



Report of: **Corporate Director of Public Health**

Meeting of:	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	12 March 2014	B5	All

		Non-exempt	
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SUBJECT: Tobacco Control in Camden & Islington

1.0 Synopsis:

This report summarises the outcomes and proposed next steps from the recent stakeholder event '*Towards a Smoke-Free future in Camden and Islington*'. The event was held on 13th February 2014 and focussed on identifying key priorities and objectives for future tobacco control programmes in Camden and Islington, as well as exploring the potential for joint approaches to tobacco control across both boroughs.

2.0 Recommendations:

The Health and Wellbeing Board is asked to:

- NOTE the development a joint tobacco control programme and action plan for Camden and Islington, and that this action plan will include an early appraisal of the potential governance/partnership arrangements required to oversee and drive forward delivery of such a joint programme.
- NOTE that a paper setting out the proposed governance arrangements for tobacco control across Islington and Camden, together with an agreed tobacco control programme and action plan will come to the next meeting of the HWBB for discussion and agreement.

3.0 Background

3.1 Cigarettes have been described as “the deadliest artefact in the history of human civilization” - more people died of tobacco in the 20th century than in World War One and World War Two combined. Today, tobacco use is the leading cause of preventable death and illness. Half of all long-term smokers will die of a smoking-related disease and 100,000 people die of tobacco every year in the UK. That is more than twice the total number which die from alcohol, illegal drugs, road traffic accidents, obesity and HIV. For every death caused by smoking, there are approximately 20 smokers suffering from a smoking-related disease, many of which cause substantial disability. Moreover, smoking is the leading cause of health inequalities, accounting for more than half the difference in life expectancy between our least and most deprived communities.

3.2 While Stop Smoking Services play an important role in reducing smoking prevalence and tobacco-related harm, smoking cessation services and support need to be set within the context of a wider programme of work focused on tobacco control, drawing on a range of influences and levers to reduce smoking prevalence and the harms caused by tobacco use. Examples of tobacco control interventions include, but are not limited to:

- raising awareness about the dangers of smoking amongst adults and young people;
- reducing the number of young people who take up smoking;
- taking action on illicit tobacco and the sale of tobacco to under 18s;
- preventing exposure to second-hand smoke, particularly in children;
- reducing the incidence of cigarette-related fires and litter; and
- enforcing Smokefree Legislation, Environmental Health and Trading Standards regulations.

4.0 Joint Camden & Islington Tobacco Control Stakeholder Event

4.1 Whilst there have been some differences in how tobacco control activities have been organised and coordinated historically in each of the two boroughs, the joint Camden and Islington public health team identified a high degree of commonality in tobacco control priorities and issues across the two boroughs, an interest amongst stakeholders in both boroughs in exploring a more joined up approach to tackling these shared issues, as well as potential opportunities for pooling resources, expertise and best practice to enhance tobacco control locally.

4.2 A joint Camden and Islington tobacco control stakeholder event was held on the 13th February 2014 in order to share good practice in tobacco control, to identify some clear short-medium term objectives for tobacco control across Camden and Islington, and to start to develop a joint work programme.

4.3 The event was opened by the Lead Members for Health and Wellbeing in both boroughs, Councillor Janet Burgess and Councillor Pat Callaghan, and was attended by officers and stakeholders from a range of service areas and agencies, including community safety, trading standards, public protection, children’s services, public health, Whittington Health and Public Health England.

4.4 A summary of the key discussion points from the stakeholder event and the outline of an emergent action plan are included at Appendix 1.

5.0 Next Steps

5.1 The stakeholder event highlighted significant enthusiasm for and recognition of the value of taking a more joined up approach to tobacco control activities across Camden and Islington. The following three broad areas emerged as the key focus for any future joined up approach:-

- Closing gateways in – stopping people from taking up smoking
- Helping people out – supporting people to quit
- Protecting our communities – reducing the damage to our communities caused by tobacco

5.2 The ideas and outputs from the stakeholder event will be developed into a robust tobacco control programme and more detailed action plan for agreement and delivery in Camden and Islington, with clear, measurable outcomes and milestones for delivery. A key early action within that approach will be to develop and review options for the future organisation and governance of a joint tobacco control programme across both boroughs, including how any joint arrangement, such as a Camden and Islington tobacco control alliance, might fit into Health and Wellbeing Board governance arrangements in each borough. A paper setting out the proposed organisational and governance arrangements, together with the proposed tobacco control programme and action plan will be brought to the next meeting of the Islington Health and Wellbeing Board.

6.0 Implications

6.1 Financial implications:

Islington Council receives a ring-fenced Public Health grant from the Department of Health to fund the cost of its Public Health service. The current budget for 2013/14 is £24.74m with an increase for next year bringing the total funding for 2014/15 is £25.43m. The Council's Public Health expenditure must be contained entirely within the grant funded cash limit indicated above. If any additional pressures are incurred management actions will need to be identified to cover this. Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore not create a budget pressure for the Council.

6.2 Legal Implications:

The Council has a duty to take appropriate steps to improve the health of the people of Islington, such as smoking cessation (section 2B NHS Act 2006, inserted by section 12 Health and Social Care Act 2012). If the Council considers a step appropriate to improve public health, it must take that step, including providing information and advice about smoking, providing facilities for the prevention or treatment of illness (such as smoking cessation clinics), providing financial incentives to encourage individuals to adopt healthier lifestyles (for instance by giving rewards to people for stopping smoking during pregnancy), and providing assistance to help individuals minimise risks to health arising from their accommodation or environment.

6.3 Equalities Impact Assessment:

Smoking is the leading cause of health inequalities, accounting for half the difference in life expectancy between the most and least disadvantaged population groups in Islington. Smoking prevalence in Islington is between 21% and 24% (depending on different data sources), although there is variation in the prevalence of smoking by ward, age, gender, ethnic group and a range of other socio-demographic factors. Of all the interventions within the direct control of local authorities that can impact on life expectancy and health inequalities, reducing the harm caused by tobacco is not only the largest but potentially has

the most immediate impact. Actions taken to control tobacco and support people to stop smoking will be informed by an understanding of the differential impact and burden of tobacco on different population groups in Islington, and will be targeted and delivered in such a way as to minimise those health and other inequalities that are directly or indirectly caused by tobacco.

6.4 Environmental Implications

Tobacco is associated with a range of negative environmental impacts, including cigarette-related street litter and environmental (or secondhand) tobacco smoke. Activities to control tobacco, support people to stop smoking, and prevent people from taking up smoking should also reduce these negative environmental impacts. An environmental impact assessment has not been undertaken.

7.0 Conclusion and recommendations

Whilst the provision of high quality, accessible stop smoking services is a core element of tackling tobacco-related harm, these services must be supported by assertive approaches to tobacco control in order to reduce smoking prevalence across the population as a whole. Indications from other areas in the country are that cross-borough approaches to tobacco control can be more effective than single borough approaches, and there is significant support for taking a joined up approach to tobacco control locally in Camden and Islington.

The Health and Wellbeing Board is asked to:

- NOTE the development a joint tobacco control programme and action plan for Camden and Islington, and that this action plan will include an early appraisal of the potential governance/partnership arrangements required to oversee and drive forward delivery of such a joint programme.
- NOTE that a paper setting out the proposed governance arrangements for tobacco control across Islington and Camden, together with an agreed tobacco control programme and action plan will come to the next meeting of the HWBB for discussion and agreement.

Background papers:

Appendix 1: Independent facilitator's report: Towards a Smoke-Free Future in Camden and Islington - notes of a stakeholder event, 13th Feb 2014

Signed by



Corporate Director of Public Health

Received by

Head of Democratic Services

Date

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Appendix 1:

Independent Facilitators Report of the 'Towards a Smoke-Free future in Camden and Islington' Stakeholder Event, 13th Feb 2014

1.0 Background, Objectives and Welcome

This is a summary of a report by the independent facilitator commissioned by Camden & Islington's Public Health team to run a half-day stakeholder event on the morning of 13 February 2014.

The event brought together staff from both Camden and Islington Councils, alongside professionals from other London boroughs and London-based agencies and organisations, including the Fire Service, Whittington Health and Public Health England, to discuss how best to progress tobacco control locally.

The following objectives had been agreed for the session:

- **To review the work already making a difference in terms of tobacco control;**
- **To hear about new ideas and initiatives from elsewhere in London;**
- **To set objectives for Camden and Islington in this area for the next 2-3 years; and**
- **To develop a programme of work with specific actions and outcomes for the next 12-18 months.**

Following a welcome from Cllr Janet Burgess (London Borough of Islington) and Cllr Pat Callaghan (London Borough of Camden), the attendees worked in groups to explore progress to date, objectives for the future and actions for the next 12-18 months.

2.0 Best Practice/ Opportunities for Learning

Cllrs Janet Burgess and Callaghan welcomed the attendees and expressed their pleasure at seeing staff from the two boroughs brought together around this important public health priority. They made specific reference to the costs of smoking, not just in terms of illness and premature death, but also with regards to the pain caused by the loss of a loved one and the impact on household (personal and family) budgets. They highlighted the overarching aim of the session was to develop a stronger joint approach to tobacco control across Camden and Islington.

Working initially in borough specific groups, attendees were invited to identify current initiatives relating to tobacco control that are having a positive impact on life expectancy and on smoking-related harms. The results of these discussions are summarised in table 1 below, with a number of agreed actions also indicated.

Table 1: Current Learning and Best Practice in Camden and Islington	
In Islington	In Camden
<p>We are having success with:</p> <ul style="list-style-type: none">• Targeted health checks – Health checks in Islington have focused on identifying and supporting those at greatest risk of cardiovascular disease (20% plus), which inevitably includes smokers. PH works with GPs to support delivery (1 in 6 checks turns up a disease).	<p>We are having success with:</p> <ul style="list-style-type: none">• Stop Smoking Service – working specifically alongside mental health services to support patients with SMI to quit.• Fixed Penalty Notices – (400 issued for littering outside stations) while their primary purpose may be to discourage littering they may have the effect of discouraging smoking• Use of statistics and campaigns to

<ul style="list-style-type: none"> • Drug-based treatment - Increasing willingness of GPs to use varenicline/Champix to help smoking-cessation. This is having a real impact: Islington has become the second best in London for smoking cessation. • Peer education - Secondary school pupils going into primary schools to talk to those at risk of starting smoking. • Public Protection work • Seizing non-duty tobacco • Targeting shisha 	<p>motivate/show scale of problem. E.g.</p> <ol style="list-style-type: none"> 1) Peer mentoring - 18% reduction forecast = 100 lives saved 2) Shisha campaign showing bottle is equivalent of 100 cigarettes <ul style="list-style-type: none"> • Shisha/Ramadan campaign – dissemination of Ramadan calendar with Shisha facts • Peer-led mentoring for Year 8 • Housing uses WISH referral service to direct residents to smoking cessation • Trading standards - looking at illicit shisha sales / niche tobacco products • Coordination between PH and Trading Standards
<p>Agreed actions:</p> <p>Camden team would like to know more about:</p> <ul style="list-style-type: none"> • Use of Champix • Peer education in schools. 	<p>Agreed actions:</p> <p>Islington team would like to know more about:</p> <ul style="list-style-type: none"> • Use of compelling statistics to sell message (e.g. how many lives saved) • Mental health aspects of stop-smoking work • Coordination between PH and Trading Standards • Ramadan calendar

3.0 Agreeing Medium Term Objectives and Associated Levers of Change

Participants then worked in mixed groups to identify a series of **medium term objectives (2014-17)**. The results of those discussions are summarised in Table 2 below.

Table 2: Objectives for 2014-17		
Objectives / indicators - success we can measure		Possible levers to achieve our objectives (to be reviewed and action plan developed)
<p><u>OBJECTIVE</u> 1 FEWER NEW SMOKERS</p>	<p>Fewer people taking up smoking of</p> <ul style="list-style-type: none"> • Cigarettes • E-cigarettes • Shisha • Illicit tobacco • Cannabis <p>Especially:</p> <ul style="list-style-type: none"> • Year 8s/children/young people • Shisha* <p>* BUT note relative harms: shisha use is small when compared to the 40,000</p>	<p>‘Inside and Out’ Campaign – an integrated campaign that shows the impact of smoking inside and out. A coherent set of messages that might include:</p> <ul style="list-style-type: none"> • issues of body image (the OUT) as well as health (the IN) • the impact of all types of smoking/tobacco use • Promoting the number of lives saved • Addressing E-cigarettes which threaten to undermine all the de-normalisation work done to date. • Awareness of the impact of shisha (where there is no age-restriction) • Signposting people to relevant services

	Camden tobacco smokers Increased life expectancy plus range of other health measures.	<ul style="list-style-type: none"> • Education programme for 17 – 24 year olds. • All agencies can unite behind • Delivery through a multi-agency approach, especially on enforcement (including Trading Standards and Police) and bringing in existing Smoke Free Alliance
<u>OBJECTIVE 2</u> MORE QUITTERS	<p>More people accessing the Stop Smoking Services and improved success rates.</p> <p>Particular focus on:</p> <ul style="list-style-type: none"> • pregnant women • homeless people • people from routine and manual occupations • BME groups • mental health service users • those diagnosed with a long-term condition, such as heart disease, COPD or diabetes. <p>Better understanding E-cigarettes and their effectiveness as quitting aids.</p> <p>More people understanding the dangers of shisha and illicit tobacco.</p> <p>Increased life expectancy plus range of other health measures.</p>	<p>Inside Out Campaign also to:</p> <ul style="list-style-type: none"> • Drive referrals to smoking cessation services (especially from agencies that currently do not refer), possibly using incentives • Include clear measures for reducing cannabis / shisha / underage smoking / illicit tobacco • Raise awareness of E-cigarettes and the extent of their effectiveness as quitting aids • Lobby for regulation of E-cigarettes and packaging for shisha
<u>OBJECTIVE 3</u> LESS RELATED HARM	<p>Fewer smoking-related fires.</p> <p>Better awareness of the impacts of others forms of tobacco on health</p> <p>Reduced impact of smoking on those with a range of pre-existing medical conditions sufferers</p>	<p>Work to reduce illicit / counterfeit cigarettes (currently 10% of cigarettes and 40% of rolling tobacco)</p> <p>Push smoking higher up the agenda – continued focus on smoking in quality-related healthcare payments (especially CQINS and Quality Premium)</p>

4.0 Good practice examples from elsewhere

Robert Gardner (London Borough of Lambeth) described the cross-borough approach being taken in Lambeth and Southwark. In addition he highlighted that in South London, there is now a consortium of five boroughs including Lambeth working with HMRC on illegal tobacco and shisha. It was estimated that 15-20% of smoking consumption was of illegal tobacco. The consortium approach had been instrumental in securing support from Customs. Robert Gardner added that Trading Standards departments tended to be small with shrinking/vulnerable budgets. Robert felt it important to persuade Public Health colleagues – whose budget was ring-fenced – to support the work of Trading Standards.

Verena Thompson and Kate Alley (LB Camden & Islington) also reported on a number of ideas from other boroughs:

- **Wandsworth** – Parents have been recruited as Smokefree Champions and Stop Smoking Advisors in Children’s Centres. They have been effective as advisors and the initiative offers a route into employment for some parents.
- **Enfield** – Trialling the idea of incentive vouchers for smokers who have received fixed penalty notices for smoking-related litter. Smokers are rewarded with shopping vouchers if they successfully stop smoking using the Stop Smoking Service.

5.0 An emerging project plan 2014/15

In the final session, participants were invited to join one of three tables, to start to develop an outline joint Project Action Plan which is set out in Table 3 below.

Table 3 DRAFT Outline Project Plan for a Smoke Free Future in Camden & Islington 2014-15

Overarching aim - We are doing this is to improve overall health and life expectancy in Camden and Islington by:

- (a) **Reducing the number of people using tobacco in all its forms** (including cigarettes, shisha, cannabis, E-cigarettes and illicit/counterfeit tobacco)
- (b) **Increasing the number of people quitting tobacco use in all its forms** (including cigarettes, shisha, cannabis, E-cigarettes and illicit/counterfeit tobacco)
- (c) **Reducing the related harm done to the communities of Camden and Islington by tobacco**
- (d) **To make the best use of our resources by working together and in partnership with others**

FOCUS FOR 2014/15	AGREED ACTIONS
<p>CLOSING THE GATEWAYS IN – stopping people from taking up smoking</p>	<p>In the next 12 – 18 months we will explore and progress the following:</p> <ul style="list-style-type: none"> • Every school having an ASSIST or Peer mentor programme. • Social media campaign designed by young people (16-20). • Evaluation – how do we properly assess progress in terms of prevalence - annual prevalence survey? • Updating tobacco and drugs education materials in schools to include information on E-cigarettes and shisha • General campaign on shisha so parents and young people understand the risks • Working with premises to reduce smoking outside (part of de-normalisation). • Increasing the number of smoke-free playgrounds
<p>HELPING PEOPLE OUT – helping smokers quit</p>	<p>In the next 12 – 18 months we will explore and progress the following:</p> <ul style="list-style-type: none"> • Equity of access to smoking cessation: ensure all GPs are referring and work with Children’s Centres and pharmacy referral schemes • Keeping track of people who have already been referred to smoking cessation but dropped out – invite them back • Making every contact count – all public sector employees who deal with residents (e.g. housing, benefits) to signpost clients to smoking cessation where relevant • Taking services/information into new venues (e.g. supermarkets, registrar offices) • Focusing on maternity and post-natally –(increased risk of early death/cot death in smoker households). • Ensure CQINS are in place across the board.
<p>REDUCING RELATED HARM – reducing the community damage done by smoking</p>	<p>In the next 12 – 18 months we will explore and progress the following:</p> <ul style="list-style-type: none"> • Cross-borough approach to tackle illegal tobacco and shisha • Consider a multi-borough approach to encourage greater involvement from Customs (+ Hackney, Haringey, Westminster?) • Increasing intelligence on who is supplying – from new/different sources (e.g. caretakers, street-based offices, housing etc.) • Hotline / Facebook page where people can give information on illegal supply? • Making people aware that illicit tobacco is more likely to cause a fire (PHE to provide relevant statistics by May) • Fire safety checks – multi-agency shared ambition with enforcement • Raising awareness of the links between cannabis and tobacco. Cannabis messages should include tobacco. If someone is stopped for cannabis, given them smoking information. • Make better use of excellent work by Drs Restrict and Stern at Whittington on tobacco and on cannabis- doing work on cannabis/lung disease link • Raising awareness of and maximise the impact of fixed penalty notices as behaviour-change incentives

6.0 Conclusion and Next Steps

Julie Billett, Joint Director for Public Health for Camden & Islington thanked the participants for attending, for the ideas and energy they had contributed, and the clear enthusiasm they had shown for joint working. She proposed that the two Councils continue to work together to secure some quick wins in terms of the actions identified during the meeting. Additionally there should be consideration of the governance arrangements for this joint work, which could range from partnership on individual projects to more formal arrangements and a joint tobacco control alliance.