



Lancashire Health and Wellbeing Board
Tuesday, 14 November 2023, 2.00 pm,
Tatton Community Centre, Tatton Gardens, Silverdale RD, Chorley, PR6 0PR

AGENDA

Part I (Open to Press and Public)

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
1. Welcome, introductions and apologies	Action	To welcome all to the meeting, introduction and receive apologies.	Chair		2.00pm
2. Disclosure of Pecuniary and Non-Pecuniary Interests	Action	Members of the Board are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.	Chair		
3. Minutes of the Last Meeting held on 5 September 2023	Action	To agree the minutes of the previous meeting.	Chair	(Pages 1 - 12)	

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
4. Community Voice	Discussion/ Action	To receive a presentation and discuss how the Health and Wellbeing Board can support/change ways of working.	TBC	(Verbal Report)	2.10pm
5. Creating a Smoke Free Generation	Discussion/ Action	To outline to the Board the Government's intention around creating a Smoke Free Generation and how the Lancashire Health and Wellbeing Board can support the Government's associated consultation which has recently been launched.	Marie Dermaine	(Pages 13 - 62)	2.25pm
6. Winter Preparedness	Discussion/ Action	To receive the Winter Preparedness plans and consider any future areas for improvement and collaboration.	Clare Platt/Sue Lott	(Pages 63 - 66)	2.55pm
7. Better Care Fund	Discussion/ Action	To receive an update and also sign-off of the quarterly report.	Sue Lott/Paul Robinson	(Pages 67 - 72)	3.25pm
8. Urgent Business	Action	An item of Urgent Business may only be considered under this heading, where, by reason of special circumstances to be recorded in the minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Members' intention to raise a matter under this heading.	Chair		3.55pm

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
9. Date of Next Meeting	Information	The next scheduled meeting of the Board will be held at 2pm on 23 January 2024, venue to be confirmed.	Chair		4.00pm

H MacAndrew
Director of Law and Governance

County Hall
Preston

Lancashire County Council

Lancashire Health and Wellbeing Board

**Minutes of the Meeting held on Tuesday, 5th September, 2023 at 2.00 pm in
Adventure Hyndburn Community Centre, Norfolk Grove, Church, Accrington,
BB5 4RY**

Present:

Chair

County Councillor Michael Green, Lancashire County Council

Committee Members

County Councillor Graham Gooch, Lancashire County Council
County Councillor Sue Whittam, Lancashire County Council
Dr Sakthi Karunanithi, Public Health, Lancashire County Council
Jacqui Old CBE, Education and Children's Services, Lancashire County Council
Louise Taylor, Adult Services and Health and Wellbeing, Lancashire County Council
Councillor Barbara Ashworth, East Lancashire, Lancashire Leaders Group
David Blacklock, Healthwatch
Chris Calvert, Public Health, Lancashire County Council
Sam Gorton, Democratic Services, Lancashire County Council

Apologies

James Fleet, NHS Lancashire and South Cumbria Integrated Care Board
Chris Sinnott, Lancashire Chief Executive Group
Councillor Jennifer Mein, Central Lancashire Leaders Group

1. Welcome, introductions and apologies

The Chair welcomed all to the meeting and thanked the staff at Adventure Hyndburn, Accrington for hosting the meeting.

Apologies were noted as above.

Joanna Berry, Operations Manager, The Park Child and Family Centre, Adventure Hyndburn gave a brief overview about the organisation and different partners that utilise the building.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

There were no disclosures of interest in relation to items appearing on the agenda.



3. Minutes of the Last Meeting held on 18 July 2023

Resolved: That the Board agreed the minutes of the meeting held on 18 July 2023.

There were no matters arising from them.

4. Voice of the Community

The Chair welcomed Maggie Moody, Chief Executive Officer at Community Solutions who provided an overview of the work the charity is doing which focuses on improving people's health and wellbeing.

The Board noted that charity is committed to working in effective partnerships to make the most of collective resources, to have the greatest benefit for the communities most in need that Community Solutions serve and support. The Board were informed that referrals have increased each year since the pandemic with one year seeing a 37% increase. An example was provided for May in that 735 people were supported, 50% with social isolation, 46% mental health, 26% other significant health issues, 31% unemployment issues, 17% bereavement as well as others facing issues with substance misuse and other significant and challenging circumstances and the barriers, they face in accessing support. Community Solutions offer a 1:1 model and will support people for as long as they need as well as offering a diverse service and advocating on behalf of the members of the community.

Funding has been secured through the Hyndburn Way to set up a strategic group to enable more collaborative working to develop and secure new opportunities and fits in as part of the Community Action Network.

The request to the Board was that could it look at ensuring that each Borough/District in Lancashire had the equivalent of a Hyndburn Way?

Following the presentation, it was noted that:

- Approximately 75-80% of those people accessing support are from Hyndburn, however the telephone befriending service supports people from across Lancashire.
- Rossendale Connect is the equivalent of Hyndburn Way and it was commented that Burnley have something similar also.
- Hyndburn Way secured lottery funding for three years which will enable investment into how organisations can work together to ensure better commissioning and identify gaps in service provision across the Borough and come together as organisations to bridge the gaps and collectively work together to bring in new resources, contracts to support the work locally.
- Work is ongoing on a collaborative bid into suicide prevention.
- Hoarding is becoming a huge issue and a lot of research is being done around this and is something the County Council can link in with.



- A workshop was taking place on 8 September 2023 where all District Chief Executives would be present, and Louise Taylor, Executive Director for Health and Wellbeing, Lancashire County Council and Director of Health and Care Integration, NHS Lancashire and South Cumbria agreed to share with them what is happening in terms of community work and how Districts can help with targeted support.
- The majority of Community Solutions funding comes from the National Lottery however, this is not guaranteed going forwards.

- Resolved:**
- i) That the Board noted the presentation and thanked Maggie Moody for her presentation.
 - ii) Louise Taylor, Executive Director for Adult Services, Health and Wellbeing, Lancashire County Council and Director of Health and Care Integration, NHS Lancashire and South Cumbria would share information on community work with the District Chief Executives at a workshop on 8 September 2023.
 - iii) Louise Taylor would liaise with Maggie Moody re the issue of hoarding.

5. Lancashire Better Care Fund Plan 2023 to 2025

Paul Robinson, Midlands and Lancashire Commissioning Support Unit, NHS provided a progress update of the Better Care Fund reset work and actions taken since the last report.

The Board noted that the Lancashire Better Care Fund Board is now in place and operating well, bringing improved oversight and coordination of both the business as usual and the reset work, and is working to progress the three key priority areas agreed.

Since the last update, an initial scoping session has taken place regarding the focus on the Disabled Facilities Grant and associated opportunities, with several actions commenced following the discussions.

Discussions are continuing with the national Better Care Fund Support team, regarding the level of focus of the support offer to Lancashire.

Following the presentation, the following comments/issues were discussed:

- The Integrated Care Board in July 2023 has taken the decision to create a delegation arrangement to prioritise the Better Care Fund and mature the relationship between the NHS and the County Council.
- There will be a lot of support nationally to carry out the spending review.
- There is also going to be some national consultation on how the Better Care Fund could be better and as a Health and Wellbeing Board it needs to ensure that a response is provided.
- Need to ensure collaborative spend is being maximised to have the impact.
- The Disabled Facilities Grant will also be discussed at the workshop on 8 September with the Chief Executives from across Lancashire.



- There needs to be a move beyond reporting to being able to demonstrate where fundamental decisions are being taken and to start to use it to shape the community offer going forwards.
- In terms of the support the Regional Better Care Fund Team are to Commission the provider for a fixed period for two years.
- The Children's Disabled Facilities Grant work has not commenced yet and that key stakeholders need to be identified across the districts, other organisations and communities and build from there.
- The report needs to be given a different narrative that starts and ends with people.
- 20 providers are taking part in a workshop on 6 September 2023 to help them focus on the voice of the people that receive their support and to utilise the information received about their customers, to feed into the way that decisions are made about this work.
- The outcomes or the impacts that the fund was initially set up to achieve and how success is measured.
- Understanding what impact £70 million is going to achieve.
- It was agreed that regional support should be sought for change models and what actually works.
- If a baseline review is carried out there needs to be a critical challenge of all spend.
- There needs to be a fundamental review and it needs to be illustrated in a way that makes sense and engages people.
- Carry out benchmarking against national initiatives to enable a local understanding and what to do next.
- In terms of the Children's Disabled Facilities Grant it should be for families and how they are supported in order for them to continue to live as healthy a life as possible.
- The Integrated Clinical Academic Training (ICAT) model is referenced in the plan and needs to be reviewed and monitored as it progresses.

Resolved: That the Health and Wellbeing Board:

- i) Received the report and commented on the progress to date.
- ii) Identified any queries prompted by the report.

6. Lancashire Place Governance Options Appraisal

Jessica Partington, Lancashire Place Development and Delivery, NHS Integrated Care Board provided a report to the Board to consider the future governance arrangements of the Lancashire Place Partnership. Marie Burnham, Independent Chair of the Lancashire Place Based Partnership Committee was also in attendance for this item.

It was outlined to the Board the requested options appraisal (Appendix 'A') on whether the Lancashire Place Partnership could take on the functions of the Lancashire Health and Wellbeing Board and concluded that whilst in its current configuration this is unlikely. The report proposes the future consideration of an additional option to consider the potential should the Lancashire Health and



Wellbeing Board be reformed. The report also considers the alternative options to Place Partnership arrangements as outlined within national guidance and includes a recommendation for a staged approach to develop the Lancashire Place Partnership and a period of further engagement to refine the proposals.

The Board were reminded that at its meeting in January 2023, it requested that the Lancashire Place Partnership undertake an evaluation to consider if the Health and Wellbeing Board could take on the functions of the Lancashire Place Partnership. Lancashire Place Partnership was also asked to consider what other options would be available as per the national guidance to ensure that the Lancashire Place was ready to receive delegations from the NHS Lancashire and South Cumbria Integrated Care Board by 1 April 2024, and subsequent delegations from Lancashire County Council.

The options presented were as follows:

- Option 1 Place-based partnership Board (Consultative forum)
- Option 2 Committee of the Integrated Care Board
- Option 3 Joint Committee of the Integrated Care Board and Lancashire County Council
- Option 4 Delegated authority to Individual Director
- Option 5 Lead provider contract
- Option 6 Lancashire Health and Wellbeing Board taking on the functions of the Lancashire Place Partnership
- Option 6b Joint Committee of Lancashire County Council and the Integrated Care Board which can also fulfil the statutory requirements of the Lancashire Health and Wellbeing Board.

Further information on the evaluation that was undertaken can be found in the [report](#) and the Options Appraisal at [Appendix 'A'](#).

The report taken to the Lancashire Health and Wellbeing Board concluded that there is a clear rationale to keep the Health and Wellbeing Board (as currently constituted) and the Lancashire Place Partnership as separate entities and for the Lancashire Health and Wellbeing Board not to take on the functions of Lancashire Place Partnership at this time. The report went on to outline that if the Health and Wellbeing Board were to be reformed from its current state this may be a viable option for the future Place governance in combination with the joint committee of the Integrated Care Board and Lancashire County Council, (the addition of Option 6b) which requires further exploration. The report also considered the five options as prescribed within National guidance and concluded that the pragmatic option would be to take the staged approach to the implementation of governance options which will enable the partnership to mature properly, at a sensible pace with systems and processes around it that support the current phase of development.

The next steps were identified as requiring further exploration and details can be found in the report.

It was proposed that further engagement activity took place with statutory and non-statutory partners to consider these and other issues, in order to inform future



decisions of the Health and Wellbeing Board and, where necessary, Cabinet and Full Council, as well as the Integrated Care Board. It is anticipated that a firm decision upon the future governance of the Lancashire Place be taken by December 2023 to enable a progressive move towards implementation. There will, however, be work undertaken in parallel commencing with immediate effect to ensure that the Lancashire Place is operating as effectively as possible with current and development arrangements.

Following the presentation, the following comments/issues were received:

- The key difference between the Health and Wellbeing Board and the NHS is that the Board has local democratic oversight for the whole of the health and wellbeing agenda, and includes housing, welfare, finance etc where the NHS Integrated Care Board agenda is specifically related to the clinical and care services.
- There needs to be a move towards a joint committee between Lancashire County Council and the Integrated Care Board and there is an opportunity to do something different in Lancashire.
- Explore having a Committee in Common as an alternative option.
- The Integrated Care Board took a decision in June/July 2023 where they recognised that they needed to ensure that there was a set system in place as there is an opportunity for different decisions to be made about how funding is used effectively.
- Kevin Lavery, Lancashire and South Cumbria Integrated Care Board has written to the Chair of the Health and Wellbeing Board, indicating that the Integrated Care Board welcomes the discussions taking place to explore options and how joint decision making in the Lancashire Place can be strengthened. It was agreed that the letter be sent to Sam Gorton, Democratic Services, Lancashire County Council to share with members of the Health and Wellbeing Board.
- Delegation around finances is key, alongside who is responsible for managing the risk.
- There is an opportunity for the Board to think about how it is framed and to think about what the purpose is and what difference it will make to people in Lancashire.

Resolved: The Lancashire Health and Wellbeing Board:

- i) Approved that the Lancashire Health and Wellbeing Board and the Lancashire Place Partnership remain as separate entities at this time, acknowledging that further work and engagement needs to be undertaken to consider the potential for this in the future should there be viable options to reshape the Health and Wellbeing Board from its current form.
- ii) Considered the options appraisal (Appendix 'A') and supported the preferred approach of the staged proposal as set out in the report.
- iii) Endorsed and supported the next steps for further engagement within the Lancashire Place upon the questions as set out in section 4.
- iv) Louise Taylor, Executive Director for Adult Services, Health and Wellbeing, Lancashire County Council and Director of Health and Care



Integration, NHS would forward the letter received from Kevin Lavery, Lancashire and South Cumbria Integrated Care Board on Governance Arrangements to Sam Gorton. Democratic Services will forward on to members of the Board.

- v) Asked for the additional option, Option 7, to appraise whether a committee in common would be suitable for the future of the Lancashire Place Partnership.

7. Health and Wellbeing Board - Key Performance Update

Ruksana Sardar-Akram, Best Start in Life, Aidan Kirkpatrick, Healthy Hearts, Fiona Inston, Happier Minds, Public Health Lancashire County Council provided the Board with an update on work to address the three key Board priorities. Each priority within the [report](#) provided detailed information on:

- Background
- Performance Review ([Appendix 'A'](#))
- Forward Look
- Opportunities for Collaboration/Advocacy of the Board

Best Start in Life

Best Start in Life has been recognised by the Health and Wellbeing Board and the Children and Young People Families as a key strategic priority area. As previously highlighted inequalities exist which strengthens the case for having a focus on giving children the very best start and improving the outcomes for babies, children and their families. Further information regarding the update of early education funded places at ([Appendix 'B'](#)).

Following the presentation, the following comments/issues were discussed:

- A service review has taken place and taken into consideration views of stakeholders, service user, parents and families and localised groups.
- Further work is being commissioned in priority areas such as access to dentists, supervised teeth brushing, healthy start vitamins, focus on breastfeeding.
- The Board would welcome feedback on the campaigns that are happening and how successful they have been regarding Best Start in Life at future meetings.

Healthy Hearts

A Lancashire Healthy Hearts Programme was set up in Spring 2022 which was in line with the National Best Practice Framework which encompasses the following seven thematic workstreams:

- i) Tobacco
- ii) Alcohol
- iii) Physical activity
- iv) Supporting healthy weight
- v) Food diet and nutrition



- vi) Health in all policies approach
- vii) Cardiovascular risk modification

The Board noted that one of the key successes over the past nine months since the Board last received an update is the production of a Tobacco Free Strategy ([Appendix 'C'](#)) for Lancashire and South Cumbria. There are four key priorities:

- i) Working together as a system for a smoke free tomorrow
- ii) Action to address health inequalities
- iii) Making Smoke Free the new normal
- iv) Lancashire and South Cumbria – A United Voice against tobacco harm

It was noted that this is the most important element of the Healthy Hearts programme and forms part of the forward look for the next six-month. Further information can also be found in the [report](#).

Following the presentation, the following comments/issues were discussed:

- In terms of the Tobacco Free Strategy, a Tobacco Free Strategy Steering Group is being established across the 12 districts to support local implementation and discuss further ways of implementing smoke free establishments both in the NHS and the Council.
- To engage with the Care providers as a whole system, in terms of the implementation the Tobacco Free Strategy across care homes in Lancashire and then devise an action plan to move forwards.
- To encourage healthier lifestyles from a very early age to prevent hospital admissions later in life and be aspirational for people in Lancashire.

Happier Minds

The Board noted that mental health and wellbeing through the whole life course is influenced by many components including, social, economic and environmental factors. The Happier Minds programme is a partnership and system leadership approach to addressing five key strands of work:

- i) Emotional and self-care
- ii) Loneliness and social isolation
- iii) Dementia
- iv) Alcohol and drug use
- v) Self-harm and suicide

The Board were informed that an Integrated Care System (ICS) dementia strategy is being developed and an associated action plan.

Following the presentation, the following comment was raised:

- 9 November 2023 a partnership event is taking place in Preston and Fiona Inston, Public Health, Lancashire County Council invited Board members to



attend. Further information regarding this will be circulated by Sam Gorton, Democratic Services, Lancashire County Council.

Resolved: That the Health and Wellbeing Board:

- i) Considered the performance update and endorsed the areas identified as opportunities for collaboration and advocacy of the Board.
- ii) Endorsed the Tobacco Free Lancashire and South Cumbria Strategy 2023-2028, and its four key priorities (Appendix 'C').
- iii) Sam Gorton, Democratic Services, Lancashire County Council to circulate information regarding the Partnership Event to be held on 9 November 2023 to Board members.

8. Tackling Illicit Vapes and Youth Vaping in Lancashire

Paula Hawley-Evans, Public Health and Angela Lomax, Trading Standards and Scientific Services, Lancashire County Council provided an update on Tackling Illicit Vapes and Youth Vaping in Lancashire.

The Board were informed that smoking tobacco is still the single biggest cause of preventable illness and death, and the priority remains to achieve a Smoke Free Lancashire. Youth smoking is at its lowest rate, however, there has been a concerning rise in young people under 18 years of age vaping.

The purpose of the report is to set out Lancashire County Council's position on vaping and respond to the Council's motion, 13 July 2023, to bring a report to the Health and Wellbeing Board outlining current enforcement action in vaping in relation to sales to young people in Lancashire, to consider educational opportunities for young people (under the age of 18) in relation to vapes and making available funds for a Trading Standards campaign.

The Trading Standards North West Youth Survey 2023 ([Appendix 'A'](#)) highlighted that young people are attracted by fruit flavours, attractive packaging, and cheap products with nearly half of the 14–17-year-olds involved in the survey having tried e-cigarettes but not cigarettes. Lancashire Trading Standards Service has seen a significant rise in complaints in relation to underage sales of vape products and in 2023/24 (April–June) seized over 20000 non-compliant/illicit vapes and removed them from the shelves of Lancashire businesses, depriving traders of approximately £100,000 of illicit income.

The increase in youth vaping and illicit products raises several challenges including enforcement capacity and combatting the marketing of products to young people under 18.

The [report](#) outlines current work and opportunities to address these challenges by joint working across public health, schools and colleges, Trading Standards Service and Lancashire's new Stop Smoking Service. It also sets out a Lancashire County



Council position statement on youth vaping. [Appendix 'C'](#) contained further information relating to the Law.

Following the presentation, the following comments/issues were discussed:

- In terms of the "Where's the Harm" leaflet for pupils in Years 8/9, there should be an age appropriate one available for younger children also in Primary Schools.
- Over 2000 retailers have received information including details on underage sales, Challenge 25 policies and what is a genuine vape and this will continue with every new premises that opens for business selling vapes.
- Review the partnership working with schools.
- In terms of advertising, the legal documents set out that advertising vaping, directly or indirectly is illegal, therefore if they appear on TV or in newspapers etc this is classed as advertising and should be challenged legally.
- More resource is required to tackle the rising issues with vaping.
- There is a bigger agenda in terms of addiction that needs addressing.
- Around 70% of young people are trying disposable vapes because they are so accessible.
- Look at further work with district Planning Committees and look at raising the penalties for illegal selling of vaping products.
- The Board to agree an action to carry out specific research about sponsors of sport and organisations to enable further discussions and to bring the findings to the next meeting of the Board.
- To look at a website highlighting businesses that are not complying to Trading Standards.
- The Chair requested that Angela Lomax, Trading Standards and Scientific Services, Lancashire County Council send a report on funding to the Cabinet Member for Health and Wellbeing.

Resolved: That the Health and Wellbeing Board endorsed the recommendations to:

- i) Work with schools and colleges to promote a whole school approach to tackling smoking and vaping including the distribution of curriculum support materials from Trading Standards and Office of Health Inequalities and Determinants for use in Personal, Social, and Health Education lessons to inform young people about the harms of vaping.
- ii) The development with partners including Trading Standards of a marketing campaign targeted at reducing children and young people vaping by Lancashire County Council's new Smoking Cessation Service in the autumn.
- iii) Work by Trading Standards on tackling illicit products and underage sales in relation to vaping and explore the need for funding to focus solely on Underage Sales and illicit vapes this could include a Responsible Retailer Scheme and/or additional targeted Test Purchase exercises.
- iv) Lancashire County Council's position statement ([Appendix 'B'](#)) on vaping which supports delivery of the ambitions in the



refreshed Lancashire Tobacco Strategy 2023-28 to 'make Smokefree the norm', and address children and young people smoking and vaping.

- v) Work with colleagues across the Lancashire and South Cumbria Integrated Care Partnership to influence the national team around limiting promotions online.
- vi) Agree as a Board, an action to carry out specific research about sponsors of sport and organisations to enable further discussions and to bring the findings to the next meeting of the Board.
- vii) That as requested by the Chair of the Board, Angela Lomax, Trading Standards and Scientific Services, Lancashire County Council send a report on funding to the Cabinet Member for Health and Wellbeing.

9. Urgent Business

There was no urgent business received.

10. Date of Next Meeting

The next scheduled meeting of the Board will be held at 2.00pm on 14 November 2023. Venue to be confirmed.

H MacAndrew
Director of Law and Governance

County Hall
Preston



Lancashire Health and Wellbeing Board
Meeting to be held on Tuesday, 14 November 2023

Corporate Priorities:
Delivering Better Services

Creating a Smoke Free Generation
(Appendices 'A' and 'B' refer)

Contact for further information:

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Brief Summary

This report outlines the Government's intention around creating a Smoke Free Generation and how the Lancashire Health and Well Being Board can support the Government's approach to national and local implementation.

Recommendations

The Health and Wellbeing Board is asked to:

- (i) Support the Government's intention to achieve a Smoke Free Generation.
- (ii) Endorse the Council's submission of a bid for additional national funding to enable expansion of the 'Swap to Stop' programme to help smokers stop smoking.

Introduction

This document provides a short briefing on the recent Government command paper: Stopping the start: our new plan to create a smokefree generation (as outlined in Appendix 'A') setting out ambitious proposals to prohibit the sale of tobacco products for future generations, measures to support current smokers to quit as well as wider actions to curb the rise in youth vaping. The detail of the proposals set out include:

- i) Setting out a clear case for change recognising the harms caused by smoking and second-hand smoke are well documented but the chapter also considering the more recent evidence on the harms of child and youth vaping and international comparisons.
- ii) Reviewing actions already underway on smoking and vaping, including the success of previous legislative changes to bring down smoking rates and reduce the appeal of smoking to young people.

- iii) Proposing legislation so that children turning 14 this year or younger will never be legally sold tobacco products whilst ensuring this does not criminalise smoking. Through a phased approach this means that anyone who can legally be sold tobacco products now will never be prevented from doing so today or in future.
- iv) Setting out further action the Government will take to support smokers to quit. This includes grant funding which will be delivered through a new Section 31 grant and ringfenced for the purposes of local authority stop smoking services. In addition, the Government will provide further funding for national campaigns, rolling out the new 'Swap to Stop' scheme - the first of its kind in the world.
- v) Legislative proposals to curb the rise in youth vaping balancing the biggest impact on youth vaping with ensuring vapes continue to support adult smokers to quit. The proposals include restricting flavours, regulating point of sale displays, regulating packaging and presentation, considering restricting the sale of disposable vapes, and closing loopholes in the law on free samples and non-nicotine vapes.
- vi) Strengthened enforcement including new funding for enforcement agencies to implement and enforce the proposed rules, introducing on-the-spot fines for rogue retailers who commit underage sales, and further steps to enhance online age verification so that age of sale law is enforced across both online and face-to-face sales.

In response to this command paper and subject to Parliamentary approval, Lancashire County Council is actively exploring plans with partners as to how they will roll out the proposed Swap to Stop scheme as well as utilising any additional funding should the proposed funding streams materialise in order to support local authority-led stop smoking services. Lancashire's evolving approach is outlined in Appendix 'B' accordingly. The Council's Public Health Team is also in the process of formulating a local response to the Government's consultation on the smokefree generation policy which focuses on the following three key areas:

- i) Creating a smokefree generation: on smoking, the case for change is clear and the UK Government and devolved administrations are consulting on the smokefree generation policy and its scope to inform future legislation.
- ii) Tackling youth vaping: while there is also significant evidence for action to tackle youth vaping, the UK Government and devolved administrations are consulting on a series of options to ensure we take the most appropriate and impactful steps.
- iii) Enforcement: the consultation also asks questions on the proposal to introduce new powers for local authorities in England and Wales to issue fixed penalty notices to enforce age of sale legislation of tobacco products and vapes.

The response will be shared with County Councillor Green in his capacity as Cabinet Member for Health and Wellbeing ahead of the closing date of 6 December 2023.

Appendices

Appendices 'A' and 'B' are attached to this report. For clarification they are summarised below and reference at relevant points within this report.

Appendix	Title
Appendix 'A'	Department of Health and Social Care (DHSC) Command Paper: <u>Stopping the start- our new plan to create a smokefree generation</u>
Appendix 'B'	National and Local approaches to the 'Swap to Stop' Scheme.





Department
of Health &
Social Care

Stopping the start: our new plan to create a smokefree generation

CP 949-I

Published 4 October 2023



Stopping the start: our new plan to create a smokefree generation

Presented to Parliament
by the Secretary of State for Health and Social Care
by Command of His Majesty

October 2023



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Foreword

Smoking damages and cuts short lives in extraordinary numbers. From increasing stillbirths, through asthma in children, to dementia, stroke and heart failure in old age, it causes disability and death throughout the life course. It drives many cancers, especially lung cancer which is the most common cause of cancer deaths in both women and men in the UK. It causes and accelerates heart disease, the biggest single cause of deaths overall. Large numbers of people are confined to their homes by heart failure or chronic obstructive pulmonary disease caused by smoking, unable even to climb the stairs. Non-smokers, including children and pregnant women are exposed to the risks of second-hand passive smoking. The NHS has a huge burden of smoking-related disease to attend to, along with all its other work.

Data over the last 5 years shows most smokers want to quit, but cannot due to an addiction to nicotine that started in their teenage years. Over 80% of smokers started before they turned 20, many as children. They have had their choices taken away by addiction, and their lives will be harmed and cut short by an addiction they do not want.

One of the tools to help people addicted to nicotine to stop smoking is vaping - and because the harms of smoking are so great, it is safer to vape than smoke, but vapes are not risk free. So, if you smoke, swap to vaping, if you don't smoke, don't vape. Marketing vapes to children is utterly unacceptable. Some are now clearly trying to addict children including with colours, flavours, cartoons and other marketing methods aiming to tempt children towards addiction.

The government has made clear they wish to create a smokefree generation unaffected by the extraordinary harms of addiction-driven smoking, and tackle youth vaping. This Command Paper lays out a route to prevent addiction to smoking before it starts, to support smokers to quit and to stop vapes being marketed to children.

Professor Sir Chris Whitty, Chief Medical Officer for England

Smoking kills, places a huge burden on the NHS and costs the economy billions every year in lost productivity. We need to do more to protect our children and grandchildren from the many health problems it causes, including cancer and cardiovascular disease, and to help them live longer, healthier lives. We know that most smokers start in their youth and are then addicted for life. Vaping can be an effective tool in helping smokers to quit, but we have seen a recent and highly concerning surge in the number of children vaping

By taking action now, we are helping smokers across the country to quit through our new programme of stop smoking support, reducing the appeal and availability of vapes to young people, and taking a big step towards a smokefree generation which will help build a better future for our children.

The Rt Hon Steve Barclay MP, Secretary of State for Health and Social Care

Executive summary

Tobacco is the [single most important entirely preventable cause of ill health, disability and death](#) in this country, responsible for [64,000 deaths in England](#) a year. [No other consumer product kills up to two-thirds of its users](#). The [independent review in 2022](#) found that, if we do not act, nearly half a million more people will die from smoking by 2030.

“... when used exactly as recommended by the manufacturer, cigarettes are the one legal consumer product that will kill most users...”

The Khan review: making smoking obsolete (2022)

Smoking causes harm throughout people’s lives. It is a [major risk factor for poor maternal and infant outcomes](#), significantly increasing the chance of stillbirth and can trigger asthma in children. It leads to people needing care and support on average [a decade earlier than they would have otherwise](#), often while still of working age. [Smokers lose an average of ten years of life expectancy](#), or around one year for every four smoking years.

Smoking causes around 1 in 4 of all UK cancer deaths and is responsible for the [great majority of lung cancer cases](#). Smoking is also a major cause of [premature heart disease, stroke and heart failure](#) and [increases the risk of dementia in the elderly](#). Non-smokers are exposed to second-hand smoke (passive smoking) which means that through no choice of their own many come to harm - in particular children, pregnant women, and their babies.

“The tobacco epidemic is one of the biggest public health threats the world has ever faced... All forms of tobacco use are harmful, and there is no safe level of exposure to tobacco.”

The World Health Organization (2020)

As a result, smoking puts significant pressure on the NHS. [Almost every minute of every day](#) someone is admitted to hospital because of smoking, and up to [75,000 GP appointments could be attributed to smoking each month](#) - equivalent to over 100 appointments every hour.

Those who are [unemployed, on low incomes or living in areas of deprivation are far more likely to smoke than the general population](#). Smoking attributable mortality rates are [2.1 times higher](#) in the most deprived local authorities than in the least deprived.

[It is estimated that the total costs of smoking in England are over £17 billion](#). This includes an annual £14 billion loss to productivity, through smoking related lost earnings, unemployment, and early death, as well as costs to the NHS and social care of £3 billion.

Most smokers know about these risks and, because of them, want to quit - but the addictive nature of cigarettes means they cannot. [Three-quarters of current smokers would never have started if they had the choice again](#) and on average [it takes around 30 quit attempts to succeed](#). The majority of smokers start in their youth and are then addicted for life. [More than 4 in 5 smokers start before the age of 20](#). In short, it is much easier to prevent people from starting smoking in the first place.

Over the last 30 years, governments have taken decisive action to reduce smoking rates, saving thousands of lives as a result. There is strong public support for action: [77% of adults in England support government action to limit smoking](#) or think the government should do more. The government now wants to take the final step and end smoking in this country for good.

The government is creating the first smokefree generation, by bringing forward legislation so that children turning 14 this year or younger will never be legally sold tobacco products. This will prevent future generations from ever taking up smoking, as there is no safe age to smoke.

To support existing smokers to quit, the government is more than doubling the budget for stop smoking services, investing an additional £70 million per year (to a total of £138 million), aiming to support around 360,000 people to quit each year. We are providing funding (£5 million this year, £15 million thereafter) for new national campaigns to explain the legal changes, the benefits of quitting and the support available. The government will ensure the law is enforced by providing an additional £30 million a year for enforcement agencies and introducing on the spot fines for underage sales of tobacco products and vapes.

Vapes are substantially less harmful than smoking because they do not contain tobacco, and therefore can be an effective tool in supporting smoking cessation. Vaping is already estimated to contribute to [an extra 50,000 to 70,000 smoking quits per year](#) in England. Ensuring that vapes continue to be available to current adult smokers is vital to reducing smoking rates. That is why in April 2023, the government committed to support 1 million adult smokers to [‘Swap to Stop,’](#) which was the first scheme of its kind in the world.

However, the number of children using vapes has tripled in the past 3 years and a staggering [20.5% of children had tried vaping in March/April 2023](#). Due to nicotine content and the unknown long-term harms, vaping carries risk of harm and addiction for children. The health advice is clear: young people and those who have never smoked should not vape. We have a duty to protect our children from the potential harms associated with underage vaping, while their lungs and brains are still developing. Encouraging children to use a product designed for adults to quit smoking and then addicting them is not acceptable.

While selling nicotine vapes to under 18s is illegal, inherited EU regulations have led to a system where vapes are routinely promoted and marketed to children and young people at scale. Major economies such as the USA, Australia and Canada are taking action to tackle sharp increases in youth vaping, and we risk becoming an outlier if we do not keep pace. Learning from other countries and [our recent call for evidence](#), the government is therefore looking at measures to reduce the appeal and availability of vapes to children.

Chapter overview

This paper sets out ambitious proposals to prohibit the sale of tobacco products for future generations, a wider package of measures to support current smokers to quit alongside action to curb the rise in youth vaping.

Chapter 1 begins by setting out a clear case for change. The harms caused by smoking and second-hand smoke are well documented, but the chapter also considers the more recent evidence on the harms of child and youth vaping and international comparisons.

Chapter 2 summarises action already underway on smoking and vaping, including the success of previous legislative changes to bring down smoking rates and reduce the appeal of smoking to young people.

Drawing on the recommendations from the [independent review](#), **Chapter 3** proposes legislation so that children turning 14 this year or younger will never be legally sold tobacco products, as introduced by New Zealand last year, which [attracted significant public support](#). This does not criminalise smoking, and the phased approach means that anyone who can legally be sold tobacco products now will never be prevented from doing so today or in future.

While the government wants to stop people from starting to smoke in the first place, most smokers want to quit. **Chapter 4** sets out further action the government will take to support smokers to quit, including more than doubling the existing budget for local stop smoking services. [Someone quitting before turning 30 could add 10 years to their life and if a smoker can quit smoking for 28 days, they are 5 times more likely to quit permanently](#). In addition, the government will provide further funding for national campaigns, roll out the new 'Swap to Stop' scheme - the first of its kind in the world - and provide financial incentives for pregnant smokers to quit.

Chapter 5 sets out the legislative proposals the government is considering to curb the rise in youth vaping. These will need to balance having the biggest impact on youth vaping with ensuring vapes continue to support adult smokers to quit. The proposals include restricting flavours, regulating point of sale displays, regulating packaging and presentation, considering restricting the sale of disposable vapes, and closing loopholes in the law on free samples and non-nicotine vapes. The government will consult on measures this month.

Chapter 6 sets out the approach to enforcement to ensure that the above measures deliver lasting change. This includes new funding for enforcement agencies to implement and enforce the proposed rules, introducing on-the-spot fines for rogue retailers who commit underage sales, and further steps to enhance online age verification so that age of sale law is enforced across both online and face-to-face sales.

Chapter 7 sets out the next steps more generally. Later this month, the government will launch a consultation on the smokefree generation policy detailed in this paper and its scope, as well as on the measures to curb the rise in youth vaping. Following consultation, the government will bring forward legislation as soon as the parliamentary timetable allows.

Territorial extent

Health policy is a devolved matter in Scotland, Wales and Northern Ireland. However, the UK government is committed to working closely with the devolved administrations as we develop these proposals, with a view to aligning policy approaches wherever this would improve outcomes - continuing ongoing collective action to tackle the harms caused by smoking and youth vaping across all parts of the UK.

1. The case for change

Overview

This chapter sets out the case for taking further action to finish the job on preventing people becoming addicted to smoking, while also addressing the more recent challenge of youth vaping.

[Tobacco, and especially cigarette smoking, is the single biggest entirely preventable cause of ill health, death and disability in this country.](#) Stopping people from ever starting smoking, as well as supporting current smokers to quit, will improve public health and reduce disparities, reduce the burden on the NHS and the social care system, and provide substantial benefits to the workforce and the economy.

Smoking prevalence and age of initiation

The government is committed to reducing the harms of smoking and has a strong history of taking bold and comprehensive action on tobacco control. [Smoking rates in the UK are now the lowest on record](#), at 12.9% (around 6.4 million people) and 12.7% smoke in England.

[Smoking prevalence is a third of its height in 1974](#), and has [fallen by more than a third over the last decade](#). We have successfully seen smoking rates decline in all ages since the 1970s, with the largest reduction among 18 to 24 year olds: [25% of this group smoked in 2011 compared with 11.6% in 2022](#).

Legislation has been an important driver of this decline - including raising the age of sale for smoking from 16 to 18, which [reduced prevalence in this age group by 30%](#).

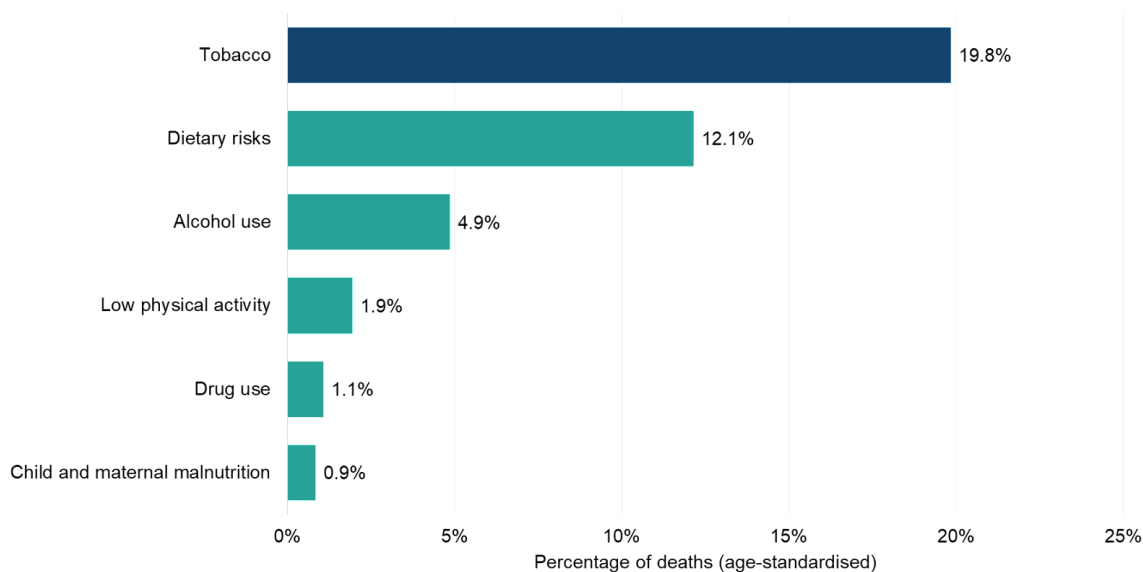
The great majority of initiation of cigarette use continues to be in the teenage years. [83% of smokers start before the age of 20](#). People who [start smoking under the age of 18 have higher levels of nicotine dependence compared to those starting over 21](#) and are less likely to make a quit attempt and successfully quit.

The impact of smoking on public health

Figure 1 shows that tobacco is the single leading preventable cause of mortality, leading to [64,000 deaths in England each year](#) and harming nearly every organ of the body.

Smoking is causing a hidden national health crisis. Estimates suggest there have been [as many - if not more - deaths from smoking as from COVID-19 since the start of the pandemic](#). [Up to two-thirds of smokers die of smoking](#), and those who start smoking as a young adult [lose an average of 10 years of life expectancy](#).

Figure 1: Age-standardised mortality attributed to risk factors, England, 2019



Source: [Global Burden of Disease Study 2019](#)

Smoking causes around [1 in 4 of all UK cancer deaths](#). [Lung cancer is the most common cause of cancer deaths in the UK](#), and [most people who are diagnosed with this condition die within a year](#). Of the estimated 54,500 total new lung cancer cases in the UK in 2023, [43,000 were preventable](#). Tobacco is responsible for just over [70% of all lung cancer cases](#), or [equivalent to over 39,300 cases](#). Smoking also contributes significantly to [cancers of the mouth, throat, oesophagus, stomach, bowel, pancreas and bladder](#).

Lung health in general is also severely impaired by smoking, leading to disabilities, including the [9 out of 10 cases of chronic obstructive pulmonary disease \(COPD\) thought to be caused by smoking](#). Smoking, including passive smoking, can [increase the risk of asthma in children and adults](#).

Smoking [substantially increases the risk of cardiovascular disease \(CVD\)](#) - heart attacks and strokes - [one of the most common causes of mortality in the UK](#). Between 2017 and 2019, around [28,000 deaths from heart disease were attributable to smoking](#). [Smoking increases the rates of stroke by around 12% for every 5 cigarettes a day](#).

Smoking is also a significant risk for poor pregnancy-associated health outcomes. [Women who smoked during pregnancy were 2.6 times more likely to give birth prematurely](#). These babies were more likely to have a lower birth weight and were [4.1 times more likely to be small-for-date babies](#). Smoking increases the risk of birth defects which can result in poorer health outcomes later in life. In areas with the highest smoking rates, in high income countries, [up to 20% of stillbirths may be caused by smoking](#).

[Smoking is closely associated with poor mental health](#) and wellbeing. [People with mental health conditions die 10 to 20 years earlier](#) with smoking contributing significantly to this. [Smokers are also 1.6 times more at risk of dementia](#), including Alzheimer's and vascular dementia, and [14% of dementia cases can be attributed to smoking internationally](#).

Smoking and levelling up

There are wide health disparities, socioeconomic and geographical, in the UK. People in the least deprived areas of the UK can expect to live around a decade longer than people in the most deprived areas. In England, there is an almost 19 year gap in healthy life expectancy between the most and least affluent areas. [People in the most deprived areas, or living in relative deprivation, get multiple long-term health conditions 10 to 15 years earlier than in the least deprived areas](#), and spend more years in ill health.

CVD is one of the largest contributors to health disparities. People living in the most deprived areas of England are [almost twice as likely](#) to die prematurely from CVD than people in the least deprived areas.

Lung cancer deaths in England are more common in people living in the most deprived areas. According to [NHS Digital's cancer registration data](#), mortality rates for lung cancer in 2020 were almost 3 times higher for people living in the most deprived areas compared to the least deprived areas. For males, the rate was 103 deaths per 100,000 living in the most deprived areas compared to 37 per 100,000 people living in the least deprived areas. For females, the rate was 78 per 100,000 people living in the most deprived areas, compared to 26 per 100,000 people living in the least deprived areas.

COPD limits people's quality of life, leads to multiple NHS interactions and is much more common in areas of deprivation. [Someone from the most deprived 10% of households is more than 2.5 times more likely to have COPD than someone from the least deprived households](#). Many other smoking-related diseases are more common in deprived areas.

Smoking is also a significant driver of stillbirth. [Stillbirth rates increase with socioeconomic deprivation](#), from 4.9 per 1,000 in the most deprived decile to 3.0 per 1,000 in the least deprived.

Smoking and health disparities

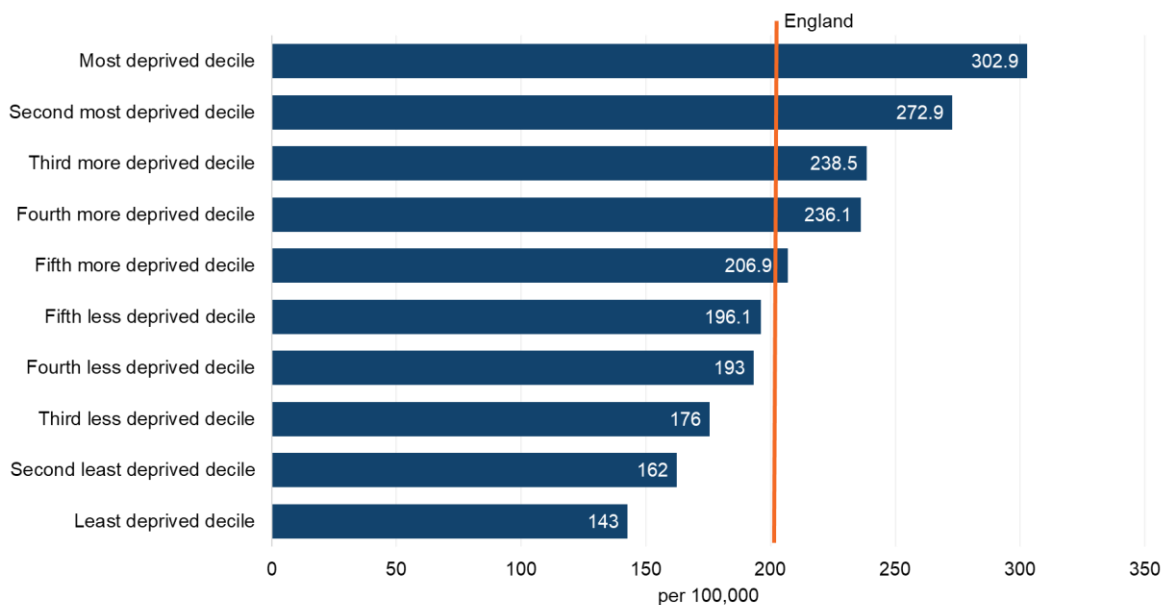
[Smoking is one of the most important preventable causes of disparities in health and a significant contributor to the gap in life expectancy](#). For some conditions, such as lung cancer and severe COPD, smoking is the main driver and for others, such as premature CVD, smoking is a major factor. [Reducing smoking rates is therefore one of the biggest single health interventions that we can make to level up the nation](#).

Figure 2 shows that mortality rates attributed to smoking are 2.1 times higher in the most deprived local authorities than in least deprived local authorities, where more people become addicted when young.

[Smoking prevalence is much higher in people on lower incomes, unemployed or those experiencing homelessness](#). The major risks of smoking occur in every ethnic group.

Deprived areas are more likely to have lower healthy life expectancy and higher smoking rates. In the least deprived local authority, healthy life expectancy for females is 71 years and smoking prevalence is 2.5%, whereas in the most deprived local authority, healthy life expectancy for females is 17 years lower, at 54 years, and smoking prevalence is over 7 times higher at 19.1%, according to the [Public Health Outcomes Framework](#).

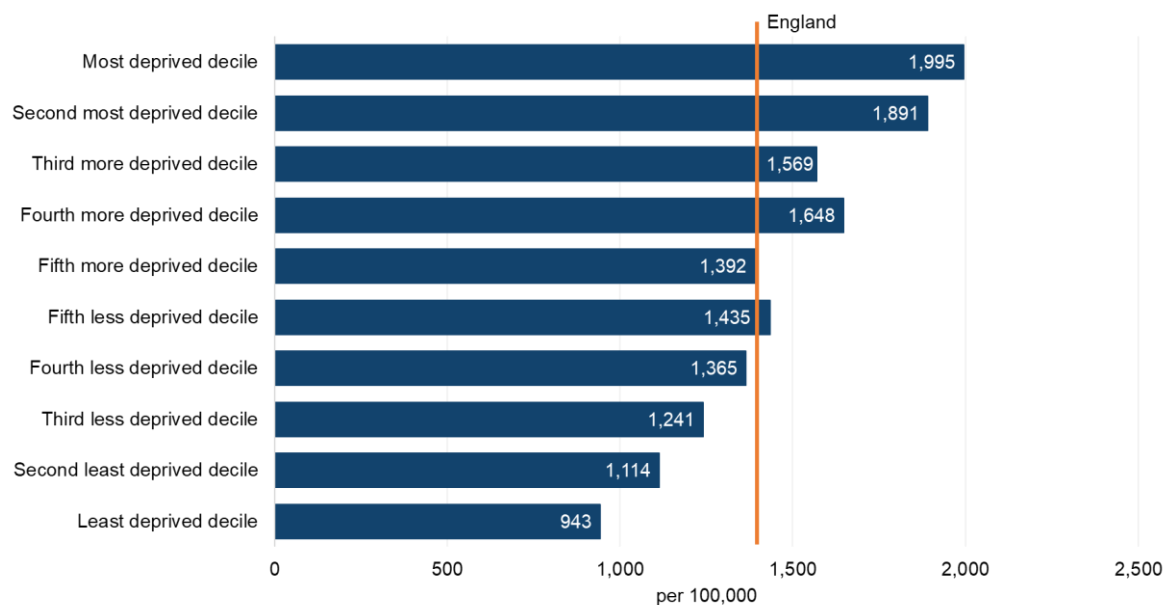
Figure 2: Smoking attributable mortality by deprivation, England, 2017 to 2019



Source: [Local tobacco control profiles](#)

NHS pressures from smoking-related diseases are especially high in areas of deprivation. Figure 3 shows smoking attributable hospital admissions by deprivation and demonstrates that smoking-related morbidity and NHS activity is concentrated in areas of relative deprivation. It shows that the number of smoking attributable hospital admissions per 100,000 is double in the most deprived decile compared to the least deprived.

Figure 3: Smoking attributable hospital admissions by deprivation, England, 2019/20



Source: [Local tobacco control profiles](#)

Smoking in pregnancy

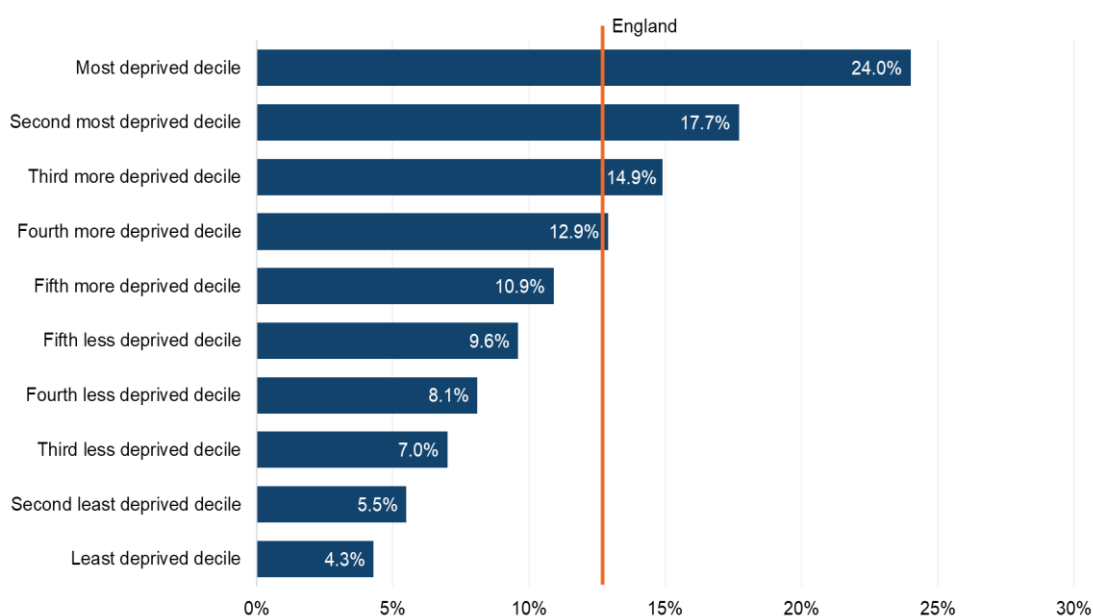
Rates of smoking in pregnancy, which has many risks for the baby, change with age, socioeconomic and geographical disparities. On average, [1 in 11 of all mothers smoked at the time of delivery in 2022-2023](#), however this is as high as 1 in 5 in some parts of the country. [In 2021-2022, 21.1% of pregnant women in the most deprived area smoked at time of delivery, compared to 5.6% in the least deprived area.](#)

Figure 4 shows that 24% of pregnant women who live in the most deprived decile smoke during early pregnancy compared to 4.3% in the least deprived.

Pregnant women living in areas where there is high smoking prevalence are also more likely to be exposed to passive smoking via second-hand smoke. This leads to babies having smoking-related adverse birth outcomes.

Based on [Local Tobacco Control Profiles from 2018-2019](#), the highest prevalence of smoking in pregnancy is in the under 18 age range, at 31.8%, and the second highest prevalence, 31.2%, is for the 18 to 19 year old age range. This means that almost a third of teenage mothers smoked during pregnancy. This compares to 7.2% among 35 to 39 year olds, and 7.3% among 40 to 44 year olds.

Figure 4: Smoking rates in early pregnancy by deprivation, England, 2018/19



Source: [Local tobacco control profiles](#)

Other groups

According to [Local Tobacco Control Profiles](#), smoking prevalence in people who have routine and manual occupations in 2022 was 22.5% and the odds of being a current smoker in this group is 2.24 times higher than being a current smoker in other occupational groups. In 2022, [20.1% of unemployed adults in England were current smokers](#), compared with 12.7% of employed adults.

Impact of smoking on income

Based on 2022 estimates, the average smoker spends around £47 a week on tobacco, which is around £2,450 a year, according to the [Ready Reckoner tool created by Action on Smoking and Health \(ASH\)](#). On average, stopping smoking would have [increased disposable incomes by 9% in 2019, ranging from 6.4% in London to 11.4% in the North East](#).

The cost of smoking to the NHS

Smoking places a significant burden on the NHS. It is estimated that [in 2019-2020, 448,031 NHS hospital admissions were attributable to smoking](#).

Smoking increases multimorbidity (many diseases at once) and can cause particularly complex disease states, requiring multiple hospital and GP attendances. Analysis suggests almost every minute of every day someone is admitted to hospital because of smoking, and up to [75,000 GP appointments could be attributed to smoking each month](#) - equivalent to over 100 appointments every hour.

Smoking also increases the burden on social care. [Smokers need care on average 10 years earlier than they would otherwise have](#) - often while still of working age.

There is evidence that previous legislation on tobacco has reduced smoking-related pressures on the NHS: the smokefree (ban in public places) legislation in 2007 led to a reduction in emergency admissions in England, including a reduction in the incidence of acute coronary events and [reduced admissions for childhood asthma](#).

The economic cost of smoking

In 2016, the High Court, based on a [2010 report from Policy Exchange](#), said that the [economic costs of tobacco use to society were in the region of £13.74 billion per year](#). ASH now estimates that the [total costs of smoking in England are over £17 billion](#). This includes a £14 billion loss to productivity per year through smoking related lost earnings, unemployment, and early death, as well as costs to the NHS and social care sector of £1.9 billion and £1.1 billion respectively.

The impact that smoking has on productivity varies across the country. ASH estimates that [smoking causes a £897 million productivity loss in Greater Manchester, compared to a £191 million loss in Cambridge and Peterborough](#).

Smoking can stop people from thriving within the labour market. ASH's [Smoking, employability, and earnings](#) report shows that being a smoker is associated with a 7.5% lower probability of being employed and about £1,424 lower earnings a year. Quitting may help mitigate this - ex-smokers are 5% more likely to be employed than current smokers.

The illnesses smoking causes lower an individual's productivity and shorten their working lives. [Smokers have an absenteeism rate 33% higher than non-smokers and take an extra 2.7 sick days per year](#). For an 18 year old joining the workforce today, this represents an additional 4.5 months off sick over the course of their working lives.

Each lung cancer case, just over 70% of which are caused by tobacco, [costs society £360,000 from lost productivity through additional morbidity and mortality](#).

Vaping as a cessation tool

The latest evidence found that [in the short and medium term, vaping poses a small fraction of the risks of smoking](#), because vapes do not contain tobacco. Vaping can therefore provide a less harmful alternative for an adult smoker by giving the person the nicotine they crave through heating e-liquid but creating fewer toxins and at lower levels.

Recent evidence shows that, for many adult smokers, [vapes are an effective tool in supporting smoking cessation](#), especially when combined with expert support. It found that adverse events from vapes are rare, as rare as for nicotine replacement therapy. [Vaping is already estimated to contribute to an extra 50,000 to 70,000 smoking quits per year in England](#). Ensuring vapes continue to be made available to current smokers is vital to reducing smoking rates.

That is why in April 2023, the government [committed to support 1 million adult smokers to 'Swap to Stop'](#), swapping cigarettes for vapes under a new national scheme, the first of its kind in the world.

The rise in youth vaping

Vaping is never recommended for children and carries risk of future harm and addiction. The health advice is clear: young people and those who have never smoked should not vape or be encouraged to vape.

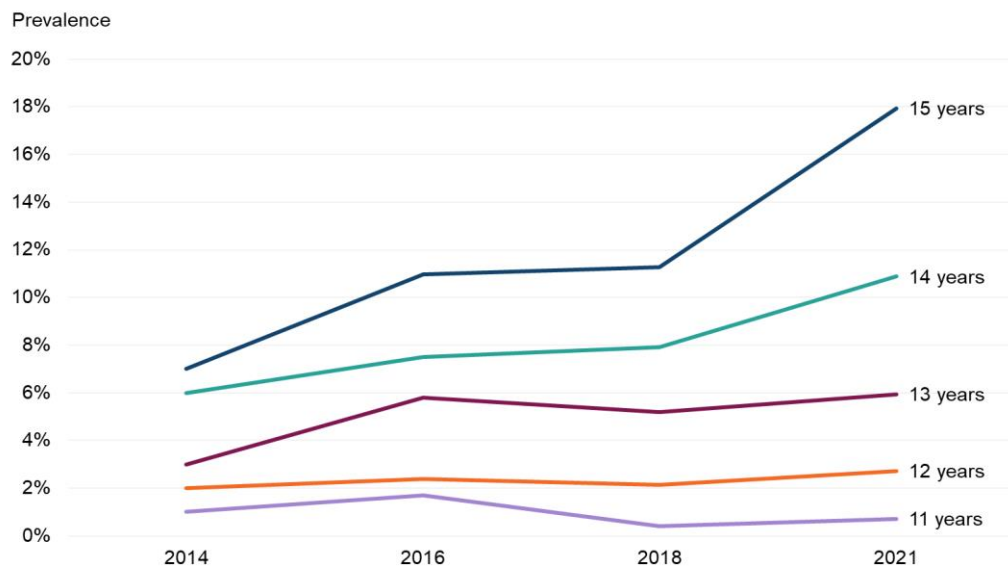
Selling nicotine vapes to children (under 18) is an offence. Despite this, the number of children vaping has risen sharply over the past few years. ASH analysis showed that in 2023, [20.5% of children \(aged between 11 and 17\) had tried vaping](#), up from 15.8% in 2022, and 13.9% in 2020 before the first COVID-19 lockdown.

As with other health risk behaviours, experimentation and prevalence is higher among older children. According to NHS Digital's report [Smoking, drinking and drug use among younger people in England 2021](#), 1% of 11 year olds were current vape users, compared with 18% of 15 year olds. This lower rate in younger children has been the case since data collection began in 2014. However, in 2021, there were larger increases in current use for those aged 14 and 15 compared to younger age groups.

Similarly, ASH found that [current vaping prevalence among 16 to 17 year olds increased from 5% in 2018 to 15% in 2023](#). The data from 2023 found that of the 11 to 17 year olds who had tried vaping, almost half had never smoked a cigarette.

Figure 5 shows the current vaping prevalence among 11 to 15 year olds by age, between 2014 and 2021. Prevalence was highest, and saw large increases between 2018 and 2021, for those aged 14 and 15. Current vaping prevalence among 12 to 14 year olds ranged from between 2% and 6% in 2014 to between 3% and 11% in 2021.

Figure 5: Current vaping prevalence by age, England, 2014 to 2021

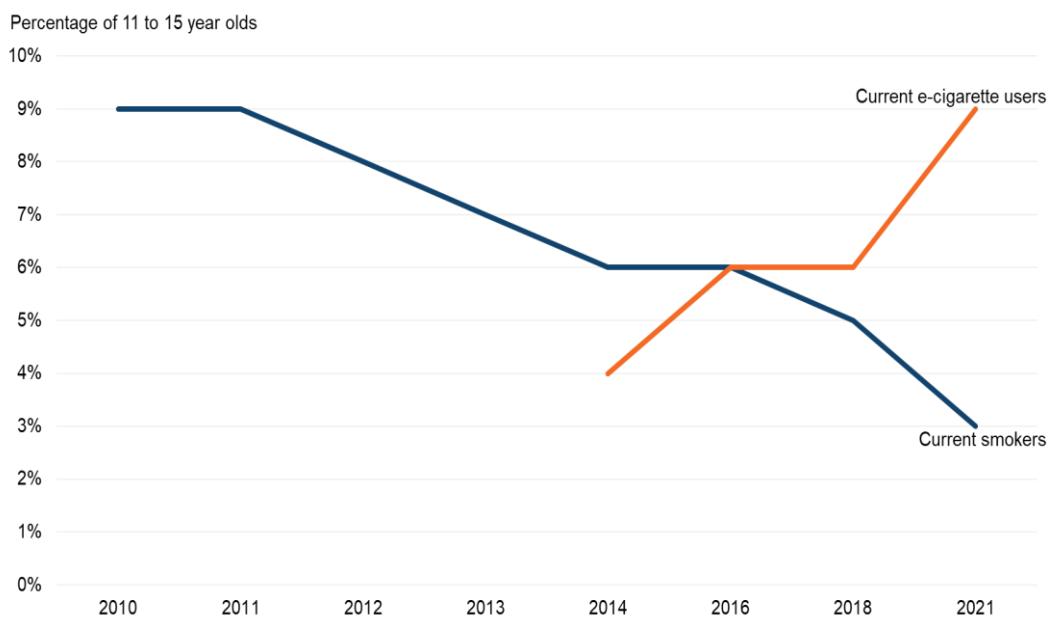


Source: [Smoking, Drinking and Drug use among Young People in England, 2021](#)

NHS Digital's report [Smoking, drinking and drug use among young people in England 2021](#) showed a recent doubling of regular vape use for 11 to 15 year olds, from 2% in 2018 to 4% in 2021. Regular users were those who used vapes at least once a week. Current use, which includes regular users and occasional users who used vapes less than once a week, also increased. The government does not want these increases to continue.

More 11 to 15 year olds are now starting vaping than starting smoking. Figure 6 shows that the percentage of 11 to 15 year olds vaping in 2021 was triple those who were smoking.

Figure 6: 11 to 15 year olds that are current smokers and vape users



Source: [Smoking, Drinking and Drug use among Young People in England, 2021](#)

Health risks associated with youth vaping

Vaping should only be to help people stop smoking because the harms of smoking are so great. Vapes should never be used by children.

The active ingredient in most vapes (apart from nicotine-free vapes) is nicotine which, when inhaled, is a highly addictive drug. The addictive nature of nicotine means that a user can become dependent on vapes, especially if they use them regularly.

Giving up nicotine can be very difficult because the body has to get used to functioning without it. Withdrawal symptoms can include cravings, irritability, anxiety, trouble concentrating, headaches and other mental and physical symptoms. [Nearly half of nicotine users want to quit but cannot](#). Evidence suggests that in adolescence, the brain is more sensitive to the effects of nicotine, so there could be additional risks for young people than for adults.

There are also some health risks associated with the other ingredients in vapes. For example, propylene glycol and glycerine (components of e-liquids) can produce toxic compounds if they are overheated. The long-term health harms of colours and flavours when inhaled are unknown, but they are certainly very unlikely to be beneficial.

While the majority of vapes are covered under our regulations, [research by the Chartered Trading Standards Institute](#) shows that some vapes on sale are illegal and do not meet the UK's quality and safety regulations. These illegal products can often be dangerous and harmful and carry much greater risk than legal vapes. Recent reports have shown that [unsafe and illegal vapes can contain dangerous chemicals like lead and nickel](#). High levels of inhaled lead damages children's central nervous system and brain development.

There is considerable debate about the scale and nature of long-term vaping harms. Not all the risks from vapes have been fully investigated, including inhaling additives for flavours, and the long-term effects of vaping are yet unknown, although further evidence will emerge in the future.

Tobacco and vaping internationally

Tobacco use is the world's single most preventable cause of death and disease. Countries around the world have adopted different approaches to tobacco control, reflecting the unique cultural, social and economic contexts in which they operate.

Some countries, such as the USA in 2019, Sri Lanka in 2006 and Uganda in 2015, have moved to 21 years as the age of sale for tobacco products. Singapore progressively raised the age at which individuals could buy cigarettes from 18 to 21 between 2018 and 2021, with recent discussions to increase this further.

More countries are looking to raise the age of sale to prohibit the next generation from smoking, including New Zealand, which is covered in the case study. Malaysia introduced a bill in June 2023 that would prohibit smoking for anyone born on or after 1 January 2007. Canada has taken a wider approach to tackle tobacco use, focusing on reducing the availability and promotion of tobacco products. Canada was one of the first countries to adopt picture warnings on the outside of cigarette packets and introduce pack inserts with quit messaging information.

Youth vaping is also becoming a global issue, with countries around the world experiencing increases in vaping use among their younger populations. Countries reporting a two-fold or greater increase include [Australia](#), [Italy](#), [Germany](#), and [France](#). In the USA in 2022, approximately [1 in 10 middle and high school students used vapes](#).

Many major economies such as the USA, Australia and Canada are taking action to tackle sharp increases in youth vaping, and we risk becoming an international outlier if we do not keep pace. Various measures have been taken, including prohibiting the sale of vapes or raising the age of sale, restricting the types of flavours and packaging designs and advertising restrictions or making vapes available on prescription only (as in Australia).

The USA has also introduced a strict pre-market authorisation for all new and current vapes, restricting vape flavours to tobacco and menthol only. The Food and Drug Administration in the USA assessed over 5 million applications and, as of March 2023, has only authorised 23 products and devices for sale.

Action on disposable vapes is being considered internationally, as these products particularly appeal to children. In 2023, France, Germany and Ireland have all taken steps to restrict the sale of disposable vapes due to the environmental impact and appeal of these products connected to the recent rise in youth vaping. Other countries have taken action to reduce the visibility and appeal of vapes - Canada has prohibited visible product display and vape advertising in shops. Denmark and Finland have both introduced standardising vape packaging and have prohibited all e-liquids with any characterising flavours.

Case study: New Zealand

In January 2023, New Zealand became the first country in the world to introduce a restriction on the sale of tobacco to anyone born after a specified date, as part of its [Smokefree 2025 Action Plan](#). The legislation makes it an offence to sell smoked tobacco products to anyone born on or after 1 January 2009, to first take effect in January 2027.

“This legislation accelerates progress towards a smokefree future. Future generations will never be able to legally purchase tobacco, because the truth is there is no safe age to start smoking. Thousands of people will live longer, healthier lives and the health system will be NZ\$5 billion better off from not needing to treat the illnesses caused by smoking.”

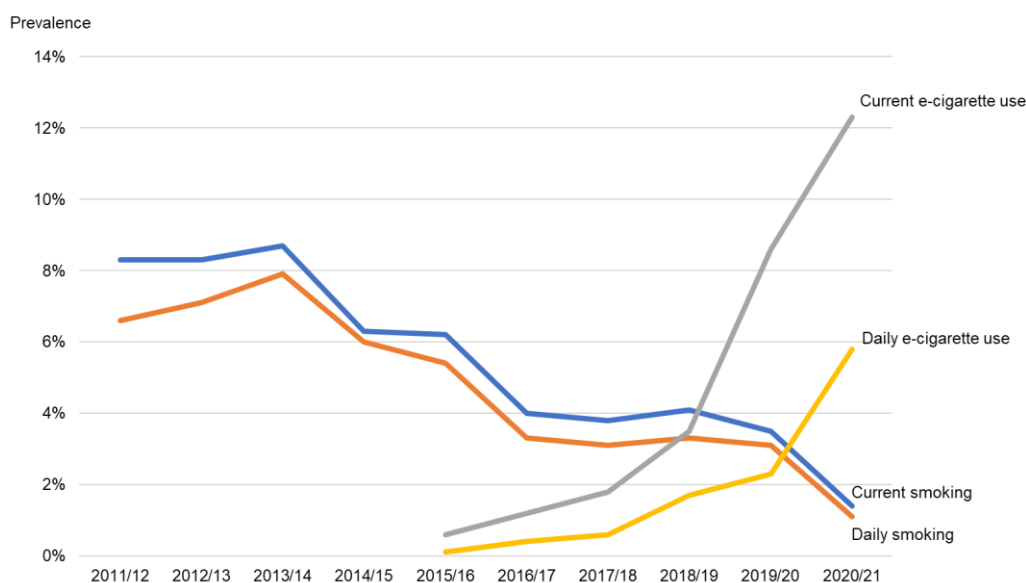
Health Minister, Dr Ayesha Verrall

Modelling of New Zealand’s policies shows a significant reduction in overall smoking rates (estimating that prohibiting the sale of tobacco to anyone born after 2009 could halve smoking rates within 10 to 15 years of implementation) and [a steep narrowing of the smoking gap between Maori and non-Maori](#).

Similar to the UK, New Zealand has seen a significant increase in the number of children vaping. Figure 7 shows that current vaping among 15 to 17 year olds in New Zealand has tripled since 2019, rising from 3.5% to 12.3% in 2021.

In 2020, the New Zealand government introduced regulations on vapes to help limit youth use. They introduced an age of sale restriction to 18 and prohibited vaping advertisement and sponsorship. They also established a licensing scheme, permitting general retailers to sell only tobacco, menthol and mint flavours, with specialist vape retailers permitted to sell all flavours. In 2023, the government announced new policies to be introduced over the next 2 years to tackle youth vaping. This includes restrictions on flavour descriptions, prohibiting images of cartoons and toys on packaging and regulating single use vapes.

Figure 7: Current (at least monthly) and daily smoking and e-cigarette use among 15 to 17 year olds, 2011/12 to 20/21 in New Zealand



Source: [New Zealand Health Survey 2021/22](#)

2. Action already underway

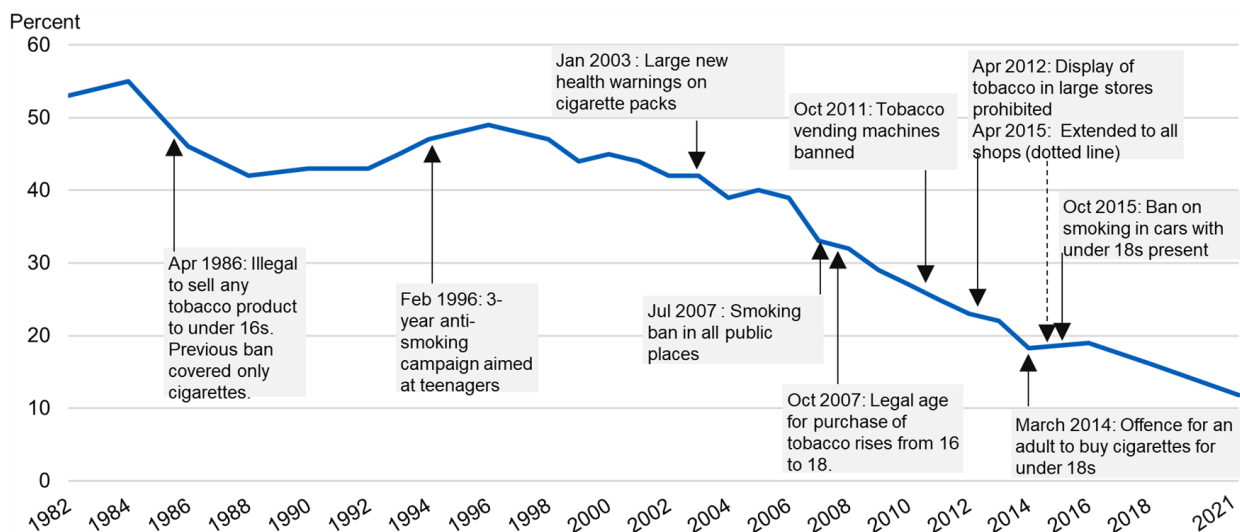
Overview

A comprehensive approach to tobacco control has been critical to the success in reducing smoking rates including a history of legislation, funding to local stop smoking services, NHS tobacco dependence treatment services and impactful anti-smoking campaigns.

Tobacco legislation

Legislative action has made long-lasting change, particularly legislation to discourage young people from taking up smoking. Figure 8 shows a consistent decrease in smoking rates alongside the legislation which has supported this.

Figure 8: Smoking prevalence mapped against key interventions from 1982 to 2021



Source: [Smoking, Drinking and Drug use among Young People in England, 2021](#)

In 2007, the legal age of sale for tobacco products was raised from 16 to 18. This change was shown to reduce smoking among children with a similar impact among different socioeconomic groups. [This helped reduce youth smoking rates in children aged 11-15 from 9% in 2005, to less than 1.1% in 2021](#). In 2008, the first time data was collected after the change in the law, [39% of pupils who smoked said they found it difficult to buy cigarettes from shops](#), an increase of 15 percentage points from 2006.

More recent changes include the introduction of standardised packaging in 2016 and prohibiting the sale of menthol flavoured cigarettes and hand rolling tobacco, which came into force in May 2020, as [international evidence shows that many young people start smoking by using menthol cigarettes](#).

System wide action and funding

Last year alone, the government provided £35 million to deliver on the [NHS Long Term Plan](#)'s commitments on smoking. This funding will mean that all inpatients admitted to hospital who smoke will be offered NHS-funded tobacco treatment services. As part of the Plan, all pregnant smokers will receive specialist opt-out support as part of a new maternity-led pathway. Routine carbon monoxide testing, which is used to identify smokers at booking and refer them into support to quit, has resulted in more pregnant smokers being identified and referred into stop smoking services.

In June 2023, the government announced a [new national targeted lung cancer screening programme](#) designed to catch cancer sooner. Smoking causes just over 70% of lung cancer cases, so people aged 55 to 74 with a history of smoking will be assessed and invited for screenings and directed to smoking cessation services. In August 2023, the government launched a [consultation on introducing mandatory cigarette pack inserts](#) with positive messages and information to help people to quit.

Making smoking obsolete - independent review

In 2022, the government launched an [independent review into tobacco control policies](#), led by Dr Javed Khan OBE. Following extensive consultation, the review made recommendations to support the government's target to be smokefree by 2030 (prevalence of 5% or less). The most ambitious was a proposal to raise the age of sale for tobacco year-on-year indefinitely, to ensure that future generations never start smoking. The review also recommended vaping to be offered as a substitution for smoking, alongside measures to reduce the appeal of vaping to children.

Vaping regulations

To date, government policy has been to facilitate two routes to market for vapes, the consumer and medicinal route. Currently, all products are supplied to market through the consumer route, as there is no medicinally licensed vaping product.

In 2016, the government introduced regulations to regulate vapes as consumer products, largely derived from EU law. [The Tobacco and Related Products Regulations 2016](#) (TRPR) sets product standards for nicotine vapes including restrictions on maximum nicotine strength, refill bottle and tank size limits, packaging, and advertising (including prohibiting advertising on television and radio). As part of the compliance process for TRPR, the Medicines and Healthcare products Regulatory Agency (MHRA) has to be notified if a company wants to bring a vape on to the UK market. The MHRA has [registered over 67,000 nicotine-containing vape products on the UK consumer market](#).

The inherited EU regulations do not support the government's objective to promote vapes as a quit aid for adult smokers. Instead, the regulations have enabled a system where vapes are all too often promoted and marketed to children. This needs to change, which is why the government will look to introduce measures to reduce the appeal and availability of vapes to children. In the absence of an approved medicinal vape, the government is rolling out a new national vaping 'Swap to Stop' scheme to support a million smokers to quit.

The MHRA is ready to support a future medicinally-licensed vaping product, if the industry comes forward with a successful candidate. The MHRA continues to provide technical and scientific advice to companies interested in developing medicinal vapes.

The [Tobacco Advertising and Promotion Act 2002](#) placed further restrictions on advertising and promotion of tobacco products. Working with the Advertising Standards Authority (ASA), the government has taken further steps to regulate the advertising of vapes. ASA recently issued an enforcement notice instructing vaping companies to comply with the UK Advertising Codes and remove any non-compliant advertisements for vaping products on social media. It is also undertaking proactive investigations into vaping advertisements on a range of social media platforms.

Under the Online Safety Bill, social media platforms will have a responsibility to ensure that children are protected from content which is harmful to them. Companies will have to put in place age-appropriate protections to protect children from user-generated content that encourages the inhalation of harmful substances.

Educating children about the risks of smoking and vaping

Primary and secondary school children are already educated on the harms of tobacco. In May 2023, the Prime Minister announced that [the government will do more to teach children about the risks of vaping](#). The Department for Education has brought forward the review of the relationships, sex, and health education statutory guidance, and will include the risks of vapes in it.

The government has also published a [new resource pack for schools on vaping for the start of the 2023/24 academic year](#). These resources build on other content we have produced for young people on the [FRANK](#) and [NHS Better Health](#) websites, and input to educational resources produced by partners including the PSHE Association.

3. Smoking - stopping the start

Overview

There is no more addictive product that is legally sold in our shops than tobacco, which is why 'stopping the start' of addiction is vital. [Three-quarters of smokers would never have started if they had the choice again](#). It is much easier never to start than to have to quit.

The great majority of smokers start as teenagers - [83% before the age of 20](#). Drawing on the 2022 [independent review](#) recommendations, the government will bring forward new legislative proposals to raise the age of sale indefinitely. The government wants to continue the current downward trajectory and get smoking rates to 0%. There is no safe age to smoke.

Legislating to create a smokefree generation

The government will bring forward legislation making it an offence to sell tobacco products to anyone born on or after 1 January 2009. In effect, the law will stop children turning 14 or younger this year from ever legally being sold tobacco products - raising the smoking age by a year each year until it applies to the whole population. This will ensure children and young people do not become addicted in the first place.

As is the case with current age of sale legislation, the emphasis will be on those who sell tobacco products - the government has never and will not criminalise smoking. Furthermore, the phased approach means that anyone who can legally be sold cigarettes now will not be prevented from doing so in the future. These changes will be brought in following an implementation period, alongside ongoing support for current smokers to quit.

Context

[The Children and Young Persons \(Sale of Tobacco etc\) Order 2007](#) increased the legal age of sale for tobacco products from 16 to 18 years old in England and Wales. There have been calls in recent years to go further. The [independent review](#) recommended the government raise the age of sale by one year each year to stop people from ever starting to smoke and create the first smokefree generation.

As noted in Chapter 1, New Zealand became the first country in the world to prohibit the sale of tobacco to anyone born after a specified date, as part of a broader set of policies announced under its [Smokefree Aotearoa 2025 Action Plan](#). Such action is supported by most people in this country. [71% of adults in Great Britain support raising the legal smoking age by one year each year](#).

Policy summary

Smokefree generation policy

This policy will make it an offence for anyone born on or after 1 January 2009 to be sold tobacco products. The government will also make it an offence for anyone at or over the legal age to purchase tobacco products on behalf of someone born on or after 1 January 2009 ('proxy purchasing').

Products in scope of the new legislation will mirror the current scope of age of sale legislation for tobacco products (see section on product scope).

Product scope

The current age of sale restriction is imposed under the [Children and Young Persons Act 1933](#). The age of sale restriction applies to tobacco products and cigarette papers.

We propose that products in scope of the new legislation will mirror the existing age of sale legislation which would mean that all tobacco products, cigarette papers, waterpipe tobacco (such as shisha) and herbal smoking products would be subject to the new law.

All other products such as vapes and nicotine replacement therapies would be out of scope because they do not contain tobacco and are often used as a smoking quit aid.

Age of sale statements

[The Children and Young Persons \(Protection from Tobacco\) Act 1991](#) requires retailers selling tobacco to display a notice in a prominent position at the point of sale stating that 'it is illegal to sell tobacco products to anyone under the age of 18'. This requirement would change to align with the new age of sale.

The government proposes that display statements will need to be changed and required to read 'it is illegal to sell tobacco products to anyone born on or after 1 January 2009'.

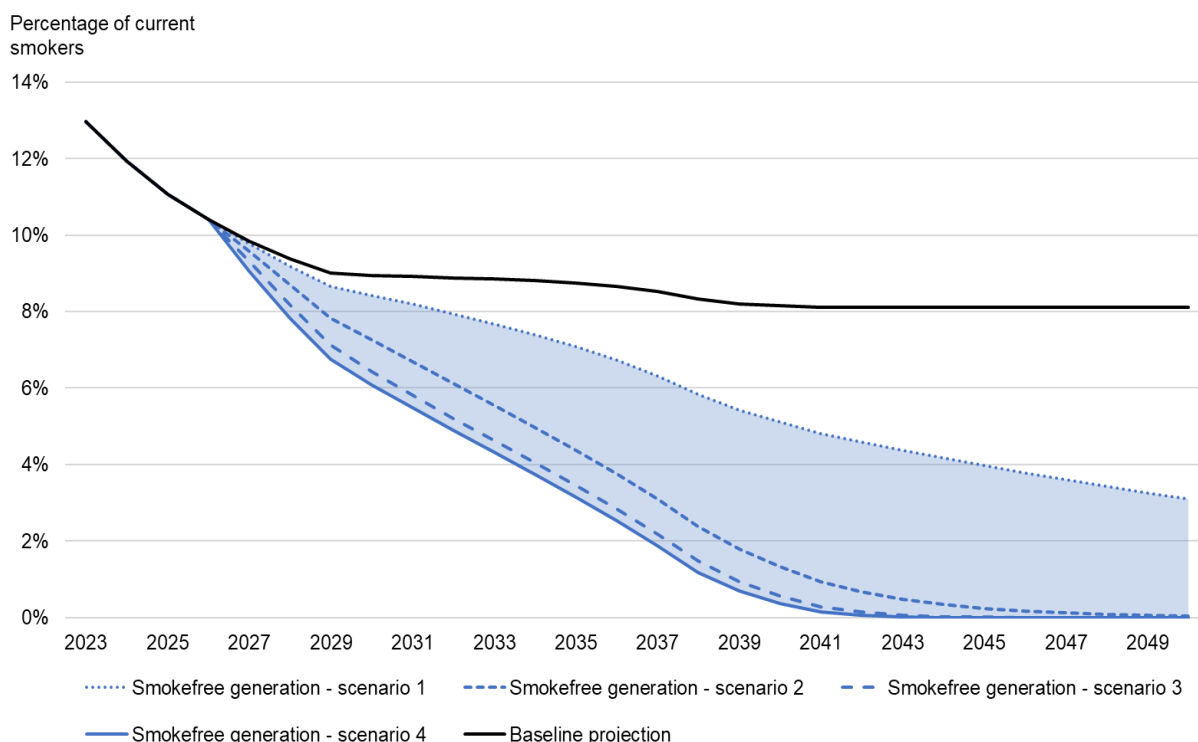
Likely impact

Action on the age of sale can make a difference. In England, when the age of sale was raised from 16 to 18, it led to around a [30% reduction in smoking prevalence](#) for 16 and 17 year olds. In the US, when the age of sale was increased from 18 to 21, [the chance of a person in that age group smoking fell by 39%](#).

New Zealand estimates that, if well enforced, prohibiting the sale of tobacco to anyone born after 2009 could [reduce their smoking rates to half of current rates within 10 to 15 years](#).

Figure 9 shows government modelling which forecasts smoking prevalence in all smokefree generation scenarios. While the modelling suggests prevalence will continue to decline in all smokefree generation scenarios, it forecasts that this measure could further reduce smoking rates in England among 14 to 30 year olds such that, within 3 to 10 years of implementation, they could be half of current rates and close to 0% as early as 2040.

Figure 9: Forecast smoking prevalence for ages 14 to 30



Source: DHSC modelling, to continue to be further refined ahead of publication of a full impact assessment

Each of the lines represents one of the smokefree generation modelling scenarios, from the most conservative scenario (top dotted line) to a scenario reflecting New Zealand’s modelling approach (bottom solid line). More detail on the preliminary modelling scenarios has been published alongside this paper.

Reduced smoking rates lead to fewer people dying from smoking-related diseases and fewer children exposed to second-hand smoke or living in smoking induced poverty. There are 4 major diseases that together account for almost 60% of all ill health and early deaths attributable to smoking: COPD; coronary heart disease (CHD); lung cancer; and stroke. By 2075, our modelling suggests between 48,000 and 115,000 cases of these diseases would be avoided - improving people’s lives and avoiding the pain of loss for families.

DHSC modelling focuses on changes in smoking initiation rates in the 14 to 30 age group and therefore, conservatively, assumes no changes to the quit rate for current smokers and relapse rate for former smokers. Health and economic gains are expected further in the future, saving the health and care system up to £18 billion and boosting the economy by up to £85 billion by 2075 (cumulative, undiscounted). Someone who avoids a smoking-related death can be expected to live 8-9 years longer as a result of this change.

4. Supporting people to quit smoking

Overview

Quitting smoking is the best thing a smoker can do for their health. It has been estimated that [someone who quits before turning 30 could add 10 years to their life](#). So, alongside taking bold action to stop the start, the government is also taking new action to support current smokers to quit - building on the existing infrastructure of funding and support we have in place through the NHS and local authorities across England.

The government is investing:

- an additional £70 million per year to support local authority-led stop smoking services (SSS) - more than doubling current spend from £68 million per year (to a total of £138 million) and supporting around 360,000 people to set a quit date each year
- an additional £5 million this year and then £15 million per year after to fund new national anti-smoking campaigns - a substantial uplift on current spend
- up to £45 million over 2 years to roll out our new national 'Swap to Stop' scheme - supporting 1 million smokers to swap cigarettes for vapes
- up to £10 million over 2 years to provide evidence-based financial incentives to support all pregnant smokers to quit

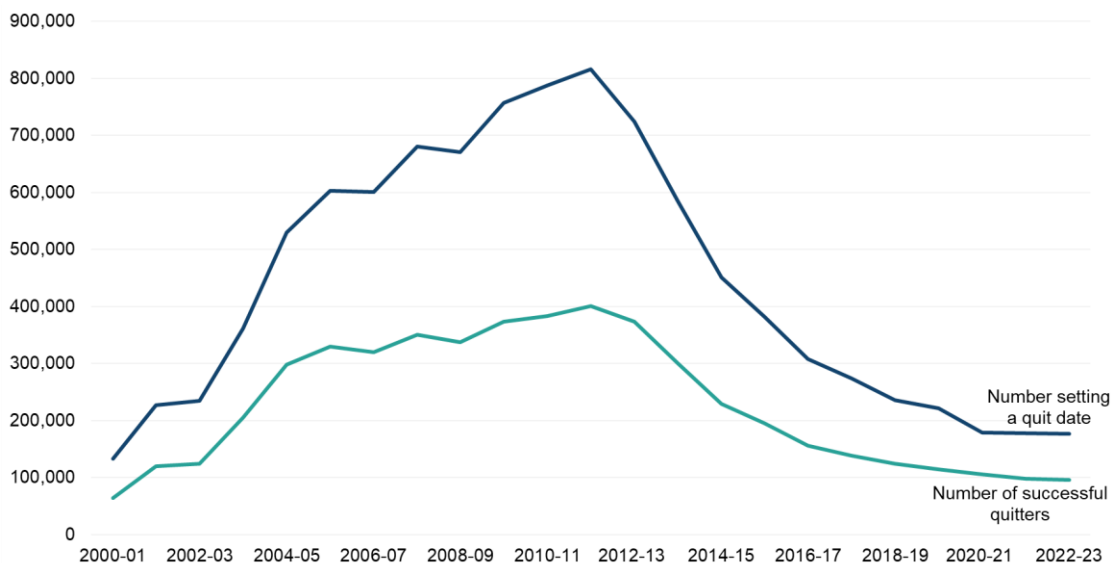
Local stop smoking services

SSS were established across England in 2000 to enable smokers to access a combination of behavioural support from a trained advisor, as well as medicines or stop smoking products for up to 12 weeks. Local authorities report spending £68 million in 2021-2022 on commissioning SSS.

[SSS are an effective and cost-effective way of supporting smokers to quit, increasing the chances of quitting threefold](#), compared to willpower alone, and since inception have [delivered over 5 million successful quits](#). Stop smoking products and medicines (provided by SSS) can double the likelihood of quitting compared to willpower alone, but are [most effective when combined with behavioural support](#). SSS are also effective in reaching high-prevalence groups, with the official statistics [NHS Stop Smoking Services in England](#) showing that 55% of clients in 2022-2023 were recorded as routine and manual workers, long-term unemployed/never worked, unpaid home carers or those who are sick or disabled and unable to work.

However, [the number of smokers seeking help to quit from SSS has declined by nearly 80% since their peak in 2012](#). Figure 10 shows the number of people accessing stop smoking services between the years 2000-2001 and 2022-2023 who set a quit date and managed to quit smoking successfully.

Figure 10: Number of people using SSS who set a quit date and quit successfully



Source: [Statistics on Stop Smoking Services in England](#)

While some of this decline reflects the success of SSS in helping people quit smoking, there has also been a drop in the availability and accessibility of these services. Additionally, there has been a decrease in referrals to SSS from healthcare professionals, and a decrease in public awareness regarding the availability of this support. This is why the government is also funding an awareness raising campaign which will direct smokers to quit support.

The decline in the number of smokers accessing SSS highlights the need for continued investment in these crucial services. The latest data suggests that there were over [176,000 quit attempts with the support of a SSS in 2022-2023](#). To help reach the Smokefree 2030 ambition, the government is committing additional funding of £70 million per year to SSS. This will more than double the current local authority spend on SSS of £68 million per year to a total of £138 million, and also meet the [independent review recommendation](#) for increased investment. In total the funding will aim to support around 360,000 people to quit with 198,000 successful quits (measured as 4-week quits). As the [independent review](#) made clear, well-funded SSS are highly cost-effective and play a pivotal role in improving healthy life expectancy and narrowing the gap in health disparities.

This additional funding will ensure there is a universal and comprehensive offer across local authorities in England, while providing additional weighted funding to local authorities with the highest smoking rates to level up the communities who need it most and address health disparities. This increased investment will directly impact on the availability and quality of support offered, and the number of quits achieved in those areas that need it most. The methodology for allocating indicative funding to local authorities is published alongside this paper.

Funding will be used to help bring all services in line with quality standards that are set out by [National Centre for Smoking Cessation and Training guidance](#). It will support a core specialist team of advisors into local SSS, and a range of other trained professionals (e.g. nurses and pharmacy staff) to engage with specific smoking populations that typically do not access SSS without being targeted and directed to stop smoking support. This will also support delivery of the 'Swap to Stop' scheme as detailed later in the chapter.

It is important to recognise that the remaining smokers are likely to be the most entrenched smokers and may find it harder to quit having experienced a number of unsuccessful quit attempts. Helping these individuals successfully quit is essential, even if it may require a higher cost per smoker. After all, these services were established with the goal of supporting all smokers in their journey to quit, whoever and wherever they are.

Awareness raising campaigns

There is strong evidence that national campaigns are effective in supporting smokers to quit and they deliver a strong return on investment and impact at scale. In particular, awareness raising campaigns play a role in dismantling common misperceptions among the public. For example, [4 in 10 smokers incorrectly believe vaping is as dangerous as smoking cigarettes](#). They can be targeted at current smokers, so they can make well informed choices about quitting tools.

The annual Stoptober campaign alone has driven more than 2.3 million quit attempts between its inception in 2012 and the latest evaluation in 2020. Evidence from evaluations of Stoptober campaigns showed that in 2020, [the campaign generated quit attempts among 12.3% of smokers and recent ex-smokers](#). The Stoptober campaign emphasises that if a smoker can quit for 28 days, they are 5 times more likely to quit permanently.

The [independent review](#) recommended that the government invest £15 million to fund a nationwide, all year stop-smoking campaign. The government will invest an initial £5 million right now, and £15 million each year after, on campaigns to highlight the harms of smoking and signpost people to support. We will take a national approach, but this will be amplified in local areas with higher smoking rates and targeted at demographics most likely to start smoking or be current smokers. Combined with the increase in availability and quality of other support, this is a wide reaching, high impact proposal. It is also supported by the public: [69% of adults in England support further investment in campaigns on smoking](#).

Rollout of National ‘Swap to Stop’ Scheme

Vaping has become the most popular quitting aid in England, and vapes are extremely effective for many, particularly when combined with additional behavioural support from SSS. They are up to twice as effective as the available licensed nicotine replacement therapy at one-fifth of the cost. The latest international research shows that [smokers who use a vape every day are 3 times more likely to quit smoking, even if they did not intend to](#).

In April 2023, the government announced a world-first national ‘Swap to Stop’ scheme - offering a million smokers across England a free vaping starter kit, investing up to £45 million over 2 years. Smokers who join this scheme must join on one condition - they commit to quit smoking with expert support from local SSS. The scheme will target the most at-risk communities first including job centres, homeless centres and social housing providers - building on existing and effective pilots. For example, in Salford where 1,000 housing association residents joined the offer, [60% had quit smoking at 4 weeks](#). This scheme represents an exciting opportunity to capitalise on the potential of vaping as a tool to help smokers quit.

A large proportion of this national programme will be delivered in partnership with SSS, who will provide smokers with starter kits as part of their existing offer. The government's increased investment in SSS will allow services to reach a larger number of smokers to 'swap to stop' and provide the wraparound support for more specialised staff who can provide essential behavioural support alongside the vaping kit.

Financial incentives for pregnant smokers to quit

There is a strong evidence base for the effectiveness of financial incentives for pregnant smokers. [National Institute for Health and Care Excellence \(NICE\) guidelines published in 2021](#) recommend the use of vouchers up to the value of £400, based on validated abstinence from smoking, as an effective way to help pregnant women to quit when used alongside behavioural support. Financial incentive schemes increase the number of women engaging with stop smoking support as well as successfully quitting. For instance, since the start of Greater Manchester's Smokefree Pregnancy programme in 2018, [they have seen the number of people who smoke at the time of delivery fall by a quarter and an estimated 3,500 more babies have been born free from the harm of tobacco smoke.](#)

In April 2023, the government announced [the rollout of a financial incentives scheme for all pregnant smokers by the end of 2024](#). This programme will offer all pregnant smokers the best chance of becoming, and staying, smokefree. Those who take up the offer will receive vouchers to a maximum of £400. These will be issued at specified time points during the quit journey, contingent on ongoing engagement with behavioural support and evidence of smokefree status.

Women who receive incentives are twice as likely to successfully quit throughout pregnancy (and remain a non-smoker postpartum) [compared to those that do not receive incentives](#). Supporting more women to have a smokefree pregnancy will reduce the number of babies born underweight or with health problems (e.g. respiratory, heart defects) requiring neonatal and ongoing care. It will also reduce the risk of miscarriage and stillbirth. Babies exposed to tobacco smoke in pregnancy or in the home are also at a higher risk of sudden infant death (cot death).

5. Youth vaping

Overview

The government is committed to having the biggest impact possible in reducing youth vaping. The government is also conscious of the potential impact that new policies may have on adult smokers looking to quit and the associated health benefits, as vaping is substantially less harmful than smoking and can be an effective tool in supporting adult smokers to quit. Ensuring vapes can continue to be made available to current adult smokers is vital to tackle smoking. The government is therefore consulting on a set of proposals to reduce youth vaping, ensuring we get the balance right between protecting our children and supporting adult smokers to quit.

There has been a recent and highly concerning surge in the number of children vaping and the evidence shows that vaping products are regularly promoted in a way that appeals to children, through flavours and descriptions, cheap convenient products and in-store marketing - despite the risks of nicotine addiction. Alongside the [findings from the call for evidence](#), the government has drawn on the latest public health evidence both in the UK and internationally, what we know has worked in reducing youth smoking, and extensive learning from stakeholders. The government is also responding to recommendations made in the [independent review](#) to tackle youth vaping.

The proposals the government is looking at include:

- restricting vape flavours
- regulating vape packaging and product presentation
- regulating point of sale displays
- restricting the sale of disposable vapes
- introducing an age restriction for non-nicotine vapes
- exploring further restrictions for other nicotine consumer products such as nicotine pouches
- preventing industry giving out free samples of vapes to children

These actions would complement each other, forming a suite of measures that will work together to reduce the various ways that vapes appeal to children, with the aim of reducing youth vaping and the potential for children to be exposed to the risks.

Restricting vape flavours

Our [call for evidence](#) showed us that children are attracted to the fruit and sweet flavours of vapes, both in their taste and smell, as well as how they are described. So, restricting flavours has the potential to significantly reduce youth vaping.

So, the government is considering new legislation to regulate the flavours of vapes and their descriptions. To avoid unintended consequences on youth and adult smoking rates, the scope of restrictions will need to be carefully considered. The options for how the government will seek to do this will be detailed in a consultation later this month.

Context

Vape liquids (e-liquids), sometimes known as vape juice, is typically composed of nicotine, propylene glycol and/or glycerine, and flavourings. The [TRPR](#) currently restricts certain ingredients including colourings, caffeine, and taurine. However, it does not restrict any combinations of flavours or flavour types.

There are a vast and diverse variety of flavours on the UK market including: tobacco (imitating cigarettes), menthol and mint, fruit flavours (e.g. strawberry, blueberry and mango), dessert and sweet flavours (e.g. bubblegum, cotton candy, caramel or cheesecake), tobacco blends (combining tobacco with vanilla, caramel or nuts), and custom mixes (vape liquid mixed by users to suit their personal preferences). The attractive wording ('descriptor names') can also entice children to try vaping, such as 'fiery flavoured strawberry' and 'berry blast': sweet flavours that children may be familiar with.

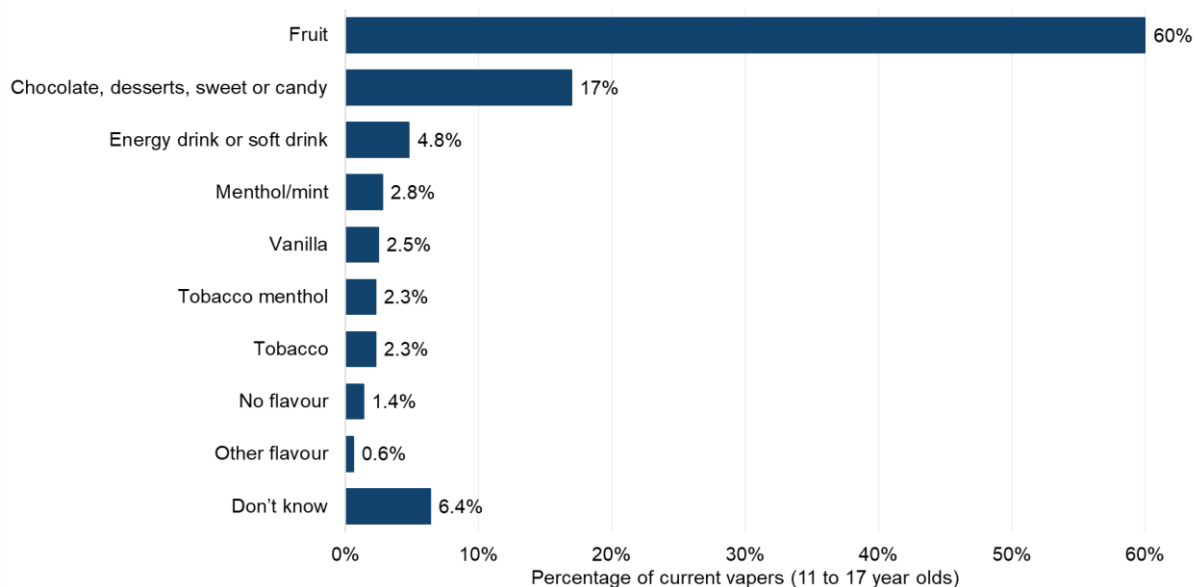
Evidence on the use of vape flavours

In the UK, a 2023 survey by ASH shows that [the most frequently used vape flavouring for children is 'fruit flavour' with 60% of current children using them](#). 17% of children who vape choose sweet flavours such as chocolate or candy and 4.8% choose to vape energy or soft drink flavours. Figure 11 shows the most frequent flavours chosen by young people.

[The use of flavoured vapes in smokers has also increased](#). In 2015, most adults who vaped used tobacco flavour. However, in recent years there has been a shift, and in 2023 more adults are choosing fruit flavours (47%), as well as mint and menthol (17%), and tobacco (12%). Figure 12 shows the most frequent flavours chosen by adults.

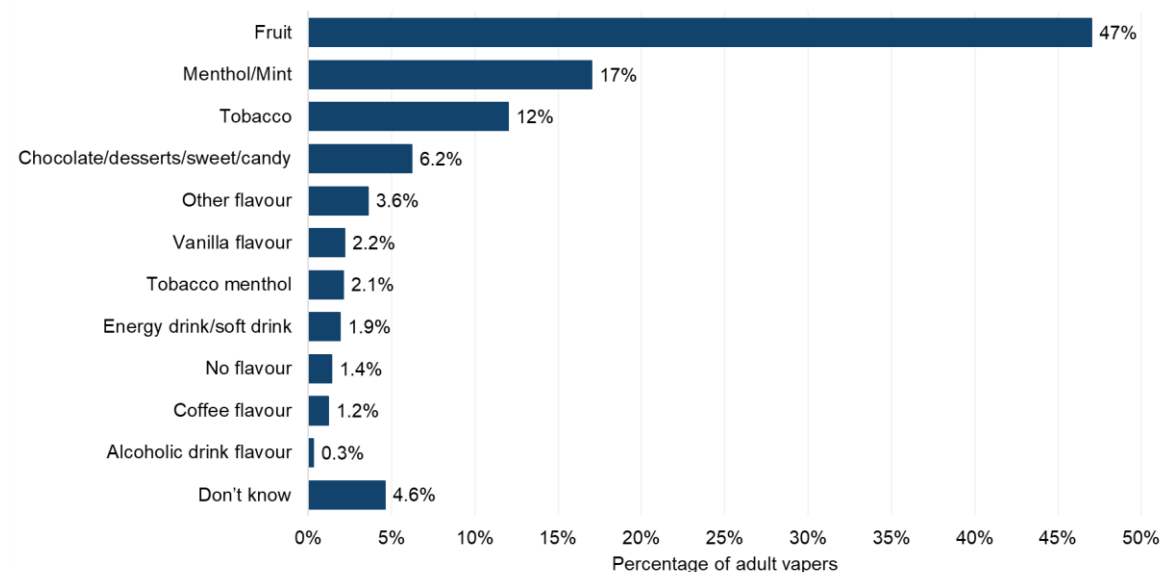
[Flavours are an important factor in motivating young people to start vaping](#) and makes them more attractive to existing users. Evidence suggests [consumers also prefer flavoured vapes](#), and flavour is important for adolescents in both vaping trial and initiation.

Figure 11: Most frequently chosen e-cigarette liquid flavour, current vape users 11 to 17, Great Britain



Source: [ASH smokefree Great Britain youth surveys](#)

Figure 12: Most frequently chosen e-cigarette liquid flavour, adult vape users, Great Britain



Source: [ASH smokefree Great Britain adult surveys](#)

There is evidence that flavoured vaping products can assist quitting smoking. London South Bank University found that smokers who got advice picking their vape flavour, and received supportive text messages and/or expert support, are much more likely to quit. [It found that after 3 months 25% were smokefree compared with 12% who received no support. A further 13% had reduced their cigarette consumption by more than 50%.](#)

Flavourings may also encourage daily use. Among smokers not intending to quit, daily use is strongly associated with subsequent smoking cessation, but among young people, [daily use may be associated with a greater risk of subsequent dependence.](#)

Regulating point of sale displays

Unlike tobacco products, vapes are currently allowed to be displayed at the point of sale. It is unacceptable that children can see and pick up vapes in retail outlets easily due to them being displayed within aisles, close to sweets and confectionary products and on accessible shelves.

So, the government is considering bringing forward legislation on point of sale displays to keep them away from children.

Context

Analysis from Imperial College London looked at data collected in the annual ASH survey of youth vaping. Comparing 12,445 responses to an online survey by children aged between 11 to 18 over the 5 years from 2018 to 2022, [researchers found increases in the proportion of children reporting that they had seen vapes on display in shops.](#)

By contrast, tobacco point of sale restrictions in England reduced the exposure of cigarettes in shops to children. The [likelihood of noticing cigarettes decreased from 81% in 2018 to 66% in 2022 for small shops and from 67% to 59% in supermarkets](#). This also coincided with a decrease in buying cigarettes in shops.

The government wants to mirror this trend for vaping, especially since the often-colourful nature of vaping displays appeals to children. Limiting this exposure is a necessary step to reducing experimental use among children and young people. Legislation is needed to keep vapes out of sight from children. However, we do not want it to inhibit those who currently smoke from accessing vapes as a quit aid so they must remain visible enough. There is strong public support for this. A 2023 ASH public support survey found that [74% of adults in England support prohibiting point of sale promotion of vapes](#).

Specialist vape shops could be an exception to this. These are retail outlets that specialise in the sale of vaping products. They normally have a far wider selection of devices and products available compared to general retailers such as supermarkets and off licences.

Regulating vape packaging and product presentation

Vapes can entice children to start, and continue, vaping through brightly coloured products and packaging, and imagery such as cartoons. To tackle this, the government is considering further regulation of vape packaging and product presentation, ensuring that neither the device nor its packaging targets children.

Context

[The Tobacco and Related Products Regulations 2016](#) (TRPR) outlines the requirements relating to the labelling and presentation of vaping products. It sets out what can be written on a unit or container pack of the vape or refill container. Products may not, for example, suggest that a particular vape is less harmful than other vape or refill containers, has revitalising, energising, healing, rejuvenating, natural or organic properties, and/or has other health or lifestyle benefits. It must also include a health warning.

However, unlike tobacco packaging, vape packaging can come in different colours, styles, and shapes. They can include brand names and different types of images and formatting. The products themselves can be designed and displayed differently, in ways that can make them more attractive to children. While mod or tank devices are often wrapped in more neutral packaging, vape liquids and disposable vapes are regularly sold and marketed in a range of brightly coloured designs.

[Packaging and design features of vapes have been shown to appeal to children](#). The presentation of vape packs can vary significantly, which can influence a child's intention to try different vaping products. [Research on standardised packaging](#) shows that standardising vape packaging with reduced brand imagery can decrease the appeal of vape products among young people. It specifically decreased the appeal among young people who have not smoked or vaped previously, without reducing its appeal among adult smokers.

Historically, the branding of tobacco products made them more appealing to children. This led to the government introducing standardised packaging across cigarettes and hand rolling tobacco. [The Standardised Packaging of Tobacco Products Regulations 2015: post-implementation review](#) found evidence that suggested prohibiting tobacco branding reduced the appeal of tobacco products to children, with young non-smokers and occasional smokers potentially affected the most. Other studies have confirmed this and demonstrated that [standardised packaging reduced the appeal of smoking overall, particularly to young people](#).

We know that there is strong public support for regulation of vape packaging and presentation. The 2023 ASH public opinion survey found that [76% of adults in England support limiting the names of sweets, cartoons and bright colours on vape packaging](#).

Restricting the sale of disposable vaping products

The use of disposable vaping products (sometimes referred to as single use vapes) has increased substantially in recent years. A disposable vape is a type of vape designed to be single use. These devices are neither rechargeable nor refillable and are discarded when it runs out of charge or e-liquid. They contain plastic, copper, rubber, and a lithium battery. Some parts, like the battery, can be widely recycled, whereas other parts, such as any rubber pieces, are not easily recyclable.

The government is concerned about the threat that single-use disposable products pose to the environment and the large number of children that are using disposable vapes. The government is considering restricting the sale of disposable vapes using powers under section 140 of the [Environmental Protection Act](#) 1990.

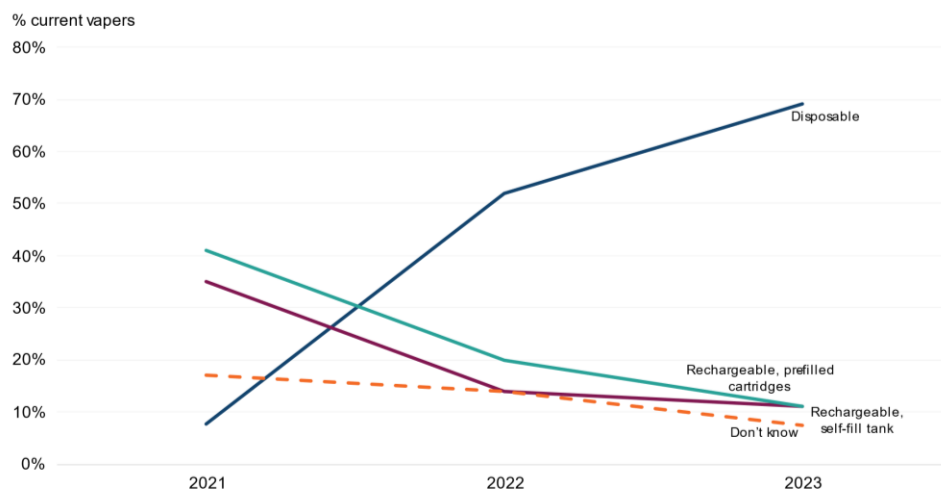
Context

Figure 13 shows the proportion of young vape users that most frequently use disposable vapes has significantly increased in recent years. ASH's [Use of e-cigarettes among young people in Great Britain](#) report found that in 2021, only 7.7% of current vape users aged 11 to 17 used disposable vapes, which increased to 52% in 2022 and 69% in 2023.

Disposable vapes are convenient and easy to use which is what is attracting children and young people to begin or continue vaping. However, this convenience can also help adults quit smoking.

Disposable use is growing for adults, with 31% of adult vape users mainly using disposables in 2023 compared with 2.3% in 2021. However, ASH's [Use of e-cigarettes among adults in Great Britain](#) report shows that for adults, the most used type of vape device remains a refillable tank system, with 50% of current vape users using this device.

Figure 13: Most frequently used e-cigarette device type, 11 to 17 year olds in Great Britain



Source: [ASH Smokefree Great Britain youth surveys](#)

The risks of waste vape products

The rise in the use of disposable vapes has inevitably led to a rapid increase in the volume of these products becoming waste. When littered, disposable vapes introduce plastic, nicotine salts, heavy metals, lead, mercury, and flammable lithium-ion batteries into the natural environment. This contaminates waterways and soil, posing a risk to the environment and animal health. Disposable vapes also pose a fire risk when not separately collected for specialist recycling, as lithium-ion batteries can ignite when crushed in a refuse vehicle or at waste-processing plants.

Disposable regulations for vapes

It is important that these products are disposed of correctly. [The Waste Electrical and Electronic Equipment Regulations 2013](#) (WEEE) require manufacturers and importers of equipment, including vapes, to finance the cost of collection and proper treatment of equipment that is returned to dedicated collection points, which are usually household waste recycling centres. Retailers, both those with stores and those selling online, also have take-back obligations for unwanted vapes on the sale of new products. There are also obligations under [The Waste Batteries and Accumulators Regulations 2009](#). Emerging evidence suggests compliance with these obligations is low, given the recent surge of businesses supplying disposable vapes. Both the WEEE and batteries regulations are being reviewed, with consultations planned by the Department for Environment, Food and Rural Affairs for later this year.

[Research on vape disposal by YouGov commissioned by Material Focus](#) found that almost 5 million disposable vapes are either littered or thrown away in general waste every week. This has quadrupled in the last year and is equivalent to the lithium batteries of 5,000 electric vehicles being thrown away per year. The report found 52% of 18 to 34 year olds who bought a vape in the last year bought a single-use product. The report also found that over 360 million single use vapes are bought in the UK each year and concerningly 73% of these vapes are thrown away.

Non-nicotine vapes

The majority of vapes sold in the UK contain nicotine. Non-nicotine vapes (or nicotine-free vapes) are not subject to the same product standards and age restrictions for nicotine-containing vapes. Instead they are covered by the [General Products Safety Regulations \(GPSR\) 2005](#). Like nicotine vapes, they can come in liquid form to be used in a device or already contained as a liquid in a device. The GPSR requires providers to ensure only safe products are placed on the market, together with any necessary warnings for safe use of the product.

There is clear data of [young people using non-nicotine vapes in Great Britain](#). Internationally, around 30 countries have prohibited the sale of non-nicotine vapes, and another 50 countries allow them to be sold but with age restrictions.

In May 2023, the [Prime Minister laid out the government's commitment to review the rules on selling nicotine-free vapes to under 18s](#), to ensure our rules keep pace with how vapes are being used.

The government will seek to introduce legislation to prohibit the sale of non-nicotine vapes to under 18s as a first step to protect children. The government is also interested in views on whether we should also impose further restrictions on non-nicotine vapes, which we will explore in our consultation later this month.

Other nicotine consumer products

There are other consumer nicotine products in the UK market such as nicotine pouches. They too do not come under the TRPR, but GPSR also applies to these. There are no age of sale restrictions, but the government does have regulatory making powers to introduce these.

A recent study suggests that, [although nicotine pouch use is low among adults \(0.26% or 1 in 400 users in Great Britain\), it is increasingly popular with younger male audiences](#). The youth vaping call for evidence included comments about children using nicotine pouches but there is limited data about children using them.

In our consultation later this month, the government will explore whether further regulatory measures are needed for other nicotine consumer products such as nicotine pouches.

Preventing industry giving out free samples of vapes to children

In May 2023, the Prime Minister announced [a commitment to close the loophole in our laws which allow retailers to give free samples of vapes](#) (and other nicotine containing products) to under 18s. ASH found that [2% of 11 to 15 year olds who have ever vaped \(approximately 20,000\) said that their first vape was given to them by a vape company](#). There is currently no restriction on the free distribution of samples of nicotine or non-nicotine vapes. This differs from the position on tobacco products, since the free distribution of tobacco products is prohibited under the [Tobacco Advertising and Promotion Act 2002](#). The government plans to address this loophole at the next legislative opportunity available.

6. Enforcement

Overview

A strong approach to enforcement is vital if the smokefree generation policy is to have real impact. Underage and illicit sale of tobacco, and more recently vapes, is undermining the work the government is doing to regulate the industry and protect public health.

The sale of illicit products frequently targets children and young people in disadvantaged communities, widening health disparities. The impact of the illicit trade is often the greatest in the most deprived areas of the country. Tobacco smuggling also costs over [£2.8 billion in lost tax and duty revenue each year](#). This deprives the UK of vital money that could be used to fund essential public services - instead putting it in the hands of criminals.

In this chapter, we set out additional steps that the government will take to clamp down on those irresponsibly selling tobacco products and vapes to underage people and preventing illicit products from being sold. This includes:

- providing £30 million additional funding per year (from April 2024) to support enforcement agencies such as Trading Standards, Border Force and HMRC to implement and enforce the law (including enforcement of underage sales) and tackle illicit trade
- HMRC and Border Force publishing an updated Illicit Tobacco Strategy, which will:
 - set out plans to target illegal activity at all stages of the supply chain to stamp out opportunities for criminals in light of the new rules
 - establish a multi-agency Illicit Tobacco Taskforce, led by HMRC and Border Force, to oversee future evolution of our illicit tobacco strategy
- introducing new powers for local authorities to issue on-the-spot fines (Fixed Penalty Notices) to enforce age of sale legislation of tobacco products, as well as vapes
- enhancing online age verification to stop underage sales of tobacco products and vapes online

Background

Underage sales

Despite long standing restrictions on the legal age of sale and the well-known harm of tobacco products, underage sales remain an issue. In 2019-2020, of the councils who undertook test purchasing, [50% reported that cigarettes or tobacco products were sold to people who were underage in at least one premise](#). Similarly in 2022-2023, National Trading Standards identified that 27% of the 1,000 vape test purchases carried out with retailers resulted in an illegal sale.

Illicit trade

The [estimated size of the illicit market was 17.7% of all tobacco trade in 2021-2022](#). The government has acted in recent years to deter illicit trade of tobacco products through publishing its [national strategy](#); introducing harsher penalties to deter and punish those selling illicit tobacco; and launching the Tobacco Operational Intelligence Coordination Centre (TOICC), a multi-disciplinary and multi-agency team which identifies tactical opportunities to counter organised criminal groups' activities.

The UK was one of the first countries to implement the Tobacco Track and Trace System for tracking cigarettes and hand-rolling tobacco from manufacture to retail, to deter illicit sales, which will be rolled out to other tobacco products in 2024. In 2018, we joined the World Health Organization's (WHO) [Framework Convention on Tobacco Control \(FCTC\) Protocol to Eliminate Illicit Trade in Tobacco Products \(The Protocol\)](#), which represents a significant move towards a new global standard in tobacco control. Project CeCe led by HMRC has been hugely successful, resulting in [more than £7 million worth of illegal tobacco products being removed from sale in its first year](#)

Illicit vapes on the UK market is a rising concern and the government is applying lessons from our approach in tackling illicit tobacco. In April 2023, the government [announced £3 million of investment to a new illicit vapes enforcement unit](#), led by National Trading Standards, building on existing work by trading standards officers across the country. They identified that 2.1 million illicit vapes were seized across England by Trading Standards in 2022-2023. These vapes often contain unknown ingredients, higher levels of nicotine and are often made easily available through markets that target children.

Investment in enforcement capacity

In light of our action to prohibit the sale of tobacco products for future generations, we must ensure our actions keep pace with criminals who adapt quickly to new controls. When the government makes legitimate smoking less attractive, illegal supply can serve as a dangerous alternative. We must ensure one harm does not replace another.

The government will provide £30 million additional funding per year to support enforcement agencies such as Trading Standards, Border Force and HMRC to implement and enforce the law (including enforcement of underage sales) and tackle illicit trade. The additional funding will help boost enforcement capacity across the country.

HMRC and Border Force will also publish an updated Illicit Tobacco Strategy which will set out our plans to be at the forefront of tackling illegal activity and opportunities that criminals might seek to exploit. To support this strategy, the government will establish an Illicit Tobacco Taskforce. The taskforce will combine the operational, investigative and intelligence expertise of various agencies, to enhance our ability to detect and disrupt organised criminals.

These actions build on the recommendations of the [independent review](#), which proposed additional funding for local trading standards and partners to gather and develop intelligence, and deliver enforcement activity.

Introducing on the spot fines for underage sales

Local authorities take a proportionate approach to enforce age of sale restrictions on tobacco products and vapes, that reflects the level of offence committed. Penalties can be escalated, starting with a warning through to a maximum fine of £2,500 or, in the case of the most serious or repeat offences, applying for a court order to prevent the offending retailer from opening for a period of time.

The current penalty regime requires local authorities to prosecute the individual or business in question and for the individual or business in question to be convicted in a Magistrates' court. Trading standards officers say this time-consuming court procedure limits their ability to issue fines and is a significant gap in their operational capabilities.

As committed by the Prime Minister in May 2023, [the government has undertaken a review of FPNs to enforce age of sale legislation for vaping products](#). FPNs are a well-established approach to enforce a range of regulatory offences and Penalty Charge Notices (a type of FPN) are already used as part of a suite of measures to enforce age of sale restrictions for alcohol. The review concluded that introducing an FPN (an on-the-spot fine) will enable trading standards officers to take more swift and proportionate enforcement action against the irresponsible retailers who allow underage sales of vapes. It was welcomed by many trading standards officers. The government thinks that these findings also support introducing powers to enforce age of sale legislation for tobacco products.

The government therefore intends to introduce legislation to permit local authorities to issue Fixed Penalty Notices (FPNs) to enforce breaches of age of sale restrictions for tobacco products and vapes. Powers to issue FPNs would be in addition to existing powers local authorities have to enforce age of sale legislation and will support the enforcement of the proposed new age of sale for tobacco products outlined in this document.

Restricting online sales

Children accessing cigarettes online is a concern: NHS data from 2021 showed that [8% of 11-15 year olds reported buying tobacco products online](#) in 2021, compared to 2% in 2018. There is a similar picture for vapes; ASH's report [Use of e-cigarettes \(vapes\) among young people in Great Britain](#) found that 7.6% of children aged 11 to 17, who are currently vaping, buy their vapes online.

Current legislation does not specify how age should be verified for online sales of tobacco products and vapes. It is the responsibility of retailers to ensure they do not sell age restricted products online to people under the minimum age. Retailers must take reasonable precautions and exercise due diligence. While many online retailers are taking steps to ensure they are taking stringent measures to verify age online, it is clear that some retailers are not taking sufficient steps to prevent sales to children.

The government has proposed legislation to make online identity and eligibility verification safer and easier through the [Data Protection and Digital Information \(no.2\) Bill](#), which is currently being considered by Parliament. [The UK digital identity and attributes trust framework](#) has been drafted to work for age verification solutions. This framework provides a potential opportunity for companies providing age verification services to be certified, to prove they are delivering age assurance solutions that meet government standards. It also provides an opportunity for online retailers selling tobacco products and vapes to start introducing age verification solutions through their websites, so they can be more confident that they are selling to someone over the legal age of sale.

The government wants to make sure that those under the legal age of sale cannot buy tobacco products and vapes online, so we will explore how we can enhance online age verification. As a first step, the government will work with retailers that sell tobacco products and vapes to produce good practice guidance to help retailers adopt online age verification to address underage sales.

7. Next steps

Through this paper, the government has outlined new legislative proposals to stop future generations from starting to smoke and tackle the rise in youth vaping. The paper also outlines an ambitious package of additional measures to support the implementation of our legislative proposals and sustain action to support current smokers to quit.

Later this month, the government will bring forward a consultation on the smokefree generation policy detailed in this paper and its scope, as well as on measures to tackle youth vaping by reducing the appeal and availability of vapes to children. Following this consultation, the government intends to bring forward legislation as soon as the parliamentary timetable allows.

Health policy is a devolved matter in Scotland, Wales and Northern Ireland. However, the UK government is committed to working closely with the devolved administrations as we develop these proposals with a view to aligning policy approaches wherever this would improve outcomes - continuing ongoing collective action to tackle the harms caused by smoking and youth vaping across all parts of the UK.

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Appendix B

National and Local Approaches to implementing the 'Swap to Stop' Scheme

Vaping has become the most popular quitting aid in England, and vapes are extremely effective for many, particularly when combined with additional behavioural support from Stop Smoking Services (SSS). They are up to twice as effective as the available licensed nicotine replacement therapy at one-fifth of the cost. The latest international research shows that smokers who use a vape every day are 3 times more likely to quit smoking, even if they did not intend to.

In April 2023, the government announced a world-first national 'Swap to Stop' scheme - offering a million smokers across England a free vaping starter kit, investing up to £45 million over 2 years. Smokers who join this scheme must join on one condition - they commit to quit smoking with expert support from local SSS.

A large proportion of this national programme will be delivered in partnership with SSS, who will provide smokers with starter kits as part of their existing offer. The government's associated increased investment in SSS will allow services to reach a larger number of smokers to 'swap to stop' and provide the wraparound support for more specialised staff who can provide essential behavioural support alongside the vaping kit. This programme will therefore support local systems to provide a more attractive and effective vape offer to smokers with three routes of delivering vapes alongside behavioural support:

- (a) Direct supply of vape starter kits to local authority stop smoking services
- (b) Direct supply to local authority led partnerships.
- (c) Digital offer in partnership with NHS England once development is completed

Initial Pathfinder expressions of interest are currently being invited by the National Team until 3rd November 2023 with an expectation that a second wave of applications will be considered later in the year.

Mindful that in Lancashire we have only just recently finished a procurement exercise for our local Stop Smoking Service (Smokefree Lancashire) and that the new provider is currently being mobilised it is our intention to apply as part of Wave 2 once it is announced. We feel we will then be in a strong position to put forward our application accordingly once we have had time to ensure the relevant pathways are in place. In the meantime, we are of course actively exploring with our neighbouring local authorities and NHS colleagues any potential opportunities to put forward system wide applications and look forward to keeping the Lancashire Health and Well Being Board updated as these plans progress.

Lancashire Health and Wellbeing Board
Meeting to be held on Tuesday, 14 November 2023

Corporate Priorities:
Caring for the vulnerable

Winter Wellbeing Preparedness

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Brief Summary

The report highlights plans in place across NHS and Local Government organisations to support health and wellbeing needs of Lancashire residents during the Winter.

Recommendations

The Health and Wellbeing Board is asked to:

- (i) Endorse the plans.
- (ii) Consider any future areas for improvement and collaboration.

Detail

A wide range of organisations have developed plans to support individuals and communities over the 2023/24 winter period. Winter planning is a necessary and critical part of organisational business continuity planning to set out continuity actions, key risks and mitigations, and the management of these during what is typically a more pressured part of the year, especially across the health and care system.

This report identifies some of the key arrangements in place across Lancashire to support winter related health and wellbeing needs of its residents. Of particular note are the plans initiated by Lancashire County Council and the NHS Lancashire and South Cumbria Integrated Care Board; with representatives from these organisations providing an update to the Board meeting. Continuing collaboration, especially with district council colleagues, is however key to delivering the support needed by individuals and communities and maximising the reach and utilisation of the available funding.

Lancashire County Council

Adult Social Care

The Lancashire County Council [Winter Plan for Adult Social Care](#) formally comes into operational effect from 1 October 2023 and will run until the 14 April 2024 incorporating resilience across the Easter period and immediately after it.

Adult Social Care is focussed on ensuring preparations are in place to meet the likely challenges of winter, as well as delivering year-round resilience. This year's Winter Plan guidance has required the Authority to take account of:

- the continued challenges and pressures across the health and social care sector.
- the likely prevalence of winter flu and Covid 19.
- continued pressures across the care market.
- sustained workforce challenges including recruitment, retention and fatigued staff who have experienced no real reduction in pressure since the start of the pandemic in 2020.

Services have existing year-round resilience and business continuity plans in place, covering various scenarios such as adverse weather or sudden staffing, environment, or IT related events. In addition, the Acute and Intermediate Care services are partners in the health and social care system resilience and business continuity plans and digital escalation system on each Acute Hospital footprint.

All teams continue to use these plans to inform response actions, and this Winter Plan sits alongside those with enhanced actions to maintain capacity and resilience throughout this time of year as well as responding to NHS surges and associated impacts on social care demand.

Public Health, Wellbeing and Communities

The Public Health and Wellbeing service continues to plan and work with a range of internal and external partners to deliver interventions to support individuals and communities, including:

- Seasonal and Workforce Flu Programmes – raising awareness and uptake of the NHS Seasonal Flu programme, and provision of a workforce programme to protect staff, particularly frontline staff providing care to vulnerable groups and business critical services.
- Acute respiratory infections – providing relevant advice and guidance to care homes about infectious diseases.
- [Cold Weather alerts](#) – indicating potential health-sector impacts and likelihood of those impacts occurring based on the forecast temperatures, received from United Kingdom Health Security Agency in partnership with the Met Office.
- Affordable Warmth – working with district council housing teams to continue a programme of initiatives, including access to home energy support such as boiler and insulation measures.



- Fuel Advice and Support – continuing support to [British Gas Energy Trust](#) fuel debt project for Lancashire, through with Citizen's Advice.
- Emergency Fuel Vouchers – for those engaging in fuel financial management advice.
- Lancashire Warm Spaces – grant scheme to support access to warm spaces in the community, with an online directory and supportive resources for use by community organisations, together with warm drinks available in Lancashire's libraries, alongside targeted support and information.
- [Lancashire Community Food Grant Scheme](#) – supporting local voluntary, community, faith and social enterprise sector organisations to tackle food insecurity. The funding round has recently closed, with bids currently being evaluated.
- Food Support – during school holidays for households with children eligible for free school meals during school holidays.
- A dedicated [Cost-of-Living Hub](#) detailing the support available to residents and businesses across Lancashire, including information on how to access welfare benefits and financial support, help with energy, support with food and help getting into work. The Hub will also link to the Lancashire Warm Spaces initiative.
- Household Goods Support Scheme – supplementing the current [Under One Roof](#) essential household goods support scheme (essential household items to those individuals/families who do not have access to sufficient income or funds to meet their immediate needs, along with help and advice in seeking more sustainable support).
- Pensioner Benefit Uptake Scheme – ongoing delivery of the pensioner benefit uptake campaign, by the Welfare Rights Service, in collaboration with district council colleagues, offering free welfare benefit checks to pensioners on low incomes across Lancashire. This year (1 April to 30 September 2023) the cash gains into Lancashire amount to c£900k on an annual basis.

Highways

The [Winter in Lancashire](#) webpages include the Winter Service Plan 2023/24 which sets out how the Council, as Highway Authority for Lancashire, meets its policy for the treatment of roads, footways and cycleways during the winter period: enabling a safe passage for vehicles and pedestrians, minimising delays due to winter weather and ensuring operations are undertaken safely.

NHS – Lancashire and South Cumbria Integrated Care Board

NHS winter preparedness planning is based on national guidance, and addresses two key measures:

- 76% of patients being admitted, transferred or discharged within 4 hours by March 2024, and improvement 2024/25.
- Category 2 ambulance response times - average of 30 minutes over 2023/24 and improvement 2024/25.



And four key areas:

- High impact interventions.
- Reviewing the operational plan and trajectories:
 - Focus on Christmas and New Year
 - Mobilising additional capacity ie Flu/Covid
- System partner working.
- Supporting workforce – improve retention and staff attendance (vaccinations, wellbeing).

The planning process for 2023/24 addresses the following key lines of enquiry:

- How will the system work together to delivery on its collective responsibilities.
- How the 10 high-impact interventions will be delivered.
- Planning for discharge, intermediate care and social care provision.
- Narrative supporting amendments from operational plan numerical.
- Escalation plans.
- Workforce.

To support the winter planning, Lancashire and South Cumbria Integrated Care Board received £40.147m, with plans as follows:

- £28.355m supporting nine programmes of work eg home first, community beds, acute frailty units, hospital beds.
- £11.792m being utilised for existing provision eg clinical assessment service, integrated urgent care, discharge to assess provision.

Officers will be attending the Board meeting to discuss winter preparedness and collaboration to support individuals and communities.

List of background papers

N/A



Lancashire Health and Wellbeing Board
Meeting to be held on 14 November 2023

Corporate Priorities:
Caring For the Vulnerable
Delivering Better Services

Lancashire Better Care Fund Plan 2023 to 2025

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Brief Summary

This report provides a progress update of the Better Care Fund reset work and actions taken since the last report.

The quarterly report has been submitted and requires formal sign-off from the Health and Wellbeing Board. The report shows that it is broadly on track with regards performance against the mandated Better Care Fund metrics, except for admissions to long term residential care for which mitigating actions are in place.

The quarterly finance report (circulated separately to the Board) is a first iteration of what will become a regular part of the Better Care Fund quarterly reporting. A template will also be circulated separately for which the ambition is to use as the reporting template for future finance reports.

The reset programme is progressing and updates regarding various elements are provided within this report, including take up of the Better Care support offer and proposals on which element of the thematic review the system should commence first.

Information is also provided on the Hospital Aftercare service (circulated separately to the Board) which is one of the services funded through the Better Care Fund. The stories demonstrate the positive impact the service has for the people it supports. The intention is to regularly provide this type of information to the Health and Wellbeing Board, to support awareness of the scope of the services and teams delivered through use of the monies in the pooled fund.

Recommendations

The Health and Wellbeing Board is asked to:

- (i) Receive the report and comment on the progress to date on the review and reset programme.
- (ii) Consider and endorse the proposal of focussing on the theme of Intermediate Care first.
- (iii) Receive and consider the Finance Summary Report (circulated separately to the Board).
- (iv) Agree and sign-off the Lancashire BCF Quarterly Report (circulated separately to the Board).
- (v) Identify and ask any questions prompted by the Board report.

Detail

The Lancashire Better Care Fund Quarterly Report

The Quarterly Report (circulated separately to the Board) is a standing requirement of the Better Care Fund planning and reporting cycle, sitting alongside the submission of the annual Better Care Fund Plan and the fortnightly Adult Social Care Discharge Fund submission. Quarterly reporting had been paused during covid-19 and subsequently is now being re-established. The report was required to be submitted by 31 October 2023 which unfortunately did not align with the Health and Wellbeing Board meeting dates, however there is recognition nationally that this will be the position for many Health and Wellbeing Boards and therefore the report is able to be submitted with the inclusion of the date it will be going to the Board.

The latest quarterly report template is not significantly detailed, with the two main reporting requirements this time being performance against the mandated Better Care Fund metrics and a refreshed Intermediate Care Demand and Capacity plan. Lancashire has not significantly substantially changed the demand and capacity figures as systemwide data is one of the challenges it has and that is not shifted, and is the reason the Better Care Fund support offer has been sought and secured. However, the capacity values to reflect additional winter capacity in crisis support and Reablement services that has been procured have been amended to show the additionality. The amended figures can be seen within Tab 5.2 'C&D (Capacity and Demand) Hospital Discharge'.

In terms of performance against the metrics during Quarter 1 of 2023/24 (Tab 4 in the Quarterly Report), for the following 4 metrics:

- Avoidable Admissions
- Discharge to Normal Place of Residence
- Falls
- Reablement



Lancashire is on track to meet the individual targets set in the Better Care Fund (BCF) Plan.

For the Residential Admissions metric, Lancashire has assessed itself as not on track to meet the target as at Quarter 1. There are some known reasons for this, including the improvement work being undertaken by Lancashire County Council Adult Social Care community teams, to reduce the number of people awaiting an assessment. Some of the people who have been waiting longer than the service would want include those who have been funding their own care in a Care Home and have approached the Council for assistance due to their monies dropping below the 'self-funding' threshold. It is anticipated there may be a continued, but reduced, impact of this in Quarter 2, however there are also several mitigating actions in place to improve performance against this metric including:

- The implementation of the strengths-based practice model Living Better Lives in Lancashire.
- A review and expanded community beds offer within the Lancashire County Council in-house residential rehabilitation beds, that will enable many more people who are identified as needing bed-based care on discharge from hospital, access a service with a rehabing ethos and opportunity to increase their independence and return home.
- A re-launch of the ethos of proportionate care (formerly 'Single Handed Care') in Lancashire, looking to reduce the number of people needing multiple carers for personal care and transfers through using the latest equipment and moving and handling techniques.

In its role as the accountable body, the Board is asked to review the Quarterly Report and agree sign-off.

Section 75

The Section 75 agreement for the Better Care Fund (BCF) for 2023/24 was signed off and agreed by both Lancashire County Council and the Integrated Care Board and submitted by the deadline of 31 October 2023.

Quarterly Finance Report

As part of the Lancashire review and reset of the Better Care Fund, one of the elements of focus is commencing regular reporting to the Health and Wellbeing Board on performance and finance.

Performance is contained in the mandated Quarterly Reports and it is proposed that this forms the reporting pattern to the Board. Where performance is not on track, additional information will be supplied setting out the rationale and mitigating actions to improve. Where there is sustained lack of improvement in any of the metrics the Board may want to consider a more focussed discussion on how it can support the system to move closer to the targets set.

The latest Quarterly Report template does not ask for financial or activity information, however it is anticipated that the next iteration of the template is likely to do so.



Circulated separately to the Board is a sample template that all Better Care Fund representatives have been asked to comment on. It is likely therefore that this will form the finance reporting pattern to the Board in future.

Lancashire County Council is the host organisation for the Lancashire Better Care Fund (BCF) Pooled Fund and the total value of the Pooled Fund in 2023/24 is £202.4m. The expenditure supported by this funding is approved as part of the national Better Care Fund (BCF) planning process and the governance of the Pooled Fund is set out and managed through the Section 75 agreement.

The finance summary report (circulated separately) to the Board this time sets out the five mandatory funding streams and the values of these for the Lancashire fund. It details the monies still set to be paid into the fund, including anything outstanding from the previous year. In relation to the Disabled Facilities Grant the monies have been distributed from the fund to the 12 District Councils in line with the national funding formulas.

The Review and Reset Work

Work has continued regarding the grouping of spend areas into a thematic overview, which was shared with the Board last time. Integrated Care Board representatives have explored the areas where there was less clarity from some of the former Clinical Commissioning Group areas, and it is felt that overall, the information is now as good as it will be.

The Review and Reset steering group have reviewed the thematic overview and propose that Intermediate Care is the theme that review efforts should be focussed towards first. From what we know currently, there is just over £47m of Better Care Fund (BCF) funding in that theme plus just under £13m from the Adult Social Care Discharge Fund.

The rationale for focussing on Intermediate Care first includes the fact that is one of the Health and Wellbeing Board agreed priorities for this year, plus there will be a focussed piece of work around Discharge to Assess through the Better Care Fund (BCF) support team. Lancashire has also asked for support with the intermediate care demand and capacity planning requirement for the Better Care Fund (BCF) Plan, which will also support this thematic area.

There are potentially some 'quick wins' for the system in reviewing what intermediate care services are being funded through the Better Care Fund (BCF), and what opportunities there are to pool all intermediate care funding as well as potential efficiencies that may exist in how services are currently funded, including joint commissioning opportunities.

Intermediate Care also meets the two key Better Care Fund (BCF) objectives of:

- enabling people to stay well, safe, and independent at home for longer
- providing people with the right care, at the right place, at the right time

The steering group is clear that as part of the review of this thematic area, specific objectives should be developed and set, including specific outputs.



The proposal was ratified at the Lancashire BCF Board and the Health and Wellbeing Board is asked to consider and endorse the proposal.

Better Care Fund (BCF) Support Offer Update

The Better Care Fund (BCF) support team have shared three support offers with Lancashire that have been agreed to take up. The support is provided as part of the overall Better Care Fund (BCF) programme and is at no cost to the system. The support offers to Lancashire are in 3 defined areas:

1. Leadership and Governance
2. Discharge to Assess
3. Intermediate Care Demand and Capacity Planning

In terms of progress, the support team are in the process of procuring the support relating to leadership and governance, which one in place will support the system to explore and understand effective governance across the Better Care Fund (BCF) Board, the Health and Wellbeing Board and the Lancashire Place Board.

The support team are also working up the plan for the demand and capacity support and are expected to share that soon so that the work can begin.

In relation to the Discharge to Assess support offer, a 14-week project is being scoped and a core steering group is in place to drive this.

Progress updates will be provided to the Health and Wellbeing Board at the next meeting.

Hospital Aftercare – Stories

The stories (circulated separately to the Board) show the positive impact for people of the service provided, which is funded through the Better Care Fund.

The Hospital Aftercare service is a short-term service to support people either being discharged from hospital or to avoid an admission, and who need some non-commissioned social care. The service is delivered by AgeUK and operates out of the five main Acute hospitals across Lancashire plus mental health wards. It has two 'tiers': Tier 1 which is a 'take home and settle' service for up to 72 hours and Tier 2 which is ongoing support for up to six weeks.

The service supports approximately 8,000 people per year.

List of background papers

- (i) Lancashire Better Care Fund Quarterly Report
- (ii) Lancashire Better Care Fund Finance Summary Report
- (iii) Sample Finance Template
- (iv) Hospital Aftercare Stories – AgeUK

All background papers sent to Board members separately.



