	Health and Wellbeing Board **10 March 2016**
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: Report on The Growing Issue Of Shisha Smoking In Barnet
Officer Contact Details	Dr Laura Fabunmi, Consultant in Public Health Medicine Email: laura.fabunmi@harrow.gov.uk, Tel: 020 8420 9538

Summary

The purpose of the report is to inform the Health and Wellbeing Board of the growing issue of shisha smoking in Barnet, highlighting the health, social and business impact of shisha activity in the borough. The report draws on established research, local intelligence and best practice elsewhere to suggest an approach to tackling the issue.

It is proposed that council officers from Environmental Health, Trading Standards, Planning, Community Safety team and Public Health work together to implement a multi-pronged programme of activity to reduce use of shisha in Barnet. This will include a combination of coordinated enforcement and a health education and promotion campaign with the aim of protecting and improving the health and wellbeing of residents.

Recommendations

1. **The Health and Wellbeing Board confirms it commitment to reducing the use of shisha in the borough, on health grounds.**
2. **The Health and Wellbeing Board approves the multi-pronged approach outlined in the report, of health education and promotion, regulation, and exploration of local Planning Policy, with the following actions:**
   - **Educate and Engage. A health education and promotion campaign in partnership with the Council's communications department that is aimed at users of shisha, with a particular focus on young people but also including**

shisha premises.

- **Regulate Activity. A partnership approach to be taken to non-compliant premises, focusing on agreed hotspots identified through local intelligence, including the Community Safety Team and Partnership, HMRC, the Police and London Fire Brigade.**
- **Explore current Planning and Enforcement Policy. To include health and wellbeing considerations, so that local businesses such as shisha establishments, do not adversely impact on neighbouring residential amenity.**

3. **The Health and Wellbeing Board supports a partnership problem solving approach to non-compliance in shisha premises which actively and fairly applies all relevant legislative powers available to the Council.**
4. **The Health and Wellbeing Board notes and approves a Task and Finish group to develop and implement an action plan for reduction in the use of shisha in Barnet. The remit of this group will include:**
   - **Cross council representation from Public Health, Environmental Health, Trading Standards/licensing, Planning, Community Safety and regeneration**
   - **Working with key partners such as the police, fire and the CCG**
   - **Being jointly chaired by Public Health and Client Commissioning lead for Enforcement services to ensure actions from both the public health and enforcement perspective are driven forward**
   - **Reporting back to the Health and Wellbeing Board on how the powers and functions available across the Council, which may lie within the scope of other Council Committees, can be harnessed to reduce shisha use, such as the Safer Communities Partnership, Area Committees, Licensing Committees and Planning Committees.**

1. WHY THIS REPORT IS NEEDED

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.

1.2 This report fulfils the Boards request and highlights how Public Health in collaboration with other council departments and key partners will address shisha in Barnet.

2. REASONS FOR RECOMMENDATIONS

2.1 Local intelligence demonstrates that there are an increasing number of shisha businesses opening up in Barnet. Currently, Barnet has 23 active premises operating shisha. Such establishments are often accompanied by non-compliant practices such as health and safety breaches, non tax duty paid tobacco products, and poor compliance with Smokefree legislation.

2.2 Since 2013, Barnet has seen an increase in the number of shisha premises but the number compliant with the Smokefree legislation has decreased.

2.3 There is well-established evidence showing that shisha smoking is at least as harmful as smoking cigarettes. It contains a significant number of carcinogenic toxins and contains far more tar, carbon monoxide and nicotine than cigarettes.

2.4 Shisha has been found to be associated with several cancers, coronary artery disease, and deterioration of lung function. An association between second hand smoke and smoking in family settings or amongst young children has been linked to the development of childhood respiratory conditions. Women who smoke shisha during pregnancy have been found to have babies with low birth weights

2.5 The growing epidemic of shisha is thought to be due to several factors[1].

- The introduction of flavoured shisha tobacco with its reduced harshness and perceived pleasant flavour and aroma;
- The misperception that it is less damaging than cigarette smoke;
- Social acceptance and being an essential part of family, peer and public gatherings and cafes and restaurant culture;
- Internet mass and social media;
- Low cost;
- Lack of shisha specific policy and regulation towards its use.

2.6 It has also been shown that shisha smoking is popular amongst university students. A study undertaken by Imperial College London tested young people's attitudes and beliefs to shisha smoking. It was found that:

- Shisha was mostly initiated by peers, but also by family members;
- Smoking sessions lasted on average an hour, but could be many hours due to accompanying;
- Smoking usually started intermittently and then evolved into a regular practice;
- Used as a social lubricant, similar to alcohol;
- Smokers found inconsistent messages on the internet made them unable to trust the information they read.

2.7 A study amongst young people in Brent showed that the proximity between shisha premises and schools may influence shisha prevalence. With students attending schools with a shisha premise within a half mile radius being 2.5 times more likely to smoke shisha than those who did not. An exploration of proximity of shisha premises in Barnet to secondary schools, has shown that out of 48 secondary schools, there are ten within walking distance to a shisha business.

[1] WHO (2015) Advisory note: waterpipe tobacco smoking: health effects, research needs and recommendedactions by regulators – 2nd ed. Accessed at: http://apps.who.int/iris/bitstream/10665/161991/1/9789241508469_eng.pdf

2.8 Analysis of local data has shown that there is a cluster or hotspot of shisha premises in the southern central part of the Borough, mostly Finchley Church End ward and West Finchley ward, which can allow a more focused approach to be taken.

2.9 The research and work to date in Barnet, led by the Public Health Team, has shown that the powers of enforcement which directly apply to shisha are limited and that, therefore a more effective route to address the issues, is to address the overall compliance of businesses, utilising a wide partnership approach that can enforce all available legislative powers. Other London boroughs have used similar approaches successfully.

2.10 In addition, a sustainable health promotion and education campaign is required to highlight the health risks associated with smoking shisha to current and potential smokers (of which a high proportion are young people) and also to highlight to premises the negative health impacts of smoking shisha to staff and neighbouring residents.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 The alternative to the multi-pronged approach is to maintain the status quo. Currently, Environmental Health has a commitment to undertake public health campaign work that addresses shisha as part of the Tobacco Control project. However, this does not fully explore opportunities of closer collaborative working with the Councils communications team, Planning, Trading Standards, the Community Safety Partnership and wider stakeholders.

3.2 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.

4. POST DECISION IMPLEMENTATION

4.1 A Task and Finish group will be set up, with representation from Environmental Health, Trading Standards, Planning, Community Safety and Public Health to coordinate and focus all activities on tackling the growing use of shisha in Barnet.

4.2 Public Health will lead on the development and implementation of a sustainable health promotion and education campaign, with the following aims :

- Raising awareness of the negative health impacts of shisha usage amongst communities who use shisha with a particular emphasis on young people; and
- Undertaking 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
- The approach will include:
    - Poster campaign utilising bus shelters, community centres, libraries and health premises;

- Digital campaign utilising social media to dispel myths and provide accurate information.
- Sign posting to existing resources including Barnet Stop Smoking Services;
- Training stop smoking advisors to include information on shisha smoking
- Targeted engagement with the voluntary sector to raise awareness within community groups where shisha use is prevalent
- Engagement and health promotion advice to shisha establishments.

4.3 The Group will facilitate and oversee the delivery of a partnership approach to non-compliant premises and will actively and fairly apply all relevant legislative powers available to the Council. This will include proactively dealing with illegal structures related to shisha, coordinating joint visits with partners including HMRC where necessary and continuing to share intelligence with other regulatory services such as Planning.

4.4 Where there are complaints about odours and fumes, for example, the Community Safety Team could facilitate the use of the Community Protection Notice (CPN) by controlling the nuisance and requiring the business to take remedial action to prevent the nuisance from happening again.

4.5 Furthermore, as part of the wider programme to include health outcomes into regeneration, Public Health will focus on promoting healthy places and tackling wider health issues, including shisha to ensure there is a coordinated approach.

4.6 The Group will ensure that the Health and Wellbeing Board will be kept up to date with progress.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 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.

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 proposal 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.

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

5.2.1 The health promotion and educational campaign will be funded from the Public Health grant. As the project is still in its planning stage, the final costs are not known but anticipated to be up to £30k.

5.2.2 The partnership will provide a coordinated approach to non-compliant shisha premises and will be required to focus and prioritise activities in this area.

5.3 **Social Value**

5.3.1 Not applicable, as this is not a procurement activity.

5.4 **Legal and Constitutional References**

5.4.1 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. 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.

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

5.4.3 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.

5.4.4 Consumer Protection Act 1987 (CPA) - Primary legislation that states Tobacco containing shisha must comply with all the requirements of the tobacco products regulations.

5.4.5 Children & Young Persons (Protection from Tobacco) Act 1991 – It is illegal to supply tobacco to anyone under 18 years.

5.4.6 Anti-Social Behaviour, Crime and Policing Act 2014 - Puts victims at the heart of the response to Antisocial Behaviour (ASB).

5.4.7 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.
- Specific responsibilities for:
  - Overseeing public health
  - Developing further health and social care integration

5.5 **Risk Management**

5.5.1 There is a risk that if the proposed approach is not implemented, that the number of non-compliant smokefree premises will continue to increase, as seen since 2013.

5.5.2 In addition to this, the health risks associated with smoking shisha will remain a public health concern that will not have been addressed.

5.6 **Equalities and Diversity**

5.6.1 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 will be targeted at all shisha users and will not be culturally specific.

5.6.2 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.

5.7 **Consultation and Engagement**

5.7.1 To further support the evidence base, it is proposed that a brief survey will be conducted with young people through the Youth Parliament to understand prevalence. In addition, campaign messages will be tested amongst the target groups.

5.8 **Insight**

5.8.1 Local intelligence has been principally been drawn from the Councils data base UNIFORM used by regulatory partners.

5.8.2 Data on antisocial behaviour was taken from latest police reports and amalgamated into feedback from Trading Standards.

5.8.3 The Joint Strategic Needs Assessment (2015-2020) highlights that smoking

prevalence estimates in regular smokers amongst 11-15year 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 21 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