

BARNSELY METROPOLITAN BOROUGH COUNCIL

This matter is a Key Decision within the Council's definition and has been included in the relevant Forward Plan

Report of the
Director of Public Health

27th July 2016

Inspiring a Smoke Free Generation in Barnsley

1. Purpose of report

- 1.1 This report gives an overview of a programme of work which aims to inspire a smoke free generation across the borough through implementation of a number of smoke free zones including, but not limited to, play parks; town centres zones; school gates and hospital grounds.
- 1.2 Implementation of this programme of work will support the Barnsley Smoke Free Alliance vision of the next generation of children in Barnsley being born and raised in a place free from tobacco, where smoking is unusual.

2. Recommendations

- 2.1 Following public consultation, introduce town centre smoke free zones to be developed and managed through the Town Centre Safety and Security Group.
- 2.2 Following public consultation, introduce a smoke free play park in each of the 6 Area Councils with a long term ambition of ensuring all 24 key play parks across the borough are smoke free.
- 2.3 Following public consultation, develop proposals which consider the implementation of smoke free hospital grounds using a social norms approach.
- 2.4 Following public consultation, develop proposals which consider the implementation of smoke free school gates and entrances.

3. Introduction

- 3.1 Hundreds of children start smoking every day and one in two who become long-term smokers will die early as a result. Two-thirds of smokers report that they took up smoking before the age of 18. This programme of work to inspire a smoke free generation across the borough aims to de-normalise smoking and ultimately make it invisible, thereby reducing the number of children and young people who decide to start.
- 3.2 Research shows that the more spent on comprehensive tobacco control programmes, the greater the reduction in prevalence. Interventions with the biggest, quickest and most sustainable impact on smoking prevalence are those aimed at changing social norms and de-normalising tobacco use.

- 3.3 Since 1st July 2007 it has been against the law to smoke in virtually all enclosed and substantially enclosed public places and workplaces. The introduction of smoke free zones to protect children and young people would not be law but managed through a voluntary code.
- 3.4 Three out of four children are aware of cigarettes before they reach the age of five, irrespective of whether or not their parents smoke.
- 3.5 Children and young people are influenced by adult behaviour and are less likely to start smoking if they do not view it as a normal part of everyday life. As smoking becomes less visible and less socially acceptable it will reduce smoking uptake by young or smokers.

4. Proposal and justification

- 4.1 Smoking prevalence in Barnsley is reducing but rates remain higher than the regional and national average.
- 4.2 The prevalence of smoking at aged 15 in Barnsley is 10.7%, significantly worse than the England average of 8.2%.
- 4.3 22.3% of the adult population in Barnsley are smokers, significantly higher than the England average of 18.0%. There is a wide variation between wards where the proportion of adult smokers ranges from 12% to 29%. The prevalence amongst routine and manual workers within Barnsley is much higher than the overall prevalence at 29.2%.
- 4.4 Although smoking in pregnancy has recently reduced to 17.6%, this is still significantly higher than the England average of 10.8%.
- 4.5 Smoke Free Town Centre Zones

In February 2015, two commercially owned squares in Bristol, the Millennium Square and Anchor Square, became the UK's first major outdoor spaces to become smoking-free zones. Over 60% of people consulted in Bristol said that the squares would be a better place if they were smoke free and 72% of smokers in Bristol said a smoke free high street was 'not a problem'. Early results showed that a third of smokers had modified their behaviour as a result.

- 4.6 No other Local Authority has introduced smoke free town centre zones so Barnsley could be the first and lead the way. Smoke free town centre zones will contribute to making a town that is attractive, safe & welcoming but more importantly will help to ensure smoking becomes invisible to protect children's health.
- 4.7 Smoke Free Play Parks

Cheshire and Merseyside implemented voluntary smoke free play parks between October 2011 and February 2013. An evaluation identified that almost 99% of residents who were consulted supported the code. Sheffield is currently in the process of implementing smoke free playparks after they held a consultation last year which showed that overall 91% of those asked were in favour of a voluntary code (with 58% strongly agreeing).

- 4.8 The benefits of implementing smoke free zones in Barnsley would be:
- the de-normalisation of smoking so that children and young people are less likely to start to smoke and their health protected;
 - a reduction in second hand smoke; and
 - an environment that supports quit attempts for people who have chosen to stop smoking.

5. Consideration of alternative approaches

- 5.1 This smoke free programme is based on a strong evidence base therefore alternative approaches have not been considered.

6. Implications for local people / service users

- 6.1 This smoke free programme will help BMBC and partners achieve the ambition of creating a smoke free generation and giving every child the best start in life.

7. Financial implications

- 7.1 Low, medium and full cost proposals to be developed within public health's invest to improve proposals.

8. Employee implications

- 8.1 There are no direct employee implications associated with this report.

9. Communications implications

- 9.1 A communications plan will be developed.

10. Consultations

- 10.1 Consultation about the smoke free programme has already taken place with BMBC's Place and Communities' Directorates, in addition to Barnsley Hospital NHS Foundation Trust. The report has been agreed by SMT and is part of the wider tobacco control plan, which was approved at the Health and Wellbeing Board. Public consultation will form part of each project within this programme of work.

11. The Corporate Plan and the Council's Performance Management Framework

- 11.1 This smoke free programme has been developed in line with the Barnsley Councils Corporate Plan and Performance Management Framework.

12. Promoting equality, diversity, and social inclusion

- 12.1 The principle of this smokefree programme is to give every child the best start in life and improve health outcomes for all our residents wherever they live and whoever they are.

12.2 This programme of work does not prevent us in any way in meeting the equality and diversity duties.

13. Tackling the Impact of Poverty

13.1 When net income and smoking expenditure is taken into account, 8326 (32%) households with a smoker fall below the poverty line in Barnsley. If these smokers were to quit, 2140 households would be elevated out of poverty, these households include around 1707 dependent children (ASH Estimates of poverty in England adjusted for expenditure on tobacco, October 2015).

14. Tackling health inequalities

14.1 Smoking has been identified as the single biggest cause of inequality in death rates between rich and poor. Smoking accounts for over half of the difference in risk of premature death between social classes.

14.2 The focus of this smokefree programme is to tackle the problem of poor health and health inequalities by focusing our efforts on children, young people and their families across the borough through actions aimed at giving every child in Barnsley the best start in life.

15. Reduction of crime and disorder

15.1 The smoke free zones will be managed through a voluntary code and there would be no enforcement action. As part of the wider tobacco control plan, work will take place to reduce the selling and availability of illicit and counterfeit cigarettes.

16. Risk management issues

16.1 A risk log will be developed as part of the programme of work for each project.

17. Health, safety, and emergency resilience issues

17.1 There are no identified issues.

18. Compatibility with the European Convention on Human Rights

18.1 There are no known issues. Smoke free zones would be managed through a voluntary code and there would be no enforcement action.

19. Conservation of biodiversity

19.1 There are no identified issues.

20. Glossary

20.1 None applicable.

21. List of appendices

21.1 None applicable.

22. Background papers

22.1 None applicable.

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Financial Implications /
Consultation



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*(To be signed by senior Financial Services officer
where no financial implications)*

