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| | Health and Wellbeing Board 19 January 2017 |
| Title | Report on the update of the Shisha campaign |
| Report of | Director of Public Health |
| Wards | All |
| Status | Public |
| Urgent | No |
| Key | Yes |
| Enclosures | None |
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| <h2>Summary</h2> |
| <p>The shisha Task and Finish group have worked to develop a health education campaign to raise awareness of the health harms of shisha smoking in Barnet. This report aims to inform the Health and Wellbeing Board of progress of the campaign and to give the Board an update on future actions.</p> <p>It is the intention of the Task and Finish group to continue to work on key actions as part of the second phase of the campaign. This includes working with young adults and secondary schools, educating Barnet's stop smoking advisers and undertaking another creative communications campaign in the new year. A final report will be presented to the Board detailing evaluation of the campaign and next steps for the Task and Finish group.</p> |

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| <h2>Recommendations</h2> |
| <ol style="list-style-type: none"> 1. That the Health and Wellbeing Board endorses the next phase of the Shisha campaign (sections 1.2-1.4) 2. That the Health and Wellbeing Board approves and supports the distribution of campaign materials and proposed communications techniques aimed at all Barnet residents. |

1. WHY THIS REPORT IS NEEDED

1.1 BACKGROUND

- 1.1.1. In March 2016, the Health and Wellbeing Board approved the formation of a shisha Task and Finish group to tackle the growing number of shisha bars in Barnet. Actions of the Task and Finish Group included developing and implementing a health education campaign aimed at Barnet residents in order to highlight the health risks associated with smoking shisha.
- 1.1.2. Other actions agreed were to undertake a broad communications strategy that tackled commonly held myths surrounding shisha smoking. Further to this, members of the Task and Finish group, lead a joint activity with HMRC to ascertain compliance and regulatory issues within the hot spot areas of N3 Finchley Church End. This was followed by engagement with local shisha businesses by Environmental Health to offer guidance on compliance with the Smoke Free Legislation.
- 1.1.3. The first phase of the campaign entailed developing evidenced based campaign messages. The health messages and art work was tested with three target groups, the general public, through the Citizens Panel group (including parents); BAME residents and young people, through the youth council. Following feedback from the focus group testing, campaign messages and designs were developed.
- 1.1.4. Having presented the campaign imagery and proposed location of posters to the Board; the feedback received, meant that a soft launch of the campaign was undertaken in the summer of 2016. This included the distribution of a strong image and adverts in bus shelters for two weeks, poster distribution to strategic sites across the borough including libraries and the creation of a dedicated shisha information webpage, focusing on myth busting. Further to this, all shisha businesses were contacted by Public Health and informed of the campaign and directed to the Council's website for further information.
- 1.1.5. Environmental Health distributed to all shisha premises a newly designed leaflet giving guidance on general business compliance and Smoke Free responsibilities. Also, as part of the initial work of gauging impact of the campaign (including assessing knowledge and understanding of health messages) a questionnaire was designed and hosted on the shisha webpage.
- 1.1.6. Endorsement is sought from the Board on the proposed communications approach to engagement with residents and all activities within the final phase of the campaign.

1.2 PHASE TWO OF THE SHISHA CAMPAIGN

- 1.2.1 In line with the agreed project plan, the second phase of the shisha campaign has now commenced. Public Health have commissioned a nationally well-known organisation called Cut Films, who specialise in working with young people in Barnet and across London on anti-smoking and anti-tobacco issues.

- 1.2.2 The approach taken by Cut Films is to change young people's perceptions of shisha smoking through the use of peer influence. Cut Films aim to deliver a strong and targeted tobacco education programme using social language that young people can understand and relate to.
- 1.2.3 The short film/advert that has been developed, has engaged with Barnet's young people and uses peer influence to make behaviour changes. The approach is evidence-based, using the Theory of Change Impact Model focusing on arriving at a solution to smoking shisha after identifying the health risks.
- 1.2.4 Cut Films have started to engage with all secondary schools and some youth groups. As part of the health education campaign, key messages are relayed to year nines up to sixth formers (13 – 18 year olds). The format is either to deliver an assembly or a workshop depending on year group and venue. A lesson plan is also shared with the school in order to ensure knowledge is retained at the school in the long term.
- 1.2.5 In addition to this, Public Health has commenced engagement with health professionals, specifically GP's and Pharmacies who deliver level 1 and 2 stop smoking advice. GP's and Pharmacies have been sent an online questionnaire to ascertain what their present knowledge of shisha is. This will be followed up by a briefing on shisha smoking, the risks associated with health and dispelling common myths. This includes supporting health professionals to raise the topic of shisha smoking for patients who smoke shisha.
- 1.2.6 Finally, the questionnaire will be sent out again to health professionals to assess knowledge gained from the briefing note. This will allow Public Health to ascertain and measure change in knowledge and confidence on discussing shisha.

1.3 COMMUNICATIONS

- 1.3.1 The updated communications strategy is an important element of phase two of the education campaign. Following the soft launch, it is proposed that phase two communications uses a more intensive approach, making use of a variety of techniques designed to engage with Barnet residents.
- 1.3.2 The aim of the communications strategy remains the same, engagement with residents, businesses and key partners who work with young people in the borough. However, it is proposed that the campaign (using the current imagery) re-launches in January 2017. Evidence has shown that the New Year is a good time to change unhealthy behaviours. Therefore, it has been agreed that this could be an opportune time to re-enforce health messages and dispel myths on shisha.

- 1.3.3 The communications campaign will use several techniques during 3 January up until the 10 February. During this time, residents will be encouraged to take part in the online questionnaire on the Council's shisha webpage. As an incentive, participants will have the opportunity to be entered into a prize draw and win one month's free membership with the borough's GLL Gyms. It is anticipated that the peak of the campaign will be from mid-January to the end of January 2017.
- 1.3.4 Communications tools that will be used during phase two of the campaign include:
- Social media posts on Twitter and Facebook.
 - Digital advertising, before, during and after the campaign – sign-posting internet users to the campaign webpage.
 - Partnership working with Middlesex University to promote the campaign to their students
 - Bus shelter panels and six sheet posters across Barnet.
- 1.3.5 In addition to this, Public Health and the communications team will be working together to develop a series of short video blogs (vlogs) to be posted on the Council's social media channels. This will take the form of an interview with a Doctor from the Public Health team discussing the health risks associated with smoking shisha.
- 1.3.6 Other channels include articles in Barnet First and the school circular and press releases.

1.4 EVALUATION

- 1.4.1 Public Health have also commissioned to measure the impact of the shisha campaign. This will be conducted by Word of Mouth Research (WMR) who are a social policy and public health organisation who will be using evidenced based research methods to understand the impact of all the interventions delivered by the Task and Finish group.
- 1.4.2 In addition to facilitating the focus groups and undertaking the testing of health messages for the poster campaign; WMR have designed the questionnaire on the shisha webpage and the questionnaire administered to health professionals and will be undertaking a full analysis of results in February 2017.
- 1.4.3 It will be the role of WMR to conduct and complete a full evaluation of the questionnaires used. In addition to this, WMR will evaluate the impact of Cut Films in secondary schools and undertake some comparison work on exposure to the shisha campaign on businesses in Barnet.

2. REASONS FOR RECOMMENDATIONS

2.1.1 Following the Health and Wellbeing meeting in September, the Board requested an update from the Task and Finish group. In response to this, the following recommendations have been made.

2.1.2 The recommendations are to ensure that the HWBB endorse:

- The general approach taken in phase two (final stage) of the campaign;
- The general approach taken in the communications strategy starting in January 2017;

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1.1 The alternative approach is for the communications strategy, Cut Films work with schools, briefings with GPs and pharmacies, engagement with shisha businesses and final evaluation to cease.

3.1.2 This is not recommended as the Task and Finish group agree that the messages and learning from the campaign from the evaluation offer an effective way of raising awareness of future health messages in Barnet. Furthermore, the campaign actively aims to educate and protect residents from the risks of smoking shisha.

4. POST DECISION IMPLEMENTATION

4.1.1 Once approval is gained from the Health and Wellbeing Board to continue the health education campaign targeting Barnet residents, the Task and Finish group will:

- Timetable the launch of the communications strategy for January 2017 using a range of media and social media techniques.
- Continue to engage with secondary schools, youth groups and Middlesex University to educate on the health risks associated with smoking shisha.
- Continue to work with regulatory services (in particular, Environmental Health and Strategic Planning) on shisha businesses.
- Raise the issue of shisha with GPs and Pharmacies Level 1 and 2 smoking advisers.
- Conduct and conclude a full evaluation on the campaign starting in February 2017 and to be completed in March 2017.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Council's Corporate Plan (2015-2020) highlights that Barnet's vision is that public sector services (including London Borough of Barnet) will be more integrated, intuitive and efficient.

5.1.2 The proposal to tackle shisha draws upon the fact that the corporate priority recognises Public Health as a priority theme across all services in

the council. The partnership Task and Finish group to tackle shisha in Barnet fits into the council vision of being integrated, intuitive and efficient service.

5.1.3 The Joint Health and Wellbeing Strategy (2015-2020) makes a commitment to reducing premature mortality due to cardiovascular disease and cancers. Smoking tobacco is a known contributory factor to these conditions. Also, tackling the growing use of shisha through health educational campaigns supports residents to adopt a healthy lifestyle which is one of the overarching aims of the strategy.

5.1.4 Finally, the commitments to growth and business identified in Entrepreneurial Barnet¹ and Strategic Planning provide an excellent springboard from which to develop the positive experience of those who work, live and study in Barnet through integrating responses to key public health issues and town centres.

5.2 RESOURCES (FINANCE & VALUE FOR MONEY, PROCUREMENT, STAFFING, IT, PROPERTY, SUSTAINABILITY)

5.2.1 The cost of the shisha campaign is being funded from the public health grant.

5.3 SOCIAL VALUE

5.3.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.3.2 From the services that were commissioned as part of the delivery of the shisha campaign, Public Health chose one provider (Cut Films). Cut Films offered additional social value by engaging and undertaking outreach with local young people in order to develop, produce and communicate the health risks associated with smoking shisha through a short film.

5.3.3 This additional social value has meant that capacity has been built within secondary schools and youth groups in building their knowledge of shisha.

5.4 LEGAL AND CONSTITUTIONAL REFERENCES

5.4.1 Under the Council's Constitution – Responsibility for Functions (Annex A) the terms of reference of the Health and Wellbeing Board includes:

¹ Entrepreneurial Barnet - <https://www.barnet.gov.uk/citizen-home/business/Entrepreneurial-Barnet.html>

- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care.
- To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health.
- To explore partnership work across North Central London where appropriate.
- Specific responsibilities for:
 - Overseeing public health
 - Developing further health and social care integration

5.5 RISK MANAGEMENT

5.5.1 The risk of discontinuing the second phase of the shisha campaign and the programme of activities, means that continuity of the health messages are lost. Given that the Task and Finish group undertook a 'soft launch' in August 2016, it is important that the campaign follows up with a more robust approach.

5.5.2 The impact of this means that, the council is able to learn (through the evaluation) how public health messages can be effectively communicated and potential ways of engaging with residents on key messages. This is particularly true of secondary schools and youth centres where Cut Films and award winning organisation has undertaken shisha work. It is the role of the Task and Finish group to oversee that these risks are mitigated.

5.6 EQUALITIES AND DIVERSITY

5.6.1 The communications campaign does not exclude, prevent or discriminate against any of the protected equality groups. Shisha smoking is traditionally more prevalent in certain (Middle Eastern) ethnic groups. However, in London, it is becoming more popular amongst all ethnic groups, particularly amongst young people.

5.6.2 Equality and Diversity issues are a mandatory consideration in decision making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

- 5.6.3 The specific duty set out in s149 of the Equality Act is to have due regard to need to:
- 5.6.4 *Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
- 5.6.5 *Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
- 5.6.6 *Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*
- 5.6.7 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.
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- 5.6.9 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.7 INSIGHT

- 5.7.1 The Joint Strategic Needs Assessment (2015-2020) highlights that smoking prevalence estimates in regular smokers amongst 11-15 year olds and 16-17 year olds is similar to the England average. However, data from The What About Youth (WAY) survey (2015) shows that compared with the rest of England, when all the Local Authorities in England are ranked in terms of proportion of respondents who have smoked 'other tobacco products', Barnet appears towards the middle of the rankings (15 out of 35 Local Authorities).

6. BACKGROUND PAPERS

- 6.1 Health and Wellbeing Board, Thursday 15th September, 2016. The Growing Issue of Shisha.

<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8714&Ver=4>