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**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**

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### Contact Details

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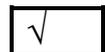
**Report  
Approved**



**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