

	Health and Wellbeing Board 20th July 2017
Title	The Growing Issue Of Shisha Smoking In Barnet
Report of	Director of Public Health
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1: Evaluation of the Shisha campaign in Barnet
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Summary

The purpose of the report is to inform the Health and Wellbeing Board of the campaign that was undertaken by the Shisha Task and Finish group in order to tackle the growing issue of shisha smoking in Barnet. The report draws on the evaluation of the campaign and highlights the successes in terms of outputs of the group.

The evaluation report made recommendations based on the combination of coordinated enforcement delivery and health education and promotion activities. The overall conclusion of the report is that the campaign was well received by Barnet residents and was executed well due to the coordinated action from the Task and Finish group.

Included in the success of the shisha campaign was the strong communications work undertaken by the council's communication team, in partnership with Public Health. Also, engagement work undertaken with Barnet's young residents in schools and youth centres and the development of a short video - all of which resulted in strong media coverage both online and in print.

Recommendations from the report supports a more strategic approach aimed at protecting the health and wellbeing of residents through a wider commissioning strategy on smoking.

Recommendations

- 1. The Health and Wellbeing Board notes the successes of joined up activities to highlight the health risks associated with smoking shisha to the target audience.**
- 2. The Health and Wellbeing Board acknowledges the findings of the shisha evaluation report and supports the implementation of key recommendations.**
- 3. The Health and Wellbeing Board notes that further work on shisha will be taken forward by Smoking Prevention Working group for Barnet.**

1. WHY THIS REPORT IS NEEDED

- 1.1.1 The Health and Wellbeing Board agreed to receive a detailed report on the growing problem of Shisha in Barnet following a motion to full Council in December 2015 submitted by Councillor Hart which was referred to the Health and Wellbeing Board on 21st January 2016.
- 1.1.2 This report highlights how Public Health in collaboration with other council departments and key partners has addressed shisha smoking in Barnet.
- 1.1.3 In addition to this, this report summarises some of the key outputs of a comprehensive health education campaign aimed at educating Barnet residents on the health risks associated with smoking shisha.

1.2 SUMMARY OF SHISHA CAMPAIGN

- 1.2.1 Following a motion at Full Council in December 2015, Public Health led the health education campaign between October 2016 –March 2017.
- 1.2.2 The aims of the campaign was to:
 - Raise awareness of the negative health impacts of shisha usage amongst all communities with a particular emphasis on young people; and
 - Undertake an educational campaign, in partnership with regulatory officers, aimed at local shisha businesses to improve compliance within existing legislation and to consider the health impacts of these businesses.
- 1.2.3 To fulfil the aims of the campaign a Task and Finish group was established with representation from the council's Corporate Communications Team, Environmental Health, Trading Standards, Planning, Community Safety and Public Health. The group was chaired by the Consultant in Public Health with strategic support from the Community Safety Manager.
- 1.2.4 The campaign was undertaken in three phases:

- Phase 1: Formation of task and finish group, facilitation of focus group and development of imagery and regulatory activity
- Phase 2: Engagement with health care professionals and delivery of Cut Films workshops to schools and youth groups
- Phase 3: Communication campaign and activity from Environmental Health.

1.3 PHASE ONE

1.3.1 Phase one of the campaign undertook the setting up the Task and Finish group, development of the imagery by testing image effectiveness and authenticity, as highlighted in previous Health and Wellbeing Board papers (September 2016). This paper also described the methodology which included feedback from three separate focus groups:

1. Adults aged 18-70
2. Young People aged 14 – 17 and
3. Black and Minority Ethnic Groups (BAME) all of whom were residents of Barnet.

1.3.2 In addition to this, Regulatory Services conducted joint action within the hot spot areas and Environmental Health conducted advisory visits to shisha bars concentrating on the N3 and N12 area where businesses were given advice and guidance on Smoke Free compliance and the risk from shisha smoke.

1.2 PHASE 2

1.2.1 The second phase of the campaign aimed to engage with primary health care professionals and young people. The primary aims of the second phase were to:

- Increase the awareness of shisha among health care professionals in Barnet.
- Raise awareness of the health impacts of shisha among the young residents of Barnet.

1.2.2 Cut Films (Roy Castle Lung Cancer Foundation) undertook all engagement work with children and young people, however, some interaction from Public Health with Middlesex University in partnership with the council's Corporate Communication team was undertaken to raise awareness of the harms of shisha smoking amongst university students.

1.3 PHASE 3

1.3.1 The third phase entailed educating and informing local residents through a robust communications campaign. The Communications team implemented a communications strategy which included, a multi-media approach such as an online presence, interactive polls, information on the Council's webpage of key health education messages informing on the risks associated with smoking shisha. In addition to this, Environmental Health engaged with Barnet's shisha bars and undertook an exercise of observation within a

neighbouring borough (London Borough of Islington) on successful methods of discouraging nuisance and harm caused by unregulated shisha smoking and encouraging good practice when serving shisha.

1.4 EVALUATION

- 1.4.1 The evaluation report details seven key recommendations based on the outputs of the project. Key points are aimed at improving knowledge of shisha for health care professionals; ensuring consumer research is a key part of future health and wellbeing communications campaigns and working with other Local Authorities to enable economies of scale.

2 REASONS FOR RECOMMENDATIONS

- 2.1.1 Local intelligence demonstrated that there are still relatively high numbers of shisha businesses trading in Barnet. In May 2017, Barnet had 21 active premises operating shisha.
- 2.1.2 The recommendations within the evaluation report have been designed to be undertaken as part of a wider system as part of the Smoking Working Group. It is envisaged that activity will be -maintenance of health education..

3 SUMMARY OF SHISHA CAMPAIGN EVALUATION FINDINGS

- 3.1.1 The campaign was communicated to Barnet residents via high street posters and bus shelters within the borough. Also leaflets and posters were sent to GP surgeries and pharmacies. In addition, the council led an online digital campaign that made use of Twitter, Facebook, Instagram and the council's own website.
- 3.1.2 A telephone survey of 500 Barnet residents conducted in November 2016 found that 23% of those surveyed reported that they had seen the shisha campaign in November 2016. This measure was recorded at a point in time before the majority of the communications campaign was undertaken.
- 3.1.3 A more recent survey (May 2017) showed an increase in residents knowledge and recall and awareness of the shisha campaign.
- 3.1.4 Feedback from the local authority's website indicated that the web page on shisha was the most viewed page of the Public Health section of the website during January and February 2017. 41% of all users (n=3,987) who accessed the web page did so in order to view information about shisha.
- 3.1.5 Phase 2 included a separate online survey, which was completed by 119 residents, whilst this was not representative (over-representation of young people), it was found that 45% of respondents had seen the campaign either as a poster on a bus or at a bus shelter, or on the high street.

3.1.6 The survey indicated that respondents found the campaign engaging and informative. Responses included:

- 35% of respondents reported that they had stopped smoking shisha as a result of seeing the campaign.
- 71% reported that they had learnt something new from the campaign
- 43% that they had discussed shisha with a family member, friend or colleague since seeing the campaign
- 50% that they wanted to find out more about shisha.
- When asked about actions they felt local government might take to tackle shisha, the majority of respondents felt that greater actions should be taken by local authorities.
- 77% agreed that shisha businesses should be banned from trading if they were found to be selling shisha to anyone under the age of 18 years.

3.1.7 Feedback from a short survey of 19 primary care health professionals, most of whom provided advice to people about smoking, found that respondents reported less confidence in their knowledge and understanding about shisha than they did about cigarettes and cigars, indicating a need for targeted training on this subject for health professionals who advise on smoking cessation.

3.1.8 Phase 3 included a comprehensive communications roll out of the three key messages approved by the Board in September 2016 using different methodologies i.e. print media, online and e-communications and press releases. The key following messages were used in all communications:

- *“Smoking shisha could double your risk of cancer”.*
- *“Shisha contains tobacco and can give you cancer”.*
- *“Shisha contains as much addictive nicotine as cigarettes”.*

3.1.9 Inputs included (but not exclusive to) an advert for *Barnet First*, social media and twitter polls, a series of video blogs with a GP registrar, digital advertising which were geo-targeted Barnet residents and a series of press releases. This resulted in 90 votes as part of the twitter poll, 600 people exposed to the geo-digital advertising and 5,691 residents reached via Facebook with 9 likes.

3.1.10 The communications campaign has been nominated for two industry awards, one of which is a national award celebrating best practice in public sector communications. Results of this will be published in July 2017.

3.1.11 In addition to this, Cut Films engaged with 4264 students through 47 workshops. Workshops included a truth and myth game and young people were given the opportunity to express their opinions, misconceptions and ask questions that they may have about shisha, cigarettes and even e-cigarettes (vaping).

3.1.12 From the workshops, 84% of participants said they enjoyed the workshop and project, 87% of participants stated that they were more aware of the harms

associated with smoking shisha and 79% of participants stated that the workshop had made them consider not smoking shisha in the future.

3.1.13 Furthermore, it was important that the campaign received input from young people. Cut Films led engagement with students by recruiting young people from Barnet to design and share a short video on the health harms of smoking shisha. This film was well received by young people and as a result, the video has been nominated for the National Cut Film awards. Results will be published in July 2017.

3.1.14 In addition to earlier engagement with shisha premises by regulatory services (Phase 1), Environmental Health undertook a programme of comparison visits in Barnet and in Islington with Trading Standards colleagues. The purpose of this, was to understand how shisha premises are being regulated and gain insight into methods of encouraging compliance with Smoke Free Legislation.

3.1.15 Feedback from these visits noted that a dedicated officer was given the task to encourage compliance on all shisha regulated activities e.g. tobacco labelling, smoke free compliance and health and safety. It was noted that this was effective in reducing numbers non-compliance but required un-realistic high demand on Council resources.

4. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

4.3 The alternative to not including shisha as part of the borough Smoking and Prevention working group would entail loss of valuable resources. Campaign materials, which are evidence based and validated can re-used at opportune times within the year, for example, during Stoptober.

4.4 Furthermore, by drawing on all resources from partners, the Council can demonstrate to businesses that non-compliant premises are not tolerated and that the health and wellbeing of users is a priority.

5. POST DECISION IMPLEMENTATION

5.3 The Task and Finish group has no further need to meet. However, the focus on shisha will be part of the overall scope of the Smoking & Prevention working group led by Public Health.

5.4 Regulatory services will continue to work on issues relating to shisha smoking. In particular, the sale of illegal tobacco products and unregulated packaging, checks under the Smoke Free Act will continue and joint working where there are hot spots of nuisance.

- 5.5 It is possible that a further ‘top-up’ mini campaign, depending on resources, will be undertaken using all the resources that have been developed. This will be delivered by the communications team and involve social media/digital campaign messaging, poster imagery within the council’s magazine, Barnet First and compliance booklet to shisha premises.

6. IMPLICATIONS OF DECISION

6.3 Corporate Priorities and Performance

- 6.3.1 The Councils Corporate Strategy (2015-2020) highlights that Barnet’s vision is that public sector services (including London Borough of Barnet) will be more integrated, intuitive and efficient.

- 6.3.2 The shisha campaign draws upon the fact that Public Health is a priority theme that cuts across all Council services. The partnership proposal to tackle shisha in Barnet fits into the Council vision of being integrated, intuitive and efficient service.

- 6.3.3 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.

6.4 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 6.4.1 The partnership provided a coordinated approach. The campaign was run within budget.

6.5 Social Value

- 6.5.1 Not applicable, as this is not a procurement activity.

6.6 Legal and Constitutional References

- 6.1.1 The possibility of developing local legislation (a byelaw) on shisha control has been considered and is assessed as unlikely. In order to develop a byelaw, consideration must be given to whether the issues (i.e. the nuisance) are already covered by other legislation.

- 6.1.2 To create a byelaw, reliance on an enabling power under statute is required but if there is general legislation on subject then a byelaw would not be appropriate. Byelaws also usually have to be approved by the Secretary of State. Whilst there is not specific legislation on shisha smoking, there is legislation that covers the issue i.e. that which controls (cigarette) smoking

generally, as well as other legislation referred to in the report that can be used to control its environment.

6.1.3 The legislation Acts listed below can be used to control shisha.

- **Health Act 2006** - The primary legislation is the Health Act 2006, which states “that ‘smoking’ refers to smoking tobacco and anything which contains tobacco, or smoking any other substance.
- **Smoke free legislation** (the “smoking ban”) prohibits smoking in enclosed public places and workplaces relates to any smoking product, whether it contains tobacco or not.
- **Consumer Protection Act 1987 (CPA)** - Primary legislation that states Tobacco containing shisha must comply with all the requirements of the tobacco products regulations.
- **Children & Young Persons (Protection from Tobacco) Act 1991** – It is illegal to supply tobacco to anyone under 18 years.
- **Anti-Social Behaviour, Crime and Policing Act 2014** - Puts victims at the heart of the response to Antisocial Behaviour (ASB).

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

- 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.

6.1.5 Specific responsibilities for:

- Overseeing public health
- Developing further health and social care integration.

6.2 Risk Management

6.2.1 The health risks associated with smoking shisha will remain a public health concern as part of the wider group.

6.3 Equalities and Diversity

6.3.1 The project 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 young people. The campaign targeted all shisha users and was not be culturally specific.

6.3.2 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, advance equality of opportunity between people from different groups and foster good relations between people from different groups. Both the local authority and the CCGs are public bodies. The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

6.4 Consultation and Engagement

5.7.1 The campaign materials were developed in consultation with Barnet residents and the short video aimed at young people was co-produced with young Barnet residents.

6.8 Insight

6.8.1 The evaluation report has provided insight into the outputs of the shisha campaign. Findings have shown that the campaign was well received and had good coverage within the borough.

6.8.2 Awareness of shisha and its harm was increased amongst Barnet residents, health professionals and young people in schools and youth centres.

6. BACKGROUND PAPERS

6.1 Health and Wellbeing Board, Thursday 21st January 2016. Motion from full Council, Tackling the Growing Problem of Shisha.
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8389&Ver=4>