

Report to CABINET

Proposal to update Smokefree policy

Portfolio Holder: Councillor Barbara Brownridge, Cabinet Member for Health and Social Care

Officer Contact: Dr Rebecca Fletcher, Director of Public Health

Report Author: Neha Lamech, Policy and Strategy Officer
Ext. x3386

23/3/26

Reason for Decision

To seek approval to update and publicise the Smokefree policy in Oldham to create healthy and safe environment for our residents.

Executive Summary

It has been estimated that exposure to SHS (Second Hand Smoke) in the UK causes around 2,700 deaths in people aged 20-63 and a further 8,000 deaths a year among people aged 65 years and older. People particularly at risk from the effects of second hand smoke include pregnant women, children and people with pre-existing heart or respiratory illnesses.

Reducing smoking is one of the key priorities of Oldham's Health and Wellbeing Strategy and it is our ambition to work towards a smoke-free Oldham. Smoking is identified as a key challenge facing the system in the Oldham Integrated Care Partnership's Locality Plan and is highlighted as one of the 18 core areas we need to improve and transform. High smoking rates and the need for improved support for self-management around smoking cessation were identified as key factors in the report by Carnall Farrar which identified priorities for addressing health and care demand and drivers of demand in Oldham.

In 2018 Oldham council developed a smokefree policy which covered all council owned properties, spaces and vehicles. Updating this policy following legislative changes proposed in the Tobacco and Vapes Bill which is currently going through the house of Lords, will be

an important step in Oldham achieving its smokefree ambitions and reducing tobacco use and smoking prevalence in the borough.

Recommendations

We recommend updating the council smokefree policy.

This will create healthier, safer spaces for our workforce and residents overall. The proportion of people that will benefit from having smokefree areas far outweighs the proportion of people who smoke. Particularly groups who are adversely affected by second hand smoke, such as children, young people, women who are pregnant and people who suffer with smoking related illnesses. Residents would be able to enjoy council owned outdoor spaces like parks, without experiencing harm from inhaling tobacco smoke. It would contribute to creating a healthier workforce, by providing the option to those that do use tobacco to access support to quit. In turn reducing the frequency of smoking related illness and associated quit days. Updating the policy will de-normalise the use of tobacco and smoking and reduce its visibility. Reputationally, it would support the council to meet its ambitions to reduce smoking as this is one of the key priorities of Oldham's Health and Wellbeing Strategy and it is our ambition to work towards a smoke-free Oldham.

Proposal to update smokefree policy

1 Background

- 1.1 Smoking is one of the biggest causes of death and illness in the UK. Every year around 76,000 people in the UK die from smoking, with many more living with debilitating smoking related illnesses. Smoking increases one's chances of developing more than 50 serious health conditions. Often resulting in higher mortality rates and more years spent in poor health due to long term conditions. Smoking is a modifiable risk factor, with strong connections to wider socio-economic determinant of health, that affects three of the major killers in Oldham, which are circulatory disease, cancer, and respiratory disease.
- 1.2 The UK has made considerable progress in reducing the harms related to tobacco. Smoking rates have fallen, both nationally and locally, over the last few decades. However, smoking remains the single greatest cause of preventable death, disability, ill-health and social inequality for local people.
- 1.3 Non-smokers are also at risk of harm through second-hand smoke exposure, especially vulnerable adults, children, and babies. Breathing in other people's cigarette smoke is called passive, involuntary or second hand smoking (SHS). The United States Environmental Protection Agency (EPA) classifies environmental tobacco smoke as a Class A (known human) carcinogen alongside asbestos, arsenic, benzene and radon gas.¹ There is no safe level of exposure to SHS.
- 1.4 Short-term effects of exposure to second hand smoke (SHS) include eye irritation, headaches, coughs, sore throat, dizziness and nausea. Adults with asthma can experience a significant decline in lung function when exposed, while new cases of asthma may be induced in children whose parents' smoke. Short term exposure to tobacco smoke also has a measurable effect on the heart in non-smokers.
- 1.5 In the longer-term, passive smokers suffer an increased risk of a range of smoking-related diseases. Exposure to other people's smoke increases the risk of lung cancer in non-smokers by 20-30% and coronary heart disease by 25-35%. It has been linked with an increase in cancers, dementia and stroke.
- 1.6 It has been estimated that domestic exposure to SHS in the UK causes around 2,700 deaths in people aged 20-63 and a further 8,000 deaths a year among people aged 65 years and older. People particularly at risk from the effects of second hand smoke include pregnant women and people with pre-existing heart or respiratory illnesses. Children are particularly vulnerable to the effects of second hand smoke and exposure increases the risk of cot death, glue ear, asthma and other respiratory disorders, including emphysema later in life. Research has highlighted significant risks to babies associated with SHS exposure in pregnant women. These include low birth weight, congenital anomalies, smaller head circumferences, and increased risk of still birth. In the UK, around 2 million children are estimated to be regularly exposed to SHS in the home and many more are exposed outside the home.

1.7 Tackling smoking is one of the most evidence-based and effective interventions that we can take to prevent ill health. Reducing smoking prevalence would have a significant impact on improving population health, reducing demand on health and social care services and tackling health inequalities. Smoking is an addiction most smokers were trapped into as children and young people. Most smokers want to quit and many more regret ever having started. Therefore, whole system action is needed to support those who want to quit and prevent people from starting smoking in the first place. Smokefree policy not only significantly reduces non-smokers' exposure to tobacco smoke but also encourages more smokers to quit.

2 **Current Position**

2.1 National position

2.2 Smoking has been prohibited by law in virtually all enclosed and substantially enclosed workplaces and public places throughout the United Kingdom since July 2007. Under the Health Act, "substantially enclosed" means premises or structures with a ceiling or roof (including temporary and retractable coverings such as awnings) and where there are permanent openings, other than windows or doors, which in total are less than half of the area of the walls. So, for example, market stalls and bus stops can be required to be smokefree if their structure is substantially enclosed. Smokefree legislation in England forms part of the Health Act 2006 and The Children and Families Act 2014.

2.3 The main points of the legislation are as follows:

- The legislation, introduced on the 1st July 2007, now makes it illegal to smoke in all public enclosed or substantially enclosed area and workplaces.
- The ban includes smoking on vehicles which serve the public and / or are used for work purposes.
- Appropriate no smoking signs must be clearly placed in all smoke free premises and vehicles.
- Under the legislation in place work smoking rooms and areas are no longer permitted. All smokers must take their smoke breaks outside.
- The owners / managers of any premises must take reasonable steps to ensure that all staff and/or visitors are aware of the ban and to uphold the ban.
- Smokers looking for an appropriate place to smoke may check the no smoking signs in and around premises to easily see which areas are restricted or ask a staff member.
- The Health Act 2006 was amended by the Children and Families Act 2014 granting the Government power to introduce regulations to make private vehicles smokefree when carrying children under the age of 18.

2.4 Prior to the implementation of the smokefree law, it was estimated that exposure to second hand smoke in the workplace caused around 617 premature deaths in the UK each year. By comparison, the total number of deaths in the UK from all other industrial accidents was reported to be 235 in 2003/4. The degree of risk depends on the extent and duration of exposure. Particularly at risk were bar staff, casino workers and other employees in workplaces where smoking was routine. It was estimated that second hand smoke caused one premature death a week among workers in the hospitality industries.

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- 2.5 The smokefree legislation in England resulted in 1200 fewer emergency admissions to hospital for heart attacks (a reduction of 2.4%) in the 12 months following implementation of the 2007 law. Other jurisdictions have shown reductions in hospital admissions for heart attacks ranging from 8% to 40%. Other health benefits associated with smokefree legislation include reduced incidence of childhood asthma and an increase in the number of people cutting down or quitting smoking.
- 2.5 Opinion polls show that public support for smokefree legislation is strong and has continued to rise since the law came into effect in 2007. In 2018 YouGov polls recorded 82% of the public where in favour of smokefree legislation that would create more smokefree spaces.
- 2.6 Local authorities enforce the smokefree laws in workplaces, public places and work vehicles, however voluntary compliance with the law has been high and there has been little need for enforcement measures. Offences for which individuals can be fined or prosecuted occur when the law is not complied with in the following ways:
- Failure to display no smoking signs.
 - Smoking in a smokefree workplace, public place, or vehicle.
 - Failure to prevent smoking in a workplace, public place, or vehicle.

Fixed penalty notices can be issued for the offences of smoking in a smokefree place and for failing to display the required smokefree signs. Failure to pay the fixed penalty, and serious and repeat offenders, can be prosecuted in the magistrates' court, as well as persons in control of smokefree premises and vehicles who fail to prevent smoking taking place.

3. Oldham Position

- 3.1 The current smoking prevalence in Oldham is 14% (APS) which is higher than the England average. Reducing smoking is one of the key priorities of Oldham's Health and Wellbeing Strategy and it is our ambition to work towards a smoke-free Oldham. Smoking is identified as a key challenge facing the system in the Oldham Integrated Care Partnership's Locality Plan and highlighted as one of the 18 core areas we need to improve and transform. High smoking rates and the need for improved support for self-management around smoking cessation were identified as key factors in the recent report by Carnall Farrar which identified priorities for addressing health and care demand and drivers of demand in Oldham.
- 3.2 In Oldham strategic tobacco control work has been driven through partnership working through the Oldham tobacco alliance. The Oldham Tobacco Alliance has been meeting regularly since it was launched in September 2021 and has made considerable progress to date. The Tobacco alliance has been working towards supporting residents to have smokefree homes, have smokefree spaces in Oldham i.e. parks. In 2018

Oldham council developed a smokefree policy which covered all council owned properties, spaces and vehicles. This includes all council buildings and town centre areas such as Parliament square. Updating this policy following legislative changes proposed in the Tobacco and vapes Bill which is currently going through the house of Lords, will be an important step in Oldham achieving its smokefree ambitions and reducing smoking prevalence in the borough. Subject to the passing of the bill, the main changes will likely reflect the updated evidence of vapes as an effective quit aid for adults that would like to quit using tobacco. This will be reflected in supporting those who are using vapes to quit while making it clear that they are not appropriate for anyone under the age of 18.

3 Options

3.1 Option1: Update the council smokefree policy.

This would be the preferred option would require working along HR and the policy team to refresh the existing policy. We would review all areas of the policy including, support for staff that would like to stop smoking. The policy would be applicable to all council owned and used properties and spaces like parks, council vehicles and council staff during work hours.

The advantage of refreshing the policy is that it would be an opportunity to assess progress over the past 7 years and make any changes needed in line with the national Tobacco and vapes bill, including changes to enforcement and penalties. This will create healthier safe spaces for our workforce and residents overall, with the advantage of protecting certain vulnerable groups from the harms of second hand smoke such as children, young people and those with suppressed immunity. It would contribute to creating a healthier workforce, by providing the option to those that do use tobacco to access support to quit. In turn reducing the frequency of smoking related illness and associated quit days.

The proportion of people that will benefit from having smokefree areas far outweigh the proportion of people who do smoke or use alternate forms of tobacco. That is the gains to health and life expectancy, are greater than the restrictions on those who wish to smoke. Reputationally it would support the council to meet its ambitions to reduce smoking as this is one of the key priorities of Oldham's Health and Wellbeing Strategy and it is our ambition to work towards a smoke-free Oldham.

As compliance with smokefree policies is generally high, we do not foresee any problems with updating the existing policy.

3.2 Option 2: Do not update smokefree policy

3.3 This is not a recommended option. This essentially would be a do nothing approach with has reputational risks attached. Not doing anything will go against our commitments at a GM level in contributing towards a smokefree GM. It directly contradicts our local priorities in terms of providing children with the best start in life. As well as in opposition with our strategic and corporate priorities to tackle smoking, reduce prevalence in the borough, address smoking related inequalities and move towards becoming smokefree. The current smokefree policy is outdated and not

widely adopted by staff. Changes in legislation require a policy update for it to be used in away that is meaningful to

4 **Preferred Option**

4.1 Update the council smokefree policy

5 **Consultation**

5.1 Environmental health has been consulted on this policy update. The policy will apply to council owned buildings, areas, property and vehicles. This will include Parliament square which is council owned land. Environmental Health would not be able to enforce all aspects of the smoke free policy and can only enforce smoke free in enclosed spaces as defined by legislation

6 **Financial Implications**

6.1 This proposal relates to the update of the Council's existing Smokefree Policy. As it does not introduce any new services, commissioning activity, or external delivery costs, there are no direct financial implications arising at this stage.

6.2 Any associated costs (e.g. internal communications, signage updates, staff support) are expected to be minimal and managed within existing Public Health resources.

6.3 The proposal aligns with previous funding allocations received in 2023/24 under the DHSC's Smokefree Generation programme and supports delivery of strategic public health priorities.

6.4 There are no adverse financial implications resulting from this decision.

(Accountant – Sher Mahroof)

7 **Legal Implications**

The Tobacco and Vapes Bill is currently being considered by Parliament and if enacted will expand current indoor smoking restrictions to certain outdoor public places and workplaces. The updating of the current smokefree policy should take account of any legislative changes introduced if and when the Tobacco and Vapes Bill becomes law. (Alan Evans)

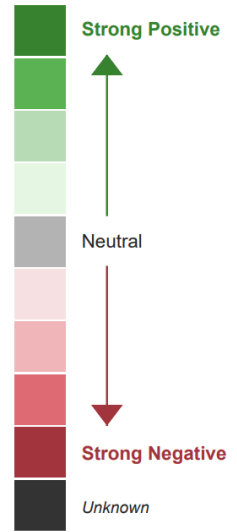
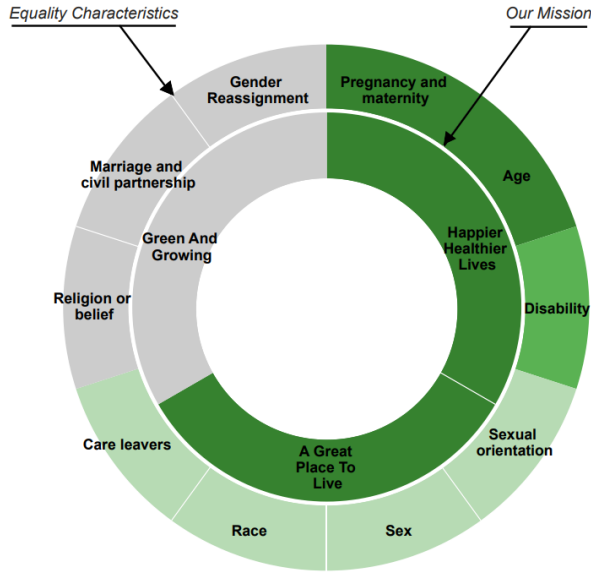
8 **Equality Impact, including implications for Children and Young People**

8.1 Yes

Updating Smokefree Policy

completed/last updated by Neha Lamech on 23/05/2025

Portfolio
Building a Better Oldham
Directorate
People
Service/Team
Public Health
Is this IA related to a Budget Reduction proposal?
<input type="checkbox"/> No



9 Key Decision

9.1 Yes

10 Key Decision Reference

11.1 HSC-03-26

12 Background Papers

12.1 Oldham Smokefree policy



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13 Appendices

13.1 None
