Wiltshire Council

AGENDA SUPPLEMENT (1)

Meeting: **Health and Wellbeing Board**

Place: **Kennet Room - County Hall, Bythesea Road, Trowbridge, BA14 8JN**

Date: **Thursday 30 November 2023**

Time: **10.00 am**

The Agenda for the above meeting was published on 22 November 2023. Additional documents are now available and are attached to this Agenda Supplement.

Please direct any enquiries on this Agenda to Max Hirst - Democratic Services Officer of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line or email Max.Hirst@wiltshire.gov.uk

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DATE OF PUBLICATION: 28 November 2023

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Wiltshire Council

Health and Wellbeing Board

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 28 SEPTEMBER 2023 AT WILTSHIRE MUSIC CENTRE, ASHLEY ROAD, BRADFORD ON AVON, BA15 1DZ.

Present:
Cllr Laura Mayes, Dr Alan Mitchell

Also Present:
Cllr Tony Jackson, Cllr Gordon King, Alison Ryan, Dr Michael Allum, David Minty, Cllr Jane Davies, Kate Blackburn, Emma Legg, Mel Nicolaou, Rob Holman, Caroline Holmes, David Bowater, Max Hirst

52 **Chairman's Welcome, Introduction and Announcements**

Laura Mayes, Vice-Chair and Deputy Leader of the Council, welcomed everyone to the meeting and explained that in Cllr Richard Clewer's absence would be chairing the meeting.

53 **Apologies for Absence**

Apologies for absence were received from:

Cllr Richard Clewer
Cllr Ian Blair-Pilling
Cllr Jacqui Lay
Cllr Phil Alford
Dr Nick Ware
Terence Herbert
Lucy Townsend
Helean Hughes
Fiona Slevin-Brown
Alison Elliot
Clare O'Farrell
Paula Tucker
Claire Thompson
Marc House
Catharine Symington
Stephen Ladyman
Naji Darwish
Cara Charles-Barks
Catherine Roper
James Fortune
Shirly-Ann Carvill
Hazel Malcolm
Margaret Arnold

Edd Rendell
Judith Sellers
Stephanie Elsy
Amina-Marie Marecheau
Simon Yeo
Gina Sergeant

54 **Minutes**

The minutes of the previous meeting on 20 July 2023 were presented for consideration. After which, it was:

Decision

The Wiltshire Health and Wellbeing Board approved and signed the minutes of the previous meeting held on 20 July 2023 as a true and accurate record.

55 **Declarations of Interest**

There were no declarations of interest.

56 **Public Participation**

A question was received from Cllr Tony Jackson, alongside concerns from the Warminster Health and Wellbeing Forum, submitted to the board as follows:

In light of the transfer of pharmacy, optometry and dental services to the BSW announced at the HWB Meeting on 20 Jul 23 is BSW able provide commentary on the potential Closure of Boots Avenue Surgery Warminster?

The following response was read by the Chair:

Thank you for raising your concerns in relation to pharmacy provision in Warminster. We have linked with our ICB colleagues (working with the Collaborative Commissioning Hub) as they hold the responsibility around commissioning pharmacy provision for BSW to provide an update on the current position for Warminster.

The BSW Integrated Care Board can confirm that the provider (Boots, The Avenue) has given the appropriate notice period for exit and are within regulations for a closure. At present, the Collaborative Commissioning Hub are able to confirm that on reviewing the pharmacy provision in Warminster and in discussion with the remaining two pharmacies, we have had reassurance they will be able to manage demand, as the remaining Boots branch are increasing capacity and will be extending their opening hours to those which were previously available at the Avenue branch. They are also supporting patients to move or transfer pharmacy where this is desired by the individuals. The Hub will maintain an overview of pharmacy provision in Warminster after the closure,

working with the other two remaining pharmacies in relation to their capacity and demand, ensuring they remain productive and can manage their demand safely.

There continues to be instability in the pharmacy market nationally and there is work underway to review pharmacy opening hours and clinical services provision for Wiltshire to provide insight into the market. If the reviews provide insight which suggests that provision is not adequate, the Pharmaceutical Needs Assessment (PNA) Steering Group will consider, on behalf of the Health and Wellbeing Board, if an updated PNA is required. The PNA has a three-year lifecycle, with the next version due to be published in Oct 2025.

The PNA is a statutory process and as such must follow a set process in order to address adequacy of provision. In relation to population changes per publication lifespan, each version only considers the timescale of the document, with the assurance that the process is completed on a 3-year rolling basis to ensure any population changes are evidence based and considered in a timely manner. The most recent version considers the projected population changes for 2022-25.

At the next meeting of the Health and Wellbeing Board in November there is the opportunity to consider a fuller update on the provision of community pharmacy across Wiltshire.

57 **Carers Strategy**

The Board received a report from Mel Nicolaou on Wiltshire Council's Carers Strategy, which is attached to the agenda.

The strategy was described as still in draft format and would inform the commissioning of services going forward once finalised. Conversations had taken place with relevant parties to assist with the strategy which was considered not specific enough and particular attention is paid to answers from an annual national survey that asks carers about their experiences. Some carers had said they felt isolated and unsupported. The delivery plan is included in the strategy and all feedback and collaboration was considered welcome from the Health and Wellbeing Board.

Debate

The timeline was clarified that the strategy and delivery plan was to be approved by early December.

The draft was considered a good base to build upon and the consideration of carers was welcomed. The strategy was described as having "richness and quality" and the outcomes being people-focused was positively received.

It was commented that the action plan didn't fully reflect the priorities as set out in the report. The need to consider young carers as well as older carers was stressed as it can prevent young carers getting into crisis through lack of

support. A monitoring system to measure outcomes was highlighted as a must for the strategy.

Resolved

i) To note the report
ii) To bring the strategy back to the Health and Wellbeing Board after the consultation phase had concluded

58 **Dementia Strategy**

The Board received a report and PowerPoint presentation from Rob Holman on Wiltshire Council's Dementia Strategy. The full report and PowerPoint is attached to the agenda.

There had been a refresh of the previous strategy, and this newer version had in part been written hand in hand with the carers strategy. The strategy was described as prevention based, with the action plan still under development. There was an "all age" focus, including the impact of dementia on young parents with young children.

Debate

It was clarified that the increasing numbers of those suffering with dementia in Wiltshire was mainly due to the increasing elderly population and was in line with the national trend.

The Board stated that the strategy was well structured and easy to follow, but must be beyond a medical model and not focused just through talking to GPs. Prevention needed to be at the forefront and not reinforce the idea of dementia being inevitable. A significant number of carers are in early stages of dementia and signposting support was stressed as important, as was tackling the social stigmas around dementia. The push to being online had the potential to make processes for accessing support extremely difficult and ultimately inaccessible for those with severe dementia and thinking of offline methods was vital.

The Board commented that Wiltshire Council decided a long time ago to be dementia friendly and yet it was felt by the Board that a refocus was needed with increased invigoration and attention.

Resolved

i) To approve and sign off the Wiltshire dementia strategy 2023-28
ii) Note the governance arrangements for its implementation.

59 **Mental Health Crisis Care Concordat Update**

The Board received an update on the Mental Health Crisis Care Concordat (Right Care Right Person) from David Minty.

National recognition had been given to the premise that the police had been responding to issues they are not full trained to help with. This brought key resources away from core policing needs and also doesn't give the vulnerable person the support they need. It was stressed that this didn't remove any legal responsibilities from the police relating to a duty of care.

Right Care Right Person was about reducing inappropriate police involvement in such issues and its six Core Principles were listed:

1. Members of the public have the right to receive the "Right Care from the Right Agency".
2. The police should concentrate on Core Policing Duties.
3. Understanding the Police's Legal Duty to attend.
4. Listening to Feedback from staff.
5. Partnership working.
6. Ensuring staff feel properly trained and supported to make the right decisions.

In general, when there is no reason to suspect that a crime has been, or is likely to be committed, responses to the needs of people with mental ill health and vulnerabilities should be provided by appropriately commissioned health and social care services. The police have a duty to prevent and investigate crime, however, they also provide an emergency response to intervene and protect life and property from harm.

Debate

The Board stressed that it wanted to see evidence of improvement in care through a reduced police response replaced with mental health referrals.

A breakdown of Wiltshire specifically rather than including Swindon was considered important, as was early collaboration between police and health partners.

There was clarification that the Bluebell Ward would continue to receive funding.

Discussion over the Fire Service having a more significant role was had, with concerns raised over more training and funding being needed.

Resolved

i) To note the report

60 **Primary and Community Care Delivery Plan and Future Commissioning of Community Care Services**

The Board received a brief summary of the report included in the agenda pack from Caroline Holmes on the Primary and Community Care Delivery Plan.

The primary and community care delivery plan is a strategic document that supports the broader BSW Together Integrated Care Strategy and Implementation Plan and informs operational planning and financial recovery, so that we can better serve our BSW population of children and adults. It was approved by the BSW ICB Board on 21 September 2023.

The objectives were listed as:

1. Focus on prevention and early intervention.
2. Fairer health and wellbeing outcomes.
3. Excellent health and care services.

Feedback was used from a range of clinical and non-clinical stakeholders and sources and iterated throughout the development of the delivery plan.

Further engagement and developing a clear roadmap for delivery were the next steps and feedback from the Health and Wellbeing Board was welcomed.

Debate

The Board stated that a clearer picture was needed of where the funding for these plans was being sourced. “Rightsizing” was seen as important and could be done so by benchmarking with other local authorities and partners to compare and improve accordingly. It was stressed that the voluntary sector needs including in plans.

Resolved

i) To note the report

61 **Annual Health Protection Report**

The Board received from Dr Michael Allum a brief summary on the Annual Health Protection Report. The full report is available in the agenda.

Debate

Kate Blackburn, Director Public Health, stated that she believed that the Council was in the best possible position, and this was testament to Dr Allum and the team.

Resolved

i) To note and acknowledge the Wiltshire Health Protection Assurance Group Annual Report 2022;

ii) Support the recommendations of the Wiltshire Health Protection Assurance Group Annual Report 2022.

62 **Date of Next Meeting**

The next meeting of the Health and Wellbeing Board will be on 30 November 2023.

63 **Urgent Items**

There were no urgent items.

(Duration of meeting: 10.15 - 11:50 am)

The Officer who has produced these minutes is Max Hirst - Democratic Services Officer of Democratic Services, direct line , e-mail Max.Hirst@wiltshire.gov.uk

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Better Care Fund 2023-24 Capa

5. Capacity & Demand

Selected Health and Wellbeing Board:

5.1 Assumptions

1. How have your estimates for capacity and demand changed since the plan s

In regards to our estimations Wiltshire's demand and capacity has not significan
projections for this period. Capacity that has significantly changed is:
1. PW2 Hospital Discharge capacity which has been reduced due to a change in

**2. Please outline assumptions used to arrive at refreshed projections (includin
in demand for the next 6 months (e.g how have you accounted for demand ov**

Demand:

Demand is on track to meet expectations set out in the original plans though we

Capacity:

Capacity has not changed significantly since the original submission. Oversight o

3. What impact have your planned interventions to improve capacity and dem

No change in plans. We have seen impact of the PW2 hub beds on reducing LOS

4. Do you have any capacity concerns or specific support needs to raise for the

Concerns at this point include availability of specialist mental health and social c
Pathway 1 hospital discharge also remains a concern. We have been supoprted
demand. Demand assessments will be checked as part of demand and capacity
Wiltshire has recently used the Intermediate Care framework for rehabilitation,
draft of this work has completed on 15 November 2023 for Home First capacity
First (pathway 1) and system partners are now looking at all possible mitigations
1, the BCF return for October included additional 49 discharges per month, so a
A Wiltshire Home First Improvement Programme is already in place, taking forw
further funding is being pursued to broker further domiciliary care support.'

5. Please outline any issues you encountered with data quality (including unav

In regards to PW0 data our ICB colleagues only record total discharges out of th

6. Where projected demand exceeds capacity for a service type, what is your a

See 4 above. A request for additional winter funding for pathway 1 to support O
There are system wide meetings to agree risk management strategies for ment

Guidance on completing this sheet is set out below, but should be read in conj

5.1 Assumptions

The assumptions box has been updated and is now a set of specific narrative qu

You should reflect changes to understanding of demand and available capacity f

- actual demand in the first 6/7 months of the year
- modelling and agreed changes to services as part of Winter planning or followi
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change

5.2 and 5.3 Summary Tables

The tables at the top of the next two tabs show a direct comparison of the dem
calculating new refreshed figures as you complete the template below. **Negativ**

5.2 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record their refreshed ex

Data from the previous capacity and demand plans will be auto-populated, split
table may include some extra rows to allow for areas who are recording deman

This section in the previous template asked for expected demand for rehabilitat
these service types have been combined into one row. Please enter your refres

Virtual wards should not be included in intermediate care capacity because they
list.

From the capacity and demand plans collected in June 2023, it emerged that so
support provide outside of formal rehabilitation and reablement or domiciliary
Pathway 0 that require some level of commissioned low-level support and not a
discharges.

5.2 Capacity - Hospital Discharge

This section collects refreshed expectations of capacity for services to support p
service types:

- Social support (including VCS) (pathway 0)
- Reablement & Rehabilitation at home (pathway 1)
- Short term domiciliary care (pathway 1)
- Reablement & Rehabilitation in a bedded setting (pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-tern

The recently published Intermediate Care Framework sets out guidance on impr

As with the 2023-24 template, please consider the below factors in determining
stay.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to pe

Please consider using median or mode for Length of Stay where there are signifi

Peak Occupancy (percentage) - What was the highest levels of occupancy expre
then this would need to take into account how many people, on average, that c

The template now asks for the amount of capacity you expect to secure through
figure should not be included in the commissioned capacity figure). This figure s
outcomes and is unlikely to be best value for money and local areas will be wor

5.3 Demand - Community

This section collects refreshed expectations of demand for intermediate care se
not collected by source, and you should input an overall estimate each month fo
care.

Further detail on definitions is provided in Appendix 2 of the 2023-25 Planning F

The units can simply be the number of referrals.

As with all other sections, figures from the 2023-24 template will be auto-popul

5.3 Capacity - Community

This section collects refreshed expectations of capacity for community services.
data entered in the assured BCF plan template has been prepopulated for refere
cover all service intermediate care services to
support recovery, including Urgent Community Response and VCS support. The

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

Please see the guidance on 'Demand – Hospital Discharge' for information on w
consider the below factors in determining the capacity calculation. Typically this

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to pe

Please consider using median or mode for Length of Stay where there are signifi

"Peak Occupancy (percentage) - What was the highest levels of occupancy expre
home then this would need to take into account how many people, on average,

city & Demand Refresh

Wiltshire

ubmitted in June? Please include how learning from the last 6 months was used to arrive at refre

tly changed except for our PW0 and PW2 capacity. The figures originally submitted in June are shov

the contracted number of beds. This reduction in beds is a result of optimising the pathway to faciti

g to optimise length of stay in intermediate care and to reduce overprescription of care). Please a
er winter?)

e have now added additional data that has become available to add more detail around the sources

f PW2 beds has seen an overall reduction in LOS which will increase throughput. Further reduction

and management for 2023-24 had on your refreshed figures? Has this impact been accounted for

, enabling us to start planning to release the 20 care home beds. A review of these and community

winter ahead?

care services to enable people to be supported at home for both prevention and for hospital discha
with additonal system funding which has been targetted on pathway 1, allowing us to broker domic
planning for 2024/25.
reablement and recovery following hospital discharge. Priority area 1: Improving demand and capa
in Wiltshire. The outcome from this work has demonstrated an increase in both demand and a corr
s to address for this winter. This would require an additional 75 additional domiciliary care supporte
new monthly total 124 is required.
ward ECIST recommendations and driving any efficiency opportunities. This will not be sufficient to c

vailable, missing, unreliable data).

e acute setting so we are unable to break down into smaller figures hence the significant deficit sho

pproach to ensuring that people are supported to avoid admission to hospital or to enable discha

Q4. It is important to note that we still have patients waiting over 2 days for discharge on pathway 1
al health complexity , and the BCF review will look to increase support in this area.

unction with the separate guidance and question & answer document

estions. Please answer all questions in relation to both hospital discharge and community sections

or admissions avoidance and hospital discharge since the completion of the original BCF plans, inclu

ng the Market Sustainability and Improvement Fund announcement

the profile of discharge pathways.

and and capacity for each area, by showing = (capacity) – (demand). These figures are pre-populate
e figures show insufficient capacity and positive figures show that capacity exceeds demand.

pectations of monthly demand for supported discharge by discharge pathway.

by trust referral source. You will be able to enter your refreshed number of expected discharges fr
d from a larger number of referral sources. If this does not apply to your area, please ignore the ext

ion and reablement as two separate figures. It was found that, by and large, this did not work well
hed expectations for rehabilitation and reablement as one total figure as well.

represent acute, rather than intermediate, care. Where recording a virtual ward as a referral sour

me areas had difficulty with estimating demand and capacity for Pathway 0 (social support). By soci
care. This is often provided by the voluntary and community sector. Demand estimates for this serv
ll discharges on Pathway 0. If it is not possible to estimate figures in relation to this please put 0 ra

eople being discharged from acute hospital. You should input the expected available capacity to su

n care home placement (pathway 3)

roving capacity, and use of this capacity. You should refer to this in developing your refreshed BCF C

; the capacity calculation. Typically, this will be (Caseload*days in month*max occupancy percentag

ople, or average length of stay in a bedded facility.

icant outliers.

ssed as a percentage? This will usually apply to residential units, rather than care in a person's own
an be provided with services.

n spot purchasing. This should be capacity that is additional to the main estimate of commissioned/
hould represent capacity that your local area is confident it can spot-purchase and is affordable, rea
king to reduce this area of spend in the longer term.

rvices from community sources, such as multi-disciplinary teams, single points of access or 111. As
or the number of people requiring intermediate care or short term care (non-discharge) each montl

Requirements.

ated into this section.

You should input the expected available capacity across health and social care for different service
ence. You should include expected available capacity across these service types for eligible referrals

template is split into these types of service:

hy the capacity and demand estimates for rehabilitation and reablement services is now being colle
; will be (Caseload*days in month*max occupancy percentage)/average duration of service or lengt

ople, or average length of stay in a bedded facility.

icant outliers.

essed as a percentage? This will usually apply to residential units, rather than care in a person's owr
that can be provided with services."

	Checklist Complete:
shed projections?	
wing to be accurate against our ilite a shorter length of the stay and	Yes
lso set out your rationale for trends	
of demand.	Yes
of the average LOS will be needed to	Yes
in your refreshed plan?	
ward beds is under way.	Yes
rge. cillary care to support peaks in acity planning guidance. The first responding capacity gap in Home ed discharges per month on pathway close the capacity gap identified so	Yes
owing in Social Support	Yes
arge?	

.	Yes

of the capacity and demand template.

uding

d from the previous template as well as

om each trust alongside these. The first
ra lines.

for areas so the prepopulated figures for

ce, please select the relevant trust from the

ial support, we are referring to lower level
vice type should only include discharges on
ther than defaulting to all Pathway 0

pport discharge across these different

Capacity and Demand plans.

ge)/average duration of service or length of

home. For services in a person's own home

contracted capacity (i.e. the spot purchased
cognising that it may impact on people's

with the previous template, referrals are
h, split by different type of intermediate

types. As with the hospital discharge sheet,
from community sources. This should

ected as one combined figure. Please
h of stay.

n home. For services in a person's own

Complete:

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Creating a smokefree generation and tackling youth vaping
Published 12th October 2023
Closes 6th December 2023, 11.59pm

Creating a smokefree generation

1. Do you agree or disagree that the age of sale for tobacco products should be changed so that anyone born on or after 1 January 2009 will never be legally sold (and also in Scotland, never legally purchase) tobacco products?

- Agree
- Disagree
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

[individual/organisation] welcomes the proposal to raise the age of sale for tobacco products by each year going forward so that anyone born on or after 1 January 2009 will never be legally sold tobacco products. Smoking remains the single biggest preventable cause of death and illness in England and is the single greatest driver of health inequalities as it is far more common among people with lower incomes. The more disadvantaged someone is, the more likely they are to smoke and to suffer from smoking-related disease and premature death.

Smoking is estimated to kill 499 people in Wiltshire every year and accounting for 2,555 years of life lost annually. Although rates have fallen, in 2022 10.2% of adults continued to smoke in Wiltshire that is roughly 52,000 people. Overall, it is estimated that smoking costs Wiltshire £162.50 million each year including costs of healthcare, social care, productivity, and fire costs.

Smoking initiation is associated with a wide range of risk factors including: parental and sibling smoking, the ease of obtaining cigarettes, smoking by friends and peer group members, socio-economic status, exposure to tobacco marketing, and depictions of smoking in films, television and other media. Young people growing up in households where people smoke are 4 times as likely to become smokers themselves.

Raising the age of sale for tobacco in England from 16 to 18 in 2007 immediately reduced smoking prevalence in 16- and 17-year-olds by 30%, as did raising the age to 21 in the US for 18–20-year-olds, with smoking initiation declining in future years. Both in the UK and US raising the age of sale is associated with narrowing inequalities in youth smoking initiation.

2. Do you think that proxy sales should also be prohibited?

- Yes
- No
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

To be consistent, proxy sales regulations will need to change in line with the age of sale regulations

3. Do you agree or disagree that all tobacco products, cigarette papers and herbal smoking products should be covered in the new legislation?

- Agree
- Disagree
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

[individual/organisation] believes that all tobacco containing products including smokeless tobacco as well as cigarette papers should be covered by the new legislation, mirroring current age of sale laws. The tobacco industry has been shown to find ways to subvert laws which are not comprehensive and therefore, create products that are able to be sold when they still cause the same/similar harm as smoking.

If not all tobacco-containing products are included, it will make enforcement more challenging and create opportunities for the industry to find loopholes.

Furthermore, consideration of the age of sale of all nicotine containing products is needed to reduce the risk of addiction from products such as nicotine pouches and vapes.

4. Do you agree or disagree that warning notices in retail premises will need to be changed to read 'it is illegal to sell tobacco products to anyone born on or after 1 January 2009' when the law comes into effect?

- Agree
- Disagree
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

It would make sense for the warning notices in retail premises to be changed to reflect the new legislation. It will support retailers in explaining the change in law to

customers when it comes into effect. However, we recommend that the need for the statutory notice is kept under review – at some point, now that tobacco products are completely out of sight, the notice may just simply draw attention to the fact there are tobacco products on the premises which maintains their normality. Another area which should be considered for amendment is the Tobacco Advertising and Promotion (Display) (England) Regulations 2010 which permits tobacco (and price lists) to be displayed on request to anyone aged 18 or over which would be inconsistent with the new regulation.

[individual/organisation] welcome the commitment from the Government to increase funding for tobacco enforcement, recognising how crucial our regulatory partners are in the journey towards creating a smokefree generation.

It is crucial that a new national illicit tobacco strategy is implemented to enable Trading Standards at local and national level, to have clear and concise guidance. It will be vital that this funding for enforcement is sufficient and sustained for the long-term to support the implementation and continuation of regulations.

Tackling the rise in youth vaping

5. Do you agree or disagree that the UK Government and devolved administrations should restrict vape flavours?

- Agree
- Disagree
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

In the ASH 2023 report of the "Use of e-cigarettes among young people in Great Britain", it showed that the most frequently used vape flavouring for children is 'fruit flavour', with 60% of current children using them.

We support restricting how flavours are described, packaged and advertised, but do not think that there is sufficient published evidence to restrict the number of vape flavours currently on the market. In our experience in Wiltshire, parents and other adults perceive flavours like gummy-bear and other sweets are seen to increase the appeal of vaping to children and young people, whilst increasing the perception of them having the same risk as eating a packet of sweets.

It remains unclear how important they are to the increase in teen vaping though they clearly have a function in ensuring vapes are appealing and utilised by adult smokers. Vaping rates were low among teenagers for many years when the range of available vaping flavours rapidly increased. Teen vaping increased significantly following the growth in popularity of so-called disposable vapes, which should instead be called 'single use' as disposable can be taken to mean they can be thrown

away rather than recycled. Flavours, their role and potential harms urgently require further research in order to establish the most appropriate policy response.

It will be important strike the right balance between reducing appeal to children while also preserving the appeal of vapes to adults who want to quit. A disproportionate approach could lead to unintended consequences with research from the United States showing that, rather than nudging people away from vapes, such measures to restrict vape flavours drive users to instead buy conventional cigarettes and that instead of reducing nicotine-related harms, they may instead be magnifying them.

6. Which option or options do you think would be the most effective way for the UK Government and devolved administrations to implement restrictions on flavours? (You may select more than one answer)

- Option 1: limiting how the vape is described
- Option 2: limiting the ingredients in vapes
- Option 3: limiting the characterising flavours (the taste and smell) of vapes
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

Clear and precise regulations limiting how the vape is described would enable enforcement officers to remove non-compliant products from the shelves while ensuring that flavoured products are still available for smokers looking to quit. For example, a product could be described as "Strawberry flavoured" rather than "Berry Blast" "Strawberry Ice" or so on. Limiting ingredients or characterising flavours would require product testing before enforcement activity could be undertaken and would increase the time and cost significantly.

As a minimum and as a priority, we recommend the Government urgently explores options to limit the ways in which flavours are described and packaged to limit their appeal to children.

This could include regulating how vape products are named, described, marketed and designed, limiting descriptors shown to appeal to children.

Limiting how the vape is described and marketed, while not removing flavours from the market, would enable a range of flavours to be made available to support adults in their quit attempt while reducing the appeal to children.

These initial regulations would also create time to conduct further research into whether flavours should be further restricted in ways that reduce their appeal to children without diverting adults away from vaping and back to smoking.

7. Which option do you think would be the most effective way for the UK Government and devolved administrations to restrict vape flavours to children and young people?

- Option A: flavours limited to tobacco only
- Option B: flavours limited to tobacco, mint and menthol only
- Option C: flavours limited to tobacco, mint, menthol and fruits only

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

Given that more research is essential before any decisions on restricting the number of vape flavours, we do not currently recommend any of the above options. Instead, as a priority, we are calling for urgent restrictions on how vape flavours are described.

However, if Government were to proceed with flavour restrictions, then it should ensure that fruit flavours remain available. Among current adult vapers ASH/ YouGov research finds that 47% are using fruit flavours compared to 12% who use tobacco flavours. In Wiltshire, fruit flavours remain popular with our adult vapers.

Wiltshire Trading Standards recommend that any flavours which refer to products which do not fit into one of the categories above are banned e.g., candy floss, bubble gum, salted caramel, ice cream, lemonade. This should provide plenty of options for smokers looking to quit tobacco while reducing attractiveness to children.

8. Do you think there are any alternative flavour options the UK Government and devolved administrations should consider?

- Yes
- No
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

As long as there is a wide choice of flavours to include different types of fruit, tobacco, mint and menthol, we feel this would be sufficient for our adult population to stop smoking. However, further research into if flavours should be restricted is very welcome.

Wiltshire Trading Standards recommend that any flavours which refer to products which do not fit into one of the categories above are banned e.g., candy floss, bubble gum, salted caramel, ice cream, lemonade. This should provide plenty of options for smokers looking to quit tobacco while reducing attractiveness to children.

9. Do you think non-nicotine e-liquid, for example shortfills, should also be included in restrictions on vape flavours?

- Yes
- No
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

Definitely yes. Trading Standards have been asking for some time for 0% nicotine products to be included in all regulations for vape products as they currently undermine enforcement.

10. Which option do you think would be the most effective way to restrict vapes to children and young people?

- Option 1: vapes must be kept behind the counter and cannot be on display, like tobacco products
- Option 2: vapes must be kept behind the counter but can be on display

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

Keeping vapes behind the counter would ensure that there is another opportunity for the retailer to assess the age of the customer before selling and it makes sense this would reduce the ease with which a child could purchase a vape. It also makes sense that keeping vapes out of sight in convenience stores and other non-specialist vape shops would reduce the opportunity to promote the products to children recognising that this may also limit the opportunity to promote to adult smokers. As an example, currently we have a toy shop in Wiltshire which also sells vapes which are openly on display.

There are currently too many inappropriate examples of point of sale displays of vape products in shops leading to increasing awareness of vape promotion among children and young people. To address this, we believe that vapes should only be kept behind the counter but can remain on limited display with no other instore or externally visible promotion and providing that regulations have been implemented to remove child-friendly packaging and labelling. This reflects the different levels of risk between tobacco products and vape products: if vape products are subject to all of the same regulations as tobacco (i.e., behind the counter and out of sight such as with point-of-sale display rules for tobacco products) then this could add to the existing misperceptions among the public that vapes are equally as, or more, harmful than tobacco.

Once implemented, if this measure is not found to be sufficient, then there should be powers in the primary legislation to allow the regulations to be strengthened to ensure vape products are both behind the counter and out of sight.

Restrictions around the ways in which vapes can be displayed may help to limit the number of outlets who sell vaping products. While it would not be desirable for vapes to be less available than tobacco, having fewer retailers selling products will also aid enforcement.

11. Do you think exemptions should be made for specialist vape shops?

- Yes
- No
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

Yes, however [individual/organisation] believe that there should still be some regulations around vape displays in specialist vape shops, particularly those in shop fronts that are visible from the street and restrictions should be considered around any on street marketing boards etc. It may be appropriate to consider further age restrictions on specialist shops to ensure they are primarily accessed by adults.

ALSO, the definition of specialist vape shop needs to be very carefully considered. The definition of specialist tobacconist in the Tobacco Advertising and Promotion Act 2002 is a shop selling tobacco products by retail (whether it also sells other things) more than half of whose sales on the premises in question derive from the sale of cigars, snuff, pipe tobacco and smoking accessories. There are many specialist vape shops which only sell vaping products and do provide advice and guidance to customers to ensure they are selecting the right product to support them in quitting smoking. However, there are many others which purport to be other types of shops – such as American candy shops, mobile phone accessory shops – where vape sales probably do contribute more than half of sales and yet they do not merit any relaxing of legislation to protect children

12. If you disagree with regulating point of sale displays, what alternative measures do you think the UK Government and devolved administrations should consider?

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

Not applicable – we agree that point of sale displays need to be regulated.

13. Which option do you think would be the most effective way for the UK Government and devolved administrations to restrict the way vapes can be packaged and presented to reduce youth vaping?

- Option 1: prohibiting the use of cartoons, characters, animals, inanimate objects, and other child friendly imagery, on both the vape packaging and vape device. This would still allow for colouring and tailored brand design
- Option 2: prohibiting the use of all imagery and colouring on both the vape packaging and vape device but still allow branding such as logos and names
- Option 3: prohibiting the use of all imagery and colouring and branding (standardised packaging) for both the vape packaging and vape device

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

[individual/organisation] believe that restricting the use of imagery and colouring will help to reduce the attractiveness to children whilst minimising the reduction in attractiveness to adult smokers.

Research from King's College London and ASH looked at how packaging affects the appeal of vaping to teenagers and adults. It found that those in the teenage group were more likely to report that their peers would have no interest in vapes when marketed in standardised packaging, in contrast to the adult group whose interest in using vapes was not reduced by the standardisation of packaging.

We would also like to see some further clarification of the packaging requirements such as a minimum font size for the statutory information which can sometimes be impossible to read.

We would like to see the Government undertake more detailed research to inform the development of effective regulations. We have some hesitancy to go down a fully standardised plain packaging route until more research is undertaken with smokers around perceptions of harms of vaping versus smoking.

14. If you disagree with regulating vape packaging, what alternative measures do you think the UK Government and devolved administrations should consider?

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

Not applicable – we agree that there needs to be improvements in the way that vape packaging is regulated.

15. Do you agree or disagree that there should be restrictions on the sale and supply of disposable vapes?

That is, those that are not rechargeable, not refillable or that are neither rechargeable nor refillable.

- Agree
- Disagree
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

[individual/organisation] agree that a reduction in the use of 'disposable' vapes would be beneficial both from an environmental perspective and to curb the accessibility for children and young people. We think that restricting the promotion and marketing of all vapes (as set out above) will reduce the demand for disposable vapes but that further action will also be needed.

Most young vapers in Wiltshire are using disposable devices which are easy and cheap to obtain and appeal to a younger audience.

We call for an excise tax on vape products that would be zero rated for refillable/rechargeable devices but set at such a level for disposable vapes to increase their price by at least £5 per unit. This should make products less affordable for teenagers and incentivise adults to use more sustainable (and ultimately cost saving) refillable products.

We strongly recommend that Government introduces a ban on importation of any product which does not comply with the Tobacco and Related Product Regulations 2016. This should include importation for any reason including those which are "passing through", those which are coming in for so-called re-labelling or re-working in any way or for exhibiting at trade shows, even where the customer base for the trade shows is claimed to be from overseas and therefore the TRPRs do not apply. This would enable the protective net around the UK to be strengthened to prevent non-compliant illegal products entering at all.

We also recommend that Government introduces a licensing regime and considers restricting the sale and supply of ALL vaping and tobacco products to those premises which obtain a license. This would enable Local Authorities to decide if there are areas where it is not appropriate to allow the sale of disposable or any other vapes, for example, near schools

16. Do you agree or disagree that restrictions on disposable vapes should take the form of prohibiting their sale and supply?

- Agree
- Disagree
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

[individual/organisation] recognise that more quality research is needed on disposable' vapes, we feel such a ban could risk damaging quitting options for some groups of vulnerable smokers.

A ban on disposable vapes may have unintended consequences. These are set out in detail in a joint paper from ASH, Chartered Trading Standards Institute and Material Focus can be found here. With an existing significant uncontrolled issue with illicit products a ban would be unlikely to significantly reduce the supply of products to underage vapers who are more likely to access illicit products. This must be brought under control before a ban might be effective.

However, a ban would limit the use of products with vulnerable groups of smokers such as those in mental health and custodial settings and individuals who are homeless or are with dexterity issues such as older smokers.

Restricting the marketing of whole products as a category (as noted above) is more likely to impact on teen vaping, alongside addressing the illicit and underage supply.

17. Are there any other types of product or descriptions of products that you think should be included in these restrictions?

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

Once the priority regulations are in place around promotion, marketing and the introduction of an excise tax to increase the price of single use products, the Government may wish to consider regulating the shape and form of such devices and seek to standardise these. This could be beneficial from both an environmental and enforcement point of view, with the likely result that devices would not take the form of toys or gadgets that may be appealing to children. Careful consideration would need to be given to any policy development in this area to ensure that it doesn't result in unintended consequences.

18. Do you agree or disagree that an implementation period for restrictions on disposable vapes should be no less than 6 months after the law is introduced?

- Agree
- Disagree
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

The loophole which enables free distribution of any vape to anyone of any age needs to be closed urgently to reduce the potential harm to children, young people and non-smokers.

19. Are there other measures that would be required, alongside restrictions on supply and sale of disposable vapes, to ensure the policy is effective in improving environmental outcomes?

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

As with many single use products, there are significant concerns about the environmental aspect of single use vapes that need to be addressed urgently. The full environmental costs of collecting and recycling vapes – including raising public awareness – should be met by the industry and not by public finances.

There are many measures which should be taken to improve environmental outcomes, and these could be taken now. Material Focus (along with ASH UK and CTSI) have highlighted what these should look like:

- The development of more effective and accessible recycling schemes for vapes. These should include reinforcement of in-store take back schemes as well as recycling points in public spaces such as parks and bars.
- Registration with environment agencies via producer compliance schemes made a prior to market mandatory component of the MHRA e-cigarette notification scheme.
- Creation of a separate category for vapes within WEEE regulations to ensure that producers, importers and retailers are required to fully finance takeback.
- Products to no longer be marketed as disposable.
- Products to be clearly marked as recyclable.

We also need action to address the negative impact on the environment caused by discarded tobacco products and in particular cigarette butts which are the most littered item worldwide and which can't be recycled, do not biodegrade and which leach toxic chemicals into the environment. In 2021 DEFRA and DHSC announced they were regulatory extended producer responsibility scheme for cigarette butts in England under the Environment Bill to require the tobacco industry to pay the full disposal costs of tobacco waste products. This should be implemented to ensure the sector takes sufficient financial responsibility for the litter its products create.

20. Do you have any evidence that the UK Government and devolved administrations should consider related to the harms or use of non-nicotine vapes?

- Yes
- No
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

Although CTSI do not have evidence regarding the harm of non-nicotine vapes, there is evidence of vapes being sold as 0% nicotine which contain nicotine when tested which creates challenges for enforcement.

ASH monitor the use of non-nicotine vapes and, among young people in 2023, their survey showed the following: 51% of 11-17 year olds who currently vape said that the e-cigarette they used most often always contained nicotine; 30% said it sometimes contained nicotine; 9.5% that it never contained nicotine; with 10% saying they didn't know.

According to the ASH/ YouGov survey around 10% of current vapers report using zero-nicotine products and these vapers are twice as likely to be ex-smokers than smokers.

Further restrictions on non-nicotine vapes are needed to ensure that they are not accessed by teens nor exploited by industry to avoid regulations. However, they also have a function in supporting some adults and should be kept on the market in line with the regulations for nicotine containing products.

21. Do you think the UK Government and devolved administrations should regulate non-nicotine vapes under a similar regulatory framework as nicotine vapes?

- Yes
- No
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

We believe that non-nicotine vapes should be regulated in the same way as nicotine containing vapes i.e., taking a balanced approach based on the relative risk of the products which supports adults to quit smoking tobacco while protecting young people from taking up either vaping or smoking. Therefore, we believe they should be banned from sale or supply to under 18s and face the same restrictions on packaging and branding although a health warning would not be required. Non nicotine vapes should also be notified and published by the MHRA.

We are also aware that any vape devices can also be used to deliver other substances which can cause significant harm to the user. This furthers the argument for regulation and age restriction.

22. Do you have any evidence that the UK Government and devolved administrations should consider on the harms or use of other consumer nicotine products such as nicotine pouches?

- Yes
- No
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

Nicotine pouches are designed to appeal to children and young people and are promoted to give the impression that consumption of nicotine is "cool" and risk free. This undermines the attempts to ensure that nicotine is not consumed by children at all. The Government should not wait until a market has been established in those under 18.

We are aware that local authorities across the country have been contacted several times by agencies acting on behalf of companies – including Japan Tobacco International – promoting nicotine pouches. These approaches have included requests to hand out free promotional nicotine pouches in areas of high footfall. To date, we understand that no local authority has granted such a request for reasons including Article 5.3 and also the lack of a regulatory framework for these products. These need to come under a new framework.

23. Do you think the UK Government and devolved administrations should regulate other consumer nicotine products such as nicotine pouches under a similar regulatory framework as nicotine vapes?

- Yes
- No
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

The regulations need to be revised to include not just nicotine pouches but any novel nicotine products, as this is a market which is likely to continue to evolve. There also needs to be consideration for smokers under the age of 18, and what products are available to them. Currently NRT can be used as a stop smoking aid from the age of 12 however, these products are often slow acting, and this may be a reason why

vapes are proving so popular with this age range. We would never advocate the use of nicotine for non-smokers however, as most smokers start before the age of 20, robust support needs to be in place to help these smokers.

We believe that other consumer nicotine products which have not been licensed as a medicine by MHRA should be regulated in a similar way as vapes i.e.

1. There should be an age restriction for their sale and supply.
2. They should not be promoted on social media or any other channel which would help to generate interest in children.
3. There should be restrictions on packaging and labelling.
4. There should be clarification on the level of nicotine allowed.
5. Health warnings should be mandatory.

We also believe that more independent research is needed to determine what, if any, role such products can play in tobacco control and for broader public health.

24. Do you think that an increase in the price of vapes would reduce the number of young people who vape?

- Yes
- No
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

[individual/organisation] believe that an increase in price of vapes, particularly those that are more attractive to children such as single use and pod type products, would be effective in reducing the number of children vaping. We believe this should be in the form of an excise tax which would have the advantage of bringing the products into the excise regime providing powers to HMRC and Border Force to help tackle the number of illegal products coming into the country.

As well as deterring youth vaping, a price increase of single use vapes should also help nudge adult smokers looking to switch towards re-usable products which will be less damaging to the environment.

We are aware a large number of underage sales go on in schools and youth circles, this can often be linked to illegal activity and organised crime. This access route would not be affected in the same way by taxation. Consideration and enforcement need to be considered here.

However, it is important that vaping remain more affordable for adults than smoking. Any tax needs to be calibrated to ensure that tobacco remains the most expensive product.

Enforcement

25. Do you think that fixed penalty notices should be issued for breaches of age of sale legislation for tobacco products and vapes?

Powers to issue fixed penalty notices would provide an alternative means for local authorities to enforce age of sale legislation for tobacco products and vapes in addition to existing penalties.

- Yes
- No
- Don't know

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

Yes. We welcome the addition of fixed penalty notices to toolkits for dealing with underage sales of tobacco and vapes. We ask that these be embedded within the criminal legislation and that non-payment of the penalty should also be a criminal offence.

26. What level of fixed penalty notice should be given for an underage tobacco sale?

- £100
- £200
- Other

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

We believe that £200 would be an appropriate level for an initial sale but would ask the Government to consider a sliding scale to enable Trading Standards to levy higher penalties against persistent offenders before having to resort to prosecution.

27. What level of fixed penalty notice should be given for an underage vape sale?

- £100
- £200
- Other

Please explain your answer and provide evidence or your opinion to support further development of our approach. (maximum 300 words)

As above, we believe that £200 would be an appropriate level for an initial sale but would ask the Government to consider a sliding scale to enable Trading Standards to levy higher penalties against persistent offenders before having to resort to prosecution.