



Doncaster Council

Report

Date: 10 March 2020

To the Chair and Members of the Cabinet

Encouraging A Smoke-free Generation in Doncaster

1. EXECUTIVE SUMMARY

- 1.1 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.
- 1.2 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.

2. RECOMMENDATIONS

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.

- 2.1 Develop a strong coordinated communications campaign to inspire a smoke-free generation in Doncaster.
- 2.2 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.

- 2.3 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.

3. WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

- 3.1 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.
- 3.2 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.
- 3.3 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.

4. BACKGROUND

- 4.1 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.
- 4.2 19.7% (48,000) of the Doncaster population smoke (CI: 17.1-22.4)³, this is the fourth highest within Yorkshire & Humber.
- 4.3 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

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

smoke are up to three times more likely to become smokers themselves than children of non-smoking households⁵.

- 4.4 Evidence suggests a population-wide approach is most effective, within a comprehensive tobacco control programme, to 'decrease tobacco use, reframe social norms and cultural acceptance, increase quit attempts and promote use of stop smoking tools and services'⁶
- 4.5 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.
- 4.6 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.
- 4.7 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.

⁵ ASH, Young People & Smoking, 2015

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>

5 PROPOSAL

5.1 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 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**.

5.2 Consultation

5.2.1 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.

5.2.2 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.

5.2.3 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.

5.3 Proposal

5.3.1 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.

5.3.2 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

5.3.3 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

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.

5.3.4 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

5.3.5 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

6 OPTIONS CONSIDERED

- 6.1 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.
- 6.2 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)
- 6.2 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.
- 6.3 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.

7 REASONS FOR RECOMMENDED OPTION

- 7.1 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.
- 7.2 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.
- 7.3 Health Inequalities are widening: in 2017, prevalence was 31.6% for routine and manual workers, which was an increase on 2016¹⁰.
- 7.4 To reverse these worrying trends, we need to reduce the number of people who start smoking as well as helping existing smokers to quit.
- 7.4 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.

⁸ CLear Peer Assessment report for Doncaster 2019

⁹ PHE Fingertips, 2017 data, accessed October 2018

¹⁰ PHE Fingertips, 2017 data, accessed October 2018

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 supported to flourish • Inward Investment 	<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. (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>	<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</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 	important role to play in the implementation of this initiative to realise a smoke free generation in Doncaster.
	<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

8. 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.....]

9. 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

10. 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]

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

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

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

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

13. 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]

14. 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.

15 CONSULTATION

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

BACKGROUND PAPERS

16. Summary of consultation responses
17. Doncaster Tobacco Control Strategy

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