



Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Consultation on extending Smoke free areas to include outdoor spaces such as beaches and parks.

- 1.1. The contents of this paper can be shared with the general public.
- 1.2. This paper is for the Health & Wellbeing Board meeting on the 15th December 2015
- 1.3. Author of the Paper and contact details
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2. Summary

- 2.1 This paper presents the results of the recent public consultation on extending smoke free spaces, to include outdoor areas such as the parks and beaches. This paper discusses the results and recommends future work to achieve a smoke free generation.

3. Decisions, recommendations and any options

- 3.1 The board agrees that the Council, through the Public Health Schools programme encourage smoke free school gates to all primary schools on a voluntary basis.
- 3.2 The board agrees that the Council continue to promote smoke free spaces in children's play parks and the Council through the Public Directorate works with children's centres to encourage smoke free entrances on a voluntary basis.

3.3 The board agrees that the Council's Public Health Directorate works with restaurants and pubs to encourage smoke-free outdoor areas on a voluntary basis.

3.4 The board agrees that the council does not extend smoke free places to all parks and beaches.

4. Background information

4.1 Smoking tobacco amongst adults in Brighton and Hove, at 23%, remains significantly high compared to the national average of 18%.

4.2 Smoking amongst young people in Brighton and Hove is also high. Smoking amongst 15 year olds in the city is 15% compared to the national average of 8%. To achieve a smoke free generation by 2025 smoking amongst 15 year olds requires to be reduced to 5%.

4.2 Smoking tobacco is the biggest cause of premature death in the city. The illnesses and diseases that smoking causes, creates demand on the NHS and Adult Social Care, at a time when funding is under pressure. Nationally smoking costs the NHS £2 Billion and Adult Social Care £1.1 Billion.

4.3 Reducing the number of people that smoke tobacco and ensuing that people do not begin to smoke, will help make savings to the Council in the long term, by ensuing that people stay healthier and independent for longer.

4.4 Public Health England's aim is to have a smoke free generation by 2025. Local Authorities, in collaboration with partners such as the CCG, the NHS and enforcement agencies support this aim by:

- helping people to give up smoking.
- making tobacco less affordable
- preventing the promotion of tobacco
- the effective regulation of tobacco products
- improving awareness of the harm that tobacco does.
- reducing exposure to secondhand smoke

4.5 As part of the strategy to support a smoke free generation, Brighton & Hove City Council, carried out an online public consultation in the summer of 2015, to understand people's attitudes to smoking in public spaces and whether there would be public support for extending smoke free spaces on a voluntary basis.



4.6 In Brighton and Hove current smoke free areas are:

- inside work places
- substantially enclosed public space
- inside school buildings and grounds (voluntary)
- inside children's centres.
- workplace vehicles.
- vehicles containing passengers under the age of 18

5. The results of the public consultation.

5.1 There were 1,898 responses to the consultation, one of the highest response rates for a public consultation of this type. Nearly two thirds of responses were from local residents (1,202 people, 63%). Just under a third of responses were from visitors (585 people, 31%) and there were 104 responses from community groups, businesses, stakeholders and other interested individuals.

5.2 Two out of five of all respondents (42%) were a current smoker, more than a third (35%) were ex-smokers and just under a quarter (23%) had never smoked.

5.3 Among residents who responded 36% described themselves as smokers, compared to a city average of only 23%. Among visitors 52% described themselves as smokers.

5.4 Overall there is little general support for smoke free parks and beaches from smokers and non smokers and most of it strongly opposed by survey respondents who were smokers, both residents and visitors.

5.5 There are however, differences of opinions for other outdoor spaces between non-smoking residents and non-smoking visitors.

5.6 A majority of residents that have never smoked agreed that restaurants with outdoor seating (65%) and pubs with outdoor seating (55%) should be smoke free. These people would also use these spaces more frequently if they were smoke free. The majority of all residents who responded (53%) agreed that it was anti-social to smoke where people are eating and drinking and this rises to 68% of non-smokers and 77% of those who have never smoked'

5.7 A majority of smokers and non-smokers who are residents agreed that play parks (74%) and the entrances and grounds of schools (80%) and children's centres (80%) should become smoke free.



- 5.8 Other suggestions for smoke free areas include anywhere where children congregate, outside jubilee library, outside buildings in general, and particularly bus stops. However in comparison to the overall number of responses those suggesting any of these areas is small.

6 Conclusion

- 6.1 Support for the extension of smoke free outdoor spaces relates to areas associated with children such as play parks, outside school gates and the entrances and grounds of children centres.
- 6.2 There is support amongst Brighton & Hove non-smoking residents for restaurants and pubs to have smoke free outdoor spaces and the majority of all residents who responded agreed that it was anti-social to smoke where people are eating and drinking.
- 6.3 There is no majority support from smokers and non-smokers, residents or visitors, for smoke free beaches or parks.
- 6.4 Opposition to extending smoke free outdoor spaces falls mainly in to three camps, the perception that, there is no evidence that second hand smoke is harmful, the perception, of negative effects on the local economy and human rights/big brother/Nanny State.

7. Important considerations and implications

Legal:

- 7.1 The control of smoking is under the remit of the Health Act 2006. The Act sets out a definition of which premises are to be included and what constitutes a criminal act. Section 4 allows for provision of additional designations as to what should be smoke free. Currently smoking in outdoor spaces is not covered under the Act. Consequently any restrictions on smoking in parks, beaches or other outdoor spaces will be voluntary and not be a criminal offence.

Lawyer: Natasha Watson

Date: 3 December 2015

Finance:

- 7.2 Reducing the numbers of people that smoke will help reduce cost pressures against Health and Social Care budgets.



Equalities:

- 7.3 Smoking and the harm it causes aren't evenly distributed. People in more deprived areas are more likely to smoke and are less likely to quit. Smoking is increasingly concentrated in more disadvantaged groups and is the main contributor to health inequalities in Brighton and Hove. Men and women from the most deprived groups have more than double the death rate from lung cancer compared with those from the least deprived. Smoking is twice as common in people with longstanding mental health problems. There are high levels of smoking amongst the LGBT community.

Sustainability:

- 7.4 Reducing smoking will reduce tobacco related litter contributing to the Councils aim of being a well run city.

Health, social care, children's services and public health:

- 7.5 Reducing the numbers of people smoking tobacco will reduce the pressure on the NHS and Adult social care, making long term savings, as people remain health and independent for longer.

8. Supporting documents and information

- 8.1 The results of the consultation can be found in Appendix 1 & Appendix 2

