


Health and Wellbeing Board 10 th March 2015	
Report of the London Borough of Tower Hamlets	Classification: Unrestricted
Request for the Tower Hamlets Health and Wellbeing Board to sign up to the Local Government Declaration on Tobacco Control	

Lead Officer	Somen Banerjee
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Executive Key Decision?	No

Executive Summary

The use of tobacco in the borough harms both the individual and the wider community. It is the main cause of premature death and poorer health in our local residents.

Since 2007 the Borough has implemented a comprehensive tobacco control strategy working in partnership across health, social care, education and the voluntary sector to reduce tobacco use and subsequent harm. This partnership work has led to some of the most successful outcomes of any London borough in terms of cessation and tobacco control. The Tower Hamlets Tobacco Control Alliance continues to support and implement this strategy.

The Tower Hamlets HWB and represented parties now have the opportunity to enhance this work by signing up to the Local Government Declaration on Tobacco Control. NHS partners were also invited to sign the National NHS statement of support which is due to be launched at the Palace of Westminster on Feb 23rd 2015.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. To note the good progress that has been made in reducing the harm associated with tobacco use in Tower Hamlets.
2. To ask the Mayor, as the chair of the HWB to sign the Local Government Declaration on Tobacco Control.
3. Consider communication and publication opportunities where partners can demonstrate their commitment to the declaration.

1. REASONS FOR THE DECISIONS

- 1.1 The use of tobacco in the borough harms both the individual and the wider community. It is the main cause of premature death and poorer health in our local residents.
- 1.2 Tower Hamlets has amongst the highest rates of smoking in London and the highest use of smokeless tobacco.
- 1.3 This tobacco use costs the local community an estimated £71.1 million per year in terms of costs to the health service, loss of productivity, litter, anti-social behaviour and fire.
- 1.4 Tobacco continues to be both widely available and used in all sections of our local residents.
- 1.5 Most smokers start in their teens so targeting young people is a major priority for the tobacco industry as they replace smokers who have died or successfully stopped smoking. Young people from deprived areas are more likely to start smoking than their counterparts from more affluent areas.

2. ALTERNATIVE OPTIONS

- 2.1 To request each individual organisation who are members of the Health and Well Being Board to support the Declaration on Tobacco Control - however this is likely to take some considerable time and be duplicative.
- 2.2 Not to support the declaration.

3. DETAILS OF REPORT

BACKGROUND

What harm does tobacco cause?

- 3.1 Smoking is the principal cause of morbidity and mortality in the UK and is the major reason for the inequalities in death rates between rich and poor in the UK. This is particularly pertinent to Tower Hamlets which has high levels of deprivation and has a disproportionately high disease burden compared to England as a whole. It is one of the most important factors in health inequalities that persist in Tower Hamlets. Smoking is more common in deprived areas and is strongly associated with low educational attainment, unemployment, living in social housing, being illiterate in English and migration.
- 3.2 Preventing smoking in children and young people is an important public health measure to avoid the long term serious health consequences and premature death. Exposure to environmental tobacco smoke, passive smoking, is a

cause of bronchitis, pneumonia, coughing and wheezing, asthma attacks, middle ear infection and cot death.

- 3.3 Children living in the poorest households have the highest levels of exposure to secondhand tobacco smoke. About 30% of children live with at least one adult smoker, rising to 57% among low income families.
- 3.4 Cheap illicit tobacco is widely available in spite of regulations and this makes it easier for children and young people to become addicted to tobacco as age restrictions are circumvented and cost is more affordable.

What has been done locally to address harms?

- 3.5 Smoking rates in Tower Hamlets have reduced over the past few years with the overall adult smoking prevalence now estimated at 19.3%. However the prevalence for routine and manual groups remains higher at 22% and is a major reason for the borough's high levels of premature morbidity, mortality and account for the borough's health inequalities. 50% of all smokers die prematurely.
- 3.6 The Tower Hamlets Tobacco Alliance was formed in 2007 and was responsible for producing a comprehensive tobacco strategy to reduce smoking prevalence with programmes to promote smokefree environments, reduce the availability of illicit tobacco and provide quality accessible support services for smoking/tobacco cessation
- 3.7 Smoking cessations services are being provided across the borough; these have been integrated into care pathways and enhanced services in primary and secondary and mental health care settings. Community Health Care professionals and Outreach workers are tailoring and delivering services to those with high rates of smoking, but low access to mainstream services.
- 3.8 Illicit tobacco, contraband and counterfeit cigarettes, and underage sales are enforced by LBTH Trading Standards. Trading Standards monitors compliance and raises awareness of the age of sale for tobacco during routine visits to retailers and are introducing a 'Responsible Trader' scheme and regularly employ young test purchasers.
- 3.9 As a result of local actions and national legislation smoking prevalence in Tower Hamlets have reduced over the past few years. The percentage of adult is 19.3%; however this increases to 22% amongst routine and manual residents and is a major reason for the borough's high levels of premature morbidity, mortality and health inequalities. 50% of all smokers die prematurely.

What is the Local Government declaration?

- 3.10 The Declaration has been endorsed by: Public Health England; Public Health Minister; Chief Medical Officer; Association of Directors of Public Health;

Faculty of Public Health; Chartered Institute of Environmental Health, and; Trading Standards Institute.

- 3.11 The Declaration aims to ensure that there is clear local leadership on reducing smoking rates and that tobacco control is part of mainstream public health work. The Declaration includes a number of specific commitments for individual boroughs to sign up to:
- Reduce smoking prevalence and health inequalities
 - Develop plans with partners and local communities
 - Participate in local and regional networks
 - Support government action at national level
 - Protect tobacco control work from the commercial and vested interests of the tobacco industry
 - Monitor the progress of our plans
 - Join the Smokefree Action Coalition

What is Tower Hamlets already doing in relation to the declaration commitments?

- 3.12 *To reduce smoking prevalence and health inequalities* the borough commissions services to meet the needs of Tower Hamlets diverse population. Initiatives for the prevention of tobacco use are in place including a comprehensive programme of prevention (peer education, PHSE and national curriculum, cessation (school based services) and smokefree (enforcement and signage). We are also piloting a responsible trader scheme working with traders to help them understand why under age sales is significant alongside test purchasing on under age sales of tobacco.
- 3.13 *Develop plans with partners and local communities:* The Tower Hamlets tobacco control programme is delivered through partnership working with the CCG, Barts Health, ELFT, primary care and community groups, including joint commissioning of services.
- 3.14 *Participate in local and regional networks:* LBTH is an active member of the regional tobacco Network and is working with the Association of Directors of Public Health as the DPH sector led for tobacco to provide peer support across London in the delivery of tobacco strategies. We are also working in partnership with Waltham Forest and Newham on CQUINS for 2015/16 to improve the referral rates from secondary care into local stop smoking services.
- 3.15 *Support government action at national level:* LBTH has played an active part in the implementation of recent legislation e.g. standardised packing and smokefree cars. Letters of support have been sent to local MPs and the government from the Mayor of Tower Hamlets and the Tobacco Control Alliance.
- 3.16 *Protect tobacco control work from the commercial and vested interests of the tobacco industry:* LBTH is mindful of Article 5.3 on the Framework Convention

on Tobacco Control (FCTC) and follows recommendations from the NCSCT on reviewing prescribing practices.

- 3.17 Monitor the progress of our plans: The Tobacco Alliance is in the process of reviewing its works through the re submission of the CLear self-assessment and is developing an action plan to improve any potential gaps in service delivery.
- 3.18 Join the Smokefree Action Coalition: LBTH works actively with the SFAC, supporting their responses to consultations on latest Government policies, e.g. standardised packaging; smokefree cars.

What would we need to do differently if we signed up to the declaration?

- 3.19 Tower Hamlets already has a well-developed and fully funded programme of work that exceeds the requirements of the declaration. No additional work would need to be undertaken. However, by signing the declaration we would provide a communication opportunity to showcase the work that is already being undertaken by partners in Tower Hamlets.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1. There are no additional costs associated with signing up to the declaration on tobacco control, any communication costs to showcase work already being undertaken will be met from existing budgets.

5. LEGAL COMMENTS

- 5.1. The Health and Social Care Act 2012 conferred duties on the Council to improve public health, and transferred public health functions to local authorities from the former NHS primary care trusts. Under this Act, the Council must take such steps as it considers appropriate for improving the health of the people in their areas.
- 5.2. The Care Act 2014 places a duty on the Council to enable access to services and integrate with partners to prevent, reduce or delay needs for care and support. The accompanying Care and Support Statutory Guidance sets out how the Council should implement the Act in April 2015 and includes guidance on how preventive services should be provided.
- 5.3. The recommendations to note the good progress that has been made in reducing the harm associated with tobacco use in Tower Hamlets; ask the Mayor, as the chair of the HWB to sign the Local Government Declaration on Tobacco Control; and consider communication and publication opportunities where partners can demonstrate their commitment to the declaration, are consistent with the general policy, reflected in the Health and Social Care Act 2012, of giving HWBs responsibility for joint health and wellbeing strategies.
- 5.4. These recommendations are within the terms of reference of the HWB agreed by the Mayor in Cabinet on 4 December 2013, in particular:

- i) To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.
- ii) To consider and promote engagement from wider stakeholders.
- iii) To communicate and engage with local people on how they could achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing.
- iv) To have oversight of the quality, safety, and performance mechanisms operated by member organisations of the Board, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health. Areas of focus to be agreed from time to time by members of the Board as part of work planning for the Board.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1. Tobacco use is over represented in certain ethnic communities, in people with disabilities, LGBT people and in people from working class backgrounds. Tobacco use is a key factor in health inequalities and by implementing the declaration we will help to reduce inequalities.

7. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 7.1 Tobacco production is a resource intensive and environment degrading both during its production and its use through increased litter, anti-social behaviour and fires. Reducing the demand for tobacco products will have a positive impact on the environment.

8. RISK MANAGEMENT IMPLICATIONS

- 8.1. The tobacco industry has well-funded public affairs organisations that are likely to continue to seek a high level of scrutiny on tobacco control initiatives. Signing the declaration may temporarily increase the amount of FOI and related activity. However in the medium term referring to the declaration will assist in responding to such enquires.

9. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 9.1 The sale of illicit and counterfeit tobacco is a significant source of income for organised crime both locally and nationally, as well as being a major loss of revenue.
- 9.2 Under age sales of tobacco by retailers is likely to be an indicator of poor adherence to a range of legal and regulatory conditions.

9.3 By signing up to the declaration we commit to continuing the local work to address both illicit and underage sales which will have a positive impact on reducing the income of organised crime.

10. EFFICIENCY STATEMENT

10.1 There is no expenditure directly associated with signing up to the declaration. However, continuing to drive down the use of tobacco will result in large efficiencies gained through reducing the health and social care costs of smoking related diseases.

Appendices and Background Documents

Appendices

- Local Government Declaration

Background Documents

- NONE