

**Report for:** Health and Wellbeing Board – 12 September 2016

**Title:** Progress on the Healthy Environment Strand of Haringey Prevention Devolution Pilot

**Report authorised by :** Dr. Jeanelle de Gruchy, Director of Public Health

**Lead Officer:** Marion Morris, Head of Health Improvement  
Eubert Malcolm – Head of Community Safety and Regulatory Services

**Ward(s) affected:** All

**Report for Key/  
Non Key Decision:** Non Key Decision

## 1. Describe the issue under consideration

- 1.1 The Haringey Devolution Pilot has two workstreams - Healthy Environments (which is exploring the licensing powers needed to create environments that support health) and Sustainable Employment (increased support for people when they first seek help when their mental health is affecting their work). This report provides an update on the healthy environments workstream.
- 1.2 The aim of this workstream is to explore how devolution can provide local authorities with the powers needed to create healthier environments. We have prioritised our 'asks' in three ways:
- Tackling behaviours which have the biggest impact on Haringey's health and wellbeing priorities (tobacco and alcohol)
  - Tackling issues where we are not yet clear on the extent of the health impact and where the local authority has limited power and there is limited regulation (betting shops/gambling, specifically Fixed Odds Betting Terminals (FOBTs))
  - Considering areas where further devolved powers will enable 'good health' by supporting behaviour change through population level interventions.
- 1.3 A Business Case outlining our proposals was presented to the London Health and Care Devolution Programme Board at the end of July. Haringey will continue to work with London partners and national government over the coming months in refining the proposals. A final Business case needs to be submitted to the London Prevention Board by December 2016.

## 2. Cabinet Member Introduction

2.1 Not applicable.

## 3. Recommendations

3.1 The Health and Wellbeing Board are asked to comment on the development of the Haringey devolution prevention pilot 'asks'.

#### 4. Reasons for decision

4.1 Not applicable.

#### 5. Alternative options considered

5.1 Not applicable.

#### 6. Background information

6.1 Haringey's Health and Wellbeing Strategy commits to using a range of policy levers to create an environment which prevents people from developing long term conditions – such as diabetes, hypertension and chronic respiratory disease – in the first place through measures such as strengthening tobacco control and a consistent approach to alcohol licensing. Our devolution 'asks', as part of the Healthy Environment's workstream seeks to build on this approach by increasing the powers available to the local authority.

6.2 We know from the academic literature and experience at a local borough level that there are three primary drivers that affect behaviour around alcohol, tobacco and gambling: affordability, accessibility and advertising. Our local focus has primarily been on influencing accessibility through licensing, an area for which local authorities have some responsibility. Our devolution pilot seeks to strengthen our ability to tackle issues of alcohol, tobacco and gambling through increased licensing powers.

6.4 Appendix 1 provides a detailed outline of the Healthy Environments asks.

6.5 Appendix 2 outlines how the Healthy Environments 'asks' contribute to Haringey's Health and Wellbeing Boards priorities.

#### 7. Contribution to strategic outcomes

7.1 The Haringey devolution prevention pilot contributes to the Corporate Plan's vision for enabling all residents to live healthy, long and fulfilling lives and improving mental health and wellbeing. The Health and Wellbeing Strategy identifies our key priorities - obesity, healthy life expectancy and mental health - and the prevention pilot reflects these priorities with its focus on tackling alcohol, smoking, gambling and employment support for people with mental health issues.

7.2 The Corporate Plan identifies working in partnership as one of the key means through which we will pursue our objectives. The prevention pilot represents a deeper form of partnership working, one that will involve 'whole system' rewiring with local partners, and a new relationship with national partners involving data sharing, new forms of support and ultimately the devolution of powers and budgets.

8 Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

## 8.1 Finance and Procurement

8.2 In general the spirit behind the proposals set out in this document is about making best use of public resources through changes to powers and responsibilities, processes and systems rather than through seeking significant amounts of new investment. Furthermore this report does not recommend specific actions that would have a direct additional financial implication at this time.

The Head of Procurement notes the content of the report.

## 8.3 Legal

8.4 The Assistant Director of Corporate Governance has been consulted in the preparation of this report, and makes the following comments.

8.5 All of the 'Asks' detailed in Appendix one to the report fall within the overarching purpose behind the London Health Devolution Agreement which the Council is committed to, and which is designed to transform health and wellbeing outcomes in London. The proposals also align with terms of the pilot topic which the Council has been asked to lead on, namely "exploring the use of existing flexibilities in planning and licensing to develop new preventative approaches to public health issues".

8.6 As the report acknowledges, the 'Asks' are going to require legislative changes in order to facilitate implementation of the proposals. In addition, where relevant, amendment to the Council's internal policies such as its Gambling policy will also be required. That said, there is currently a Bill making its way through Parliament which would enable the Council, as Licensing Authority, to restrict the number and type of category B2 gaming machines having regard to a new cumulative impact test – i.e. a power for Councils to limit the number of new betting shops and fixed odds betting terminals in areas already saturated with them. The Bill has the support of the Local Government Association.

8.7 In light of the above, the Assistant Director of Corporate Governance confirms that there are no legal or Constitutional reasons which would stop the Board from considering the recommendations contained in this report.

## 9 Equality

9.1 The Council has a public sector equality duty under the Equality Act 2010 to have due regard to:

- Tackle discrimination and victimisation of persons that share the characteristics protected under Section 4 of the Act. In the context of this report, these include the characteristics of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
- Advance equality of opportunity between people who share those protected characteristics and people who do not;
- Foster good relations between people who share those characteristics and people who do not.

9.2 The prevention pilot seeks to have a positive impact on reducing health inequalities. The pilot aims to prevent vulnerable people within Haringey's communities from developing long term health conditions caused by problem gambling, tobacco and alcohol misuse. The pilot will produce in-depth analysis for the prevalence of problem gambling and its health impact, as well as building an evidence base for introducing health as a 5<sup>th</sup> licensing objective. The studies will seek to gain a full understanding of the susceptibility of developing gambling problems and the associated health impacts for people who share different protected characteristics. They will also look at the impact of socio-economic and geographical factors. This will inform the ask for greater control and local approaches to prevention.

9.3 The pilot focuses on some of the key causes of early death and ill health – tobacco and alcohol which are more concentrated in deprived communities and in addition to the research outlined above seeks to address some of this inequality by using population level approaches to create healthier environments.

## 8. Use of Appendices

Appendix one – Healthy Environments Devolution Proposals

Appendix two – Presentation on the Devolution Prevention Pilot: Healthy Environments workstream.

## 7. Local Government (Access to Information) Act 1985

The London Health and Care Collaboration Agreement, December 2015.

# Appendix 1: Healthy Environments: using licensing powers to shape healthy environments

## 1. Alcohol

### Health as a 5th licensing objective (HALO)

#### Context

- Health impacts are linked to levels of consumption – which is linked to availability; there is therefore a role for public health bodies to be actively engaged in the licensing process
- The Licensing Act 2003 does not adequately allow health-related harms to be taken into account in alcohol licensing decisions or reviews
- Haringey's alcohol landscape consists of an over concentration of off licenses, mainly in the east of the borough, where problem drinking is fuelled by the availability of cheap super strength alcohol.

#### 'Ask': Health as a 5th licensing objective (HALO)

- Health as a 5<sup>th</sup> licensing objective to enable local authorities to take health impact into account. This will allow Haringey and other local authorities to restrict the number of new premises selling alcohol if there is evidence of local alcohol related health problems.

## 2. Gambling

### Greater local control of Fixed Odd Betting terminals

#### Context

- The Gambling Act (2005) removed the controls limiting access and availability to many forms of gambling and required Local Authorities and the Gambling Commission to 'aim to permit gambling'
- Current licensing and planning restrictions do not allow Haringey and other local authorities to influence the a) location, b) the hours, c) the number of fixed odd betting terminals and stakes
- Betting shops and associated FOBTs have a disproportionate impact on more deprived communities and vulnerable individuals. In Haringey there is an over-representation of betting shops in the poorer parts of the borough

#### 'Asks':

## Greater local control of Fixed Odd Betting terminals

### Design and deliver local solutions to tackle problem gambling

- Local Authorities and local betting shops need to work together to design and deliver responses to problem gambling that are appropriate for specific communities. This includes shifting power and resources to the local level which will help shift the focus of the gambling industry towards local cooperation
- Additional resources will allow local authorities to commission holistic and joined up services for problem gamblers.

## 3. Tobacco

### 3.1 Smokefree outdoor restaurants, cafes and pubs

#### Context

- Smokefree environments support smokers to quit (Hackshaw et al, 2010) and reduce the number of children taking up smoking by reducing exposure to smoking (Leonardi-Bee J et al, 2011).
- Opinion polls show strong public support for the Smokefree Legislation. 82% of respondents supported the smokefree legislation in the latest Smokefree Britain YouGov survey in 2014.
- Smokefree laws have been effective in improving health for example, a study of nine Scottish hospitals found a 17 per cent fall in admissions for heart attacks in the first year after the smokefree legislation came into force (Pell, et al 2008)

#### 'Ask': powers for smokefree outdoor restaurants, cafes and pubs

- Current powers for mandatory smokefree places is covered by the Health Act 2006 and Section 4 of Part One of the Health Act 2006 and it is enforced by local Environmental Health departments
- Additional powers will need to be devolved by the national authority (Department of Health) under Section 2 of Part One of the Health Act 2006.

## 3.2 Licensing of tobacco products

### Context

- There is currently no legislative framework covering the sale of tobacco products and retailers selling tobacco in England do not need a license despite the fact that it is a uniquely dangerous product, killing half of all long term smokers.
- Retailers can have their right to sell tobacco withdrawn through a restricted sales order if they are convicted of selling tobacco to a person under the age of 18 and if two other offences occurred in the preceding two years relating to the same premises. This is an over burdensome process and puts an excessive amount of pressure on already stretched enforcement teams.

### 'Ask': Introduction of a positive tobacco licensing system

- The introduction of a positive licensing system for the sale of tobacco products overseen by HM Revenue & Customs and the Department of Health

**Haringey**  
LONDON



**bridge** renewal trust  
*for happy and healthier communities*

**healthwatch**  
Haringey Clinical Commissioning Group

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