

**Notice of a public
Decision Session - Executive Member for Health and Adult Social
Care**

To: Councillor Runciman (Executive Member)

Date: Wednesday, 9 December 2020

Time: 10.00 am

Venue: Remote Meeting

AGENDA

Notice to Members – Post Decision Calling In:

Members are reminded that, should they wish to call in any item* on this agenda, notice must be given to Democratic Services by **4:00pm on Friday 11 December 2020**.

*With the exception of matters that have been the subject of a previous call in, require Full Council approval or are urgent which are not subject to the call-in provisions. Any called in items will be considered by the Customer & Corporate Services Scrutiny Management Committee.

Written representations in respect of items on this agenda should be submitted to Democratic Services by **5:00pm** on Monday 7 December 2020

1. Declarations of Interest

At this point in the meeting, the Executive Member is asked to declare:

- any personal interests not included on the Register of Interests,
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda.

- 2. Minutes** (Pages 1 - 2)
To approve and sign the minutes of the Decision Session held on 13 February 2020.

3. Public Participation

At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee. The deadline for registering at this meeting is at 5.00pm on Monday 7 December 2020.

To register to speak please visit www.york.gov.uk/AttendCouncilMeetings to fill out an online registration form. If you have any questions about the registration form or the meeting please contact the Democracy Officer for the meeting whose details can be found at the foot of the agenda.

Webcasting of Remote Public Meetings

Please note that, subject to available resources, this remote public meeting will be webcast including any registered public speakers who have given their permission. The remote public meeting can be viewed live and on demand at www.york.gov.uk/webcasts.

During coronavirus, we've made some changes to how we're running council meetings. See our coronavirus updates (www.york.gov.uk/COVIDDemocracy) for more information on meetings and decisions.

- 4. Smokefree Play Park Scheme** (Pages 3 - 26)
This report summarises the York Tobacco Control Plan, included at Annex 1, and the Council's Smokefree Play areas scheme.
- 5. Urgent Business**
Any other business which the Executive Member considers urgent under the Local Government Act 1972

Democracy Officer:
Angela Bielby
Telephone No - 01904 552599
Email – a.bielby@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

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City of York Council

Committee Minutes

Meeting	Decision Session - Executive Member for Health and Adult Social Care
Date	13 February 2020
Present	Councillor Runciman

22. Declarations of Interest

The Executive Member confirmed that she had no personal interests not included on the Register of Interests, nor any prejudicial or discloseable pecuniary interests, to declare in the business on the agenda.

23. Minutes

Resolved: That the minutes of the Budget Decision Session held on 15 January 2020 be approved and signed by the Executive Member as a correct record.

24. Public Participation

It was reported that there had been no registrations to speak at the meeting under the Councils Public Participation Scheme.

25. Reprocurement of Primary Care Long Acting Reversible Contraception Services Outcome

The Executive Member considered a report regarding the decision to approve the award the contract for LARC (Long Acting Reversible Contraception) provisions from 1 April 2020. Officers noted that there was still work being undertaken to complete all necessary due diligence checks before the contract could be approved, they therefore requested that a decision be postponed until the 18 March 2020 Decision Session - Executive Member for Health and Adult Social Care. Officers confirmed that the postponement of the decision to approve the awarding of the contract would not create any period where LARC services were not available as the current provisions were in place until the end of March 2020.

Resolved:

- i. That the decision whether or not to approve the contract award for LARC provision from 1st April 2020 to York Hospital NHS Foundation Trust, be postponed to 18 March 2020 Decision Session - Executive Member for Health and Adult Social Care.

Reason: To allow for the City of York Council to complete all necessary due diligence checks before the offering of this contract.

Cllr C. Runciman, Executive Member
[The meeting started at 1.09 pm and finished at 1.13 pm].

City of York

Tobacco Control Plan

2020-2025

1. Foreword

As the Chair of the York Health and Wellbeing Board, I'm delighted to be able to introduce this Tobacco Control plan for York 2020-2025.

In the York Health and Wellbeing Strategy 2017-2022 we specifically committed to make sustained progress towards a smoke-free generation in York. The launch of the Tobacco Alliance in 2019 and the work described in this plan helps us on our way to achieving this. Reducing the number of people who smoke remains a public health priority, but this is a partnership approach, reflecting our belief that public health encompasses not just a set of services or work done by a single team, but should run through all city policies and practice, improving the wider determinants of health by supporting people to live healthier lives.

This plan has been approved by the York Health and Wellbeing Board and has been adopted formally by the City of York Council, and I look forward to seeing the progress we make over the next five years.



Cllr Carol Runciman

Chair of the York Health and Wellbeing Board and Executive Member for Health and Adult Social Care, City of York Council

York Tobacco Alliance Partners



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6	So...what's the plan? <i>page 11</i>

2. Smoking: we have some unfinished business

Smoking is the leading cause of preventable death worldwide, killing half of all lifetime users.¹ Currently, 11.9% of the York adult population smoke (more than 20,000 smokers), which resulted in over 700 deaths in the city (2016-18), nearly 2000 hospital admissions a year, and costs the economy (through healthcare costs and lost productivity) over £34m a year.

Whilst levels of smoking have fallen faster in York than nationally over the last decade (the prevalence of smoking in England is 13.9%), it still ranks as one of the major public health issues facing our population, and one of the key modifiable factors in improving the health and wellbeing of the people of York across the life course.

Smoking is linked to countless pathogenic mechanisms in the human body, and decades of research has proved that smoking:

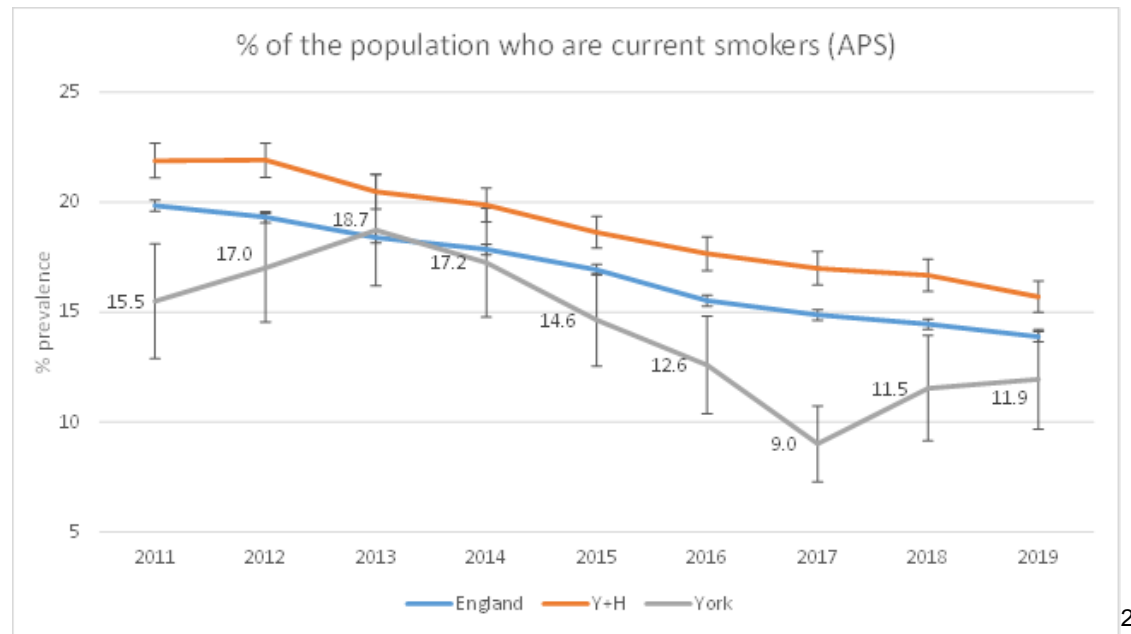
- hugely increases the risk of developing cardiovascular disease e.g. stroke or heart attack
- causes 16 types of cancer, including 9 out of 10 cases of lung cancer
- is responsible for over 10% of incident Type II diabetes cases
- is the cause of most Chronic Obstructive Pulmonary Disorder
- exacerbates asthma and makes acute life threatening attacks more likely
- contributes to both common mental health problems such as depression and anxiety and severe mental illness such as psychoses

In addition, these risks are significant not just to the user but also – through second hand smoke – to those who live, work and socialise around them.

The prevalence of smoking in York has reduced rapidly over the past decade, from just below 1 in 5 of the population to just above 1 in 10 of the population. A number of things have driven this trend, including the effect of national policies such as the smoking ban in public places in 2007 and the introduction of plain packaging in 2016, the gradual de-normalisation of smoking amongst the general public, and e-cigarettes, which have gone from a niche product at the start of the decade to usage of around 5-6% of adults in the UK.

¹ Throughout this plan, the term ‘smoking’ is used, as this is the predominant form of tobacco use in the city. However other forms of tobacco use such as cigars, pipes, shisha/ hookah/waterpipes, bidi and paan are also harmful to health, whilst not being counted routinely within smoking rates.

The following graph, using data from the Annual Population Survey, shows the trends in smoking in our city across the last decade, and compares them to the same trends in our region and in England as a whole.



Additionally, part of this reduction is due to smoking cessation services, one of the most evidenced-based public health interventions. York residents are supported to quit through the Health Trainer Service, run by City of York Council, which offers behavioural support from qualified stop smoking practitioners as well as pharmacological support such as Nicotine Replacement Therapy and Champix. Very strong evidence suggests that people who try to quit smoking using this combination of a trained advisor and pharmacological support are 3 times more likely to succeed than trying to quit without any support.

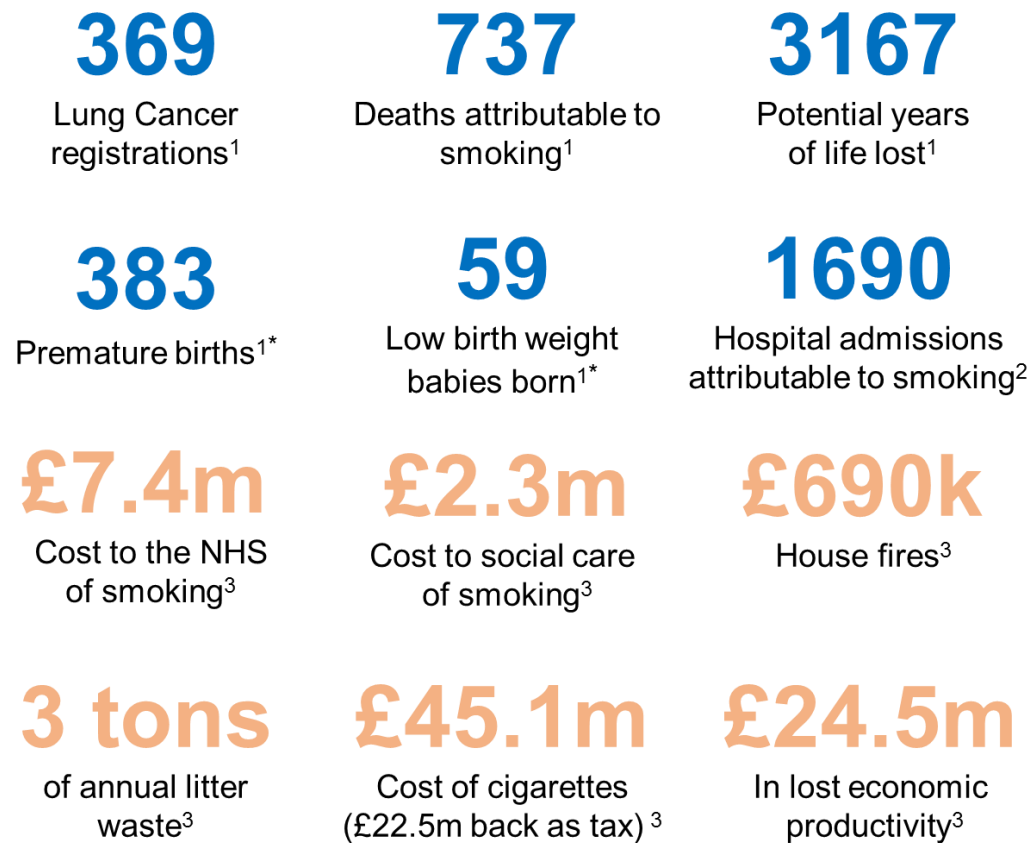
Local service data suggests that when people enter local services our quitting success rate is good, but the proportion of the smoking population in York we treat every year is low in absolute terms as well as compared to other areas, which means the number who set a quit date and are tobacco-free at 4 weeks is not as high as it could be.

² Error bars in this graph (**I**) are 95% confidence intervals, and refer to the level of statistical certainty around the smoking prevalence estimate, given it is extrapolated from a sample of the population of around 1000 people. They suggest that smoking rates in York in 2019 are significantly lower than Yorkshire and the Humber rates, significantly lower than they were prior to 2014, and lower than England rates (although this is not a statistically significant difference and should be interpreted with caution).

3. The impact of smoking in York

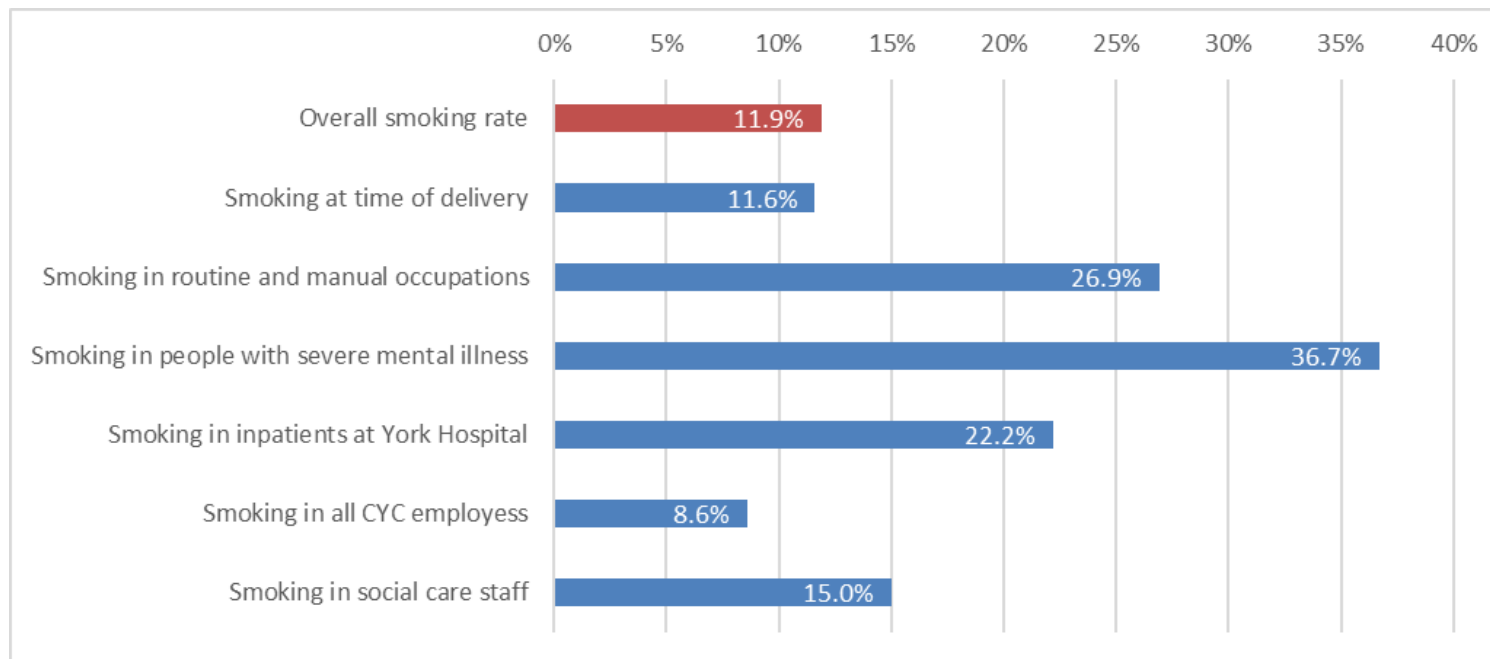
Smoking has an impact on many lives in the city both directly and indirectly. The graphic below demonstrates the range of negative impacts caused by smoking each year in our city alone. Smoking causes early onset of disease, hospital admissions, death and years of life lost; it harms babies in the womb and affects the development of those who grow up in households where someone smokes; it costs the NHS and social care money which could be used on other care; it contributes to an average of 7 house fires in the city a year; it causes tons of litter, and costs the economy generally in lost productivity.

THE IMPACT OF SMOKING IN YORK



Sources: ¹PHOF 2016-2018 ²PHOF 2018/2019 ³ASH 2019 * Not all attributable to smoking

In addition, smoking affects different parts of the city unequally, with large inequalities in rates. 26.9% of people in routine and manual occupations smoke in the city which is nearly five times the rate of those who smoke in managerial occupations. This is the largest gap in Yorkshire and the Humber and the second largest in the whole of England.



Other inequalities exist in smoking rates, as demonstrate by the chart above. 22.2% of inpatients at York Teaching Hospitals Foundation Trust smoke, as do 36.7% of people with a severe mental illness in the city. 11.6% of pregnant women are recorded as smoking at the time of their baby’s delivery, a statistic which has not reduced in line with general smoking rates over the last decade and means that over 200 people smoke during pregnancy each year in the city.

In summary, it is clear then that an ambition to reduce the use of tobacco in York is not just about helping people drop a ‘bad habit’, but has far reaching implications for the health and wellbeing of our society, as noted in the 2019 ASH report ‘The End of Smoking’:

By reducing smoking prevalence, we will:

Lift thousands out of poverty	Reduce inequalities
Increase local productivity	Protect children from harm
Improve quality of life in local neighbourhoods	Save thousands of lives

5. The best ways to support people to quit

Having established how harmful smoking is, and the impacts it has on our population, it is important to be clear: smoking is not a lifestyle choice. Nicotine has been shown to be a more powerful and addictive a substance than heroin, and most tobacco users start the habit in their late teens before developing a lifelong use of tobacco. Blame or stigma should not be part of the equation in any of our efforts to tackle the effect of tobacco in York. Smoking is more rightly framed as a chronic relapsing long term condition starting in childhood, but treatable through behavioural support and nicotine replacement therapy.

Over the last decade, the number of smokers in York has halved, which gives enormous hope for a continuing reduction in rates. There is very robust and clear evidence about what works to improve the chances of smoking cessation, and – although no quit is guaranteed and some relapse – people are 3 times more likely to succeed in quitting smoking if they use a combination of behavioural support by a qualified advisor and nicotine replacement therapy (NRT).

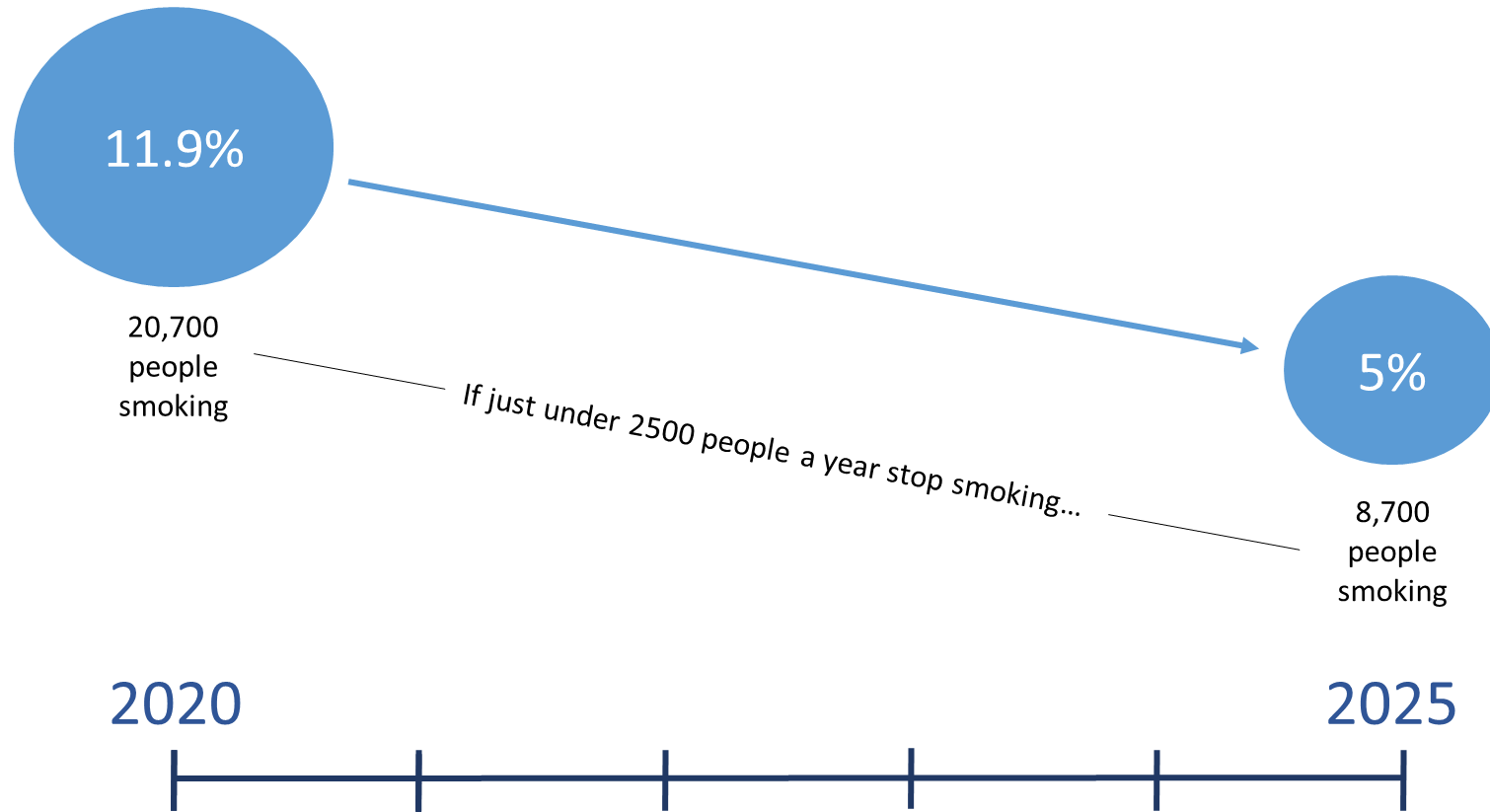
However data from the UCL Tobacco Control project shows that currently only 5% of smokers successfully quit each year, and of these, only 2% quit through stop smoking services, whereas 41% use an e-cigarette (which reflects the volume of people who try these approaches, not the effectiveness of the methods themselves). So other approaches are needed, for instance to harness the power of e-cigarettes as a quitting aid (see our **e-cigarettes position statement in appendix one**), and the deployment of public policy measures, known as ‘tobacco control’ which improve the likelihood of a quit attempt across the board. These approaches are laid out in the World Health Organisation Framework Convention on Tobacco Control, signed by 181 countries including the UK in 2005. They are:

- Monitor tobacco use and prevention policies
- Protect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco

Given the wide range of actions necessary to decrease smoking rates, this tobacco control plan for the city has been written to draw together a ‘whole systems’ approach to the actions we plan to take, encompassing both cessation services and wider policy measures.

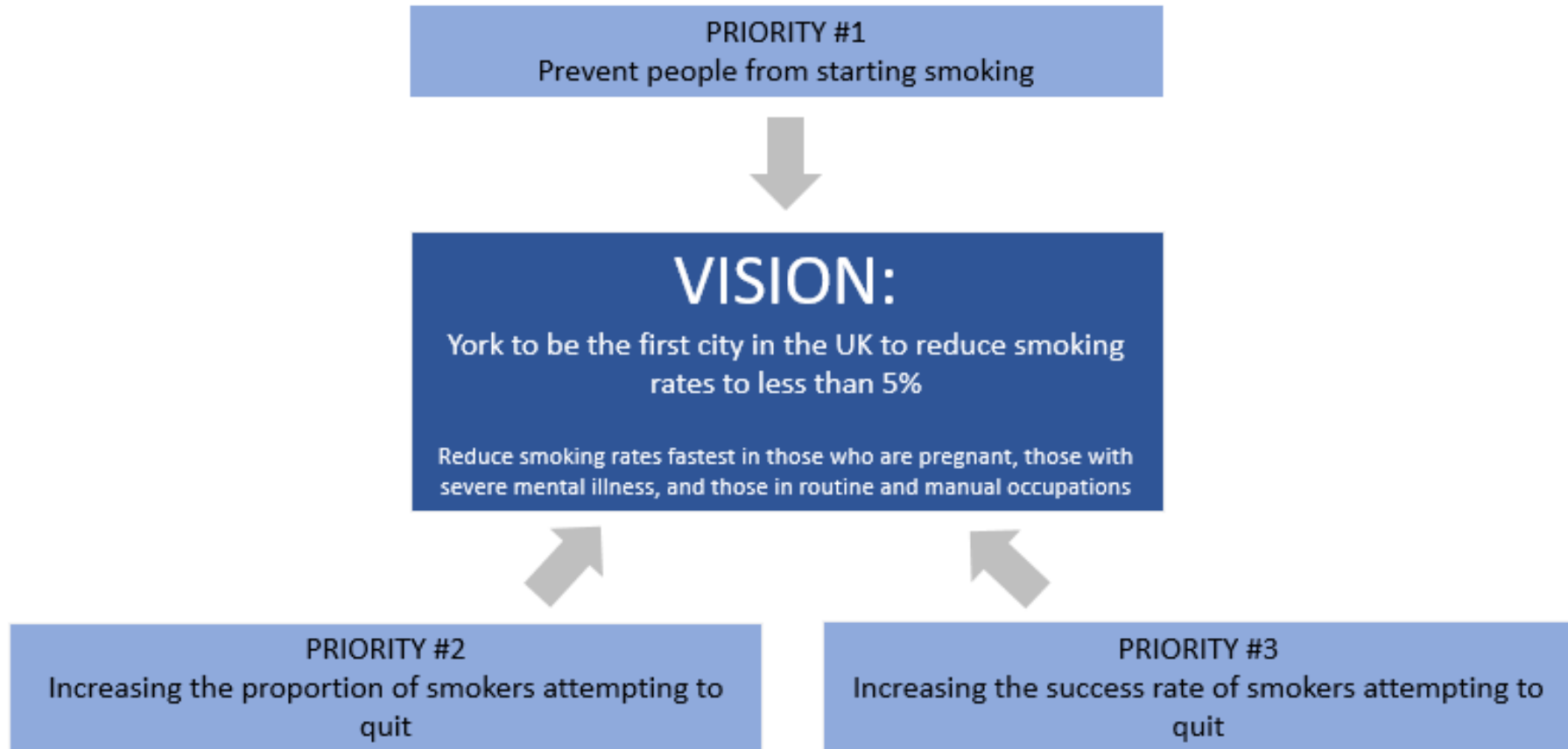
5. A vision to end smoking in York

The York Tobacco Control Alliance was founded in July 2019, and aims to **reduce the prevalence of tobacco use in the city of York to below 5%** of the adult population by 2025.



This ambition is in line with all other Local Authorities in the Yorkshire and the Humber, who have endorsed the Breathe2025 initiative of the Yorkshire and Humber Association of the Directors of Public Health based on reducing rates to under 5% by 2025. As well as this we are aspiring to reduce rates fastest in those who are pregnant, those with severe mental illness, and those in routine and manual occupations.

We plan to achieve this vision through 3 priorities: a slowing of uptake (prevention); increasing the number of people attempting to quit; and increasing the number of people successfully quitting (cessation). This vision and our three priorities are summed up overleaf:



6. So...what's the plan?

The table below outlines the key areas and actions which will we take in York over the next five years, led by the Tobacco Control Alliance, to achieve our vision of below 5% of the population smoking by 2025.

Area of focus	Actions	Key partners
Priority #1: Prevent people from starting smoking		
Curriculum development and educational work	Promote curriculum tools and support to schools, colleges and other settings Support up-to-date schools smoking policy in line with NICE PH23 (Smokefree Schools) Work with young people to explore smoking and vaping motivations	Primary and Secondary Schools CYC Children's Services York Schools and Academies Board
Enforcement	Conduct regular point of sale enforcement activity in the city to ensure adherence to tobacco legislation Communicate changes in tobacco legislation with local businesses	CYC Public Protection York BID Make it York NY Police
Illicit tobacco	Commission and utilise research and intelligence on the illicit tobacco market Engage in detection and disruption activity of the illicit tobacco market Communicate key illicit tobacco messages to businesses and the public	CYC Public Protection CYC Public Health NY Police
Smokefree outside zones	Bring forward city conversations with key community groups, the public and civic representatives to consider voluntary smokefree codes in a number of settings, including smokefree play parks, smokefree sidelines, smokefree public spaces and smokefree campuses.	CYC Public Health Community groups
Leadership	Hold regular meetings of the York Tobacco Control Alliance to drive the agenda forward Take part in the PHE / ASH CLEaR peer assessment programme for an independent review of progress once this strategy is in place	CYC Public Health Public Health England

Area of focus	Actions	Key partners
Priority #2: Increasing the proportion of smokers attempting to quit		
Promoting smoking cessation services in York	<p>Engage in communication activity for the service at events, through printed and online publicity</p> <p>Consider targeted promotion in the city's more deprived areas</p>	CYC Public Health
Treating tobacco dependency in hospital settings	<p>Work towards the implementation of policy on smoking in healthcare settings in line with NICE PH48 (Smoking: acute, maternity and mental health services)</p> <p>Work with regional partners on improving hospital cessation pathways and support to stop smoking for inpatients at York Hospital, using an established modal such as the Ottawa Model or CURE.</p>	<p>York Teaching Hospitals NHS FT</p> <p>Humber Coast and Vale ICS</p> <p>Tees Esk and Wear Valley NHS FT</p>
Promoting cessation in primary, social and community care	<p>Work with general practice, community health and social care to establish clear pathways into smoking cessation services, including use of Very Brief Advice, and overcoming boundary issues with other Local Authorities</p> <p>Integrate smoking cessation within Lung Health Checks locally</p>	<p>York Health and Care Collaborative</p> <p>Humber Coast and Vale ICS</p> <p>Vale of York CCG</p>
Very brief advice	<p>Develop training packages to deliver simple VBA messages and equip large volumes of frontline workers to engage in evidence-based short interventions</p> <p>Utilise existing prevention work e.g. Safe and Well checks for fire prevention</p>	<p>CYC Public Health</p> <p>North Yorkshire Fire and Rescue</p>
Smoking in pregnancy	<p>Implement a smoking in pregnancy Financial Incentive Scheme</p> <p>Work collaboratively with Humber Coast and Vale partners on the Local Maternity System with their smoking in pregnancy workstream</p> <p>Enable midwives, through training and clear pathways, to address smoking-related issues in a compassionate manner with pregnant woman</p>	<p>CYC Public Health</p> <p>York Teaching Hospitals NHS FT midwifery</p> <p>Humber Coast and Vale ICS</p> <p>Vale of York CCG</p>
Mass media	<p>Engage in regular public communication campaigns e.g. Stoptober</p> <p>Carry out ongoing material distribution and campaign support</p>	<p>CYC Public Health</p> <p>Community Pharmacy</p>

Area of focus	Actions	Key partners
Priority #3 Increasing the success rate of smokers attempting to quit		
Delivering high quality smoking cessation services	Work to implementing all the guidance within NICE NG 92 (Stop smoking interventions and services) Train staff in accordance with NCSCT smoking cessation training modules Aim to increase the success rate of interventions (% of people quit at 4 weeks)	CYC Public Health
Integrating universal smoking cessation services with specialist services	Work with specialist smoking cessation services in the city e.g. those run by TEWV to deliver an integrated offer and utilise the right expertise for the right individual	Tees Esk and Wear Valley NHS FT
Smokefree homes	Train Health Visitor staff using NCSCT smokefree home training module	CYC Healthy Child Service
Vulnerable people	Support vulnerable communities with higher prevalence e.g. those who are homeless, on low incomes, to quit smoking through e.g. provision of e cigarettes	CYC Public Health
Workplace policies	Support workplaces with smokefree policies, especially regarding vaping	CYC Public Health
E cigarettes	Develop and promote an e-cigarette policy statement for the city	CYC Public Health, PHE and engagement with all partners

Appendix 1: York Tobacco Alliance e-cigarette position statement

E-cigarette products are electronic devices which deliver nicotine without the significant harms of tobacco. An evidence review in 2018 by Public Health England concluded e cigarette use is no more than 5% as harmful as smoking, and this position is supported within NICE guidance and by the Royal College of Physicians.

The York Tobacco Alliance has considered the growing evidence-base relating to e-cigarette products, and has agreed the following position statement:

E cigarettes carry a fraction of the harm of tobacco products, and have been shown to be highly effective in aiding smokers to quit. They are however not harmless, and their uptake in non-smokers, particularly children and young people, is not recommended. Therefore the York Tobacco Alliance endorses (and will seek to promote) e-cigarettes as a quitting aid for smokers, whilst not recommending their use or marketing to those who do not currently smoke.

There are seven key principles we will work to as a system on e-cigarettes:

1. Smoking cessation services delivered by partners in the city should be e-cigarette friendly, and if it is the service user's choice to use an e-cigarette as their quitting aid, this should be supported.
2. We encourage e-cigarette users in the city to use the devices to help them quit smoking *completely*.
3. E-cigarettes are valid quitting aids when used in pregnancy, or by people with mental health problems.
4. Tobacco 'heat not burn' products have not been shown to be a reduced risk compared to smoking, and we do not recommend or support their use as a quitting aid.
5. Advertising and marketing of e-cigarettes should be appropriately targeted to adults, and under law they cannot be sold to under 18s.
6. Policies on the use of e-cigarettes in the workplace and on public transport will be decided by individual organisations, bearing in mind the views of non-users on the acceptability of e-cigarette vapour; however caution is urged on blanket bans for staff, which may hinder efforts to support employees to quit.

It remains the responsibility of each organisation represented at the Tobacco Alliance to determine the details of how this position statement are implemented amongst staff, patients and service users.

Further information and resources

[Breath 2025 Yorkshire and the Humber position statement](#)

[NICE NG92 Stop Smoking Interventions and Services](#)

[PHE e-cigarette 2020 review](#)

[Royal College of Physicians E-cigarette Statement](#)

[Action on Smoking and Health \(ASH\) briefing on e-cigarettes](#)

[PHE e-cigarette 2018 review](#)

[Royal College of Midwives Smoking Position statement](#)

[Hertfordshire CC e-cigarette policy](#)



**Decision Session –
Executive Member for Health and Adult
Social Care**

9 December 2020

Report of the Assistant Director of Public Health

York Tobacco Control Plan and Smokefree Play areas scheme

Summary

1. This report summarises the York Tobacco Control Plan, included at Annex 1, and the council's Smokefree Play areas scheme.

Background

2. A large amount of preventable ill health and early mortality in the city relates to smoking and tobacco use. The Health and Wellbeing Board has committed to partnership efforts to reduce smoking rates in York, with leadership of this work coming through the public health team in the council; this team also provide smoking cessation services for the city, with the aim of giving residents the best chance of quitting through an evidence-based intervention from a stop smoking advisor.
3. In 2019, a number of partners in the city came together to form the York Tobacco Control Alliance, and after a year of operation the Alliance has produced a draft Tobacco Control Plan for York. This is a multi-agency plan which was approved and endorsed by the Health and Wellbeing Board in October 2020, but includes significant commitments and involvement from the Public Health team and other teams within the council.
4. In addition, as an early action arising from this work, it is proposed that the council's children's play areas in the city are designated as Smokefree Zones.

Recommendations

5. The Executive Member is asked to:

- a. Consider and formally adopt the council's commitments to the York Tobacco Control Plan
- b. Consider and agree in principle the introduction of voluntary smokefree zones in York's play areas, subject to public consultation.

Reason: Adopting the plan and agreeing in principle the Smokefree zone proposal is in line with the council's duty to promote public health and the Health and Wellbeing Strategy, and is an opportunity to support partnership work and tangible action in this area.

Main issues to be considered

York Tobacco Control Plan 2020-2025

6. The plan (attached) sets out the recent trends in smoking within our population, and the negative impact of smoking on a variety of aspects of life in our city. It puts forward a vision for smoking rates in York to reduce to 5% of the population in 2025, and lays out actions which are recommended to support this vision.
7. Smoking is the leading cause of preventable death worldwide, killing half of all lifetime users. Currently, 11.9% of the York adult population smoke (over 20,000 smokers), which resulted in over 700 deaths in the city between 2016 and 18, 1690 hospital admissions in 2018/19, and costs the economy (through healthcare costs and lost productivity) nearly £40m a year.
8. Smoking also increases the risk of severe symptoms and hospitalisation in those who become infected with COVID-19. Partners have actively supported the Quit for Covid campaign and actively promoted Public Health England's 'Today is the Day' campaign which recognises that during the COVID-19 crisis, supporting people to live healthier lives has never been more important, and quitting smoking is the best thing you can do to protect your health.

9. The Tobacco Control Plan lays out a set of actions under three headings:

Priority #1: Prevent people from starting smoking, including Curriculum development and educational work, enforcement activity and work to tackle the trade in illicit tobacco, smokefree outside zones

Priority #2: Increasing the proportion of smokers attempting to quit, including promoting smoking cessation services in York, treating tobacco dependency in hospital settings, promoting cessation in primary, social and community care, Very brief advice, and work to reduce smoking in pregnancy

Priority #3 Increasing the success rate of smokers attempting to quit, including delivering high quality smoking cessation services, integrating universal smoking cessation services with specialist services, smokefree homes, vulnerable people, workplace policies

10. The plan includes as an appendix a position statement on e-cigarettes which has been produced by the public health team based on evidence and national guidance, and endorsed by the Alliance.

Smokefree Play areas Scheme

11. Smokefree legislation was introduced nationwide in 2007 for indoor public spaces, for examples pubs and bars. Following the legislation, studies on the exposure of bar-workers to harmful tobacco smoke showed reductions of 80% to 90%. In the year following smokefree legislation, there was a 2.4% reduction in hospital admissions for heart attack. That meant 1,200 fewer emergency admissions in a single year. In the three years following the law's introduction, there were almost 7,000 fewer hospital admissions for childhood asthma. The smokefree law, and the campaign that supported it, also helped to change attitudes and behaviour on smoking. An extra 300,000 smokers were inspired to make a quit attempt as the law came into force (ASH Briefing 2017: '10 years of smokefree legislation: the facts').
12. As well as reducing exposure to second hand smoke, when smoking is no longer 'normalised' in visible settings this encourages

smokers to smoke less and can trigger attempts to quit. Children are also less likely to take up smoking if those around them don't smoke. Research has shown that even preschool children who observe their parents smoking have already learnt that smoking is appropriate or normative in social situations (Brenner 2018). Evidence suggests that if young people don't start using tobacco by the age of 26 they will almost certainly never start (Breathe 2025).

13. This has led to a number of areas adopting voluntary smokefree zones in key outdoor places not covered by current smoking legislation. This approach has been successfully adopted by other Local Authority areas, for example:

Barnsley

After public consultation smoke-free zones have been introduced in play area and town centre zones managed through a voluntary code, to protect children and young people. The initiative will extend to the introduction of voluntary smoke-free play area in each of Barnsley's six Area Councils, with a long-term ambition of ensuring all 24 main play area become smoke-free. The smoke-free zones would be managed through a voluntary code and there would be no enforcement action.

Norwich and Broadland

85 Norwich play area became voluntary smoke-free zones in August 2016, each with signs to remind parents to refrain from smoking. Broadland District Council is also using the same signage, and has been rolling out the smoke free signage across its children's play zones.

Wakefield

As part of an overall plan to make smoking less commonplace, Wakefield Council launched a Smokefree Play area scheme in 2017. The council is Smokefree, which means people can't smoke outside its buildings. Signs will be put up in play area across the district asking parents and guardians to not smoke in them. This is to help make the habit less commonplace in the future than it currently is in day to day life.

14. The Council directly manages over half of 90 play areas in the City of York, as well as 1 skate park and 3 basketball courts. Of the remaining play areas some 25 are managed by parish/town councils, some by the Ministry of Defence, and some are owned and maintained by housing developers/associations.
15. It is proposed that from the autumn of 2020, CYC-managed play areas are designated as smokefree zones. This would be indicated through communication and publicity, and through appropriate signage at each play area. The arrangement would be governed through a voluntary code and would not be enforceable; however experience from other areas suggests that the power of social norms (e.g. highlighting local public support for smokefree zones in areas children play) and appropriate signage leads to a large drop in levels of smoking in those areas.
16. The implementation of the scheme would be in 3 stages:
 - Stage 1: Public consultation, including an explanation of smokefree zones, outlining the reasons they are being considered and their voluntary nature, and asking for responses to a set of questions.
 - Stage 2: Design and installation of signs in CYC controlled areas, as well as communication of the consultation result to the public and what the voluntary code entails.
 - Stage 3: Further dissemination of signs, including offering of signs to parish and other non-CYC areas

Other issues for discussion

17. The scope of any smokefree zone could be limited to the boundaries of each play area, where they are surrounded by fence and gates. However it could also be extended to a 10m boundary around the space, which would mitigate against the possibility that smokers would congregate around the play area gate.
18. A number of Council sites do not have a defined boundary, in such cases signage would be installed as near to equipment as practical.
19. Various approaches are taken to the issue of e-cigarettes in the context of smokefree zones. On the one hand, the lack of visibility and de-normalisation of smoking within the child's experience is a key mechanism by which a smokefree zone works to reduce smoking habits, and given e-cigarette vapour can be confused for

tobacco smoke, there is a case for including e-cigarettes within a voluntary smokefree restriction. However, there is strong evidence e-cigarettes are the most acceptable form of nicotine replacement for smokers wishing to quit, make quitting more likely to be successful, function as a positive tool in supporting smoking cessation, and (though not harm-free) carry a fraction of the risk of tobacco and no second hand smoke risk to a non-user. Preventing their use in outdoor areas may risk losing opportunities for cessation, and send out confusing messages when council cessation services and public health advice (in line with Public Health England) is positive towards e-cigarettes.

20. For both these issues, where there are arguments on either side, it is proposed that the consultation cover these issues to give the public their say in shaping the policy.

Consultation

21. It is proposed that this scheme should be introduced after a public consultation hosted on the council’s website and advertised through media, ward committees, Friends of Parks groups, and through targeting specific groups e.g. current smokers, parents and users of play area, and other partners.

22. The intended timescale for the consultation will be:

Opening:	January 2021
Duration:	Four weeks
Analysis, Decision:	February / March 2021
Installation of signs:	April 2021 onwards

23. The consultation will ask how strongly residents agree or disagree with a number of statements, including:

I am in favour of a voluntary Smokefree code within children’s play areas in York
I am in favour of this code extending to the use of e-cigarettes within children’s play areas in York
I am in favour of this voluntary code being extended to include the 10 metre space around children’s play areas
I am not in favour of smoking in front of children
I am / am not a current smoker
I am / am not a current vaper

24. Once the consultation has concluded, results will be analysed and if the proposal is viewed favourably, publicity and new signage will instigated as soon as practical. The opportunity will be taken - if appropriate - to use the results of the consultation in a 'social norm' approach, similar to Barnsley who state on their Smokefree signs that '90% of Barnsley residents want this park to be smokefree'

Options

25. Options include:
- a) The council endorsing the York Tobacco Control Plan and committing to the council's contribution to it
 - b) Approving the Smokefree Play areas Scheme subject to consultation
 - c) Declining to endorse the plan or approve the Smokefree play areas scheme

Analysis

26. Declining to approve these items would mean a missed opportunity for the council to support multi-agency work to improve the health and wellbeing of the York population.

Strategic/Operational Plans

27. This proposal is in line with the Council's Plan 2019-23, to ensure Good Health and Wellbeing through a broad range of opportunities to support healthy lifestyles. The York Health and Wellbeing Strategy 2017-2022 specifically commits to 'make sustained progress towards a smoke-free generation in York'. This proposal also aligns with the Council's Health in All Policies approach whereby public health encompasses not just a set of services or work done by a single team, but runs through all city policies and practice and aims to improve the wider determinants of health.

Implications

- **Financial**

The Smokefree play areas scheme includes a small investment in signs which will be part of routine capital investment in the city's play areas

- **Human Resources (HR)**

There are no HR implications

- **Equalities**

People in routine and manual occupations in York are twice as likely to smoke as those in other occupational groups. This is one of the major causes in the life expectancy and healthy life expectancy gap between the poorest and most affluent member of society. Supporting and enabling people to quit and protecting children from the harms of smoking with disproportionately benefit people from lower socioeconomic backgrounds, and decrease health inequalities.

- **Legal**

There are no legal implications

- **Crime and Disorder**

There are no crime and disorder implications

- **Information Technology (IT)**

There are no IT implications

- **Property**

There are no property implications

Risk Management

28. There are no risks identified associated with the recommendations below

Recommendations

29. The Executive Member is asked to:
 - a. Consider and formally adopt the council's commitments to the York Tobacco Control Plan

- b. Consider and agree in principle the introduction of voluntary smokefree zones in York's play areas, subject to public consultation.

Reason: Adopting the plan and agreeing in principle the Smokefree zone proposal is in line with the council's duty to promote public health and the Health and Wellbeing Strategy, and is an opportunity to support partnership work and tangible action in this area.

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Report Approved



Date 1/12/20

Wards Affected:

All

For further information please contact the author of the report

Annexes

Annex 1 - Tobacco Control Plan for York

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