APPROVAL OF THE HERTFORDSHIRE COUNTY COUNCIL SMOKEFREE POLICY AND TOOLKIT

Report of the Director of Public Health

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Executive Member: Tim Hutchings, Public Health and Prevention

1. To seek Cabinet agreement to the Hertfordshire County Council’s (the County Council’s) revised draft Smokefree Policy and toolkit.

2. Summary

2.1 The County Council’s draft Smokefree Policy and toolkit, attached as Appendices A and B, have been revised following Cabinet’s decision in July 2019 to work towards becoming totally Smokefree as noted in paragraphs 2.3 and 2.4 below.

2.2 The draft Smokefree Policy and toolkit are in line with the County Council’s Tobacco Policy Statement (the Policy Statement) which the Cabinet signed off in July 2019, which describes the efforts required to reduce the harm caused by tobacco on the residents of Hertfordshire. As well as describing the health inequalities, and the impact of tobacco use and second-hand smoke on the health of Hertfordshire residents, the Policy Statement addressed the impact of tobacco on the County Council’s resources and the consequential burden on adult social care resources from avoidable disability. The Policy Statement also highlighted the costs, both in terms of finance and productivity to the County Council’s workforce through smoking-related disease and sickness absence.

3. Recommendations

3.1 The Public Health & Prevention Cabinet Panel considered a report on this item of business at its meeting on 10 September 2020. The Panel commented on the revised County Council Smokefree Policy and toolkit and recommended to Cabinet that Cabinet agrees that:

i. the ambition within the Smokefree Policy is taken forward by not allowing visitors and employees, contractors and members to smoke on any workplace premises or vehicle owned or leased by the County Council;
ii. where individuals from other organisations who are required to comply with the County Council’s policies; Cabinet ensures that includes they are not allowed to smoke on any workplace premises or vehicle owned or leased by the County Council;

iii. it agrees to a number of limited exemptions to the County Council’s Smokefree Policy, as detailed at Section 8 of the report;

iv. vaping is limited to designated areas only on any workplace premises owned or leased by the County Council; and

v. the Smokefree Policy is implemented as from 1 January 2021.

4. **Background**

4.1 The County Council’s Public Health vision is to improve and protect the county’s health and wellbeing. Included within this is reducing smoking prevalence, and the harm from tobacco, which remain Health and Wellbeing Board and Sustainability and Transformation Partnership (STP) prevention priorities\(^1,2\). Reducing the harm from tobacco aligns with the NHS Long Term Plan,\(^3\) the Council’s Tobacco Control Strategic Plan 2019-2022,\(^4\) and the County Council’s Policy Statement on Tobacco 2019. Three of the four NHS trusts in Hertfordshire have been Smokefree for a number of years.

4.2 Hertfordshire County Council’s Tobacco Control Strategic Plan (2019-2022) outlines plans to reduce smoking prevalence and prioritise actions to reduce smoking in groups and communities where the risks from smoking are greatest, including key actions for the NHS and other Tobacco Control Alliance partners.

4.3 Reducing the harm from tobacco requires a population health approach, which considers the wider determinants of health, the communities in which residents live and work, the health and care systems available to us as well as individual lifestyles and behaviours.\(^5\)

4.4 Smoking remains the leading cause of premature death in Hertfordshire. The percentage of people smoking, and smoking more heavily, increases with disadvantage. These groups are more addicted to tobacco and find it harder to quit smoking despite wanting to do so.

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\(^5\) The Kings Fund (2019) What does improving population health really mean? Available at: [What does improving population health really mean? | The King's Fund](https://www.kingsfund.org.uk)
In addition, smoking is the largest cause of chronic disease in Hertfordshire, killing over 1,400 people in Hertfordshire and 77,800 people in England every year. This is more people than the next five most common causes of premature death combined.

Smoking prevalence in Hertfordshire at 12.0% is less than England’s at 14.4%, but smoking prevalence and smoking-related disease and mortality are highest in areas and communities with poorest health. For every year that an individual smokes beyond the age of 35, 3 months of life are lost.

There are approximately 110,000 smokers in Hertfordshire and of these, twice as many are likely to be routine and manual occupations compared to professional groups. People with mental health conditions smoke significantly more than the general population, have higher levels of nicotine dependency and are therefore at greater risk of harm from smoking. People with serious mental health conditions die between 16 and 20 years earlier than the general population from diseases caused by smoking and those in poverty spend 5 times as much of their income as the wealthiest on tobacco products which is a significant contribution to child and family poverty.

The draft Smokefree Policy and toolkit have been developed following a staff consultation and with input from members of the Smokefree Implementation Group, established to ensure that the County Council’s workforce was well represented in the development of the policy. The results of the staff consultation have been analysed by the Public Health Intelligence Team and reviewed by the Smokefree Implementation Group. The results of the consultation are appended as Appendix D. The draft Smokefree Policy and toolkit support the County Council’s commitment to promote a healthy workforce and Cabinet’s decision to work towards becoming totally Smokefree.

Public Health Action on Tobacco

Enabling people to be healthy means acting across several levels of public health action. Smokefree legislation to prohibit smoking in public places created social norms that smoking around others was unacceptable indoors and encouraged thousands of smokers to quit before and after the legislation was introduced in 2016. Actions that prohibit smoking and prevent access to tobacco encourage adults to quit smoking and deter young people from taking up the habit in the first place.

The implementation of the Health Act 2006 and the Smoke-free (Premises and Enforcement) Regulations 2006 contributed to the number of heart attacks recorded dropping by 14% in England within a year and has encouraged people to stop smoking and protected non-smokers from second-hand smoke.

Legislation which protects individuals and promotes quitting such as bans on advertising, increasing the age of sale of tobacco, removing retail displays of tobacco, standardised (plain) packaging, removing vending machines, increasing the cost of cigarettes and pack sizes, removing menthol flavouring, increasing

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health warning pictures and messages on tobacco packaging and preventing access to illegal and illicit tobacco have also been implemented. These are evidence-based measures which reduce smoking prevalence and protect the most vulnerable groups from the harm caused by tobacco.

5.4 As well as legislative approaches, actions which ‘denormalise’ smoking and make smoking less accessible and acceptable at work will deter staff from smoking and encourage quitting. There will be fewer sickness days from tobacco-related illness and less longer-term disability caused by smoking. Prohibiting smoking during working hours will increase productivity as fewer smoking breaks are taken, as well as increase overall staff morale, as non-smokers resent the number of additional breaks seen to be taken by smokers.

6. **Existing County Council Smokefree Policy**

6.1 The existing County Council smokefree policy and policy HS 012 which includes Community Protection and Hertfordshire Fire and Rescue Service covers smoking and the use of electronic cigarettes in the workplace. Currently, this framework discourages employees from smoking; enforces the legal restrictions on smoking in enclosed public places and workplace vehicles; restricts smoking to designated smoking areas on the County Council’s premises; permits vaping onsite, but away from smoking areas, and stipulates that employees who take smoking breaks must do this in their own time, although they may be allowed to take smoking breaks at the discretion of their manager but are expected to make up the time.

7. **Results of the Smokefree Staff Survey**

7.1 The staff survey was promoted on the intranet, through managers’ briefings, and through ‘loo news’ as well as through the Council’s workplace health champions to try and reach as many staff as possible. Due to Covid-19, planned health and wellbeing roadshows for March 2020 did not take place. However, the results of the survey highlighted the diversity of opinion on becoming a Smokefree County Council. Many staff expressed the opinion that the current smokefree policy is unfair on non-smokers; whilst staff recognised the needs of smokers as being both addicted to tobacco and making a personal choice to smoke.

7.2 Current adult smoking prevalence in Hertfordshire is 12.0% and adult smoking prevalence is highest in the 20-29 age group decreasing thereafter with age. There is a greater proportion of County Council staff in the 40-49 and 50-59 age groups (24% and 28% respectively) and more female employees in whom smoking prevalence is likely to be lower than Hertfordshire as a whole. As 14% of respondents were smokers and 25% were former smokers, the views of smokers are well represented in this survey.

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8 Hertfordshire County Council Smokefree Workplace Policy. Available at: https://hertsc365.sharepoint.com/sites/intranet/Services/Community%20Protection/Documents/SIS%20Docs/H&S/HS%201012.pdf#search=smoking%20policy
7.3 The importance of implementing this policy sensitively and with regards to the other health and wellbeing needs of all staff needs to be recognised.

Analysis of the Results

7.4 The results were analysed by the Public Health Intelligence Team.

- **Demographics**
  - 510 staff responded
  - 67 (14%) were current smokers and 128 (25%) were former smokers
  - 32 (6%) were vapers or former vapers,
  - 283 (55%) had never smoked or vaped.
  - 66% were female
  - 79% were White British; 9% were not White British and 12% preferred not to say
  - Respondents worked across a mixture of County Council departments and represented a range of ages and ethnicities

- **There was a diversity of opinion**
  - Of the 67 respondents who smoked, 20 (30%) said they’d like to quit, 30 (45%) said possibly they would, and 17 (25%) said they did not want to quit
  - 45 (73%) said they would find it difficult not to smoke during the day
  - 23 (34%) said it would be difficult to go off-site to smoke (reasons given: too far to travel off-site, feeling too vulnerable to go off-site, and not having the option to go off-site)
  - Views about staff being allowed to go off site to smoke:
    - non-smokers: 55% either disagreed or strongly disagreed
    - former smokers: 48% disagreed or strongly disagreed
    - current smokers: 79% of current smokers felt people should be allowed to go off-site

- **There were mixed views about the safety of vaping**
  - 45% knew that vaping was less harmful than smoking
  - 80% of current smokers thought vaping breaks should be allowed
  - 50% of non-smokers and 47% of former smoker disagreed/strongly disagreed

- **There were issues of fairness:**
  - 80 comments specifically mentioned the unfairness of the current policy in that smokers/vapers get additional breaks
  - 29 comments related to ‘not making up the time’.
  - The loss of productivity and pressure on non-smoking/non-vaping colleagues was also mentioned
  - Current smokers felt that the change in policy would be unfair on them (others take breaks for drinks/phone calls/chatting and are not expected to make up the time and they use smoking breaks as a VDU break)
  - Several smokers said they started work early, finished late and omitted lunch breaks to accommodate smoking breaks

- **Stigmatisation**
  - Many smokers mentioned feeling stigmatised (and identified parallels with obesity/unhealthy eating); smoking is an addiction; making smokers feel victimised; embarrassing)
• **Concerns raised about the proposed policy**
  - Image of the County Council if staff smoked on the street, neighbourhood or entrances
  - Potential littering
  - Potential disciplinary action if staff were in breach of the proposed policy

• **Management of the policy**
  - Some managers thought that the proposed policy might be difficult to manage (managing breaks to go offsite; managers managing the policy differently; the impact on different staff groups/shift workers)
  - Responders felt that staff should be given help to stop smoking if in breach of the policy and on-site breaches should be managed by estates and facilities staff. Informal warnings were the preferred course of initial action in the disciplinary route. Responders also stated that they would find it difficult to directly approach anyone who was found to be smoking.

8. **Key Changes to the draft Smokefree Policy and Toolkit**

8.1 All members of the Smokefree Implementation Group (see Appendix C) have been involved with the development of the Smokefree survey and have reviewed and commented on the results. This, and their knowledge of their departments, service users, County Council policy and trade union and employee representation as well as the 70 Council health and wellbeing champions have contributed to the development of this Smokefree Policy and toolkit. The final draft policy has been reviewed and agreed by all Smokefree Implementation Group members.

The following proposals have been made:-

• **Smoking**
  - Smoking will be prohibited across all County Council sites (whether owned or leased) and the prohibition will apply to all visitors, employees, contractors, volunteers, service users, elected members and visitors of organisations that use the County Council's premises are required to comply with its policies. This will include:
    - on site - including previous designated smoking areas
    - car parks and surrounding areas and within private vehicles when parked on County Council property
    - workshops
    - temporary offices
    - residential care homes (exemptions for residents)
    - work vehicles and vehicles used for work purposes (this is in the existing policy and in line with not allowing eating, drinking, smoking, use of e-cigarettes or any other activity while driving for health and safety reasons)

  - Employees should not smoke when they are visible and representing the County Council whilst working from home (for example when videoconferencing).

• **Vaping**
  - Employees may use e-cigarettes only during designated unpaid break times
• The use of e-cigarettes is only permitted in designated areas for this purpose

- **Monitoring the Policy**
  - Anyone who does not comply with the Smokefree policy should be given a clear reminder that all sites are Smokefree and provided with the appropriate resources for support
  - Although compliance with this policy should be regarded as a manager support matter in the first instance, employees in breach of the policy may be subject to action in accordance with the **Disciplinary Procedure**

- **Exemptions to the draft Smokefree Policy**
  - Only County Council sites that are contractually required to adhere to its policies are in the scope of this policy
  - In addition to care homes, other residential facilities, which are designated people’s homes, may as long as they are compliant with the Health Act 2006, permit smoking on site within designated safe areas
  - Day Services, where a risk assessment identifies that a service user going off site poses a risk to their personal safety, a local policy may be put in place as an exemption to this policy. A risk assessment template is appended as Appendix E
  - Managers responsible for other services that share County Council sites are also required to complete a risk assessment if risks to service users are identified and the service user needs to be able to smoke on site and a designated safe smoking area (for service users only) is appropriate
  - The only exemption to this policy is for County Council staff or contractors who are contracted to work extended shift patterns and are not permitted to leave the site for an unpaid break at any time. Where this situation is identified, a local policy may be implemented following an individual review and assessment.

9. **Equality Impact Assessment**

9.1 When considering proposals placed before Members it is important that they are fully aware of and have themselves rigorously considered the equalities implications of the decision that they are taking.

9.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council’s statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EqIA) produced by officers.

9.3 The Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender
reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.

9.4 An Equality Impact Assessment (EqIA) has been undertaken and this is annexed as Appendix F.

9.5 This Smokefree policy will help us reduce inequalities in health and avoidable deaths.

10. **Financial Implications**

10.1 The report has no additional financial implications beyond existing public health work in tobacco control and smoking cessation.

11. **Proposed actions to Implement the Smokefree Policy**

11.1 If Cabinet adopts the policy, the Director of Public Health would seek to support its implementation by:

- Maintaining the expertise of the Smokefree Implementation Group
- Maintaining a risks and mitigations log (appended as Appendix G)
- Promoting Stoptober and New Year quit campaigns with all stakeholders
- Continuing to promote and provide free stop smoking services for staff, visitors, contractors and service users who live or work in Hertfordshire
- Providing free medication for County Council staff to stop smoking until 3 months after the implementation date
- Providing free e-cigarette starter kits for all County Council staff who smoked for 3 months from implementation date until 31.3.2021
- Providing advice and support on tobacco harm reduction the few staff who do not want to quit smoking
- Publishing the Smokefree Policy and toolkit and comms about how it was developed with staff representation and the views of staff who responded to the staff survey
- Publishing the results of the smoking and vaping survey (alongside the policy)
- Advising and supporting areas where risks to staff or service users are identified exemptions to the policy are considered
- Maintaining and monitoring a helpline for all queries, concerns and complaints
- Planning comms activity for all stakeholders affected by the proposed policy, including Yammer, staff bulletins, loo news, the intranet, commissioned services who use County Council premises)
- Plan and develop signage across all relevant County Council sites in partnership with facilities management
- Providing advice and support for managers of staff who smoke or vape
- Working with facilities and estates to manage the monitoring and reporting of breaches
- Evaluate the implementation of the policy, including stakeholder feedback, breaches and compliments and complaints.

*Background Information*
*As per links cited within the report.*
Appendix A

Smokefree Workplace

Summary

This policy has been developed to protect all employees, volunteers, service users, elected members and visitors from exposure to second-hand smoke, encourage people who smoke to quit, and to comply with the Smokefree legislation set out in Part 1 of the Health Act 2006.

Scope

This policy applies to all Hertfordshire County Council (County Council) employees except staff employed by School Governing Bodies or Academies for whom separate policies exist.

This policy also applies to all contractors, visitors, volunteers, elected members, and service users* who enter a County Council site, or any other sites owned, rented or leased by the County Council that are required to adhere to the County Council’s policies.

All are required to comply with this policy.

*Some service users and employees may be exempt from this policy please see section below.

Policy

Introduction

The County Council’s Public Health vision is to improve and protect the county’s health and wellbeing. Included within this is reducing smoking prevalence and the harm from tobacco, which remain Health and Wellbeing Board and Sustainability and Transformation Plan (STP) prevention priorities. Reducing the harm from tobacco aligns with the NHS Long Term Plan and the Council’s Tobacco Control Strategic Plan 2019-2022. In July 2019, the County Council agreed to work towards becoming a totally Smokefree council and in March 2020, the council undertook a staff survey to understand employees’ views on smoking and vaping which helped shape this policy.

Smokefree sites

Smoking is not permitted on any County Council site, public space or workplace (including vehicles used in the course of paid or voluntary work by more than one person and previously designated smoking areas). Smoking is prohibited on all sites owned, leased
or rented by the County Council where the organisation is required to comply with County Council policies.

Employees are only permitted to smoke during designated unpaid breaks and must leave County Council sites and boundaries if they wish to smoke during the working day. The only exemption to this policy is when County Council staff or other staff on site are contracted to work extended shift patterns and they are not permitted to leave the site for an unpaid break at any time. Where this situation is identified, a local policy may be implemented following an individual review and assessment of the situation.

Employees are kindly asked to respect local communities, including residential areas and private property around County Council sites when deciding where may be appropriate to smoke during a designated unpaid break. Employees are also asked to remove County Council ID badges and cover up their uniform if they wish to smoke during the working day. Employees must correctly dispose of any cigarette butts/smoking materials. Anyone who drops litter of any kind may receive a fixed penalty notice issued by a local government enforcement officer.

The law states that care homes may designate either individual bedrooms or rooms to be used only for smoking for use by persons over 18 years of age (see Smoke-Free Workplace Policy toolkit for further guidance on exemptions).

Where a risk assessment identifies that a service user going off site poses a risk to their personal safety, a local policy may be put in place as an exception to this policy. In these cases, the County Council manager responsible for the site should identify an appropriate designated safe place for them to smoke which could be on site. Managers responsible for other services that share County Council sites are also required to complete a risk assessment if risks to service users are identified.

**Working within the community**

County Council employees may need to work in environments where it is difficult to control exposure to tobacco smoke as the law does not cover private dwellings.

Every effort should be made to ensure that where County Council employees or volunteers visit clients in their own homes, they are not exposed to second hand smoke (see Smokefree Workplace Policy Toolkit for further guidance on working in the community and for homeworkers).

**Electronic cigarettes (‘e-cigarettes’)**

Some employees may wish to make use of electronic cigarettes (‘e-cigarettes’), particularly as an aid to giving up or reducing smoking. E-cigarettes are battery-powered products that usually release a visible vapour that contains liquid nicotine which is inhaled by the user.

Although they fall outside the scope of smoke-free legislation, the County Council prohibits the use of e-cigarettes in the workplace. Use of e-cigarettes is restricted to designated areas on County Council sites. More information can be found in the Smokefree Workplace Policy Toolkit.
Signage

Appropriate signage will be displayed at all County Council sites where County Council employees work (see Smokefree Workplace Policy Toolkit for further guidance regarding signage).

Monitoring

Anyone who does not comply with the Smokefree policy should be given a clear reminder that all sites are Smokefree and provided with the appropriate resources for support. Although compliance with this policy should be regarded as a manager support matter in the first instance, employees in breach of the policy may be subject to action in accordance with the Disciplinary Procedure.

Help with stopping smoking or reducing smoking

The County Council is committed to encouraging and supporting employees and the general public in reducing the harm from smoking.

Managers are asked to support this policy by encouraging staff to follow a healthy lifestyle and make use of the health benefits and initiatives that are available to them.

The following free support is available for all employees:

- for information on free onsite and local stop smoking services contact Hertfordshire Health Improvement Service directly on Freephone:0800 389 3998 (internal: 83071), by texting: ‘QUIT’ to 80818 or by email: healthimprovementservice@hertfordshire.gov.uk or visit: www.healthinherts/stopsmoking.co.uk
- employees and contractors living outside of Hertfordshire can also access these onsite and local services. For details of services in other areas go to: https://www.nhs.uk/smokefree/help-and-advice/local-support-services-helplines
- County Council employees have free 24/7 access to the County Council’s Employee Assistance Programme – it can be accessed by calling freephone: 0800 1116 387, 24 hours a day, 7 days a week. Alternatively, visit the website: www.my-eap.com using the following access code: Username/ Access Code: hertfordshire
- there is a variety of information and useful links on the pages of Healthy Herts on the intranet
- further information is also available here: www.hertfordshire.gov.uk/stopsmoking

All employees are expected to encourage and support colleagues, where they can, to stop smoking and to access the free support available.

The County Council’s healthy workplace champions can also offer advice on stopping smoking.

Free training is available to managers or teams on how to raise lifestyle issues with staff, as well as how to discuss smoking. Make Every Contact Count (MECC) training is also available on iLearn. Contact Hertfordshire Health Improvement Service for further information: healthimprovementservice@hertfordshire.gov.uk
Appendix B

Smokefree Workplace Policy Toolkit

Toolkit to Smokefree Workplace Policy version 2.0

Background to the Smokefree Workplace Policy

Smokefree sites
Vehicles
Adequate signage
Exemptions
Employees working in the community
Homeworkers
Electronic cigarettes
Hertfordshire Health Improvement Service

Background to the Smokefree Workplace Policy


Hertfordshire County Council's Public Health vision is to improve and protect the county’s health and wellbeing. Included within this is reducing smoking prevalence, and the harm from tobacco, which remain Health and Wellbeing Board and Sustainability and Transformation Plan (STP) prevention priorities. Reducing the harm from tobacco aligns with the NHS Long Term Plan and the County Council’s Tobacco Control Strategic Plan 2019-2022. In July 2019, the County Council agreed to work towards becoming a totally Smokefree council and in March 2020, the County Council undertook a staff survey to understand employees’ views on smoking and vaping which helped shaped the policy.

Following this, the County Council has extended the prohibition of smoking to all of its sites, including sites leased or rented by the County Council where organisations are required to comply with its policies.

This toolkit offers advice and guidance to all County Council employees, smokers and non-smokers, to ensure that the County Council is compliant as an organisation.

8.1 All members of the Smokefree Implementation Group (see Appendix C) have been involved with the development of the Smokefree survey and have reviewed and commented on the results. This, and their knowledge of their departments, service users, County Council policy and trade union and employee representation as well as the 70 Council health and wellbeing champions have contributed to the development of this Smokefree Policy and toolkit. The final draft policy has been reviewed and agreed by all Smokefree Implementation Group members.

The following proposals have been made:-

- Smoking
Smoking will be prohibited across all County Council sites (whether owned or leased) and the prohibition will apply to all visitors, employees, contractors, volunteers, service users, elected members and visitors of organisations that use the County Council’s premises are required to comply with its policies. This will include:

- on site - including previous designated smoking areas
- car parks and surrounding areas and within private vehicles when parked on County Council property
- workshops
- temporary offices
- residential care homes (exemptions for residents)
- work vehicles and vehicles used for work purposes (this is in the existing policy and in line with not allowing eating, drinking, smoking, use of e-cigarettes or any other activity while driving for health and safety reasons)

Employees should not smoke when they are visible and representing the County Council whilst working from home (for example when videoconferencing).

- **Vaping**
  - Employees may use e-cigarettes only during designated unpaid break times
  - The use of e-cigarettes is only permitted in designated areas for this purpose

- **Monitoring the Policy**
  - Anyone who does not comply with the Smokefree policy should be given a clear reminder that all sites are Smokefree and provided with the appropriate resources for support
  - Although compliance with this policy should be regarded as a manager support matter in the first instance, employees in breach of the policy may be subject to action in accordance with the Disciplinary Procedure

- **Exemptions to the draft Smokefree Policy**
  - Only County Council sites that are contractually required to adhere to its policies are in the scope of this policy
  - In addition to care homes, other residential facilities, which are designated people’s homes, may as long as they are compliant with the Health Act 2006, permit smoking on site within designated safe areas
  - Day Services, where a risk assessment identifies that a service user going off site poses a risk to their personal safety, a local policy may be put in place as an exemption to this policy. A risk assessment template is appended as Appendix E
  - Managers responsible for other services that share County Council sites are also required to complete a risk assessment if risks to service users are identified and the service user needs to be able to smoke on site and a designated safe smoking area (for service users only) is appropriate
  - The only exemption to this policy is for County Council staff or contractors who are contracted to work extended shift patterns and are not permitted to leave the site for an unpaid break at any time. Where this situation is identified, a local policy may be implemented following an individual review and assessment.
Smokefree sites

All sites will be smoke-free environments. This includes:

- on site - including previous designated areas;
- enclosed office buildings;
- car parks (and within cars parked on County Council property) and surrounding areas;
- workshops;
- temporary offices;
- residential care homes*;
- work vehicles (see next section of this toolkit for details).

*Residential care homes have separate exceptions to the legislation covering them and the provision of designated smoking rooms. The law states that they may designate either individual bedrooms or rooms to be used only for smoking for use by persons over 18 years of age. The prohibition of smoking still applies to employees in these establishments even if a room or designated external smoking area is provided for residents (see section 6 of this toolkit for more information).

In addition to the above, the County Council can be fined for failing to display correct signage or failing to prevent smoking in a legally designated Smokefree enclosed public place.

Vehicles

Vehicles are required to be Smokefree at all times if they are used to transport members of the public or are used in the course of paid or voluntary work by more than one person, regardless of whether they are in the vehicle at the same time. This includes the County Council’s own fleet of vehicles such as; pool cars, mobile libraries, buses, HBS delivery vehicles and minibuses.

To comply with the regulations, all vehicles (other than private vehicles used for work purposes) must display a no smoking sign (see section 4 of this toolkit for further information on signage and where to get them).

Vehicles are not required to be Smokefree if they are used primarily for the private purposes of the person who owns it.

County Council employees who smoke and use the car leasing scheme or their own cars when travelling on County Council business:

- must not smoke when carrying passengers (colleagues or service users/clients); and
- must not smoke during working time as this may impair proper control of the vehicle.
  County Council policy does not allow eating, drinking, smoking, use of e-cigarettes or any other activity while driving for health and safety reasons.

Homeworking

Employees should not smoke when they are visible and representing the County Council whilst working from home (for example when videoconferencing).
Adequate signage

Signs can be downloaded and printed for free from: www.smokefreeengland.co.uk/resources.

There is a specific set of regulations regarding no smoking signs within buildings:

- signs for buildings must be a minimum of A5 in size (approximately 15cm x 21cm);
- signs should be placed at all entrances for regular use by persons entering or exiting the building;
- signs should display the no smoking symbol (a graphical representation of a single burning cigarette enclosed in a red circle of at least 70mm in diameter with a red bar across it);
- signs should contain the words that can be easily read by all persons using the entrance – “No Smoking. It is against the law to smoke in these premises.”

Within County Council owned vehicles, a no smoking sign is required to be visibly displayed within the vehicle. The regulations state the minimum size of this sign is 70mm and that it has the no smoking symbol as referred to above and carries the words “No Smoking”.

Examples of these are included below:

![No Smoking Sign](image)

Exemptions

There are premises that are exempt from the smoke-free regulations.

This will directly affect the County Council in relation to residential care homes for persons aged 18 years or over.
These establishments may have a designated smoking room that:

- is designated in writing by the person having charge of the building in which smoking is permitted;
- is an enclosed space (ceiling, walls, doors and windows);
- does not have a ventilation system that ventilates into any other part of the premises;
- is clearly marked as a room in which smoking is permitted; and
- does not have a door which opens onto a smoke-free area, that is not ‘mechanically closed’ immediately after use.

All of the above points need to be completed in order for a room/area to be designated as a smoking room. If all of the above are not completed, or cannot be completed, then the room must be Smokefree under the provisions in the Health Act 2006.

All designated smoking rooms should be supplied with a sufficient quantity of fresh air and mechanical ventilation should be provided which will ensure that tobacco smoke is removed effectively from the building to the outside air. Extractor fans should ensure that sufficient negative pressure is created in the room to prevent smoke billowing out into non-smoking areas when doors are opened.

Where possible use a self-closing door. This does not have to be an electric one. Rise and fall hinges can ensure that the door naturally closes.

Use self-closing or self-extinguishing ashtrays so that cigarette butt smells do not enter the room.

The regulations also allow for bedrooms in care homes to remain as designated smoking rooms provided, they are for persons over 18 years of age.

Residential care homes may also have designated safe external areas for residents and visitors to smoke. Staff are not permitted to smoke in these areas and must comply with the Smokefree Policy.

All County Council employees must comply with the smoke-free legislation inside the building. The only persons who are exempt in these cases are the residents or persons visiting as guests. Even then, smoking will only be permitted in designated areas.

In addition to care homes, other residential facilities, which are designated people’s homes, may as long as they are compliant with the 2006 Health Act, permit smoking on site within designated safe areas.

Day Services, where a risk assessment identifies that a service user going off site poses a risk to their personal safety, local policy may be put in place as an exception to this policy. In these cases, the County Council manager who is responsible for the site should identify an appropriate designated safe place for them to smoke which could be on site. This should be as far away from entrances, exits and windows to the building as reasonably possible. Employees must continue to adhere to the policy and may leave
the site to smoke only during a designated unpaid break, even where there is a
designated area for service users.

Managers responsible for other services that share County Council sites are also required
to complete a risk assessment if risks to service users are identified and a designated
safe smoking area (for service users only) is appropriate.
The only exemption to this policy for County Council staff is for those who are contracted
to work extended shift patterns and they are not permitted to leave the site for an unpaid
break at any time. Where this situation is identified, a local policy may be implemented
following an individual review and assessment of the situation.

Employees working in the community

County Council employees may need to work in environments where it is difficult to
control exposure to tobacco smoke as the law does not cover private dwellings.

Where County Council employees or volunteers visit clients in their own homes, the
following guidance is recommended to ensure that they are not exposed to second-hand
smoke:

- ask the person in advance of your visit not to smoke for an hour before your arrival
  and for the duration of your visit;
- If people do wish to smoke, ask that they limit their smoking to rooms where people
  will not be working and to open the windows and/or doors to help clear second-hand
  smoke;
- identify members of staff who have a pre-existing condition (e.g. respiratory or cardiac
  problems or pregnancy) and avoid exposing them to clients who smoke;
- ensure that no member of staff is expected to make consecutive visits or frequent
  visits to houses in which they are likely to be exposed to tobacco smoke;
- County Council employees and volunteers must not smoke in clients’ homes or in the
  company of clients at all;
- County Council employees should offer advice to service users who smoke and refer
  them to Hertfordshire Health Improvement Service (with consent).

Homeworkers

Homeworkers are not required to refrain from smoking during the course of work that is
carried out for the County Council in their home, unless they invite others into an area of
their home for work purposes.

Staff who regularly work at home can receive telephone help and support to quit
smoking from Hertfordshire Health Improvement Service.

Electronic cigarettes (‘e-cigarettes’)

The use of e-cigarettes is not permitted in any of County Council’s enclosed public
spaces. Although they do not produce smoke, e-cigarettes produce a vapour that can
be an annoyance or health risk to other employees.

Further information on e-cigarettes is available here.
Some employees may use electronic cigarettes (vape) to stop or reducing smoking. The County Council undertook a staff survey about the acceptability of vaping and smoking in the workplace, and many employees said they did not like the vapour and smell of e-cigarettes. Noting the outcome of the staff survey the County Council also recognises that e-cigarettes are significantly less harmful than tobacco and manufactured cigarettes.

To support employees the following guidance outlines the County Council’s policy on the use of e-cigarettes:

- employees may use e-cigarettes in designated unpaid break times;
- the use of e-cigarettes is only permitted in designated areas for this purpose;
- the use of e-cigarettes is not permitted while in any vehicle that is used for either paid or voluntary work including the County Council ’s own fleet vehicle because it does not allow eating, drinking, driving, smoking or any other activity while driving for health and safety reasons;
- due to potential health and safety implications employees are not permitted to charge e-cigarettes at work or in workplace vehicles. (This policy applies to all electrical devices, including mobile phone chargers which have not been tested and approved).

**Hertfordshire Health Improvement Service**

Hertfordshire Health Improvement Service provides FREE advice and support for people who smoke. Friendly trained advisors are available locally throughout the county as well as at the 4 main County Council sites. Telephone stop smoking support is also available to all.

Each advisor is skilled to give help, support and to advise you about all the different treatment options that help people overcome nicotine withdrawal (these are made available on prescription or for the cost of a prescription if prescription charges apply). There is a wide range of treatment options, including nicotine replacement (i.e. patches, gum, lozenges and sprays and prescription only medicines, for example, Champix). The advisor can help guide treatment options and provide weekly support as well.

For further details on Hertfordshire Health Improvement Service, to make a referral, or to access training:

- call: 0800 389 3 998
- email: HealthImprovementService@hertfordshire.gov.uk
- visit the website: www.hertfordshire.gov.uk/stopsmoking
- text the word ‘Smokefree’ to: 80818
Appendix C

Hertfordshire County Council Smokefree Implementation Group

Terms of Reference

The purpose of the group is to provide advice and guidance on the development of a Smokefree Policy for Hertfordshire County Council

Smoking remains the leading cause of premature death and disability across the county, with 1,400 deaths attributed to smoking every year. Hertfordshire County Council is the lead organisation for tobacco control; Hertfordshire’s Tobacco Control Strategic Plan (TCSP) 2019-2022 aims to reduce smoking prevalence in the general population as well as in communities and groups and where tobacco causes the greatest harm.

The County Council has a Cabinet-approved Tobacco Control Policy (July 2019) ii, which sets out the Council’s commitment to reduce the harm from tobacco to people who live and work in Hertfordshire and in its own workforce as part of the County Council’s support of health and wellbeing at work. Hertfordshire Health Improvement Service is responsible for the delivery of the TCSP and for the delivery of stop smoking services across the county as well as the supporting the implementation of Smokefree policies across the county and within the County Council.

The Smokefree Implementation Group will work within Hertfordshire’s Tobacco Control Strategic Plan and Tobacco Control Policy.

Objectives

To collectively work together to:

- To establish and maintain effective partnerships to deliver the County Council’s Tobacco Policy 2019; specifically, the ambition for Hertfordshire County Council to become completely Smokefree
- Learn lessons from other Local Authorities and NHS trusts that have become Smokefree
- Ensure that the development of the Policy considers the needs of all staff groups and service users
- Provide advice and guidance on the scope and contents of the Policy
- Provide assurance for elected members and senior officers that the Policy has been developed with representation from staff and service users
- Develop and deliver appropriate communication to key stakeholders
- Provide advice on the stop smoking support required by staff and service users who may be affected by the Policy
- Advise on implementation of the proposed Policy and provide guidance and training for staff, contractors, visitors and service users, including information on breaches to the Policy.
- Review the implementation plan, assess and advise on risks and issues that may arise.
• Consult with external partners who may contribute to the development of the Policy

Membership:

• Head of Provider Services and Tobacco Control Lead, Public Health
• Workplace Health Lead/Health Improvement Manager, Public Health
• Communication Manager, Public Health
• Programme Manager, Public Health
• Project Manager, Public Health
• Business Support Officer, Public Health
• Senior Facilities Manager, HCC
• HR Policy Officer, HCC
• HR Officer, Strategy and Reward, HCC
• Senior HR Officer, Employee Relations & Policy Team
• Employee representative
• Trade Union representative
• Adult Care Services representative
• Day Services representative
• Children’s Services representative
• Residential Services representative
• Community Protection
• Estates and Facilities representative
• Property Management representative

Given the sensitive nature of the proposed Policy, matters should be contained within the group or on a ‘need to know’ basis until such time that communication and consultation with all County Council staff has been completed.

Membership excludes representation from tobacco manufacturers or their subsidiaries.

1. Accountability
   • Members of the group are responsible for reporting back on actions to the project manager in a timely manner

2. Governance
   • The project management group will feedback to Adult Health Improvement Implementation Group (HIIG) for Assurance and Governance purposes and directly to the executive member for Public Health and Prevention for key decisions

3. Meetings
   • The Smokefree Implementation Group meetings will be held approximately monthly, depending on the timescales for implementation of the Policy
   • The group will establish ‘task and finish’ groups to lead on specific pieces of work as required
A project management group will lead on the key actions arising from the meetings and have overall responsibility for the development and implementation of a Smokefree Policy.

Meetings will be held at County Hall and for a maximum of 2 hours.

References


Appendix D

Staff Survey – Smoking and Vaping and views about becoming Smokefree

Who were the responders?

Of 510 respondents, 67 (14%) reported that they were current smokers, with 59 smoking every day. 128 (25%) were former smokers, 32 (6%) vapers/former vapers, and the remaining 283 (55%) had never smoked/vaped. Respondents worked across a mixture of County Council departments and represented a range of ages and ethnicities. 66% of respondents identified as female, 25% as male, and the remaining as ‘other’ or unstated, or transgender. However, although females represented 66% of overall respondents and 66% of non-smokers, they comprised 80% of the respondents who smoked daily.

Impact of a smokefree workplace on current smoking behaviour

Of the 67 respondents who smoked, 20 (30%) said they’d like to quit, 30 (45%) said possibly they would, and 17 (25%) said they did not want to quit. When asked about the potential impact of a smoke-free policy on their current smoking, 45 (73%) said they would find it difficult not to smoke during the day, with 31 (46%) stating that they’d continue to smoke at the same level, and only 6 (9%) saying they’d smoke fewer cigarettes. Six (9%) also said that they’d vape instead during their work-day, but continue to smoke outside of work. However, although 31 said they’d continue to smoke at the same level, 11 of these said they’d find it difficult to go off-site, and in total, 23 (34%) said it would be difficult to go off-site to smoke.
Reasons for struggling to go off-site included having timed breaks, it being too far to travel off-site, feeling too vulnerable to go off-site, and not having the option to go off-site:

“Serco staff often have timed breaks, you would make it quite difficult for them to have to go offsite to have their cigarette and then get back to their desks on time, which I do not think is appropriate as they are adults and have every right to decide what they do with their own bodies. You should provide help to those who want it, not attempt to force those who do not.”

“Going off site would take me longer away from my work, meaning I would have to work later into the evening to complete my hours. This in turn takes me away further away from a healthy work life balance. I already work through my lunch break to counterbalance any smoke breaks.”

“Some of my shifts don’t end until 9.30pm meaning I would have to go out in the dark, making me very venerable. There is pub across the road that has some unlikeable characters and would make me very nervous. I would also feel too far away from the service users and staff that I am meant to be supporting and would worry me. “

“…we work in the Fire Control Room we are unable to leave the direct vicinity of the building throughout a 12-hour shift. We do not have the option of leaving the site and to remove the ability to smoke would be extremely unfair.”

Vaping

When looking at people’s views about the relative safety of electronic cigarettes compared to regular cigarettes, 45% of respondents felt e-cigarettes were less harmful. However, 35% of respondents felt they are as harmful as regular cigarettes, and 3% felt they are more harmful than regular cigarettes. The remaining 22% were unsure or didn’t know.

![Bar Chart](image_url)

**Do you think electronic cigarettes: Please tick all that apply**

- Are more harmful than cigarettes: 3.1%
- Are just as harmful as regular cigarettes: 35.1%
- Are less harmful than regular cigarettes: 29.0%
- Are a lot less harmful than regular cigarettes: 15.7%
- Are completely harmless: 0%
- Don’t know / not sure: 22.0%

**Should smokers/vapers be allowed off-site to smoke/vape?**

One key area explored by the survey was whether smokers should still be allowed, at the discretion of their manager and on the understanding that they make up the time, to have breaks to go off-site to smoke. A similar question was then asked about vaping.
This report looks first at the quantitative feedback, before exploring some key themes to emerge from people’s additional comments.

Quantitative feedback: smoking breaks
Of non-smoking respondents, 55% either disagreed or strongly disagreed with staff being allowed off-site to smoke, 30% agreed or strongly agreed, and 15% were neutral. There was slightly greater sympathy towards smokers amongst former smokers, with 48% disagreeing or strongly disagreeing, and 38% agreeing or strongly agreeing. However, only 9% of current smokers disagreed or strongly disagreed, while 79% of current smokers felt people should continue to be allowed off-site to smoke. 65% of vapers/former vapers also agreed that smokers should be allowed off-site, while only 16% disagreed.

Vaping breaks
When asked whether vapers should be allowed breaks to vape, 50% of non-smokers disagreed/strongly disagreed, 29% agreed or strongly agreed, and 21% were neutral. Amongst former smokers, 47% disagreed/strongly disagreed, while 39% agreed/strongly agreed. Current smokers were more sympathetic towards vaping, with only 4% disagreeing with vaping breaks, while 80% agreed or strongly agreed. Of vapers, 18% disagreed with vaping breaks, and 78% agreed or strongly agreed.
Qualitative feedback

Of 510 respondents, 272 chose to provide additional comments regarding breaks to go off-site to smoke, and 186 commented on breaks to vape. Opinions regarding both were broadly similar, although some had slightly greater sympathy towards vapers having breaks. Key themes were: ‘concerns around fairness/lack of fairness’; ‘stigmatisation of smokers/vapers’, ‘the impact on management’ and ‘the image of Hertfordshire County Council’.

Concerns around fairness/lack of fairness

The issue of fairness, or potential lack thereof, was raised in many of the comments, for both vaping and smoking breaks. In fact, 80 comments specifically referenced the word (un)fair. In both instances, non-smokers were concerned that smokers/vapers would get extra breaks and that the staff would not make up the time (the specific phrase “make up the time” was referenced in 29 comments). This in and of itself was perceived to be unfair, but more so when coupled with potential extra pressure on non-smoking colleagues, and a possible reduction in productivity amongst smokers/vapers as a result of additional breaks:

“It is very unfair on non-smokers that smokers are given additional breaks, Although the policy states that smoking breaks must be taken in the employees’ own time, I don't know how this is monitored and therefore, in practice, I do suspect that very few smokers who take additional breaks to smoke make up the time.”

“I have never witnessed anyone who records vaping / smoking breaks on their flexi-sheets or by any other method. It is unfair that I work full hours when someone else takes a free hour out each a day for vaping / cigarette breaks. Managers do NOT enforce this policy and nobody seems to care.”

“One of the major benefits of smoking is that it is a stress reliever. It is unfair to allow smokers to have regular breaks throughout the day if the same opportunity isn't provided to non-smokers. HCC would be penalising those who do no smoke if they continue to allow it.”
“Smoking breaks generally take longer than the time it takes to make a cup of tea as it is. Non smokers already have to pick up the slack, particularly in teams where there are heavy smokers present who therefore take very frequent breaks. To continue to allow smoking breaks but enforce them needing to take place offsite would only serve to create longer breaks and place pressure on non smokers."

However, in contrast to this, several current smokers felt that the change of policy would be unfair on them, arguing that many staff members take breaks for drinks, or to take personal calls, or to generally chat/gossip, with no expectation that this time is logged as unpaid. Smokers felt it was unfair that their breaks need to be ‘managed’ while breaks for other reasons do not have this requirement:

“My current smoking breaks are less in length of time than the repeated tea, coffee and chatting breaks that colleagues appear to take. If the authority is to discriminate against smokers taking a break then this should equally apply to employees taking frequent tea/coffe breaks.”

“I don’t understand where this ‘discretion of the manager’ and ’making up of time’ comes from, Isn’t this directly contradicted by our wellbeing and Occupational Health policies which say we should spend ten minutes every hour away from out desks, resting our eyes from VDU work and stretching our bodies? Every employee is entitled to take regular short breaks throughout the day - if a person uses that time to smoke or walk a lap of the building outside that is their business. It’s only because it is perceived as a ‘smoke break’ that anybody has a problem with it. People who spend 15 minutes gossiping in the kitchen areas aren’t expected to ‘make up the time’ and they didn’t have to check with their line manager before they got up to make a cup of tea. So yes people should be allowed to take regular breaks yes, otherwise that would be in contradiction of HCC guidance.”

“If a smoker cannot have a cigarette, they will not be as productive. Usually the cigarette breaks are tied in with a general move around away from the desk that is recommended. They are just multi-tasking.”

Furthermore, several smokers argued that they already start work early, finish late, or do not take lunch breaks in order to make up the time for smoking, and felt that the extra distance to go off-site would cause even further disruption to their working day, or challenge their ability to successfully maintain a work/life balance:

“I use my own time to smoke and do not get a lunch break and also work late into the evenings and at home over the weekend in order to meet unmanageable targets.”

“Going off site would take me longer away from my work, meaning I would have to work later into the evening to complete my hours. This in turn takes me away further away from a healthy work life balance. I already work through my lunch break to counterbalance any smoke breaks.”

Stigmatisation of smokers/vapers

Related to perceived unfairness, many smoking respondents felt that a change of policy requiring them to go off-site was effectively a stigmatising policy, whilst other unhealthy
behaviours do not receive the same penalty. Respondents drew parallels with staff choice to eat unhealthy food, or to buy chocolate, arguing that obese staff members are not required to go off-site for these activities:

“Why should I go off site? There are people who are obese, they are not made to go off site to eat and the health implications for obesity are just as bad as smoking.”

“It is discrimination aimed at the smokers. Should coffee be made to be accessed off site? I feel it would cause undue stress on the smokers if a total ban was implemented. It is my choice to smoke and perhaps more discreet areas could be developed but I feel it is wrong to ban smoking. You don't have to go off site to buy chocolate.....obesity is also a health issue”

“Smoking is a choice, it is also an addiction. For what ever reason people smoke. It’s a fact of life. So why should smokers be penalised even further for this. taking away the smoking area is denying people their escape. some people go for coffee from the café, so we should stop them from doing that?? Why are smokers being treated as if they have a disease and are being treated as as if they are tainted and unclean?”

Further to this, respondents argued that a smoking ban would not help smokers to quit, and would instead lead smokers to feel awkward or embarrassed, or perhaps, in one case, vilified by the County Council for their addiction:

“It would create an embarrassing situation and make me feel like a leper”

“Anybody who knows anything about addiction - like, oh I don’t know, the organisation responsible for public health for example - would know that humiliating drug addicts is not an effective technique for getting them to quit. We already hate ourselves, showing that you hate us too isn’t helpful.”

“I think that vilifying addicts is an appalling use of power and we should be encouraging smokers to vape if they really can’t give up.”

The impact on County Council managers

Both smokers and non-smokers highlighted that a policy change requiring smokers/vapers to go off-site is likely to be challenging for managers required to manage the situation. Respondents were concerned both that the policy would be interpreted differently by different managers, and that it would be more burdensome for managers to properly manage staff time if they take longer breaks to go off-site to smoke:

“as a manager of a smoking member of staff then this will not be a driver for them to give up they are a committed long term smoker and will continue to do so meaning increased breaks and thus a need for them to effectively ‘time’ their breaks and make this up sort of smoking flexi if you will. Which in a world of remote management / agile working is going to almost impossible to monitor.”
“I think it impacts different roles differently, so those in customer facing roles are more likely to be impacted than those who can Smartwork, or whose jobs enable much more flexibility anyway. I think any managers who smoke should have the same limitations as those who have customer facing roles (e.g. limited windows of opportunity etc). As it stands, a smoking ban is likely to have a bigger impact on those onsite who can't easily leave their position (e.g. reception staff etc) than managers who are more able to entirely leave the premises to smoke.”

“They [smoking/vaping breaks] are unfair and interpreted differently by each department (similar to smart working)”

In addition to these views, it was felt by other respondents that it is the role of managers to ensure that staff meet their obligations and targets, rather than to micromanage staff break times. Instead, these respondents highlighted that staff should be able to take regular breaks when required, and it is not the manager’s place to dictate what staff choose to do in their breaks, as long as their work is achieved as required:

“Staff should be able to take breaks when they need to regardless of whether it is to smoke, get a coffee, go to the bathroom, go for a walk etc and trusted to manage their time and deliver on their obligations accordingly.”

“Whilst smoking is bad for you, people should continue to have the choice to do so. Manager’s don’t tell people not to eat fatty foods at work- which are just as unhealthy- so why should they tell people not to smoke?”

The image of the County Council

Both smokers and non-smokers highlighted concerns around the image of the County Council, were smokers or vapers to go off-site in order to smoke. Concerns were raised about how the County Council would be perceived if staff members were to congregate on the streets. In the case of smoking off-site, respondents also expressed concerns about potential litter being left on the streets as a result of cigarette butts. For some, these concerns led them to suggest that smokers should be allowed to remain on site but should be provided more discreet smoking areas. For others, the same concerns led to the view that neither smoking nor vaping should be allowed on or off-site:

“I don't believe that smoking areas should be entirely off-site, but should be placed somewhere sensible onsite. HCC shouldn't be pushing its employees onto the public highway to congregate and smoke. Firstly its a bad look from the public's perspective, us filling up pavements with smokers that they have to navigate past, but also, what if there is an incident offsite that wouldn't have happened if our smokers hadn't been there en masse? Would HCC be liable? Would HCC have had a duty of care?”

“… smoking off site is just moving the nuisance (of smoke fumes/cigarette litter) outside to cause a nuisance to local residents.”

“Smokers should not be congregating at entrances and exits of sites anyway. Designated smoking areas should be away from these areas. It's not smokers’ fault that at Farnham House for example the smoking area is in the direct route into the building. I feel sorry for non-smokers having to go through it.”
“I am not convinced it would make the council look like a healthy place to work; that was already taken care of by the initial smoking ban in the workplace. Moving smokers offsite just looks like HCC wants to wash its hands of its own staff who have addiction problems. It doesn’t demonstrate in any way that the organisation is committed to their health but just humiliates them… Just move the smokers somewhere where no one is forced to walk through them, whilst keeping them onsite and feeling like they still belong at HCC.”

While views were largely similar on both smoking and vaping breaks, there were some more sympathetic views towards vaping breaks. Some felt that vapers were trying to quit smoking and should therefore be given the opportunity to vape to assist with this, whilst others felt that their personal health was less at risk from vaping (and that the health of others was less affected) and were therefore more accepting of this option. In addition, one respondent pointed out that NHS advice is that vaping is safer than smoking, so to disallow vaping would be counter-productive, if the aim is to support people in quitting. Further to this, with regards to litter, it was noted that vaping does not have the associated litter problem, and so would be less of a nuisance going off-site compared to smoking off-site:

“NHS stop smoking have encouraged vaping as an alternative so they should [not] be punished for doing so”

“As [vaping] is considered a "healthier" option to smoking, and because HCC try to be flexible with work life balance then Yes; I think that if someone would like to take regular breaks to Vape with the assumption that they are considering the needs of the role and team and making up the time, This is fine.”

“I think that Vaping should NOT be off site as employees shouldn't feel like they are being punished for trying to stop smoking.“

However, some noted that smoking and vaping can look very similar from a distance, making it more of a challenge to monitor if vaping and smoking were treated differently.
What should happen to staff who do not adhere to the policy?

Respondents were given a range of options as to what should happen in the event of a policy infringement, and they could make multiple selections. The most popular option, chosen by 295 (58%) respondents, was to give those who failed to adhere to the policy the opportunity to get help to stop smoking. Other popular options included reporting breaches to facilities and estates to monitor (37%), giving an informal warning (34%), and reporting breaches to HHIS (32%). Least popular were the suggestion to start disciplinary proceedings after the first breach (8%), and to take the person’s details and report to their line manager (11%).

In addition to the above options, 22% of respondents selected ‘other’, and 111 provided further comments. Some comments emphasised the importance of the policy being properly managed in order to be effective, and suggested it be enforced in the same way as other policy breaches. One respondent also suggested CCTV and spot checks could potentially assist with monitoring:

“if we are to bring in a Smokefree Workplace Policy it needs to be correctly monitored - managers making spot checks, cctv on site? relevant action taken re warning/disciplinary”

However, several people commented on the challenge that monitoring a policy change would present, and some questioned the rationale for a policy change in the first place, feeling that current smoking areas do not cause any offence. Many comments indicated that staff members would not necessarily feel comfortable with approaching smokers for fear of creating an awkward situation, and feeling it is not their place:

“I think it would be very difficult as a colleague to directly challenge a member of staff who is smoking on site. I couldn't foresee myself doing so. Perhaps senior staff might be better positioned to do this. I'm not sure how helpful it would be to have an atmosphere of people 'snitching' either.”
“I’m not at work to police other people in the way they choose to live their lives.”

“Why expect staff to put themselves in confrontational situations? Are you going to pick on overweight staff next?”

“I would not feel comfortable approaching someone breaching because it’s relating to an addiction which can lead to uncomfortable behaviour when questioned.”

While 37% of respondents felt it was a matter for estates/facilities to manage, many also highlighted the limitations of this, in terms of resources and capacity issues:

“This is difficult as it is unlikely the person will give their personal details. Facilities and Estates can’t manage similar problems (eg. solo drivers parking in Car Share places at 8am in the morning, people reported smoking in the wrong place - Facilities said they couldn’t leave the Reception desk as they were on their own) so I’m not sure how they would be able to monitor compliance/breaches. Therefore, it has to be a management/disciplinary matter if we ever get to know who it is.”

“as with parking, a significant minority will not comply”

“The NHS already has a smoke free workplace policy, HCC could learn lessons from them in enforcement. However, I think it is unlikely that anyone will want a punitive policy and would not want to put pressure on estates to enforce it - they are not policemen and nor should they be.”

Others said that many of the enforcement options sounded like ‘big brother’ in their approach:

“"reporting" them seems a bit much and disciplinary after first breach is ridiculous.”

“Suddenly this becomes my problem to solve! It’s the individual’s responsibility to comply with Policy. Looks like it will be their Manager who has to enforce this. I can see this going too far and Council looking bad in the press for sacking someone for vaping, in their own car, in a remote part of a car park, because a non smoker keeps on complaining about it.”

“This is all sounding a bit Big Brother. we are all adults here so please let us, as an adult, decide on whether or not we wish to smoke.”

Some staff also highlighted the need for compassion, and that people might be in breach due to particularly challenging or difficult personal situations:

“Situations would have to be taken into consideration... Is the person emotionally stable? Have they just received extremely bad news? Threatening them with warning/disciplinary may cause more harm than it is worth.”

“I don’t agree in persecuting anyone who has problems with addiction it never helps only makes them worse. I think a better solution would be to provide a more out of site area for smoking and vaping.”
“I think people that need to smoke or vape should be supported not punished. The stress of giving up can be very dangerous. People who have never smoked before do not understand how difficult it is to give up, or how difficult it is not go back to it.”

It was also reiterated by one respondent that not all locations have the option to go off-site, and that to deny those working in these locations the opportunity to smoke/vape would be very unfair:

“You REALLY need to realise that not all your staff can leave the premises to smoke and ensure you make an exception for those of us that can’t. Smoking is an addiction and also a choice. If people wish to smoke they should be allowed to. We already have to have our smoking area right outside our Control Room due to the nature of our job. PLEASE THINK ABOUT THIS.”

Summary

The survey findings highlight the strong diversity of opinion regarding the smoking policy and the potential impact of making the County Council a smoke-free workplace. The issue of breaks was particularly contentious, with smokers/vapers and non-smokers both feeling like they were being penalised as a result of the behaviour of other groups. This suggests that however the policy is decided, smoking breaks should be considered alongside broader County Council policies surrounding general wellbeing breaks throughout the day. In addition, consideration would be needed for locations where it is not possible to go off-site. Further to this, respondents raised concerns that managers might interpret the policy differently across departments. As such, any change would need to consider this, such that the risk of large disparities across departments is minimalised.

In terms of vaping, while some respondents considered the reduced health risks associated with vaping, many felt vaping and smoking were equivalent in terms of the impact on work and non-smoking/vaping colleagues. It was also felt that vaping and smoking look similar from a distance, making it hard to police a policy that allows smoking but not vaping. Were there to be a difference in the policy regarding smoking/vaping, the reasons for this would need to be clearly explained. Given that 35% of people felt vaping is as harmful as smoking, and 3% felt it was worse, a policy that includes education around vaping could be beneficial.

Overall, the contradicting views regarding the current and potential future smoking policy, and confusion from some as to why a change is necessary, highlight the importance of clearly explaining the rationale for any policy changes. Responses also showed that some smokers are likely to feel penalised, and question why smoking is banned, but chocolate and fatty foods, for example, are still available on site. A policy that can be justified under this scrutiny would help reduce such bad feeling. In addition, most felt that staff who are struggling or who wish to stop smoking to be supported rather than penalised as a first course of action. As such, a policy highlighting the service offered by HHIS could help in presenting changes as supportive rather than punitive towards smokers.
## Smokefree Policy - Risk Assessment Template

### RISK ASSESSMENT FOR:

The risk of health and safety issues whilst employees and/or service users are complying with the Smokefree Policy which prohibits smoking on HCC property.

<table>
<thead>
<tr>
<th>Department/Organisation</th>
<th>Assessment by:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has an exemption to the Smokefree Policy been identified?</td>
<td>YES/NO</td>
<td>Date:</td>
</tr>
<tr>
<td>Risk assessment number/ref:</td>
<td>Public Health Manager Approval:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

**Use this form to record the significant findings of your risk assessment and detail any action required to reduce risk further, where existing actions (control measures) are insufficient.**

<table>
<thead>
<tr>
<th>What are the hazards?</th>
<th>Who might be harmed and how?</th>
<th>What are you already doing?</th>
<th>What further action is necessary?</th>
<th>Action by who?</th>
<th>Action by when?</th>
<th>Done</th>
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</thead>
<tbody>
<tr>
<td><strong>PEOPLE</strong> At risk of significant of harm from traffic, falls, becoming disorientated or lost if in an unsafe environment</td>
<td><strong>Users of Day Care Services</strong> at risk because they have a physical or mental health disability and going off site to smoke would put them at risk of significant of harm and injury from traffic, falls, becoming disorientated or lost.</td>
<td>Allowing exemptions to the Smokefree Policy when service users and services identify the risks of complying with the policy of going off site to smoke</td>
<td>Comms and marketing to ensure that all services, service users and carers are aware of the Smokefree Policy and the exemptions.</td>
<td>Public Health</td>
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<thead>
<tr>
<th>What are the hazards?</th>
<th>Who might be harmed and how?</th>
<th>What are you already doing?</th>
<th>What further action is necessary?</th>
<th>Action by who?</th>
<th>Action by when?</th>
<th>Done</th>
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</table>
| PEOPLE                | Service users for whom residential care is there home and they are exempt from the 2006 (Smokefree regulations) Health Act. | Residential care homes for persons aged 18 years or over may have a designated smoking room that:  
- is designated in writing by the person having charge of the building in which smoking is permitted;  
- is an enclosed space (ceiling, walls, doors and windows);  
- does not have a ventilation system that ventilates into any other part of the premises;  
- is clearly marked as a room in which smoking is permitted; and  
- does not have a door which opens onto a smoke-free area, that is not ‘mechanically closed’ immediately after use.  
Residential care homes for persons aged 18 years or over may have a designated safe external area for residents and their visitors to smoke. |  
- Ensure that there is a designated outside area that are safe for residents and their visitors to smoke  
- Ensure that all service users are offered help and support to quit smoking or reduce the harm from tobacco  
- Ensure that staff, carers and visitors who smoke are compliant with the Smokefree Policy | Managers of residential care | |
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<thead>
<tr>
<th>What are the hazards?</th>
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<th>What are you already doing?</th>
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<th>Action by when?</th>
<th>Done</th>
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<tbody>
<tr>
<td><strong>PEOPLE</strong>&lt;br&gt;Service users at greater risk due to age and vulnerability,</td>
<td>Younger service users for whom residential care is their home</td>
<td>Allow smoking and vaping for young people in designated external areas for whom residential care is their home and they are compliant with the 2006 (Smokefree regulations) Health Act.</td>
<td>Ensure that there is a designated outside area that are safe for residents to smoke. Ensure that all service users are offered help and support to quit smoking or reduce the harm from tobacco Ensure that staff, carers and visitors who smoke are compliant with the Smokefree Policy</td>
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<tr>
<td>What are the hazards?</td>
<td>Who might be harmed and how?</td>
<td>What are you already doing?</td>
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<tr>
<td>ENVIRONMENT Security</td>
<td>Staff, service users and visitors. Violence and aggression, physical injury, major injury, fatality.</td>
<td>• Consider where staff and service users can smoke offsite. Are there any concerns about the surrounding environment? Is it safe? • Be aware of local surroundings and respect local communities, including residential areas and private property around HCC sites when deciding where may be appropriate to smoke during a designated unpaid break.</td>
<td>• Promote the image of the Council with staff who smoke and ensure that they respect local neighbourhoods and residents • Ensure that all service users are offered help and support to quit smoking or reduce the harm from tobacco • Ensure that staff, carers and visitors who smoke are compliant with the Smokefree Policy • Monitor breaches and complaints</td>
<td>Public Health Managers</td>
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<tr>
<td>ENVIRONMENT Inadequate and obscured lighting</td>
<td>Staff, service users and visitors. Slips and trips, collisions. Stress, feelings of vulnerability.</td>
<td>• If unpaid break is during the hours of darkness, are there any designated safe areas with lighting to ensure safety of staff? • Workplace lighting suitable for safe unpaid smoking breaks and for illuminating outdoor traffic routes as required.</td>
<td>• Ensure that all service users are offered help and support to quit smoking or reduce the harm from tobacco • Monitor breaches and complaints</td>
<td>Public Health Estates and Facilities</td>
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<tr>
<td>What are the hazards?</td>
<td>Who might be harmed and how?</td>
<td>What are you already doing?</td>
<td>What further action is necessary?</td>
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</table>
| Insufficient Support for staff | Employees – feelings of stigmatisation, unable to quit smoking. Found to be in breach of the policy. | • Employees are supported through organisational policies and procedures by managers.  
• Employees are aware of the support that is available to them.  
• All staff advised of the:  
  • Harm reduction & Stop smoking support by Hertfordshire Health Improvement Service  
  • Employee Assistance Programme for additional support.  
  • Mental Health First Aider on main sites (call 3636).  
  • Health and Wellbeing for additional guidance and links.  
  • Workplace Health Champions. | | | |

Assessment review date: 29/06/2021 (usually within one year, or earlier in the event of an incident, a change in conditions or if more frequent review is warranted)

Health and safety guidance and information is available on the intranet
### Appendix F

Implementation of the Council’s Smokefree Policy - Equality Impact Assessment (EqIA)

1. **Who is completing the EqIA and why is it being done?**

<table>
<thead>
<tr>
<th>Title of service / proposal / project / strategy / procurement you are assessing</th>
<th>Hertfordshire County Council’s Smokefree Policy and toolkit</th>
</tr>
</thead>
</table>
| Names of those involved in completing the EqIA | Liz Fisher, Head of Provider Services, Public Health  
Charulata Joshi, Equality and Diversity Officer  
Luis Andrade, Principal Lawyer, Legal, Member and Statutory Services |
| Head of Service or Business Manager | Elizabeth Fisher, Head of Provider Services |
| Team/Department | Public Health |
| Lead officer contact details | Elizabeth.fisher@hertfordshire.gov.uk |

**Focus of EqIA – what are you assessing?**

To revise and update Hertfordshire County Council’s Smokefree Policy and toolkit in line with the Councils Tobacco Policy Statement 2019.

The Public Health and Prevention Cabinet Panel was asked:

- to consider a revised and updated policy statement on tobacco control in light of the County Council’s statutory responsibilities for Public Health and the changes in tobacco legislation and tobacco trends since the last policy was adopted in 2013
- to recommend that Cabinet ask the Pensions’ Committee of the County Council to review their investments since the last request by Cabinet and to consider how, whilst fulfilling their legal duties and not adding cost to the public purse, they continue to align their portfolio of
investment with the principles and intentions in this revised policy statement

- to recommend that Cabinet reviews the Council’s policy on allowing smoking by employees, visitors and contractors within its grounds and adopts a ‘Smokefree’ policy to prohibit smoking on any premises owned or leased by the Council.

The Council agreed to the above in July 2019:
https://democracy.hertfordshire.gov.uk/documents/s11214/Minutes.pdf

This is in line with the legislation on smoking and tobacco, the latest evidence on reducing the harm from tobacco, national strategy; NICE guidance; local tobacco data within the Joint Strategic Needs Assessment (JSNA); progress on the Health and Wellbeing Board ambitions 2016-2020iii to reduce the harm from tobacco and following a review of tobacco control in Hertfordshire, and Hertfordshire’s Tobacco Control Strategic Plan.iv

The Smokefree Policy and toolkit reflect the Council’s continued commitment to reduce the harm from tobacco in employees, service users and the residents of Hertfordshire through evidence-based measures and experience of what works locally in Hertfordshire. The Smokefree Policy and toolkit are based on the current legislation on smoking and tobacco, and the views of the County Council’s workforce following a staff consultation in March 2020. The Smokefree Policy and toolkit will be implemented across all County Council sites where organisations are required to adhere to the Council’s policies.

Smoking is a profound source of inequalities in healthv. Smoking has worst health and economic cost to women, children whose parents smoke, those in deprived communities, some black and minority ethnic communities and lesbian, gay, bisexual and transgendered communities, prisoners and offenders and people with mental health conditionsvi. Older smokers are more likely to
suffer disabilities caused by smoking than younger smokers. There is no safe level of smoking and for poorer communities, the proportion of disposable income spent on smoking is up to five times that of the least deprived\textsuperscript{9}. Smoking contributes to family and child poverty, and people with mental health conditions who smoke spend a higher proportion of their income on tobacco than other smokers. About a third of all tobacco smoked is by people with a current mental health condition\textsuperscript{10}.

Smoking kills one in two smokers prematurely; this is more than the next six most common causes of avoidable death combined\textsuperscript{vii}.

Smoking prevalence and greater dependence on nicotine is higher in lower socio-economic groups, mental health service users and other vulnerable groups and this is a significant cause of health inequalities and poverty\textsuperscript{viii}.

Second-hand smoke causes serious health problems, particularly in unborn babies and children whose immature systems are particularly vulnerable to the toxins in tobacco\textsuperscript{ix}.

The Smokefree Policy and toolkit are based on evidence known to reduce smoking in the workforce, to promote the health and wellbeing of staff and reduce staff sickness and longer-term disability caused by smoking related diseases. The Smokefree Policy and toolkit will also benefit other organisations that use the council’s buildings and grounds and will promote the Council as a healthy place to work.
The purpose of this EQIA is to measure the potential impact of Hertfordshire County Smokefree Policy and toolkit on people with protected characteristics.

<table>
<thead>
<tr>
<th>Stakeholders</th>
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<tbody>
<tr>
<td>- Executive member, Public Health and Prevention Cabinet Panel</td>
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<tr>
<td>- Elected members, Hertfordshire County Council</td>
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<tr>
<td>- County Council officers, employees, contractors, volunteers and service users</td>
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<tr>
<td>- Hertfordshire Sustainability and Transformation Partnership</td>
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<td>- Hertfordshire Health and Wellbeing Board</td>
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<td>- Hertfordshire Public Health Service</td>
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<td>- Hertfordshire Tobacco Control Management Board</td>
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<td>- Hertfordshire Tobacco Control Alliance</td>
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<td>- Hertfordshire Health Improvement Service</td>
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<td>- Public Health England</td>
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<td>- Local Authorities and District and Borough Councils</td>
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<tr>
<td>- Organisations which lease, rent or use Hertfordshire County Council's premises and grounds</td>
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<td>- Hertfordshire residents</td>
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<tr>
<td>- Individuals who use the council's premises for events, leisure or recreation.</td>
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</tbody>
</table>
2. List of data sources used for this EQIA

<table>
<thead>
<tr>
<th>Title and brief description</th>
<th>Date</th>
<th>Gaps in data</th>
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</thead>
<tbody>
<tr>
<td>The Health Act 2006</td>
<td></td>
<td>There are no identified gaps in the evidence on which this EQIA is based. The impact of tobacco control to reduce smoking-related health inequalities is widely researched and a review of tobacco control in Hertfordshire in 2014 commended Hertfordshire’s approach. Hertfordshire’s Health and Wellbeing Strategy 2016-2020 and Hertfordshire’s Public Health Service Strategy 2017-2021 recognise the importance of tobacco control measures to reduce health inequalities.</td>
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<td>The WHO Framework Convention on Tobacco Control</td>
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<td>The Human Rights Act</td>
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<tr>
<td>Smoking and health inequalities data</td>
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<tr>
<td>Hertfordshire’s Tobacco Control Strategic Plan 2019-2022</td>
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<tr>
<td>Hertfordshire Stop Smoking Service data</td>
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<td>Hertfordshire Tobacco Control CLeaR Report 2014</td>
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<td>NHS Digital Data</td>
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<td>National and local tobacco profiles</td>
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<td>Hospital admissions data</td>
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<td>Primary care data</td>
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<tr>
<td>Other national data</td>
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<td>NICE Guidance and Standards</td>
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<tr>
<td>Hertfordshire Joint Strategic Needs Assessment</td>
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<tr>
<td>A Smokefree Generation: tobacco control plan for England 2017-2022</td>
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<tr>
<td>The Stolen Years – a Mental Health and Smoking report</td>
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<tr>
<td>The Smoking in Pregnancy Challenge Group</td>
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<td></td>
<td>Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child - are reflected in the WHO FCTC.</td>
<td></td>
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</tbody>
</table>
## 3. Analysis and assessment: review of information, impact analysis and mitigating actions

<table>
<thead>
<tr>
<th>Protected characteristic group</th>
<th>What do you know? What do people tell you?</th>
<th>What does this mean – what are the potential impacts of the proposal(s)?</th>
<th>What can you do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>In 2018, there were 1.2M residents in Hertfordshire with an average age of 39.6 years. The County Council's has approximately 8,200 employees, 2,278 of whom are between the ages of 50 and 59, which is the most common age group, followed by 1,940 employees in the 40-49 age range.</td>
<td>People between the ages 25-34 are most likely to smoke and smoking prevalence declines with age. However, it is believed that there is no negative impact in relation to this particular protected characteristic.</td>
<td>Older smokers and smokers with long-term conditions will benefit from this Smokefree Policy and toolkit.</td>
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<td>Link to Herts Insight website for population breakdown according to age (2019): <a href="https://iao.blob.core.windows.net/publications/reports/881cc3a8b2b44afa72d1dc3d7db3aca/E10000015.html#esttotal">https://iao.blob.core.windows.net/publications/reports/881cc3a8b2b44afa72d1dc3d7db3aca/E10000015.html#esttotal</a></td>
<td>Age appropriate interventions to support all smokers in Hertfordshire are available throughout the county as well as personalised free support and medication to help the Council's employees to quit smoking.</td>
<td>Smokefree workplaces are known to reduce smoking prevalence amongst employees.</td>
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<tr>
<td></td>
<td>Hertfordshire Health Improvement Service collects and collates data on the ages of all service users. This is compared to national data</td>
<td>A reduction in smoking has overwhelmingly positive impacts on all communities and all ages and this is evidenced in extensive research.</td>
<td>Smokers who have been unable to quit smoking will benefit from the approaches recommended.</td>
</tr>
<tr>
<td></td>
<td>The number of under 18-year olds attended a local stop smoking service and set a quit date was 63 in 2016/17 and 46 in 2017/18</td>
<td>The health benefits of stopping smoking or reducing smoking reduces future disease and disability.</td>
<td>Children and young people will benefit from the reduced visibility of smoking (denormalising smoking) and from helping adult smokers to quit.</td>
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<td></td>
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<td>xxix</td>
<td>Age appropriate interventions will be available to help young people to quit smoking. Hertfordshire Health Improvement Service was accredited with being ‘Young People Friendly in 2016.</td>
</tr>
<tr>
<td>Protected characteristic group</td>
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<tr>
<td>Disability</td>
<td>Hertfordshire Health Improvement Service was awarded ‘You’re Welcome’ (young people friendly accreditation) in 2016.</td>
<td>It is believed that there is no negative impact in relation to this particular protected characteristic. However, there are over 21,000 people with a learning disability in Hertfordshire and this will mean ensuring our interventions are appropriately targeted. Staff with disabilities who smoke may not be able to leave the grounds safely during a designated break to smoke.</td>
<td>Officers will monitor data and potential breaches to the Smokefree policy and identify any groups who would benefit from more targeted stop smoking support.</td>
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<td></td>
<td>Stopping smoking, protecting others from second-hand smoke and reducing smoking has overwhelmingly positive impacts on all communities and this is evidenced in extensive research.</td>
<td>It is believed that the actions identified within this Smokefree policy will not have a negative impact on this particular characteristic and encouraging people with disabilities to stop smoking will have a positive impact on their health and wellbeing. People with disabilities related to smoking-related long-term conditions will be positively affected. Targeted approaches for people with long term conditions are outlined in Hertfordshire’s Tobacco Control Strategic Plan. People with mental health conditions will benefit from the Smokefree Policy and toolkit and from the actions identified in the</td>
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<tr>
<td>Protected characteristic group</td>
<td>What do you know? What do people tell you?</td>
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<tr>
<td>Gender reassignment</td>
<td>There is evidence that transgender people smoke more heavily than non-transgender counterparts. It is felt that tobacco is a particular issue for transgender people and reducing harm.</td>
<td>There is evidence that transgender people smoke more heavily than non-transgender counterparts. It is felt that tobacco is a particular issue for reducing harm.</td>
<td>Smokefree workplace policies and other targeted approaches to tobacco are likely to be of benefit to this group known to have a higher smoking prevalence than others.</td>
</tr>
</tbody>
</table>

Intensive and flexible behavioural support, as well as telephone support, is readily available as well as support to quit at home if housebound. Smoking cessation materials are available in a range of media for those with disabilities and learning disabilities.

Staff who are registered with disabilities who are not able to go off site to smoke during their designated unpaid break, may complete an individual risk assessment and be permitted to smoke on site during their designated unpaid break.

Its impact will be monitored, and action will be taken to address any other identified issues.

Council’s Tobacco Control Strategic Plan and associated action plans. Intensive and flexible behavioural support, as well as telephone support, is readily available as well as support to quit at home if housebound. Smoking cessation materials are available in a range of media for those with disabilities and learning disabilities.

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Staff who are registered with disabilities who are not able to go off site to smoke during their designated unpaid break, may complete an individual risk assessment and be permitted to smoke on site during their designated unpaid break.

Its impact will be monitored, and action will be taken to address any other identified issues.
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<tr>
<td>Pregnancy and maternity</td>
<td>Smoking in pregnancy is the single most important risk factor for an adverse pregnancy outcome including still birth and death in the first year of life. Pregnant women who continue to smoke throughout their pregnancy often feel guilty and fear stigmatisation.</td>
<td>Reducing smoking will bring significant positive impacts&lt;sup&gt;xxxv&lt;/sup&gt; Targeted smokefree workplace interventions will have a positive impact on all pregnant women and pregnant women who smoke will be offered intensive help and support to quit smoking. Reducing smoking in pregnancy is a key priority in Hertfordshire’s Tobacco Control Strategic Plan 2019-2022&lt;sup&gt;xxxvi&lt;/sup&gt; The Councils Smokefree Policy is likely to impact positively on pregnant smokers and their babies.</td>
<td>Data for stop smoking services in Hertfordshire continually show how stop smoking services reach and support pregnant smokers and their partners. There are bespoke award-winning resources available to promote stopping smoking in pregnant women and their families. Specialist stop smoking services are available and promoted across the county for pregnant women and their partners who smoke and public health works with a range of partners to identify and refer pregnant smokers and their families.</td>
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<tr>
<td>Protected characteristic group</td>
<td>What do you know? What do people tell you?</td>
<td>What does this mean – what are the potential impacts of the proposal(s)?</td>
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<td>From tobacco will bring health benefits&lt;sup&gt;xxxiii&lt;/sup&gt;</td>
<td>transgender people and reducing harm from tobacco will bring health benefits&lt;sup&gt;xxxiv&lt;/sup&gt;</td>
<td>without this characteristic. Notwithstanding that it is believed that the recommendations made in the Smokefree policy will not have a negative impact on this particular characteristic, its impact will be monitored, and action will be taken to address the identified issues.</td>
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<tr>
<td>Protected characteristic group</td>
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<td>Specialist stop smoking support and access to free medication is available to the Council’s employees, pregnant women and their families who smoke. This may be delivered within the workplace, community venues or by telephone. The training offered to key partners highlights how women feel about smoking and gives them the skills and resources to be able to address the dangers of smoking in a sensitive manner. Nicotine replacement therapy is available for pregnant smokers who are unable to quit smoking without it. Evidence on the relative risks of electronic cigarettes is also widely shared.</td>
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<td>Race</td>
<td>In 2018-19, 83% of the 6,229 smokers who set a quit date identified themselves as white – British; 455 smokers identified themselves as Eastern European and 86 as white Irish (the next highest category).</td>
<td>Smoking prevalence and oral tobacco use is higher in some Black and Minority Ethnic and eastern European communities. Some Black and Minority Ethnic communities may find difficulty</td>
<td>The actions identified within this Smokefree Policy will have a positive impact on BAME groups affected by tobacco use. Targeted work-place interventions to discourage smoking and promote</td>
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<tr>
<td>Protected characteristic group</td>
<td>What do you know? What do people tell you?</td>
<td>What does this mean – what are the potential impacts of the proposal(s)?</td>
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<td>In terms of staff ethnicity, 79% of respondents to the staff survey were White British, 2% were Black British African, 1% Black Caribbean, 1% White Irish, and 3% White Other. 12% of respondents opted not to say smoking prevalence and oral tobacco use is higher in some Black and Minority Ethnic and eastern European communities. Some Black and Minority Ethnic communities may find difficulty giving up smoking or oral tobacco use due to cultural reasons.</td>
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<td>giving up smoking or oral tobacco use due to cultural reasons.</td>
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<td>quitting is likely to have a positive impact on people with this protected characteristic. Flexible, free specialist stop smoking support is available to all staff members and advisers from the some of the communities affected by tobacco use are employed by Hertfordshire Health Improvement Service. The recommendations made in this policy statement are likely to benefit those BAME groups who are known to be heavier and more addicted smokers. Interpretation services are available for service users who require them as are materials in different languages.</td>
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<tr>
<td>Religion or belief</td>
<td>It is believed that there is no negative impact in relation to this particular protected characteristic. Reduction in smoking and second-hand smoke has overwhelmingly positive impacts on all communities and this is evidenced in extensive research.</td>
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<td></td>
<td>It is believed that there is no negative impact in relation to this particular protected characteristic. A reduction in smoking and second-hand smoke has overwhelmingly positive impacts on all communities and this is evidenced in extensive research.</td>
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<tr>
<td></td>
<td>Notwithstanding that it is believed that this Smokefree Policy will not have a negative impact on this particular characteristic, its impact will be monitored, and action will be taken to address the identified issues.</td>
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<tr>
<td>Sex/Gender</td>
<td>Slightly more women accessed stop smoking services service compared to men in 2018/19 (52% and 48%</td>
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<td>Similar numbers of men and women now smoke, but women tend to start at an earlier age and find it harder to quit smoking.</td>
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<td></td>
<td>Notwithstanding that it is believed that this Smokefree Policy will not have a negative impact on this particular characteristic, its impact</td>
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<tr>
<td>Protected characteristic group</td>
<td>What do you know? What do people tell you?</td>
<td>What does this mean – what are the potential impacts of the proposal(s)?</td>
<td>What can you do?</td>
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<tr>
<td>respectively) which is in line with county’s population (51% female and 49% male).</td>
<td>It is believed that there is no negative impact in relation to this particular protected characteristic. Reduction in smoking and second-hand smoke has overwhelmingly positive impacts on all communities.</td>
<td>will be monitored, and action will be taken to address the identified issues.</td>
<td></td>
</tr>
<tr>
<td>Of the 510 respondents to the Smokefree and vaping consultation, 66% of respondents identified as female, 25% as male, and the remaining as ‘other’ or unstated, or transgender. This is in line with the demographics of the council’s workforce.</td>
<td></td>
<td>Targeted actions will be taken to ensure that women and transgender people are encouraged and supported to stop smoking.</td>
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<tr>
<td>According to Sexual orientation, UK: 2017 survey, 1.5% population of East of England identified themselves as LGBT. Hertfordshire Health Improvement Services does not capture data on sexual orientation. Of the 510 respondents to the staff survey, 81% described themselves as heterosexual; 2% as homosexual; 0.8% as bisexual, and 0.8% as pansexual. The remaining 15% preferred not to disclose.</td>
<td>There is evidence that lesbian, gay, bisexual and transgendered (LGBT) people smoke more heavily than heterosexual individuals. Smokers with HIV are particularly vulnerable to the effects of smoking and are more likely to die prematurely from a tobacco-related condition than from AIDS. There will be no negative impact on people with this protected characteristic.</td>
<td>Public health works with a range of partners who engage with this community and stop smoking services are promoted within LGBT groups and sexual health services. Notwithstanding that it is believed that the recommendations made in this Smokefree policy will not have a negative impact on this particular characteristic, its impact will be monitored, and action will be taken to address the identified issues.</td>
<td></td>
</tr>
<tr>
<td>Protected characteristic group</td>
<td>What do you know? What do people tell you?</td>
<td>What does this mean – what are the potential impacts of the proposal(s)?</td>
<td>What can you do?</td>
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</table>
| **Marriage and civil partnership** | 27% of single people smoke, compared to 14% of married people.  
Data is not captured about this characteristic within local stop smoking services. | It is believed that there is no negative impact in relation to this particular protected characteristic. A reduction in smoking and second-hand smoke has overwhelmingly positive impacts on all communities and this is evidenced in extensive research. | Notwithstanding that it is believed that the recommendations made in this Smokefree Policy will not have a negative impact on this particular characteristic, its impact will be monitored, and action will be taken to address the identified issues. |
| **Carers** | Nearly 10% of Hertfordshire residents provide unpaid care.  
403 unpaid home carers accessed the stop smoking service in 2017-18. This represented 6% of the total service users. | Carers may find it difficult to give up smoking through traditional means due to caring commitment. It is not known how many people who smoke have caring responsibilities. | This Smokefree Policy recognises the needs of vulnerable groups, including the needs of carers. Smokefree workplace policies that encourage smokers to quit will benefit carers. Helping and supporting carers to quit smoking benefits them and the person they care for and will help them to quit in the long term. Telephone support as well as support to quit at home is available if housebound. As well as at work, services are also available in all local communities at a variety different times to suit carers’ needs. |
| **Other relevant groups**  
Consider if there is a potential impact (positive or negative) on areas such as | | | |
<table>
<thead>
<tr>
<th>Protected characteristic group</th>
<th>What do you know? What do people tell you?</th>
<th>What does this mean – what are the potential impacts of the proposal(s)?</th>
<th>What can you do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>health and wellbeing, crime and disorder, Armed Forces community.</td>
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</table>

**Opportunity to advance equality of opportunity and/or foster good relations**

This Smokefree policy will:

- Continue to reduce the burden of ill-health at work due to smoking, which falls predominantly on people in routine and manual workers, women, lesbian, gay, bisexual and transgendered people, some black and minority ethnic communities and people with mental health conditions.xli

- Reduce the economic burden of smoking on those least able to afford itxliii

- Prioritise actions to reduce smoking prevalence in lower socio-economic groups and smokers with protected characteristics known to smoke more heavily.

**Conclusion of your analysis and assessment**

<table>
<thead>
<tr>
<th>OUTCOME AND NEXT STEPS</th>
<th>SUMMARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. No equality impacts identified - No major change required to proposal</td>
<td></td>
</tr>
</tbody>
</table>
### ii. Minimal equality impacts identified
- Adverse impacts have been identified, but have been objectively justified (provided you do not unlawfully discriminate)
- Ensure decision makers consider the cumulative effect of how a number of decisions impact on equality
- No major change required to proposal

Minimal equality impacts identified as the EqIA identifies mitigating actions related to various protected characteristics.

Reducing tobacco-related health inequalities is the key ambition of this revised Smokefree Policy. The Policy will have a positive impact across all 9 protected characteristics. The implementation of the Policy will benefit those most at risk of inequalities and the mitigating actions identified above will better advance equality.

### iii. Potential equality impacts identified
- Take 'mitigating action' to change the original policy/proposal, remove barriers or better advance equality
- Set out clear actions in the action plan in section 4.

### iv. Major equality impacts identified
- The adverse effects are not justified, cannot be mitigated or show unlawful discrimination
- You must stop and remove the policy [you should consult with Legal Services]
- Ensure decision makers understand the equality impact
4. **Prioritised Action Plan**

<table>
<thead>
<tr>
<th>Impact identified and group(s) affected</th>
<th>Action planned</th>
<th>Expected outcome</th>
<th>Measure of success</th>
<th>Lead officer and timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor and review local implementation plan</td>
<td>Work with partner organisations to implement the Policy with particular reference to vulnerable groups and people with protected characteristics. Review action plan quarterly to assess equality impacts with the local organisations responsible for implementation of the policy</td>
<td>Improved data collection regarding protected characteristics. Continued delivery of stop smoking services across Hertfordshire, particularly in staff groups at greater risk of health inequality.</td>
<td>Number of people accessing services identified under any one of the protected characteristics. Number of people with protected characteristics (if known) found to be in breach of the policy</td>
<td>Elizabeth Fisher, Head of Provider Services. June 2021</td>
</tr>
<tr>
<td>Service user information according to age/ethnicity/sexual orientation and gender reassignment</td>
<td>Look at service user information collected through the Public Health database</td>
<td>Service user information according to age/ethnicity/sexual orientation/disability and gender reassignment data collected in accordance what is inputted on the Public Health database</td>
<td>Number of people accessing services identified</td>
<td>Elizabeth Fisher, Head of Provider Services. June 2021</td>
</tr>
<tr>
<td>Monitor mitigating actions through Hertfordshire’s Tobacco Strategic Plan</td>
<td>Review Hertfordshire’s tobacco control strategic plan action plan quarterly to assess equality</td>
<td>Improved actions to address tobacco harm to people with</td>
<td>Smoking prevalence in people with any one of the protected</td>
<td>Elizabeth Fisher, Head of Provider Services.</td>
</tr>
</tbody>
</table>
impacts with the local organisations responsible for implementation of the tobacco control strategic plan.

Revision of future EqIAs, taking account of mitigating actions and impacts.

protected characteristics

characteristics (where known) and the number of people accessing services identified under any one of the protected characteristics.

June 2021

This EqIA has been signed off by:

Lead Equality Impact Assessment Officer: Elizabeth Fisher
Head of Service or Business Manager: Elizabeth Fisher
Review date: June 2021

Date: TBC
Date: 29 June 2020

Please now send the completed EqIA to equalities@hertfordshire.gov.uk
Please also ensure that the EqIA is referenced in and included as an appendix to reports to Management Boards Cabinet Panels and Cabinet so that decision makers can consider equality impacts before making decisions.


xii Action on Smoking and Health (ASH) Smoking and Health Inequalities. Available at: http://ash.org.uk/current-policy-issues/health-inequalities/smoking-and-health-inequalities


xiv Hertfordshire’s Tobacco Control Strategic Plan 2019-2022. Available at: https://www.hertfordshire.gov.uk/services/health-in-herts/professionals/smoking-professionals.aspx#strategies


xviii Health and Social Care Information Centre (2013) Primary Care Data. Available at: http://www.hscic.gov.uk/hospital-care

xix http://www.lho.org.uk/LHO_Topics/National_Lead_Areas/NationalSmoking.aspx


xxii Royal College of Physicians and Royal College of Psychiatrists (2013) Mental Health and Smoking. Available at: https://www.rcplondon.ac.uk/sites/default/files/smoking_and_mental_health_-_key_recommendations.pdf

xxiii The Smoking in Pregnancy Challenge Group. Available at: Smoking in Pregnancy Challenge Group


xxv NICE (2013) Tobacco harm-reduction approaches to smoking NICE public health guidance 45. Available at: http://www.nice.org.uk/guidance/ph45


xxx National Institute for Health and Clinical Excellence (2013) Tobacco: harm reduction approaches to stopping smoking. Available at: https://www.nice.org.uk/guidance/ph45


x (2012) Meads, C., Carmona, C. and Kelly, MP., Lesbian, gay and bisexual people's health in the UK: A theoretical critique and systematic review, Diversity in Health and Care 9 (1) : 19-32


## Implementation - Risks and Mitigating Actions

<table>
<thead>
<tr>
<th>Workstream</th>
<th>Nature of Risk</th>
<th>Description of potential risk</th>
<th>Mitigating actions/controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy</td>
<td>Smokefree Policy and toolkit are not approved by Cabinet</td>
<td>Proposed policy is not signed off by elected members</td>
<td>The Smokefree Policy and toolkit have been developed with input from the Smokefree Implementation Group which represented the views of all departments, had trade union and employee representation and following a staff survey which highlighted the views of smokers as well as the dissatisfaction with the current policy by others.</td>
</tr>
<tr>
<td>Policy</td>
<td>Breach of Policy</td>
<td>Policy is not rigorously implemented</td>
<td>Public Health will monitor implementation and ensure that comms and marketing reach all stakeholders and staff prior to implementation. Facilities and estates identified as the staff group to identify and deal with breaches in the grounds. The Head of Facilities Management has extensive experience of implementing Smokefree policies in other organisations and will support the implementation of this policy. All managers to be responsible for their own team's behaviour and ensuring that only designated unpaid breaks are used for smoking or vaping. Public Health will train all managers and estates and facilities staff on how to discuss smoking/breaches of the policy and how to enforce without conflict.</td>
</tr>
<tr>
<td>Estates</td>
<td>Vast number of properties</td>
<td>There are 400 council premises all on various agreements, leasing, owned, rented out. Limited powers to change policy in pre-existing contracts and within the legal framework.</td>
<td>Exclude premises out of scope like farm buildings, waste land and rented property that have no staffing associations with HCC.</td>
</tr>
</tbody>
</table>
It has been identified that some premises are out of scope: The County Council cannot change contracts legally and without undue effort from legal and contracting teams.

<table>
<thead>
<tr>
<th>Policy</th>
<th>Breach of Policy</th>
<th>It is highlighted in the recommendations for PHP Cabinet Panel and Cabinet.</th>
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<tbody>
<tr>
<td>Policy</td>
<td>Breach of Policy</td>
<td>Managers do not manage staff smoking breaks in line with the policy</td>
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<td>Comms to managers will be clear regarding actions to take if staff do not adhere to policy by take smoking or vaping breaks outside of designated unpaid time. Comms to staff and all stakeholders will include the offer of free help and support to quit smoking and tobacco harm reduction advice. Managers will be offered training and support on how to discuss the Smokefree Policy and toolkit with staff.</td>
</tr>
<tr>
<td>Policy</td>
<td>Breach of Policy</td>
<td>Staff, visitors, contractors do not comply with the policy</td>
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<tr>
<td></td>
<td></td>
<td>Signage will be very clear to all. Communication to all service users, staff and contractors will be clear prior to implementation. Policy will be built into JDs and new starter information. Contractors will be contractually obliged to comply with the Policy (e.g. Serco; Herts for Learning; Ringway). Staff and other stakeholders who smoke will be given every support to quit smoking prior to implementation. There will be support of mass media campaigns to quit smoking such as Stoptober and New Year’s Day. Those who do not want to quit smoking will be given tobacco harm reduction advice.</td>
</tr>
<tr>
<td>Policy</td>
<td>Breach of Policy</td>
<td>There is 'policy drift' after implementation and staff start smoking on HCC sites once more</td>
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<tr>
<td></td>
<td></td>
<td>There is a clear breach protocol in the policy, in which, following advice and guidance on the policy, and the offer of support to quit, disciplinary action will be taken against persistent offenders as with any other breach of HCC policy.</td>
</tr>
<tr>
<td>Policy</td>
<td>Complaints</td>
<td>Potential complaints from neighbours and residents close to the HCC estate</td>
</tr>
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</tr>
<tr>
<td>Policy</td>
<td>Complaints</td>
<td>HCC departments who use HCC premises for commercial purposes receive complaints</td>
</tr>
<tr>
<td>Policy and Guidance</td>
<td>Confusion</td>
<td>Vaping is confused with smoking on site</td>
</tr>
<tr>
<td>Policy</td>
<td>Lack of enforcement at satellite sites</td>
<td>Policy is not implemented on ‘less visible’ sites</td>
</tr>
<tr>
<td>Policy and guidance</td>
<td>Risks to service users if required to go off site to smoke</td>
<td>There are specific risks to the implementation of the policy in some areas (where it may pose a risk to service users)</td>
</tr>
<tr>
<td>Policy</td>
<td>Complaints</td>
<td>Staff complain about the proposed policy to managers and elected members</td>
</tr>
<tr>
<td>Planning</td>
<td>Negative Influencing Factor</td>
<td>Concerns about impact on staff with disabilities who cannot go off site</td>
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<tr>
<td>Welfare</td>
<td>Welfare</td>
<td>Worries about staff being faced with verbal abuse / aggression when challenging smokers on site</td>
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<tr>
<td>Welfare</td>
<td>Welfare</td>
<td>Staff may see vaping being allowed on site as unfair</td>
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