

Report of the Director of Public Health to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 16th February 2023

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Subject:

RESPIRATORY HEALTH IN BRADFORD DISTRICT

Summary statement:

Respiratory disease is an important cause of ill health and early death in Bradford District. The District performs relatively poorly compared to other areas in England. Recognising this, partners across the District, including the local authority and NHS, have prioritised respiratory health with the aim of improving health outcomes and reducing inequalities.

This paper provides an overview of respiratory health in Bradford District and outlines what partners are doing to improve outcomes for people in the District. This is an update of a previous paper presented to this committee on 22nd November 2018.

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Overview & Scrutiny Area:
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1. SUMMARY

Respiratory disease is a leading cause of dying early in Bradford district. Over 500 people die each year from respiratory disease and 25% of these deaths are preventable. The rates of asthma and chronic obstructive pulmonary disease (COPD) in the district are higher than the national average. Outcomes are linked to deprivation and the wider determinants of health with higher rates of hospital admissions from those living in most economically deprived wards.

Respiratory health is an NHS priority – it is one of the priority areas of the Core20PLUS5 approach to support the reduction of health inequalities which is implemented locally by Bradford District & Craven Health and Care Partnership. Bradford Council has implemented public health measures targeting determinants of respiratory health like the Clean Air Zone and the Tobacco Control Alliance.

In this paper we provide an overview of respiratory health in Bradford District and outline what the Council and partners are doing to improve outcomes for people in the district. This is an update of a previous paper presented to this committee on 22nd November 2018.

2. BACKGROUND

Respiratory disease can affect the airways and the lungs and impair breathing. This includes both acute conditions such as flu and pneumonia, and long-term conditions such as asthma and COPD. Respiratory disease affects one in five people and is the third biggest cause of death in England. Mortality from respiratory disease has been historically driven by lung cancer, pneumonia, and COPD with an average 500 people dying from respiratory-related disease each year in Bradford district. COVID-19 has become a significant cause of hospital admissions and death, accounting for over 1700 deaths in Bradford district since the start of the pandemic.

Incidence and mortality rates from respiratory disease are higher in areas of social deprivation. The most deprived communities have a higher incidence of smoking, exposure to air pollution, poor housing conditions and exposure to occupational hazards. Uptake of vaccines against respiratory infections (COVID-19 and flu) is lowest in those areas of the district.

Respiratory diseases are a major factor in winter pressures faced by the NHS and impose a high economic burden with an estimated £11 billion annually in direct costs only. Asthma and COPD are priorities for the NHS because they are associated with a significant part of the burden of respiratory disease. COPD is one of the priority clinical areas of the Core20PLUS5¹ approach to support the reduction of health inequalities, with leadership through the Bradford District & Craven Health and Care Partnership.

¹ [Core20PLUS5](#) is a national NHS England approach to reducing healthcare inequalities at both national and system level. The approach defines a target population (the 20% most deprived areas of England) and identified 5 focus clinical areas requiring accelerated improvement.

Bradford Council has launched important initiatives to improve respiratory health, for example the Clean Air Zone which targets air pollution, and School Streets which prevents pollution near the school gates. The Council has also led the formation of Bradford District Tobacco Control Alliance hosting its inaugural meeting in November 2022. The Alliance is responsible for setting the vision and strategic direction of the district on tobacco control and smoking and will take a multi-agency approach reducing smoking prevalence within the District. We work alongside the UK Health Security Agency (UKHSA) to manage outbreaks of respiratory infections, particularly in care homes where individuals have a higher risk of complications and deaths. We support the NHS in joint efforts to improve uptake of vaccines and reduce inequalities in respiratory health outcomes.

3. REPORT ISSUES

In this section we provide a summary of four major factors contributing to poor respiratory health – chronic respiratory conditions, winter diseases, air pollution and smoking - followed by an overview of key programmes of the Council and partners in each of those areas.

3.1 Chronic respiratory conditions

3.1.1. Impact of COPD and asthma

Chronic obstructive pulmonary disease (COPD) is a common name for a group of lung diseases that cause progressive narrowing of the airways and breathing difficulty. It includes emphysema and chronic bronchitis and is more common in middle-aged or older adults who smoke. An estimated 3% of the UK population has COPD of which about a third goes undiagnosed. The disease is usually progressive, but symptoms can be reduced with proper treatment.

One of the main challenges in managing COPD is that many people are unaware that they have the condition. Late diagnosis has a substantial impact on symptom control, quality of life, outcomes, and cost. Often people are not diagnosed until the disease is at an advanced stage, with non-reversible changes to the lungs and airways. This is because people may not recognise symptoms that develop gradually or may think that the symptoms are normal or associated with age.

Asthma differs from COPD as it usually starts in childhood – it is the most common chronic condition among children. About 6.5% of the population have a diagnosis of asthma, and as with COPD a great number of individuals are not diagnosed. In asthma, the obstruction of the airways is due to inflammation, and it can usually be controlled or reversed with use of drugs. Long term, untreated asthma may cause structural changes in the lungs and airways similarly to COPD. In both conditions, symptoms can get temporarily worse (COPD exacerbations and asthma attacks).

While the main determinant of COPD is smoking (or passive exposure to tobacco smoke), asthma is multifactorial, and it is often difficult to find a single, direct cause.

Risk factors for developing asthma include:

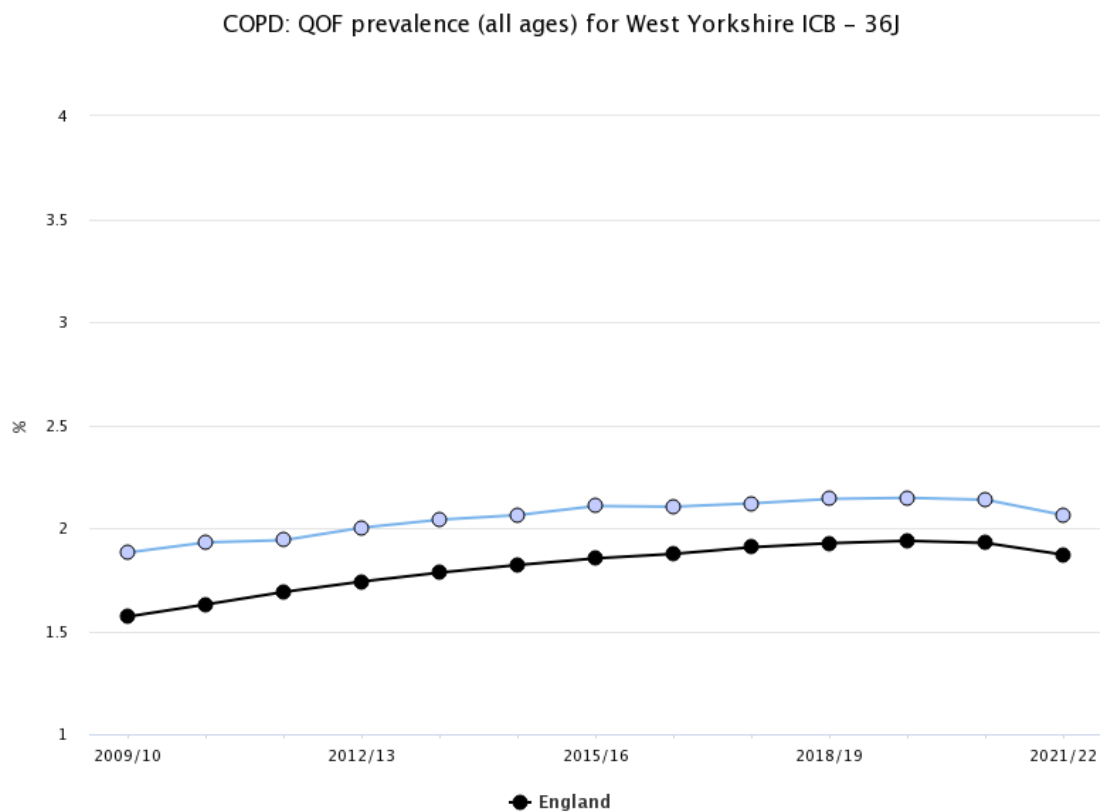
- A close relative with asthma
- Existence of other allergic conditions such as eczema and hay fever
- Exposure to air pollution
- Events in early life that affect the developing lungs like prematurity, exposure to tobacco smoke (including during pregnancy) and air pollution, viral respiratory infections
- Overweight or obesity

The same environmental factors that are involved in the primary development of asthma may increase the frequency and severity of attacks. Up to one third of the asthma cases in Bradford can be attributable to air pollution.

Data for Bradford District and Craven show that 13,407 individuals had a COPD diagnosis in 2021/22 which corresponds to 2.1% of the population. This is slightly higher than the national average of 1.9%. In the same period, 44,770 people aged 6 years or older were living with asthma, or 7.4% of the population, what is also higher than the national average of 6.5%.

Diagnosis rates for COPD have decreased since 2019/20 after 10 years of increase, which may be related to the impact of COVID-19 on NHS capacity and mortality patterns. Figure 1 below compares prevalence of COPD for England (black) and Bradford District (light blue) based on NHS data from the Quality Outcomes Framework, showing that rates of COPD in Bradford district continue to be consistently higher than the national average.

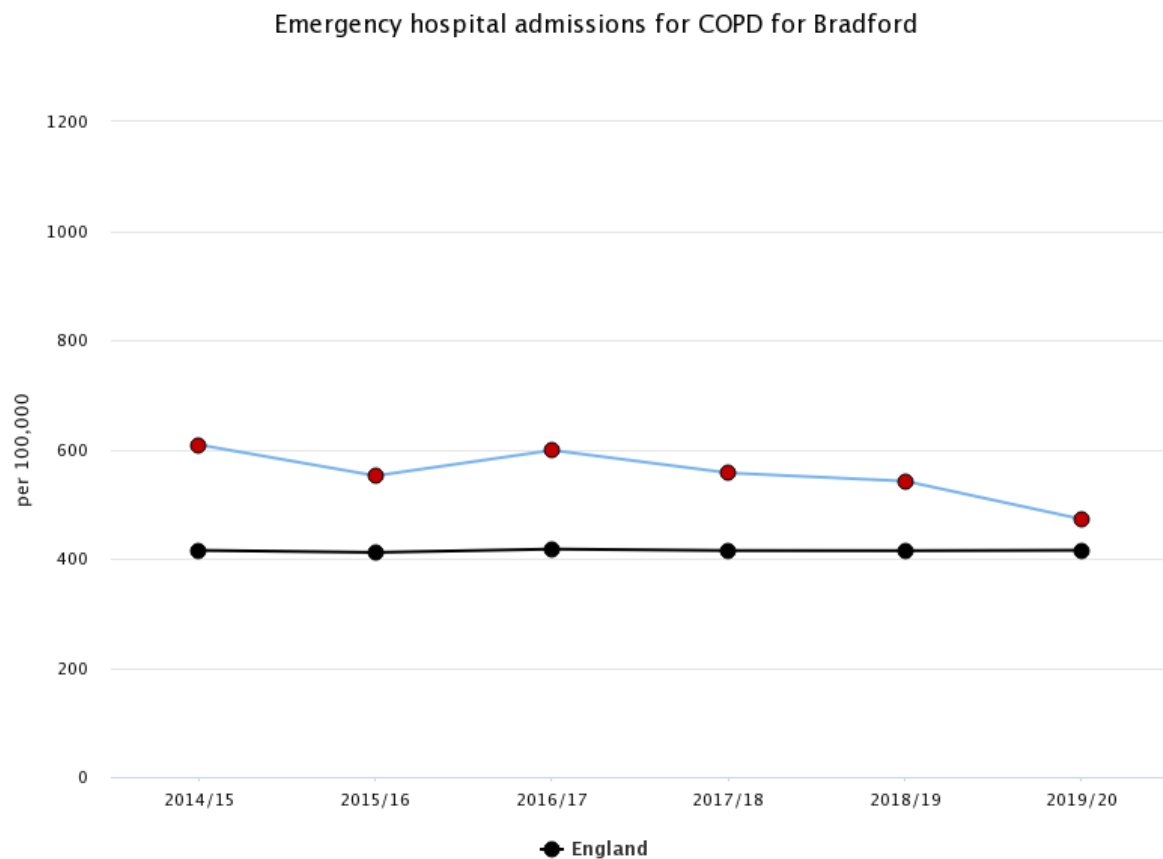
Figure 1: Prevalence of COPD in Bradford district and England



Source: fingertips.phe.org.uk

Hospital admissions for COPD for Bradford district were decreasing before the COVID-19 pandemic (latest data publicly available are for 2019/20). Figure 2 below shows the reduction in the difference between local and national rates over the years. Although the rate of hospital admissions for COPD in Bradford district continues to be significantly higher than the national average, data in 2019/2020 show that the gap was narrowing. In absolute numbers, there were over 1,200 hospital admissions a year for COPD exacerbations in Bradford District.

Figure 2: Hospital admissions for COPD for Bradford district and England



Source: fingertips.phe.org.uk

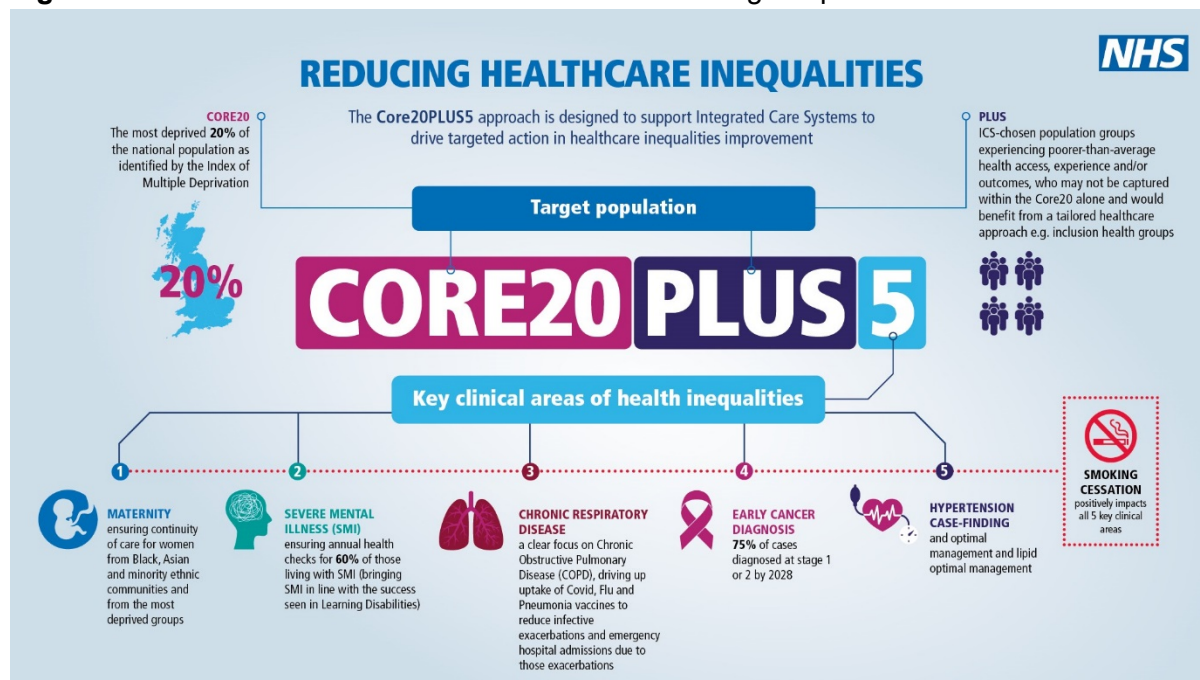
Data on admissions for asthma are calculated differently from those for COPD. In the 3-year period between 2019-2020 and 2021-22, there were 890 admissions for asthma in Bradford District. This corresponds to 172 admissions per 100,000, which is higher than the average for England (120/100,000)

3.1.2. The NHS respiratory programme

Most of the care for people with COPD and asthma is provided in primary care. Early identification and effective management can lead to improvements in symptom control and quality of life and reduce exacerbations and hospital admissions. The national approach for respiratory health, in line with the NHS Long Term Plan, aims to improve early diagnosis, guarantee access to the right medications, and increase access to respiratory rehabilitation services, ensuring that people have the support they need to best self-manage their condition.

Regionally, the WY Integrated Care Partnership is committed to implementing the NHS [CORE20PLUS5 approach](#) to reduce health inequalities. This approach defines a target population (the 20% most deprived as defined by the national Index of Multiple Deprivation) and five clinical areas that require accelerated improvement. Chronic respiratory diseases are one of the key clinical areas, and the focus is on increasing uptake of COVID-19, flu, and pneumonia vaccines to reduce COPD exacerbations and hospital admissions in adults.

Figure. The NHS CORE20PLUS5 framework for reducing inequalities



There are signs of improvement for access and quality of care for people with COPD and asthma. For Bradford district, the proportion of patients with COPD who had a review in the last 12 months increased from 50% in 2020/21 to 69% in 2021/22, what is better than the national numbers of 45% and 60% respectively. Likewise, the proportion of patients with asthma that had a review in the last 12 months increased from 38% in 2020/21 to 62% in 2021/22 for Bradford, compared to 31% and 52% respectively for England.

Another indicator of quality of care for patients with asthma is the assessment of second-hand smoking status. Exposure to tobacco smoke is linked to poor control of symptoms and more asthma attacks and this assessment can trigger actions to support family members to stop smoking. There was an increase from 63% in 2020/21 to 73% in 2021/22 in the proportion of patients where such assessment was recorded in Bradford – still, these rates are higher than the national average.

3.2. Winter diseases

3.2.1 COVID-19, flu and other respiratory infections

Immunity from vaccines and previous infections has reduced the impact of COVID-19, but the pandemic is not over. We should expect to see outbreaks and waves of infection related to

new variants and/or cold weather. COVID-19 is circulating in the community alongside other respiratory pathogens like influenza and Respiratory Syncytial Virus (RSV). In recent years there has been less flu, in part due to the restrictions put in place to control COVID-19. This can facilitate the occurrence of multiple outbreaks and increase pressure over the NHS. One example of this scenario was seen nationally in December 2022 with a rise in admissions for flu and an atypical surge in severe infections caused by streptococcus A.

Bradford has had higher levels of COVID-19 infection and deaths than the national average. Risk of dying from COVID-19 is higher among deprived groups, older people, and people with chronic conditions like diabetes. Bradford also has lower uptake of COVID-19 vaccine than the national average. Some groups that are at a higher risk of infection and death such as those with long term conditions (including chronic respiratory diseases) also have lowest vaccine uptake. COVID-19 vaccine uptake continues to be monitored and discussed at the weekly steering group to shape services.

Uptake of the flu vaccine is good among older people and care home residents, but it is still below NHS targets among groups like children and pregnant women. Pregnant women are at increased risk of severe flu, and children are a key link in the transmission chain to vulnerable members of their families. Both groups have been prioritised within local Flu plans to increase uptake of the Flu vaccine.

3.2.2. Impact of cold weather

Cold weather can increase the risk of respiratory infections (like COVID-19 and flu) and exacerbate chronic conditions like COPD, asthma, and cardiovascular disease. Effects of the exposure to cold in the human body include suppression of the immune system, reduced capacity of the lungs to fight off infection, airway constriction and production of mucus in the lungs. Although lower temperatures have a more significant effect on health, the ill effects from cold homes are already seen when outdoor temperatures drop to around 6°C. Because temperatures in this range are much more common, this is when the greatest number of health problems caused by the cold occur.

There is enough evidence of the [links between cold temperatures, fuel poverty, and respiratory problems](#). Cold weather affects more severely those in fuel poverty, and fuel poverty will increase due to the cost-of-living crisis and rise in energy prices. Estimates of the [End Fuel Poverty Coalition](#) project that up to 1 in 3 houses in West Yorkshire will be in fuel poverty by April 2023. A household is said to be in fuel poverty when its members cannot afford to keep adequately warm at a reasonable cost, given their income. Fuel poverty is impacted by income, energy prices and energy efficiency. This sum of factors will impact on the ability of vulnerable people to keep warm and stay healthy.

This risk is higher for people who are older, very young, or those who suffer from chronic conditions. As we age, our immune systems become weaker and less able to fight off viruses. We lose the muscle mass that helps us keep warm and moving about. The cold also makes chronic health conditions, which are more prevalent in older people, harder to manage and increase the risk of heart attacks, strokes, depression, and accidents at home. Locally, the public health commissioned service '[Warm Homes Healthy People](#)' provides free independent energy advice for those who are at risk of fuel poverty, including those who are clinically

vulnerable. Additional support is available through the <https://costoflivingbradford.co.uk/> website.

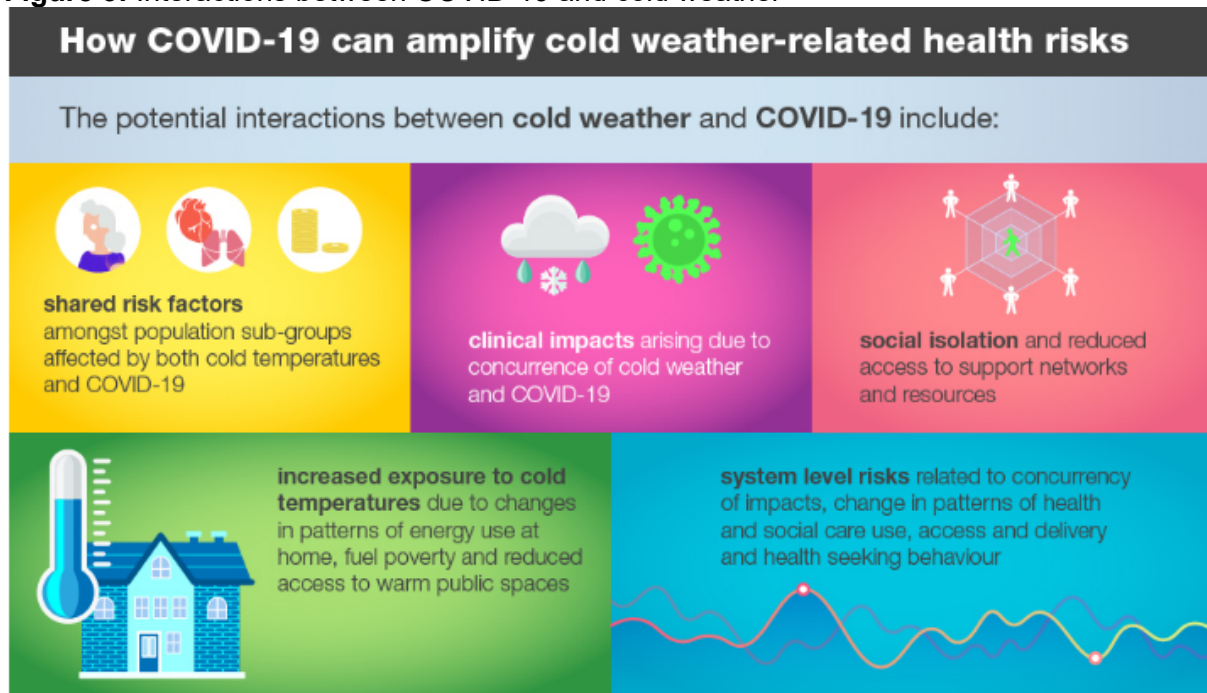
Factors that impact on people's ability to adapt to the cold may also impact their ability to reduce exposure to respiratory infections, for example through reduced ability to maintain good respiratory and hand hygiene. Particular groups at risk include:

- severe mental illness
- dementia and other causes of cognitive impairment
- disabilities
- being bed-bound
- being very young
- drug and alcohol dependencies

With more people gathering indoors, there is a potential for outbreaks of respiratory infections such as COVID-19, flu, RSV. Those who are co-infected with COVID-19 and flu are at risk of poorer outcomes, including increased risk of death. Overlapping symptoms may lead to misdiagnosis or late diagnosis in community settings.

There is a seasonal increase in the number of deaths during the cold months, what is called excess winter deaths. This reflects temperature, people spending more time together indoors, increase or worsening of respiratory diseases and other health conditions, and pressure on services. 13,400 more deaths occurred in the 2021 to 2022 winter period across the country compared with the average of the non-winter periods, and COVID-19 was the leading cause of death. Figure 3 shows how distinct factors can sum up to increase health risks for respiratory disease in winter.

Figure 3: Interactions between COVID-19 and cold weather



Source: [Health matters: cold weather and COVID-19](#)

3.2.3. Immunisation programmes and outbreak management

The COVID-19 and Flu vaccination programmes are led locally by our NHS partners, with weekly partnership review meetings, which council officers attend. Local delivery plans are in place, which include regular offer of both vaccines through GPs and pharmacies, onsite-vaccination of care homes residents and school-aged children, and community-based vaccine sites. In the review meetings uptake is monitored to direct action to reduce inequalities. During the 2022/23 winter, both vaccines were offered through pop-up clinics in winter wellbeing fairs for residents of areas with lower uptake.

The council has also worked to tackle misinformation and increase the public's confidence in the vaccines. A joint communications workgroup with NHS partners is in place and has produced messages co-promoting both vaccines and reinforcing the safety of the vaccines for all groups. Vaccination messages have been promoted in innovative ways, such as via traffic light signs and videos on the big screen in City Park featuring pregnant women talking about how safe the COVID-19 and flu vaccines are. Community champions have been trained to co-promote Flu and COVID-19 vaccines across the district, using evidence based behavioural science principles.

Tackling vaccine misinformation is the responsibility of everyone. Council officers support this by using an evidence-based approach (using what seems to work better to encourage vaccine uptake), using local data to identify areas of good practice and groups needing support, responding to community concerns through carefully crafted communications, and escalating issues to the relevant committees. Misinformation and inequalities go together, and these require on-going and long-term relationship building with communities.

Vaccines are the backbone of the current Government's strategy for living safely with COVID-19. Responding to the virus is now integrated within business as usual. We should continue to encourage safe behaviours like hand cleaning and respiratory hygiene which are longstanding ways of controlling spread of respiratory infections. Outbreaks of COVID-19 and flu are managed in collaboration between UKHSA, who leads ongoing COVID-19 response in England, and the Council's public health team.

The local plan for living safely with COVID-19 and other respiratory conditions including outbreak management was updated in 2022 and presented to the HSC Overview and Scrutiny Committee on 24 November 2022. The full report can be accessed [here](#).

3.2.4. Cold weather advice and support

The sum of health hazards during the cold season requires a coordinated response across the public health system to ensure the health of Bradford population is secure and protected. People at risk from cold weather may also be vulnerable to respiratory infections and vice versa. This can be due to concurrence of clinical, environmental, and socioeconomic factors. The Council is working to identify those at greatest risk this winter, considering intersecting risks, and supporting vulnerable individuals to access existing resources to keep warm.

The [Cold weather plan for England](#) contains action cards for professionals, organisations, and individuals.

A set of key messages to keep safe and healthy during the winter was produced in Autumn 2022 and circulated to care homes, schools, warm spaces, leisure centres, and other venues where people usually gather indoors. Some examples of key messages are below:

- There is a delicate balance between protecting people from the cold, increasing fresh air indoors, and saving on energy bills. You can do all this at a time by opening a small window or vent sometimes during the day to bring fresh air in, and warming the spaces first, then ventilating.
- We understand COVID-19 and flu can be the last concern of people who are struggling to keep warm and fed. It's a difficult time for everybody. You can do a lot just signposting to this information: additional support to deal with [cost of living](#); list of public [warm spaces](#) in Bradford; advice and support to [warm your house](#).
- Managers and employers are in a unique position to support their staff and public to get vaccinated. You will have less work absences and protect customers and the local community. Have a look at these proven strategies to support vaccination: engage trusted community leaders; share information on the facts around vaccination; show your support to vaccines as a manager; focus on positive reasons for getting vaccinated; be clear with your staff about how you are facilitating vaccination.

A [Cost of Living Support](#) booklet and website was produced in partnership between Bradford Council, Community Action Bradford & District, and Bradford District and Craven HCP. The booklet contain advice on how to protect from cold, prevent respiratory infections, keep healthy, and provides a list of financial and other support schemes in place this year with respective links.

Additional sources of support to protect from the cold are signposted on the [Council website](#):

- A directory of the network of [Warm Spaces](#) established in Bradford, which are safe places where anyone struggling to heat their home can gather together for free and spend time reading, studying or chatting with others.
- Link to the [Warm Homes scheme](#) which provides free independent energy advice for those living in the Bradford District area.
- Link to the [Weather Ready](#) campaign with advice to prepare for extreme cold spells.

3.3 Air pollution and adverse weather

3.3.1. Air pollution and hot weather

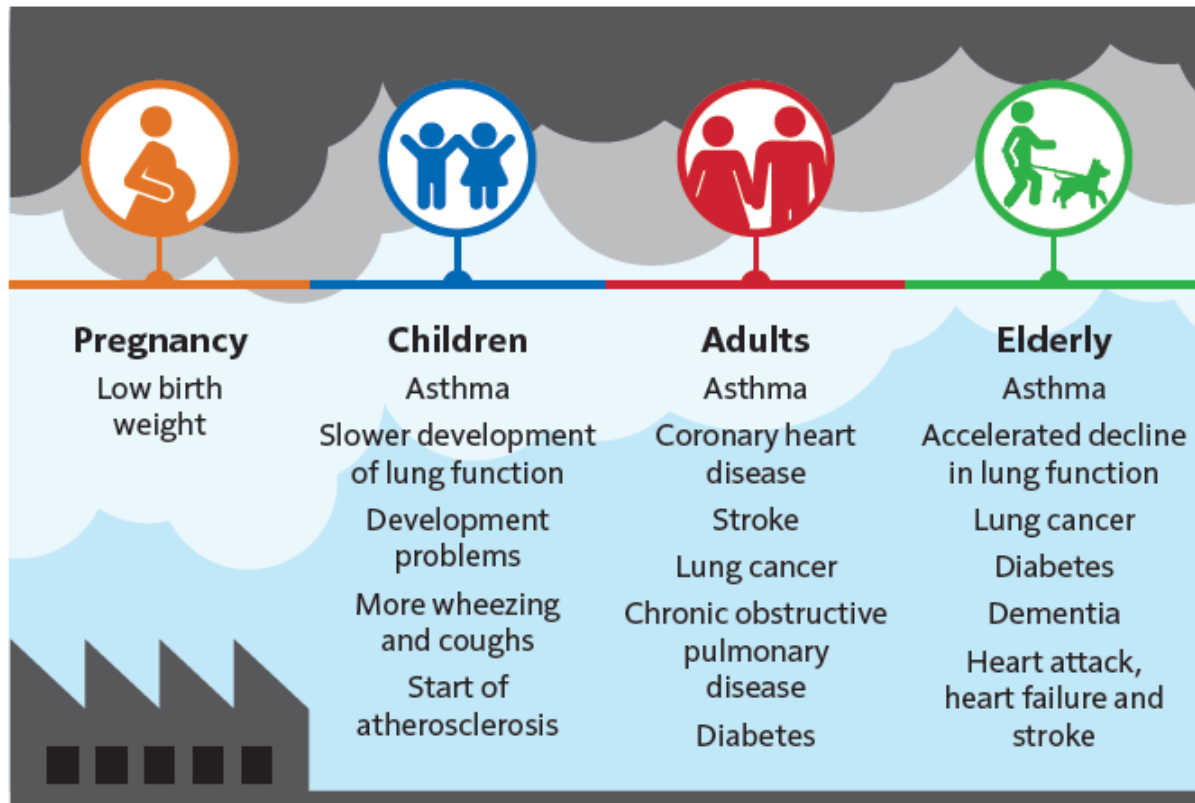
Air pollution impacts on lung development in children, cardiovascular disease, exacerbation of asthma and increased mortality. As individuals we have little control over the quality of the air we breathe, except (to some extent) in our own houses. Therefore, this should be treated as a societal problem, that goes even beyond the scope of public health.

Air pollution affects more people who live in urban, densely populated areas and those who are more susceptible to health problems caused by air pollution. Poorer communities are subject to a clustering of environmental risk factors that include greater air pollution, poor housing conditions and less access to high-quality green spaces. These factors exacerbate health inequalities.

Groups that are more affected by air pollution include:

- older people
- children
- individuals with existing CVD or respiratory disease
- pregnant women
- communities in areas of higher pollution, such as close to busy roads
- low-income communities

Figure. Consequences of air pollution over the life cycle



Source: [Chief Medical Officer's Annual Report 2022 - Air pollution](#)

Bradford Council has worked closely with communities, clinicians, and the Born in Bradford (BiB) research programme to study how air quality is affecting health of Bradford residents across the life course. Over 50,000 Bradford residents are actively involved in BiB cohort studies. BiB research has been able to show, for example, clear links between pollution and [low birth weight](#) of babies in Bradford (which in turn increases the risk of developing asthma), and a greater impact of pollution on health among [the more deprived communities](#) in Bradford.

3.3.2 Air pollution and the natural environment

Actions to improve, maintain and protect the natural environment can protect the respiratory health of Bradford residents through reducing the negative impacts of air pollution. As well as nature in rural areas, urban green and blue space are key to removing key air pollutants. Greenspace can also control the flow and distribution of air pollution. People's exposure can be substantially reduced through carefully positioned green infrastructure that incorporates the right type of vegetation, separates people from pollution by introducing barriers and extends the distance between the pollution source and individuals. Redesigning road and pavement

layouts, delivering well-designed urban greening schemes, and providing active travel routes through greenspace all help reduce exposure to air pollution and improve health. (Source: [Improving access to greenspace: 2020 Review](#))

3.3.3 Air pollution and climate change

[UK Climate Projections](#) note we will have warmer and wetter winters, alongside hotter and drier summers. We will continue to take action to mitigate Winter Excess Deaths, however from 2080 we will expect numbers to reduce, whereas the impact of Heat Waves will increase in both frequency and severity.

Heatwaves increase health-related issues and deaths (excess seasonal deaths). There is a linear relationship between temperature and weekly mortality. There is also a social gradient to these impacts in which they are more severe in the more deprived. Part of the rise in mortality may be attributable to air pollution, which makes respiratory symptoms worse. The same population groups affected by high temperatures are more vulnerable to COVID-19, for example, older people and those with chronic conditions.

There are around 2000 heat-related deaths a year in the UK. Excess heatwave deaths in Bradford were calculated for the period 2012-2019 using data from the Met office and from the Primary Care Mortality Database. In total there were 46 heat wave days identified between 2012 and 2019, of which 16 (35%) were in 2018 when there were 37 excess deaths attributable to the hot weather.

Climate change will hit harder on low-income areas and the most vulnerable people, whose housing may be poorer quality, uninsulated, and unsuitable for extremes of temperature. Extremes of heat and cold impact negatively on many aspects of wellbeing and directly increase the risk of death of those with chronic respiratory diseases or at extremes of age.

3.3.4. Air quality: The Clean Air Plan

One of the five outcomes of Bradford District Plan 2021-25 is to act at all levels to address climate and environmental change. Priorities include investments and programmes to reduce air pollution, in line with the Bradford Clean Air Plan in development since 2018 ([Breathe Better Bradford](#)). In September 2022, Bradford launched a Clean Air Zone (CAZ), which is a defined area where targeted action is taken to improve air quality. Since September 2022, noncompliant commercial vehicles are charged a daily fee to enter the zone. Around 20% of the Bradford population live within Bradford CAZ, and 40% of the schools are in the area.

About 85% of the older commercial vehicles entering the city are registered outside the Bradford district. The revenue generated by the fines is ring fenced to further improve air quality. The CAZ includes exemptions and support packages for locally registered vehicles, a mitigation to avoid the impact that charging the taxi trade would have on families that were already on low incomes. With support from Council grants, 97% of taxis were upgraded to CAZ standard, and we now have the cleanest fleet in UK. All commercial buses were also upgraded.

Bradford Plan to reduce air pollution featured in the [2022 Annual Report of the Chief Medical Officer on Air Pollution](#) as one among three examples of city-wide policies of success in England. The Clean Air Zone is part of the wider Clean Air Strategy for Bradford and aligns with [many other projects](#) being delivered locally, across West Yorkshire and nationally. The CAZ has captured the city's attention to problems with pollution, attracted other investments e.g., for new electric buses and charging points for electric vehicles, and enabled initiatives like the [school streets](#). Research is ongoing to understand the impact of poor housing conditions and indoor air pollution on health and inform policies for reducing indoor pollution, for example by reducing pollution from solid fuel burning in residential areas.

3.3.5. Adapting to hot weather

Air pollution and hot weather form a perfect storm for those more vulnerable to respiratory disease. City dwellers are more exposed to extreme heat due to the Urban Heat Island effect (UHI) which is caused by a combination of factors: buildings, narrow roads, reduced vegetation, air pollution, traffic, domestic energy use and industrial processes. It can lead to city temperatures being up to 5 °C warmer than surrounding areas and is most pronounced at night when the impact of heat on health and wellbeing is greatest. This reinforces the need for whole system approaches to tackle the wider determinants of poor respiratory disease, like air pollution, scarcity of green spaces, and climate change leading to extreme weather.

The Heatwave Plan for England includes recommendations for activities by local authorities, and specifically for care home staff and social workers. Local authorities have strong links with their communities and are invaluable at disseminating key health messages through their channels.

In July, a heatwave led to an unprecedented Level 4 (major incident) alert for extreme hot weather in England. Public health, emergency planning and other partners from the Local Resilience Forum worked together with daily meetings to prepare the Council's services and the public to keep safe during those hot days. The Council adopted a comprehensive communications plan to disseminate public health messages to the public:

- The '[Hot Weather Advice](#)' page on the Council's website was updated with localized advice and links to recommendations and action cards.
- An email with the website link was shared with partners, community contacts, relevant council departments and staff working directly with residents, and through the E-bulletin to care homes.
- All council social media accounts featured messages with a link to the webpage including suggested hashtags
- Messages were included on electronic roadside messaging signs across the district encouraging people to stay safe look out for others and pointing to the website.

3.4. Smoking

3.4.1 Smoking impact on health

Smoking is the most important cause of COPD and lung cancer, is a risk factor for asthma development and attacks, and is one of the key determinants of all-cause mortality e.g., by increasing cardiovascular disease and cancer. Exposure to second-hand smoke (passive smoking) also causes significant harm to both adults and children. Smoking is attributable to a number of diseases which lead to hospital admissions. The prevalence of smoking in adults and the hospital admissions attributable to smoking have been falling over time in England.

Between 2011 and 2021, the prevalence of smoking has reduced from almost 20% of adults to 13%. This number may be slightly different depending on the source, e.g., the prevalence of smoking for England in 2021 varies between 13% when measured by the Annual Population Survey and 15.9% when using NHS data from the Quality and Outcomes Framework (QOF). Regardless of the source used, Bradford District is following the national trend of reductions in tobacco smoking, however the district continues to have higher rates of smoking, smoking attributable admissions, and smoking related deaths than England.

Figure 4: Smoking prevalence for Bradford district and England

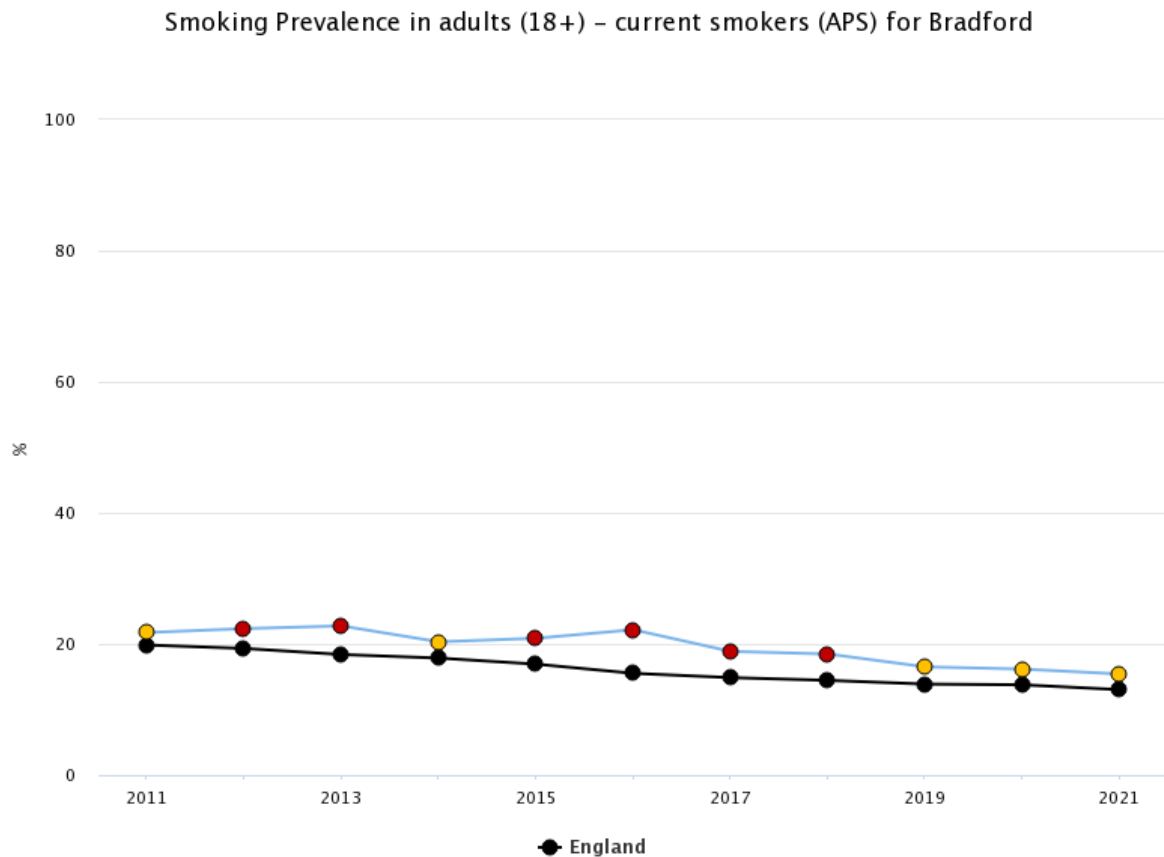
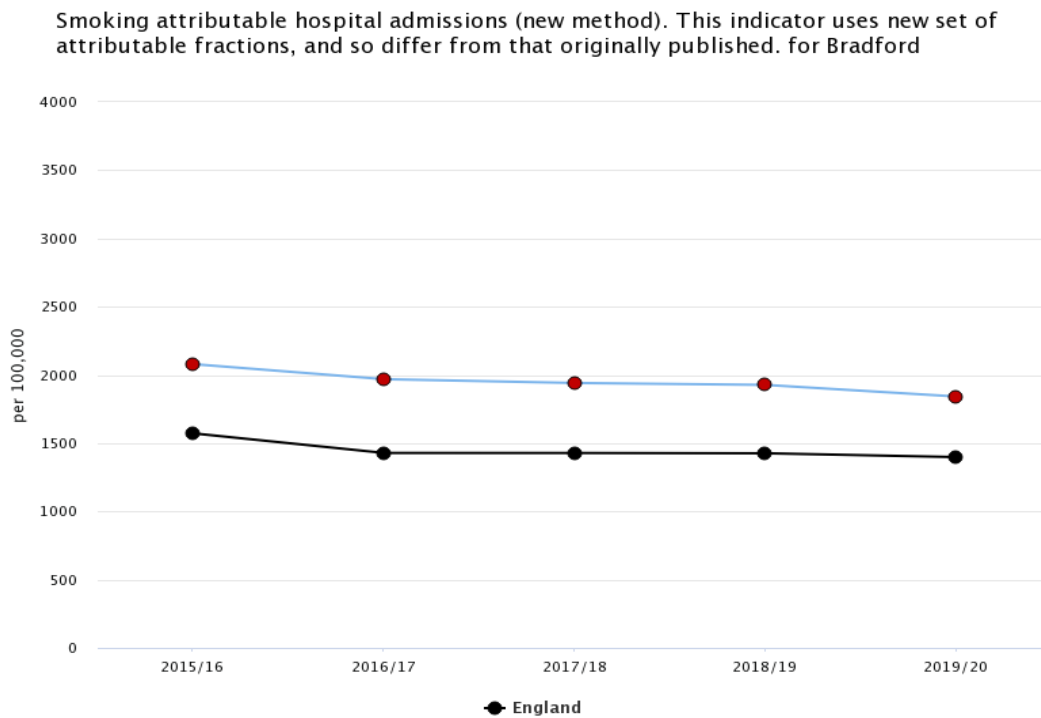
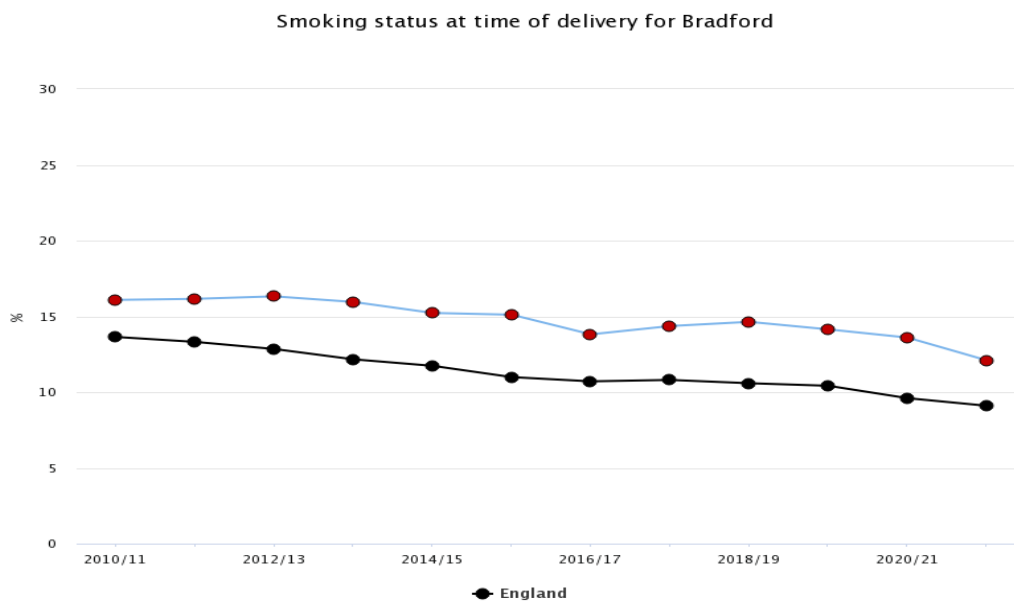


Figure 5: Hospital admissions attributable to smoking – Bradford District and England



Smoking during pregnancy can affect both mother and baby health before, during and after birth. The prevalence of smoking during pregnancy for Bradford district has reduced from 16% in 2010/11 to 12% in 2021/22. This percentage is higher than the average of 9% for England and still means 750 babies each year being exposed to tobacco in utero. Smoking or exposure to secondhand smoke during pregnancy is responsible for an increased rate of stillbirths, complications during labour, premature birth, miscarriages, birth defects and sudden infant death syndrome (SIDS). It also increases the risk of developing asthma and middle-ear infections after birth.

Figure 6: Smoking status at time of delivery (pregnancy) – Bradford district and England



3.4.2. Tobacco control and smoking cessation programmes

Bradford Council is a signatory since 2014 of the [Local Government Declaration on Tobacco Control](#) which is a public statement of a council's commitment to ensure tobacco control is part of mainstream public health work. The Council is a member of the [Smokefree Action Coalition](#) (SFAC), a group of over 300 organisations across the UK committed to ending smoking. We share and promote locally the [Breathe 2025](#) vision for Yorkshire and Humber, a multipronged approach to prevent young people from taking up smoking in the first instance.

As founding members of the new Bradford and District Tobacco Control Alliance, the Council Public Health team will facilitate a comprehensive multi-agency forward plan to reduce the harm of tobacco in our communities. This includes actions to prevent uptake of vaping among young people and policies to create smoke free parks as well as support vaping as a form of treatment to quitters. The Council also supports the '[Keep it Out](#)' programme jointly funded by WY local authorities to tackle illegal tobacco trade and reduce the harm that illegal tobacco causes. Available from a range of sources within some local communities, the sale of illegal tobacco seriously undermines the impact of other tobacco control measures and makes it easier for children to start smoking, enabling them to become addicted at a young age.

The [Living Well stop smoking service](#) extended its reach in 2021 to provide greater choice for quitters and now provides smoking cessation support through some GP practices and community pharmacies across Bradford district. The Service is delivered by NCSCT Level 2 trained practitioners and offers an evidence-based 12-week behavioural programme with access to pharmacotherapy to all smokers over the age of 12 residents in Bradford District. Expert advisors take a personalised approach to determine the best methods and aids to help people to quit for good. They also help people to manage cravings and explain how to use proven methods and treatment including NRT (nicotine replacement therapy).

The Living Well Service can be directly contacted by calling 01274 437700 or emailing stopsmokingservice@bradford.gov.uk. Support is also available through the [NHS Better Health](#) website.

E-cigarettes are significantly less harmful than cigarettes and are an [effective aid for quitting](#), and many women who smoke during pregnancy are using e-cigarettes as an aid to quit or cut down. Resources to support health professionals working with pregnant women and information for pregnant women and families are available from the [Smokefree Action](#) website.

4. FINANCIAL & RESOURCE APPRAISAL

Tackling public health issues requires long term commitment and investment. Much of this already exists and is directed towards activity which will positively influence indicators in the Public Health Outcomes Framework. The Public Health service is grant funded by the Department of Health. There are no immediate financial issues arising from this report. Future investments in public health and urban planning may be needed to enable the Council to make a substantive contribution towards reducing the impact of the environmental determinants of respiratory health outlined in this report.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

None

6. LEGAL APPRAISAL

The provision of public health services to protect the population from respiratory disease and its determinants falls within the Council's responsibilities for public health under the provisions of the [Health and Social Care Act 2012](#) and [Health and Care Act 2022](#). Outbreak control and protection against environmental health threats are part of the statutory health protection function of local authorities. The Council collaborates with the NHS and UKHSA through partnerships and joint work agreements in areas like vaccination, control of communicable diseases, and public health advice for individuals and organisations. The provision of healthcare for patients with respiratory disease remains under the responsibility of NHS England.

This report does not raise any other specific legal issues.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

Equality assessments have been part of the development of the Council programmes described in this report eg Clean Air Zone and Living Well. The NHS respiratory and vaccination programmes have a focus on reducing inequalities in health outcomes in the related areas.

The work described in this report contributes towards the following Council's equality objectives: **1. Visibility, leadership and accountability** – through clarifying the Council's responsibilities and what we do to support our partners to improve respiratory health in Bradford district; and **3. Community** – through identifying resources and supporting communities to protect from respiratory infections and environmental hazards.

7.2 SUSTAINABILITY IMPLICATIONS

None

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

7.4 COMMUNITY SAFETY IMPLICATIONS

None

7.5 HUMAN RIGHTS ACT

None

7.6 TRADE UNION

None

7.7 WARD IMPLICATIONS

Although we had limited access to ward level data on the topics covered in this report, we know that the impact of respiratory disease varies across the district. Part of this can be attributed to variations in access and quality of healthcare including early detection and prevention what highlights the need for targeted work with the NHS, for example, to improve vaccine uptake. Respiratory health is also strongly influenced by exposure to environmental risk factors and the quality of the built and natural environment, what stresses the need for more cross-sector work and engagement with the different Bradford communities to address wider determinants of respiratory disease.

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

None

7.9 IMPLICATIONS FOR CORPORATE PARENTING

None

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESSMENT

None

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

This report is for information and awareness. The options are to continue or not to support the programmes of work outlined.

10. RECOMMENDATIONS

We invite this committee to note and comment on the information provided in the report

and to support ongoing work seeking to address the main challenges outlined. Support from senior stakeholders, decision makers and politicians will be necessary to address the issues related to the impact of air pollution and climate change in the health of Bradford population.

11. APPENDICES

None

12. BACKGROUND DOCUMENTS

Here is a list of key sources of additional information on the topics addressed in this report.

[Breathe Better Bradford](#)

[Born in Bradford Breathes](#)

[Cold weather advice](#)

[Cost of living support](#)

[Advice for hot weather and heatwaves](#)

[NHS Respiratory programme](#)

[Living Well Smoking](#)

[Living Well with Asthma](#)

[Living Well with COPD](#)

[Living Well Schools](#)

[Healthy Places - Act Early](#)

[Warm Homes Healthy People - Groundwork](#)