



**North Tyneside Council**

# Caring Sub- committee

Monday, 20 November 2023

**Tuesday, 28 November 2023** 0.01 Chamber – Quadrant, The Silverlink North,  
Cobalt Business Park, North Tyneside, NE27 0BY commencing at 6.00 pm.

Agenda Item	Page
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1. **Apologies for Absence**

To receive any apologies for absence.

2. **Appointment of Substitute Members**

To be notified of the appointment of Substitute Members.

3. **Declarations of Interest or Dispensations**

You are invited to declare any registerable and/or non registerable interests in matters appearing on the agenda, and the nature of that interest.

You are also invited to disclose any dispensation in relation to any registerable and/or non-registerable interests that have been granted to you in respect of any matters appearing on the agenda.

Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.

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<b>Agenda Item</b>	<b>Page</b>
<b>4. Minutes</b>	<b>5 – 12</b>
To Confirm the minutes of the meeting held on 28 September 2023.	
<b>5. Direct Payments</b>	<b>13 – 32</b>
To receive a presentation on Direct Payments and support for carers.	
<b>6. Stopping the Start: A Smoke Free Generation</b>	<b>33 – 50</b>
To consider the attached briefing note which provides an update on the national plan ‘Stopping the start: our new plan to create a smokefree generation’, and the supporting government consultation ‘Creating a smokefree generation and tackling youth vaping’.	
<b>7. Adult Social Care Dashboard</b>	<b>51 – 52</b>
<b>8. Work Programme 2023-24</b>	
To receive a verbal update on the work programme and to consider items for the next meeting.	

**Circulation overleaf ...**

## Members of the Caring Sub-committee

Councillor Jane Shaw (Chair)

Councillor Liam Bones

Councillor Michelle Fox

Councillor Andy Holdsworth

Councillor Louise Marshall

Councillor Martin Murphy

Councillor Gary Bell

Councillor Julie Cruddas

Councillor Tracy Hallway

Councillor Joe Kirwin

Councillor Pam McIntyre

Councillor Tricia Neira

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# Public Document Pack Agenda Item 4

## Caring Sub-committee

Thursday, 28 September 2023

Present: Councillor J Shaw (Chair)  
Councillors G Bell, J Cruddas, A Holdsworth,  
J Kirwin, L Marshall, P McIntyre, M Murphy and  
T Neira

In attendance:  
Councillors K Clark and Janet Hunter

Apologies: Councillors M Fox, L Arkley and T Hallway

### **C11/23 Appointment of Substitute Members**

There were no substitute members.

### **C12/23 Declarations of Interest or Dispensations**

There were no declarations of interest.

### **C13/23 Minutes**

**Resolved:** That the minutes of the meeting held on 27 July 2023 be agreed as a correct record.

### **C14/23 Council Support for Unpaid Carers**

The Sub-committee received a presentation from Adam Graham, Principal Social Worker (Adults), which set out the support the Council provides for unpaid carers.

It was noted that the Council has an Equally Well Strategy that is a high-level plan to tackle health inequalities in North Tyneside. Given that carers experience significant inequalities, being more likely to experience poverty, unemployment

and poor mental and physical health, support for unpaid carers in an important part of achieving progress towards the ambitions of Equally Well.

The Sub-committee noted the work of the North Tyneside Carers' Partnership Board which is responsible for raising awareness and improving health and social care services for carers in North Tyneside. The Board's membership includes decision makers from NHS providers, North Tyneside Council, Local voluntary sector organisations, North Tyneside Carers' Centre, the North Tyneside Parent Carer Forum and Healthwatch North Tyneside.

The presentation set out the Authority's legal duties to assess the needs of carers of all ages, taking a 'whole family' approach to ensure the wellbeing of the family around a person with care and support needs is supported. This includes support for young carers.

The report and presentation also set out how North Tyneside Council fulfils its legal duties, including via screening through the initial assessment process. Carers are assessed using the Ways to Wellbeing for Carers assessment model which is based on statutory guidance and evidence based practice and was developed in partnership with North Tyneside Carers' Centre.

The presentation outlined some of the challenges facing the Council in this area, and the action the Council is taking to improve carer wellbeing, to drive greater practitioner focus on carer wellbeing and to improve the availability of respite care resources.

It was noted that the development of a new carers' strategy is underway with the involvement of Carers' Partnership Board members. The new strategy is due to be completed by late 2023/early 2024.

Members noted the information provided in the report and presentation and raised some questions.

Members asked whether the Council currently mapped carers by location or ward as it was felt this information may be useful for ward councillors to understand how many carers were in their ward. This information could also help the Council to understand whether carers are close to the services they may need or whether they may be isolated, and would help to ensure resources are

targeted at the right place and that services are accessible. It was felt it was also important to identify any link between carers and areas of higher deprivation and poverty.

It was noted that the location of carers is not currently mapped. However, the Carers' Centre does aim to spread support across the borough as it is known that carers can often face difficulties in travelling to services.

It was highlighted that the Council had adapted the framework to improve how carers are identified and to offer carer assessments. There had been an increase in the number of carers identified but it is not clear whether this is due to there being an increase in the number of carers in the borough or a result of more carers being identified through the system.

Members asked about how the Council identifies young carers in order to offer assessments. It was noted that actions had been taken to raise awareness of young carers, particularly through carers champions in schools and GP practices, and also to raise awareness among young carers themselves who may not recognise themselves as carers.

It was noted that 21 out of 24 GP practices in the Borough had signed up to the GP young carers scheme and this had led to 180 referrals to the Carers' Centre, up from 12 the previous year.

It was highlighted that the Council holds a range of data, including data on poverty and deprivation and also Council Tax information. There were questions about whether Council data could be used more effectively to identify carers at an earlier stage.

There was some discussion about the need to identify if carers may need support when this may not appear obvious and where carers are not asking to be assessed. It was highlighted that professionals are aware of this issue and training is in place for social workers.

There was some discussion about the wider support for carers that the Council could offer in relation to housing, travel and also possibly a leisure and cultural offer. It was noted that there had been some discussion between the Carers Centre and the ICS around a Carer's passport to identify carers to health

services. There may also be scope to extend this to offer access or discounts to other services. This is something that is being explored.

The Chair thanked officers for the report.

## **C15/23 North Tyneside Carers' Centre**

Claire Easton, Chief Executive of the North Tyneside Carers' Centre, and Paul Jones of Healthwatch North Tyneside, attended the meeting and provided a presentation setting out the role of the Carers' Centre.

The Sub-committee was informed that the North Tyneside Carers' Centre provides practical and emotional support to young and adult carers, from the age of 5 – 97 years. The Centre has 6263 adult carers and 638 young carers registered with it and carers are represented at every level of the organisation. The services developed by the centre over the years have been informed by the needs of carers and strategically the Centre has built strong relationships across health and social care and are a key partner in the development and delivery of North Tyneside's Commitment to Carers. The centre ensures that the views of carers shape local delivery plans and support partners to identify and support carers.

Claire Easton outlined the many areas that the Centre contributes to policy and developments in relation to carers including: training for professional in health, social care, education and the community and voluntary sector; working with the Council to codesign the Carers Ways to Wellbeing Assessment process; working with the Integrated Care Board to develop and implement a 'Carer Friendly GP Award' scheme to improve identification and support within primary care; and working with schools across the borough to help identify and support young carers and developing a Young Carers in School Programme to provide schools with resources and guidance.

The presentation highlighted the findings of the survey undertaken by Healthwatch North Tyneside and the North Tyneside Carers' Centre on behalf of the North Tyneside Carers Partnership Board earlier in 2023. The survey was aimed at adult carers only and 681 responses had been received. This was a follow up to an earlier survey carried out in 2021 during the pandemic. Some of



the key messages from the survey were:

- The predicted improvement in carers experiences since 2021, following the easing of pandemic restrictions, was not seen in the survey results, with responses similar or worse across all themes to those received in 2021;
- Carers are often struggling to cope;
- Isolation continues to be a major issue for carers with 41% of carers saying they felt more isolated than the previous year (which was during the pandemic);
- Carers are providing more care than before – this appears to be due to the needs of people they care for increasing and is exacerbated by delays in NHS treatment and challenges in organising care packages;
- Cost of living challenges – heating, transport, special diets;
- Significantly worse emotional, financial and physical wellbeing;
- Support from services has improved compared to the 2021 pandemic survey, with some good examples of professionals working hard to provide support in very difficult situations;
- Carers don't feel valued;
- Challenges in knowing where to get help when they need it, getting timely support, the impact of caring on wellbeing and joined up support for the carer as well as the person they care for;
- Mixed picture on support from employers for those with caring roles;
- Not enough support available for carers in the borough.

It was noted that the Carers Partnership Board have agreed to produce an action plan to respond to the key issues from the survey.

Members highlighted the outstanding work of the Carers' Centre in providing support for carers and stated that the report had been very valuable in providing information to the Sub-committee.

Members noted the issues raised about employers and that some employers were more supportive than others, and questioned whether there was any information about particular sectors of employment that were more supportive than others. It was suggested that more detailed questions about this could be included in future surveys. It was also noted that the North of Tyne Combined Authority was undertaking work with employers through the good work pledge to help address support for carers.

Cllr Kirwin highlighted the issues raised about isolation and stated that he thought this could be a particular issue in relation to those caring for those with dementia. He asked whether there were any actions aimed at societal change along the lines of the dementia friendly communities initiative to help raise awareness, support and acceptance through the community. It was noted that this area of work had not been specifically included in the carers action plan but it was something that was being taken forward via other specialisms, for example via the Autism Strategy.

Members raised a concern about the three GP practices in the Borough that had opted not to take part in the GP carer support scheme and it was hoped that they could be encouraged to engage with the scheme going forward.

The Chair thanked Julie Easton and Paul Jones for attending the meeting and for the informative presentation.

## **C16/23      Adult Social Care Dashboard**

The Sub-committee received a presentation which set out a dashboard of information in relation to Home Care in North Tyneside.

The Sub-committee noted that the number of clients on the brokerage waiting list is now down to 82, and there has been a continual reduction in people waiting on the brokerage list.

There had been a slight increase in the average number of home care hours provided per client per week.

It was noted that providers were reporting some improvements in recruitment and retention but there was still a way to go to get to a pre-COVID position.

Members welcomed the improved position set out in the presentation, particularly in relation to the improvements reported in recruitment and retention

of care staff. However, it was also highlighted that the situation was not back to pre-COVID levels and recruitment and retention of care staff had been a significant concern prior to COVID.

Officers highlighted some of the action that was being taken in support of recruitment and retention, including continued development of the Care Academy, employment roadshows and also working with providers to support recruitment and retention.

Members thanked officers for the report.

### **C17/23          Work Programme**

The Sub-committee noted that the main topic for the work programme at the current time had been support for Carers.

The Sub-committee had reviewed a list of questions identified at the start of this work and noted that many of the questions had been covered by the information provided at this meeting.

It was noted that the Sub-committee was due to receive a report on direct payments to carers at the next meeting.

Members highlighted that a National Suicide Prevention Plan has recently been published and it was suggested that the Sub-committee should consider receiving a report on this with a view to considering how scrutiny could contribute to the local suicide prevention plan.

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**Meeting:** Caring Sub-Committee

**Date:** 28 November 2023

**Title:** Overview of Direct Payments

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**Author:** Kirsty Parsons, Senior Manager Strategy and Transformation

**Service:** Adult Social Care

**Wards affected:** All

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## 1. Purpose of Report

- 1.1 To provide an overview of Direct Payments, including how they can promote person-centred care, choice and control for adults with eligible care and support needs.
- 1.2 To share with committee members the recently updated Direct Payment policy (appendix).
- 1.3 To respond to any further questions the committee may have in relation to Direct Payments.

## 2. Recommendations

Members of the Sub Committee members will be asked to note the contents of the Direct Payment policy and seek responses to any further questions the Sub Committee may have in relation to Direct Payments.

## 3. Information

- 3.1 The Care Act 2014 (sections 31-33) and Care and Support Statutory Guidance (chapters 10-13) provide the legislative framework and guidance on Direct Payments.

- 3.2 The Council is committed to offering Direct Payments to all people who are eligible and agreed that this is a suitable way to meet their care and support needs.
- 3.3 Prompting and increasing the uptake of Direct Payments is a strategic priority for Adult Social Care for 2023–24, as a way of improving outcomes for the people we support; the Direct Payments Policy was updated in September 2024 and provides an overview of Direct Payment eligibility and support options.
- 3.4 Direct Payments provide independence, choice, and control by enabling people with care and support needs to commission their own care and support, to meet the eligible needs identified in their adult social care assessment.
- 3.5 Following the adult social care assessment and eligibility decision, the suitability of a Direct Payment to meet some or all of their eligible needs is discussed with the person when planning their support. If they decide to request a Direct Payment, the person can ask it is made directly to them, or a person they nominate.
- 3.6 The Council must be satisfied that making a Direct Payment is a suitable way of meeting eligible needs. There are some instances when the Council cannot make a Direct Payment: these are outlined in the Direct Payments Policy.
- 3.7 If the Council agree a Direct Payment is a suitable way of meeting eligible needs, the person or nominated person will have a responsibility for arranging and managing the support, intended to achieve the outcomes in their support plan.
- 3.8 Direct Payments can be used to pay for an agreed service, such as day care or home care, to purchase equipment to support with independence, or to employ a personal assistant (PA).

- 3.9 If the person chooses to employ a PA, they become the employer and must ensure that employees' rights are upheld. As an employer, they must:
- 3.9.1.1 Provide an employment contract
  - 3.9.1.2 Provide payslips
  - 3.9.1.3 Ensure the PA does not exceed their maximum working hours
  - 3.9.1.4 Pay more than the National Minimum Wage (National Living Wage in North Tyneside).
- 3.10 If the PA meets the eligibility requirements, they are also entitled to:
- 3.10.1.1 Statutory maternity pay
  - 3.10.1.2 Statutory sick pay
  - 3.10.1.3 Redundancy pay
  - 3.10.1.4 Workplace pension.
- 3.11 Adult Social Care recognise that recruiting PAs can be a slow process if a PA is not already identified, which can be a barrier to exploring Direct Payments when support is needed quickly. The Council are exploring ways this process could be improved.
- 3.12 The Council has arrangements in place with Direct Payment Support Services to ensure the person receiving a Direct Payment has support to recruit PAs if needed, and to meet their responsibilities as an employer.

#### **4. Background Information**

- 4.1 The legislative context for Direct Payments is set out in the:
- [Care Act 2014](#)
  - [Section 117\(2C\) of the Mental Health Act 1983](#)
  - [The Care and Support \(Direct Payments\) Regulations 2014](#)
- 4.2 The following papers/information have been used in compiling this report:

- (1) [North Tyneside Council Direct Payments Policy 2023](#)

- (2) [Information sheet: Introduction to Direct Payments](#)
- (3) [Information sheet: Support to manage a Direct Payment](#)
- (4) [Information sheet: Direct Payment accounts](#)
- (5) [Information sheet: Using a Direct Payment to buy services](#)
- (6) [Information sheet: Using a Direct Payment to employ someone \(PA\)](#)
- (7) [Information sheet: Using a Direct Payment with a self-employed personal assistant](#)
- (8) [Information sheet: Safe recruitment of personal assistants](#)

## **5. Appendices**

North Tyneside Council Direct Payment Policy 2023



# Direct Payment Policy

North Tyneside Adult Social Care



North  
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## North Tyneside Council

### Direct Payments Policy

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## **1. Introduction**

Direct Payments have been in use in social care and support since the mid-1990s. Direct Payments provide independence, choice and control by enabling people to commission their own care and support in order to meet their eligible needs.

How the needs identified in the assessment will be met will be agreed within the support planning process. If a Direct Payment is agreed as a suitable way of meeting the person's needs, the individual (or a suitable person acting as a nominee) will have a direct responsibility for arranging and managing the support to meet their care and support needs.

Direct Payments are monetary payments made to individuals who request to receive one to meet some or all of their eligible care and support needs. The legislative context for direct payments is set out in the:

- Care Act 2014,
- Section 117(2C) of the Mental Health Act 1983,
- The Care and Support (Direct Payments) Regulations 2014

## **2. Policy**

North Tyneside Council is committed to offering Direct Payments to all people who are eligible and agreed that this is a suitable way to meet their care and support needs.

A request for a Direct Payment can be made at any time.

North Tyneside Council will provide general information and advice about Direct Payments accessible online to all residents of North Tyneside, and directly provide this information to people with care and support needs and carers whenever:

- a. A person/carer asks for it
- b. A care and support need has been identified that could be met by a Direct Payment

The Council will promote the use of Direct Payments by:

## **Providing general generic information on:**

- what Direct Payments are and what they can be used for.
- how to access a Direct Payment, including the use of nominated and authorised persons to manage the payment.
- explanation of the Direct Payment agreement and how the Council will monitor the use of the Direct Payment.
- the responsibilities involved in managing a direct payment and being an employer.
- guidance on how a Direct Payment can be used.
- support available to employers when using personal assistants.
- signposting to local organisations and the Council's own internal support, who offer support to Direct Payment holders.
- making arrangements with social care providers
- how often a Direct Payment is normally paid.
- how any assessed financial contributions should be made.
- where prepaid cards are available, how they work.
- provide information regarding monitoring, reviewing, and discontinuing Direct Payments including notice periods and circumstances where no notice will be given.

### **3. Who is eligible?**

The following people may be eligible for a Direct Payment:

- **Adults with needs for care and support**
  - This includes all people aged 16 and over who have been assessed as having eligible care and support needs under the Care Act 2014, or aftercare needs under the Mental Health Act 1983 s.117.
- **A person with parental responsibility for a disabled child, including disabled 16- and 17-year olds**
  - This could include a parent or others with parental responsibility for a disabled child, such as a grandparent. The term "disabled" includes children with any kind of sufficiently significant additional support needs, for example a sensory need, learning or physical disability, or mental health issues. This could also include children whose impairments have arisen through illness.

- It may also include a disabled person with parental responsibility for a child.
- Such payments may be in satisfaction of any duty owed under section 17 of the Children Act 1989.
- **Disabled 16- and 17-year-olds – in their own right**
  - In lieu of services they have been assessed as needing under section 17 of the Children Act 1989.
- **Carers aged 16 and over**
  - People whom the council decides need support because they provide a substantial amount of care on a regular basis for someone aged 18 or over, may obtain Direct Payments to meet their own support needs identified in an assessment under Care Act 2014 s.10 (a 'carers assessment'), but not for services to meet the needs of the person that they care for.

#### **4. People who cannot receive a Direct Payment:**

Direct Payments may not be made in respect of certain people who have been placed under certain conditions or requirements by the courts in relation to drug and/or alcohol dependencies, as listed below:

- offenders on a community order, or serving a suspended prison sentence, under the Criminal Justice Act 2003, which includes a requirement to accept treatment for drug or alcohol dependency;
- an offender on a community rehabilitation order or a community punishment and rehabilitation order under the Powers of Criminal Courts (Sentencing) Act 2000, which includes a requirement to accept treatment for drug or alcohol dependency;
- offenders released from prison on licence under the Criminal Justice Act 1991, the Criminal Justice Act 2003 or the Crime (Sentences) Act 1997 subject to an additional requirement to undergo treatment for drug or alcohol dependency; and
- people subject to equivalent provisions under Scottish criminal justice legislation.
- Reference should be made to the Community Care, Services for Carers and Children's Services (Direct Payments) (England)

Regulations 2009 – Regulations 2(c) and 4(c) and Schedule 1 of the Care and Support (Direct Payment) Regulations 2014 for full details of persons excluded from receiving direct payments

A Direct Payment does not have to be provided when:

- a. It is more cost effective for the Council to commission the required service directly; *so long as*
- b. This does not have a negative impact on any flexible manner in which the service needs to be provided.

## **5. Consent and Ability**

Service users should:

- not be forced to agree to a Direct Payment against their will.
- be able to make decisions and direct their services.
- be able to manage their Direct Payment, with assistance as necessary.
- have the capacity to consent to receive a Direct Payment.

## **6. Capacity**

A person who lacks capacity to request or manage a Direct Payment is still legally entitled to receive one *as long as*:

- a. A legally authorised person has deemed it in their Best Interests (For example a Deputy or the holder of a Lasting Power of Attorney); or
- b. Where no legally authorised person exists, North Tyneside Council Social Care deems it to be in their Best Interests; and
- c. There is a suitable person available to receive and manage the Direct Payment.

A suitable person is a person who:

- a. Is willing to receive and manage the Direct Payment; and
- b. Is capable of managing the Direct Payment; and
- c. Is deemed likely to arrange support and services that are in the Best Interests of the person.

***Once identified the suitable person will act in the role of the individual's nominee.***

The person managing the account cannot also be a paid employee or benefit financially from the Direct Payment.

### **Fluctuating capacity**

If a person has fluctuating capacity a suitable person must still be appointed to receive and manage the Direct Payment *but*:

- a. They must agree to the person with Care and Support needs making decisions about how the Direct Payment is used during periods where they have capacity to do so; and
- b. The responsible social care worker must be satisfied that this is going to be the case before arranging the Direct Payment.

### **Monitoring a suitable person**

The responsible social care worker must make appropriate and proportionate arrangements to monitor the Direct Payment if there are concerns that a suitable person:

- a. May not be able to manage the Direct Payment; and/or
- b. May not arrange support and services that are in the Best Interests of the person; and/or
- c. Where the person has fluctuating capacity, may not permit them to make their own decisions about how the Direct Payment is used when they have capacity to do so.

## **7. Consideration of a request for a Direct Payment**

Requests for a Direct Payment will be decided in as timely a manner as possible.

Where accepted, the decision will be recorded in the care and support plan.

Where refused, the reasons explaining the decision will be provided in writing and the person will be made aware of how to appeal the decision through the local complaints process.

Where the request has been declined, the Council will continue the care planning process so that it can seek to agree with the person how best to meet the needs, without the use of Direct Payments.

### **8. What Direct Payments can be used for:**

Direct Payment funds may only be used to meet needs as specified in the current authorised care and support plan as part of or all of a Personal Budget. The outcomes to be achieved will be agreed by your allocated social care worker, any further changes must be agreed by the allocated worker. The types of service that may be bought to meet these needs include:

- personal assistant, employed or self-employed, including appropriate and agreed training.
- homecare agency or enabling support service / outreach
- live-in care
- respite care
- equipment
- day services
- carer support
- to purchase Section 117 After-Care (in certain circumstances)
- other services that may be developed to meet need, as set out in the support plan

### **9. What Direct Payments cannot be used for**

Direct Payments cannot be used for:

- Any items or service not listed as outcomes in your current authorised care and support plan
- Gambling
- Debt repayment or financial investment



- Illegal activities or goods e.g. illegal substances
- Paying for shopping or other ordinary household bills such as gas or electricity
- Buying alcoholic drinks or cigarettes for anybody
- Anything that would be funded by another agency, for example the NHS or housing authority provisions e.g., a hospital bed or special adaptations, as in this case Adult Social Care Services and Children's Services would be subsidising those other statutory agencies.
- A service provided directly by North Tyneside Council
- Employing a family member or their partner, who lives in the same house as the individual receiving support. However, there are some exceptions to this. This would need to be discussed with the allocated worker and authorised by a senior manager.
- When employing a Personal Assistant, there needs to be a separate person to act as employer. The same person cannot be employer and employee.
- Direct Payments cannot be used as a substitute for a DFG (disabled facilities grant).
- Permanent residential care. They can however be used to fund short breaks for:
  - a) Periods of up to 4 weeks in total in any 12 months, or
  - b) periods which may total more than 4 weeks in a 12 month period as long as:
    - i) none of them exceed 4 weeks, and
    - ii) once the 4 week total has been reached, there is a period of at least 28 consecutive days when the Direct Payment user is not in residential accommodation before the next short break begins.

If the current support plan is not able to meet need, then it must be discussed with the allocated social care worker. The Direct Payment will

not change until a new social care assessment and support plan has been agreed.

## **10. Setting up a Direct Payment**

### **North Tyneside Council's responsibilities**

Adults / Children's Social Care Services will:

- Ensure that all individuals who receive a Direct Payment are provided with adequate support to ensure services are tailored to meet individual requirements, depending upon how the Direct Payment is to be used. This will be agreed as part of the assessment process.
- Provide information about the Direct Payment processes in a variety of formats, media and languages to enable service users to decide whether to apply for a Direct Payment.
- Assess, Monitor, review and record the service user's consent and ability to manage their own care.
- Agree the viability of the service user's plan to manage the Direct Payment with assistance from nominated person(s) if necessary, to ensure that the plan is sustainable and represents best use of public funds.
- Establish the level of the Direct Payment which will meet assessed need. This will be at a level that is sufficient to enable the recipient, to lawfully secure a service of a standard that the council considers reasonable, to meet the needs to which the Direct Payment relates, as set out in the current authorised support plan. This will include any employer costs and support related costs, such as payroll and insurance.
- Provide the Direct Payments agreement for individuals to sign. A Direct Payment will not be set up without a signed agreement, from the individual or their representative.
- Create an online bank account to administer the direct payment, this is the default option for managing payments, unless there are extenuating circumstances, which must be agreed by the Council.

Provision of sufficient identification would be required to comply with banking regulations.

- Payments will be made weekly, any assessed financial contribution to be collected by invoice, on a 4-weekly basis. Any unpaid invoices will be subject to the council's corporate debt policy and will be pursued.
- Ensure that spending of the Direct Payment is monitored and that accounts are properly audited. A maximum of 8 weeks direct payment would be left in the account, any amount above this will be recovered as surplus funds.
- Review the support plan regularly in line with care management policy to ensure the Direct Payment continues to meet the assessed needs.
- Respond swiftly as necessary to ensure safety in any crisis or emergency that may arise.

Access to the information sheets about Direct Payments are available under the Direct Payment section of My Care Adult Social Care Information Sheets. These can be accessed through the following link:

<https://mycare.northtyneside.gov.uk/web/portal/pages/help/facts>

- Using a Direct Payment to Employ Personal Assistants
- Using a Direct Payment to buy services
- Using a Direct Payment for respite
- Using a Direct Payment for Self Employed Personal Assistants

### **Direct Payment individual and/or their nominee's responsibilities**

The person and or their nominee will sign an agreement to abide by the requirements of the North Tyneside scheme, including the following:

- Only spend the Direct Payment on the needs identified in the Support Plan, and in accordance with this policy.
- Draw up a plan outlining the proposed use of the Direct Payment which should be agreed with the allocated worker, who will be

satisfied that the proposed use will meet the presenting needs identified within the service user's Support Plan.

- Develop a plan for managing the Direct Payment, including contingency arrangements in emergencies, as well as planned hospital admissions etc.
- Provide relevant Identification to ensure prepaid bank account can be opened in line with banking regulations.
- Where individuals are employing personal assistant(s) they must comply with current employment legislation, HMRC guidelines, North Tyneside's Equality and Diversity Policy and insurance requirements.
- Where individuals are purchasing services, then an agreement should be entered into in writing.
- Where a care agency is used for the provision of personal care services, the agency must be registered with the Care Quality Commission.
- Make the required financial arrangements below and keep financial records as specified in this policy and guidance.
- All payments must have sufficient audit trail, i.e. invoice, payslip, receipt.
- Cash withdrawals are not allowed, without prior agreement.
- Provide the information required by Adult Social Care Services for monitoring purposes in the manner and within the time scales specified.
- Inform Adult Social Care Services of any relevant change of circumstances e.g. hospital admission, long term holiday plans.

## **11. Employer Responsibilities**

The person or their representative is the employer if they pay a carer or personal assistant directly, even if they receive money from the Council as a Direct Payment, or the NHS as a Personal Health Budget, to pay for them.

## **Employees' rights**

Anyone you employ must:

- have an employment contract
- be given payslips
- not work more than the maximum hours allowed per week
- be paid at least the National Minimum Wage

If they meet the eligibility requirements, they're also entitled to things like:

- Statutory Maternity Pay
- Statutory Sick Pay
- paid holiday
- redundancy pay
- a workplace pension

More information is available here:

<https://www.gov.uk/au-pairs-employment-law>

## **Help and Support**

The Council will take all reasonable steps to make help and support available to whoever may require it, in order that the person is able to manage the Direct Payment.

The Council have a list of accredited Support Service Providers, that can help with your employer responsibilities, such as recruiting and paying a personal assistant. This information is available on the My Care North Tyneside website:

<https://mycare.northtyneside.gov.uk/web/portal/pages/help/facts/factsheet16>.

## **12. Terminating a Direct Payment**

The Council may terminate the Direct Payments in the following circumstances:

- The Direct Payment is no longer required.
- A reassessment determines no ongoing support is required. The person managing a Direct Payment (Individual or Nominee) is no longer able or willing to manage the Direct Payment. This will require

a reassessment of support needs, as there will be a substantial change in circumstances, and the amount of informal support available to the individual with care and support needs.

- Where the Direct Payment has been used other than to meet the needs as identified in the support plan, funds have been misspent or overspent, or used in an illegal manner, the Council will audit and investigate any discrepancies. The investigation could result in the immediate suspension of any payments from the Direct Payment account. The Council has the power to seek repayment of any misspent funds, and this may result in a criminal investigation.
- Failure to engage in the audit process, which could result in a suspension or termination of the Direct Payment.
- If the person managing the Direct Payment ceases to be suitable to manage the Direct Payment.

The decision to terminate the agreement must be clearly communicated to the individual who must be informed of their right to use the Council's Complaints Procedure.

Alternative support will be arranged instead of those previously arranged via a direct payment must be organised to ensure individuals are not placed at risk. Any contractual obligations to employees must be taken into account, in terms of the notice period given.

The Council or the individual may terminate the Direct Payment and revert to alternative support at any time following consultation with the allocated worker.

Notification of termination of the Agreement will usually be 4 weeks in writing by either the individual or the Council, however in exceptional circumstances it may be less than this.

### **13. Complaints Procedure**

If a customer is dissatisfied with the process or outcome of the direct payment, then they are entitled to request a reconsideration of the decision, and/or to make a formal complaint. Information about the reconsideration process is available on the My Care North Tyneside website:

<https://mycare.northtyneside.gov.uk/web/portal/pages/help/facts/informationsheet32>.

Further information about the formal complaints process is available from the council web page at:

<https://my.northtyneside.gov.uk/page/7856/complain-about-council-services>

Alternatively, customers or their representatives may contact the Customer First Office by telephone on 0191 643 2280.

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North Tyneside Council

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North Tyneside, NE27 0BY  
Tel: 0345 2000 101

## Briefing note

**To:** Caring Sub Committee

**Authors:**

Chris Woodcock, Senior Public Health  
Manager

Joanne Lee, Head of Public Protection

**Date:** 28 November 2023

### **Title of Briefing: Stopping the start: a smokefree generation**

**Purpose of the report:** To provide a brief update on the national plan 'Stopping the start: our new plan to create a smokefree generation' and the supporting the consultation 'Creating a smokefree generation and tackling youth vaping'.

#### **1. Summary**

Smoking remains the single largest cause of preventable deaths in England. Despite reductions in prevalence, there are still approximately 7.3 million adult smokers and more than 200 people a day die from smoking related illness, which could have been prevented. 14.3% of the adult population in North Tyneside currently smoke - an estimated 30,000 adults.

The Government published a command paper on 4 October 2023 'Stopping the start: a smokefree generation' setting out proposals to protect future generations of the harms of smoking, to save tens of thousands of lives and save the NHS billions of pounds.

These measures could have a significant impact on their health of our communities, and they will require significant local support to ensure they are implemented at a national level. They include:

- changes to age of sale
- support for smokers to quit
- support for enforcement
- approaches to protect children from vaping

The measures are aimed at protecting future generations from the harms of smoking. Additional funding will be provided to local authorities for enforcement and stop smoking support.

The national consultation on the youth vaping element of the plan is currently open until 6 December covering the legislative proposals that will be required.

The national consultation asks questions in three areas for which new legislation would be needed:

1. Creating a smokefree generation: consulting on the policy and its scope to inform future legislation.
2. Tackling youth vaping: while there is also significant evidence for action to tackle youth vaping, there are several options to consider.
3. Enforcement: the consultation also asks questions on the proposal to introduce new powers for local authorities to issue fixed penalty notices to enforce age of sale legislation of tobacco products and vapes.

Key professional bodies such as the Association of the Directors of Public Health and leading charities such as Action on Smoking and Health, have already stated their support for these packages of measures to reduce the harm caused by smoking, and prevent ill health disability and death.

Fresh North East, the regional tobacco office on behalf of the NE Directors of Public Health, have created draft responses to the national consultation. Many consultation questions are accompanied with the opportunity to provide supporting evidence. Working in partnership with ASH and international stakeholders, Fresh NE has provided access to the best international evidence in relation to each aspect of the consultation to ensure that responses are framed to best protect the health of our communities.

## **2. Recommendations**

It is recommended that the committee:

- Responds to the consultation using the endorsed responses from Fresh North East (appendix 1).
- Encourages support for a smokefree generation throughout the authority and their communities.

## Background

### 1. Stopping the start: a smokefree generation' UK Government.

The Government have published a command paper (4 October) 'Stopping the start: a smokefree generation' setting out proposals to protect future generations of the harms of smoking and to save tens of thousands of lives. The government is committed to reducing the harms of smoking and has a strong history of taking bold and comprehensive action on tobacco control.

There is no more addictive product that is legally sold in our shops than tobacco, which is why 'stopping the start' of addiction is vital. Three-quarters of smokers would never have started if they had the choice again.

The command paper (October 6) covers four main areas, three of which are accompanied by a national consultation.

#### 1.1 Raising the age of sale

The proposed new legislation will make it an offence for anyone born on or after 1 January 2009 to be sold tobacco products in England effectively raising the age of sale each year. That child born on or after 1 January 2009, would never legally be sold tobacco products. This would mean a change in law from 2027 for any children who turn 18.

This will not ban smoking for adults who already smoke. The emphasis will be on those who sell tobacco products to those of a certain age, it will not criminalise smoking.

The consultation will also consider whether this would apply to proxy sale, as it currently does for age of sale. This would continue to prohibit people from buying tobacco products for someone under the legal age of sale.

The great majority of smokers start as teenagers, and three quarters of smokers would never have started if they had their choice again. No other consumer product kills up to two thirds of its users. Public support is high for raising the age of sale.

In 2007 the age of sale was raised from 16 to 18 (which led to a 30% reduction in smoking prevalence for 16- and 17-year-olds) and there have been repeated calls to continue to raise the age of sale. The national review, 'The Khan Review: making smoking obsolete' proposed this legislation change in 2022 and this was endorsed by the North Tyneside Health and Wellbeing Board.

#### 1.2 Helping smokers to quit

Quitting smoking is the best thing a smoker can do for their health. Alongside taking bold action to stop the start of smoking, there are proposals to help current smokers to quit through the existing infrastructure across local authorities and the NHS.

Nationally the funding available for stop smoking services will be doubled, and local allocation will be weighted in line with smoking prevalence. The funding for North Tyneside will ensure there is a comprehensive and universal offer across the borough.

Alongside this investment, there will be a significant uplift in spending on anti-smoking campaigns designed to encourage smokers to quit with local services.

There will also be additional funding for incentive schemes for pregnant women and further investment in national 'swap to stop' schemes encouraging smokers to swap cigarettes for vapes.

### **1.3 Protecting children from vaping- Tackling the rise in youth vaping**

Vapes are an effective tool for adult smokers to quit, especially when combined with expert support. Ensuring vapes are available to help adult smokers is vital to reducing smoking rates.

However further measures are proposed to tackle the rising rates in youth vaping. The health advice is clear: young people and those who have never smoked should not vape. Selling nicotine vapes to children (under 18) is an offence.

Proposals to be consulted on this year include restricting flavours, regulating point of sales, regulating packaging, considering restricting the sale of disposable vapes and closing loopholes in the law on free samples and non-nicotine vapes. Each proposal has several options on how that may be addressed:

- restricting vape flavours
  - product description (ie. blueberry, not blueberry muffin), limiting the ingredients, limiting the range of taste and smells
- regulating vape packaging and product presentation
  - behind the counter, on or off display, consider exceptions for specialist vape shops, and the removal of child friendly imagery through to standardised packaging
- regulating point of sale displays
  - currently no regulation hence the very visible and frequent display, options include behind the counter, displayed or not
- restricting the supply and sale of disposable vapes
  - restrictions (i.e. product design) or prohibitions
- exploring further restrictions for non-nicotine vapes and other nicotine consumer products such as nicotine pouches
- action on the affordability of vapes, exploring a new duty on vapes

### **1.4 Enforcement**

Underage and illicit sale of tobacco, and more recently vapes is undermining the work nationally and locally to regulate the industry and protect public health. The sale of illicit tobacco undermines efforts to protect our communities, and the sale of illicit products frequently targets children and young people in disadvantaged communities.

National proposals include additional national funding for agencies such as Trading Standards, Border Force and HRMC.

Local authorities will receive new powers to issue on the spot fines (Fixed Penalty Notices) to enforce the age of sale legislation.

Additional funding and enforcement powers will strengthen the role and impact of North Tyneside's Trading Standards team who already provide a vital service across the borough.

The national consultation acknowledges the role of enforcement if the smokefree generation and you vaping policy are to have an impact. Current regimes require local authorities to prosecute a business (or individual) to be convicted in a magistrates court. This is time consuming and limits the ability to issue fines. The consultation will seek to understand whether

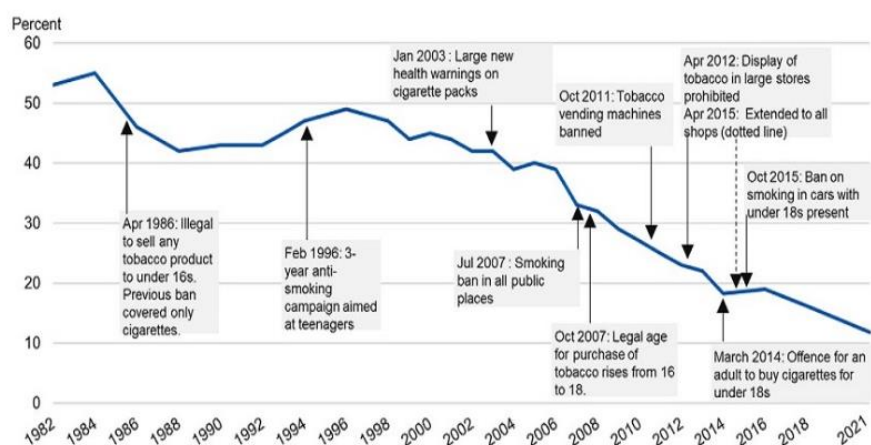
- fixed penalty notices should be issued for breaches of age of sale
- the size of fine for underage sale for tobacco and vapes

## 2. Support for the proposals

Key professional bodies such as the Association of the Directors of Public Health and leading charities such as Action on Smoking and Health, have already stated their support for these packages of measures to reduce the harm caused by smoking, and prevent ill health disability and death.

Nationally, there will be debates around individual choice and personal responsibility. However, the packages are designed to help those who smoke to quit and protect children from starting an addiction which will kill 2 out of 3 users.

Consideration of smoking prevalence over time, highlights the impact of legislation in helping to drive down smoking rates. Each legislative proposal will have been met with challenge around individual choice and responsibility. Yet, legislative action has made long-lasting change, particularly legislation to discourage young people from taking up smoking.



Source: Smoking, drinking and drug use among young people in England, 2021

Whilst there is national public support for the proposed measures, it is important that there is continued local support, especially for the immediate priority of raising the age of sale, to help create a smokefree generation.

## 3. North Tyneside Tobacco Control Alliance

The North Tyneside Tobacco Alliance reports through the North Tyneside Health and Wellbeing Board and has a comprehensive plan to address tobacco control in North Tyneside.

Any additional funding, powers or initiatives available at a local level will be implemented through the alliance to ensure a co-ordinated approach to tackling smoking locally.

The tobacco alliance can also provide the opportunity to encourage participation in the national consultation from a range of partners

#### 4. Smoking in North Tyneside

In North Tyneside the Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition) is currently 14.3% whilst the England average is 12.1%.

Smoking is the largest avoidable cause of social health inequalities. No other consumer product kills up to two thirds of its users. In North Tyneside half of the gap in life expectancy between our most and least affluent communities is attributed to smoking related mortality. The burden of smoking is estimated to cost the North Tyneside economy £47.6m.

Healthy life expectancy in North Tyneside continues to be worse than the England average. Men and women in our most deprived areas on average spend 14.5 less years in good health compared their counterparts in our least deprived communities.

As well as dying prematurely, smokers also suffer from poor quality of life. Smokers proportionately are less likely to be in work.

Smokers see their GP over a third more often than non-smokers, and smoking is linked to nearly half a million hospital admissions each year.

Women from the most deprived communities are 12 times more likely to smoke during pregnancy than women from more affluent areas.

Breathing in secondhand smoke also has detrimental impacts babies, children, and other family members.

However, research shows that most smokers want to quit. Many lack confidence, have low awareness and/or underestimate the risks. They need as many options and routes as possible to quit.

#### 5. Vaping in England

Current smoking and vaping in adults

Smoking	12.1%
Vaping	8.3%

Current smoking and vaping in 11-18 year olds

Smoking	6%
Vaping	8.6%

There has been 50% growth in experimentation of vaping of young people (trying once or twice) from 7.7% in 2022 to 11.6% in 2023 which was significant, while the change in continued use of vapes (from 6.9% to 7.6%) is not significant.

The Office of Health Improvement and Disparities (OHID) completed the most comprehensive report yet on the international evidence for nicotine vaping. The three most important findings are:

- In **the short and medium term, vaping poses a small fraction of the risks of smoking**. There is significantly lower exposure to harmful substances from vaping compared with smoking, as shown by biomarkers associated with the risk of cancer, respiratory and cardiovascular conditions.
- But **vaping is not risk-free, particularly for people who have never smoked**. There is similar or higher exposure to harmful substances from vaping compared with not using any nicotine products.
- There is **no significant increase of toxic biomarkers after short-term second-hand exposure to vaping** among people who do not smoke or vape.

The Association of Directors of Public Health North East (ADPHNE), FRESH, the regional North East tobacco office and ASH (Action on Smoking and Health) have identified two key priorities:

- Supporting smokers to quit and providing them with all available options including switching to vaping, and
- Protecting young people by: reducing the accessibility and appeal of nicotine products – including vapes – and to remove from the market products that do not comply with regulations.

## 6. Supporting people to stop smoking North Tyneside

Stop smoking services in North Tyneside are delivered through a range of community pharmacies to ensure that services are accessible to smokers throughout the borough. Close working relationships with NHS colleagues locally and regionally help to ensure any specific initiatives are aligned to and supported by local activity. Over 1000 smokers have quit through North Tyneside Stop Smoking services over the last two years.

## 7. North Tyneside trading standards

Over the past nine months trading standards have been successful in obtaining seven closure orders on shops selling illicit tobacco and vapes. In some seizures, over 65,000 cigarettes have been removed. These premises often change their name or ownership to evade inspection alongside displaying significant efforts to hide their illicit products, which highlights the organised approaches of these establishments to sell illicit goods. Closure orders help ensure that these shops, who often sell to underage children, are no longer able to trade.

## Appendix 1

Abridged version of the Fresh and ASH response.



### Creating a smokefree generation and tackling youth vaping

Published 12<sup>th</sup> October 2023 (edited Nov 2023)

Closes 6<sup>th</sup> December 2023, 11.59pm

**This is an outline response drafted by Fresh with input from ASH. It does not represent the final submission from either organisation but is intended to inform responses from others.**

**It has also been edited (Nov 2023) to provide shorter responses.**

#### **Creating a smokefree generation**

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

- **Agree**
- Disagree
- Don't know

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

Tobacco is a uniquely lethal product which kills up to 2 in 3 long term users when used as intended. Smoking is an addiction most start as teenagers rather than an adult choice with 4 in 5 starting before the age of 20. Among those who try smoking 70% will go on to be daily smokers. Raising the age of sale is likely to both delay smoking uptake and reduce the number of young people who start smoking in the first place. Raising the age of sale from 16 to 18 in 2007 in England reduced rates of smoking in the relevant age group by around a third. There is already significant levels of public support for this measure.

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

- **Yes**
- No
- Don't know



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

Yes, it will be important for proxy sales laws to be in line with age of sale laws to ensure consistency. (21 words)

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

- Agree
- Disagree
- Don't know

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

We believe that all tobacco containing products as well as cigarette papers should be covered by the new legislation, mirroring current age of sale laws. If tobacco products are not all included it will make enforcement more challenging and create opportunities for the industry to find loopholes. (63 words)

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

- Agree
- Disagree
- Don't know

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

It would make sense for the warning notices in retail premises to be changed to reflect the new legislation.

We welcome the commitment from the Government to increase funding for tobacco enforcement, recognising how crucial our regulatory partners are in the journey towards creating a smokefree generation. (119 words)

### **Tackling the rise in youth vaping**

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

- Agree
- Disagree
- Don't know

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

We support the introduction of evidence-based measures to reduce youth vaping while supporting smokers to quit tobacco using whichever means is most appropriate for them, including through the use of vapes.

We support restricting how flavours are described, but do not think that there is sufficient evidence to restrict the number of vape flavours currently on the market. It remains unclear how important they are to the increase in teen vaping though they clearly have a function in ensuring vapes are appealing and utilised by adult smokers.

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

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

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

As a minimum and as a priority, we recommend the Government urgently explores options to limit the ways in which flavours are described in order to limit their appeal to children. This could include regulating how vape products are named, described and portrayed and limiting descriptors shown to appeal to children.

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

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

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

Given that more research is essential before any decisions on restricting the number of vape flavours, we do not currently recommend any of the above options.

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

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

- Yes
- No
- Don't know

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

As outlined above flavour descriptors should be limited through regulations.

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

- Yes
- No
- Don't know

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

If rules are in place to restrict how flavours are described this should be in place for all vaping products to avoid risk of companies finding loopholes in the law to continue to promote products inappropriately. (66 words)

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

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

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

There are currently too many inappropriate examples of point of sale displays of vape products in shops leading to increasing awareness of vape promotion among children and young people. To address this, we believe that vapes should only be kept behind the counter but can still remain on limited display with no other instore or externally visible promotion and providing that regulations have been implemented to remove child-friendly packaging and labelling. This reflects the different levels of risk between tobacco products and vape products.

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

- Yes
- No
- Don't know

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

However, we believe that there should still be some regulations around vape displays in specialist vape shops, particularly those in shop fronts that are visible from the street and also restrictions should be considered around any on street marketing boards.

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

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

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

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

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

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

We recognise that there is compelling evidence in favour of introducing restrictions on how vapes are packaged and we are confident that such restrictions can reduce the appeal to children while still appealing to adults who want to quit smoking. Some of the current imagery and branding is highly inappropriate and deemed to be too child appealing.

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

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

Not applicable – we agree that there needs to be improvements in the way that vape packaging is regulated. (18 words)

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

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

- Agree
- Disagree
- Don't know

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

It would be desirable from an environmental and teen vaping perspective to reduce the use of 'disposable' vapes. We call for an excise tax on vape products that would be zero rated for refillable/rechargeable devices but set at such a level for disposable vapes to increase their price by at least £5 per unit. This should make products less affordable for teenagers and incentivise adults to use more sustainable (and ultimately cost saving) refillable products. (105 words)

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

- Agree
- Disagree
- Don't know

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

A ban would limit the use of products with vulnerable groups of smokers such as those in mental health and custodial settings and individuals with dexterity issues such as older smokers. It should be noted that many stop smoking services remain keen to have access to disposable vapes as part of the Government's swap to stop programme specifically because of the benefits to some groups of smokers.

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

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

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

Once the priority regulations are in place around promotion, marketing and the introduction of an excise tax to increase the price of single use products, the Government may wish to consider regulating the shape and form of such devices and seek to standardise these.

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

- Agree
- **Disagree**
- Don't know

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

The loophole which enables free distribution of any vape to anyone of any age needs to be closed urgently and we have been calling for this for quite some time.

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

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

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

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

- **Yes**
- No
- Don't know

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

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

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

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

- Yes
- No
- Don't know

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

We believe that non-nicotine vapes should be regulated in the same way as nicotine containing vapes. This will prevent industry from using them to promote vaping in ways that they aren't allowed to communicate with nicotine-containing vapes.

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

- Yes
- No
- Don't know

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

To date, we understand that no local authority has granted such a request for reasons including Article 5.3 and also the lack of a regulatory framework for these products. These need to come under a new framework.

Overall in 2023 adult use of nicotine pouches remained low despite heavy marketing by industry. However, there are currently limited marketing restrictions and product requirements and no age of sale.

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

- Yes
- No
- Don't know

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

The Tobacco and Related Product Regulations only cover e-cigarettes and novel tobacco products, not novel nicotine products like pouches.

That means that for novel nicotine products there are:

- No age of sale regulations so they can be sold to anyone, as well as being handed out free.

- No standardised regulatory requirement for information on packaging to provide information to consumers
- No controls on their advertising, promotion and sponsorship – these products are being promoted online via influencers, free samples and competitions  
The regulations need to be revised to include not just nicotine pouches but any novel nicotine products, as this is a market which is likely to continue to evolve.

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

- Yes
- No
- Don't know

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

Young people are particularly price sensitive and increasing the price of single use vapes through taxation would reduce the number of young people vaping. This should be implemented in the form of an excise tax for vaping products which is zero-rated for refillable/rechargeable – to maintain their affordability in comparison to tobacco – and, for single use products, set at a level which increases their price by at least £5. However, it is important that vaping remain more affordable for adults than smoking. Any tax needs to be calibrated to ensure that tobacco remains the most expensive product.

### Enforcement

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

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

- Yes
- No
- Don't know

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

In principle, we welcome the proposal to increase the enforcement options available to Trading Standards to take action against those who breach age of sale regulations, particularly in light of the challenges of taking forward prosecutions. \*\*We would welcome Trading Standards views on the technical aspects of this\*\*



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

- £100
- £200
- **Other**

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

This needs to be thought through carefully, in consultation with Trading Standards, to determine the most appropriate level and an appropriate sliding scale for persistent offenders.

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

- £100
- £200
- **Other**

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

This needs to be thought through carefully, in consultation with Trading Standards, to determine the most appropriate level and an appropriate sliding scale for persistent offenders.

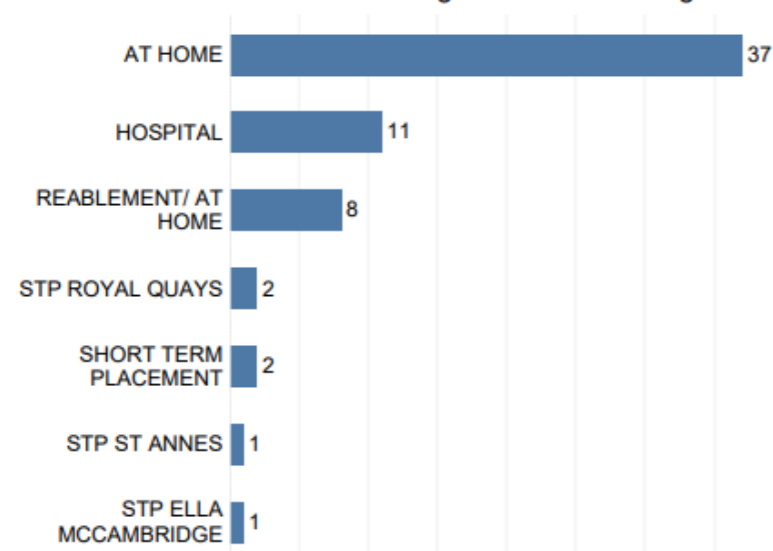
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## Homecare in North Tyneside

### Brokerage list (awaiting package of care)

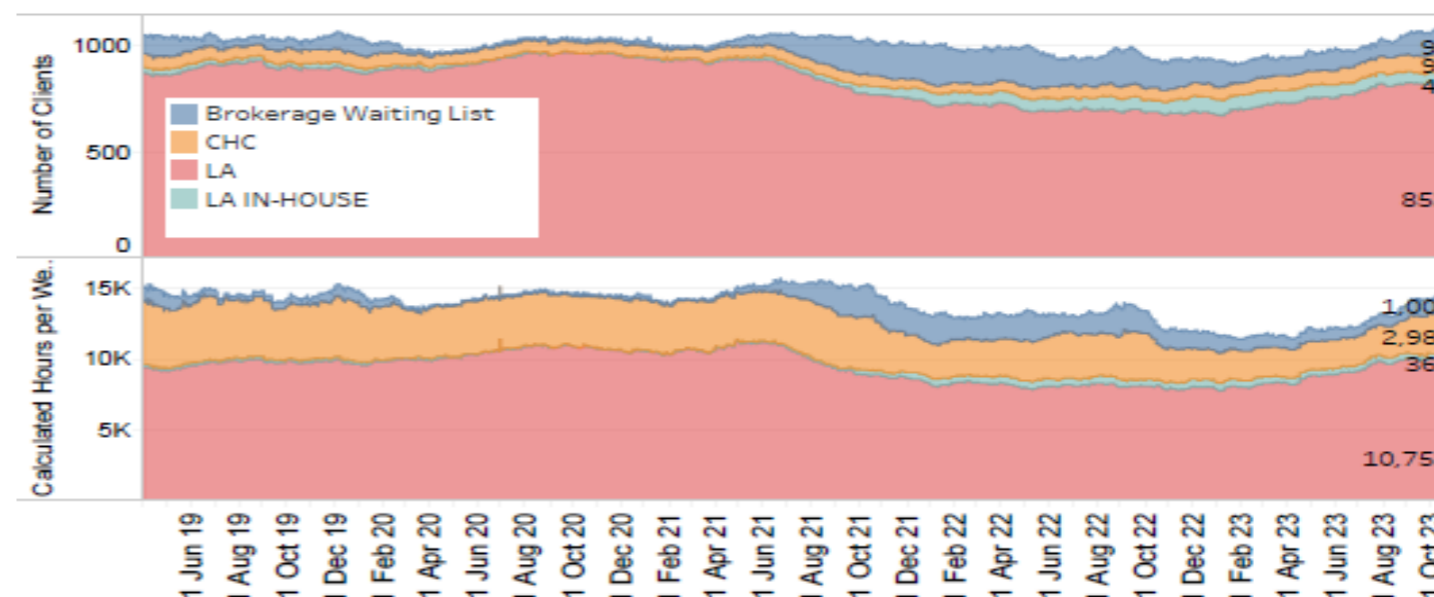
	Aug 2023	Sept 23	Oct 23
<b>Package of Care</b>	92 clients	<b>65</b> clients	<b>62</b> clients
Clients on brokerage list	929 hours	708 hours	589 hours
	£14,914 cost	£11,383 cost	£9,307 cost

Current Location of Client awaiting Homecare Package



### Homecare

The number of clients receiving homecare has **increased steadily** over the last year. There were 902 clients receiving 11,121 hours of **home care** per week during October 2023.



### CQC Registered providers

#### Performance Commentary

Five CQC registered locations are currently rated as requiring improvement – a reduction from six when compared with July.

The Ferns Care Home (Roseberry Care Centres) – 48 beds

Primrose Lodge Care Home (Roseberry care Centres) – 48 beds

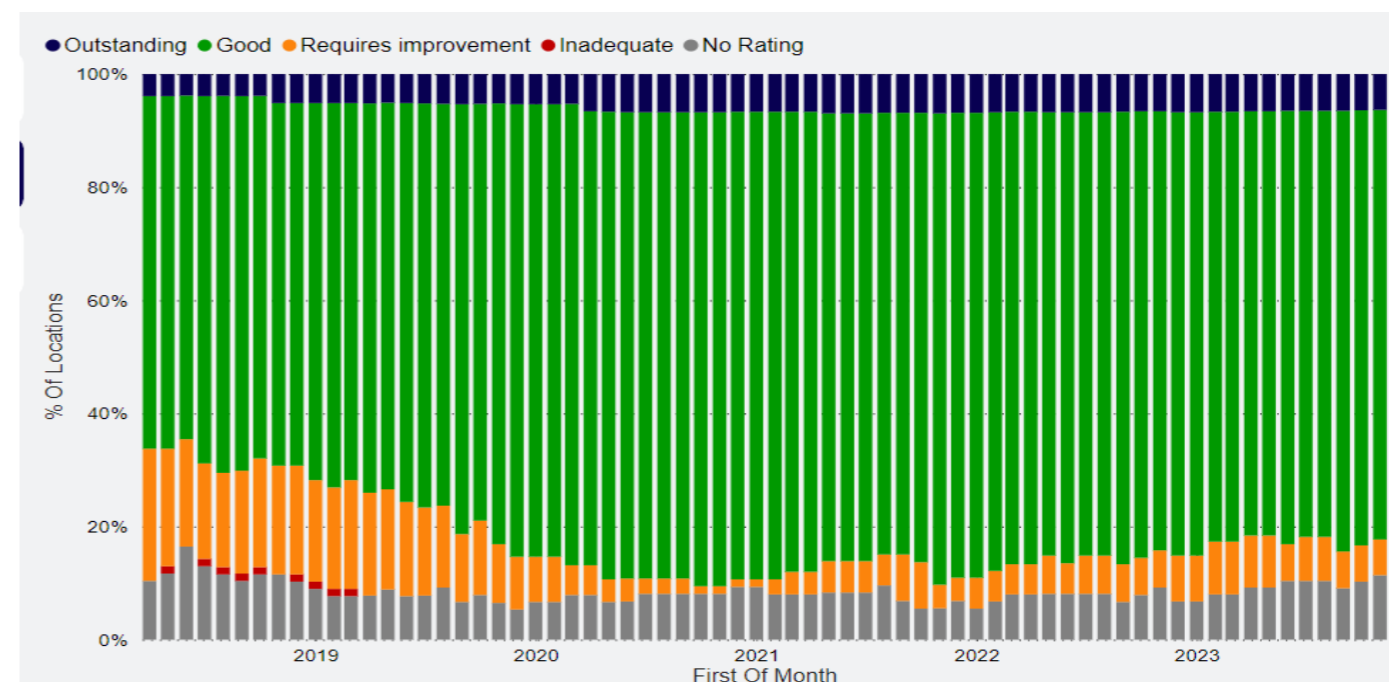
Safe Hands Home Care Limited – **0 beds**

The Old Vicarage Care Home (SVP Health care Limited) – 36 beds

Eastside Gardens (Lifestyle Care): Provider changed from Tamaris Healthcare – 90 beds

**No locations are inadequate**

**Five locations are outstanding**



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