



Doncaster Council

Report

Date: 19 March 2020

To the Chair and Members of the

HEALTH & ADULT SOCIAL CARE OVERVIEW & SCRUTINY PANEL

Encouraging A Smoke-free Generation in Doncaster

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Nigel Ball Councillor Rachael Blake	All	Yes

EXECUTIVE SUMMARY

1. This report outlines an approach to inspire a smoke-free generation in Doncaster. This includes initial proposals to trial some voluntary (not enforced) smoke-free spaces as part of our overall programme of work.
2. This is part of our comprehensive approach to Tobacco Control in Doncaster, led by the Tobacco Control Alliance (TCA). It supports the revised strategic approach, approved by the Health & Wellbeing Board on the 5th September 2019, which includes a goal for children and young people to grow up in a city where smoking is not visible and future generations are smoke-free. A smoke-free generation means smoking is no longer normalised in society and prevalence rates are 5% or less in all population groups.

EXEMPT INFORMATION

3. None

RECOMMENDATIONS

4. The Scrutiny Panel will be asked to give consideration to and be informed about a decision that is due to be taken by Cabinet on 10th March.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

5. This proposal will mean we request that people in Doncaster refrain from smoking in specific areas, initially focusing on spaces mainly used by families and for health services.
6. This is in line with public support for outdoor areas not covered by the legislation to become smoke-free and with our consultation with Doncaster residents.
7. This approach will support Doncaster to implement our revised strategic approach to Tobacco Control and reduce the ill-health, death and inequalities caused by tobacco.

BACKGROUND

8. Around half of all life-long smokers will die prematurely¹. Smoking is a major factor in illnesses that limit daily life such as COPD (chronic obstructive pulmonary disease), heart attacks and lung cancer².
9. 19.7% (48,000) of the Doncaster population smoke (CI: 17.1-22.4)³, this is the fourth highest within Yorkshire & Humber.
10. An estimated 1,300 children and young people start smoking every year in Doncaster⁴. Three-quarters of smokers aged 16-24 in 2014 said they began smoking before the age of 18. Children who live with parents or siblings who smoke are up to three times more likely to become smokers themselves than children of non-smoking households⁵.
11. Evidence suggests a population-wide approach is most effective, within a comprehensive tobacco control programme, to 'decrease tobacco use,

¹ Doll et al. Mortality in relation to smoking: 50 years' observations on male British doctors. *Bmj*. 2004 Jun 24;328(7455):1519.

² ASH, Facts at a Glance, 2018

³ PHE Fingertips, 2017 data, accessed October 2018

⁴ Hopkinson NS, Lester-George A, Ormiston-Smith N, et al Child uptake of smoking by area across the UK *Thorax* 2014;69:873-875

⁵ ASH, Young People & Smoking, 2015

reframe social norms and cultural acceptance, increase quit attempts and promote use of stop smoking tools and services⁶

12. Since 2007, it has been against the law to smoke in most enclosed and substantially enclosed public places and workplaces. Our proposal is to introduce voluntary smoke free spaces. This was supported in our consultation.
13. This approach to inspire a smoke free generation aims to de-normalise smoking, thereby reducing the number of children and young people who start. A smoke free generation means the population level of prevalence of smoking is 5% or less in all groups.
14. In February 2020, Smokefree Action, produced Roadmap to a Smokefree 2030⁷, which sets out what the UK Government must do in order to achieve a Smokefree 2030. The proposed actions include the following:
 - Legislate to require tobacco manufacturers to finance a smokefree 2030 Fund. This will initiatives such as multi-channel public education campaigns at national and regional levels; regional and local tobacco control programmes; and universal access to support for smokers to quit;
 - Commit the UK Government to consult on the policy proposals for strict regulation of tobacco, its sale, marketing and use;
 - Ensure the NHS Long Term Plan commitments to provide smoking cessation in the NHS in England;
 - Review the revise e-cigarette regulation;
 - Implement greater reductions in affordability through increased taxation;
 - Update the Tobacco Control Plan for England in line with the Smokefree 2030 ambition;
 - Renew and refresh the Government’s strategy to control illicit trade in tobacco; and
 - Sustain Government commitment to support the World Health Organisation (WHO) Framework Convention on Tobacco control, both internationally and at home.

PROPOSAL

14. Aims:

- i. **Reduce smoking prevalence** – in particular as part of the smoke-free generation – stopping starting.
- ii. **Decreasing the opportunity for children to see adults smoking around them** – children more likely to start smoking if they see

⁶ Towards a Smoke-free Generation, National Tobacco Control Strategy, 2017

⁷ <http://smokefreeaction.org.uk/wp-content/uploads/2020/01/Roadmap-to-a-Smokefree-2030-FINAL.pdf>

- smoking around them and tend to overestimate the proportion of people who smoke.
- iii. **Making smoke-free the social norm** - potentially reducing the likelihood for young people to start smoking and motivating smokers to cut down or to quit.
 - iv. Protecting the environment and saving money by **reducing tobacco-related litter**.
 - v. Provide opportunity for **public acceptance of voluntary smoke-free locations**.
15. We have identified a range of ways in which to inspire a smoke-free generation through de-normalising smoking and making it less visible, thereby reducing the number of children and young people who decide to start.
16. Develop a strong coordinated communications campaign to inspire a smoke-free generation in Doncaster.
17. Trial and develop smoke-free spaces in a staged way, beginning with those areas that already have strong public support (play parks and park events, schools and school gates, hospital grounds and family-friendly council events).

There will be a review at each stage of implementation.

The stages are:

Ongoing: develop and implement communications plan

Stage 1: play parks and park events, schools and school gates, hospital grounds and family-friendly council events

Stage 2: Outdoor eating and drinking areas, Pedestrianised areas in town centre, Parks – not just play areas, Smoke-free side-lines

Stage 3: Other council events

Other stages will be considered after undertaking the above three stages and carrying out due consultation. Future developments will come back to the Cabinet for approval.

18. Following learning from each stage and further public consultation, develop further proposals to cover other smoke-free spaces such as outdoor eating and drinking areas, pedestrianised areas in town centre, parks – not just play areas, children’s sporting events, other council events, public realm connected to public transport (e.g. bus stops), high streets markets.

Consultation

19. Doncaster's Smoke-free Task Group ran a consultation around people's attitudes towards smoking and smoking in public places. The consultation was launched on the 17th November 2018 at the "Count Down to Christmas" event, continuing into the remainder of November and closing in late December 2018.
20. Methods of consultation included:
 - Inviting attendees at "Countdown to Christmas" to fill out the questionnaire (either on-line or a paper copy).
 - Face to face consultations in eight different locations, supported by the Public Health Team.
 - Questionnaires were also handed out to members of the community throughout Doncaster by the Stronger Community Officers of Doncaster Council.
 - The online questionnaire was developed using Survey Monkey and was available to complete from week commencing 19 November 2018 for 4 weeks.
21. The full findings are available if requested. In summary:
 - The majority of participants agreed with the proposal for designated voluntary smoke-free spaces especially areas where there are children present.
 - People who smoke and vape were generally positive about the proposal. Nevertheless both smokers and non-smokers believe that there should be an alternative location for people who smoke or vape to go to either in the town centre/public places or at events.
 - Regardless of this, there were people - both smokers and non-smokers - who thought that a ban in certain places would stop people from attending events and going into Doncaster so therefore effecting businesses in the town.

Proposal

22. We have identified a range of ways in which we could encourage smoke-free spaces to inspire a smoke-free generation through de-normalising smoking and making it less visible, thereby reducing the number of children and young people who decide to start.
23. Our proposal is based on experience from other local authorities, academic evidence and our local consultation. We propose to combine a strong coordinated communication campaigns with a big launch, followed by a staged approach to smoke-free spaces. We suggest that we start with trialling and developing smoke-free spaces in a staged way as follows:
 - i. Ongoing: develop and implement communications plan
 - ii. Stage 1: play parks and park events, schools and school gates, hospital grounds and family-friendly council events
24. Following learning from each stage and further public consultation, develop further proposals to cover other smoke-free spaces such as:

- iii. Stage 2: Outdoor eating and drinking areas, Pedestrianised areas in town centre, Parks – not just play areas, Smoke-free side-lines
- iv. Stage 3: Other council events

25. Other stages will be considered after undertaking the above three stages and carrying out due consultation. Future developments will come back to the Cabinet for approval.

- 26.** This staged approach is based on experience from elsewhere and the following reasoning:
- To allow the campaign to develop over time so that we can continue to publicise the messages
 - To work within the resources and capacity we have
 - To learn as we go
 - To start with the elements that are most likely to be acceptable to Doncaster residents and continue to consult and engage with them as we develop the work further
- 27.** Throughout all stages, the communication campaigns will:
- Provide additional opportunities for getting the smoke-free messages across
 - Support the specific stage by amplifying the messages for that space
 - Get the offer of support to quit out to more of the population
 - Change the social norms around smoking to support our aims for a smoke-free generation

OPTIONS CONSIDERED

- 28.** Do nothing different – this will not help us to narrow health inequalities or reduce smoking-related harm and death to the extent we have set out in our strategy and targets.
- 29.** To combine a strong coordinated communication campaigns with a big launch, followed by a staged approach to smoke-free spaces.
(Recommended Option, as described above in Section 5.3)

- 30. Start with a different type of smoke-free space – the order has been suggested based on experience from other areas and levels of public support in Doncaster but could be altered.
- 31. Do the whole programme at once – we do not have the capacity to do all of this at once, we are likely not to get public support for too many changes at once. Also, by running a staged approach, the communications lasts longer and therefore has more impact.

REASONS FOR RECOMMENDED OPTION

- 32. Smoking is still the leading cause of preventable death: each year an estimated 675 people die early in Doncaster due to smoking – an average of 13 people per week⁸.
- 33. Smoking prevalence in Doncaster is flat-lining: after dropping steadily until 2015, for the last four years, smoking prevalence has stayed the same at around 19.5% - in other places smoking has continued to fall⁹.
- 34. Health Inequalities are widening: in 2017, prevalence was 31.6% for routine and manual workers, which was an increase on 2016¹⁰.
- 35. To reverse these worrying trends, we need to reduce the number of people who start smoking as well as helping existing smokers to quit.
- 36. Based on current research evidence, experience and consultation with stakeholders, this is an important part of our comprehensive evidence-based Tobacco Control Strategy. We will continue to review and make improvements as we go. The benefits expected are de-normalisation of smoking so that children and young people are less likely to start and their health is protected as well as an environment that supports people who have stopped smoking to stay smoke-free.

IMPACT ON THE COUNCIL’S KEY OUTCOMES

	Outcomes	Implications
	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are 	<p>If the wider impacts of tobacco-related harm are considered, it is estimated that each year smoking costs Doncaster £50.7m in lost productivity.</p> <p>In addition, the local population in Doncaster spend £99.5m on tobacco related products.</p>

⁸ CleaR Peer Assessment report for Doncaster 2019

⁹ PHE Fingertips, 2017 data, accessed October 2018

¹⁰ PHE Fingertips, 2017 data, accessed October 2018

	<p>supported to flourish</p> <ul style="list-style-type: none"> • Inward Investment 	<p>(Approximately £2,050 per smoker; and there are 48,000 smokers in Doncaster). As smoking is closely associated with economic deprivation this money will be disproportionately drawn from Doncaster's poorest citizens and communities. If this money was spent on other things instead of smoking the effect would be to create jobs in the local economy.</p> <p>Reducing smoking prevalence will support Doncaster Working ambitions through reducing this lost productivity.</p>
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	<p>It is estimated that South Yorkshire Fire and Rescue Service will attend 11 smoking related house fires with a cost to the Borough of around £2m.</p> <p>Smokers in Doncaster consume around 396,660 cigarettes each day resulting in approximately 57kg of waste daily.</p> <p>Reducing smoking will contribute to a clean vibrant Doncaster.</p>
	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	<p>Smoke free schools will protect the health of everyone in schools, especially initiatives at stage 1 related to schools and school gates. Therefore, schools have an important role to play in the implementation of this initiative to realise a smoke free generation in Doncaster.</p>

	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	<p>Smoking is still the leading cause of preventable death: each year an estimated 675 people die early in Doncaster due to smoking – an average of 13 people per week.</p> <p>Health Inequalities are widening: in 2017, prevalence was 31.6% for routine and manual workers, which was an increase on 2016.</p> <p>If the wider impacts of tobacco-related harm are considered, it is estimated that each year smoking costs Doncaster £78m of which costs to the NHS contribute approximately £14.7m and Social Care £10.5m (of which £5.7m is attributable to the local authority social care budget).</p> <p>Reducing smoking prevalence will contribute to improved healthy life expectancy, giving children a great start in life and reducing health inequalities.</p>
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	

RISKS AND ASSUMPTIONS

37. Doing nothing will see the smoking prevalence in Doncaster continuing to plateau, and possibly even increase. Smoking is one of the major public health challenges in Doncaster and in England. A risk management log will be developed for this project. All risks are considered low, especially when

compared with the risk of not taking action.

LEGAL IMPLICATIONS [Officer Initials HMP Date...12.12.19.....]

38. Under the Health and Social Care Act 2012, Local Authorities have, since 1 April 2013, been responsible for improving the health of their local population and for public health services.

Regulations brought a smoking ban into force in England in July 2007 including enclosed and substantially enclosed public places and workplaces, public transport and most work vehicles and company cars. Further regulations in 2015 prohibited smoking in a private vehicle when children are present. The proposals recommended in this report are legitimate steps for the Council to take in furtherance of its public health duties, but as set out in the report, they would not be legally enforceable and would rely on voluntary compliance.

FINANCIAL IMPLICATIONS HR 19/12/19

39. There are no specific financial implications associated with this decision. Should any costs arise with regard to a communications campaign this will be met from within the Public Health budget.

HUMAN RESOURCES IMPLICATIONS [Officer Initials: EL 24/01/2020]

40. There are no immediate and obvious HR implications associated with this Report.

TECHNOLOGY IMPLICATIONS [Officer Initials PW Date 12/12/2019]

41. There are no anticipated technology implications in relation to this report.

HEALTH IMPLICATIONS [Officer Initials: VJ..Date: 09/12/2019]

42. Smoking is the single largest cause of preventable deaths. The proposal outlined in this report is aimed at addressing smoking prevalence in Doncaster, drawing on lessons from a wide range of initiatives from public consultation on smoke-free environments. If implemented, the actions are likely to reduce smoking prevalence, thus improving the health of the people of Doncaster by normalising a smoke-free environment for children and young people to grow up.

EQUALITY IMPLICATIONS [Officer Initials: VJ... Date: 09/12/2019]

43. Evidence shows that the impact of smoking is disproportionately high among

people from low socio-economic backgrounds. The challenge of smoking can be found across age groups, sexes, race and disability although rates tend to vary from one group to the other. For example, adults with mental health illnesses have three times the smoking prevalence of adults in the general population.

CONSULTATION

44. The Tobacco Control Alliance has been consulted and contributed to the proposals.
45. Consultation with the public has been undertaken for the SmokeFree Doncaster proposal and the findings are summarised in the proposal section above.

BACKGROUND PAPERS

46. **Appendix 1:** Summary of consultation responses
47. **Appendix 2:** Doncaster Tobacco Control Strategy

GLOSSARY

CI	95% Confidence Interval (statistical measure)
COPD	Chronic Obstructive Pulmonary Disease
TCA	Tobacco Control Alliance
WHO	World Health Organisation

REPORT AUTHOR & CONTRIBUTORS

Dr Victor Joseph, Public Health Consultant

Anna Brook, Public Health Registrar

Carrie Wardle, Public Health Theme Lead (Children, Young People and Families)

Carys Williams, Public Health Improvement Officer – Wider Determinants and Emergency Planning

Emma Brown, Public Health Improvement Officer – Improving Lives/Vulnerable People

Helen Conroy, Public Health Theme Lead (Improving Lives/Vulnerable People)

Victoria Shackleton, Public Health Project Officer (Children, Young People and Families)

Name & Title of Lead Officer: Dr Rupert Suckling, Director of Public Health

Public Health Doncaster Smoke-free Spaces Consultation Results

December 2018

Title	Public Health Doncaster Smoke-free Spaces Consultation results 2018
Authors	Victoria Shackleton/Carys Williams/Emma Brown
Publication date	January 2019
Contact Details	

**Re
ade
r
inf
or
mat
ion**

Contents

	Page
Introduction/Background	4
Mode of consultation	5
Findings Summary	5
Recommendations	6
Questionnaire Results	7
Appendix A	
Appendix B	
References	

Introduction/Background

By the year 2022, Doncaster Tobacco Alliance strategically aims to (in relation to smoking):

- Reduce the prevalence of 15 year olds who regularly smoke from 10.1% in 2017 to 3.0% by 2022 (England's target: 8% in 2017 to 3% or less by 2022);
- Reduce smoking prevalence amongst adults in Doncaster from 19.8% in 2017 to 10% or less by 2022 (England's target 15.5% in 2017 to 12% or less by 2022);

Doncaster's Smoke-free task group are in the pilot stages of working to reduce smoking prevalence in Doncaster as well as creating a smoke-free generation in the Borough (as part of Breathe 2025).

The main aim of this work is to stop people from starting smoking in the first place especially children and young people, by decreasing the opportunity for children to see adults smoking around them. Evidence suggests that children are more likely to start smoking if they see people smoking around them such as family and friends. Children who live in a smoking household are also up to 3 times more likely to become smokers themselves compared to children who live in a non-smoking household.

Therefore making smoke-free the social norm has the potential to reduce the likelihood of young people starting smoking as well as being a way to attempt to motivate current smokers to cut down or to eventually quit.

As a result of this vision Doncaster's Smoke-free task group agreed to run a consultation around people's attitudes towards smoking and smoking in public places, with the outcomes of the survey hopefully helping to shape smoke-free spaces and family events at future Doncaster events. The consultation was launched on the 17th November 2018 at the "Count Down to Christmas" event, continuing into the remainder of November and closing in late December 2018.

"Count Down to Christmas" was an all-day event family event aimed at every age group – offering children the chance to meet Santa, food and drink stalls, fairground rides, entertainment, concluding in a firework display in the evening. It was decided that this event would be an ideal opportunity to pilot a voluntary smoke-free event with the consultation around smoke-free spaces running alongside it. Approval for the consultation was given by Dr Rupert Suckling and Cllr Nigel Ball.

Attendees at "Countdown to Christmas" were asked not to smoke or vape at the event in order to create a family-friendly environment, show a positive approach/example by not smoking especially in front of children and young people so as to protect them from the influence of visible smoking. As well as protecting children and young people, asking people not to smoke or vape at the event was a way of encouraging smokers to think about their own smoking habits and attitudes towards smoking therefore improving the health of themselves and others.

Mode of consultation

A questionnaire was developed with a foreword explaining to respondents the purpose of the consultation and what Doncaster Council are considering in relation to trialling smoke-free family events in Doncaster. (Appendix A).

As well as asking attendees at "Countdown to Christmas" to fill out the questionnaire (either on-line or a paper copy), 8 consultations took place in the following areas:

- St James Church Hall, St Sepulchre Gate West, Doncaster, DN1;
- Ivanhoe Centre, Conisbrough;
- Bentley Library;
- Bullcroft Memorial Hall, Carcroft;
- Stainforth Library;
- Sprotbrough Library;
- The Junction, Hexthorpe (Church group).

Members of the Public Health team attended the venues with paper copies of the questionnaire and invited members of the public attending these establishments to fill out the survey.

Questionnaires were also handed out to members of the community throughout Doncaster by the Stronger Community Officers.

The online questionnaire was developed using Survey Monkey and was available to complete from week commencing 19 November 2018 for 4 weeks.

Findings Summary

The majority of participants agreed that all of the areas identified in the consultation should become designated voluntary smoke-free spaces especially areas where there are children present such as school gates, school grounds and council run family events. The majority of participants also said they would visit certain areas more frequently if they became designated voluntary smoke-free spaces such as outside seating areas where people eat and drink, public buildings and other specific places in Doncaster town centre.

People who smoke and vape were generally positive of a ban in public places stating that it would not stop them from going to events and that they would respect any ban at events and other smoke-free places. Nevertheless both smokers and non-smokers believe that there should be an alternative location for people who smoke or vape to go to either in the town centre/public places or at events.

Regardless of this there were people - both smokers and non-smokers - who thought that a ban in certain places would stop people from attending events and going into Doncaster so therefore effecting businesses in the town.

Respondents felt Education in schools regarding smoking and its effects on health should also start early and is seen as alternative way of encouraging young people not to start smoking or vaping in the first place.

There were also arguments around personal choice and that it should be left to the individual to decide where and when they smoke and not be “dictated to by council/government”. Some felt that smokers are being negatively targeted where other issues such as the spice problem and begging should be looked at first.

There was a feeling that smoke-free initiatives would force smokers out of town centres and exclude them socially.

There were also strong opinions regarding the smoking/vaping of Local Authority staff outside council buildings such as the Civic Office and “we should practice what we preach” and set a good example to the public. There were also concerns around how a ban would be policed/enforced. It was suggested that patrols instead of signage might be a better idea as well as tougher penalties on people who break the rules.

In principle people seem to support smoke-free spaces but want equality for smokers and non-smokers. Smoke-free spaces were seen as advantageous in the

consultation as a way of helping to create a smoke-free generation and making the community and environment a better place for residents and visitors.

Recommendations

- 1 Develop a staged strategic action plan based on the results of this consultation which will be presented to cabinet for approval and then methodically worked through by Public Health and partner organisations;
- 2 To produce a comprehensive communications plan to engage with local media and the public.

Questionnaire Results

In total, 343 people accessed the questionnaire. The majority of participants were female (61%), 111 were male (36%) and 9 preferred not to say (3%) The majority of participants were White British (96%), although other ethnicities were represented, see Table 2. The majority of participants defined their sexual orientation as heterosexual/straight (84%). Just over half of participants (56%) said they were either married or in a civil partnership.

Table 1: Age of participants

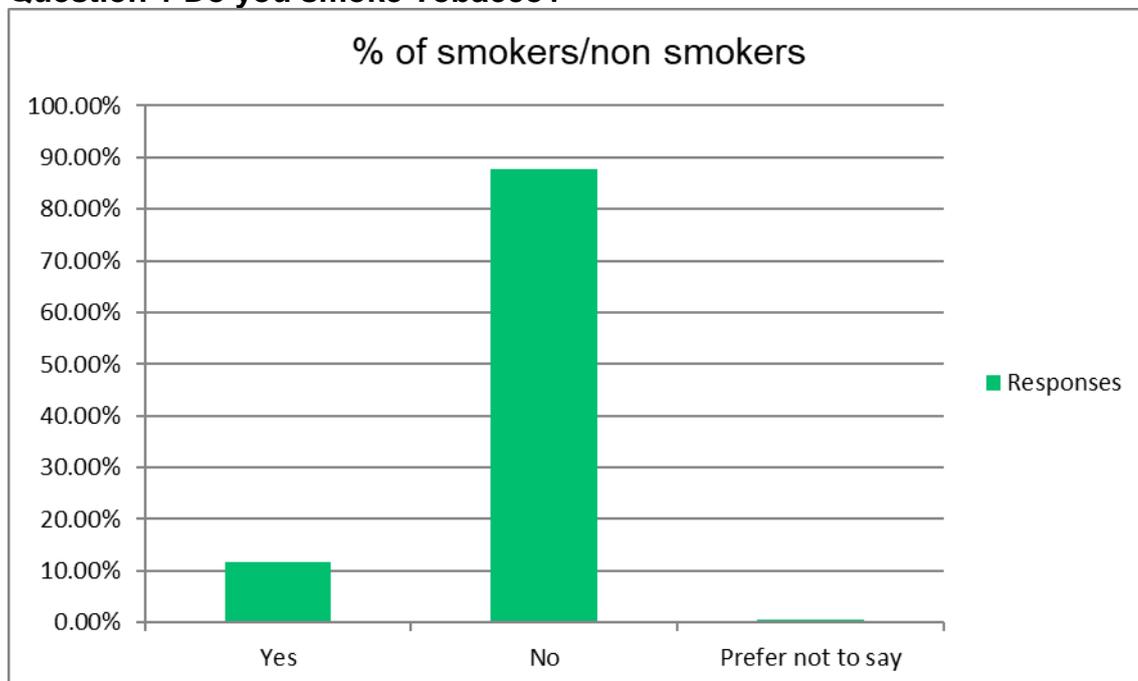
Answer Choices	Responses	
16 & under	0.32%	1
17 - 24	9.03%	28
25 - 34	20.97%	65
35 - 44	16.77%	52
45 - 54	19.35%	60
55 - 64	15.81%	49
65 - 74	9.03%	28
75 and over	6.77%	21
Prefer not to say	1.94%	6

The majority of participants did not identify themselves as disabled (82%). Of those who did, their conditions are presented in Table 3.

Table 3: Impairments of participants who identified as disabled

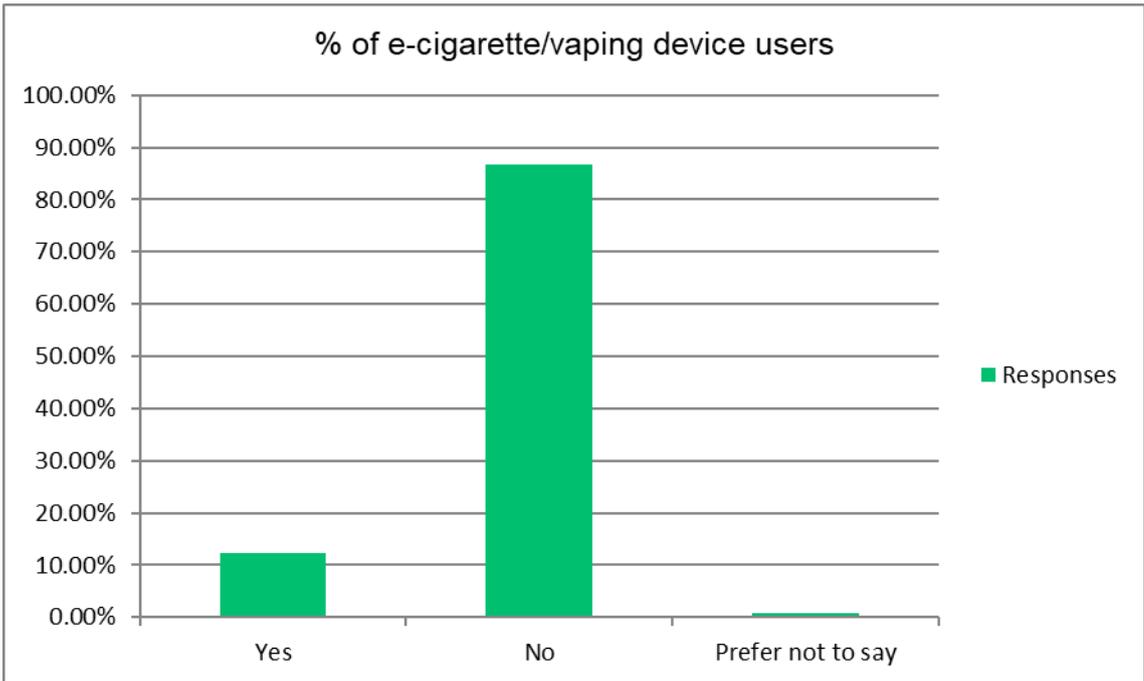
Mobility (getting around)	35.71%	25
Visual impairment	11.43%	8
Deaf/hearing impairment	18.57%	13
Using hand/fingers	2.86%	2
Learning difficulty	12.86%	9
mental health	24.29%	17
Other (please specify)	31.43%	22

Question 1 Do you smoke Tobacco?



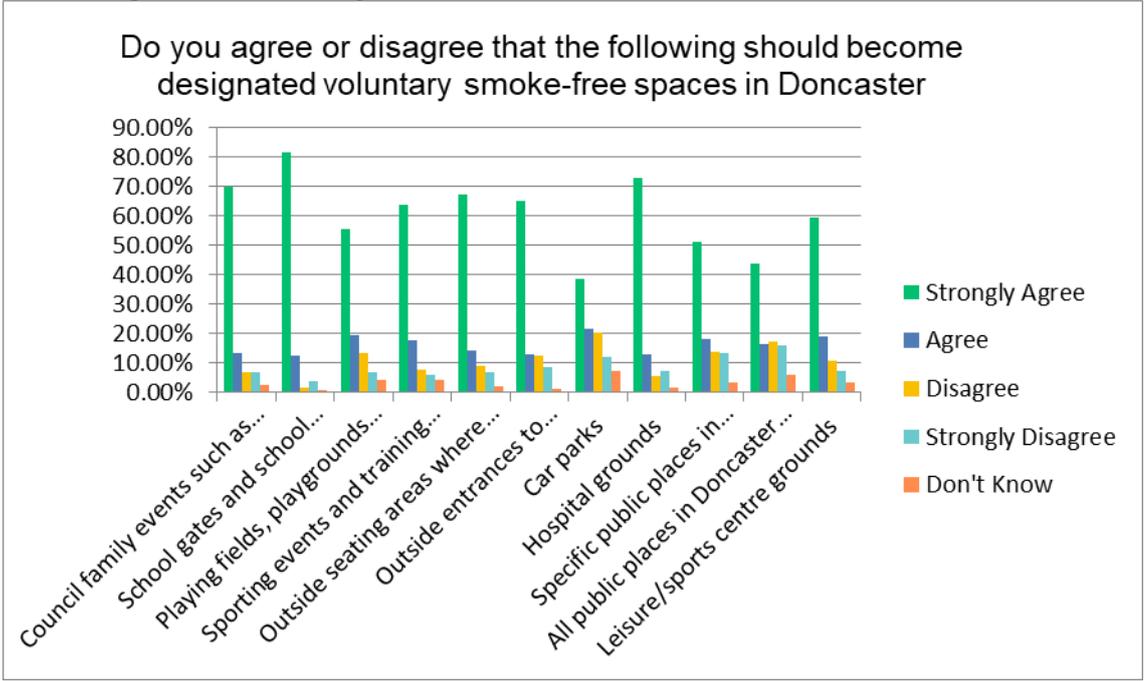
40 (11.8%) of respondents to this survey stated that they smoked tobacco.

Question 2 Do you use e-cigarettes or vaping devices?



42 respondents (12.35%) stated that they used e-cigarettes or vaping devices.

Question 3 Do you agree or disagree that the following should become designated voluntary smoke-free spaces in Doncaster

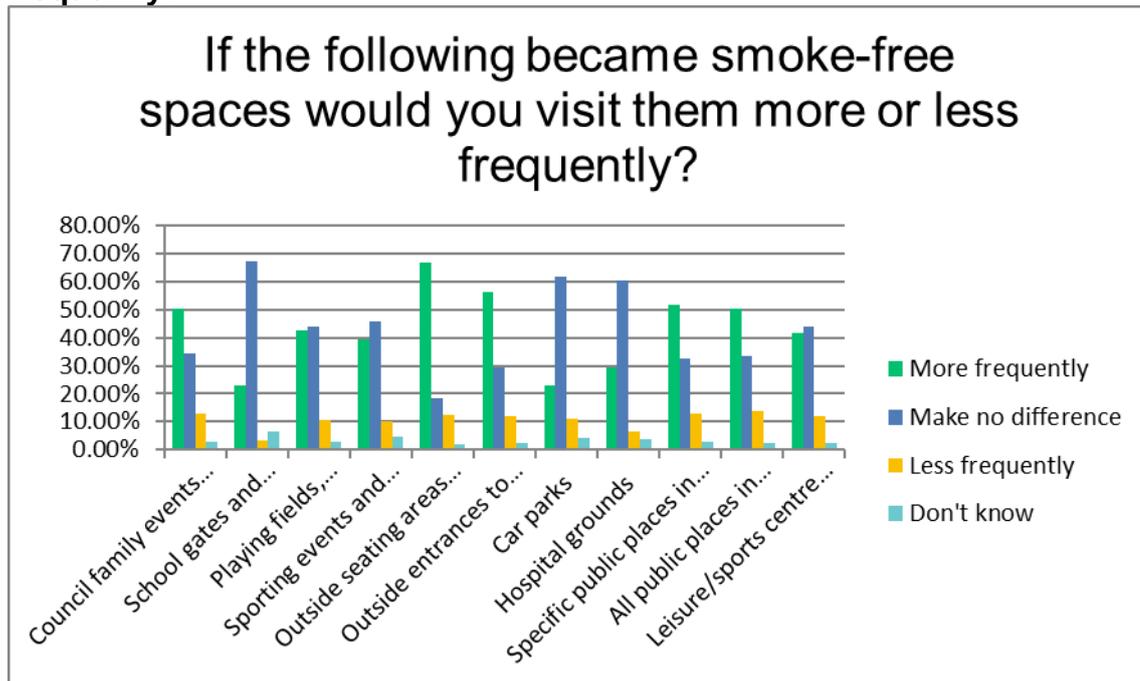


Overall, the majority of participants agreed or strongly agreed that all areas identified should become designated voluntary smokefree spaces. The most popular areas identified were; school gates and school grounds (94%), hospital grounds (85%) and council family events such as countdown to Christmas (82%).

Table 4: All responses to question 3: Do you agree or disagree that the following should become designated voluntary smoke-free spaces in Doncaster

	Strongly Agree		Agree		Disagree		Strongly Disagree		Don't Know		Total
Council family events such as 'Countdown to Christmas'	69.62%	236	13.57%	46	7.08%	24	7.08%	24	2.65%	9	339
School gates and school grounds	81.52%	278	12.32%	42	1.47%	5	3.81%	13	0.88%	3	341
Playing fields, playgrounds and parks	55.62%	188	19.53%	66	13.61%	46	6.80%	23	4.44%	15	338
Sporting events and training sessions	63.82%	217	17.94%	61	7.94%	27	5.88%	20	4.41%	15	340
Outside seating areas where people eat and drink	67.35%	229	14.41%	49	9.12%	31	7.06%	24	2.06%	7	340
Outside entrances to shopping centres/public buildings	64.81%	221	12.90%	44	12.61%	43	8.50%	29	1.17%	4	341
Car parks	38.35%	130	21.83%	74	20.35%	69	12.09%	41	7.37%	25	339
Hospital grounds	72.65%	247	12.94%	44	5.59%	19	7.35%	25	1.47%	5	340
Specific public places in Doncaster town centre e.g. pedestrian areas	51.18%	174	18.24%	62	13.82%	47	13.24%	45	3.53%	12	340
All public places in Doncaster town centre	43.82%	149	16.47%	56	17.35%	59	16.18%	55	6.18%	21	340
Leisure/sports centre grounds	59.41%	202	19.12%	65	10.59%	36	7.35%	25	3.53%	12	340

Question 4 If the following became smoke-free spaces would you visit them more or less frequently?



The majority of participants said they would visit more frequently the following areas if they were designated voluntary smokefree spaces; outside seating areas where people eat and drink, outside entrances to shopping centres and public buildings, specific places in Doncaster town centre eg. pedestrian areas . Half of the participants said they would visit Council family events such as countdown to Christmas and all public places in Doncaster town centre more frequently. Of those participants that responded they would “visit more frequently” or “make no difference”, the most popular combined responses were; school gates and school grounds (225), hospital grounds (202), playing fields, playgrounds and parks (148),

Table 2:

	More frequently		Make no difference		Less frequently		Don't know		Total
Council family events such as 'Countdown to Christmas'	50.44%	171	34.22%	116	12.68%	43	2.65%	9	339
School gates and school grounds	23.05%	77	67.37%	225	3.29%	11	6.29%	21	334
Playing fields, playgrounds and parks	42.56%	143	44.05%	148	10.42%	35	2.98%	10	336
Sporting events and training sessions	39.58%	133	45.83%	154	10.12%	34	4.46%	15	336
Outside seating areas where people eat and drink	66.96%	227	18.58%	63	12.39%	42	2.06%	7	339
Outside entrances to shopping centres/public buildings	56.05%	190	29.50%	100	12.09%	41	2.36%	8	339
Car parks	23.15%	78	61.72%	208	10.98%	37	4.15%	14	337
Hospital grounds	29.34%	98	60.48%	202	6.29%	21	3.89%	13	334
Specific public places in Doncaster town centre e.g. pedestrian areas	51.48%	174	32.54%	110	13.02%	44	2.96%	10	338
All public places in Doncaster town centre	50.15%	169	33.53%	113	13.95%	47	2.37%	8	337
Leisure/sports centre grounds	41.44%	138	44.14%	147	12.01%	40	2.40%	8	333

Question 5 Are there any other public areas not mentioned above that you would like to become smoke-free?

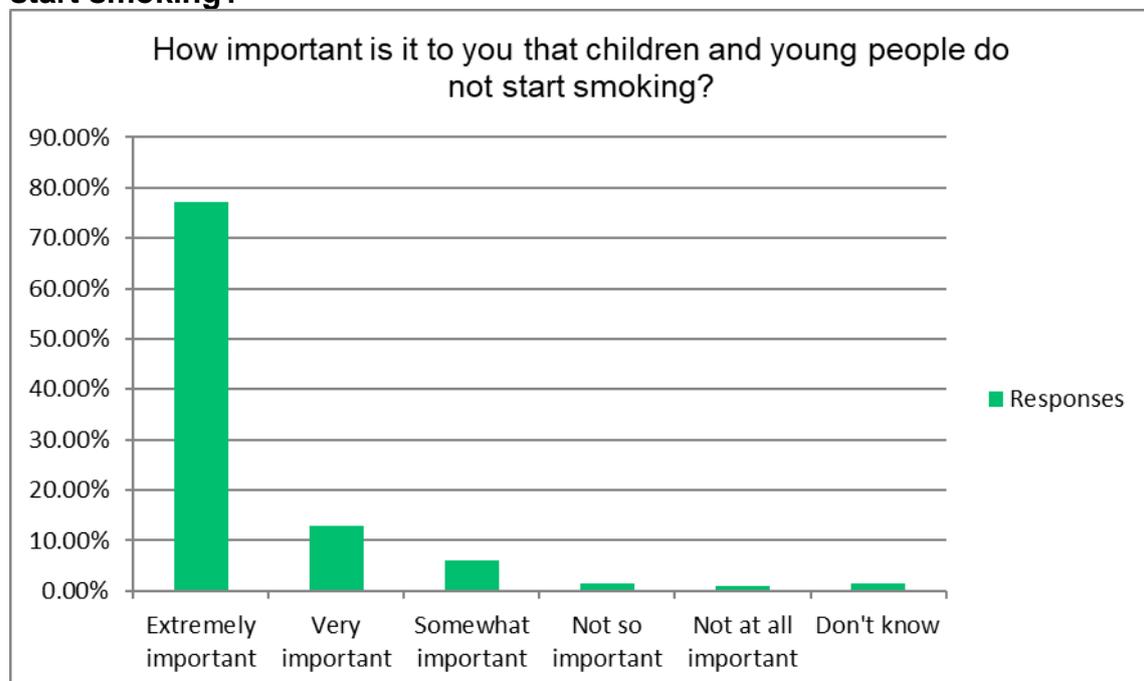
127 respondents answered this question. Commonly suggested additional smoke-free settings included:

- Outside council buildings
- Bus stops, train and bus station entrances
- Sunday league football grounds
- Entrances to workplaces
- Beer gardens and outdoor areas of cafes/restaurants
- Cemeteries and burial grounds
- Semi-covered shopping centres such as Waterdale and Colonnades.

7 respondents used this free text question as an opportunity to express concerns and their disagreement with the proposal of banning smoking in outdoor public areas.

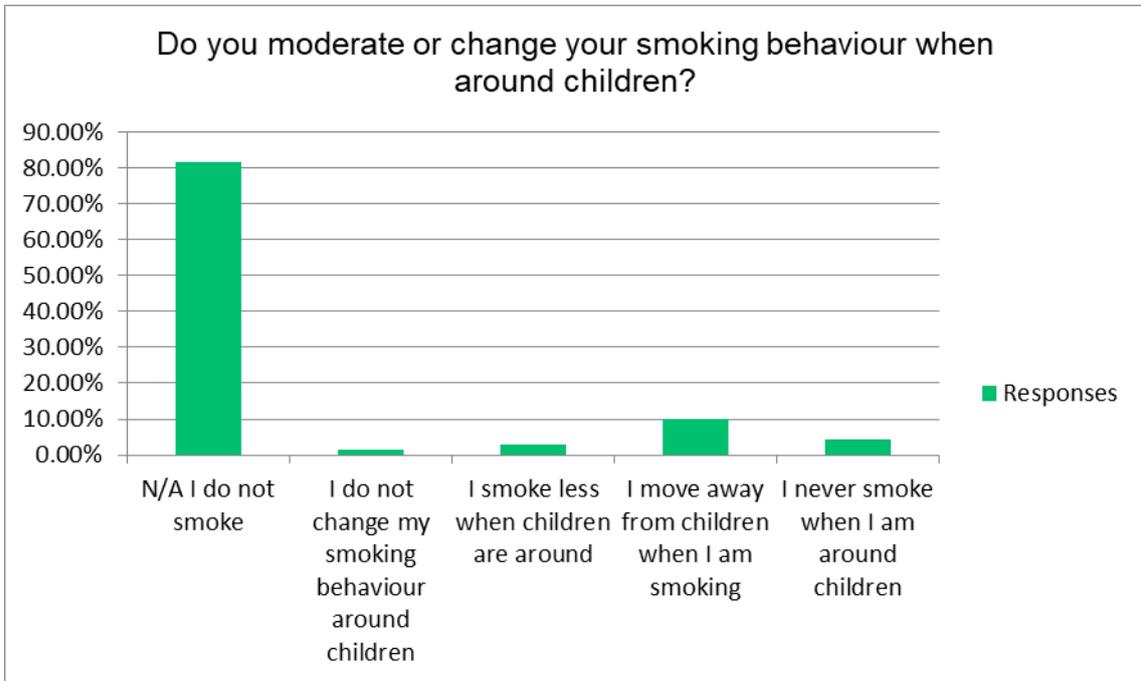
4 respondents also expressed their concern about vaping and tobacco smoking mutually being included in any bans due to the perceived difference in risk to both own health and the health of others through passive smoking.

Question 6 How important is it to you that children and young people do not start smoking?

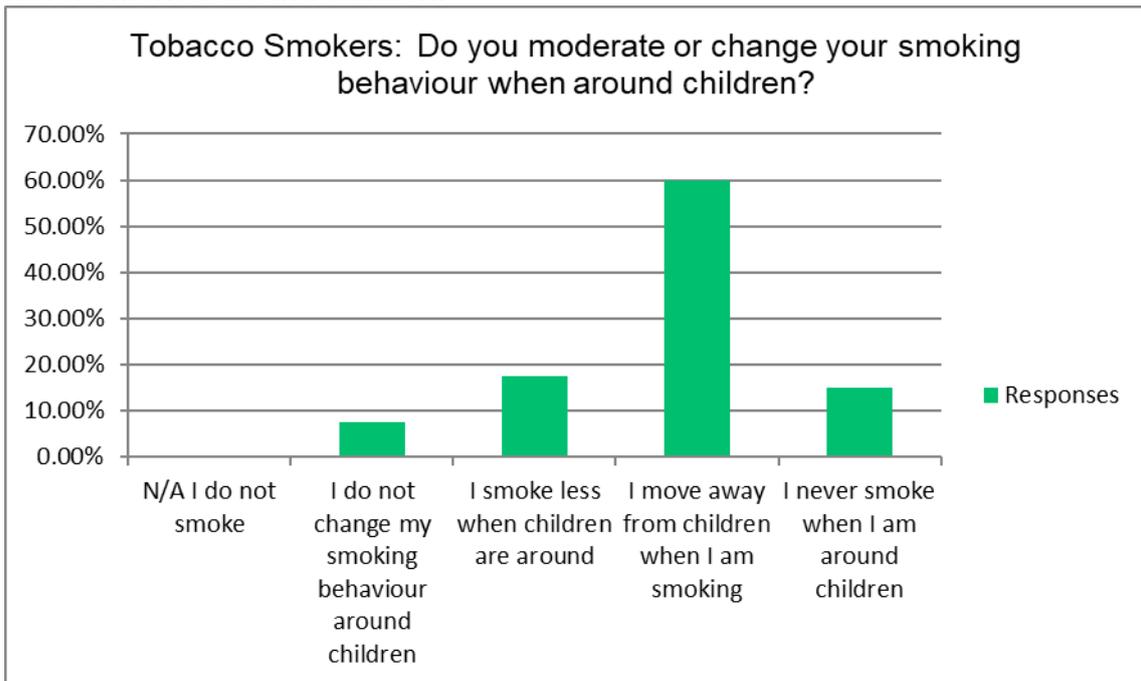


298 respondents (90%) agreed that it was extremely important or very important that children and young people do not start smoking.

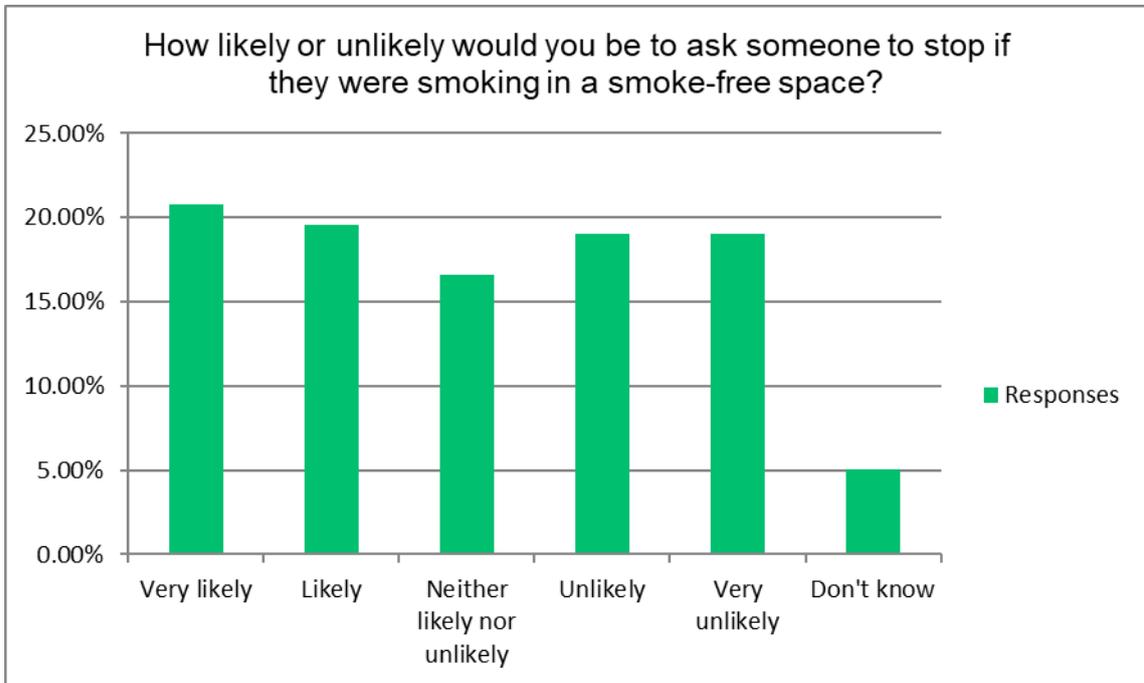
Question 7 Do you moderate or change your smoking behaviour when around children?



Of those participants that stated they smoked tobacco (40), 7 (17.5%) smoked less when children were around, 24 (60%) moved away from children and 5 (15%) never smoked around children.

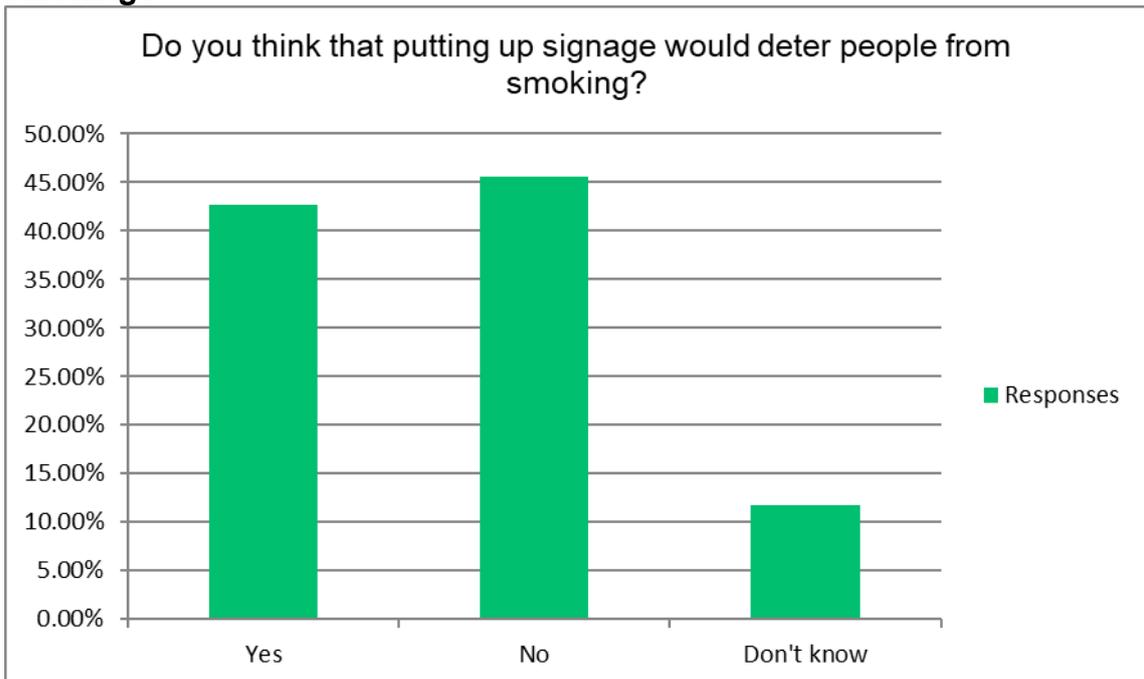


Question 8 How likely or unlikely would you be to ask someone to stop if they were smoking in a smoke-free space?



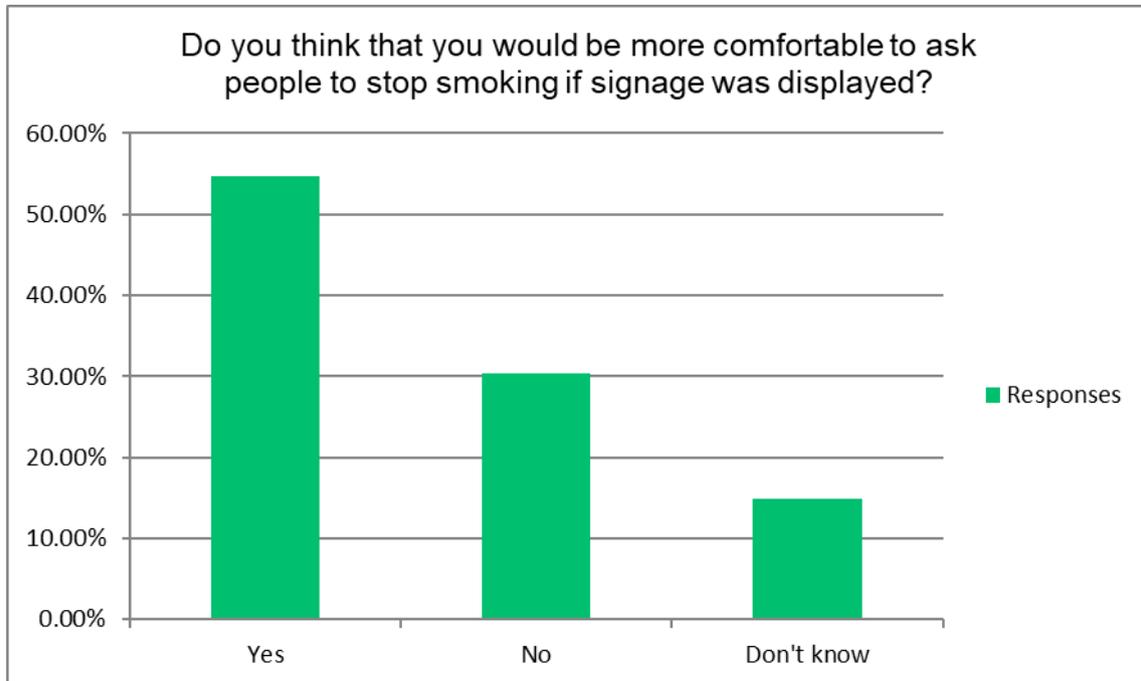
136 (40%) of respondents said they were either likely or very likely to ask someone to stop if they were smoking in a smoke-free space

Question 9 Do you think that putting up signage would deter people from smoking?



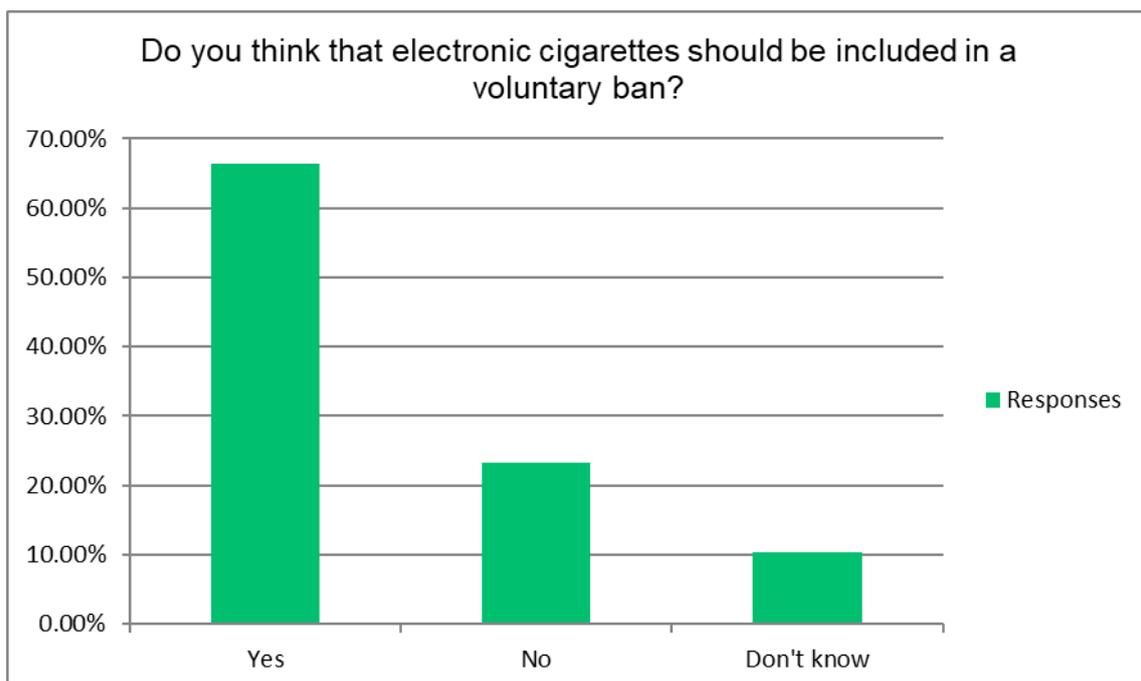
Just under half of all respondents (43%) thought that signage would deter people from smoking.

Question 10 Do you think that you would be more comfortable to ask people to stop smoking if signage was displayed?



184 respondents (55%) thought that they would be more comfortable to ask people to stop smoking if signage was displayed.

Question 11 Do you think that electronic cigarettes should be included in a voluntary ban?



225 respondents (66%) agreed that e-cigarettes should be included in a ban.

Question 12 Do you have any further comments you would like to make about smoke-free spaces in Doncaster?

The responses to the question 12 were analysed and the following themes emerged-

1. Banning smoking/vaping at events
 - There are various opinions around banning smoking and vaping at public events. Some smokers/people who vape say that a ban

would not stop them from going to public events – they would just move away and find somewhere else to smoke or vape;

- Others believe that there should be a complete ban at events;
- Whether a ban at events is either voluntary and mandatory people think that events should provide alternative location for smokers;
- There should be an area at events where people can vape “but not smoke as vaping is not as harmful as cigarette smoking”. “Banning e-cigs defeats the object as they are a way to help people stop smoking”. “Vaping is not smoking”.
- Some respondents believe that stopping people from smoking in outdoor areas would stop the public from attending events;
- Pro-vaping – due to scientific studies and lack of smell;
- People who vape should do so in moderation and consideration whilst in public spaces and events;
- “Think it’s a good idea, love the idea – needs monitoring though correctly so that people follow the “rules”;
- One respondent said that they would not go to events, as they would feel punished and unwelcome as a smoker - pushed out of Doncaster events such as football.

2. Smoking in public places such as hospital gates, certain areas in the town centre

- Positive reaction to the idea of developing smoke-free areas/zones;
- Some respondents think that E-cigs should be included in a ban in public places due to their distinctive vapour/smell and due to lack of evidence of their effects on health;
- There is a lot of concern around smoking in public places especially at hospitals entrances and gates. Suggestion of having designated smoking areas for patient’s away gates and entrances;
- Some respondents believe that stopping people from smoking in certain public areas will deter people from going there in the first place ie, the town centre;
- Stopping people from smoking at bus stops and the railway station was seen as a positive move;
- Should concentrate on making busy areas such as the market area smoke-free instead of less busy places such as car parks – car park not seen as an issue;
- People agreed with smoke-free places in areas such as children’s playgrounds, leisure centres, etc;
- Some respondents don’t agree with trying to ban people from smoking freely in public places – it should be up to them if they want to smoke or not;

- Smoking at cafes with outdoor seating should be banned as well as at pubs and restaurants and designated areas given to smokers away from non-smokers.
 - Hospital grounds need to be more heavily regulated;
 - Good idea – some people say that they avoid the town centre now because of smoking at entrances such as the Frenchgate;
3. Enforcement and signage
- A lot of respondents expressed doubts on how smoke-free spaces would be enforced. “Great initiative but not sure if people will listen”;
 - Needs to be some sort of enforcement/ fining system to prevent people smoking in “banned places”;
 - How will it be enforced when people still smoking now outside places where it states no smoking such as the train station;
 - Members of the public should not be expected to ask people not to smoke and vape. People wouldn’t feel comfortable with telling a stranger to not smoke in case of reprisal;
 - Needs to be sanctions for people who refuse to choose to not follow the ban. Voluntary bans only go so far;
 - Signs do not work – needs patrolling. Signage does not make any difference especially at hospital;
 - Could display graphic images in public similar to images on cigarette packets;
 - “Loads of people were smoking at countdown to Christmas, needs better policing”;
 - Voluntary restrictions could be a problem – need to be enforced/made compulsory – but how would it be enforced?
4. Negative targeting of smokers
- Some smokers feel that the council is targeting smokers when they should be targeting groups such as drug users, beggars and the spice issues – not trying to stop people from smoking in town;
 - Some feel that smokers have already been pushed out into outdoor spaces (smoking ban) where it is cold and then are criticised in the summer when non-smokers visit pub beer gardens;
 - Some respondents feel that smokers are being pushed out of town centres;
 - The “demonisation” of smokers;
 - Worries about social exclusion and indirect discrimination against smokers.
5. Let people smoke!
- “Smoking should not be policed in outside areas”;

- “Get rid of none smokers!!!”;
 - One respondent thinks that it is unreasonable for the Local Authority to try and stop smoking in open spaces – people have a right to smoke if they wish to do so;
 - “Non–smokers should give smokers a wide berth”.
6. Education
- More education is needed in schools re: smoking and its effects on health – therefore would hopefully encourage children not to smoke;
 - If children have the correct guidance from parents and schools this should help deter them from starting smoking instead of stopping people from smoking in public areas;
 - Anti-smoking campaigns should start early in a child’s education and the impact of smoking on health and wealth should be part of the curriculum.
7. Practice what you preach as a Local Authority
- One respondent (member of LA staff?) mentioned members of council staff ignoring the smoke-free signs outside the council building not to smoke, therefore cigarette and vape smoke travels into the building through open windows;
 - Staff smoking outside council buildings (Civic) does nothing to encourage the public to take notice of signage;
 - “It’s a Joke that council staff smoke outside the brand new council building near the entrance – isn’t that a smoke free zone?”
8. Litter
- Litter caused by smokers needs sorting out.
9. Negative responses
- Seen as a way of imposing fines on people;
 - “Government is patronising and wish they would realise that people understand the dangers”.
 - Waste of taxpayer’s money.
10. Effect on the town centre
- Will drive people away from town by imposing ban;
 - Don’t think it is positive, takes away people’s choice;
 - Could destroy businesses – stop smokers going into town;
 - Banning smoking where food is served etc. will affect the town in a bad way and will stop people going into town;
 - “More costs to businesses as they would have to pay for a smoking area for if they ban smoking outside the Frenchgate”.

Goals

Objectives and key targets

Our offer
A balance of effort and resource across
Monitor tobacco use and prevention policies
Protect people from tobacco smoke
Offer help to quit
Warn about the dangers of tobacco
Enforce bans on advertising, promotion and sponsorship
Raise taxes / keep prices high

People in Doncaster live longer, healthier smoke-free lives

- Adult smoking prevalence is reduced to 10% or less by 2030 (c.0.5-1 percentage point per annum for 10 years)
- There are increasing quit attempts amongst the general population and more of these are successful

- Prevention: fewer people start smoking (see CYP aspects)
- Early intervention:
 - sub-regional and regional campaigns are amplified through alliance-wide campaigns approach, driving quit attempts and self-referral to support
 - Making Every Contact Count – continued work through communities and with partners including VCF to refer for support
- Support to quit and stay quit (see treatment and reducing inequalities aspects) plus improvements to approach to e-cigarettes and increased use of online / telephone

Children and Young People grow up in a city where smoking is not visible and future generations are smoke-free

- Prevalence of 15 year olds who regularly smoke reduced to 3.0% by 2030
- Prevalence of smoking in pregnancy reduced to 6.0% or less by 2030
- Smoke-free family-friendly events and spaces are the norm

- Development of Smoke-free Doncaster campaign
- Ongoing work on Smoke-free homes
- Ensuring every pregnancy gets high quality support to stop smoking (including ongoing commissioning and provision of specialist smoking in pregnancy service and trialling incentives scheme)
- Review and co-produce approaches that support reduced smoking in young people (including smoke-free College)
- Comprehensive zero-tolerance approach to regulation focused on young people (age of sale, point of sale, smoke-free vehicles, targeted at areas most at-risk)

Smoking is recognised as a chronic relapsing addiction and treatment is offered and provided at every contact

- It is routine practice to screen and offer VBA in health (including mental health) and social care appointments
- All acute and mental health services are smoke-free

- Continue to commission and provide excellent Smoking Cessation support, achieving >50% quit rates
- Explore a 'single portal' and other ways to increase use of online / telephone support offer in addition
- 95% Health appointments include:
 - screening (CO is gold standard)
 - Very Brief Advice (by trained staff)
 - Treatment is prescribed including an opt-out referral to Smoking Cessation Support (on-site in acute trusts and mental health and to community support for primary care). This includes implementation of the QUIT programme
- Work with Primary Care Networks to increase consistency and quality of

Health inequalities due to smoking reduce

- The inequality gap in smoking prevalence between the general population and those in routine and manual occupations and those with mental ill-health is reduced
- Cheap and illicit tobacco is not available in Doncaster

- Targeted support to quit for these populations (included in commissioned service)
- Work with local businesses to support their employees in R&M occupations (including supporting sign-up to Tobacco Declaration / Be Well @ Work charter)
- Smoking cessation support in local communities, (target the top 5 most deprived wards in Doncaster – part of Well Doncaster).
- Mental Health Trusts implement smoke-free sites and QUIT model
- Sub-regional enforcement work to seize and close down illicit tobacco sales
- Work to incorporate VBA into debt advice

Partnership and leadership

- Health & Wellbeing Board to receive annual and exception reports on the Tobacco Control Dashboard and take quick responsive action in response, via revitalised Tobacco Control Alliance
- Senior Sponsor for each element of the programme
- Partners to sign up to: "Be Well @ Work" Charter

Resources

- Declaration on Tobacco signed by organisations including consideration of how procurement policies may be used
- Shift the balance of effort and resources gradually towards prevention / early intervention

Programme management, monitoring and co-ordination

- Dashboard key performance targets to be included in Team Doncaster corporate exception reporting
- Dashboard to include interim targets and goals as well as programme management (process measures)
- Evaluation of new approaches built in from start
- Co-ordinator role in Public Health

Evidence for reductions

- Modelling suggests a really comprehensive national approach could achieve max 3 percentage point reduction: <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-2962-8>
- In reality, 0.5-1 percentage point per year is what has been achieved with significant comprehensive action across the following (we can't 'purchase' enough quits to reduce prevalence through cessation alone and it is unlikely to reduce inequalities as much as a comprehensive approach):
 - Mass media campaigns
 - Price increase
 - Smoke-free spaces
 - Advertising bans
 - Health warnings
 - Treatment
 - Targeting illicit tobacco and mass media are particularly important for reducing inequalities

Needs addressed

- Smoking is the leading preventable cause of ill-health and premature deaths
- Smoking prevalence in Doncaster (19.6%) is higher than the regional and national average and, although it was falling in line with national and other areas, progress has stalled with no reduction for the past four years