

Public Document Pack

Mid Devon District Council

Community Well Being Policy Development Group

Tuesday, 13 October 2015 at 2.15 pm
Exe Room, Phoenix House

Next ordinary meeting
Tuesday, 3 November 2015 at 2.00 pm

Those attending are advised that this meeting will be recorded

Membership

Cllr Mrs B M Hull
Cllr Mrs E M Andrews
Cllr Mrs A R Berry
Cllr Mrs J B Binks
Cllr R M Deed
Cllr F W Letch
Cllr B A Moore
Cllr Miss C E L Slade
Cllr Mrs E J Slade

A G E N D A

Members are reminded of the need to make declarations of interest prior to any discussion which may take place

- 1 **APOLOGIES AND SUBSTITUTE MEMBERS**
To receive any apologies for absence and notices of appointment of substitute Members (if any).
- 2 **PUBLIC QUESTION TIME**
To receive any questions relating to items on the Agenda from members of the public and replies thereto.
Note: A maximum of 30 minutes is allowed for this item.
- 3 **MINUTES OF THE PREVIOUS MEETING** (*Pages 5 - 10*)
To approve as a correct record the minutes of the last meeting of the Group (attached).
- 4 **CHAIRMAN'S ANNOUNCEMENTS**
To receive any announcements that the Chairman may wish to make.
- 5 **CLINICAL COMMISIONING GROUP**
Mr John Finn of the Northern, Eastern and Western Devon Clinical

Commissioning Group (CCG) will be in attendance. Cllr Mrs J Binks has asked that in view of the CCG decision to permanently remove inpatient beds at Crediton Hospital, the Group discuss the process and impact of this and put questions to Mr Finn, in particular regarding the future of Crediton Hospital.

6 **GRANT RECIPIENT PRESENTATION** *(Pages 11 - 14)*

Representatives from the Market Street Youth Drop In Centre and Community Housing Aid Nightstop Service will attend the meeting to give a short presentation about their work. A report from the Grants and Funding Officer is attached to provide supporting information.

7 **YOUTH SERVICES**

At the request of Councillor Ms C Slade, Ms Jenny Lindow, Area Youth Worker from the Tiverton Youth Centre will be in attendance to answer questions from Members regarding Youth Services provided by Devon County Council.

8 **RIPA** *(Pages 15 - 28)*

The Committee to review the Councils updated RIPA Policy.

Appendices mentioned in the report attached to this agenda can be found on the Home Office website at <https://www.gov.uk/government/collections/ripa-forms--2>.

9 **LEISURE SERVICES UPDATE**

The Group to receive a verbal update regarding Leisure Services from the Head of Human Resources and Development.

10 **DECLARATION ON TOBACCO CONTROL** *(Pages 29 - 36)*

To receive a report providing Members with information on the Local Government Declaration on Tobacco Control

11 **IDENTIFICATION OF ITEMS FOR THE NEXT MEETING**

Note: This item is limited to 10 minutes. There should be no discussion on the items raised.

Special Meeting
Grants

Next Ordinary Meeting - 8 December 2015
Anti-Social Behaviour stats
Performance and Risk
Financial Monitoring
Grant Recipient Presentation

Kevin Finan
Chief Executive

Monday, 5 October 2015

Anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chairman. Any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting; focusing only on those actively participating in the meeting and having regard also to the wishes of any member of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chairman or the Member Services Officer in attendance so that all those present may be made aware that is happening.

Members of the public may also use other forms of social media to report on proceedings at this meeting.

Members of the public are welcome to attend the meeting and listen to discussion. Lift access to the Council Chamber on the first floor of the building is available from the main ground floor entrance. Toilet facilities, with wheelchair access, are also available. There is time set aside at the beginning of the meeting to allow the public to ask questions.

An induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, or

If you would like a copy of the Agenda in another format (for example in large print) please contact Julia Stuckey on:

Tel: 01884 234209

E-Mail: jstuckey@middevon.gov.uk

Public Wi-Fi is available in all meeting rooms.

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MID DEVON DISTRICT COUNCIL

MINUTES of a MEETING of the COMMUNITY WELL BEING POLICY DEVELOPMENT GROUP held on 18 August 2015 at 2.15 pm

Present Councillors

Mrs J B Binks (Vice Chairman in the Chair),
Mrs E M Andrews, Mrs C P Daw, R M Deed,
F Letch, B A Moore, Miss C E L Slade and
Mrs E J Slade

Apologies Councillor(s)

Mrs B M Hull and Mrs A R Berry

Also Present Councillor(s)

Mrs G Doe, C R Slade, Mrs M E Squires and R L Stanley

Also Present Officer(s):

Jill May (Head of HR and Development), Amy Tregellas (Head of Communities and Governance and Monitoring Officer), Rob Fish (Principal Accountant), Catherine Yandle (Internal Audit Team Leader) and Julia Stuckey (Member Services Officer)

Also in Attendance:

Julian Chidgey and Deborah Bridge-Elerick, Age UK
Pippa Griffith, Tourist Information Service

15 APOLOGIES AND SUBSTITUTE MEMBERS

Apologies were received from the Chairman, Councillor Mrs B M Hull (Vice Chairman, Mrs J B Binks was in the Chair) and from Councillor Mrs A R Berry who was substituted by Councillor Mrs C P Daw.

16 PUBLIC QUESTION TIME

There were no members of the public present.

17 MINUTES OF THE PREVIOUS MEETING

The Minutes of the last meeting of the Group were approved as a correct record and **SIGNED** by the Chairman.

18 CHAIRMANS ANNOUNCEMENTS

The Chairman informed the Group that she had recently been in contact with a Rural Support Officer and a representative from Drink Wisely, Age Well and that she had arranged for them to provide a presentation at a future meeting of this Group.

19 **CLINICAL COMMISSIONING GROUP (00:04:29)**

The Committee had invited Mr John Finn of the Northern, Eastern and Western Devon Clinical Commissioning Group (CCG) to attend the meeting. However, the CCG had written to inform the Group that that since a Governing Body decision, made on 16th July, the CCG had agreed that the next step was to attend the Devon Health and Wellbeing Scrutiny board on 14th September. It had been agreed that until then they would not attend any other meetings. The CCG had explained that they would be keen to attend a meeting after that date.

It was **RESOLVED** to invite the Clinical Commissioning Group to attend the next meeting of the Group and that the focus be on the future of Crediton Hospital.

(Proposed by the Chairman)

Note: - i) Briefing note previously circulated and attached to Minutes.

ii) Councillors F W Letch and Mrs J B Binks both declared personal interests as they were both Members of Save Our Hospital Beds Crediton.

20 **GRANT RECIPIENT PRESENTATION (00:07:30)**

The Group had before it and **NOTED** a report * from the Grants and Funding Officer providing supporting information regarding Age UK and the Tiverton Tourist Information Service, who were both represented at the meeting, giving presentations regarding their work.

Age UK were represented by Julian Chidgey, Fund Raising and Development Manager and Deborah Bridge-Elerick, Chief Officer.

Mr Chidgey informed the Group that in the last year Age UK had over 4,500 interactions with local older people, had helped people to access over £650,000 of benefits that they didn't know they were entitled to and that volunteers had contributed 16,500 hours, and driven 60,000 miles to help deliver services.

He explained that in 2011 the population of Mid Devon was 77,800 but that this was predicted to rise to 89,700 by 2024, the largest increase being those of retirement age. As the demand for services grew, they were responding to the need, either by expanding current services, or introducing new ones. Examples of these were:

- In 2012 they launched their volunteer visiting service. Many of those accessing this service had recently gone through a life changing experience such as bereavement, or serious illness. A high percentage lacked self-confidence or suffered from isolation and loneliness. Over the last three years the demand for this service had increased by over 100%. They were also trialling a telephone support service; this would allow them to meet the current local demand for support, without substantially increasing travel costs.
- Their I.T service was also experiencing unprecedented demand. It was now considered that basic IT proficiency was no longer simply a luxury for older people, as so many forms and application processes were now completed on-line. This was compounded by many older people living in rural locations, where visiting the local town to pick up a form was not an easy task. To meet

this demand they were offering I.T taster sessions and also giving advice on the use of tablets and mobile devices, which were now far more commonly used than traditional computers.

- Another area where Age UK had been asked to focus, by many local older people, was on services aimed at men. Many older men found it very hard to ask for help and support. A one year trial of the Men in Sheds service had been undertaken during which time they had seen real value and demand. However, to drive this project forward it was important that it was built on solid foundations. With this in mind, they intended to create a permanent base for the project, by the end of this year, at the Haven activity centre, once purchase of the building was complete.

Ms Bridge Elerick went on to explain what Age UK was planning with regard to Dementia Services. She informed the Group that there were 850,000 people living with dementia in the UK and that based on local records Tiverton had around 722 people with dementia. The proposed plan was to create the Tiverton Dementia Action Alliance, which included the District Council, the Town Council and many other groups and organisations. The aim of the alliance was to improve the experience of visiting the town for those suffering and to increase the understanding of workers. Training would be provided to key members of organisations who would then cascade this to other staff.

Discussion took place regarding:

- Work that Age UK were undertaking in other areas of the District. The Officers from Age UK acknowledged that they had in the past mainly been centred around the Tiverton area, however they were now working to provide services in other parts of Mid Devon;
- The Tiverton Dementia Action Alliance involved several groups and organisations but Age UK were the lead;
- Referrals to Age UK came by self-referral, walk-ins, referrals from social workers, complex care representatives from the hospitals and a mix of professional and family referrals;
- It was hoped that the Dementia Action Alliance could be used as a model that could be adopted in other areas.

The Chairman thanked the representatives from Age UK for their presentation.

Ms Pippa Griffith, Director of Tiverton Museum, which was the home of the Tourist Information Service, updated the Group on the service being provided.

She explained that the Museum had won the contract to operate the Tourist Information Service (TIS) and had opened in October 2013. She informed the Group that the Museum recognised the importance of this service and the synergy of the two provisions. Signage had been erected to direct the public to the new TIS from the town centre and from the old TIS offices. External and internal signage and leaflets at the museum integrated the services and the introduction of the TIS had allowed enhancements to under used areas at the Museum. She further explained

that the facilities were receiving a positive response from customers and that they had been able to achieve some sponsorship from local businesses.

Ms Griffith outlined the services provided by the TIS which included tickets sales for local events, coach tickets, the promotion of local accommodation and activities and the issue of cycling and walking route information. They were working with other local organisations to promote the Explore Tiverton website and in the future would be taking bookings for the new coach park.

Two members of staff, on a job share basis, had been appointed and they were supported by a number of volunteers.

Ms Griffith reported that the Museum Trust was pleased with the combined service and that they considered the profile to have been raised within the town. Performance was so far showing a steady increase but at this time it was too early to confirm statistics. The service cost £14,700 which paid for staffing, stationery and telephone expenditure.

Ms Griffith was pleased to be able to inform the Group that the TIS service had been awarded a Bronze Award for Tourist Information Services in the Visit Devon Tourism Awards for 2014.

The Chairman thanked Ms Griffith for her presentation.

Note: - i) Report previously circulated and attached to Minutes.

ii) Councillor Mrs E Slade declared a personal interest as she was a Trustee of the Museum

21 **FINANCIAL MONITORING (01:00:07)**

The Group had before it and **NOTED** a report * from the Head of Finance presenting a financial update in respect of the income and expenditure so far in the year.

The Principal Accountant outlined the contents of the report, explaining that at this stage the predicted deficit for the year was £78K. If this was the case at year end the reserve would be reduced to £2.3M.

The accountant explained that the purchase of Market Walk had taken place after budgets had been set for 2015/16 and that it was predicted to show a surplus of £363K. Interest payments, repayment of the loan and expenses had to be allowed for and any surplus could be reinvested in economic development.

An area relating to the remit of the Community Well Being PDG showing a significant variance was planning. This was due to enforcement action on a property and additional costs of the Forward Plan.

Recreation and Sport was predicted to show an overspend at the end of year. A report from the Leisure Service had previously been requested for the next meeting of the Group.

It was **AGREED** that a Member Briefing be put in place to explain the monitoring report.

Notes: - Report previously circulated and attached to the Minutes.

22 **PERFORMANCE AND RISK (01.28.33)**

The Group had before it and **NOTED** a report * of the Head of Communities and Governance providing Members with an update on performance against the corporate plan and local service targets for 2015/16 as well as providing an update on the key business risks.

The Audit Team Leader explained that all performance indicators within the remit of the Group were performing above target with the exception of Leisure. This was due to an overspend on maintenance including some unplanned work on plant and the repainting and cleaning of the tennis courts at Exe Valley, as well as payment of the feasibility study for the extension there. A promotion in the previous year, which gave 15 months membership for the price of 12, had resulted in a drop of renewals but this was expected to rectify itself in October. Swimming income was down for both sites but this was a national trend.

Note: - * Report previously circulated and attached to Minutes.

23 **IDENTIFICATION OF ITEMS FOR THE NEXT MEETING**

Leisure Services
Clinical Commissioning Group
Youth Services

(The meeting ended at 3.50 pm)

CHAIRMAN

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COMMUNITY WELL BEING PDG
2015

13 OCTOBER

PRESENTATIONS BY EXTERNAL AGENCIES IN RECEIPT OF AN ANNUAL COUNCIL GRANT

Cabinet Member **Cllr C Slade**
Responsible Officer **Grants and Funding Officer**

Reason for Report: To provide supporting information on the agencies invited to give a short presentation on their work and the value of their annual grant award from the district council.

RECOMMENDATION: That the Policy Development Group notes the report as presented.

Relationship to Corporate Plan: The allocation of grants provides support to external agencies delivering services that advance the council's corporate priorities. Grant allocations tend to be most closely aligned to the Empowering our Communities priority, although they also have a bearing on other strategic objectives, such as Economic Development, including tourism, and Housing.

Financial Implications: Presentations by agencies in receipt of an annual grant award will enable the Policy Development Group to form a better understanding of their work and the benefit of the council's grant allocation. This will lead to more informed decision making when the PDG is asked to recommend grant award levels for 2016/17.

Risk Assessment: There is minimal risk to the council in receiving presentations from annually grant funded agencies, although the Policy Development Group will need to take into account that the current term of the council's Corporate Plan, against which grant awards are assessed, is currently being reviewed.

1.0 Introduction

- 1.1 In 2015/16 the council will award grants totalling £178,225 to twelve agencies providing fourteen services (Tiverton Museum of Mid Devon Life also delivers a tourist information service from the museum, while Tiverton and District Community Transport Association also manages community transport services in Crediton and its rural hinterland).
- 1.2 Over the last five financial years, grant payments to external agencies have been reduced from £240,290 (2011/12) to £178,225, representing a 26% decrease.
- 1.3 There is an ongoing demand to identify savings from all council services to accommodate an assumed 10% reduction in government grant for 2016/17. As part of the budget setting process for next financial year, an indicative saving of £20,000 has been proposed from the grants budget.

- 1.4 The council has established a track record of carefully managing grant reductions in order that the impact on agencies providing services to the district's most vulnerable residents is minimised. Over the last two years, more severe decreases in annual grant to individual agencies have been avoided by reducing the Seed Fund budget. However, as the Seed Fund budget stands at £1,075 for 2015/16, it cannot be deployed to protect agencies against reductions in 2016/17.
- 1.5 Should the Policy Development Group be required to recommend savings from the grant budget for 2016/17 it may be faced with challenging and potentially unpopular choices.
- 1.6 The purpose of introducing presentations by annually grant funded agencies is to help Members form a better understanding of the work and services each agencies provides, and how the council's grant enables the delivery of these services to take place.
- 1.7 Two grant funded agencies are invited to each give a fifteen minute presentation on their work, with an additional five minutes for questions and answers. The style of and media for each presentation will be for individual agencies to determine.
- 1.8 To date, presentations have been received from the following agencies:
- The Citizens Advice Bureau and the Grand Western Canal in January 2015;
 - The Tiverton Museum of Mid Devon Life and Tiverton and District (including Crediton and District) Community Transport in March 2015;
 - Involve – Voluntary Action in Mid Devon and the Churches Housing Action Team (CHAT) in June 2015, and
 - Age UK Mid Devon and Tiverton Tourism Information Service in August 2015.
- 1.9 The schedule for forthcoming Community Wellbeing PDG meetings is:

13 October 2015	(1) Market Centre Youth Drop-In, Tiverton and (2) Community Housing Aid Nightstop Service
8 December 2015	(1) Crediton Arts Centre, (2) Sunningmead Community Association and (3) Blackdown Support Group

2.0 The Market Centre Youth Drop-In

- 2.1 The Market Centre Youth Drop-In is a registered charity (number 1075456) based in Newport Street, Tiverton, in premises leased from the district council.
- 2.2 Formed in 1999, the Centre works with 11-19 year olds offering support, information, activities and services.

- 2.3 The council's annual grant award to the Market Centre Youth Drop-In over the last five years has been:

Financial Year	Grant Awarded
2015/16	£2,750
2014/15	£3,000
2013/14	£3,000
2012/13	£3,500
2011/12	£3,950

- 2.4 The Market Centre Youth Drop-In's lease for using the Newport Street premises has been reviewed over the last twelve months and increased from £5 to £1,000 per annum.

3.0 Community Housing Aid Nightstop Service

- 3.1 Community Housing Aid is a registered charity (number 1071945) that provides practical advice and support for people who are homeless or vulnerably housed in Exeter, Mid and East Devon. The charity, which was named the UK's charity of the year in 2011, is based in Exeter.
- 3.2 Nightstop is one of a number of services provided by the charity and the district council's grant is given specifically to maintain and develop this provision. Nightstop provides same day emergency overnight accommodation for young homeless people, between the ages of 16-25, in the homes of volunteer hosts who have been trained and vetted.
- 3.3 The council's annual grant award to the Nightstop service since 2011/12 has been:

Financial Year	Grant Awarded
2015/16	£2,500
2014/15	£2,500
2013/14	£2,500
2012/13	£2,500
2011/12	£2,500

Contact for more information: Paul Tucker (Grants and Funding Officer, ext. 4930; email: ptucker@middevon.gov.uk)

Circulation of the report: Management Team, Cllr C Slade, Head of Communities and Governance, Head of Finance and Section 151 Officer, Community Development and Regeneration Manager.

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**COMMUNITY WELLBEING PDG
13 OCTOBER 2015**

AGENDA ITEM:

**Regulation of Investigatory Powers Act 2000 (RIPA)
RIPA Policy and procedures**

**Cabinet Member Cllr Mrs M Squires
Responsible Officer Head of Communities and Governance**

Reason for Report: To review and make recommendation to Cabinet that they approve the Council's updated RIPA policy

RECOMMENDATION(S):

1. That the Cabinet approve the updated RIPA policy as attached as Appendix 1;

Relationship to Corporate Plan: To approve the RIPA policy on an annual basis is a requirement of being a well-managed Council.

Financial Implications: None

Legal Implications: As set out in the policy

Risk Assessment: None

1.0 Introduction

- 1.1 The Council's RIPA policy was considered by a Surveillance Inspector of the Office of Surveillance Commissioners during an inspection in April 2015. The comments of the Surveillance Inspector were that the policy is 'a succinct and thorough guide which will be of assistance to applicants and authorising officers alike'.
- 1.2 The Office of Surveillance Commissioners has stated that it is good practice to review and update the RIPA Policy on an annual basis. Therefore the policy has been reviewed in light of the Office of Surveillance Commissioner's report and in accordance with good practice.

Contact for more Information: Amy Tregellas Head of Communities and Governance (T: 01884) 234246, E atregellas@middevon.gov.uk) or Simon Johnson, Legal Services Manager (T: (01884) 255255, E: sjohnson@middevon.gov.uk)

Circulation of the Report: Cllr Mrs M Squires and MT

MID DEVON DISTRICT COUNCIL

RIPA POLICY

USE OF DIRECTED SURVEILLANCE AND COVERT HUMAN INTELLIGENCE SOURCES REGULATION OF INVESTIGATORY POWERS ACT 2000

1.0 INTRODUCTION

- 1.1 The Regulation of Investigatory Powers Act 2000 (RIPA) regulates the use of covert investigative techniques by public authorities. It provides for the application for and granting of authorisations for those techniques covered by the Act.
- 1.2 Article 8 of the European Convention on Human Rights provides a right to private and family life. This is not an absolute right; it may be infringed in certain circumstances. The RIPA is designed to provide a statutory regulatory framework, which will meet the requirements of the European Convention on Human Rights.

2.0 PURPOSE

The purpose of this policy procedure is to ensure that the Council complies with the requirement of RIPA and that appropriate authorisations are given for covert surveillance, the use of covert human intelligence sources and the acquisition and disclosure of communications data ~~are given when necessary.~~

3.0 ASSOCIATED DOCUMENTS

3.1 Background documents

Report to the Council's Policy and Development Committee –15.02.01

3.2 Statutes and Statutory Instruments

- (a) Regulation of Investigatory Powers Act 2000
- (b) Human Rights Act 1998
- (c) Police and Criminal Evidence Act 1984
- (d) Regulation of Investigatory Powers (Directed Surveillance and Covert Human Intelligence Sources) Order 2010
- (e) Protection of Freedoms Act 2012

3.3 Guidance

- (a) Explanatory Notes to RIPA
- (b) Code of Practice on use of covert surveillance and property interference
- (c) Code of Practice on for the use of covert human intelligence sources
- (d) Code of Practice on for the acquisition and disclosure of communications data
- (e) Home Office Web Site <http://www.homeoffice.gov.uk/counter-terrorism/regulation-investigatory-powers> <https://www.gov.uk/guidance/surveillance-and-counter-terrorism#local-authority-use-of-ripa>

(f) — ~~LACORS List of frequently asked questions~~

All Codes of Practice are available on the Home Office Web Site
<https://www.gov.uk/government/collections/ripa-codes>

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4.0 SCOPE

The Act provides a regime of primary legislation and Codes of Practice, which divide covert investigation techniques into categories distinguished to an extent by the degree of intrusion involved. This procedure applies to all investigation and surveillance that may be subject of an authorisation under RIPA.

4.1 The Act covers the following investigatory powers:

- (1) Part I (Chapter I) - interception of communications
- (2) Part I (Chapter II) - the acquisition of communications related data e.g. telephone billing data
- (3) Part II deals with:
 - intrusive surveillance on residential premises or in private vehicles
 - directed surveillance i.e. covert surveillance in the course of a specific operation
 - the use of covert human intelligence sources e.g. agents, informants, undercover officers
- (4) Part III - deals with the power to seize electronic keys giving access to encrypted computer material
- (5) Part IV - provides for scrutiny, complaint procedures and codes of practice

4.2 This policy document relates to the **use of directed surveillance and covert human intelligence sources**. It does not cover the acquisition and disclosure of communications data as it is not anticipated that this power will be used by the Council. If authorisation is however sought for this type of activity, guidance must be sought from Legal Services before any operation or investigation is undertaken. It does not cover intrusive surveillance because local authorities are not allowed to do this. Intrusive surveillance is the covert (i.e. secret) surveillance of anything taking place in residential premises or a private car and involves the presence of an individual on the premises or in the vehicle or is carried out by means of a surveillance device.

4.3 RIPA sets out the purposes for which each of these powers may be used, the Agencies and authorities that can use them and who should authorise the use. Authorisation under RIPA gives lawful authority for the use of these methods of obtaining information provided there is compliance with the statutory requirements and procedures. Obtaining an authorisation will ensure that the action is carried out

in accordance with law and subject to stringent safeguards against abuse. It will also make the action less vulnerable to challenge under the Human Rights Act 1998.

- 4.4 For district councils, the Act does not allow directed surveillance or CHIS at all except for the purpose of preventing or detecting crime or preventing disorder. For example, this means that you cannot carry out these covert activities prior to the service of a statutory notice, unless you believe an offence may have been committed, may be about to be committed, or there could be public disorder. Your only option in other cases will be to carry out overt – open, non-secretive – surveillance.
- 4.5 Services likely to conduct investigations covered by this Act are Planning, Environmental Health, Housing, ~~Benefits~~ and Audit. However, any officer of the Council if he or she conducts an investigation using methods or techniques covered by this Act is required to seek the necessary authorisation, provided always that the purpose of the investigation is the one which the Act says can justify covered surveillance – see 4.4 above.

5.0 ACTIVITY REQUIRING AUTHORISATION

5.1 The following types of activity will require authorisation:

- directed surveillance
- the conduct and use of covert human intelligence sources
- obtaining communications data

5.2 Directed surveillance is, in essence, any activity undertaken covertly for the purpose of a specific investigation in such a way that is likely to result in obtaining information about a person's private life.

5.3 A covert human intelligence sources (CHIS) is effectively an inside informant or undercover officer, i.e. someone who develops or maintains their relationship with the surveillance target, having the covert purpose of obtaining or accessing information for the investigator. Council officers may act as CHIS when undertaking social media research. For a more detailed definition see section 26 of the Act.

6.0 APPLYING FOR AUTHORISATIONS

6.1 The Head of ICT, ~~the Head of Environmental Services~~, the Head of Finance and the ~~Benefits Manager~~ Head of Communities and Governance are authorising officers for ~~officers in his/her Service~~the Council. In the absence of the nominated authorising officer, applications for authorisation should be submitted to Chief Executive who also has the delegated authority to issue authorisations in relation to any service of the Council. Authorising officers may authorise for any service within the Council.

6.2 Any officer intending to use directed surveillance or a CHIS shall apply for authorisation from the authorising officer or in their absence from the Chief Executive as Head of Paid Service or in his absence a Head of Service who is an authorising officer by completing the appropriate application form as set out at **Appendix DS/1 or CHIS/1**.

6.3 ~~In urgent cases an application may be made orally e.g. if the investigating officer is at Crediton and there is a pressing need to conduct directed surveillance immediately they can make an application by telephone. Where an officer has requested and received authorisation orally they must, as soon as is reasonably practicable, record~~

~~in writing a statement that the authorising officer has expressly authorised the action and pass it to the authorising officer for endorsement.~~

- 6.4 Special care needs to be taken with **confidential personal information**. This is information held in confidence relating to the physical or mental health or spiritual counselling concerning an individual (whether living or dead) who can be identified from it. Such information, which can include both oral and written communications, is held in confidence if it is held subject to an express or implied undertaking to hold it in confidence or it is subject to a restriction on disclosure or an obligation of confidentiality contained in existing legislation. Examples might include consultations between a health professional and a patient, or information from a patient's medical records. This also includes legally privileged material, journalistic materials and information given to a Member of Parliament. Owing to the very sensitive nature of this type of information authorisations potentially involving confidential personal information must always be made by the **Chief Executive** or in his absence the Head of Communities and Governance ~~Head of Service who is an authorising officer.~~
- 6.5 When completing the application always include a full account of the steps to be taken in the investigation which require authorisation.

7.0 GRANTING OF AUTHORISATIONS FOR DIRECTED SURVEILLANCE

- 7.1 Section 28 provides that a person shall not grant authorisation for *directed surveillance* unless he believes that the authorisation is necessary on one of the statutory grounds and the authorised surveillance is proportionate to what is sought to be achieved by it. The applicant and the authorising officer must both consider whether it is necessary to use covert surveillance in the investigation. From 5 January 2004, only one ground applied to district councils and it is therefore the only one which can be used to justify an authorisation.

That ground is

- for the purpose of preventing or detecting crime or of preventing disorder

- 7.2 The authorising officer in determining whether the surveillance is proportionate will give particular consideration to any collateral intrusion on or interference with the privacy of persons other than the subject(s) of the surveillance. The Home Office Code of Practice has the following to say on the issue of proportionality:

"3.4 if the activities are deemed necessary on...the statutory grounds, the person granting the authorisation... must also believe that they are proportionate to what is sought to be achieved by carrying them out. This involves balancing the seriousness of the intrusion into the privacy of the subject of the operation (or any other person who may be affected) against the need for the activity in investigative and operational terms.

3.5 The authorisation will not be proportionate if it is excessive in the overall circumstances of the case. Each action authorised should bring an expected benefit to the investigation or operation and should not be disproportionate or arbitrary. The fact that a suspected offence may be serious will not alone render intrusive actions proportionate. Similarly, an offence may be so minor that any deployment of covert techniques would be disproportionate. No activity should be considered proportionate if the information which is sought could reasonably be obtained by other less intrusive means.." Home Office Code of Practice on Covert Surveillance and Property Interference.

A useful prompt is to ask yourself “ Is there any other way of obtaining the evidence?”. There is a need to consider the following:

- (i) Whether the use of covert surveillance is proportionate to the mischief being investigated, and
- (ii) Whether it is proportionate to the likely intrusion on the target and others, and
- (iii) Whether all other reasonable means of acquiring the evidence have been considered.
- (iv) What other methods had been considered and why they were not implemented.

7.3 Authorisations must be given in writing ~~except as mentioned above where an urgent oral authorisation is required~~. It is possible that authorising officers may face cross-examination in court about the authorisation some time after it is granted— and memories fade. It is therefore important that a full written record of what you are being asked to authorise appears on the application form. If in doubt ask for more detail.

7.4 ~~A~~ authorising officers should not be responsible for authorising their own activities.

7.5 All RIPA authorisations must be approved by a Magistrate before an authorisation becomes effective, directed surveillance is undertaken, communications data is obtained or an application is made for a Covert Human Intelligent Source. Directed surveillance can only be authorised ~~where the offence investigated meets the seriousness test that is where the offence attracts a custodial sentence of 6 months or longer~~, where the following conditions apply;

(1) The first condition is that the authorisation under section 28 is for the purpose of preventing or detecting conduct which—

- (a) constitutes one or more criminal offences, or
- (b) is, or corresponds to, any conduct which, if it all took place in England and Wales, would constitute one or more criminal offences.

(2) The second condition is that the criminal offence or one of the criminal offences referred to in the first condition is or would be—

- (a) an offence which is punishable, whether on summary conviction or on indictment, by a maximum term of at least 6 months of imprisonment.

7.6 Duration of Authorisations and Reviews

An authorisation in writing ceases to have effect at the end of a period of 3 months beginning with the day on which it took effect. So an authorisation starting 1st January would come to an end on 31st March. ~~Urgent oral authorisations will cease to have effect after 72 hours, beginning with the time when the authorisation was granted.~~ Regular reviews of authorisations should be undertaken. The results of the review should be recorded on **Appendix DS/2** and a copy filed on the central record of authorisations. If the surveillance provides access to confidential information or involves collateral intrusion more frequent reviews will be required . The Authorising Officer should determine how often a review should take place.

7.7 Renewals

7.7.1 While an authorisation is still effective the authorising officer can renew it if he considers this necessary for the purpose for which the authorisation was originally given. The authorisation will be renewed in writing for a further period, beginning with the day when the authorisation would have expired but for the renewal and can be for a period up to 3 months.

7.7.2 Applications requesting renewal of an authorisation are to be made on the appropriate form as set out at **Appendix DS/3** and submitted to the authorising officer. The renewal must be granted before the original authorisation ceases to have effect.

7.7.3 Applications for renewal will record:

- whether this is the first renewal, if not, every occasion on which the authorisation has previously been renewed
- the significant changes to the information in the initial authorisation
- the reasons why it is necessary to continue with the surveillance
- the content and value to the investigation or operation of the information so far obtained by the surveillance
- The results of regular reviews of the investigation or operation.

7.8 Cancellations

The person who granted or last renewed the authorisation **MUST** cancel it if he is satisfied that the directed surveillance no longer meets the criteria for authorisation. Requests for cancellation will be made on the appropriate form as set out at **Appendix DS/4** and submitted to the authorising officer for authorisation of the cancellation. All directed surveillance cancellations must include directions for the management and storage of any surveillance product.

8.0 GRANTING OF AUTHORISATION FOR THE CONDUCT AND USE OF COVERT HUMAN INTELLIGENCE SOURCES (CHIS)

8.1 The same requirements of necessity and proportionality exist for the granting of these authorisations as are set down for directed surveillance.

8.2 Additionally the authorising officer shall not grant an authorisation unless he /she believes that arrangements exist for the source's case which satisfy the following requirements:

- there will at all times be an officer with day to day responsibility for dealing with the source and the source's security and welfare
- there will at all times be an officer who will have general oversight of the use made of the source

- there will at all times be an officer with responsibility for maintaining a record of the information supplied by the source
 - records which disclose the identity of the source will not be available to persons except to the extent that there is a need for access to them to be made available
- 8.3 Similarly before authorising use or conduct of the source, the authorising officer must be satisfied that the conduct/use is proportionate to what the use or conduct of the source seeks to achieve, taking into account the likely degree of intrusion into privacy of those potentially effected for the privacy of persons other than those who are directly the subjects of the operation or investigation. Measures should be taken, wherever practicable, to avoid unnecessary intrusion into the lives of those not directly connected with the operation.
- 8.4 Particular care is required where people would expect a high degree of privacy or where, as a consequence of the authorisation 'confidential material' is likely to be obtained.
- 8.5 Consideration is also required to be given to any adverse impact on community confidence that may result from the use or conduct of a source or information obtained from that source.
- 8.6 Additionally, the authorising officer should make an assessment of any risk to a source in carrying out the conduct in the proposed authorisation.
- 8.7 Authorisation for the use of a CHIS must be given in writing ~~with the same proviso for urgent cases as exists in the case of authorisations for directed surveillance~~. Only the Chief Executive or in his absence a Head of Service who is an authorising officer may authorise the use of a juvenile or vulnerable CHIS.
- 8.8 Ideally the authorising officers should not be responsible for authorising their own activities e.g. those in which they themselves are to act as a source or in tasking a source. However it is recognised that this will not always be possible especially in the case of small departments. Authorisations must be approved by a Magistrate, see paragraph 7.5. The Legal Services Manager will arrange the appointment before the Magistrate(s) and explain the procedure to the Authorising Officer. The Legal Services Manager and the Authorising Officer will be required to attend before the Magistrate(s) to seek the Magistrate's approval to the authorisation.
- 8.9 An application for authorisation for the use or conduct of a source will be made on the appropriate form as set out at **Appendix CHIS/1** and must record:
- Details of the purpose for which the source will be tasked or deployed.
 - The reasons why the authorisation is necessary in the particular case and on the grounds on which authorisation is sought (e.g. for the purpose of preventing or detecting crime or disorder).
 - Where a specific investigation or operation is involved details of that investigation or operation.
 - Details of what the source would be tasked to do.
 - Details of potential collateral intrusion and why the intrusion is justified.

- Details of any confidential material that might be obtained as a consequence of the authorisation.
- The reasons why the authorisation is considered proportionate to what it seeks to achieve.
- The level of authorisation required.
- A subsequent record of whether authorisation was given or refused by whom and the time and date.
- ~~Additional requirements are set out in paragraph 5.11 of the Code of Practice for urgent cases.~~

8.10 Duration of Authorisations

A written authorisation, unless renewed, will cease to have effect at the end of a period of twelve months beginning with the day on which it took effect except in the case of a juvenile CHIS which has a duration of one month. Oral authorisations will, unless renewed, last 72 hours.

8.11 Renewals

As with authorisations for directed surveillance authorisations for the conduct and use of covert human intelligence sources can be renewed, the same criteria applying. However before an Authorising Officer renews an authorisation, he must be satisfied that a review has been carried out of the use of a CHIS and that the results of the review have been considered. Applications for renewal must be made on the appropriate form as set out at **Appendix CHIS/3** and submitted to the authorising officer. However an application for renewal should not be made until shortly before the authorisation period is coming to an end.

- 8.12 An authorisation may be renewed more than once – provided it continues to meet the criteria for authorisation.

8.13 Reviews

Regular reviews of authorisations should be undertaken. The results of the review should be recorded on **Appendix CHIS/2** and a copy filed on the central record of authorisations. If the surveillance provides access to confidential information or involves collateral intrusion frequent reviews will be required. The authorising officer should determine how often a review should take place.

- 8.14 Before an authorising officer renews an authorisation he must be satisfied that a review has been carried out of:

- The use made of the source during the period authorised
- The tasks given to the source
- The information obtained from the use or conduct of the source

8.15 If the authorising officer is satisfied that the criteria necessary for the initial authorisation continue to be met, he may renew it in writing as required.

8.16 **Cancellations**

The officer who granted or renewed the authorisation **MUST** cancel it if he/she is satisfied that

- the use or conduct of the source no longer satisfies the criteria for authorisation, or
- that the arrangements for the source's case no longer exist

8.17 Requests for cancellation will be made on the appropriate form as set out at **Appendix CHIS/4** and submitted to the authorising officer for authorisation of the cancellation. All CHIS cancellations must include directions for the management and storage of any surveillance product.

8.18 **Management Responsibility**

The day to day contact between the Council and the source is to be conducted by the handler, who will usually be an officer below the rank of the authorising officer. No vulnerable person or young person under the age of 18 should be used as a source.

8.19 **Security and Welfare**

Account must be taken of the security and welfare of the source. The authorising officer prior to granting authorisation should ensure that an assessment is carried out to determine the risk to the source of any tasking and the likely consequences should the target know the role of the source.

8.20 **Confidential Material**

Where the likely consequence of the directed surveillance or conduct of a source would be for any person to acquire knowledge of confidential material the deployment of a source should be subject to special authorisation. In these cases the proposed course of conduct must be referred to the Head of Paid Services or (in his absence) a Head of Service for a decision as to whether authorisation may be granted.

9.0 **MAINTENANCE OF RECORDS**

9.1 Each Service shall keep in a dedicated place

- a record of all authorisations sought
- a record of authorisations granted and refused
- applications for the granting, renewal and cancellation of authorisations

- 9.2 The records will be confidential and will be retained for a period of 3 years from the ending of the authorisation.
- 9.3 Each authorising officer shall ~~every two months send a report together with~~ original copies of all applications/authorisations, reviews, renewals and cancellations ~~granted during the preceding two months to the Legal Services Manager~~ RIPA Co-ordinating Officer when drafted who will maintain a central record of all authorisations. The report will include details of the level of compliance with the requirements for authorisation.
- 9.4 Authorising officers will ensure compliance with the appropriate data protection requirements and any relevant codes of practice produced by individual authorities in the handling and storage of material.
- 9.5 Where material is obtained by surveillance which is wholly unrelated to a criminal or other investigation or to the person subject of the surveillance and no reason to believe it will be relevant to future civil or criminal proceedings it should be destroyed immediately. The decision to retain or destroy material will be taken by the relevant authorising officer.

10.0 **AWARENESS OF THE CONTENTS OF THE ACT AND TRAINING**

It shall be the responsibility of each Service Manager or other Authorised Officer to ensure that all staff involved or likely to be involved in investigations receive a copy of the training document, and are aware of the requirements and implications of the Act. It shall be the responsibility of the Head of Communities and Governance ~~Legal Services Manager~~ to ensure that all relevant officers have received appropriate training and are aware of the requirements and implications of the Act.

11.0 **CODES OF PRACTICE**

A copy of each Code of Practice shall be kept in the reception area and be available to members of the public during usual working hours.

12.0 ~~Legal Services Manager~~ Senior Responsible Officer and RIPA Co-ordinating Officer

The Head of Communities and Governance ~~Legal Services Manager~~ is the Senior Responsible Officer for the Council whose role is:

- (i) to be responsible for RIPA training throughout the Council;
- (ii) to ensure that all authorising officers are of an appropriate standard; and
- (iii) to be responsible for heightening RIPA awareness throughout the Council.

The Legal Services Manager is the RIPA Co-ordinating Officer for the Council whose role is:

- (i) to collate all original applications/authorisations, reviews, renewals and cancellations; and
- (ii) to keep the Central Record of Authorisations; and
- (iii) ~~to be responsible for RIPA training throughout the Council, and~~
- (iv) ~~to be responsible for heightening RIPA awareness throughout the Council.~~

- (v) ~~to ensure that all authorising officers are of an appropriate standard~~
- (iiiv) to notify the Leader of the Council of the receipt of authorisations from authorising officers.

13.0 MEMBER INVOLVEMENT

Members of the ~~Scrutiny Committee~~ Community Wellbeing PDG should review this policy annually to ensure that it remains fit for purpose. Cabinet will consider reports from the OSC. The ~~Scrutiny Committee~~ Cabinet should also consider reports on the use of the powers under the Act on a ~~half-yearly~~ regular basis which shall be at least every year to ensure that it is being used consistently with this policy. Members of the Council will not however be involved in making decisions on specific authorisations.

Inventory of Surveillance Equipment held by MDDC

1. Digital camcorder Canon serial number 0277B007AA
2. Digital camera Fujifilm serial number 5AL 24892.
3. Digital camera Fujifilm serial number 5AL 24898.
4. Prowler serial number G009809.
5. LTL Acorn 5210 serial number 106095816.

Standard Operating Procedure for use of Surveillance Equipment

1. The Council operates the surveillance equipment (Equipment) as set out in the Inventory.
2. The Equipment should be stored, when not in use, in a locked cabinet under the control of the Head of Communities and Governance ~~Benefits Manager~~.
3. Any Officer of the Council considering using the Equipment for covert surveillance in a public place must make a written request to the Head of Communities and Governance ~~Benefits Manager~~ or her delegate who will consider and decide in her absolute discretion whether the proposed use of the Equipment is appropriate bearing in mind the provisions of RIPA and the associated codes of practice.
4. Any Officer who uses the Equipment to record digital images may only view such images once captured and shall not download them on to a computer or other electronic storage facility.

~~5 The Benefit Fraud team undertake joint operations and investigations with the Department of Work and Pensions (DWP) and DWP officers are duly authorised to view, download and otherwise use the digital images captured by the Equipment solely for the purposes of considering whether a criminal prosecution ought to be brought and if so, for use of the images as evidence in the proceedings.~~

COMMUNITY WELL-BEING PDG 13 OCTOBER 2015

LOCAL GOVERNMENT DECLARATION ON TOBACCO CONTROL

Cabinet Member Cllr Colin Slade
Responsible Officer Simon Newcombe, Public Health and Professional Services Manager

Reason for Report: To provide information to members on the Local Government Declaration on Tobacco Control

RECOMMENDATION(S): That the Community Well-Being PDG support the principle of tobacco control and recommend to Cabinet that this Council to sign the Local Government Declaration on Tobacco Control

Relationship to Corporate Plan: Public health is not a specific objective in the current Corporate Plan, however the plan does note in its district profile and challenges that *“Although the health of Mid Devon residents is generally good, the provision of high-quality health services is still seen to be essential for people’s quality of life... There must be a focus on reducing preventable diseases, for example by tackling obesity, smoking, alcohol and substance misuse, improving sexual health and improving mental health and well-being.”*

Financial Implications: There are no specific financial implications from signing the Local Government Declaration

Legal Implications: Since 2005 the Council has been legally obliged to comply with the Framework Convention on Tobacco Control (negotiated through the World Health Organisation). Signing the Local Government Declaration explicitly commits the Council to abide by the Convention. Failure to comply with the requirements of the Framework Convention on Tobacco Control by the Council would place the UK in breach of its obligations to the Parties to the Treaty. The UK could be called to account for such breaches through Treaty mechanisms, although this risk is very small. The main risk would therefore be reputational.

Risk Assessment: There are no major risks arising from signing the Local Government Declaration. There may be adverse reputational risks from not doing so.

1.0 Background

1.1 In common with other areas, smoking is the single greatest cause of premature death and disease in Devon, and the single largest factor in health inequalities. It is also a major driver of poverty. The move of public health to local government presents an opportunity for local authorities at all levels to lead local action to tackle smoking, and to ensure that the tobacco industry is not able to influence local tobacco control policy.

1.2 **The impact of smoking**

Smoking and health

Every year in England more than 80,000 people die from smoking related diseases. This is more than the combined total of the next six causes of preventable deaths, including alcohol and drugs misuse. Smoking accounts for one third of all deaths from respiratory disease, over one quarter of all deaths from cancer, and about one seventh of all deaths from heart disease. On average a smoker loses 10 years of life.

Within Mid Devon, the latest health profile data available from Public Health England indicates that around 18% of the adult population smoke and there are 117 smoking related deaths per year, approximately one every three days.

1.3 **Reducing smoking in our communities significantly increases household incomes and benefits the local economy**

The annual cost of smoking to the UK national economy has been estimated at £13.7 billion equating to £200million in Devon alone. A smoker consuming a pack of twenty pre-rolled cigarettes a day will currently spend around £3,000 a year on their habit. Based on 2009 prices, poorer smokers proportionately spend five times as much of their weekly household budget on smoking than do richer smokers. With tobacco product prices rising faster than inflation and average income then this situation will have worsened. If poorer smokers quit they are more likely to spend the money they save in their local communities.

1.4 **Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities**

About half of all smokers in England work in routine and manual occupations. Workers in manual and routine jobs are twice as likely to smoke as those managerial and professional roles. The poorer and more disadvantaged you are, the more likely you are to smoke and as a result to suffer smoking-related disease. Ill-health caused by smoking is therefore much more common amongst the poorest and most disadvantaged communities.

1.5 **Smoking is an addiction largely taken up by children and young people**

Two thirds of smokers start before the age of 18, and across the UK more than 200,000 children aged between 11 and 15 start to smoke every year, even though it is illegal to sell cigarettes to anyone below the age of 18. Two thirds of smokers say they began before they were legally old enough to buy cigarettes. Research shows that by the age of 20, four fifths of smokers regret they ever started. Growing up around smoke puts children at a major health disadvantage in life. Children exposed to tobacco smoke are at much greater risk of cot death, meningitis, lung infections and ear disease, resulting in around 10,000 hospital admissions nationally each year.

1.6 **The Smoking Epidemic**

The tobacco industry needs to recruit 200,000 smokers a year in the UK to maintain current levels of consumption, replacing those smokers who have stopped or who have died from diseases related to their addiction. The great majority of these new smokers will be under 18 years old. Although tobacco advertising is now banned in the UK, the tobacco multinationals use packaging of their products to try to attract young people in general, with specific brands aimed at target groups such as young women.

1.7 **The illicit trade in tobacco funds the activities of organised criminal gangs and gives children access to cheap tobacco**

HM Revenue and Customs estimate that in 2012/13, the illicit market in cigarettes accounted for about 9% of the UK market, and the illicit market in hand-rolled tobacco accounted for about 36% of the UK market. The total amount of revenue lost to the Exchequer was estimated at £2 billion in total.

2.0 **Framework Convention on Tobacco Control**

2.1 The Framework Convention on Tobacco Control (FCTC) is the world's first public health treaty, negotiated through the World Health Organisation. It has been ratified by more than 170 countries, including the UK. Key provisions include support for: price and tax measures to reduce the demand for tobacco products; public protection from exposure to tobacco smoke; regulation of the contents of tobacco products; controlling tobacco advertising, promotion and sponsorship; measures to reduce tobacco dependence and promote cessation; tackling illicit trade in tobacco products; and ending sales to children.

2.2 Article 5.3 of FCTC commits Parties to protecting their public health policies from the commercial and vested interests of the tobacco industry and the UK has explicitly committed to live up to this obligation in chapter 10 of the Tobacco Control Plan for England (Dept. of Health 2011). The FCTC is binding on all levels of Government, including local government. The national tobacco control plan aims to reduce smoking prevalence, in line with the FCTC commitment "*to reduce continually and substantially the prevalence of tobacco use.*" Specifically, the national plan is to cut the number of smokers by 210,000 every year.

3.0 **Local Government Declaration on Tobacco Control**

3.1 The Local Government Declaration on Tobacco Control (Appendix A) is a response to the huge impact that smoking has on our communities. It is a commitment to take action and a statement about a local authority's dedication to protecting local communities from the harm caused by smoking.

3.2 This is a cross-party Declaration built on the same principles as the Nottingham Declaration on Climate Change. At the time of writing, the Tobacco Declaration has been signed by 100 authorities since inception in March 2013 including all other Devon Councils. The number of signatories is increasing on average by approximately four authorities per month nationally.

- 3.3 Everything contained in the Declaration has previously been committed to at a national level by all major political parties. The Declaration is also strongly supported by the wider public health community including the Chartered Institute of Environmental Health, Trading Standards Association and the Association of Directors of Public Health as well as Public Health England, the Public Health Minister and the Chief Medical Officer.
- 3.4 The declaration has key strategic support at County level with the Devon County Council Health and Wellbeing board signing the declaration in January this year. The Director of Public Health at Devon County Council subsequently wrote to all Devon districts stating *“We should be delighted if you could join us in this public statement of commitment to reducing smoking prevalence in the County. In essence the Declaration commits councils to take local action in reducing smoking reducing prevalence and health inequalities, develop plans with partners and local communities, participate in local and regional networks, support Government action at a national level, protect tobacco control work from the commercial and vested interests of the tobacco industry, monitor the progress of plans and join the Smokefree Action Coalition.”*
- 3.3 Much work is already being done at district level working with the Smokefree Devon Board. The declaration therefore strengthens and underpins initiatives within Mid Devon including the smoke-free play areas, support to the annual ‘Stoptober’ challenge and our corporate commitment to supporting staff through smoking cessation. Furthermore, one of four local health inequality priorities for action adopted by Mid Devon this year is working in partnership to address cardiovascular disease and cancer prevention which have clear links to smoking.
- 3.4 The FCTC is binding on local government, so strictly speaking there is no need for Council to sign up to the Declaration which makes that commitment explicit. This option is not recommended because the binding commitments are little known within local government. Signing the Declaration and the actions that follow will raise awareness and thus limit the likelihood of the Council breaching UK Treaty obligations. Signing the Declaration will also show strong leadership on a key public health issue in Mid Devon.
- 3.5 In signing the declaration, there is a specific commitment to review our current policies and strategies and develop plans. There is an opportunity to undertake this as part of our commitment to a temporary (two-year) Public Health Officer within the Public Health service (currently under recruitment) and the outline these findings in the production of a wider Mid Devon Public Health Strategy.

4.0 **Five steps to signing the Declaration**

The Local Government Declaration on Tobacco Control web page outlines five steps to signing the Declaration.

4.1 **Step 1: Briefing our stakeholders**

There are many tobacco control stakeholders who will have an interest in the Declaration. In terms of local decision making the local stakeholders at Mid Devon include:

- The Community Well-Being PDG
- The Cabinet Member for Community Well-Being
- The Corporate Management Team
- Devon County Council Director of Public Health/Public Health team

The commitment to the Declaration is led by Devon County Council locally and the purpose of this report is to brief the PDG.

The Declaration and this report are fully endorsed by the Cabinet Member for Community Well-Being and the Corporate Management Team/Chief Executive through consultation undertaken in August and September this year.

4.2 **Step 2: Ensure all necessary signatories are familiar with the Declaration**

The Declaration will need to be signed up to by:

- The Leader of the Council
- Chief Executive
- DCC Director of Public Health

The Chief Executive has endorsed signing up to the Declaration and the Cabinet Member for Community Well-Being has informally briefed the Leader of the Council ahead of formal review by this PDG.

4.3 **Step 3: Identify the route the council will take to endorse sign-up**

This will vary by local circumstances. At district level endorsement is typically achieved by an initial policy debate and recommendation to either Cabinet or Full Council. On the advice of the Head of Communities and Governance, it is confirmed this is not a key decision so the correct constitutional process in this instance is for the PDG to make a recommendation to Cabinet should it wish.

4.4 **Step 4: Prepare notice of motion and table the Declaration**

A councillor or senior officer in a leadership position will need to champion the Declaration through the democratic process. Accordingly, this report contains a recommendation to Cabinet and includes a copy of the Declaration in full (Appendix A). The Declaration is co-championed by Cllr Slade (Cabinet Member for Community Well-Being) and the Public Health and Professional Services Manager.

4.5 **Step 5: Sign-up**

This provides an opportunity to promote signing up to the Declaration with the local media. There is requirement to contact the Smokefree Action Coalition so that they update the Declaration website detailing this Council as a signatory.

5.0 **Other implications**

- 5.1 Councils which sign up to the Declaration are committing to taking action on smoking, and will develop plans in partnership to reduce smoking prevalence, monitor progress and publish the results. This work is largely on-going through working closely with Public Health at Devon County Council in respect of tackling health inequalities and joint working under the provisions of the Health and Social Care Act 2012.
- 5.2 There are also established smoking policies and information in place corporately in that demonstrate not only our compliance with workplace smoke-free legislation but also our commitment providing access to advice and support for staff who wish to cease smoking.
- 5.3 Councils will also need to ensure that the tobacco industry is not able to exert influence. This will require reviews of any relevant work programmes (see section 3.5) including any which the tobacco industry has an involvement. There are no such programmes identified however as Council we continue to support programmes such as the Keep Britain Tidy Group's 'Love Where You Live' campaign, which was sponsored by Imperial Tobacco until recently. We should also ensure therefore that there are safeguards against direct or indirect tobacco company influence through lobbying or other means.

Contact for more Information: Simon Newcombe, Public Health and Professional Services Manager, 01884 244615 or snewcombe@middevon.gov.uk)

Circulation of the Report:

Cabinet Member for Community Well-Being (Cllr Colin Slade)
Leader of the Council (Cllr Clive Eginton)
Management Team

List of Background Papers:

Mid Devon Health Profile

www.apho.org.uk/resource/view.aspx?RID=171867

World Health Organisation Framework Convention on Tobacco Control and guidance notes.

http://www.who.int/fctc/text_download/en/index.html and

http://www.who.int/fctc/guidelines/adopted/article_5_3/en/index.html

Health and Social Care Act 2012

<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

Local Government Declaration on Tobacco Control
<http://www.smokefreeaction.org.uk/declaration/index.html>

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

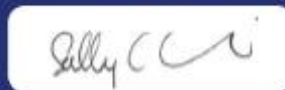
Jane Ellison, Public Health Minister, Department of Health



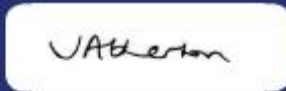
Duncan Selbie, Chief Executive, Public Health England



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 Jules, Chief Executive, Chartered Institute of Environmental Health



Leon Livermore, Chief Executive, Trading Standards Institute

