

People and Communities Select Committee

Date: **19 January 2024**
Time: **10am**
Venue: **Council Chamber, County Hall, Norwich**

Advice for members of the public:

This meeting will be held in public and in person.

It will be live streamed on YouTube and, members of the public may watch remotely by clicking on the following link: https://www.youtube.com/channel/UCdyUrFjYNPfPq5psa-LFIJA/videos?view=2&live_view=502

We also welcome attendance in person, but public seating is limited, so if you wish to attend please indicate in advance by emailing committees@norfolk.gov.uk

We have amended the previous guidance relating to respiratory infections to reflect current practice but we still ask everyone attending to maintain good hand and respiratory hygiene and, at times of high prevalence and in busy areas, please consider wearing a face covering.

Please stay at home if you are unwell, have tested positive for COVID 19, have symptoms of a respiratory infection or if you are a close contact of a positive COVID 19 case. This will help make the event safe for attendees and limit the transmission of respiratory infections including COVID-19.

Persons attending the meeting are requested to turn off mobile phones

Membership:

Cllr Fran Whymark (Chair)
Cllr Brian Long (Vice-Chair)

Cllr Tim Adams	Cllr Brenda Jones
Cllr Sharon Blundell	Cllr Mark Kiddle-Morris
Cllr Claire Bowes	Cllr Julian Kirk
Cllr Ed Connolly	Cllr Paul Neale
Cllr Michael Dalby	Cllr Mike Smith-Clare

**For further details and general enquiries about this Agenda
please contact the Committee Officer:**

Hollie Adams on 01603 223029
or email committees@norfolk.gov.uk

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A g e n d a

1 To receive apologies and details of any substitute members attending

2 Minutes

Page **4**

To agree the minutes of the meeting held on 17 November 2023

3 Members to Declare any Interests

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter

In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with.

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects, to a greater extent than others in your division

- Your wellbeing or financial position, or
- that of your family or close friends
- Any body -
 - Exercising functions of a public nature.
 - Directed to charitable purposes; or
 - One of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union);

Of which you are in a position of general control or management.

If that is the case then you must declare such an interest but can speak and vote on the matter.

4 To receive any items of business which the Chairman decides should be considered as a matter of urgency

5 Public Question Time

Fifteen minutes for questions from members of the public of which due notice has been given. Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk) by **5pm Monday 15 January 2024**.

For guidance on submitting a public question, please visit <https://www.norfolk.gov.uk/what-we-do-and-how-we-work/councillors-meetings-decisions-and-elections/committees-agendas-and-recent-decisions/ask-a-question-to-a-committee>

6 Local Member Issues/Questions

Fifteen minutes for local member to raise issues of concern of which due notice has been given. Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk) by **5pm Monday 15 January 2024**.

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Report by the Interim Executive Director of Adult Social Services | Page 15 |
| 8 | Adult Social Care Digital Strategy
Report by the Interim Executive Director of Adult Social Services | Page 36 |
| 9 | Norfolk's approach to Vaping
Report by the Director of Public Health | Page 57 |
| 12 | Forward Work Programme
Report by the Executive Director of Adult Social Services | Page 96 |

Tom McCabe
Chief Executive
County Hall
Martineau Lane
Norwich
NR1 2DH

Date Agenda Published 11 January
2024



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**People and Communities Select Committee
Minutes of the Meeting held on 17 November 2023 at 10am
in the Council Chamber, County Hall**

Present:

Cllr Fran Whymark (Chair)
Cllr Ed Connolly (Vice-Chair)
Cllr John Crofts
Cllr Claire Bowes
Cllr Brenda Jones
Cllr Brian Long
Cllr Paul Neale

Substitute Members Present

Cllr Michael Chenery of Horsburgh for Cllr Michael Dalby
Cllr Philip Duigan for Cllr Julian Kirk
Cllr Maxine Webb for Cllr Mike Smith-Clare

Other attendees:

Titus Adam	Assistant Director of Finance
Debbie Bartlett	Interim Executive Director of Adult Social Services
Harvey Bullen	Director of Strategic Finance
Chris Butwright	Assistant Director Public Health Prevention & Policy
Sarah Cubitt	Commissioning and Service Development Manager, Children's Services
Cllr Margaret Dewsbury	Cabinet Member for Communities and Partnerships
Merry Halliday	Armed Forces Covenant Senior Officer
Paul Harker	Place Planning Manager, Children's Services
Isabel Horner	Sufficiency Delivery Manager, Children's Services
Cllr Kay Mason Billig	Leader and Cabinet Member for Strategy and Governance
Tom McCabe	Chief Executive Officer
Air Commodore Kevin Pellatt	Armed Forces Commissioner
Leon Ringer	Finance Business Partner (Adult Social Care)
Diane Steiner	Deputy Director of Public Health

Attendees present via video link:

Fiona Corless	Assistant Director Specialist and Complex Commissioning, Children's Services
James Wilson	Director for Sufficiency Planning and Education Strategy, Children's Services

1. Apologies for Absence

- 1.1 Apologies were received from Cllr Sharon Blundell, Cllr Julian Kirk (Cllr Phillip Duigan substituting), Cllr Michael Dalby (Cllr Michael Chenery of Horsburgh substituting) and from Cllr Mike Smith-Clare (Cllr Maxine Webb substituting). The Cabinet Member for Adult Social Care sent her apologies for the meeting; the Deputy Leader and Cabinet Member for Finance was being substituted by the

Leader and Cabinet Member for Strategy and Governance to present item 11, “Financial and Strategic Planning”.

2. Minutes of last meeting

- 2.1 The minutes of the meeting held on 29 September 2023 were agreed as an accurate record and signed by the Chairman.

3. Declarations of Interest

- 3.1 The Vice-Chair declared a non-pecuniary interest related to item 7 as an armed forces veteran.
- 3.2 Cllr Maxine Webb declared a non-pecuniary interest related to item 9 as she received a package of short breaks for one of her children.

4. Items received as urgent business

- 4.1 There were no items of urgent business.

5. Public Questions

- 5.1 no public questions were received.

6. Member Questions and Issues

- 6.1 No public questions were received.

7. Norfolk Armed Forces Covenant Annual Report

- 7.1.1 The Select Committee received the report providing the year-end progress report on Norfolk’s independent Armed Forces Covenant Board’s Strategy and Action Plan 2022/24, the Board’s forward strategy, an update on national policy developments, and information about the recruitment of a new Armed Forces Commissioner for Norfolk.
- 7.1.2 The Cabinet Member for Communities and Partnerships introduced the report:
- This report signified the end-of-year annual report for the Armed Forces Covenant Board, the end of the two-year action plan and the end of the 5-year term of office of Air Commodore Kevin Pellatt as Armed Forces Commissioner for Norfolk and Chair of the Covenant Board.
 - The Cabinet Member for Communities and Partnerships thanked Air Commodore Pellatt for his service to the Armed Forces Covenant Board during which he had steered through the challenges of the Covid-19 pandemic, the sad passing of Queen Elizabeth II, and the Coronation of King Charles III. He had championed projects such as the opening of the dental practice next to RAF Marham, publication of the first needs assessment for the armed forces community in Norfolk, encouraging doctors’ surgeries to

sign up to the veteran friendly GP scheme, and built strong links with the Integrated Care Board.

- A new and ambitious action plan would be handed over to the incoming commissioner and the Cabinet Member for Communities and Partnerships thanked Air Commodore Pellatt for his work, support, and leadership over the past 5 years. The Committee echoed these sentiments.

7.1.3

The Armed Forces Commissioner introduced the report:

- He started the role with a comprehensive plan of what to deliver, and during his time in the role the country had experienced a pandemic, two lockdowns, the sad death of Queen Elizabeth II, the Coronation of King Charles III, war in Europe and unrest in the Middle East, which had all affected the armed forces community.
- The four main objectives of the plan had been achieved:
 - Building communities: the Board has provided financial support to RAF Marham, 1st The Queen's Dragoon Guards at Robertson Barracks, and to Town and Parish Councils for commemorative activities. In 2019 the Covenant Board was awarded the Community Award by the Royal British Legion. Air Commodore Pellatt said there were 2500 service personnel in the community, mostly at RAF Marham and 40,000 veterans living in the County.
 - Health, Welfare and Housing: the Board awarded a £60K wellbeing grant, shared by five organisations, to improve mental health and reduce isolation in the armed forces community. Provision of the dental surgery at RAF Marham had been a great success; the Armed Forces Commissioner thanked Covenant Board officers for their work in achieving this. There had been progress in the number of GP surgeries registering as Veteran Friendly. Help had been given to many Service charities, including two small local charities, the Bridge for Heroes, based in King's Lynn, and Stand Easy in Norwich.
 - Education: the online service premium booklet second edition would be available soon.
 - Employment: this was the area that the Armed Forces Commissioner was least happy with as little progress had been made in identifying jobs for veterans in the renewable energy sector. He hoped that this could be taken forward in the future.
- The Armed Forces Commissioner thanked Norfolk County Council and Breckland District Council for their financial support, and the Covenant Officers for their work.

7.2

The following points were discussed and noted:

- A Committee Member felt more could be done to help veterans but noted that a lot had been achieved by the Armed Forces Covenant.
- A Committee Member raised concerns about the lack of progress discussed in the employment sector and asked what further could be done in this area. The Armed Forces Commissioner stated that most veterans found work within 6 months of leaving the armed forces, so this was not the biggest issue for veterans at that time. More work was needed with the offshore wind industry to identify what jobs were available and how they could be accessed; this would be taken forward.

- A Committee Member asked for information on the future of Robertson Barracks. The Armed Forces Commissioner had no information on the future of the barracks but did not think it was due for imminent closure.
- The Chair asked how much help had been given by the County Council to get veterans into work. The Armed Forces Commissioner replied that the Council had given lots of support to get veterans into work and there were veterans in many different roles across the council.
- The Vice-Chair thanked the Armed Forces Commissioner for his hard work.

7.3 The Select Committee **AGREED:**

1. To note the local and national developments set out in Section 1 of the report, particularly the Government's Armed Forces Act 2021 which brought in legislation for a new duty of due regard, requiring local authorities and other statutory bodies to consider the impact of their policies for health, housing, and education on the armed forces community.
2. To note the progress made in 2022/2023 to deliver the Norfolk Armed Forces Covenant Action Plan 2022/24, as summarised in Section 2 of the report.
3. To endorse the Armed Forces Covenant Board's forward strategy for 2024/2026, as set out in Section 3 of the report.
4. To note the recruitment of a new Armed Forces Commissioner will conclude by March 2024.

8. 2024 School Sufficiency Plan

8.1.1 The Select Committee received the draft report setting out the 2024 School sufficiency Plan which showed how Norfolk County Council will deliver its statutory duty to provide sufficient school places.

8.1.2 The Director for Sufficiency Planning and Education Strategy introduced the report to the Select Committee:

- There had been underlying demographic growth seen in some areas, but decline had been seen in others.
- There was a good track record of planning for school places in Norfolk as shown in the performance of school admissions over the past years.
- Demographics, growth and development as well as parental preference, Ofsted outcomes at schools and other factors were taken into account when planning for places required in each area across the County.
- Different types of schools now in place across the County meant that the council was no longer the admissions authority for all schools.

8.2 The following points were discussed and noted:

- A Committee Member discussed that the catchment areas used in modelling for sufficiency planning did not always match the natural direction of movement of families travelling to access schools when a housing development was built. The Sufficiency Delivery Manager replied that school catchment areas were often based on historic boundaries of wards, and often people expected to attend their catchment school. Sometimes, however, there was movement to locations which were easier to attend and when developments were built catchments may need to be reviewed. Officers took parental preference into account when planning although this could change through the year based on a number of factors.

- A Committee Member asked about Community Infrastructure Levy and its potential impact on funds for education. Officers had been given indication that the funding would be spread more thinly but had not been given full information at that time.
- A Committee member asked for more information on Special Educational Needs and Disabilities within the strategy, noting that Safety Valve and Local First Inclusion ran alongside the strategy. The Sufficiency Delivery Manager replied that officers aimed to understand the needs of children with Special Educational Needs and Disabilities and forecast accordingly, including planning for Special Resource Bases.
- Cllr John Crofts asked whether there was enough short stay provision in Norfolk, quoting a particular case where an exclusion had been upheld. The Director for Sufficiency Planning and Education Strategy replied that short stay provision was not within the remit of this strategy. There was a plan to create school led provision co-run by schools for children who had been excluded or needing reintegration. There had been pressure on alternative provision in 2023-24 across the country due to an increased trend of children being excluded. The Chair encouraged Cllr Crofts to email The Director for Sufficiency Planning and Education Strategy and the Cabinet Member for Children's Services to discuss the case he raised in his question in more detail.
- A Committee Member asked whether planning was in place for mitigations which could be needed if Labour were elected to the next Government; they had said they were committed to bringing in 20% VAT on private school fees which the Member felt could result in pupils leaving the private school system. Officers clarified that changes in policy were one of the factors considered as part of this strategy. If this occurred, the model would be updated.
- Officers confirmed that it had not been necessary to use independent school places to make up a shortfall in mainstream school places so far in Norfolk. This was sometimes required in the Special Educational Needs and Disabilities sector, however.
- A Committee Member felt it was important that requirements for children with Special Educational Needs and Disabilities was included in the strategy.
- The Chair asked whether the department was working with academies on admission arrangements. Officers confirmed that work was taking place with all types of schools.
- It was clarified that nutrient neutrality impacted on the strategy via its impact on the speed of house building; nutrient neutrality only affected construction of places with overnight accommodation.

8.3 The Select Committee **AGREED** to recommend that the Cabinet adopt the School Sufficiency Plan 2024.

9. Short Breaks Strategy 2023-2026

9.1.1 The Select Committee received the report setting out details of the co-produced Short Breaks Strategy (2023-26) and the proposed change in approach from an existing financial-focused Resource Allocation System to a new, outcome-focused Circle of Support System.

9.1.2 The Director for Sufficiency Planning and Education Strategy introduced the report to the Select Committee:

- The strategy had been co-produced with families, with a move towards the Circle of Support system. Consultation had been carried out about this change.
- This would be a needs-led approach, focussing on community-led short breaks, a more inclusive model and more choices.
- Feedback from the consultation gave a range of opinions including positive feedback as well as concerns. Officers understood that some concerns had been raised due to people feeling that options would be compulsory and reassured the Committee that options would not be imposed on people. The changes would be put in place to provide more choices and be more needs led, while keeping the current options in place.
- Officers would work on communication about the changes to make sure people understood what they would be, and they would be put in place in a phased way.

9.2 The following points were discussed and noted:

- Officers were asked if the changes in the strategy also included an increase in respite for carers. The Assistant Director, Specialist and Complex Commissioning, hoped that by providing a wider geographical spread of activities would reduce the burden on parents and carers to take children to activities or allow them to go home while the activity took place. Respite was arranged on an individual case basis.
- More information was requested on objectives for children who were profoundly disabled. Officers wanted to allow opportunities for all children to be as independent as possible dependent on their own needs and abilities; they **agreed** to add more information into the strategy to make this clearer.
- Vacancies for Children with Disabilities Social Workers and the wait time for families to access support from this service was queried. Officers **agreed** to provide the Committee with a written response after the meeting.
- Officers were thanked for the consultation which included targeted communication for families.
- More detail on what co-production had taken place was requested. Officers confirmed that reference groups had worked on co-production; Family Voice had been involved in developing the 10 objectives set out in the report and been involved in discussions about the Circle of Support approach.
- The Director for Sufficiency Planning and Education Strategy confirmed that the new tool discussed in the report was focussed on co-designing the right package of support for children based on their needs. It would involve discussion with families, carers and children to develop the package through deciding on the outcomes they wanted. The service would provide information on how these outcomes could be met so families could choose activities and packages which were best for them. This was a move away from a funding focussed strategy and towards a needs-based strategy.
- The case studies discussed in the report were desktop studies to ensure that changes to the strategy would not disadvantage strategies, with no actual changes having been made to any family's packages.
- It was noted that work was needed on communicating services to families, changes to the services and how the new approach would work. The strategy would be put in place over a period of time allowing time for the new system to be explained to parents and carers.
- A Member of the Committee was unhappy with the amount of co-production in the report and raised concerns about how effective the new tool would be.

Officers highlighted the summary of feedback set out in the report which started on page 123 which indicated how respondents' feedback had been taken into account.

- Funding for this strategy was queried. Officers confirmed there was no investment or saving involved in the strategy and the budget was demand led.
- A Committee Member felt that the Committee should note the comments received in response to the consultation. The Chair noted these comments and suggested that more co-production could be carried out in future.

9.3 The Select Committee **AGREED** the proposals and attached reports relating to the implementation of the Circle of Support System as part of the Short Breaks Strategy (2023-26).

10. Drug and Alcohol Member Working Group: Alcohol health promotion campaign

10.1.1 The Select Committee received the report setting out the work of the Member Working Group set up by the People and Communities Committee which looked at ways to change social attitudes towards excessive alcohol consumption and recreational drug use, to review what is known to work and not work to effect behaviour change, and to develop a positive campaign and messaging around healthier drinking and preventing recreational drug use.

10.1.2 The Deputy Director of Public Health introduced the report to the Select Committee

- The Chair of the Select Committee had chaired the Member Working Group with Cllr Brenda Jones, Cllr Maxine Webb and Cllr Paul Neale.
- The Group had found that there had been a decrease in overall drinking with 186,000 people drinking over the recommended number of units per week. The highest amount of drinking was seen in the middle age group, with more drinking seen in men than women, and a higher amount of drinking seen in people of lower socio-economic groups.
- The evidence base for recreational drug use was weak, so the focus of the group's work was on alcohol use.
- The focus of the work was on people who were unaware of their drinking in relation to recommended guidelines, looking at what would be effective to bring behaviour change, and reviewing previous campaigns to learn from others and how to target the audience.
- The focus of the campaign would be men aged 40-74 from lower socio-economic groups in Norfolk. There had been work with the communications department looking at ways to help people think about units of alcohol and signposting to ready to change.
- The campaign was due to be launched in February to follow on from "dry January" and Ready to Change.
- The Deputy Director of Public Health thanked the Members who took part in the working group and supported the campaign.

10.2 The following points were discussed and noted:

- It was **suggested** that the poster could include a visual reference of how many drinks 14 units was.
- It was **suggested** that links to Norfolk County Council help resources were included in the campaign materials as well as a QR code for instant access.

- A Committee Member was surprised that the data did not show young people as the target of the campaign, citing their presence drinking in towns at the weekend. The Member queried how young people could be discouraged from binge drinking. The Chair replied that the Working Group found young people as a group drank less than the older age group did at their age. There was a group of young people who drank a lot but there was a growing proportion of young people who didn't drink.
- It was pointed out that the advertising shown in the report did not target those drinking at home and it was **suggested** this was an important demographic.
- The Chair had enjoyed taking part in the working group and considered that they might look at the impact of drugs in the future. Cllr Neale hoped that there would be a working group looking at vapes in the future; the Chair reminded the Committee that a report on vapes was being brought to the Committee in January 2024.
- The Norfolk tobacco control and vaping alliance had recently added vaping to their name and remit due to issues being seen, particularly in young people.
- A **request** was made for trading standards to be invited to the January 2024 meeting for the report on vaping due to their involvement in illegal vapes.

10.3 The Select Committee **AGREED** to endorse the recommendation of the working group for a targeted campaign aimed at educating the audience on what 14 units equates to, increase awareness of the benefits of drinking less and signpost users to trusted sources of information.

11. Financial and Strategic Planning

11.1.1 The Select Committee received the report setting out the latest Cabinet report in order to provide details of the saving proposals identified to date for 2024-25 budget setting to support the Select Committee's discussion of the specific proposals and enable the Committee to provide its feedback and input to a future meeting of Cabinet and thereby to inform budget decisions.

11.1.3 The Leader and Cabinet Member for Strategy and Governance introduced the report to the Cabinet Member:

- Cabinet was keen to engage with Select Committees so they could advise and comment on budget strategy and services in their remit.
- This report represented the second opportunity for the Select Committee to advise their view to Cabinet on the budget.
- The report had been presented to Cabinet in October 2023, setting out savings proposals to date, subject to the consultation ending in December 2023. The proposed savings totalled £26.5m and would make an important contribution to the Council dealing with its budget gap. More work was needed to set a balanced budget for the year.
- Significant challenges were seen in developing the budget for 2024-25 in the wider economy and finances. Many if not all upper tier authorities faced challenges, and there were no long-term solutions to funding being proposed.
- The autumn statement from Government was due in November, but there was no date for the local government provisional statement which would provide detailed information on the funding allocation for Norfolk County Council. This was expected by Mid-December at the earliest.
- In summer 2023, proposals for the budget were developed. These were shown in table 5 of the report and totalled £26.5m savings.

- The Committee's views on the savings within their remit were welcomed, along with proposals for areas for further exploration which may provide further savings and inform Cabinet's recommendations to Council and budget proposals.
- The Council continued to face uncertainty with finances and service delivery pressures. Most risks were seen in social care, demand, demography and complex care. It would be important to monitor and ensure delivery of budgets, with more difficult decisions ahead in the setting of the budget.
- It would be critical to work with partners across sectors to lobby for sustainable and adequate funding for local government and adult social care, and ensuring Norfolk received its share of funding.

The following points were discussed and noted:

- A Committee Member queried why no consultation was held on the changes to respite for adults with learning disabilities. The Interim Executive Director of Adult Social Services replied that the savings around respite in this service related to the department reviewing how they could get the most out of the contracts in place and would not change the service for users.
- A Committee Member asked if the settlement grant was estimated, based on the amount received in 2023-24 when calculating the budget for 2024-25. The Director of Strategic Finance replied that policy guidance had been given for 2024-25 which was used when putting together the budget. This assumption would change when the actual settlement amount was known.
- The impact of budget cuts on demand led services in adult social care and children's services was queried. The Leader and Cabinet Member for Strategy and Governance replied that the Council's budget was increasing each year by £70m. Demand was, however also increasing, so smarter ways of working were needed. Smarter ways of working could be used to provide the same services for less; cuts to essential services were not proposed.
- More detail was requested on Adult Social Care budget proposals shown on page 181-182 of the report. The Interim Executive Director of Adult Social Services gave more information about some of the queried proposals:
 - S2425ASS007, "Supporting more people through an enhanced reablement service that prevents, reduces and delays the need for ongoing care": Work had been done on the Norfolk First Support service who had been able to reach more people. They had recruited more staff, although still needed to do more recruitment. This team had improved their skills to help people be more independent and need less support moving forward.
 - S2425ASS008, "Reduce purchasing of short-term residential care, by focusing on more independent outcomes following hospital discharge": there had been challenges around discharge meaning people had needed to go into short term care. The Council was now in a stronger position to reduce the number of people needing short term beds, or needing them for a shorter period of time. This would allow people to have better independence when leaving hospital and needing less formal support when returning home.
 - S2425ASS009, "A programme of work based on data designed to support people earlier and connect them to services and support in their communities. The saving would be from prevention and early intervention (Connecting Communities additionality)": The

department had looked at how they supported people through Connecting Communities and there were indications that stretch savings could be delivered.

- Budget proposal S2425ASS016, “Delivering improved choice and independent outcomes for those with Mental Health needs”: this proposal related to residential choices and how people would be supported to remain independent. the Chair asked for information on this to be included in the promoting independence report on the January 2024 agenda.
- More detail was requested on Children’s Services budget proposals CS005, CS006, CS007, CS008, related to the home to school transport budget and how children with Special Educational Needs and Disabilities travelling independently would look in practice, and CS011 shown on page 183-184 of the report, particularly how Local First Inclusion would impact on the savings shown. It was noted that many families were not able to choose Special Educational Needs and Disabilities education facilities and Special Resource Base’s near to their home at that time so it was queried how the savings set out would be arrived at.
- Cllr Webb **suggested** that work should be done to identify how the cost of carrying out Special Educational Needs and Disabilities tribunals could be reduced. She felt there were other ways to deal with related issues other than via solicitors. The Chief Executive Officer replied that officers were looking at how tribunals were dealt with, and he would pass these comments on to the Executive Director of Children’s Services.
- The Chief Executive Officer gave information on S2425CS005, “Inclusion: More primary aged children with SEND can travel independently by adapting the Travel Independence Travel Across Nation (TITAN) programme”: This work was intended to encourage independence in this cohort of children. The department would look at the capacity of Special Resource Base’s around the county to reduce the miles travelled for children to access education.
- S2425CS011, “Reshaping our system support for learning and education aligned to the evolving role of the local authority and creation of a self-improving education system”: it was **agreed** that a written response would be provided after the meeting. The Assistant Director of Finance clarified that this was related to staffing requirements to support a change in responsibility for the County Council in this area.
- The Leader and Cabinet Member for Strategy and Governance discussed that departments had been asked to come up with realistic savings options. There was a programme to build new schools and the Council was asking as many academies as possible to have a Specialist Resource Base on site so children could go to school locally where possible and felt that the tribunal issue may require lobbying Government to ensure that the assessment process was better. The Council would defend cases where this was felt to be the best option.
- A Committee Member discussed budget proposal S2425CS005 and S2425CS006 which related to extra care housing for adults and young adults. This would need a lot of capital investment but provide people an alternative to a care home. They noted that this would provide an efficiency saving compared to carers travelling around the county to peoples’ homes. The Finance Business Partner (Adult Social Care) added that savings were already in the pipeline for this and had been brought into this budget; nutrient

neutrality had delayed delivery of this. Swallowtail and Meadow Walk in Fakenham were examples of this of care which were already open.

- The Chair had attended a conference where he learned about work which Adult Social Care could do which could help take pressure off the NHS.

The Select Committee:

1. Considered the latest Budget and Medium Term Financial Strategy position as reported to Cabinet in October 2023 (Appendix 1), noting in particular the emerging risks and uncertainties within the Council's planning position.
2. Considered and commented on the savings proposals for 2024-25 as set out in Appendix 1, which fall within the Committee's remit.
3. Noted the budget gap which remains to be closed for 2024-25 and in this context to comment on any areas the Select Committee would recommend exploring for savings development in relation to the services within the Select Committee's remit, in order to provide further input to the 2024-25 budget process and inform the final package of saving proposals put forward to Cabinet later in the year.
4. Considered savings opportunities under the following headings:
 - a. New initiatives which would deliver savings:
 - The committee **suggested** that work be carried out to reduce the amount of money spent on Special Educational Needs and Disabilities tribunals.
 - b. Activities which could be ceased in order to deliver a saving;
 - c. Activities which the Council should seek to maintain at the current level as far as possible (i.e. areas where the Committee considers there is limited scope for savings).

12. Forward Work Programme

- 12.1 The Chair noted that promoting independence would also be added to the January meeting.
- 12.2 It was requested that the report on vaping in January 2024 include information on prevention and from trading standards. The work being done by trading standards on vaping discussed at a recent Infrastructure and Development Select Committee meeting was noted.
- 12.3 The Select Committee agreed the forward plan

The Meeting Closed at 12:31

**Cllr Fran Whymark, Chairman,
People and Communities Select Committee**

People and Communities Select Committee

Item No: 7

Report Title: Listening and engaging to refresh our Adult Social Services Promoting Independence Strategy

Date of Meeting: 19 January 2024

Responsible Cabinet Member: Cllr Alison Thomas (Cabinet Member for Adult Social Care)

Responsible Director: Debbie Bartlett, Executive Director for Adult Social Services

Executive Summary

Our Promoting Independence vision and strategy has been effective in driving the overarching goals of Adult Social Services in Norfolk for the last five years and has informed where we need to transform and change.

To continue to improve our services and meet the changing and increasing needs of our residents, we wanted to update this strategy, creating a clear set of goals and ambitions for the next five years.

In May, we informed Members of our plans to listen to resident's experiences of adult social care and particularly to hear and better understand their expectations about what independence really means for them, and how our services going forward can help them. This paper aims to update Members on this large-scale public engagement exercise, which ran over the summer and included face-to-face drop-in events, focus groups and workshops with residents, care providers and colleagues, an online questionnaire, facilitated panels/meetings, and wide-reaching communications with stakeholders and partners.

In this paper, we will also set out how we will use this feedback to update our Promoting Independence strategy and link it to our activities within the County Council's Annual Plan and show how we are meeting the objectives of Better Together, for Norfolk. The outcomes from People and Community Select Committee will be used to update the strategy and will be taken to Cabinet and Full Council for sign off and adoption.

Action Required

The Select Committee is asked to:

1. Discuss and comment on the feedback from our public engagement activity called Conversations Matter and the supporting draft strategy.

1. Background and Purpose

- 1.1 Adult Social Care has the power to transform lives. It enables people to live life to the full, giving back or maintaining independence and control – things we all want in life. It provides care and support, safeguards for those who most need it, and increasingly supports carers who look after families and friends.
- 1.2 Since 2016, we have had a clear vision for Adult Social Services in Norfolk: To support people to be independent, well, and able to deal with life's challenges. This has been supported by our Promoting Independence strategy, with three themes: Benefitting from prevention and early help; Becoming, being and staying independent; and Living with multiple or complex needs.
- 1.3 To continue to improve our services and meet the changing and increasing needs of our residents, we wanted to update this strategy, creating a clear set of goals and ambitions for the next five years.
- 1.4 We started by listening to resident's experiences of adult social care and particularly to hear and better understand their expectations about what independence really means for them, and how our services going forward can help them. To do this, we undertook our biggest public engagement exercise over the summer.
- 1.5 People got involved in multiple ways:
 - At over 20 face-to-face events and drop-in sessions held at selected local libraries, and paper copies of our questionnaire were delivered to every library across the county.
 - Colleagues attended various local groups across Norfolk to have conversations, including D/deaf clubs, knit and natter groups, Men's Sheds, and autism cafes.
 - Via an online survey which was promoted and shared through partners, networks, posters, and social media (359 people responded to this). The survey was available in easy read and large print, and different languages as requested.
 - Smaller postcards were distributed at events and to food hubs across the county (86 postcard responses were sent in).
 - Councillor Alison Thomas facilitated a session with the Norfolk Resident's Panel.
 - We commissioned the Norfolk Community Foundation to run a grant round with grassroots organisations to lead their own focus groups with the people they support. This included 19 focus groups with 115 participants from 12 grassroots community organisations, representing asylum seekers

and refugees, adults with LD and autism, older people, eastern European communities, and adults with mental health and addiction issues.

- We also commissioned Carers Voice to run 2 focus groups with 17 unpaid carers.
- Hundreds of stakeholders, partners and networks were contacted to encourage them to take part in and promote the engagement with their networks.

1.6 This [live map](#) shows the geographical spread of our engagement activities, including events/groups attended, focus groups undertaken, and meeting attendances. This does not include email contact with stakeholders.

1.7 We actively tried to reach out to, and include, as many people as possible. We collaborated with colleagues internally and externally to achieve this.

1.8 Appendix 1 details high level findings in an infographic.

2. Proposal

2.1 The feedback we received from our engagement was rich and diverse. From the analysis of this, six common themes emerged:

1) People would like to understand more about the services we provide - Some of our residents feel they have a limited understanding of what Adult Social Services is. Advertising and promotion would help to address this, alongside working in partnership with residents and communities. It would be really helpful to some of our service users to have a greater understanding of what our Social Workers do and services they provide.

2) To ensure information is easy to find. Information can sometimes feel difficult to find. People would like to know how to access our services. Residents would like information and signposting in different formats and based more in the community. This should include advice on health, community groups, employment and volunteering opportunities, and the services we offer. Residents want to be able to access information and support as early as possible to avoid their issues or concerns getting worse.

3) Be consistent in the way we communicate with people - The way we communicate with people is really important. Residents would like clear, consistent and accessible information delivered promptly by empathetic and experienced staff with good listening skills. For people with additional needs this should be available in whatever format they need, including in British Sign Language, Braille, different languages, and easy read.

4) Some carers said they would like more support in certain areas - Some carers felt that they would like more support with long-term care and contingency planning, as well as adaptable, flexible and reliable respite services. Some carers

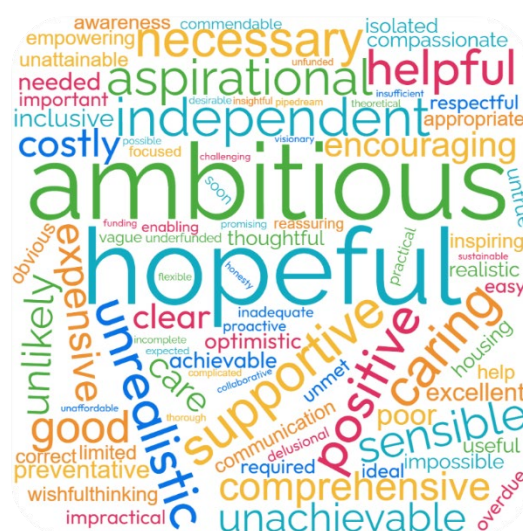
struggle with their health and wellbeing and as a service we want to continue to acknowledge and support their well being.

5) People with sensory support sometimes feel said they would like more support accessing information - How we support people who have different communication and support needs (for example D/deaf, deafblind, visually or hearing impaired, autistic people, and people with learning disabilities) is very important and should be equitable and easy to access. We want all our information should be accessible to all communities.

6) Co-production and engagement should be a priority - We regularly engage with residents, communities, partners and organisations to help develop and adapt our services. People are eager to get involved to share their ideas and experiences, but they want to know how we use their feedback and what difference this has made.

Encouraging people to help us co-produce our services is a brilliant way of ensuring we are meeting people's needs and expectations. We need to be honest and transparent about what is available and achievable.

We also asked what words residents would use to describe their thoughts on our three priorities. The word cloud below shows which words were used most often (the biggest words) and the least often (the smallest words).



- 2.3 From this feedback, and other inputs such as national policy, key activities identified through the Council's Annual Plan, and departmental plans and strategies, we will refresh the Promoting Independence strategy Appendix 2.

3. Impact of the Proposal

- 1.1 We aim to launch the strategy in 2024 with a public event to showcase our services and how the feedback has been used. Also, to thank and include the people and stakeholders who participated in the engagement.
- 1.2 The strategy will be available in multiple formats (including British Sign Language videos, easy read, large print, Braille and different languages).
- 1.3 The Promoting Independence strategy will need to be taken through the appropriate governance processes as it sits within the Policy Framework and is a vital document which outlines the priorities of Adult Social Services.

4. Evidence and Reasons for Decision

4.1

5. Alternative Options

5.1

6. Financial Implications

- 6.1 There have been some financial implications involved in facilitating this engagement activity, but the benefits of collecting this type of feedback have been invaluable to help shape our strategy and transformation of Adult Social Services in Norfolk.
- 6.2 Any costs associated with undertaking this engagement have been met within the existing Adult Social Services Budget.

7. Resource Implications

7.1 Staff: We will require support to design the final Promoting Independence strategy and to create the various formats needed to meet the needs of our residents. This may be met by internal staff or commissioned externally.

7.2 Property: NA

7.3 IT: NA

8. Other Implications

8.1 Legal Implications: NA

8.2 Human Rights Implications: NA

8.3 Equality Impact Assessment (EqIA) (this must be included):

During the planning, delivery and analysis of our engagement activity, the Equality, Inclusion and Diversity team have been an invaluable source of support and advice.

8.4 Data Protection Impact Assessments (DPIA):

The data protection teams have provided advice and support regarding GDPR and governance to protect respondent's privacy and information.

8.5 Health and Safety implications (where appropriate): NA

8.6 Sustainability implications (where appropriate): NA

8.7 Any Other Implications: NA

9. Risk Implications / Assessment

9.1 NA

10. Recommendations

2. Discuss and comment on the feedback from our public engagement activity called Conversations Matter and the supporting draft strategy

11. Background Papers

11.1 [People and Communities Select Committee 19 May 2023](#)

Officer Contact

If you have any questions about matters contained within this paper, please get in touch with:

Officer name: Claire Sullivan, Strategy, Engagement and Co-production Manager

Telephone no.: 01603222319

Email: claire.sullivan2@norfolk.gov.uk



If you need this report in large print, audio, braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.



Conversations Matter

What we did

We spoke to hundreds of people about adult social care, what independence means to them and how we can best support them.

We asked people what they thought about our three strategic themes: prevention and early help; being and staying independent for longer and supporting people living with complex needs.

"To be independent is to be able to live your life well in the community or in residential care."

How many responded



359 people answered our survey



21 focus groups were run by our partners, with more than **120** participants



We held **20** face to face events



We had **86** postcard responses

Who responded



Most were women and white British



41% had a disability or health issue



A **quarter** were carers



Almost half (**47%**) were aged 55-57

What we found



Most people (more than **80%**) agreed with our vision and three strategic themes.

[Independence means] *"living my life like everybody else, making my own decisions and choices, only asking for help when needed."*

To achieve our vision, people said we needed to:

- ensure we have enough adequately paid and trained carers and staff
- support access to the wide range of services people need
- ensure funding is in place to pay for services/care
- improve signposting
- improve communication
- ensure NCC is run efficiently and empathetically
- Improve the type of housing available

"Hopeful" - the word used most frequently to describe the vision and themes.



Promoting Independence

Supporting people to be independent, well, and able to deal with life's challenges.

Introduction Cllr Alison Thomas

Adult Social Services has faced a difficult time over the past decade, especially in Norfolk. We have seen our population change and evolve with more young people leaving the county and others reaching older ages. We need to work in a different way to meet the changing needs of our residents.

We have embarked on a co-production journey. Co-production is about having conversations and working together to people to listen to what is most important. Throughout our conversations we have engaged with, spoken to, and worked with residents and partners across Norfolk.

People have shared their experiences of Adult Social Care, been honest about where we need to make improvements, and pointed out how we can make much needed change.

This strategy sets out our priorities and ambitions over the next 5 years, and the work underway to achieve them.

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Our county

Norfolk consists of nearly a million residents living in one of seven districts: Breckland, Broadland, Great Yarmouth, King's Lynn and West Norfolk, North Norfolk, Norwich, and South Norfolk. We have a diverse geography spanning rural, urban, and coastal areas.

Our population is generally older than the rest of the country, with the average life expectancy consistently higher than the national average (around 80 years for men and 84 years for women). But the average number of years Norfolk residents can expect to live in good health is between 63 and 64 years. This means the time we spend in ill health is getting longer. We also have declining birth rates and the number of residents over the age of 65 is set to grow. This will increase demand on our health and care services, including how we recruit staff and prepare for the future.

1 in 4 residents are over 65 years old

Most people over the age of 65 live in rural areas (19% vs 22% living in urban areas)

16% of households live in fuel poverty

Our environment is linked to our health across our lifetime. Over 140,000 people live in areas categorised as the most deprived 20% in England. People who live in these areas are more likely to have worse health outcomes, be admitted to hospital in an emergency, and die earlier. Our more affluent areas are often the most rural with the highest number of people over the age of 65, making access to services and support often difficult.

In Norfolk, the day-to-day activities of 1 in 5 people are limited by their health or disability. We have a higher number of people with Dementia than the rest of England, which is expected to increase by 25% by 2030. Ongoing care and support needs often mean people need help with everyday living, such as personal care, and their families need support too.

Much of the care and support provided is by unpaid carers, families and friends. There are 114,000 carers across Norfolk who provide unpaid care and support for a friend or family member who cannot cope without their support, due to illness, disability, a mental health problem or an addiction. Unpaid carers are often struggling with their own health needs, working commitments, and personal lives, and unfortunately support for them is inadequate and inconsistent.

By 2024 our population is expected to grow by about 116,500 people

Largest growth is expected in older age groups, with those aged 65+ increasing by 95,000

33% of residents aged 16-64 are disabled or have a work-limiting disability, compared to 29% in England

Adult Social Services in Norfolk

Norfolk is a fantastic county, but we know there are significant challenges.

Our aim is to create a service that is fit for the future, one that is focused on prevention and early help, rather than one that responds to demand and crisis. Our goal is to offer a service that our residents deserve and, by working together, we will achieve it.

Adult Social Care currently spends over £1million per day on meeting the eligible needs of our residents, with the average spend on Adult Social Care per head of population one of the highest in England. Over the past 5 years, we have seen more people coming to us for support. This includes people living at home and people who are coming out of hospital who need support to be able to continue to live independently. We have not been able to keep pace with this increase, so many people are having to wait too long for us to assess them and find the right support.

Pressures in the NHS means more demand for Adult Social Care. We have over 1,400 vacancies in our care sector, meaning there is less care available for people. People who receive care and support in residential and nursing homes are needing higher levels of care, with staff needing more skills and training to provide good quality, safe care. But, care quality is an issue in Norfolk, with only 71% of care providers rated as 'good' or 'outstanding'.

Over the next few years, we think people over 75-year-old will need around 15,000 residential and nursing beds and more than 6,000 housing with care units. We will not be able to meet this demand without changing the way we work.

We must be ambitious and progressive in how we meet these needs in a sustainable way. If not, we risk being overwhelmed by demand in the future.

Better Together, for Norfolk

This Promoting Independence strategy is at the core of Norfolk County Council's strategic plan – "Better Together, for Norfolk". This ambitious plan aims for the county to be a place where we put people first and where everyone works together to create a better place to live.

The vision for Better Together, for Norfolk

In Norfolk, we cherish our heritage, we embrace opportunity, and offer an extraordinary place in which to spend a lifetime.

1. We want Norfolk to be the place where everyone can start life well, live well and age well, and where no one is left behind.
2. We want our economy to be vibrant, entrepreneurial and sustainable, supported by the right jobs, skills, training and infrastructure.
3. We want our communities to feel safe, healthy, empowered and connected, their individual distinctiveness respected and preserved.

To support people to be independent, well, and able to deal with life's challenges, we need to work across the whole council and with our partners in the community. By improving educational outcomes, growing skills, helping to create good quality jobs, and putting in place affordable housing and the appropriate infrastructure, we will improve the life-chances of our residents and strengthen our economy.

This is why the Promoting Independence strategy is so important to the whole of Norfolk County Council and shaping how we work together.

Promoting Independence: Our vision for Norfolk

We have a vision for Adult Social Services in Norfolk: we want to support people to be independent, well, and able to deal with life's challenges.

To achieve our vision, this strategy – Promoting Independence – is shaped by the Care Act which aims to prevent, reduce and delay the demand for social care. This doesn't mean we only provide the statutory minimum for residents. It helps us manage demand, finances, and plan for our long-term future.

Over the past 5 years, we have changed the way we work to improve the services we offer and try to manage increasing demand. This includes growing our workforce, investing in short-term support for people being discharged from hospital or after being unwell to help people get back their independence, and technology which helps people stay in their own homes.

For the next 5 years, we need to continue working in this way, with a focus on prevention and targeting support to those who most need it but who are less likely to use our services. We will also continue to work closely with our colleagues and partners in the NHS, voluntary sector, care providers and residents to offer choices for people at all stages of life – disabled people who want to leave the family home, people who want support at home which fits their lives, people who want access to training, learning and employment.

To find out what matters most to people and understand how we can improve our services, we spoke to hundreds of residents and partners from across Norfolk. This strategy has been developed based on that feedback and what you told us.

What you told us

1 People would like to understand more about the services we provide.

Some of our residents feel they have a limited understanding of what Adult Social Services is. Advertising and promotion would help to address this, alongside working in partnership with residents and communities. It would be really helpful to some of our service users to have a greater understanding of what our Social Workers do and services they provide.

2 To ensure information is easy to find.

Information can sometimes feel difficult to find. People would like to know how to access our services. Residents would like information and signposting in different formats and based more in the community. This should include advice on health, community groups, employment and volunteering opportunities, and the services we offer. Residents want to be able to access information and support as early as possible to avoid their issues or concerns getting worse.

3 Be consistent in the way we communicate with people.

The way we communicate with people is really important. Residents would like clear, consistent and accessible information delivered promptly by empathetic and experienced staff with good listening skills. For people with additional needs this should be available in whatever format they need, including in British Sign Language, Braille, different languages, and easy read.

4 Carers said they would like more support in some areas.

Some carers felt that they would like more support with long-term care and contingency planning, as well as adaptable, flexible and reliable respite services. Some carers struggle with their health and wellbeing and as a service we want to continue to acknowledge and support their well being.

5 People with sensory support sometimes feel that they would like more support accessing information.

How we support people who have different communication and support needs (for example D/deaf, deafblind, visually or hearing impaired, autistic people, and people with learning disabilities) is very important and should be equitable and easy to access. We want all our information should be accessible to all communities.

6

Co-production and engagement should continue be a priority.

We regularly engage with residents, communities, partners and organisations to help develop and adapt our services. People are eager to get involved to share their ideas and experiences, but they want to know how we use their feedback and what difference this has made.

Encouraging people to help us co-produce our services is a brilliant way of ensuring we are meeting people's needs and expectations. We need to be honest and transparent about what is available and achievable.

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Promoting Independence: Our strategy for Norfolk

From what you told us, we have updated our priorities and what we think you should expect from Adult Social Services in Norfolk. We want to be ambitious and transform the way we deliver our services.

Our priorities are:

Benefitting from prevention and early help

- How we help people stay well and independent in the place they call home.

Becoming, being, and staying independent

- How we are effective and provide support for people to live independently, avoid losing independence, and where possible gain it back.

Living with multiple and complex needs

- How we recognise that some people might need a higher level of support with many aspects of their daily life in the long-term.

Benefiting from prevention and early help

Prevention is about supporting residents' health and wellbeing by offering support as soon as possible to avoid them becoming unwell, lose their independence, or need more care in the future.

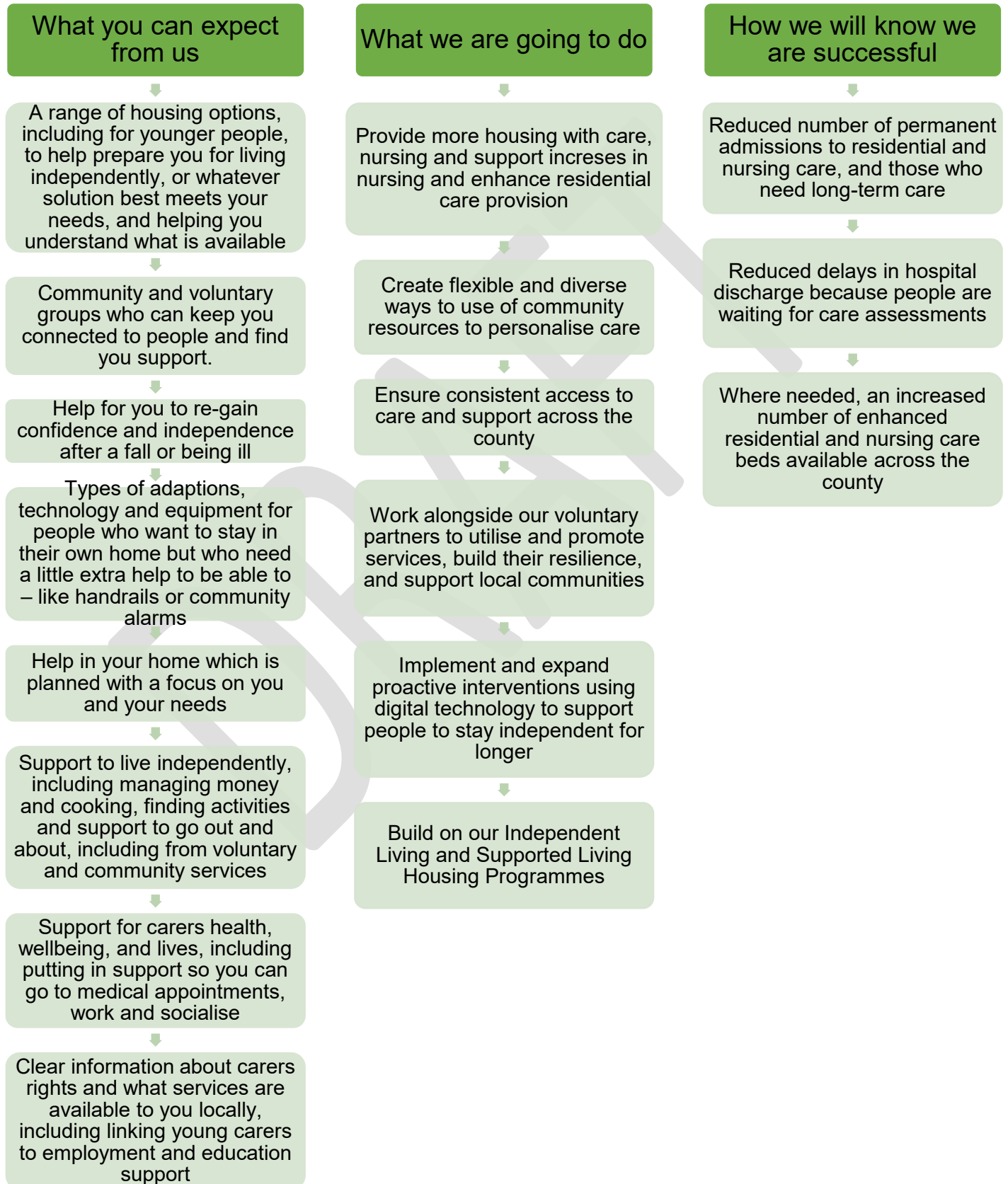
This priority shows how we help residents stay well and independent in the place they call home.



Becoming, being, and staying independent

Independence means something different to everyone and can change based on how they feel, the support they have around them, or the choices available to them.

This priority shows how we are being effective and provide timely support for people to live independently, avoid losing independence, and where possible gain it back.



Living with multiple or complex needs

Some people may have long-term or severe needs which affect their physical, mental, social, or financial wellbeing. Multiple needs often interact with each other and worsen, making it harder for people to get the help they need.

This priority shows how we recognise that some people might need a higher level of support with many aspects of their daily life in the long-term.



Achieving our vision for Norfolk

In this Promoting Independence strategy, we have set out our vision for Adult Social Services across Norfolk, our priorities for the next 5 years, and how we are going to be successful.

To be able to achieve our priorities, there are some projects and action plans which run through all of our priorities. These are all connected to support people be independent, well, and able to deal with life's challenges. These are:



Measuring our success

Every year we measure how well our services meet the needs of our residents by using a set of national standards. These are called the Adult Social Care Outcomes Framework. This framework measures what matters most to people – whether they feel safe, if carers feel supported, and if we have met their needs. We will use this framework to measure if we have achieved our vision to support people be independent, well, and able to deal with life's challenges, and our three priorities.

Speaking with residents is one of the most important ways we measure our success. This strategy was developed based on feedback from our biggest ever engagement activity and what you told us. We will keep talking to residents, our colleagues, and the people we work with to continue to improve our services for the whole of Norfolk.

DRAFT

People and Communities Select Committee

Item No: 8

Report Title: Adult Social Care Digital Strategy

Date of Meeting: 19 January 2024

Responsible Cabinet Member: Cllr Alison Thomas (Cabinet Member for Adult Social Care)

Responsible Director: Debbie Bartlett, Executive Director for Adult Social Services

Executive Summary

The Adults Digital Strategy was agreed in 2018 and refreshed in December 2021. This was an ambitious programme and despite some of the challenges presented during the pandemic, the Digital Strategy supported the department to deliver £5.4m of savings over the period 2019 to 2022.

The Digital Strategy focused on our citizens, workforce and providers. The strategy included improving our Assistive Technology offer, and payment cards for our citizens. When the pandemic hit, we then included the introduction of the Alcove Device which enabled people with learning disabilities who were unable to attend day centres, due to them being closed, still connect with their friends and loved ones.

The strategy also included the roll out of E-Brokerage for our home care providers which meant we could communicate quicker with regards to sourcing packages of care. For our staff, we implemented functionality from our Case Management system, Liquid Logic, to enable them to work remotely in people's homes, Microsoft Teams at pace (at the start of the pandemic) and more recently implemented the Shared Care Record.

The Shared Care Record is key to bringing health and social care data together into one view so that a Norfolk & Waveney adult or child should only have to tell their story once to health and care professionals. We are also now in the process of exploring with the Voluntary Sector and District Councils on how we can roll the Shared Care Record out even further.

We recently presented a report at the Integrated Partnership Board which described how we are working collaboratively as a system to enable data sharing and what we are doing to drive integration through our digital, data and technology systems (DDaT). This item will now be a regular agenda item at that board and links to the referred report that can be found [here](#)

We are also exploring how we can safely use Artificial Intelligence (AI) to transform how Norfolk offers support to its residents. As part of this, we are piloting the use of AI in order to support our practitioners in their decision-making by extracting, understanding and then modelling data to predict individuals at risk of a fall and then offering some proactive support.

As the digital landscape is changing constantly including the use of Artificial Intelligence, we have reviewed the Adults Digital strategy in line with our corporate digital strategy and the ICS digital

roadmap to ensure we are reflecting and encompassing national, regional and local changes to enable us to continue to support our staff, residents and care providers in Norfolk.

Recommendation

The Select Committee is asked to:

- a) Consider the Adults Strategy and feedback any considerations we need to include in the strategy.**
- b) Review the work under this programme and give views on any other areas we should be considering.**

1. Background and Purpose

- 1.1 The white paper, [People at the Heart of Care](#), published on 1 December 2021, set out the vision for the future of adult social care, proposing a 10-year programme of change. It revolves around three objectives: that people have the choice, control, and support to live independent lives; people have access to quality and tailored care and support; and people find adult social care fair and accessible.
- 1.2 The What Good Looks Like Framework ([Digital working in adult social care: What Good Looks Like - GOV.UK \(www.gov.uk\)](#)) sets out what good digital working looks like for care providers and local authorities with responsibility for adult social care in England. It provides a series of common goals for these organisations to work towards that will help achieve the vision set out in People at the Heart of Care. It is an aspirational framework designed to be used by local authorities and care providers of all sizes and types of service, including both Care Quality Commission (CQC) registered and non-registered providers.
- 1.3 NCC faces significant challenges in managing current and predicted demand for social care services. This is a national picture experienced by other Local Authorities. Presently, we do not have sufficient resources, or the most effective policies/technologies in place to meet this demand. Additionally, our provider market is very unstable. Therefore in order to address these issues we need to ensure we have a robust digital strategy in place to help enable us to manage the demand and support our providers.

2. Progress to date

- 2.1. Since we initially developed a Digital Strategy for Adult Social care we have achieved £5.4m in savings and in addition to this we have obtained a number of external funding opportunities. These include funding from the Department of Health to pilot a programme called Time to Connect, funding from NHSE to implement Alcove Devices and an app called Brain in Hand and funding from the Norfolk Investment Fund to support a pilot we are currently carrying out in the West of Norfolk called Tech Skills for Life. As an ICS we have also obtained funding to support with the digitising of the social care record in care homes.
- 2.2. We have spent time reviewing some of our repetitive processes and as a result have been able to implement Robotic Processing Automation in areas such as file retention and referrals from our Ambulance Service. During the pandemic we worked with Microsoft colleagues to implement at pace an App to help support the hospital discharge process. This is currently in use.

- 2.3. Throughout the last six years we have made significant progress and achieved a high level of savings in this area. We recognise the need to constantly improve our digital offer especially with the increasing demand for services. We also recognise that when technology is embedded seamlessly into care and support it can be transformative, improving people's quality of life and ensuring information is readily available to help staff provide the right care in the right place at the right time.
- 2.4. NHS England and the Department of Health and Social Care (DHSC) have developed a What Good Looks Like (WGLL) framework for adult social care. This is part of a suite of guidance for digital working across health and social care and is structured around seven success measures for digital working in adult social care services. This is reflected in our revised strategy and as the strategy is implemented, we will ensure we are following this framework
- 2.5. Furthermore, with the advancement of Artificial Intelligence, the Digital Switch scheduled for 2025 and the pending CQC Assurance inspection, we also want to ensure our digital strategy includes all of the areas as set out in the WGLL Framework.
- 2.6. More information on how the strategy has developed since 2018, the successes highlighted above and the seven success measures referred to in 2.4 are set out in Appendix A.

3. Impact of the Proposal

- a) Improved Customer Journey and access to information regarding social care services and the associated costs
- b) Improved sharing of information and documents with people who use our services allowing them to better manage their care and support
- c) Continued support for those who are digitally excluded
- d) Improved network coverage over Norfolk (to really embed our Digital Inclusion Programme)
- e) Improved digital training for all new starters followed by a programme of training for existing employees
- f) Improved ways of working for our staff by automating processes where relevant
- g) Joined up working with the ICS and district councils through close working on the ICS roadmap, the Shared Care Record and Proactive Interventions
- h) IT Support for our care providers via our Digital Services Team
- i) Sharing digital knowledge and experience with our providers to assist with demand management

4. Evidence and Reasons for Decision

4.1 N/A

5. Alternative Options

5.1 None identified

6. Financial Implications

- 6.1. As part of Adult Social Care Savings, £1.0 m has been identified for digital savings for 2024/25. This is in addition to the £5.4m already saved in this area.

- 6.2. In order to deliver the savings, we may need to access some capital funding so that we can trial and implement new ways of working. Funding would only be allocated once business cases have clearly identified this requirement and on an invest to save basis. This would also be considered alongside the wider borrowing costs the Council now faces.
- 6.3. We will also seek further alternative funding opportunities in order to drive innovation and build on successful funding applications as outlined at 2.1 above.

7. Resource Implications

- 7.1 **Staff:** In order to deliver the savings, we may need to recruit to additional posts so that we can trial and implement new ways of working. Resources would only be considered in line with the financial implications outlined at 6.2 above.
- 7.2 **Property:** None identified
- 7.3 **IT:** Technology and IT impacts and implications are detailed and outlined throughout the paper.

8. Other Implications

- 8.1 **Legal Implications:** none
- 8.2 **Human Rights Implications:** none
- 8.3 **Equality Impact Assessment (EqIA) (this must be included):** Given the wide ranging nature of the work, it is not practical to complete an EqIA for the strategy as a whole. However, some of the areas described in this report are likely to affect those in the population of Norfolk with the protected characteristics of age and disability. Whilst it is likely that they will have a positive impact for older people and people with disabilities as the strategy is closely aligned to the Digital Inclusion Strategy, any impacts will be considered for each element of the strategy and Equality Impact Assessments produced where appropriate.
- 8.4 **Data Protection Impact Assessments (DPIA):** Not relevant for the strategy however DPIA's will be completed for any new streams of work
- 8.5 **Any Other Implications:** N/A

9. Risk Implications / Assessment

- 9.1 N/a

10. Recommendations

The Select Committee is asked to:

1. **Consider the Adults Strategy and feedback any considerations we need to include in the strategy.**

2. Review the work under this programme and give views on any other areas we should be considering.

11. Background Papers

[People at the Heart of Care](#)

[Digital working in adult social care: What Good Looks Like - GOV.UK \(\[www.gov.uk\]\(http://www.gov.uk\)\)](#)

Officer Contact

If you have any questions about matters contained within this paper, please get in touch with:

Officer name: Sarah Rank

Telephone no.: 01603 306031

Email: Debbie.Bartlett@norfolk.gov.uk



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Adult Social Care Digital Strategy – Appendix A

19 January 2024

Responsible Cabinet Member: Cllr Alison Thomas (Cabinet Member for Adult Social Care)

Responsible Director: Debbie Bartlett, Executive Director for Adult Social Services



Norfolk County Council
Adult Social Services

Covering today

- Looking back – Digital Strategy 2018- current date - including successes over this period
- Proposed strategy for 2024-2025 including the What Good Looks Like Framework
- Working with the Integrated Care System

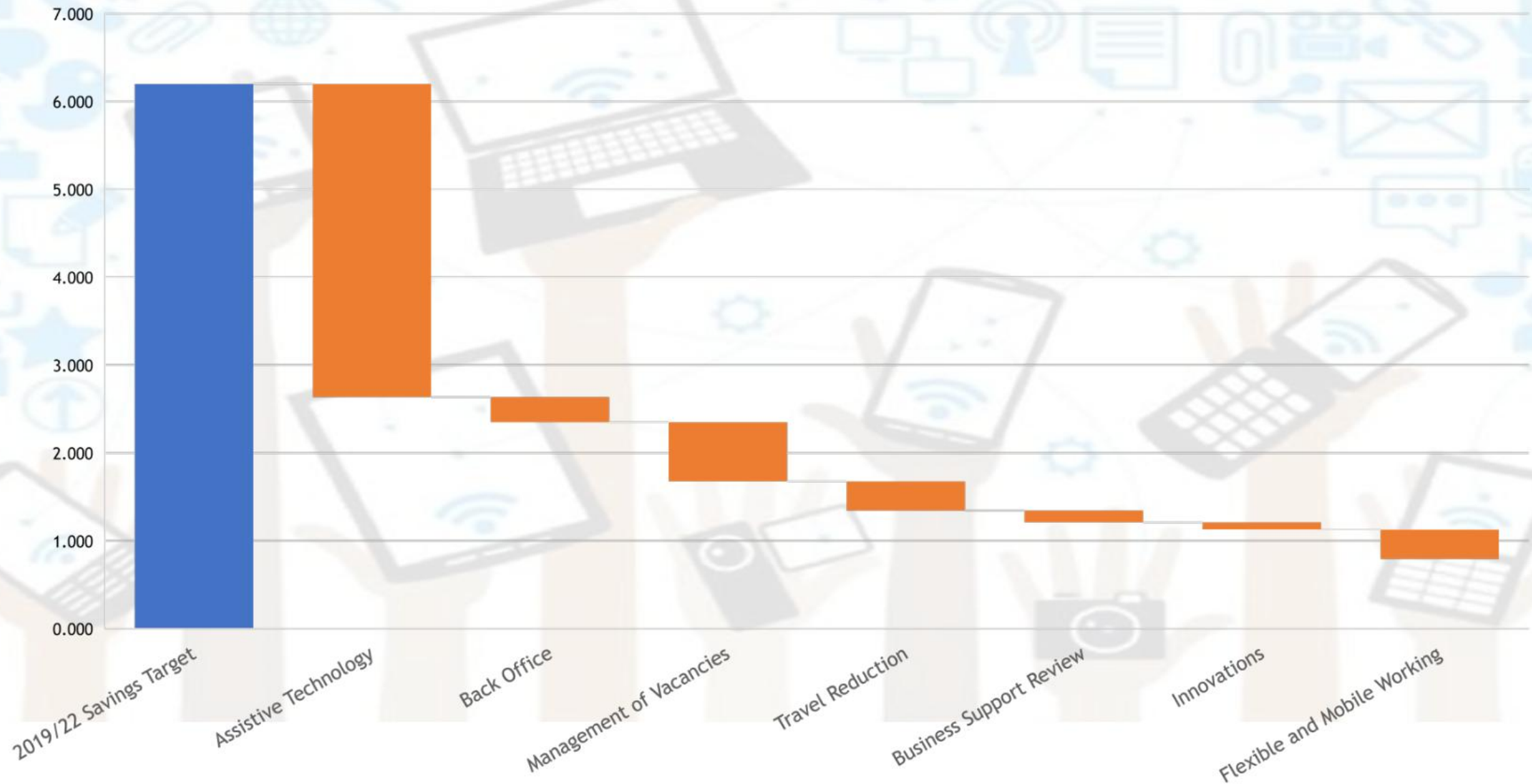


Digital Strategy 2018- to date

- In 2018 we set an ambitious 3 year savings programme of £6.2m for technology in Adult Social Care with Assistive Technology contributing to £3.2m of this.
- We achieved £5.4m overall with Assistive Technology achieving £3.8m over the three years
- We revised the strategy in 2021 to reflect some of the learning from the pandemic
- We've now set a further target of £1.0m to cover the next financial year (2024/2025)
- Set out below is how we achieved the savings and our proposed plans for 2024/25



2019/22 Achieved Digital Savings £5.4m



Proposed Digital Strategy 2024 -2025



Norfolk County Council
Adult Social Services

The context for the revised strategy for 2024-2025

1. The white paper, [People at the Heart of Care](#), published on 1 December 2021, set out the vision for the future of adult social care, proposing a 10-year programme of change. It revolves around three objectives: that people have the choice, control, and support to live independent lives; people have access to quality and tailored care and support; and people find adult social care fair and accessible.
2. When technology is embedded seamlessly into care and support it can be transformative, improving people's quality of life and ensuring information is readily available to help staff provide the right care in the right place at the right time.
3. The What Good Looks Like Framework ([Digital working in adult social care: What Good Looks Like - GOV.UK \(www.gov.uk\)](#)) sets out what good digital working looks like for care providers and local authorities with responsibility for adult social care in England. It provides a series of common goals for these organisations to work towards that will help achieve the vision set out in People at the Heart of Care. It is an aspirational framework designed to be used by local authorities and care providers of all sizes and types of service, including both Care Quality Commission (CQC) registered and non-registered providers.

What good looks like

The What Good Looks Like (WGLL) framework for adult social care is part of a suite of guidance for digital working across health and social care, developed by NHS England and the Department of Health and Social Care (DHSC). It is structured around the following 7 success measures for digital working in adult social care services:



We will be using the framework to assess where we are at with our digital strategy. This will then allow us to RAG rate each of the seven areas and for those marked Red or Amber ensure we put in place mitigations. This will also enable us to assess how we can evidence CQC compliance.

Vision Statement

“Supporting people to be independent, resilient and well”

**Prevention and
Early Help**

**Staying
Independent for
Longer**

**Living with
Complex Needs**

What our services should look like to deliver our vision

Local prevention ethos

High quality social care that
builds on people's strengths

Responsive, safe and
proportionate

Effective hospital flow,
maximising long term
outcomes

A skilled, qualified and
engaged workforce

Strong partnerships with the
NHS, district councils, and
the voluntary sector

Fully engage with people

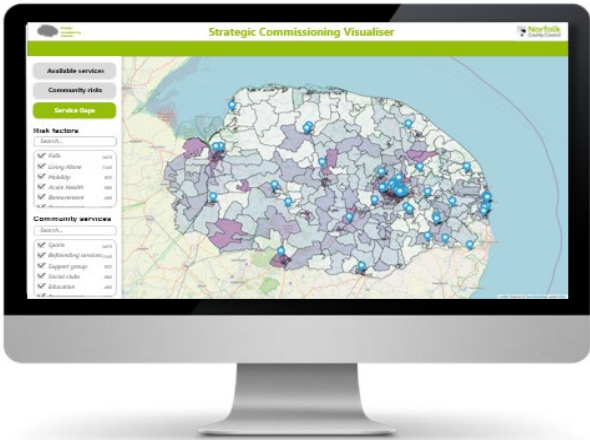
Embracing technology,
digital innovation, and data
driven decisions

Efficient and value for
money for tax payers

Strategic Ambition – Prevention and Early Help

Priorities for 2024-25

- Proactive interventions and the targeted use of Artificial Intelligence – early, proactive support to people before they reach crisis point to increase their ability to stay independent at home for longer
- Develop ambitious future blueprint for predictive modelling in order to maximise the potential of data to prevent, reduce and delay access to formal services
- Person Profile Tool – develop and roll out the Person Profile for operational staff to enable them to maximise the level of independence they offer people



Strategic Ambition – Staying independent for longer and Living with Complex Needs

Priorities for 2024-25

- **Virtual Care Agency using the Alcove device – continue to identify those people who will benefit from a blended approach for both Domiciliary Care and an online Day Service Provision**
- **Review the Technology Enabled Care Offer in order to make it quicker and easier for people to make the most of new developments and exploit the potential of digital opportunities to complement more traditional face to face care**
- **Co-production work with the Integrated Care System to utilise funding to drive eCare record take up in Norfolk Care Market – funding from NHS allocated for 3 years**
- **Developing commissioning protocols and strategies to drive digital solutions in Norfolk Care Market including an offer with Digital Services Schools Team to support Provider IT needs**
- **Digital Modernisation of Norfolk First Response and the Learning Disability Service**



Infrastructure Support

Broadband and Wifi
Hardware and devices
Migration to cloud services
Telephony
Managed service



Applications Support

Microsoft
Google
Apple
Management Information Systems



Security (DSPT)

Cyber security
Back up options
Endpoint Protection
Encryption / secure email



Skills

Staff training
Residents or attendees training / digital sessions



Procurement

IT Purchasing
Project Management of refresh programmes



Innovation

Interactive tech (i.e. Alexa / VR)
Robotics
Loan schemes

Supporting Care Providers to achieve DSPT and Digital Care Record requirements

Strategic Enabler – Building workforce capabilities and Digital Inclusion

Priorities for 2024-25

- Digital Inclusion strategy : “every Norfolk resident is provided with the appropriate digital access opportunities to meet their needs and enable them to be digitally included in all aspects of their lives” – this includes citizens, care providers and all out staff starting with new starters then rolling out across the workforce
- Shared Care Record – continue to roll this out
- Review and fully exploit existing line of business systems and corporate digital capabilities including Robotic Processing Automation & Artificial Intelligence.

Digital Inclusion Strategy – leaving no one behind :



Working in partnership to target activity and make best use of resources



Enabling universal access to connectivity in the county



Supporting access to devices and equipment



Increasing digital skills and confidence in key cohorts



Developing the skills of our staff to understand how to support residents to access and use technology to improve their lives

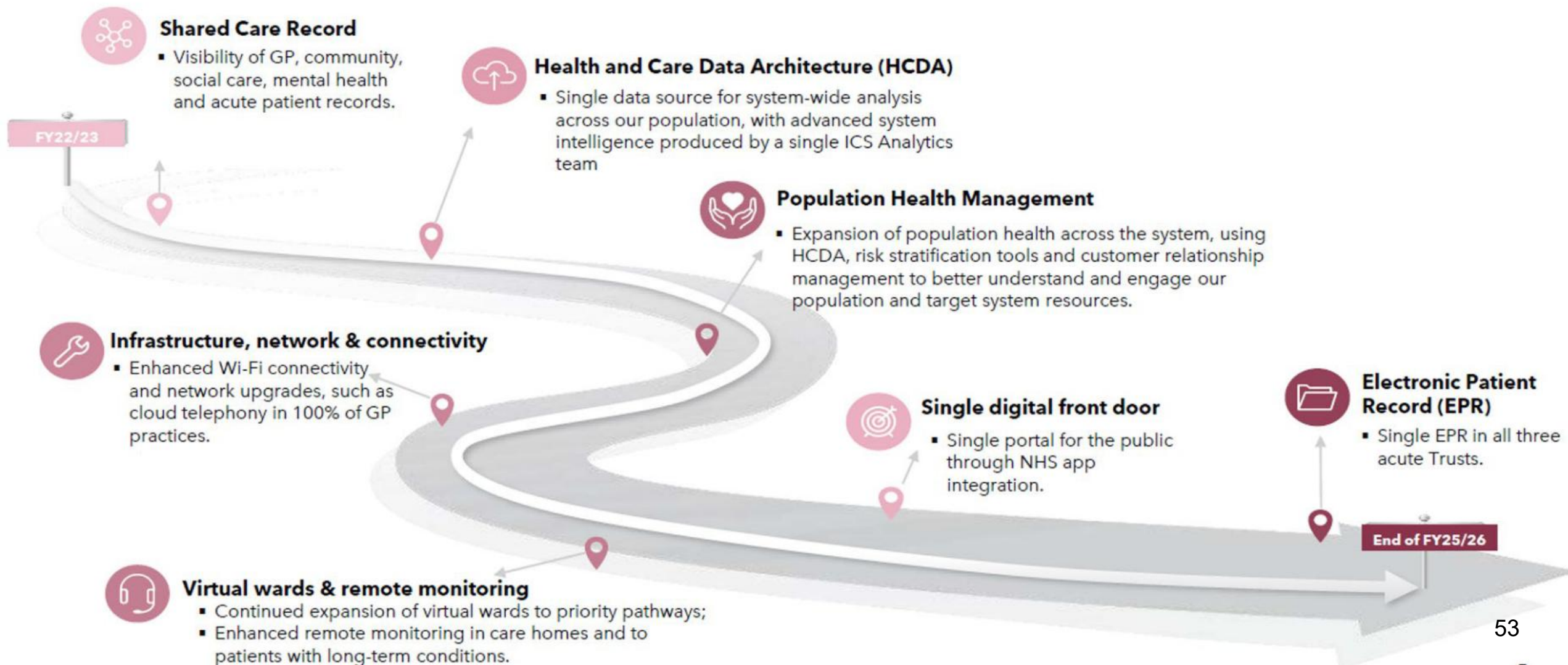
Health and Care Integration



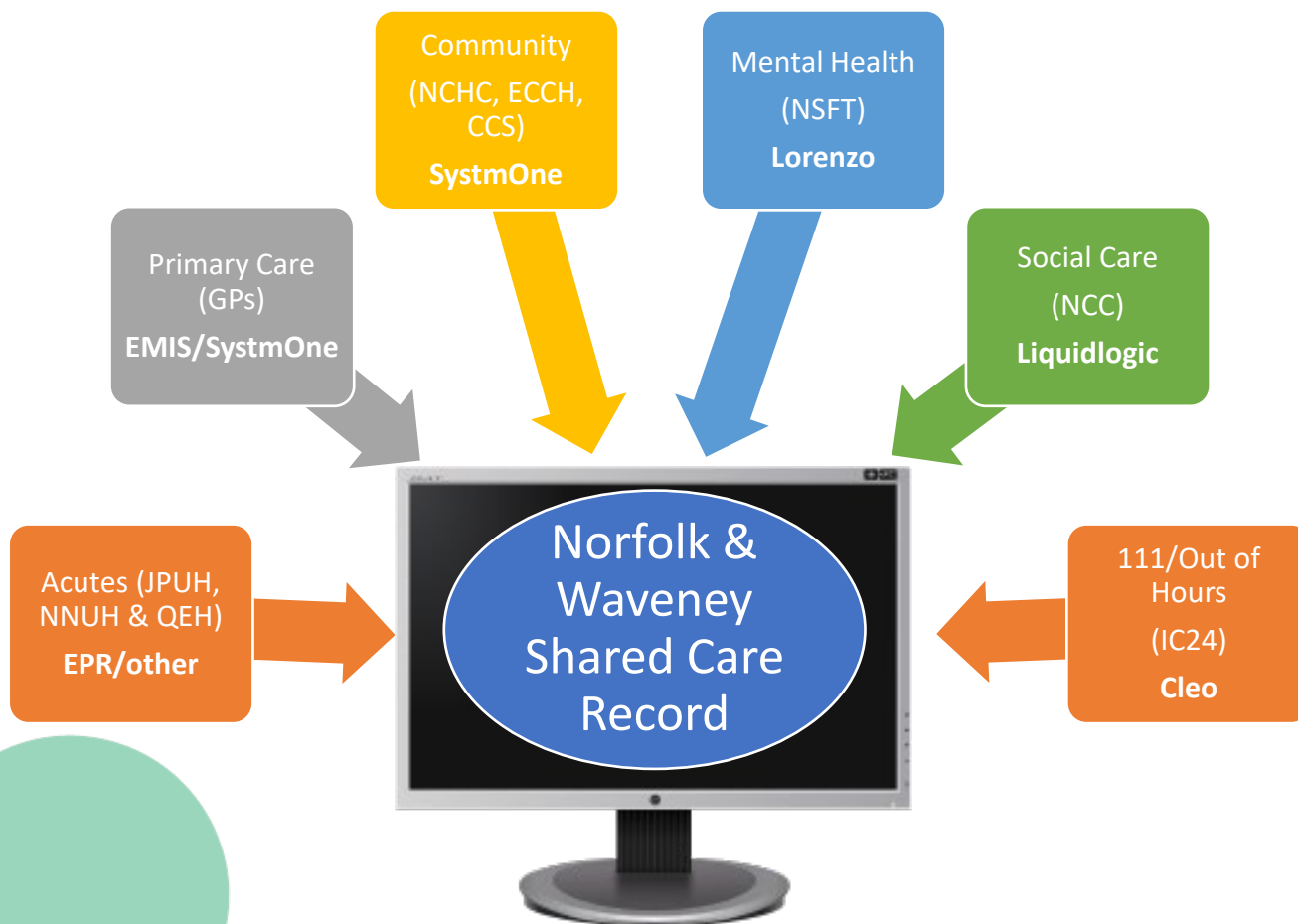
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ICS Strategic Roadmap

Digital will enable transformation across all care settings, including outpatients.



Shared Care Record (ShCR) – Tell your story Once



There is a common misconception that health and care workers already have access to people's full health and care records. This is not always the case and often means that you are asked to repeat your medical history .

The NHS has issued a national target for all ICB areas to deliver a patient health and social care shared record that is accessible to staff involved in the care of the patient or citizen. This enables the best decisions to be made and leads to better outcomes.

Current Viewing: NCC Adults, NCC CYP, QEH, JPU, NNUH, NCHC, CCS, ECCH, IC24, NSFT, SystmOne GPs

Planned Viewing EMIS GP's - January 2024

Current Providing data: GP Connect (HTML record and structured Med/Allergies), NSFT, NCC Adults, NCC CYP, QEH, JPUH

Planned Providing data: NNUH – January 2024, IC24 – January 2024

People and Communities Committee Members are asked to :

- 1. Consider the Adults Strategy and feedback any considerations we need to include in the strategy.**
- 2. Review the work under this programme and give views on any other areas we should be considering.**



Thank you for listening.

Any questions?



Norfolk County Council
Adult Social Services

People and Communities Select Committee

Item No: 9

Report Title: Norfolk's approach to Vaping

Date of Meeting: 19th January 2024

Responsible Cabinet Member: Cllr Bill Borrett (Cabinet Member for Public Health & Wellbeing)

Responsible Director: Stuart Lines, Director of Public Health

Executive Summary

In November 2022 the People and Communities Select Committee approved a number of recommendations on smoking and vaping. It was agreed that we should continue to support vaping as a tool for smoking cessation in adults, alongside provision of accurate information about the benefits of switching from smoking to vaping as an effective method for reducing tobacco harms.

This paper seeks to provide an overview of recent national and local activities relating particularly to vaping, and an understanding of the impact of vaping in Norfolk. The paper includes proposals for action to address the opportunities and challenges posed. The paper will make clear how we must continue to work together as a whole system to support Norfolk residents with effective interventions and targeted and appropriate advice and information on the different risks of smoking and vaping. This will include preventing uptake of smoking and vaping in children and young people, particularly amongst those at risk of starting vaping who have never smoked.

The proposals outline a range of system-wide and targeted activities which will be delivered in partnership with Trading Standards, Childrens' Services, members of the Norfolk Tobacco Control and Vaping Alliance, and the Children and Young People Strategic Alliance (CYP SA), aligned to both the FLOURISH and the Norfolk Tobacco Control Strategy.

Recommendations

The Select Committee is asked to:

1. Note the contents of the report.
2. To endorse the proposals made in the report by public health.
3. To consider any recommendations to Cabinet from the contents of the report.

Introduction

Vaping refers to the act of inhaling and exhaling vapour produced by electronic cigarettes or similar devices. Vaping is an effective tool to help existing smokers quit smoking and switching from smoking to vaping is a positive health move. Vaping is significantly less harmful than smoking because e-cigarettes do not burn tobacco and do not produce tar or carbon monoxide which are strongly associated with the development of a range of serious health conditions, such as lung cancer, heart disease and respiratory conditions.

E-cigarettes are considered a significantly safer alternative to smoking tobacco. Most e-cigarettes, though not all, commonly contain nicotine which is a highly addictive substance which should not be used by anyone under the age of 18, or non-smokers. The long-term health risks of vaping are unknown.

Vaping has featured prominently in public discussion this year, in particular with the government's new plan to create a smokefree generation and consultation to legislate to restrict the sale and marketing of e-cigarettes to children, and to restrict the sale of tobacco so that children born on or after 1 January 2009 can never be sold a cigarette.

The Chief Medical Officer Professor Sir Chris Whitty wrote succinctly for The Times in May 2023: "The key points about vaping (e-cigarettes) can be easily summarised. If you smoke, vaping is much safer; if you don't smoke, don't vape; marketing vapes to children is utterly unacceptable."

1. Background

1.1 Health

The latest evidence review from the Office for Health Improvement and Disparities (OHID) shows that in the short and medium term, vaping poses only a small fraction of the risks of smoking and their 2015 estimate that vaping is at least 95% less harmful than smoking remains broadly accurate ([OHID](#)).

High quality trials have found vapes to be an effective aid to quit smoking, and their use has been endorsed by a wide range of governmental and non-governmental health organisations ([ASH](#)). E-cigarettes have been in the UK

market for about 15 years, have proved popular as a quitting aid, and during this time they have not been associated with widespread health problems ([ASH](#)). Guidance from the National Institute for Health and Care Excellence (NICE) recommends local authority stop smoking services ensure nicotine-containing e-cigarettes are accessible to adults who smoke ([NICE](#)). E-cigarettes are available to smokers as part of Norfolk's stop smoking service Smokefree Norfolk.

For people who do not smoke, vaping is not recommended, vaping is not completely harmless and is therefore only recommended for adult smokers, to support quitting smoking and staying quit. We can say that vaping results in higher exposure to toxicants compared with not using any nicotine products. Flavours and higher nicotine concentrations might increase appeal and likelihood of dependency. This reinforces the need to discourage people who have never smoked from taking up vaping.

We will promote swapping smoking for vaping as a positive health move for existing smokers and to continue to provide e-cigarettes as part of our stop smoking service; by running high profile and targeted health promotion campaigns and continuing to invest in stop smoking services.

1.2 The data

Whilst data in Norfolk on vaping is limited, our Insight and Analytics team are able to extrapolate data from nationally representative surveys such as the Action on Smoking and Health (ASH) surveys on adults and young people, and the Opinions and Lifestyle Survey from the Office for National Statistics (OPN).

Vaping in Adults

In Great Britain in 2022, 5.2% of the Opinions and Lifestyle ([OPN](#)) survey sample aged 16 and over reported being current daily users of an e-cigarette. This is around 40,000 (5.2%) adults in Norfolk using e-cigarettes daily, up from 37,700 (4.9%) in 2021. This is higher than those reporting being occasional users, at around 27,000 (3.5%) in 2022.

If we contrast this with tobacco smoking prevalence, in Norfolk the smoking rate is 13.2% (equal to the East of England region at 13.2% and comparable to England at 12.9%). We know that those who live in the most deprived areas of Norfolk are more likely to smoke with smoking prevalence in those areas at 16.2% and in our least deprived areas fewer people smoke at 9.8%.

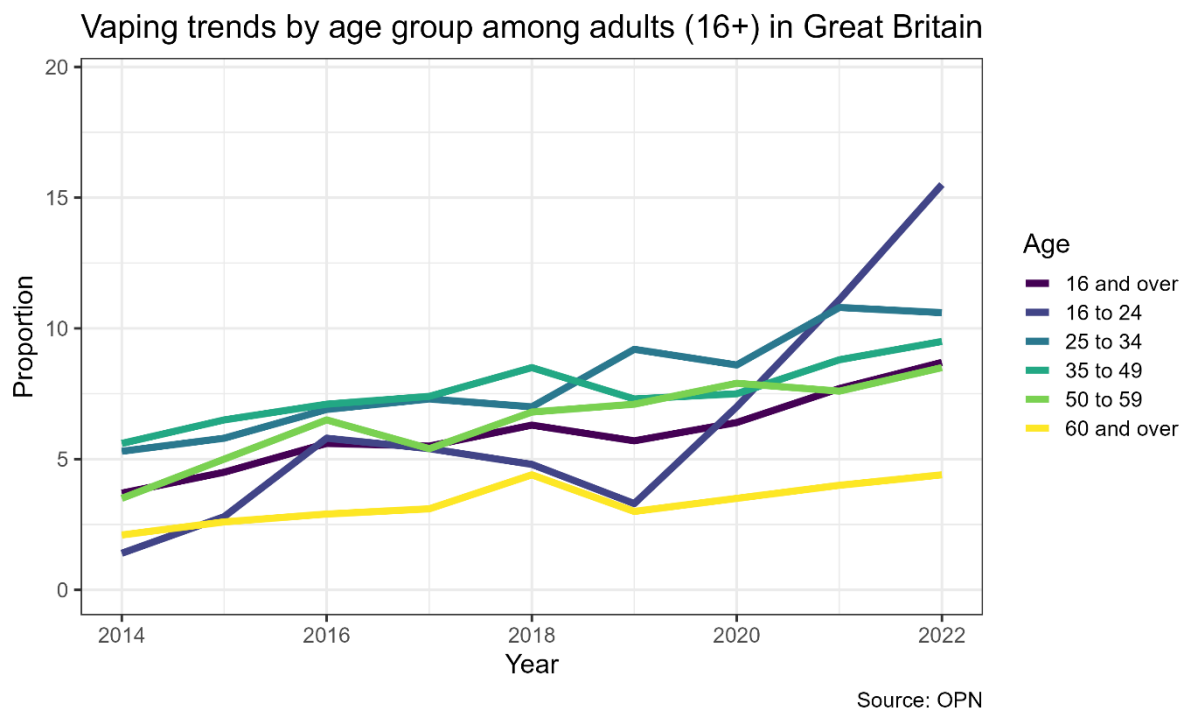
The smoking status of women at time of delivery is 11.6%, which is higher than the East of England region (8.7%) and also higher than the England average (8.8%) ([OHID](#)). To meet smokefree targets set by central government and by the Norfolk Tobacco Control Strategy of a 5% prevalence rate by the end of 2030, our task is to reduce the number of people currently smoking in Norfolk by around 62,000 people. E-cigarettes have an important role to play in many

people's quit journey.

Evidence is mounting that while cigarette smoking prevalence is decreasing, e-cigarette prevalence is increasing. Vaping is more prevalent among current cigarette users (27.1%) and ex-smokers (16.5%) (OPN). We can conclude it is likely that vaping is being used as a tool to help reduce cigarette smoking. However, e-cigarette prevalence is statistically increasing among those that have never smoked before: nationally 1.8% of those that never smoked report using an e-cigarette in 2022, up from 0.8% in 2021; in Norfolk this would be around 13,800 people.

E-cigarette use is increasing in the 16-24 age group the quickest, showing an increase of daily or occasional use from 11.1% in 2021 to 15.5% in 2022 (OPN). The prevalence of smoking traditional cigarettes is also decreasing the quickest in the young adult age groups; it may be that young adults are replacing cigarette smoking with vaping.

Figure one



Vaping in Children and Young People

Vaping is becoming increasingly common among children and young people across England and in Norfolk. From ASH survey data, we can estimate that 13,600 (20.5%) children aged 11-17 in Norfolk have tried vaping, and around 5,000 (7.6%) children aged 11-17 are current users. These figures have increased slightly from last year, after having doubled from 2021 to 2022.

Figure two ASH survey results vaping prevalence in numbers in children and young people applied to Norfolk's population.

Metric	Age Group	Number of Norfolk users 2023 (estimated)
Have tried vaping	11-17	13,600
Have tried vaping	11-15	7,200
Have tried vaping	16-17	6,200
Have tried vaping	18	3,600
Current users	11-17	5,000

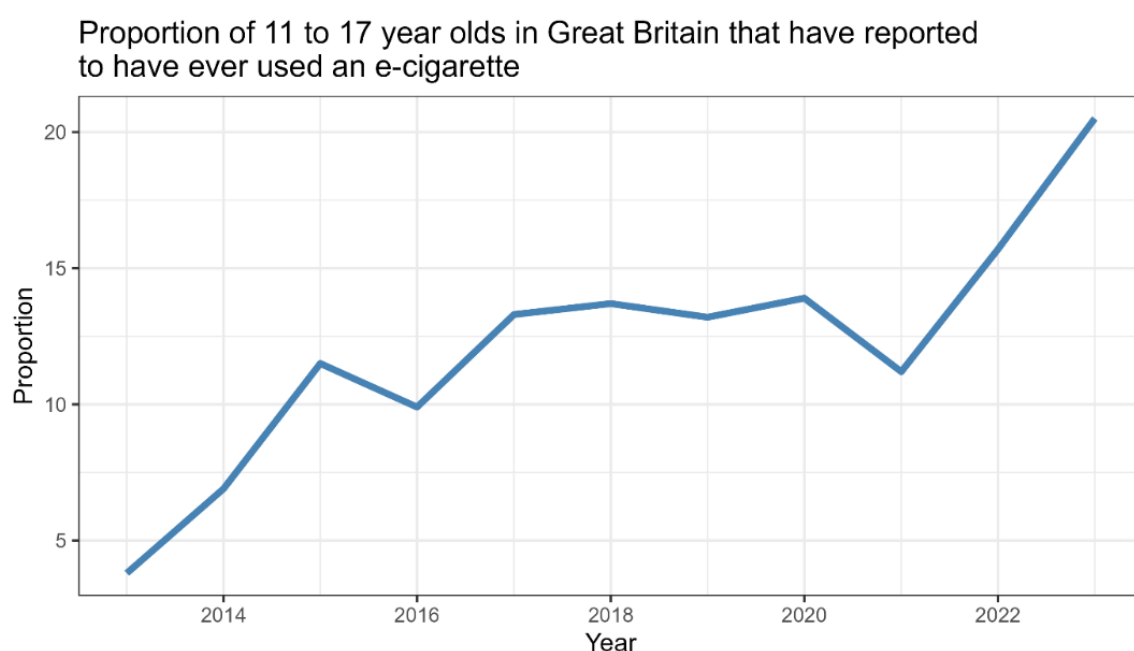
Figure three ASH survey results vaping prevalence in percentage terms children and young people nationally.

Metric	Age Group	National prevalence 2023 in %	National prevalence 2022 in %	National prevalence 2021 in %
Have tried vaping	11-17	20.5%	15.8%	11.2%
Have tried vaping	11-15	15%	10%	6.5%
Have tried vaping	16-17	34%	29%	23%
Have tried vaping	18	38%	41%	30%
Current users	11-17	7.6%	7%	3.3%

In England the use of disposable vapes among children has notably increased from less than 10% in 2021 to 70% in 2023 according to the ASH survey.

OPN survey data provides estimates for the 16-24 age group, it shows that 19,100 (21.6%) young people in that age bracket in Norfolk have tried vaping (which is up from 18.4% in 2021), around 5,200 (5.2%) are daily users (up from 3.9% in 2021). A further 9,000 young people aged 16-24 used E-cigarettes occasionally.

Figure four



Source: ASH

1.3 Public Perceptions

Both adult and youth perceptions of the differences in the risk of smoking are not consistent with the available evidence. The ASH survey reveals that one third of children correctly believe that e-cigarettes are less harmful than cigarettes, but that half of children incorrectly believe that vaping is as or more harmful than smoking. Amongst adult smokers, nearly four in ten incorrectly believe that vaping is more or equally harmful than smoking.

Media reports that youth vaping risks becoming a potential 'public health catastrophe' leading to 'a generation hooked on nicotine' are not substantiated by the evidence. The OHID evidence review suggests that perceptions around harm can influence subsequent vaping and smoking behaviour ([OHID](#)). Misunderstandings of the relative risks of vaping and smoking may result in smokers who swapped for vapes relapsing to smoking, or cigarettes and vapes being viewed as interchangeable activities of similar risk. As the Directors of Public Health of the East of England (ADPH EoE) have made clear, anxiety

over youth vaping is obscuring the fact that switching from smoking will be much better for an individual's health.

Communications interventions need to be carefully designed and evidence based. Communicating the impacts of vaping on health alone may not be enough to change the health behaviours of children and young people to stop the uptake of e-cigarettes. More effective communication about the risks of nicotine addiction, unlawful and underage sales, and illegal and unregulated vapes is necessary. The government's most recent command paper proposes investment of an additional £5 million this year and £15 million per year after, to fund new national anti-smoking campaigns ([GOV](#)). Education around the risks of vaping for children and young people will be delivered through educational resources rather than mass media campaigns.

In October 2023 Norfolk Childrens' Services developed a vaping toolkit for schools, providing high quality self-serve guidance and resources to help schools implement a whole-school approach to addressing the increasing challenge around vaping. The toolkit includes an audit tool so that schools can identify areas of good practice and areas for improvement, and an action plan which provides specific guidance and resources to support effective school development. The toolkit promotes measures to prevent and address vaping including: supporting staff to feel confident in their knowledge of vaping and its relative risks to smoking; creating an inclusive ethos and values around health & wellbeing and sustainability; teaching about vaping as part of Personal, Social, Health & Economic Education and within the wider curriculum, and ensuring all staff, children and young people (CYP) and families are aware of how to get support. The toolkit also provides a detailed step by step checklist for what to do if a vaping incident occurs with a focus on supporting CYP to stay in school.

Public Health will continue to work with colleagues in Childrens' Services, with head teachers and other representative organisations within the Children and Young People Strategic Alliance and under the FLOURISH principles: to develop and implement effective approaches to reduce the prevalence of smoking and vaping; to hear young people's voices through consultation and work with them to stop the upward trend amongst young people starting vaping who have never smoked.

1.4 The Law

Regulation

E-cigarettes and vaping products containing nicotine are age restricted products regulated by the Medicines and Healthcare products Regulatory Agency (MHRA) under the Tobacco and Related Products Regulations (TRPR). The regulations set minimum safety and quality standards for vapes and refills,

prohibit certain ingredients, and ensure that information is provided to the consumer ([GOV](#)).

Illegal vapes are vapes which do not meet the regulations:

- vapes are required to have tanks to a capacity of no more than 2ml;
- a nicotine strength of no more than 20mg/ml;
- and their labels display manufacturer details and health warnings.

Consumers can check that E-cigarette products have been successfully notified to the MHRA using the MHRA publication home page. Non-nicotine containing vape liquids, which are usually flavoured, are not regulated by the TRPR but by the General Product Safety Regulations (GPSR).

Sales and Advertising

It is illegal to sell nicotine vaping products to anyone under 18 or for adults to buy them on behalf of under-18s. It is not unlawful for an under-18 to vape.

Advertising of nicotine-containing vaping products on TV and radio, newspapers & magazines, online and social media is banned. Where marketing is allowed, they must not be likely to appeal to people under 18, and so must not reflect or be associated with youth culture, use characters likely to appeal to under 18s, feature people under 25 or who look under 25, or encourage non-smokers to use e-cigarettes. Public Health campaigns promoting vaping as an alternative to smoking are permitted.

The Chief Medical Officer Professor Sir Chris Whitty is particularly concerned that despite these restrictions there appear to be attempts by the manufacturing companies to addict children for profit by marketing products targeted specifically to children through colours, flavours and cheap disposable products ([GOV](#)). Trading Standards has seized products labelled with child-appealing characters and cartoons in shapes such as marker pens and drinks.

Compliance and Enforcement

The maximum penalty for selling a nicotine inhaling product to a person under 18 years is a fine of £2500. If convicted and further offences occur in a two-year period, Trading Standards can make an application to a Magistrates' Court for a restricted premises order and/or a restricted sales order. Test-purchasing undertaken by the Chartered Trading Standards Institute (CTSI) has found that around one third of shops knowingly sell to under-18s.

Norfolk's Trading Standards team works closely with Norfolk Police and district councils to enforce tobacco control legislation, carrying out operations such as test purchasing and premises inspections following receipt of intelligence which highlights concerns about the sale of illegal products from business. Ongoing inspections during 2023/2024 have resulted in the seizure and removal from the marketplace of thousands of non-compliant products; just under 12,000

illegal disposable vapes have been seized between April 2023 and November 2023.

1.5 Safety

Regulated vapes have met the standards of the MHRA so are safer to use than unregulated vapes which have not been registered with the MHRA. It is unlawful to sell unregulated vapes and their safety cannot be known.

Unregulated vapes can potentially contain unknown substances. The Chartered Trading Standards Institute (CTSI) is particularly concerned that the UK market has been flooded with non-compliant vapes. In spring 2023 CTSI revealed that based on test purchasing, around one third of vape products, equating to nearly £45million worth, may be non-complaint ([CTSI](#)).

A vape may not be legal because of having incorrect health warnings, wrong tank sizes, higher concentrations of nicotine, contain cannabidiol (CBD – a chemical found in marijuana), a combination of all the above, or other irregularities. Some unregulated vapes have been found to contain high levels of lead, nickel and chromium, substances which can affect the central nervous system and affect child brain development ([BBC](#)). There have been reports from the Police in 2023 that illegal substances have been found had been found inside modified vapes, and this is something that Public Health are monitoring.

The most substantial risk around vaping is associated with the use of non-compliant e-cigarettes and vaping products. Public Health will continue to work with colleagues in Trading Standards to highlight the risks associated with illegal vapes, to support them in their efforts to enforce tobacco control legislation and to work with responsible and reputable retailers; by disseminating accurate evidence-backed information and by exploring use of a trusted trader scheme.

1.6 The Environment

It is estimated by the non-profit organisation Material Focus that over 5 million single-use disposable vapes are thrown away in the UK every week, warning that single-use vapes are ‘a strong contender for being the most environmentally wasteful, damaging and dangerous consumer product ever made’ ([MF](#)). As well as the environmental impacts of littering and the risks of battery-related fires through incorrect disposal, single-use vapes contain valuable metals such as lithium and copper which can be reused.

The challenge is there are very few easy routes for residents to dispose of them safely. The main route of safe disposal is for vapes to be taken to a recycling centre, but many are branded as ‘disposable’ with no message on the packaging about how to dispose of or recycle them. This leads to a third of all

vapes being disposed of within residual waste. This method of disposal is dangerous as the lithium battery they contain has the potential to catch fire in commercial transfer stations or the back of refuse collection vehicle. Across the UK more than 700 fires in bin lorries and household waste recycling centres were caused by batteries in general waste.

The Norfolk Waste Partnership is working to highlight to residents the importance of disposing of vapes responsibly. The Norfolk Waste Partnership are working with Trading Standards and the Office of Product Safety and Standards to explore how retailers who sell vapes can be supported with their obligation to offer take back vapes and vape recycling schemes.

The cost of waste disposal falls to local authorities and the taxpayer. Colleagues in Norfolk Waste Partnership and Norfolk Fire and Rescue Service will continue to work together to address this issue.

1.7 Working in partnership

Norfolk Tobacco and Vaping Alliance

The Norfolk Tobacco Control and Vaping Alliance (NTCVA) is a Norfolk-wide multi-agency partnership meeting three times a year that works together under the Norfolk Tobacco Control Strategy as part of a plan for Norfolk to be 'smokefree' (which will be achieved when adult smoking prevalence falls to 5% or less) by 2030. In recognition of our increased focus on vaping the Norfolk Tobacco Control Alliance was renamed the Tobacco Control and Vaping Alliance in 2023.

Its aim is to work in partnership to focus on reducing smoking, sharing knowledge, and understanding of data and intelligence in relation to tobacco control, and to build an evidence base about vaping and other forms of nicotine and tobacco. The range of partners include Public Health, Trading Standards, NHS Trusts, ICB, Local Midwifery and Neonatal System, Norfolk Fire and Rescue, Police, University of East Anglia, Norfolk Children and Young People Strategic Alliance, Office for Health Improvement and Disparities, Community Pharmacy Norfolk, Third Sector and VCSE organisations.

UK Government

In October 2023 the Government presented to parliament a new plan to create a smokefree generation which recognises the vast majority of smokers wish they had never started, most of whom started in their teenage years or childhood. The proposals go some way towards implementing many of the recommendations made in the independent Khan Review: Making Smoking Obsolete.

The policy is one of the most significant public health interventions in a generation and proposes to make it an offence to sell tobacco products to anyone born on or after 1 January 2009; double the funding available to Local

Authority stop smoking services; consult on measures to curb the rise in youth vaping; increase funding for enforcement on illicit tobacco and e-cigarettes. A summary of the proposals is provided in Appendix 1.

The government's proposals were subject to consultation in November-December 2023, asking questions in the three main areas for which new legislation would be needed: creating a smokefree generation; tackling youth vaping, and new enforcement powers. The consultation wanted to understand the impact of the proposals, following which an impact assessment will be published. A bill will be presented to the current session of parliament ([GOV](#)).

Norfolk Public Health welcomes the government's announcement to create a smokefree generation and has provided a response to the consultation. Smoking is the single biggest preventable cause of ill-health, disability and premature death and is a modifiable behaviour. The vast majority of smokers wish they had never started, of which 80% started in their teenage years or childhood.

Association of Directors of Public Health East of England

The Association of Directors of Public Health East of England (ADPH EoE) have released a position statement on nicotine vaping, which supports the government's plan to create a smokefree generation. The position statement is published on the ADPH EoE website ([Information and Resources | ADPH East of England](#)) and is attached as appendix two.

2. Proposals

2.1 Public Health proposes the following:

- a) As lead partner of the Norfolk Tobacco Control and Vaping Alliance Public Health will continue to monitor and oversee the Norfolk Tobacco Control Strategy and Vaping delivery plan. We will drive progress against the plan through working groups and by influencing decision makers.
- b) Public Health will promote swapping smoking for vaping as a positive health move for existing smokers and will continue to provide e-cigarettes as part of our stop smoking service. We will run high profile and targeted health promotion campaigns and continue to invest in stop smoking services.
- c) Public Health will continue to work with colleagues in Children's Services, with Head Teachers and other representative organisations within the Children and Young People Strategic Alliance and under the FLOURISH principles to develop and implement effective approaches reduce the prevalence of smoking and vaping; to hear young people's voices through consultation and work with them to stop the upward trend amongst young people starting vaping who have never smoked.

- d) Public Health will continue to work with colleagues in Trading Standards to highlight the risks associated with illegal vapes, to support them in their efforts to enforce tobacco control legislation and to work with responsible and reputable retailers; by disseminating accurate evidence-backed information and by exploring use of a trusted trader scheme.

3. Impact of the Proposal

- 3.1 The proposals will support Norfolk residents to achieve 'healthy, fulfilling, and independent lives' through a range of activities that reduce preventable illness and deaths from smoking tobacco and the illicit trade in tobacco and vaping products.
- 3.2 The proposals will positively contribute to reducing smoking prevalence rates in Norfolk by increasing the numbers of people swapping from smoking to vaping.
- 3.3 The proposals will influence vaping and smoking behaviours by communicating more effectively the differences in the risks of smoking and vaping.
- 3.4 The proposals will support the development of effective approaches across settings in Norfolk to reduce smoking and vaping prevalence among children and young people. Reinforcing clear messages and raising awareness that those who have never smoked should not vape.

4. Evidence and Reasons for Decision

- 4.1 In Norfolk and Waveney, smoking causes over 10,000 hospital admissions and over 1,200 deaths annually in people aged 35 years and over in Norfolk; smoking is the leading modifiable risk factor for poor birth outcomes; smoking is the leading cause of the 10–20 year reduction in life expectancy for people with Severe Mental Illness; around 86% of all lung disease deaths are caused by smoking and smoking is the leading preventable cause of cancer and responsible for 27% of cancer deaths.
- 4.2 The All-Party Parliamentary Group on Smoking and Health estimated in November 2023 that the true costs of smoking to UK public finances is £21 billion, being nearly double tobacco tax revenues. The full cost is estimated to be £89.3 billion, carried by NHS, social care, businesses, and the wider economy (ASH). These financial costs impact on individuals especially those from more deprived areas. In Norfolk the economic cost of smoking to society is estimated to be around £308.5 million annually (ASH).
- 4.3 Vaping is substantially less harmful than smoking and is an effective quit tool; swapping from smoking to vaping is a positive health move and this proposal will reduce the health and economic burden to Norfolk residents.

5. Alternative Options

- 5.1 None proposed at this time. These proposals would ensure we remain aligned with regional and national approaches.

6. Financial Implications

- 6.1 Norfolk currently spends approximately £1 million on stop smoking services and will have an additional £1.3 million to spend as part of the recent government announcement to create a smokefree generation ([GOV](#)). Any further financial requirements will be met from this budget.

7. Resource Implications

7.1 Staff:

The campaign will be supported by existing staff from within the Public Health and relevant teams.

7.2 Property:

N/A

7.3 IT:

N/A

8. Other Implications

8.1 Legal Implications:

N/A

8.2 Human Rights Implications:

N/A

8.3 Equality Impact Assessment (EqIA) (this must be included):

See separate document.

8.4 Data Protection Impact Assessments (DPIA):

N/A

8.5 Health and Safety implications (where appropriate):

N/A

8.6 Sustainability implications (where appropriate):

N/A

8.7 Any Other Implications:

N/A

9. Risk Implications / Assessment

9.1 No additional risks have been identified.

10. Recommendations

The Select Committee is asked to:

1. Note the contents of the report
2. To endorse the proposals made in the report by Public Health
3. Review and comment on the approach.

11. Background Papers

11.1 None

Officer Contact

If you have any questions about matters contained within this paper, please get in touch with:

Officer name: Ciceley Scarborough, Acting Consultant in Public Health

Telephone no.: 01603 222741

Email: ciceley.scarborough@norfolk.gov.uk



If you need this report in large print, audio, braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

Appendix 1 – Summary of UK Government Smokefree Generation proposals.

In October 2023 the Government presented to parliament a [new plan to create a smokefree generation](#). The policy is one of the most significant public health interventions in a generation, and in summary proposes to:

- **stop the start:** to make it an offence to sell tobacco products to anyone born on or after 1 January 2009. In effect, anyone who is 14 years of age this year will never lawfully be able to purchase cigarettes and will raise the smoking age by a year each year until it applies to the whole population. The proposal has the potential to phase out smoking in young people almost completely as early as 2040. It could mean up to 1.7 million fewer people smoke by 2075 and has the potential to avoid up to 115,000 cases of strokes, heart disease, lung cancer and other lung diseases.
- **support people to quit:** by doubling the funding available for local stop smoking services. The additional funding has been calculated according to smoking prevalence over a three year period: the additional funding allocated to Norfolk is £1.3million ([GOV](#)).
- **curb the rise in youth vaping:** by [consulting](#) (now closed) on specific measures to reduce the appeal and availability of vapes to children, such as: restricting the flavours and descriptions of vapes so that vape flavours are no longer targeted at children, but remain available for adult smokers; regulating vape packaging and shop displays so that vapes are kept out of sight from children and away from products that appeal to them, such as sweets; introducing an age-restriction for non-nicotine vapes; closing loopholes in the law which allow children to get free samples and buy non-nicotine vapes; restricting the sale of disposable vapes which are clearly linked to the rise in youth vaping and are harmful to the environment.
- **strengthen enforcement activity:** by increasing funding for enforcement on illicit tobacco and e-cigarettes by £30 million from next year; by introducing new powers for Trading Standards teams to issue on-the-spot fines to rogue retailers who sell tobacco products or vapes to people underage; tracking down illicit tobacco and vaping products, and enhance online age verification so that age of sale law is enforced across both online and face-to-face sales.

Appendix 2 – Summary of ADPH East of England Position Statement on Vaping

In October 2023 the Association of Directors of Public Health East of England released a position statement on vaping, which reiterates six key messages summarised below:

- Tobacco remains the single biggest cause of preventable illness and death worldwide and is a significant driver of health inequalities; it is a priority to reduce the number of people who smoke a known uniquely lethal product.
- The evidence is clear that, for smokers, vaping is a much less harmful option posing a small fraction of the risks of smoking; it must be ensured that vaping is an affordable and accessible alternative for smokers who want to reduce their risk of dying from a smoking-related disease.
- ADPH East of England support the government's plan to create a smokefree generation, which critically identifies the important role vapes play in helping adult smokers to quit smoking.
- Vaping is not risk-free, and vaping must be presented as an alternative to, or replacement for smoking, not a recreational activity which is appealing to the wider non-smoking population.
- Vaping is not for children and marketing vapes to children is utterly unacceptable; social norms for children and young people should be shifted away from vapes, and the number of children and young people accessing vapes reduced. ADPH East of England will advocate for tighter regulations where needed, ensuring the right balance between protecting young people and supporting smokers to quit.
- ADPH East of England support the delivery of evidence-based communications to widen understanding that switching to vaping is a significantly less harmful option than continuing to smoke, as anxiety over youth vaping is obscuring the fact that switching from smoking will be much better for an individual's health.



Norfolk County Council

Norfolk's Approach to Vaping

Use this template to complete your equality impact assessment.

Prompts are included in the template.

[Guidance is available here.](#)

Equality Impact Assessment – Findings and Recommendations

27 November 2023

**Dr David Thurkettle, Public Health Principal,
Prevention.**

Equality impact assessments enable decision-makers to consider the impact of proposals on people with protected characteristics.

You can update an assessment at any time to inform service planning and commissioning. For help or information please contact equalities@norfolk.gov.uk

1. The proposals as part of the vaping delivery plan and Tobacco Control Strategy:

Public Health proposes the following:

- a) As lead partner of the Norfolk Tobacco Control and Vaping Alliance Public Health will continue to monitor and oversee the Norfolk Tobacco Control Strategy and vaping delivery plan. We will drive progress against the plan through working groups and by influencing decision makers.
- b) Public Health will promote swapping smoking for vaping as a positive health move for existing smokers and will continue to provide e-cigarettes as part of our stop smoking service. We will run high profile and targeted health promotion campaigns and continuing to invest in stop smoking services.
- c) Public Health will continue to work with colleagues in Childrens' Services, with Head Teachers and other representative organisations within the Children and Young People Strategic Alliance and under the FOURISH principles to develop and implement effective approaches to reduce the prevalence of smoking and vaping; to hear young people's voices through consultation and work with them to stop the upward trend amongst young people starting vaping who have never smoked.
- d) Public Health will continue to work with colleagues in Trading Standards to highlight the risks associated with illegal vapes, to support them in their efforts to enforce tobacco control legislation and to work with responsible and reputable retailers; by disseminating accurate evidence-backed information and by exploring use of a trusted trader scheme.

2. Legal context

- a. Public authorities are required by the Equality Act 2010 to give due regard to equality when exercising public functions¹. This is called the 'Public Sector Equality Duty'.
- b. The purpose of an equality impact assessment is to consider the potential impact of a proposed change or issue on people with protected characteristics (see Annex 1 for information about the different protected characteristics).
- c. If the assessment identifies any detrimental impact, this enables mitigating actions to be developed.
- d. It is not always possible to adopt the course of action that will best promote the interests of people with protected characteristics. However, equality assessments enable informed decisions to be made that take every opportunity to minimise disadvantage.

3. Information about the people affected by the proposal

- a. This proposal will impact all smokers and vapers in Norfolk. This includes residents, service users and/or staff with a range of protected characteristics, in relation to

disability, sex, gender reassignment, marital or civil partner status, pregnancy and maternity, race, religion/belief, age and sexual orientation.

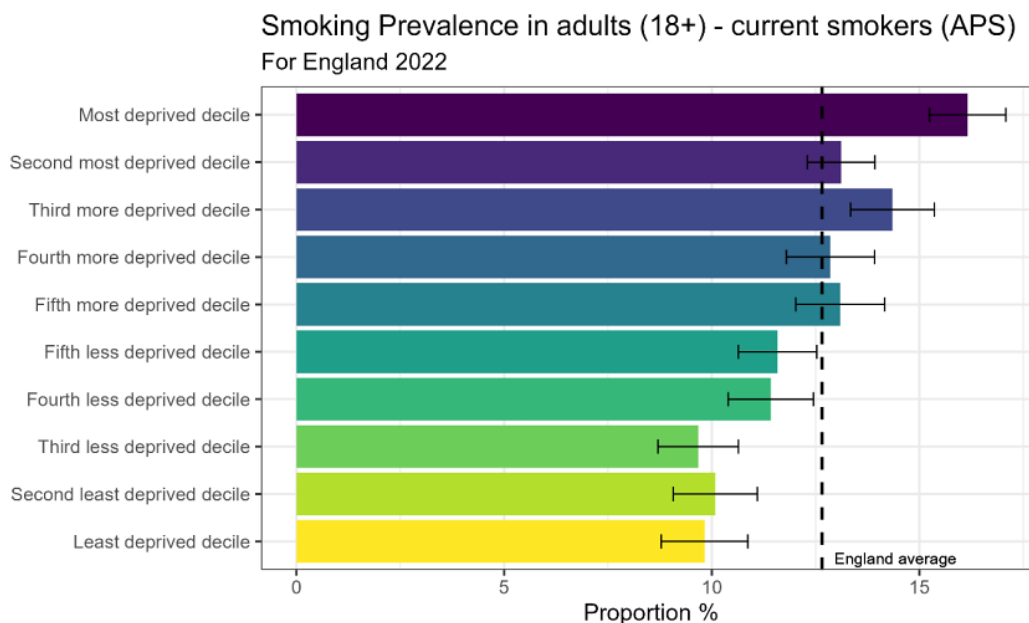
- b. Norfolk has a population of around 920,000 people (2021 census): Around 750,000 or 82% are adults; around 170,000 are under 18 years old.
- c. According to the Annual Population Survey 2022, around 13% of Norfolk adults smoke (around 99,350 people). This is similar to the national average.
- d. Norfolk-specific data is not available for e-cigarette use, but data can be extrapolated from nationally representative surveys.
 - i. In Great Britain in 2022, 5.2% of the [Opinions and Lifestyle Survey](#) sample aged 16 and over reported being current daily users of an e-cigarette. This is around 40,000 (5.2%) Norfolk adults using e-cigarettes daily.
 - ii. From [ASH](#) survey data we can estimate that 13,600 (20.5%) children aged 11-17 in Norfolk have tried e-cigarettes, and around 5,000 (7.6%) children aged 11-17 are current users.
- e. There is currently limited evidence on the impact of vaping on inequalities in smoking. OPN and ASH surveys indicate that use of e-cigarettes is largely confined to current and ex-smokers; smoking data related to priority populations is likely therefore to be relevant to vapers.

f. **Smokers in Norfolk by District.**

District	Smoking rate (%)	Estimated number of adult smokers	How many fewer to reach 5%
Breckland	12.2	14,100	8,400
Broadland	8.2	8,850	3,450
Great Yarmouth	17.6	14,250	10,200
King's Lynn and West Norfolk	16.7	21,150	14,900
North Norfolk	15.4	13,500	9,150
Norwich	13.5	15,850	10,100
South Norfolk	9.3	10,650	5,000
Norfolk	13.2	99,350	61,800

- g. In Norfolk, more men smoke than women (14% compared to 12%)
- h. Smoking rates for different age groups in Norfolk is not available. National data, however, shows highest rates in those aged 25-29 (16%), with the numbers decreasing for older age groups. Those aged 65 and over smoke less than the England average.
- i. Smoking rates are higher in areas of greater deprivation. Nationally, people in the most deprived areas have a smoking prevalence of 16%, compared to 10% for those in the least deprived areas.
- j. Smoking rates vary by socioeconomic status. In Norfolk:
 - i. around 1 in 4 people in routine and manual occupations smoke
 - ii. around 1 in 5 of those under 'intermediate' occupations (eg sales, administration, services and some technical jobs) smoke

- iii. around 1 in 12 people falling under 'management and professional occupations' smoke.
- k. Around 1 in 3 people living in social housing smoke. This is much higher than those who own their homes where around 1 in 11 smokes. Smoking rates for those who rent privately fall between the two groups.
- l. Nationally, smoking rates are highest among white (13%) and mixed (17%) ethnic groups. Smoking rates are below the England average for black (8%), Asian (7%) and Chinese (5%) ethnic groups.
- m. Those with no religion have consistently had the higher prevalence of smoking at 15% in 2022. People that are part of the six most common religions all have significantly lower prevalence than the national average.
- n. Smoking rates are higher in those who have mental health issues and in Norfolk nearly one in four people with a long term mental health condition smoke.
- o. Data from 2018 indicates that smoking prevalence is higher in LGBTQ+ groups.
- p. Smoking disproportionately affects those in the most deprived areas as they have higher smoking prevalence. Those living in areas of greater deprivation face a higher burden of disease and worse health outcomes compared to people in the more affluent areas. Nationally, the people in the relatively most deprived areas have a smoking prevalence of 16.2%, compared to 9.8% for those in the relatively most affluent areas.



4. Potential impact

- a. The proposals will aim to reduce smoking prevalence at a population level which will reduce the health and economic burdens in all groups and socio-economic deciles. Based on the evidence available, this proposal is likely to have a positive impact on all current smokers and those at risk of trying smoking.
- b. There is a risk that smokers in areas of lower deprivation with a higher educational attainment swap to vaping at a quicker or higher rate than smokers in deprived areas with lower educational attainment, which may increase relative prevalence rates.

This is a risk because higher educational attainment is associated with smoking cessation levels ([PubMed 2021](#)).

- c. However a recent study ([BMJ 2023](#)) has shown that whilst smokers without degrees were less likely to stop smoking than those with a degree and more likely to relapse, this inequality in smoking cessation was not present among regular vapers and inequalities in smoking relapse did not clearly differ by vaping status. Vaping may be especially helpful as a cessation aid for smokers without degree level education and therefore may help reduce inequalities in smoking.
- d. To ensure that a reduction in smoking prevalence and vaping uptake is seen across all priority populations, we will undertake a proportionate universalist approach in targeting campaigns and commissioned stop smoking services to ensure that messages are heard by, and services are delivered to, cohorts at a scale and intensity proportionate to their level of need. This approach should result in a decrease in smoking prevalence across all socio-economic deciles and other groups.

5. Evidence used to inform this assessment

- [Equality, Diversity and Inclusion Policy](#)
- Norfolk's JSNA
- Demographic factors set out in [Norfolk's Story August 2023 \(norfolkinsight.org.uk\)](#)
- Norfolk County Council [Area Reports](#) on Norfolk's JSNA relating to protected characteristics
- Equality Act 2010 and Public Sector Equality Duty codes of practice
- [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](#)
- Intelligence and analysis as cited in the report.

6. Further information

For further information about this equality impact assessment please contact **Dr David Thurkettle, Public Health Principal, Prevention**
david.thurkettle@norfolk.gov.uk.



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Annex 1 – table of protected characteristics

The following table sets out details of each protected characteristic. Remember that people with multiple characteristics may face the most barriers:

Characteristic	Who this covers
Age	Adults and children etc, or specific/different age groups
Disability	<p>A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.</p> <p>This may include but is not limited to:</p> <ul style="list-style-type: none"> • People with mobility issues (eg wheelchair or cane users, people of short stature, people who do not have mobility in a limb etc) • Blind and partially sighted people • People who are D/deaf or hearing impaired • People with learning disabilities • People who have mental health issues • People who identify as neurodiverse (this refers to neurological differences including, for example, dyspraxia, dyslexia, Attention Deficit Hyperactivity Disorder, the autistic spectrum and others) • People with some long-term health conditions which meet the criteria of a disability.
People with a long-term health condition	People with long-term health conditions which meet the criteria of a disability.
Gender reassignment	<p>People who identify as transgender (defined as someone who is proposing to undergo, is undergoing, or has undergone a process or part of a process to reassign their sex. It is not necessary for the person to be under medical supervision or undergoing surgery).</p> <p>You may want to consider the needs of people who identify as non-binary (a spectrum of gender identities that are not exclusively masculine or feminine).</p>
Marriage/civil partnerships	People who are married or in a civil partnership. They may be of the opposite or same sex.
Pregnancy and maternity	Maternity refers to the period after birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination

Characteristic	Who this covers
	is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
Race	<p>Race refers to a group of people defined by their race, colour, or nationality (including citizenship) ethnic or national origins.</p> <p>A racial group can be made up of two or more distinct racial groups, for example a person may identify as Black British, British Asian, British Sikh, British Jew, Romany Gypsy or Irish Traveller.</p>
Religion/belief	<p>Belief means any religious or philosophical belief or no belief. To be protected, a belief must satisfy various criteria, including that it is a weighty and substantial aspect of human life and behaviour. Denominations or sects within a religion can be considered a protected religion or religious belief.</p>
Sex	<p>This covers men and women. Also consider the needs of people who identify as intersex (people who have variations in sex characteristics) and non-binary (a spectrum of gender identities that are not exclusively masculine or feminine).</p>
Sexual orientation	<p>People who identify as straight/heterosexual, lesbian, gay or bisexual.</p>

Document review

Reviewed and updated:	Reviewer
October and November 2016	Corporate Planning & Partnerships Manager
December 2017	Equality & Diversity Manager
October 2018	Equality & Diversity Manager
May and November 2019	Equality & Diversity Manager
May and November 2020	Equality & Diversity Manager
June and September 2021	Head of Equality, Diversity and Inclusion

¹ The Act states that public bodies must pay due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
- Advance equality of opportunity between people who share a relevant protected characteristic¹ and people who do not share it;
- Foster good relations between people who share a relevant protected characteristic and people who do not share it.

[The full Equality Act 2021 is available on legislation.gov.uk.](https://www.legislation.gov.uk)

People and Communities Committee

Norfolk's approach to Vaping

Ciceley Scarborough, Acting Consultant in Public Health (Healthy Lifestyles)

Sophie Leney, Head of Trading Standards

19th January 2023

Vaping in Norfolk

The accompanying paper sets out our position on vaping in Norfolk

The Committee is asked to:

1. Note the contents of the report
2. Endorse the proposals made in the report by public health
3. To consider any recommendations to Cabinet from the contents of the report

Vaping summed up by our Chief Medical Officer

The Chief Medical Officer for England Professor Sir Chris Whitty [wrote succinctly for The Times in May 2023:](#)

“The key points about vaping (e-cigarettes) can be easily summarised. If you smoke, vaping is much safer; if you don’t smoke, don’t vape; marketing vapes to children is utterly unacceptable.”

Vaping in Norfolk

New legislation – a smokefree generation

In October 2023, the Government presented to parliament a [new plan to create a smokefree generation](#).

The policy is one of the most significant public health interventions in a generation, and in summary proposes to:

- **Stop the start:** legislation will make it an offence to sell tobacco products to anyone born on or after 1 January 2009. Anyone who is 14 years of age in 2023 will never lawfully be able to purchase cigarettes and will raise the smoking age by a year each year until it applies to the whole population.
- **Support people to quit:** funding will be doubled for local stop smoking services. The additional funding allocated to Norfolk is £1.3million ([GOV](#)).
- **Curb the rise in youth vaping:** there has been a consultation about measures to reduce the appeal and availability of vapes to children, restricting flavours and descriptions of vapes so they are not targeted at children. Vapes will remain available for adult smokers. Regulation packaging and displays to keep out of sight of children. Age-restriction for non-nicotine vapes. Closing loopholes in the law which allow children to have free samples. Restricting sale of disposable vapes which are harmful to the environment.
- **Strengthen enforcement activity:** by increasing funding for enforcement on illicit tobacco and e-cigarettes by £30 million from next year; by introducing new powers for Trading Standards teams to issue on-the-spot fines to rogue retailers who sell tobacco products or vapes to people underage; tracking down illicit tobacco and vaping products and enhance online age verification so that age of sale law is enforced across both online and face-to-face sales.

Vaping in Norfolk

Vaping in adults

Whilst we do not have Norfolk specific figures about vaping, we can use national surveys from trusted sources such as the Opinions and Lifestyle Survey (OPN) survey to estimate numbers of adults vaping in Norfolk.

Based on Opinions and Lifestyle (OPN) survey results for over 16-year-olds in Great Britain 5.2% reported being currently daily users of an e-cigarette

13.2% of adults aged 18 and over in Norfolk smoke, that is 99,400 people

Vaping remains a valuable tool to help adults quit smoking

In Norfolk this equates to 40,000 adults in Norfolk using e-cigarettes daily

Vaping in Norfolk

Children and Young people and vaping

Whilst we do not have Norfolk specific figures about vaping, we can use national surveys from trusted sources such as ASH to estimate numbers of adults and young people vaping in Norfolk.

The prevalence of smoking traditional cigarettes is decreasing the quickest in the young adult age groups; it *may* be that young adults are replacing cigarette smoking with vaping.

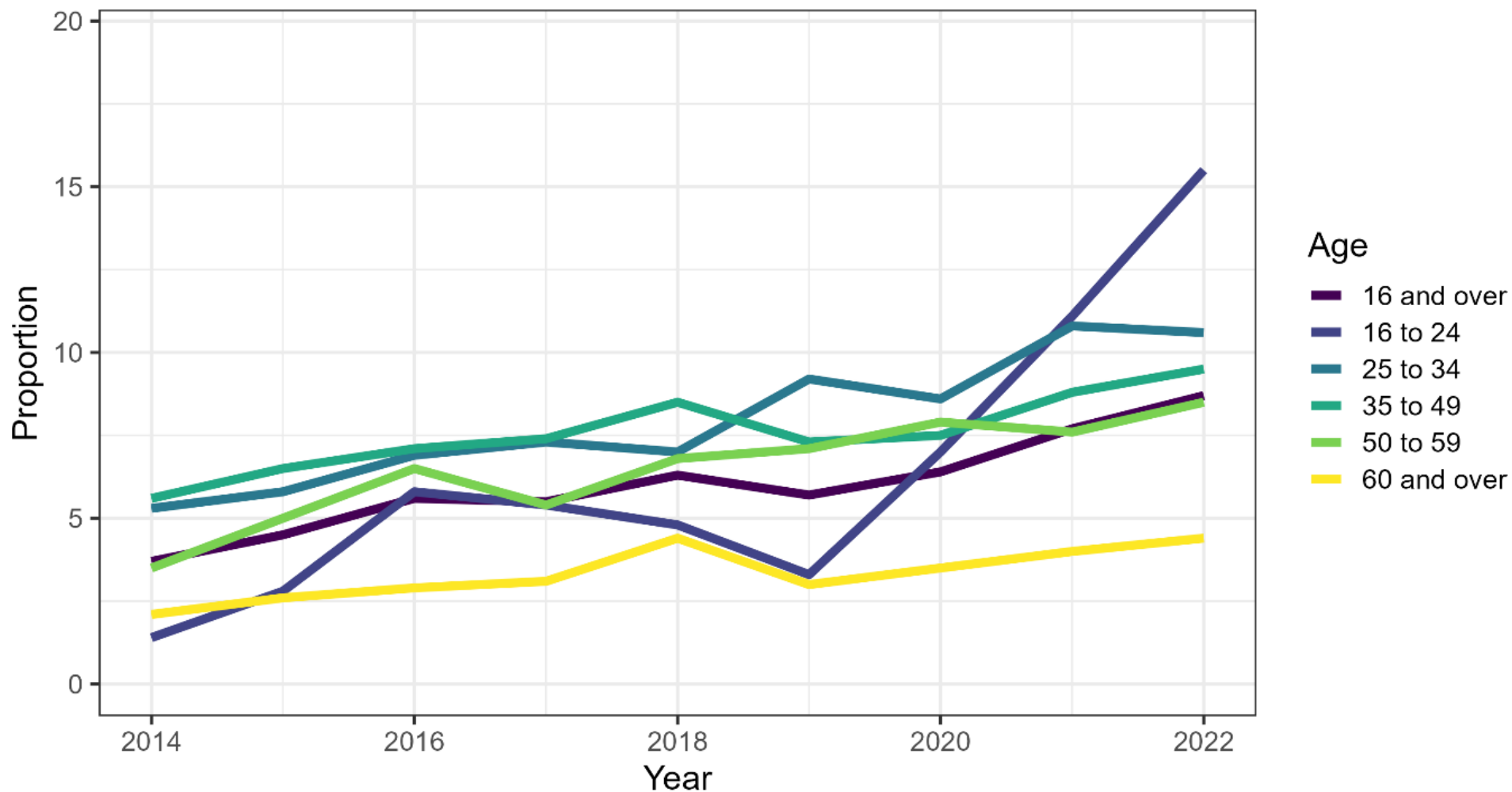
Around 13,600 in
Norfolk
11–17-year-olds have
tried vaping

Around 5,000
11–17-year-olds
are current vapers

E-cigarette use is
increasing in the 16-
24 age group the
quickest from, 11.1%
in 2021 to 15.5% in
2022

Vaping in Norfolk

Vaping trends by age group among adults (16+) in Great Britain



Vaping in Norfolk

Working in partnership

The Norfolk Tobacco Control and Vaping Alliance (NTCVA)

Chair – Ciceley Scarborough, Acting Consultant in Public Health (Healthy Lifestyles)

Members: Chaired by Public Health, Trading Standards, NCC Comms, District, City and Borough Council Environmental Health Services, NCC Fire and Rescue Services, Norfolk Police, Norfolk Children and Young People Strategic Alliance, Office for Health Improvement and Disparities, Voluntary Norfolk, Community Action Norfolk, Smoke Free Norfolk provider, Local Pharmacy Committee, University of East of England, Integrated Care Board, NHS Community Trusts, Norfolk Foundation Trust, Norfolk Healthy Child Programme, Primary Care, Local Maternity and Neonatal System, Housing associations, and user groups.

Subgroup – Children and Young People

Chair – Cindy Marsh, Consultant in Public Health

Subgroup – Smoking in Pregnancy

Chair Nicola Lovett Head of Local Maternity & Neonatal Service, ICB

Vaping in Norfolk

The Norfolk Tobacco Control and Vaping Alliance (NCTVA)

- All partners are working together to reduce rates of smoking in Norfolk. In recognition of vaping becoming a key topic, the Norfolk Tobacco Control Alliance was renamed the Norfolk Tobacco Control and Vaping Alliance in 2023.
- The NCTVA monitors and oversees the Norfolk Tobacco Control Strategy as part of a plan for Norfolk to be 'smokefree' (which will be achieved when adult smoking prevalence falls to 5% or less) by 2030.
- In recognition of vaping becoming a key topic the NCTVA has produced a vaping delivery plan which includes work to promote education and provision of current information about vaping, working in partnership together, monitoring current data and evidence about vaping.

Vaping in Norfolk

Enforcement

By law, eCigarettes/vaping products containing nicotine must:

- Be notified to the Medicines and Healthcare products Regulatory Agency (MHRA)
- Not be sold to under 18s
- Not contain prohibited ingredients, such as caffeine
- Have tank capacities not exceeding 2ml
- Have a nicotine strength not exceeding 20mg/ml
- Be labelled with manufacturer details and health warnings.

Vaping in Norfolk

Enforcement

Intelligence-led enforcement:

- Business advice
- Underage sales test purchasing
- Inspection (67 visits in 2023)
- Joint operations with Norfolk Constabulary
- Seizure of illegal products (16,508 in 2023)
- Closure orders (secured by police or district council)
- Termination of tenancies (working with landlords)
- Prosecutions.

Vaping in Norfolk

Children and Young People

The Early Intervention and Prevention Team support schools to work with CYP to understand their lifestyle behaviors. They have:

- Supported colleagues in Public Health to develop and secure broadly representative engagement with the Flourish Survey
- Provide advice and guidance to enable schools to develop a needs-led, effective approach towards their Relationships, Sex and Health Education curriculum
- Developed a thematic toolkit, with collaborative and multi-disciplinary input to help schools and colleges prevent and respond to incidents of vaping.

Vaping in Norfolk

The environment and safety

- Over 5 million single use disposable vapes are thrown away in the UK each week
- As well as the environmental impact of littering there are risks of battery-related fires through incorrect disposal
- The Norfolk Waste Partnership, and Norfolk Fire and Rescue Service are continuing to work together with Trading Standards and the Office of Product Safety to work with vape retailers to encourage vape recycling schemes.

Vaping in Norfolk

Public Health are proposing:

- a) As lead partner of the Norfolk Tobacco Control and Vaping Alliance Public Health will continue to monitor and oversee the Norfolk Tobacco Control Strategy and vaping delivery plan. We will drive progress against the plan through working groups and by influencing decision makers.
- b) Public Health will promote swapping smoking for vaping as a positive health move for existing smokers and will continue to provide e-cigarettes as part of our stop smoking service. We will run high profile and targeted health promotion campaigns and continue to invest in stop smoking services.
- c) Public Health will continue to work with colleagues in Childrens' Services, with Head Teachers and other representative organisations within the Children and Young People Strategic Alliance and under the FLOURISH principles to develop and implement effective approaches to reduce the prevalence of smoking and vaping; to hear young people's voices through consultation and work with them to stop the upward trend amongst young people starting vaping who have never smoked.
- d) Public Health will continue to work with colleagues in Trading Standards to highlight the risks associated with illegal vapes, to support them in their efforts to enforce tobacco control legislation and to work with responsible and reputable retailers; by disseminating accurate evidence-backed information and by exploring use of a trusted trader scheme.

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Vaping in Norfolk

Thank you
Questions?



People and Communities Forward Work Programme, 2024-25

Date	Report	Issues for consideration	Cabinet Member	Exec Director
15 March 2024	Sexual and Reproductive Health Services in Norfolk		Cllr Bill Borrett	Stuart Lines
	Home to School Transport		Cllr Penny Carpenter	Sara Tough
	Fostering Transformation		Cllr Penny Carpenter	Sara Tough
17 May 2024				
19 July 2024				
27 September 2024				
22 November 2024				
24 January 2025				
21 March 2025				

Items to be scheduled:

- Task and finish group to consider how a code of conduct can be agreed to govern discussion of sensitive issues – **Month TBC**
- Carers Strategy – **Month TBC**
- processes in place around new foster carers and re-registration of returning foster carers – **Month TBC**