

Subject:	Adoption of the Local Government Declaration on Tobacco Control (LGD)	Status:	For publication
Report to:	Council	Date:	26 th February 2015
Report of:	Principal Policy Officer	Portfolio Holder:	Housing and Environmental Health
Key Decision:	<input type="checkbox"/> Forward Plan <input checked="" type="checkbox"/>	General Exception	<input type="checkbox"/> Special Urgency <input type="checkbox"/>
Equality Impact Assessment:	Required:	Yes/No	Attached: Yes/No
Biodiversity Impact Assessment	Required:	Yes/No	Attached: Yes/No
Contact Officer:	Emma Hussain	Telephone:	01706 252451
Email:	emmahussain@rossendalebc.gov.uk		

1.	RECOMMENDATION(S)
1.1	That Council formally approves adoption of the Local Government Declaration on Tobacco Control and note the requirements on the Council in doing so.

2. PURPOSE OF REPORT

- 2.1 To seek Council approval to formally adopt the Local Government Declaration on Tobacco Control (LGD). See Appendix 1 for Declaration.

3. CORPORATE PRIORITIES

- 3.1 The matters discussed in this report impact directly on the following corporate priorities:
- **Regenerating Rossendale:** This priority focuses on regeneration in its broadest sense, so it means supporting communities that get on well together, attracting sustainable investment, promoting Rossendale, as well as working as an enabler to promote the physical regeneration of Rossendale.
 - **Responsive Value for Money Services:** This priority is about the Council working collaboratively, being a provider, procurer and a commissioner of services that are efficient and that meet the needs of local people.
 - **Clean Green Rossendale:** This priority focuses on clean streets and town centres and well managed open spaces, whilst recognising that the Council has to work with communities and as a partner to deliver this ambition.

4. RISK ASSESSMENT IMPLICATIONS

- 4.1 All the issues raised and the recommendation(s) in this report involve risk considerations as set out below:
- Although there is currently no financial risk associated with not adopting the declaration, there is a reputational risk, given the Council's role in relation to public health.

5. BACKGROUND AND OPTIONS

- 5.1 Tobacco related disease remains the single greatest cause of preventable deaths in England – killing over 80,000 people every year, more people each year than obesity, alcohol, road accidents and illegal drug use put together.
- 5.2 Children become aware of cigarettes at an early age, with 3 out of 4 children being aware of cigarettes before the age of five, irrespective of whether their parents smoke or not. Two

thirds of smokers start before the age of 18. If young people see smoking as part of everyday life they are more likely to become smokers themselves. National statistics reveal that children who live with smokers are twice as likely to smoke regularly compared to those living in non-smoking households.

- 5.3 Thousands of children also suffer harm as a result of smoking. The Royal College of Physicians estimates that each year over 300,000 visits to the GP are made by children as a result of second hand smoke. Cancer Research UK also estimates that 463 children in England start smoking every day.
- 5.4 Although smoking has fallen from 40% to 20% since 1980 there has been little change within our poorest communities and smoking is responsible for half the difference in life expectancy between the richest and poorest.

Rossendale respondents of the 2013 Young Persons Alcohol and Tobacco Survey shows that:

- Under half said they have never tried smoking (46%), however, when asked if they knew anyone who used tobacco 89% said they did.
- The majority were 15 (18%) or 12 (16%) years old when they started smoking.
- 21% said they get their cigarettes from their parent/guardian (21%) or a brother or sister over 18 (20%), 14% said they buy cigarettes themselves from the off licence.
- 36% said that they had brought or tried –electronic cigarettes.
- 18% said that they had tried or experimented with Shisha smoking.
- 21% said they tried smoking but did not like it
- 7% reported to smoke 6-10 cigarettes per day.

5.5 **Declaration Details**

The Declaration commits Councils 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

5.6 Adopting the Local Government Declaration will:

- Strengthen the Council's contribution to current tobacco control activity in the locality
- Enable the Council to work through local tobacco control partnerships to meet the threat posed by the growing availability of illicit and illegal tobacco products to the health of young people in Rossendale.
- Create opportunities for joint efforts to raise awareness of, and take action where required, on the use of niche tobacco products and e-cigarettes among young people in Lancashire.

5.7 The Council is already supporting activity and awareness rising in relation to this agenda across a range of areas – embedded in our core work. Therefore there are several opportunities to build on this as part of our declaration support. For example:

- We already have smoke free play areas across the borough

- Active East project in Worsley and Irwell wards – aimed at increasing physical activity, and wider healthy lifestyle choices, including stop smoking.
- Council commitment to the Health Workplace Charter.
- Promotion / support of ‘Smoke Free Homes’ across East Lancashire
- Enabling community groups to access stop smoking services – Health Improvement Services.
- Stop Smoking awareness via Stan the Van.
- Perinatal Health pilot project – via the Children and Young People’s Trust.
- Enforcement activity on illegal tobacco.

COMMENTS FROM STATUTORY OFFICERS:

6. SECTION 151 OFFICER

6.1 There are no material budget implications for Council.

7. MONITORING OFFICER

7.1 No additional comments.

8. POLICY IMPLICATIONS AND CONSULTATION CARRIED OUT

8.1 An equality impact assessment has been undertaken and identifies positive impacts for several protected equality, as well as a wider positive health benefit to the wider community (See Appendix 2).

8.2 The LGD has received support from many Councils across the country, as well as other agencies. This is a Declaration which commits Councils to tackle the harm smoking causes our communities.

8.3 Rossendale has a higher incidence than average of tobacco-related illnesses. It is essential that we look at every way we can of reducing tobacco consumption and encouraging a healthier lifestyle. The adoption of this declaration will help support this agenda.

9. CONCLUSION

9.1 The Council has a key role in public health locally. Adopting this Declaration is a clear visible demonstration of this commitment.

Background Papers

Document	Place of Inspection
Local Government Declaration on Tobacco Control website:	www.smokefreeaction.org.uk/declaration/

Local Government Declaration on Tobacco Control

We acknowledge that:

- Smoking is the single greatest cause of premature death and disease in our communities;
- Reducing smoking in our communities significantly increases household incomes and benefits the local economy;
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities;
- Smoking is an addiction largely taken up by children and young people, two thirds of smokers start before the age of 18;
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the 80,000 people its products kill in England every year; and
- The illicit trade in tobacco funds the activities of organised criminal gangs and gives children access to cheap tobacco.

As local leaders in public health we welcome the:

- Opportunity for local government to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;
- Commitment by the government to live up to its obligations as a party to the World Health Organization's Framework Convention on Tobacco Control (FCTC) and in particular to protect the development of public health policy from the vested interests of the tobacco industry; and
- Endorsement of this declaration by the Department of Health, Public Health England and professional bodies.

We commit our Council from this dateto:

- Act at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities;
- Develop plans with our partners and local communities to address the causes and impacts of tobacco use;
- Participate in local and regional networks for support;
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities;
- Protect our tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Monitor the progress of our plans against our commitments and publish the results; and
- Publicly declare our commitment to reducing smoking in our communities by joining the Smokefree Action Coalition, the alliance of organisations working to reduce the harm caused by tobacco.

Signatories



Leader of Council



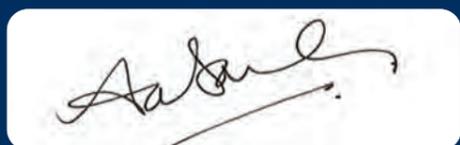
Chief Executive



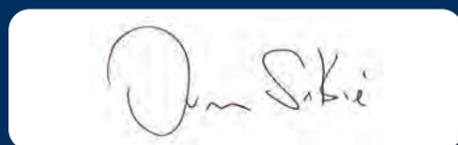
Director of Public Health

Endorsed by

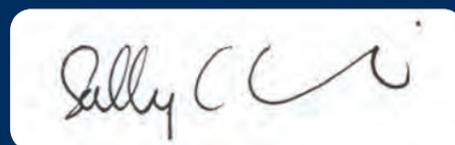
Anna Soubry, Public Health Minister,
Department of Health



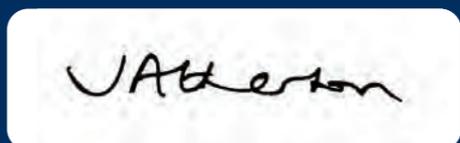
Duncan Selbie, Chief Executive,
Public Health England



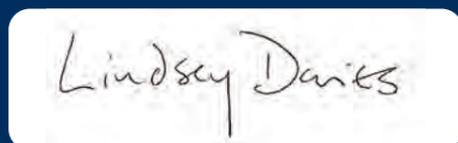
Professor Dame Sally Davies, Chief Medical
Officer, Department of Health



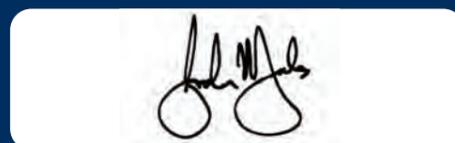
Dr Janet Atherton, President, Association
of Directors of Public Health



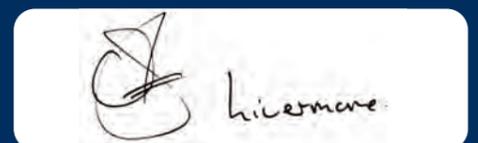
Dr Lindsey Davies, President, UK Faculty
of Public Health



Graham Jukes, Chief Executive, Chartered
Institute of Environmental Health



Leon Livermore, Chief Executive, Trading
Standards Institute



INITIAL EQUALITY IMPACT ASSESSMENT

Name of Policy, Decision, Strategy, Service or Function, Other: (please indicate)	Adoption of the Local Government Declaration on Tobacco Control (LGD)	
Lead Officer Name(s) & Job Title(s) :	Emma Hussain Principal Policy Officer	
Department/Service Area:	People and Policy	
Telephone & E-mail Contact:	01706 252451	
Date Assessment:	Commenced: August 2014	Completed: September 2014

We carry out Equality Impact Assessments (EIAs) to analyse the effects of our decisions, policies or practices. The EIA should be undertaken/started at the beginning of the policy development process – before any decisions are made.

1. Overview

The main aims/objectives of this policy¹ are:
This impact assessment considers the impact on protected equality groups as a result of the Council adopting the Local Government Declaration on Tobacco Control.
This is a declaration commits Councils to tackle the harm smoking causes our communities.
As a consequence of adopting this declaration, there are wider community benefits.

Is the policy or decision under review (please tick)

New/proposed

Modified/adapted

Existing

Date of Review²: 2017 or as required.

¹ Policy refers to any policy, strategy, project, procedure, function, decision or delivery of service.

² This date will be set on an annual basis as default for review unless otherwise specified by you.

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Responsible Author	People & Policy	Due for review	2017
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2. Equality Impact

Equality		Positive Impact (It could benefit)	Negative Impact (It could disadvantage)	Reason and any mitigating actions already in place (to reduce any adverse /negative impacts or reasons why it will be of positive benefit or contribution)	No Impact
Age	Older people	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rosendale Health Profile 2014 shows that the number of smoking related deaths is significantly worse than the England average. As part of this Declaration there will be a focus on awareness rising of the harm tobacco smoke with targeted groups in the wider community. http://www.apho.org.uk/resource/item.aspx?RID=142142	<input type="checkbox"/>
	Younger people and children	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Children and Young People are susceptible to second hand smoke from family and also at risk of starting smoking themselves. As part of this Declaration there will be a focus on awareness rising of the harm tobacco smoke with targeted groups in the wider community.	<input type="checkbox"/>
Disability	Physical/learning/mental health	<input type="checkbox"/>	<input type="checkbox"/>	No specific data identified to determine adverse impacts.	<input checked="" type="checkbox"/>
Gender Reassignment	Transsexual people	<input type="checkbox"/>	<input type="checkbox"/>	As above.	<input checked="" type="checkbox"/>
Pregnancy and Maternity		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Increase awareness of the harm tobacco smoke can do while pregnant and to young babies/children will have a positive impact on this group as commitment to the LGD seeks to discourage/reduce the likelihood of smoking.	<input type="checkbox"/>
Race (Ethnicity or Nationality)	Asian or Asian British people	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rosendale's BME population is 6%. In particular smoking Shisha Tobacco or chewing tobacco is prevalent in some Asian cultures. As part of this Declaration there will be a focus on awareness rising of the harm tobacco smoke with targeted groups in the wider community.	<input type="checkbox"/>

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Equality		Positive Impact (It could benefit)	Negative Impact (It could disadvantage)	Reason and any mitigating actions already in place (to reduce any adverse /negative impacts or reasons why it will be of positive benefit or contribution)	No Impact
	Black or black British people	<input type="checkbox"/>	<input type="checkbox"/>	No specific data identified to determine adverse impacts.	<input checked="" type="checkbox"/>
	Irish people	<input type="checkbox"/>	<input type="checkbox"/>	As above.	<input checked="" type="checkbox"/>
	White British	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The Borough's population is majority White British. With higher than the England average, it is assumed that a significant proportion of smokers will be from this ethnicity. As part of this Declaration there will be a focus on awareness raising of the harm tobacco smoke with the wider community.	<input checked="" type="checkbox"/>
	Chinese people	<input type="checkbox"/>	<input type="checkbox"/>	No specific data identified to determine adverse impacts.	<input checked="" type="checkbox"/>
	Gypsies & Travellers	<input type="checkbox"/>	<input type="checkbox"/>	As above.	<input checked="" type="checkbox"/>
	Other minority communities not listed above (please state)	<input type="checkbox"/>	<input type="checkbox"/>	As above.	<input checked="" type="checkbox"/>
Belief or Religion		<input type="checkbox"/>	<input type="checkbox"/>	As above.	<input checked="" type="checkbox"/>
Sex	Women and Men	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Both men and women smoke, the gender composition within the borough is broadly split; therefore there is a potential positive impact on both groups as a result of work / commitment to the LGD.	<input type="checkbox"/> <input type="checkbox"/>
Sexual Orientation	Gay men, gay women / lesbians and bisexual people	<input type="checkbox"/>	<input type="checkbox"/>	No specific data identified to determine adverse impacts.	<input checked="" type="checkbox"/>
Marriage and Civil Partnership (employment only)		<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Contribution to equality of opportunity		<input type="checkbox"/>	<input type="checkbox"/>	There is a potential positive health impact for all protected groups, and the wider community as a result of work locally to support the aims and principles of the LGD, which in turn will enable more people better equality of opportunity.	<input type="checkbox"/>
Contribution to fostering good relations between different groups (people getting on well together – valuing one another, respect and understanding)		<input type="checkbox"/>	<input type="checkbox"/>	No specific data identified to determine adverse impacts.	<input checked="" type="checkbox"/>

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Equality	Positive Impact (It could benefit)	Negative Impact (It could disadvantage)	Reason and any mitigating actions already in place (to reduce any adverse /negative impacts <u>or</u> reasons why it will be of positive benefit or contribution)	No Impact
Human Rights http://intranet/site/scripts/documents_info.php?categoryID=86&documentID=251	<input type="checkbox"/>	<input type="checkbox"/>	All Council actions will be taken in compliance with the Human Rights Act 1998.	<input type="checkbox"/>

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