



Report of: The Director of Public Health

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	16 th July 2014	Item	All

Delete as appropriate	Exempt	Non-exempt

SUBJECT: Tobacco Control in Camden & Islington

1. Synopsis

This report provides an update on the next steps and proposed actions following on from the 'Towards a Smoke-Free Future in Camden and Islington' event, which was held on February 13th 2014. It sets out the priorities, objectives and activities for tobacco control across Islington and Camden for the next 2 years, and outlines the planned governance arrangements.

2. Recommendations

The Health and Wellbeing Board is asked to:

- NOTE the priorities and planned actions for tobacco control in Islington, including joint activities with Camden
- AGREE the proposed partnership and governance arrangements for tobacco control across Camden and Islington.

3. Background

- 3.1 There is a high degree of commonality in tobacco control priorities and issues across Camden and Islington, 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.

- 3.2 A joint Camden and Islington tobacco control event was held on the 13th February 2014, attended by a range of officers and stakeholders from a range of service areas and agencies, including community safety, trading standards, public protection, children's services, public health, the fire service, Camden and Islington Clinical Commissioning Groups, Public Health England and local providers of stop smoking services.
- 3.3 The purpose of the event, opened by the Lead Members for Health and Wellbeing in both boroughs, was to share good practice in tobacco control from across the two boroughs and from further afield, to scope out some shared priorities and short-medium term objectives for tobacco control across Camden and Islington, and to start to develop a joint work programme.

4.0 Tobacco Control Priorities and Actions in Islington and Camden, 2014-2016

4.1 Participants at the workshop in February identified three broad areas of focus for future tobacco control activities in Camden and Islington. These objectives and first wave actions are summarized below.

- *Closing Gateways In.* Key actions to ensure that children, young people and families remain aware of the dangers of smoking and exposure to secondhand smoke, and to prevent and deter take up among young people

4.1.1 Actions identified include working with local businesses to reduce the number of smokers seen smoking within the vicinity of their workplace, building on the pilot to increase the number of smokefree playgrounds, and updating drug education materials for use in schools to include information on e-cigarettes and shisha.

- *Helping People Out.* Key actions to support smokers to quit, ensuring a focus on those most at risk of poor health or health inequality.

4.1.2 Actions identified include working with maternity, primary and secondary care to improve referral pathways for smokers that are pregnant or are living with long term conditions, re-engaging smokers lost to follow up or those not successful from their first quit attempt to try again, and improving the quality of cessation support through training and performance reviews

- *Protecting our Communities.* Key actions to achieve a cleaner environment and to disrupt illegal sales and enforce smokefree legislation.

4.1.3 Actions identified include promoting the new guidance on tobacco display and under age sales (including e-cigarettes) to retailers, working with partners to identify and target premises regarding non duty paid tobacco and shisha, and using fixed penalty notices for cigarette littering as an opportunity to promote local cessation support

4.2 Stakeholders agreed that priority would be given to working up and implementing actions identified under both *Closing Gateways In* and *Protecting our Communities*, in order to develop a shared tobacco control programme aimed at reducing smoking prevalence and motivating smokers to quit in Camden and Islington, alongside establishing clear partnership arrangements for joint working across both boroughs. A draft action plan is appended.

5.0 Tobacco Control Governance for Camden and Islington

- 5.1 Building on the model of a multi-agency partnership for tobacco control that has been running in Islington for several years, it is proposed that a joint *Camden & Islington Tobacco Control Alliance* is established to raise the profile of tackling tobacco locally, and to oversee the development and delivery of an ambitious programme of tobacco control activities. It will meet 4 times a year and will be chaired by the Assistant Director for Public Health with lead responsibility for tobacco control across Camden and Islington, with membership from across the range of local services and agencies that contribute to reducing tobacco-related harm. It is not proposed that the Alliance be established as a formal sub-committee of the Health and Wellbeing Board in both boroughs, but regular progress reports will be provided to both Boards and key issues flagged via the Director of Public Health.
- 5.2 It is envisaged that delivery of a shared Camden and Islington tobacco control plan, once agreed, will be taken forward through the establishment of task and finish groups reporting into the Alliance. In this way, operational efficiencies through sharing learning and best practice, and pooling resources where appropriate, will be maximized. The first meeting of the joint Camden and Islington Tobacco Control Alliance is planned for July 2014.

6. 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 Public Health grant amount for 2014/15 is £25.429m.

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 these.

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, nationally accounting for over half the gap in risk of premature death between social classes. Smoking prevalence in Islington is between 21% and 24%; in Camden it is between 17% and 20% (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 Camden and

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. Conclusion and reasons for recommendations

Tobacco remains the leading cause of preventable disease, disability and premature death in Camden and Islington, as well as the leading cause of health inequality between our least and most deprived population groups. Reducing the number of people who smoke and who take up smoking is an essential part of improving the health and wellbeing of Camden and Islington’s populations, as well as being key to tackling health inequalities. The proposed cross-borough approach to tobacco control with Camden will realise economies of scale, enable a more coordinated approach to cross-border issues, such as illicit tobacco, and provides an opportunity to reinvigorate and raise the profile of tobacco control in each borough, thereby increasing effectiveness.

7.1The Health and Wellbeing Board is asked to:

- NOTE the priorities and planned actions for tobacco control in Islington and Camden; and
- AGREE the proposal for a joint Tobacco Control Alliance across the two boroughs.

Background papers:

Appendix 1: Camden and Islington Tobacco Control Action plan

Attachments:

Final Report Clearance

Signed by



8th July 2014

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Julie Billett, Director of Public Health

Received by

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Head of Democratic Services

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Date

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