misuse services.

Changes to public-sector policies and services following the general election and comprehensive spending review related to austerity.

### Future Opportunities

The further roll-out of 'Making Every Contact Count' - brief advice training across health and care professionals.

The development of the self-care / self-management approaches within communities via Lincolnshire Health & Care.

National grant applications to promote physical activity and social inclusion, e.g. Sport England grants, Coastal Community Funds.

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