

**TITLE OF REPORT: Public Health Services Regional Tobacco Control and Alcohol De-Normalisation Programme**

**REPORT OF: Alice Wiseman, Director of Public Health**

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**Purpose of the Report**

1. The purpose of this report is to seek Cabinet approval for the Deed of Agreement between the North East Local Authorities', relating to the commissioning of Public Health Services Regional Tobacco Control and Alcohol De-Normalisation Programme ("the Programme").

**Background**

2. The Public Health Services Regional Tobacco Control and Alcohol De-Normalisation Programme was originally commissioned across the twelve North East Local Authorities. The tobacco control element of the programme is branded as "Fresh" and the alcohol element is branded as "Balance". The lead Commissioner for the contract is the County Council of Durham and the current contract ends on 31<sup>st</sup> March 2017.
3. In 2016 a Project Board was established by the regional Directors of Public Health to review the existing contract with a view to determining options for the future of the Programme. This reflects reductions to the overall budget available resulting from Darlington Council's decision to discontinue funding, and financial pressures being experienced by all contributing authorities. The Project Board reports regularly to the North East Directors of Public Health Group.
4. The Project Board has met every two weeks throughout 2016. Participating local authorities have confirmed support for the Programme at a high level. This commitment ensures an on-going regional focus on tobacco control and alcohol which gives support for commissioners and sharing of best practice as well as regional marketing to support local arrangements.
5. The Project Board has developed and implemented a commissioning and procurement process in accordance with the Public Contracts Regulations 2015 and the Constitutional requirements of the Authorities, to assist local authorities to realise the benefits accruing from continued support for the Programme. Durham County Council act as lead commissioner for the Programme on behalf of participating authorities.
6. The Project Board has developed the "Deed of Agreement" which defines a contractual arrangement between the eleven participating local authorities. The

“Deed of Agreement” sets out the financial contributions of the eleven local authorities regarding their ongoing support for the Programme.

7. The Directors of Public Health have agreed that merging the two regional offices (ie. “Fresh” and “Balance”) will offer cost savings on accommodation and potentially staff. The new provider will maintain a level of regional oversight and support for tobacco and alcohol although to a lesser degree than current arrangements allow. Additionally, staffing reductions may result, which will be accounted for in the contracting arrangements.
8. The project board has been clear on the expectations of the merged offices with reduced budgets to include:
  - a. support to commissioners
  - b. co-ordination of consultations
  - c. provision of training
  - d. delivery of professional development
  - e. marketing campaigns

Appendix 2 provides fuller details of deliverables.

9. The Deed of Agreement commits local authorities to finance the Programme on a per capita basis across the eleven Local Authorities committing to the Agreement. These authorities are listed in Appendix 3.
10. Gateshead’s contribution to the Programme was set at £108,104 per annum in 2014. The Deed of Agreement will see Gateshead’s contribution to the Programme continue at this amount per annum throughout the duration of the Deed of Agreement (i.e. 2017-2020). It also contains a clause to enable the Council to terminate this agreement by giving a period of one year’s notice to the other ten Local Authorities.
11. The procurement process undertaken by the Project Board resulted in the receipt of one bid from an organisation, the incumbent provider, to provide the Regional Tobacco Control and Alcohol De-Normalisation Programme. The organisation has been successful and will be awarded the new contract once all contributing Local Authorities have signed the Deed of Agreement.

### **Proposal**

12. It is proposed that Cabinet receives the above for approval and endorsement in accordance with the Council’s Governance arrangements and Constitution.

### **Recommendations**

13. It is recommended that Cabinet approves the process set out above and endorses the Deed of Agreement for the successful organization “Fresh” and “Balance” to deliver the Programme.

For the following reason:

This commitment ensures an on-going regional focus on tobacco control and alcohol which gives support for commissioners and sharing of best practice as well as regional marketing to support local arrangements.

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## **Policy Context**

1. The proposals in this report are consistent with the Council's vision and medium term objectives as set out in Vision 2030 and the Council Plan and, in particular, the key policy direction around promoting early help and prevention.

## **Background**

2. The Public Health Services Regional Tobacco Control and Alcohol De-Normalisation Programme was originally commissioned across the twelve North East Local Authorities. The tobacco control element of the programme is branded as "Fresh" and the alcohol element is branded as "Balance". The lead Commissioner for the contract is the County Council of Durham. The current contract ends on 31<sup>st</sup> March 2017.
3. The Project Board has developed a "Deed of Agreement" which defines a contractual arrangement between the now eleven participating local authorities. The "Deed of Agreement" sets out the financial contributions of the eleven local authorities regarding their ongoing support for the Programme.

## **Consultation**

4. The Cabinet Members for Health and Wellbeing have been consulted in preparing this report.

## **Alternative Options**

5. An alternative option would be not to contribute to the commissioning of the Public Health Services Regional Tobacco Control and Alcohol De-Normalisation Programme. However, this would represent an opportunity missed.

## **Implications of Recommended Option**

6. The Director of Public Health has highlighted the importance of investment in preventative approaches to address key health and wellbeing challenges and their wider implications for health of the Gateshead population.

7. **Resources:**

### **a) Financial Implications**

The Strategic Director, Corporate Resources confirms that resources exist within the Public Health budget to fund the programme cost of £108,104 per annum. There are no proposed 2017/18 savings related to this contract.

- b) Human Resources Implications – Nil**
  - c) Property Implications – Nil**
- 8. Risk Management Implication – Nil**
- 9. Equality and Diversity Implications – Nil**
- 10. Crime and Disorder Implications – Nil**
- 11. Health Implications –**
  - a. The North East model, based on the highly successful evidence based approach. It recognises that the goal is to change the broad social norms around the use of tobacco and alcohol and to indirectly influence current and potential future tobacco and alcohol users on a population level.
  - b. The model aims to create a social environment and legal climate in which tobacco and alcohol become less desirable, less acceptable and less accessible. The approach focuses on changing community norms rather than changing individual behaviour.
  - c. It is a social movement that eleven localities in the North East can own as a vehicle to drive change.
- 12. Sustainability Implications – Nil**
- 13. Human Rights Implications – Nil**
- 14. Area and Ward Implications – All Wards**

### Background Information

#### Fresh and Balance Deliverables

The North East model, based on the highly successful evidence based approach from California, recognises that the goal is to change the broad social norms around the use of tobacco and to indirectly influence current and potential future tobacco users on a population level by creating a social environment and legal climate in which tobacco becomes less desirable, less acceptable and less accessible.

The approach focuses on changing community norms rather than changing individual behaviour. It was pitched as tackling tobacco is 'everyone's business' and that Fresh was a social movement that all localities in the NE could be part of, with a public facing brand with longevity which everyone could get behind and own as a vehicle to drive change.

Balance draws upon evidence learned from this approach to tobacco control. It is clear from the WHO's 'Global strategy to reduce the harmful use of alcohol' and from 'Health First – an evidence-based alcohol strategy for the UK' produced by experts from the Alcohol Health Alliance (AHA), that the most effective way to reduce alcohol harm is by adopting a comprehensive approach to reducing demand and supply of alcohol. The key is providing sustained leadership for coordinated action at national, regional, local and community level. For the greatest improvement at a population level those efforts need to be targeted at reducing the affordability, availability and desirability of alcohol through greater regulation.

The north east has recognised this and has commissioned an integrated tobacco and alcohol office programme.

The Fresh tobacco programme follows eight key strands (six of which are based upon World Health Organisation evidence) and links in with the framework of the National Tobacco Plan:

- d. Developing infrastructure, skills and capacity at regional and local levels and influencing national and international action
- e. Reducing exposure to second hand smoke
- f. Motivating and assisting smokers to stop
- g. Media, communications, social marketing and education
- h. Reducing the availability and supply of tobacco products- licit and illicit - and addressing the supply of tobacco to children
- i. Tobacco regulation
- j. Reducing tobacco promotion
- k. Research, monitoring and evaluation

The Balance alcohol programme follows three key strands:

- Informing and influencing the behaviour of the North East population, particularly securing support for population-level interventions.
- Promoting evidence-based best practice & innovation.
- Challenging Government for changes in laws & regulations, especially in the areas of affordability, availability and promotion.

Key elements of work for both programme areas:

2. Enable the dissemination of, and provide support around, international, European and national guidance, policy and legislative changes to key North East agencies and all 11 localities
3. Maximise the North East influence on decision-making through responding to relevant consultations and Parliamentary questions as required, with a particular focus on increased regulation around price, product design, availability, promotion and marketing of alcohol and tobacco products:
  - a. Programme leads are often asked to speak/share evidence and good practice to influence government policy
  - b. The North East programme is recognised both nationally and internationally and have presented at Global conferences.
  - c. Meetings held with Lawyers in Local Government for national representative and North East Strategic Licensing Group
4. Build up a network of champions of tobacco control and alcohol de-normalisation including MPs, local authority leaders and clinicians to help advocate for legislative and regulatory changes
5. Facilitate evidence-based best practice sharing, innovation and benchmarking through leading, coordinating and supporting relevant regional groups and forums and inputting to other key regional and local forums
  - a. Regulatory forms
  - b. The northern region tackling illicit tobacco
  - c. Balance carried out and disseminated a North East Ambulance Service Alcohol Impact Report
6. Provide strategic and practical support, provision of training where needed and professional development for skills, knowledge, excellence and capacity building in all 12 localities and with all partners across a range of tobacco control and alcohol issues
  - a. Development and dissemination of the regional Smokefree Families Initiative
7. Inform, educate and influence a range of stakeholders and the public about the personal, familial and wider social impacts of tobacco and alcohol use.
  - a. Both have websites accessible to the public and professionals.

8. Provide a regional intelligence resource (where not provided by others e.g. PHE) by analysing research and data sources, and compiling reports to local partners. Also provide ongoing benchmarking analysis for the North East against national and sub-national indicators.
9. Work with the Directors of Public Health to support local authorities and the North East Combined Authority (NECA) on their future role in relation to the tobacco and alcohol agenda
10. Deliver evidence-based regional programmes around identified key priority areas, where more effectively implemented at larger population footprint
  - a. Examples of Regional campaigns: Don't be the one, 16 cancers, Take 7 steps Keep it out, Every breath. Alcohol and cancer, Alcohol and pregnancy, health warning labels. Involving TV, radio and other media sources
  - b. Uplift to national campaigns: Stoptober, COPD day, Smoking in Cars, World No Tobacco Day, No Smoking Day, Dry January, Change4life. Cheap alcohol (MUP)
11. Provide guidance and advice to all 11 localities to maximise impact, achieve economies of scale and realise the greatest return on investment from the regional programmes. Respond to individual requests from partners for support and guidance.
  - a. e.g., Co-ordinated work with the two mental health trusts becoming smokefree.
  - b. Prisons smokefree.
  - c. Benchmarking Acute Trusts and NICE guidance on tobacco
12. Actively work to generate income for the North East, including bidding for funds, to support the delivery of alcohol and tobacco de-normalisation.  
e.g., SHA funding for babyClear and the co-ordination of implementing babyClear across all North East maternity services and stop smoking services.
13. Increase consistency of message across the whole of the North East, and delivering strong, recognizable North East brands for tackling tobacco and alcohol misuse. Delivering and coordinating regional social marketing campaigns.
14. Work with the Department of Health and Public Health England nationally around sharing evidence base for regional and local working and support DsPH to act as key link around tobacco and alcohol issues within the North East

## Appendix 3

- (1) The County Council of Durham
- (2) The Borough Council of Gateshead
- (3) The Council of the City of Newcastle Upon Tyne
- (4) The Council of the Borough of North Tyneside
- (5) The Council of the Borough of South Tyneside
- (6) The County Council of Northumberland
- (7) The Borough Council of Hartlepool
- (8) The Borough Council of Middlesbrough
- (9) The Borough Council of Redcar and Cleveland
- (10) The Council of the Borough of Stockton on Tees
- (11) The Council of the City of Sunderland