

<b>Report to</b>	Cabinet	<b>Item</b>
	08 June 2016	
<b>Report of</b>	Strategy manager	<b>7</b>
<b>Subject</b>	Healthy Norwich Initiative – proposed voluntary smoking ban in play areas	

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## **Purpose**

To seek approval for action to discourage smoking around children's play areas in the city as part of wider harm minimisation activity

## **Recommendation**

To approve collaboration with Healthy Norwich partners (CCG and Norfolk County Council Public Health team) to erect signs around children's play areas that discourage smoking in their vicinity

## **Corporate and service priorities**

The report helps to meet the corporate priority a healthy city with good housing

## **Financial implications**

None

**Ward/s:** All Wards

**Cabinet member:** Councillor Thomas - Fairness and equality

## **Contact officers**

Adam Clark, Senior Strategy Officer 01603 212273

Chris Gooding, Citywide Services 01603 212749

## **Background documents**

None

# Report

## Strategic Context

1. Healthy Norwich is a partnership of the council, Norwich NHS Clinical Commissioning Group (CCG) and the public health team at Norfolk County Council, and is supported by Broadland District Council. It is part of the UK Healthy Cities network. The partnership has been running for a number of years and currently has 3 main priorities; reducing smoking, healthy weight and affordable warmth.
2. As part of the priority to reduce smoking, the city council is part of the Norfolk Tobacco Control Alliance which is co-ordinated by Norfolk County Council. The Norfolk Tobacco Control Alliance has set itself the strategic vision "to make smoking history for the people of Norfolk" and has three clear strategic goals:-
  - a) To 'turn off the tap' of young people who become smokers
  - b) To protect families and communities, especially children, from tobacco related harm
  - c) To assist every smoker to quit smoking
3. The 'harm minimisation' priority is being pursued by county-wide initiatives such as the 'Take 7 Steps Out' campaign which encourages smokers to walk an appreciable distance out of their house when smoking to prevent second-hand smoke entering the house and causing health issues to others, particularly children.
4. The alliance is also encouraging its members to explore local initiatives that can support this priority. For example, Breckland Council has initiated a voluntary smoke free code at all public play areas/parks, entrances to schools and children's nurseries throughout the district of Breckland<sup>1</sup>.

## Smoking

5. Smoking remains the biggest cause of preventable deaths in Norfolk. In 2014 23.8% of adults Norwich smoked, compared with 18% across England. This increases in Norwich to 38.1% for those in routine and manual trades against 28% across England. This higher prevalence helps to contribute to wide health inequalities in the city.
6. Smoking is often a childhood addiction. Evidence has shown that most adult smokers started smoking at a young age and around 66% started before they are 18. It is a common misconception by young people that they can experiment with cigarettes without getting addicted but they often shows signs of addiction after 4 weeks of smoking.
7. It is estimated that each year 2,861 children will start smoking in Norfolk, this means that each day 8 children will begin smoking (or 56 children start smoking every week), equal to two classrooms full of children becoming smokers every week.

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<sup>1</sup> <http://tinyurl.com/Smoke-Free-Play-Areas>

8. Young people are most at risk of becoming smokers themselves if they grow up in communities where smoking is the norm. The aim of Tobacco Control is to change social norms and work to prevent the uptake of smoking. One approach to address this is to promote children's play facilities/ areas as smoke-free areas, as evidence shows that smoke-free playgrounds are associated with lower levels of adolescent smoking.<sup>2</sup>
9. In addition to 'de-normalising' smoking, other benefits of smoke-free play areas include reducing the harm from secondhand smoke that evidence shows, even outdoors, can cause harm, and a reduction in the most common type of litter found in UK, namely cigarette butts<sup>3</sup>.

### **Smoke-free areas**

10. There are now many examples of areas where smoke-free areas have been introduced. These include:
  - a) Gateshead Council; Redcar and Cleveland Borough; Middlesbrough Council; and Durham County Council have all adopted smoke free play parks.
  - b) Parks in Blackpool, Sefton and the Wirral amongst others have become smoke-free zones while in Wales, as of July 2013, 18 out of 22 local authorities have taken action to implement voluntary smoke-free codes in their playgrounds
  - c) Several parks across Scotland and the South West of England are now also covered by a voluntary code, and in Bristol in the South West two city squares have become smoke-free.
11. Evidence from a pilot by Stop Smoking South-West in Bristol of a voluntary ban (supported by signage) in play parks and areas found that:
  - a) A voluntary ban in play parks was acceptable to smokers particularly if they were asked not to smoke and that the message came from children;
  - b) The signage design resonated with smokers and that smokers responded positively to the request, with smoking being less of a problem and reduced smoking related litter;
  - c) Smokers demonstrated a positive shift in their smoking behaviour where a significant proportion of them stopped smoking in the play park;

### **Proposed approach in Norwich**

12. To roll-out a similar 'voluntary ban' on smoking in children's play areas in Norwich, it is proposed that the Healthy Norwich partners work together to implement signage across the 85 play areas across Norwich which would discourage smokers from smoking near the play area. This would be by placing signs at the entrance and exits of the play areas, possibly supported by strategically placed messages stencilled on to the ground which reinforce the signage at a number of key parks. This would be supported by communications activity by the three partners to inform

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<sup>2</sup> Wakefield MA Chaloupka FJ, Kaufman NJ, Orleans CT, Barker DC, Ruel EE (2000)

<sup>3</sup> Policy Exchange Report (2010)

and engage local residents through traditional and social media, for example building on positive coverage of Breckland Council's initiative in the EDP. As with examples from other local authorities, there would be no enforcement of the ban, however the council would need to consider what mechanisms would be required to address significant non-compliance or disputes that arose. It is anticipated that this would be rolled-out under the Healthy Norwich logo as a joint initiative.

13. To deliver the project, the main resources required would be the co-ordination of the project, design of the signage, the manufacture of the signage, the installation of the signage and the delivery of communications activity. Ongoing resource requirement would include maintenance of the signage, and any officer time spent dealing with any non-compliance with the voluntary ban.
14. The Healthy Norwich co-ordinator will work with the council citywide services team to co-ordinate the project. In order to minimise costs existing artwork from the Bristol project would be used, which is evidenced to be effective in reducing smoking near play areas. Norwich CCG will meet the costs of buying the right to use this as well as the costs of manufacturing the signs.
15. The main role for Norwich City Council would be the contractor time to install the signs in the parks. This would mean contractors putting up around 200 signs which would be appended to existing planned parks maintenance work to minimise costs. This would mean that the signs would be erected over the course of several months, incurring no additional costs. This represents several hours of contractor time as the council's in-kind support for the project. As maintenance of the signs will also be appended to existing parks maintenance, again no new costs will be incurred.
16. It is proposed that the project will run for an initial 2 year period with a review after 1 year to see what impact there has been. As part of project initiation we will establish the criteria and mechanism for this, but again we would base this on light-touch and low-cost approaches. Based on this review, a decision will be made as to whether the project will continue beyond the initial 2 years. If successful, the council could consult on extending the 'voluntary ban' to other outdoor spaces and explore how this would be resourced.
17. The cabinet is asked to approve the project subject to the full project plan being approved by the Head of Citywide Services, as part of its commitment to a healthy city with good housing, particularly to support the tackling of health inequalities and improved public health.

## Integrated impact assessment



**NORWICH**  
City Council

The IIA should assess **the impact of the recommendation** being made by the report

Detailed guidance to help with completing the assessment can be found [here](#). Delete this row after completion

### Report author to complete

<b>Committee:</b>	Cabinet
<b>Committee date:</b>	8 June 2016
<b>Head of service:</b>	Adrian Akester
<b>Report subject:</b>	Smoke-free play areas
<b>Date assessed:</b>	25/05/2016
<b>Description:</b>	Paper exploring a voluntary ban on smoking near play areas in Norwich

	Impact			
Economic (please add an 'x' as appropriate)	Neutral	Positive	Negative	Comments
Finance (value for money)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Officer and contractor time leverages partner funding
Other departments and services e.g. office facilities, customer contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Risk of minor impact on customer contact, community enabling and parks teams if residents wish to report non-compliance
ICT services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Economic development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial inclusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social (please add an 'x' as appropriate)	Neutral	Positive	Negative	Comments
Safeguarding children and adults	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Primarily aimed at reducing harm to children from second-hand smoke
<u>S17 crime and disorder act 1998</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Human Rights Act 1998	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health and well being	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Part of wider tobacco control activity
Equality and diversity (please add an 'x' as appropriate)	Neutral	Positive	Negative	Comments
Relations between groups (cohesion)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Impact			
Eliminating discrimination & harassment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Advancing equality of opportunity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoking rates vary based on ethnicity and gender but divergence mostly along socio-economic lines
Environmental (please add an 'x' as appropriate)	Neutral	Positive	Negative	Comments
Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Natural and built environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waste minimisation & resource use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reduction in smoking-related litter
Pollution	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reduction in second-hand smoke
Sustainable procurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Energy and climate change	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Please add an 'x' as appropriate)	Neutral	Positive	Negative	Comments
Risk management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Recommendations from impact assessment
<b>Positive</b>
Continue to support wider tobacco control activity in the county to mitigate impact on health inequalities
<b>Negative</b>
Mitigate resource demand and costs through working with Healthy Norwich partners and maintaining voluntary ethos of ban
<b>Neutral</b>
<b>Issues</b>