Notice of a public meeting of

Health, Housing and Adult Social Care Scrutiny Committee

To:	Councillors D Myers (Chair), Vassie (Vice-Chair), Baxter, Kelly, Rose, Runciman, Smalley, Steels-Walshaw, Wann and Wilson
Date:	Tuesday, 23 April 2024
Time:	5.30 pm
Venue:	West Offices, Station Rise, York YO1 6GA

AGENDA

1. Declarations of Interest (Pages 1 - 2)

At this point in the meeting, Members are asked to declare any disclosable pecuniary interest or other registerable interest they might have in respect of business on this agenda, if they have not already done so in advance on the Register of Interests. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

[Please see attached sheet for further guidance for Members]

2. Minutes (Pages 3 - 10)

To approve and sign the minutes of the meeting held on 27 March 2024.

3. Public Participation

At this point in the meeting members of the public who have

registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee.

Please note that our registration deadlines are set as 2 working days before the meeting, in order to facilitate the management of public participation at our meetings. The deadline for registering at this meeting is **5:00pm on Friday 19 April 2024.**

To register to speak please visit www.york.gov.uk/AttendCouncilMeetings to fill in an online registration form. If you have any questions about the registration form or the meeting, please contact Democratic Services. Contact details can be found at the foot of this agenda.

Webcasting of Public Meetings

Please note that, subject to available resources, this meeting will be webcast including any registered public speakers who have given their permission. The meeting can be viewed live and on demand at www.york.gov.uk/webcasts.

During coronavirus, we made some changes to how we ran council meetings, including facilitating remote participation by public speakers. See our updates (www.york.gov.uk/COVIDDemocracy) for more information on meetings and decisions.

4. Tackling Cardiovascular and Metabolic Disease: York's Healthcheck Programme (Pages 11 - 20)

To consider a report providing the Committee with an update on York's NHS Healthcheck programme, as well as the wider context around cardiovascular and metabolic diseases in the city.

5. Update on Vaping in York (Pages 21 - 36)

To consider a report updating Members on the latest trends, research, local developments and national policy on vaping, in order to take a view on our approach in York.

6. Work Plan (Pages 37 - 38)

Members are asked to consider the Committee's work plan for the remainder of the 2023/24 municipal year.

7. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer

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For more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 **(Cantonese)**

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। **(Bengali)**

Ta informacja może być dostarczona w twoim własnym języku. **(Polish)**

Bu bilgiyi kendi dilinizde almanız mümkündür. **(Turkish)**

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ **(Urdu)**

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Agenda Item 1

Declarations of Interest – guidance for Members

(1) Members must consider their interests, and act according to the following:

Type of Interest	You must
Disclosable Pecuniary Interests	Disclose the interest, not participate in the discussion or vote, and leave the meeting unless you have a dispensation.
Other Registrable Interests (Directly Related) **OR** Non-Registrable Interests (Directly Related)	Disclose the interest; speak on the item only if the public are also allowed to speak, but otherwise not participate in the discussion or vote, and leave the meeting unless you have a dispensation.
Other Registrable Interests (Affects) **OR** Non-Registrable Interests (Affects)	Disclose the interest; remain in the meeting, participate and vote unless the matter affects the financial interest or well-being: (a) to a greater extent than it affects the financial interest or well-being of a majority of inhabitants of the affected ward; and (b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest. In which case, speak on the item only if the public are also allowed to speak, but otherwise do not participate in the discussion or vote, and leave the meeting unless you have a dispensation.

(2) Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.

(3) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.

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Agenda Item 2

City of York Council | Committee Minutes

Meeting	Health, Housing and Adult Social Care Scrutiny Committee
Date	27 March 2024
Present	Councillors D Myers (Chair), Vassie (Vice-Chair), Baxter, Rose, Smalley, Steels-Walshaw, Wann, Wilson, Waller (Substitute) and Whitcroft (Substitute)
Apologies	Councillors Kelly and Runciman
In Attendance	Councillor Pavlovic, Executive Member for Housing, Planning and Safer Communities
Officers Present	Tracey Carter, Director of Economy, Regeneration and Housing Michael Jones, Head of Housing Delivery and Asset Management

33. Declarations of Interest (17:33)

Members were asked to declare at this point in the meeting any disclosable pecuniary interests or other registerable interests they might have in respect of the business on the agenda, if they had not already done so in advance on the Register of Interests. None were declared.

34. Minutes (17:33)

The committee considered the accuracy of the minutes of the meetings held on 13 December 2023 and 30 January 2024.

In respect of the minutes of the meeting held on 13 December 2023, an amendment was suggested under item 21 (Oral Health) to incorporate an acknowledgement of the visiting dentists' support for new forms of primary care centre to transform care in small communities around York.

In respect of the minutes of the meeting held on 30 January 2024, an amendment was suggested under item 29 (2023/24 Finance and Performance Monitor 3) to incorporate a request for more detailed benchmarking information in future reports.

Resolved: That the minutes of the meetings held on 13 December 2023 and 30 January 2024 be agreed as correct records subject to

the above amendments made respectively to incorporate the additional points raised.

35. Public Participation (17:38)

It was reported that there had been no registrations to speak at the meeting under the Council's Public Participation Scheme.

36. Housing Asset Management and Repairs Update (17:39)

The committee considered a report introduced by the Director of Economy, Regeneration and Housing and the Head of Housing Delivery and Asset Management which provided an update on the council's Housing Asset Management Plan and Repairs Policy. It was confirmed that the former was a live document, while the latter was due to be refreshed following engagement with residents.

Members discussed communications around disrepair claims. It was acknowledged that it was a challenge to counter misinformation around the repairs process, including from no-win no-fee legal practices targeting council tenants. While statistics demonstrated improvement in the repairs service, this was not always reflected in tenant feedback. The Building Services team was developing its outreach work, including more regular social media updates and a repairs roadshow. Members suggested expanding peer to peer-to-peer communications including through tenants' organisations could also be useful. Trading Standards were investigating practices supplying inaccurate information, and it was suggested that it would be useful if ward councillors received the same information as was already being supplied to tenants through residents' newsletters on this issue.

The committee considered the repair process for damp and mould. It was noted that a backlog of council properties with structural damp issues was being worked through, and that a dedicated surveyor from the Building Services team was now undertaking most assessments for damp and mould complaints, with external contractors providing additional expertise in cases with significant structural issues. In around 90% of assessments, no structural issues were identified; behavioural factors were often related to overcrowding or fuel poverty issues. Surveyor advice was generally welcomed by tenants and fuel vouchers were offered in certain cases. Awaab's Law would introduce statutory timescales to investigate complaints and require that vulnerabilities were considered. A condition

survey was being carried out on all council homes to gain a better understanding of the state of stock and inform future investment; this would also help identify damp and mould issues before they became significant.

Members enquired about asset management objectives and the impact of new Regulator of Social Housing standards. There was already an improving picture on key measures of achievement, with two-thirds of council homes having EPC ratings of C or higher and more repairs being resolved on the first visit. Ambitions to ensure all council homes had a valid Electrical Inspection Certificate by 2028 and to improve the speed at which calls to the repairs service were answered were confirmed. Online repairs notifications were expected to reduce call volume and improve call waiting times from the present average of four minutes. In response to members' questions about insulation officers agreed to provide more detail on the variance in recommendations referred to in Annex A to the report.

The committee discussed staffing and the use of contractors. It was noted that there was an ambition to be less reliant on these; while most repairs were done in-house, home modernisation and specialist work such as asbestos removal was carried out externally. Contractors were also used to cover areas of high demand or where there were recruitment challenges. It was noted that council staff performed the majority of out-of-hours repairs, although the standby policy presented an ongoing challenge as it was not included in staff contracts.

Members also enquired about funding for decarbonisation and retrofit work. It was confirmed that the council had generally been successful with grant funding applications. Different types of non-traditional housing stock, which was the most challenging to retrofit, were being targeted each time funding was secured; this would improve knowledge and allow work to be rolled out to similar houses to meet needs when funding was available. The Retrofit One-Stop-Shop York project had secured funding to develop a digital platform to provide retrofit advice, including green finance and incentives for private owners, and work was being done on green skills training bids to upskill staff and assist the regional market. The York and North Yorkshire Housing Partnership presented a significant opportunity to work together in bringing all social housing in the area up to EPC C rating by 2030.

The Executive Member for Housing, Planning and Safer Communities was in attendance and emphasised that the council was seeking to drive the move to net zero with as many properties as possible. His focus was on bringing homes that were in the worst condition up to a decent standard. He noted that retrofitting council homes crossed portfolio areas and invited the committee to consider the issue of retrofit priorities.

At the conclusion of the discussion, it was indicated that the Homelessness Resettlement Pathway report was likely to be ready in April and suggested that members consider under the Work Plan item whether to add this report to the committee's agenda for its next meeting.

[Cllr Whitcroft left the meeting from 18:55-18:59; Cllr Rose left the meeting at 19:11; and Cllr Steels-Walshaw left the meeting from 19:23-19:25].

Resolved:

i. To note the Asset Management Plan, its ambitions and the challenges of balancing priorities and investment opportunities.
ii. To add the 2024/25 investment plan to the committee's Work Plan, following the receipt of stock condition information later this year, to enable discussion around investment priorities, including a breakdown of budget forecast spending on contractors, apprenticeships, and an update on training to up-skill and cross-skill existing staff.

Reason: To support a shared understanding around the challenges of maintaining and improving council homes and to inform a joined-up discussion around investment priorities in future years.

iii. To note the existing Repairs Policy.
iv. To request that the final draft Repairs Policy is brought back before Scrutiny before being considered by Executive.

Reason: To ensure we develop a repairs policy which balances resource capacity with meeting the needs of our customers.

v. To note the updates regarding the stock condition survey work, disrepair claims, and updated damp and mould approach.
vi. To request that peer-to-peer communications be explored to help alleviate the issue of legal practices proactively contacting residents and encouraging them to make legal claims of disrepair.

Reason: To ensure our council homes are safe, sustainable, affordable, and good quality.

vii. That members be provided with the information on no-win no-fee legal practices which was already being circulated to council tenants.

Reason: To ensure that members remain informed on this issue and are able to provide accurate advice to residents.

viii. To request further information on the variance in loft insulation recommendations referred to in Annex A to the report.

Reason: To keep members informed on this issue.

ix. That the Chair write to the Chair of the Corporate Services, Climate Change and Scrutiny Management Committee to enquire about the appropriate forum for scrutiny of the status of the standby policy.

Reason: To ensure the standby policy is considered by Scrutiny in the appropriate forum.

[The meeting was adjourned from 19:30-19:41 for a comfort break and to give members time to read the Task and Finish Review Proposal Form which had been circulated by the Chair; Cllr Pavlovic left the meeting at this point].

37. Task and Finish Review Proposal - Home Care Commissioning (19:42)

Members considered a proposal from the Chair for a Task and Finish Group Review of Home Care Commissioning. In line with the new interim process for Task and Finish Groups, which was outlined to members for information, a proposal form had been completed identifying the suggested aims and objectives, methodology, impact on resources and timescale for the proposed review.

This proposal was tabled by the Chair at the meeting. It was suggested that a draft report be completed by the end of July 2024 and shared for review, before being considered by the committee at an appropriate date in the autumn. Councillors Vassie and Baxter volunteered to participate in the review alongside the Chair.

Resolved: To endorse the proposed remit, objectives, and timeframe for a Task and Finish scrutiny review of Home Care Commissioning, with Councillors Myers, Baxter and Vassie as group members.

Reason: To enable the Task and Finish Group to proceed with work on the review in line with scrutiny procedures.

38. Work Plan (19:49)

The committee considered its work plan for the 2023/24 municipal year, including the Housing items (Homelessness Resettlement Pathway, 2024/25 Asset Management Investment Plan, and revised final draft Repairs Policy) discussed earlier in the meeting. With reference to the Investment Plan, it was suggested that the committee might consider inviting other comparable local authorities to provide examples of best practice.

As a result of discussions between the Chair and officers, it was suggested that the item on Pharmacies scheduled for April be held over until a later Public Health-focused meeting. A suggestion to split the Autism and Neurodivergence Strategy item provisionally scheduled for May, with the committee receiving a report from the ICB in May and from the Public Health team in the autumn, was also considered; it was suggested that Public Health officers be requested to attend for the ICB item.

Members considered an invitation received from the Rough Sleeper Housing Navigators Team to visit and observe its work. It was noted that several members had already done so and that virtual sessions were available for any interested members who wished to take them up, and it was suggested the committee place on record its thanks to the Navigators for their work.

It was also noted that work planning for the 2024/25 municipal year was due to be considered by an upcoming meeting of the Chairs of all four Scrutiny Committees.

Resolved:

i. To hold over the proposed item on Pharmacies scheduled for the April meeting until a later date to be confirmed.
ii. To request that the Homelessness Resettlement Pathway report be brought to the April meeting.
iii. To approve the suggestion to receive reports on Autism and Neurodivergence Strategy from the ICB in May and from the

Public Health Team in the autumn, with a request that the relevant Public Officers attend the May meeting.

iv. To add the 2024/25 Asset Management Investment Plan, including a breakdown of budget forecast spending on contractors, apprenticeships, and an update on training to up-skill and cross-skill existing staff to the committee's Work Plan, with the date to be confirmed following the receipt of stock condition information later this year.

v. To add the revised final draft Repairs Policy to the committee's Work Plan, with the date to be confirmed.

Reason: To keep the committee's Work Plan updated.

Cllr D Myers, Chair

[The meeting started at 5.32 pm and finished at 7.59 pm].

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Meeting:	Health, Housing and Adult Social Care Scrutiny Committee
Meeting date:	23/04/2024
Report of:	Peter Roderick, Director of Public Health
Portfolio of:	Executive Member for Health, Wellbeing and Adult Social Care

Scrutiny Report: Tackling cardiovascular and metabolic disease: York's Healthcheck Programme

Subject of Report

1. The UK's biggest cause of early death, from a physiological perspective, is cardiovascular disease (CVD), a group of conditions affecting the heart and circulation system in any part of the body. Diseases such as stroke, ischaemic heart disease and heart failure are responsible for around a quarter of all premature mortality.

2. Metabolic diseases, such as diabetes, are related to CVDs from a physiological perspective, and at population level there are a significant number of people living with them both as comorbidities. Together they are a large cause of early disability and mortality.

3. Part of the council's public health work aims to prevent these diseases, both through tackling the risk factors and through early identification and treatment. A primary route for this is through the commissioning of the NHS Healthcheck programme, a statutory duty of the local authority.

4. This report updates committee members on the NHS Healthcheck programme, as well as the wider context around cardiovascular and metabolic diseases in the city.

Policy Basis

5. Reducing the burden of cardiovascular disease in York will contribute to the aspirations in the council plan to reduce health inequalities, given that those in the most deprived 10% of the population are almost twice as likely to die as a result of CVD than those in the least deprived 10% of the population. It also aligns to Goal 8 of the Joint Health and Wellbeing Strategy 2022-32 to 'Improve diagnosis gaps in dementia, diabetes and high blood pressure to above the national average, and detect cancer at an earlier stage'.

Recommendation

6. Scrutiny committee are recommended to note and comment on this report.

Background

Key priorities and outcomes for cardiovascular and metabolic disease

7. There are a large number of conditions which could fall under the category of cardiovascular and metabolic diseases, but for the purposes of this report the focus is on a number of these which have the highest disease burden in the population.

8. Prevention priorities for these conditions broadly flow from the national CVD prevention programme, and can usefully be categorised using two tiers of prevention:

   - Primary prevention, focussed on:

     - High blood pressure (hypertension), which is present in around a quarter of the population and defined as a person having blood pressure of 140/90mmHg when measured at a pharmacy or GP. Prevention includes both avoiding the risk factors for high blood pressure (including obesity, poor diet, salt intake, sedentary activity, smoking) and early detection and treatment-to-target either through lifestyle modification and / or medication (e.g. anti-hypertensives)

  - High cholesterol, which is present in around six in ten adults in the UK and is measured by the levels of Low Density Lipoprotein (negative for circulatory health) and High Density Lipoprotein (positive for circulatory health) in the blood. Prevention includes both avoiding the risk factors for high cholesterol (including obesity, poor diet, sedentary activity, smoking) and early detection and treatment-to-target either through lifestyle modification and / or medication (e.g. statins)

  - Atrial fibrillation, which is present in around one in every 50 persons in the UK and is detectable through measuring pulse rhythm followed by a confirmatory electro-cardiogram (ECG). Prevention includes both avoiding the risk factors for atrial fibrillation (including obesity, poor diet, sedentary activity, smoking) and early detection, the point of which is appropriately treat patients and to identify those who meet the criteria for anti-coagulation therapy to lower their risk of future stroke.

- Secondary prevention, focussed on:

  - Treatment-to-target of high cholesterol and high blood pressure in those who have had a past CVD event (such as a heart attack)

  - Chronic kidney disease (CKD), which is undiagnosed in around 1.2 million people in the UK; prevention includes detection of CKD in those with risk factors, management of stage progression, and control of blood pressure, CVD risk, proteinuria and painkiller use

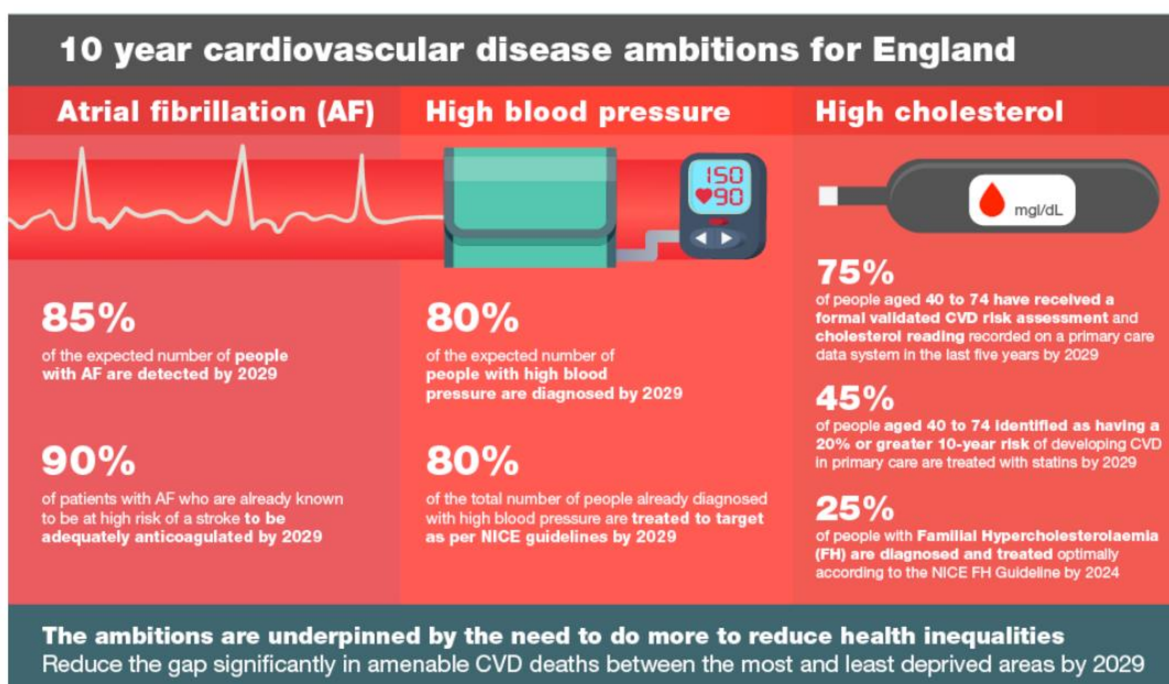
  - Identifying through genetic screening those who have a genetic condition called Familial Hypercholesterolaemia (around 1 in 250), where blood cholesterol levels are very high from a young age, and starting those with the condition on lipid-lowering therapy

  - Management of type 2 Diabetes, a metabolic condition where the body becomes resistant to the hormone insulin and is unable to control glucose levels in the blood; prevention opportunities include the new Diabetes Remission programme, attendance at structured education, the improvement of lifestyle factors including obesity,

regular eye screening (diabetic retinopathy), ensuring good quality care through an annual review process where '9 care processes' should be undertaken, as well as good medical management where the intended outcome is blood glucose controlled within a target range.

- Heart Failure, including detection and access to diagnostics, self management and remote monitoring, and appropriate and access to cardiac rehabilitation

9. There are a variety of national targets and outcomes for these areas, and the following graphic summarises the key national ambitions around primary prevention:



<u>Trends in cardiovascular and metabolic disease in York</u>

10. The table below summarises the key data around the burden of cardiovascular and metabolic diseases in York, compared to national trends.

11. In summary, York has higher rates of disease affecting people towards the end of life (heart failure, stroke) and lower levels of disease affecting people earlier in life (hypertension, atrial fibrillation).

12. Around a third of patients with hypertension are not treated to their target blood pressure, around two thirds of patients with a history of CVD are not treated to their cholesterol target, and around a third of patients with atrial fibrillation eligible for anticoagulation (to reduce the risk of future stroke) are not on this medication. This represents significant missed prevention opportunity.

	Vale of York GPs	National	Data source
Atrial Fibrillation prevalence	2.8%	2.4%	CVDPrevent
Hypertension prevalence	15.6%	16.2%	CVDPrevent
CVD event prevalence	6.6%	6.1%	CVDPrevent
Chronic Kidney Disease prevalence (stage 3a-5)	3.5%	3.9%	CVDPrevent
Hypertension patients treated to BP target (all ages)	67.2%	66.8%	CVDPrevent
People with a history of CVD treated to cholesterol target	31.2%	30.9%	CVDPrevent
People with atrial fibrillation eligible for treatment treated with an anticoagulant	90.5%	90.5%	CVDPrevent
	City of York GPs	**National**	**Data source**
Stroke prevalence	2.1%	1.8%	QOF
Diabetes prevalence	5.4%	7.5%	QOF
Peripheral Arterial Disease prevalence	0.6%	0.6%	QOF
Heart Failure	1.1%	1.0%	QOF
Diagnosis gap for Diabetes	71.3% of cases diagnosed	78.0% of cases diagnosed	QOF
Diagnosis gap - Hypertension	71.4% of cases diagnosed	76.4% of cases diagnosed	Local calculation

13. Additionally, a number of other trends can be seen in this data:

- The proportion of the population affected by cardiovascular disease has been decreased gradually over the last few decades, due in part to the introduction of preventive medical treatment (e.g. statins) and reductions in smoking prevalence

- The proportion of the population affected by diabetes and hypertension has been rising over the last decade, for instance in 2009/10 Vale of York GP practices had 10,197 diabetics, rising to 18,486 diabetics in 2022/23, due in part to trends in diet and physical activity.

- There are significant inequalities in cardiovascular diseases and metabolic diseases, for instance the Health Survey for England

shows that people from the most deprived areas are 30% more likely than the least deprived to have high blood pressure, and the condition disproportionately affects some ethnic groups including black Africans and Caribbeans.

14. It is also important to acknowledge that local prevalence figures displayed above are more accurately *detection* figures, especially for diseases where in the early stages there are no symptoms (for instance hypertension, atrial fibrillation and sometimes diabetes). This means that the data is a product of the underlying prevalence in the population *and* our success in identifying people living with the disease asymptomatically so that they can be treated. This is shown in the fact that around 30% of people estimated to be living with diabetes and around 30% of people estimated to be living with high blood pressure in York are not diagnosed (diagnosis gap). This represents again a significant missed prevention opportunity.

The NHS Healthcheck programme in York

15. This diagnosis gap is in part the reason the NHS Healthcheck programme exists. The NHS Health Check is a simple check of your heart and metabolic health. Aimed at adults in England aged 40 to 74, it checks your vascular or circulatory health and works out your risk of developing some of the most disabling – but preventable – illnesses. It is free of charge, including any follow-up tests or appointments.

16. Around 1.3 million health checks are delivered each year, identifying 315,000 people living with obesity and 33,000 cases of hypertension, and preventing over 400 heart attacks and strokes. Additionally, a high level of modifiable risk factors (more than three-quarters of attendees had at least one elevated risk factor) are identified even among people aged under 50, prompting ‘teachable moments’ and lifestyle change.

17. All adults between 40 and 74 should be invited for a healthcheck every 5 years, but those with an existing cardiovascular or metabolic condition (e.g. diabetes or high blood pressure) are excluded, as the aim of the programs is to find undiagnosed and treatable conditions.

18. It is a statutory duty of public health teams in local authorities to commission or provide NHS healthchecks. The council’s public

health team commissioning our local primary care service provider, Nimbuscare, to deliver healthchecks in York.

19. At a healthcheck, the clinician will:
    - measure height, weight and waist
    - do a blood pressure test
    - take a blood sample, in order to check cholesterol levels and maybe blood sugar (if indicated)
    - ask questions about health including:
        - family history of CVD
        - smoking status
        - alcohol screening (AUDIT-C)
        - physical activity screening (GPPAQ)

20. The national programme intends to invite every eligible person between 40 and 74 to attend a healthcheck every five years. The Office for Health Improvement and Disparities (OHID) calculate the estimated eligible population for healthchecks each year, using census and NHS data. It includes anyone aged 40-74 but excludes those who are in prison or with an existing long term health condition. In 2023/2024 it is estimated there are 54,759 people in York who could have a healthcheck.

21. Nimbuscare are commissioned to deliver 2000 healthchecks per year, from at least six different locations across the city to enable easier access. As such, in a 5 year period, only 18.3% of the eligible population will receive a health check. Whilst the national programme intends only to *offer* a healthcheck to all eligible 40-74 year olds (i.e. no programme like this would see all those offered accepting and receiving a healthcheck), we recognise that with this number of healthchecks available we are not able to offer the number of checks which would match the national ambition. This is due to the limited finances available for these checks available within the priorities funded by the public health grant in York.

22. However, to focus delivery of the healthcheck programme in York (and deliver the best value for limited resource), in line with evidence that shows that the programme is most cost effective

when it has higher ‘yield’ (i.e. it finds more disease which can be treated) we have locally commissioned a bespoke programme, with targeted invitation criteria above and beyond the national requirements. This is in line with the findings of the Deanfield Review into NHS Healthchecks in 2021, and increasingly common across local authorities.

23. This means our proactive invite to residents (through e.g. text message or letter) is aimed at patients with risk factors, so the following targeting criteria are included:

    - Those living in the 50% most deprived areas of York
    - Those with a BMI of 30+ (27.5+ for some ethnicities)
    - Current smokers
    - Those with a past Alcohol AUDIT score 5+
    - Those with a diagnosis of anxiety or depression

24. The contract stipulates that at least 75% of health checks meet these additional targeting criteria encouraging targeting of healthchecks, while allowing for those who are outside of the criteria to still receive their check. Patients who are eligible for a health check can request one by contacting Nimbuscare, with information on both the Council and Nimbuscare website.

25. Since October 2021, when the contract was awarded to Nimbuscare, the total number of health checks delivered is 5,249. The yearly breakdown can be seen in the table below:

	2021/2022 (Q2 & Q3 only*)	2022/2023	2023/2024
Health checks Offered	1,018	2,873	2,402
Health checks Completed	1,018	2,275	1,956
% met local target criteria	37.7%	72.7%	Not yet available
% referred to health trainers	54.1%	32.4%	Not yet available
*Shortly after the contract was awarded, there was a national campaign to increase uptake for COVID boosters (in Dec 21 – Jan 22). As Nimbuscare were the local provider for the mass vaccination site, health check staff were diverted to support the COVID booster campaign, which was agreed with the public health team given the priority of COVID response			

26. The programme has been broadly welcomed, and as the numbers above show, this approach now ensures that the most likely to benefit are being invited to a healthcheck, and that a good number attending have a ‘follow on’ pathway through the health trainer service in order to capitalise on a healthcheck as a teachable moment and move towards lifestyle change.

27. The public health team, in partnership with Nimbuscare, continue to develop the programme, and related / future developments include:

    - The Community Pharmacy hypertension case-finding service, now offered blood pressure monitoring in pharmacies. 31 pharmacies are currently providing this service in York, and to date 7,718 checks have been made.

    - The national bidding process for Workplace Healthchecks, which the public health team have recently submitted a bid for in conjunction with Nimbuscare.

    - Digital healthchecks, positively piloted in Cornwall and potentially rolled out nationally.

Contact details

For further information please contact the authors of this Report.

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Report approved:	Yes
Date:	09/04/24

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Meeting:	Health, Housing and Adult Social Care Scrutiny Committee
Meeting date:	23/04/2024
Report of:	Peter Roderick, Director of Public Health
Portfolio of:	Executive Member for Health, Wellbeing and Adult Social Care

Scrutiny Report: Update on Vaping in York

Subject of Report

1. E-cigarettes, devices which deliver nicotine-containing flavoured vapour through electronically heating liquid, have been commercially available for around 15 years, and their use (henceforth, 'vaping') has rapidly grown as a trend.

2. It is estimated that of 9.1% of adults vape in the UK, 20.5% of children aged 11-17 have tried vaping and 7.6% are currently vaping (ASH 2023). Vaping presents society with a public health challenge. On the one hand, it has shown to be highly effective at helping existing smokers to quit the use of a product that kills half of its lifetime users (the cigarette). On the other, there are concerns around the take-up of vaping amongst non-smokers, particularly children and young people. Thus, we are in the strange position of recommending vaping to one section of the population (smokers) and discouraging its use in another section of the population (children and young people).

3. This report updates committee members on the latest trends, research, local developments and national policy on vaping, in order for them to take a view on our approach in York.

Policy Basis

4. Ending smoking in York is a key part of our local public health strategy; it is the focus of the Tobacco Control Plan 2020-2025, and is Goal 3 of the Joint Health and Wellbeing Strategy 2022-32.

Recommendation

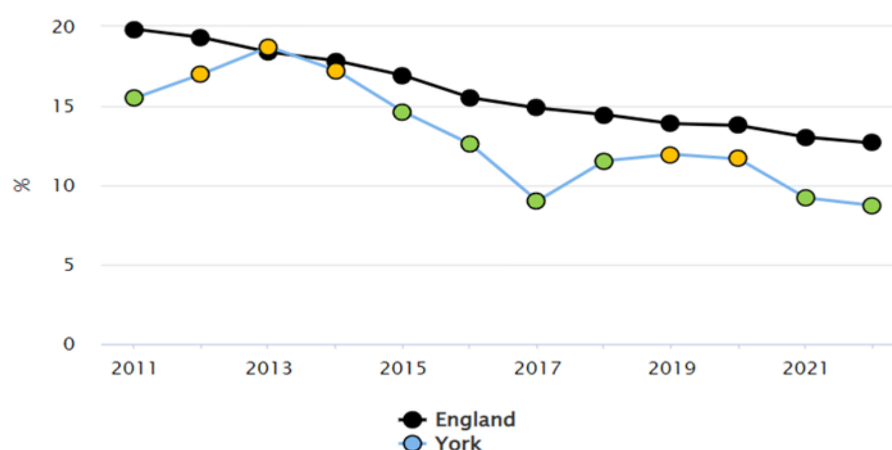
5. Scrutiny committee are recommended to note and comment on this report.

Background

Trends in smoking and vaping nationally and in York

6. Smoking prevalence has fallen steadily since a high in the 1960s when up to half the male population smoked in the UK. Currently, an estimated 12.7% of the population smoke, and in York this is significantly lower at 8.7%. This equates to around 14,500 smokers in the city.

7. The secular trend in smoking in York shows a steady decline over the last decade, with rates approximately halving:



8. However, the current trajectory of smoking prevalence reduction will not, nationally, reach the target of a ‘smokefree generation’ by 2030, defined by the WHO as having national prevalence rates below 5%.

9. The harms of smoking are manifold and result, for instance, in around 1,450 hospital admissions and around 200 deaths per year in York. These harms are in some ways ‘baked in’ to population health within the foreseeable future due to historical smoking patterns (for instance lung cancer incidence rates typically lag behind smoking rates by around 20-30 years). However, reductions in smoking prevalence also have short-term positive

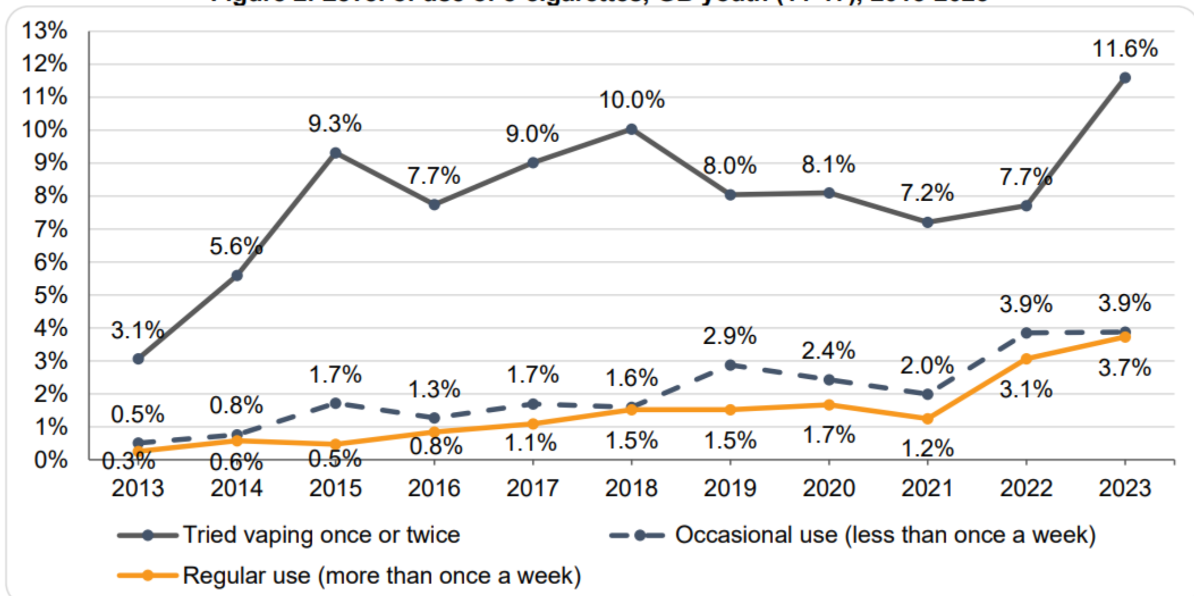
benefits (e.g. in-year reductions in acute admissions for exacerbation of asthma), as well as medium-term positive benefits (e.g. reductions in 2-5 year rates of strokes and heart attacks) and long-term positive benefits (e.g. reductions in incidence of over 15 type of cancer).

10. The electronic delivery of nicotine has been around for decades, particularly through Nicotine Replacement Treatment (NRT) devices used in stop smoking services (for instance inhalators). However e-cigarettes which heat and vapourise flavoured nicotine-containing liquid have been commercially available for around 10-15 years.

11. The most solid evidence on trends in vaping comes from Action on Smoking and Health (ASH), who have been running YouGov surveys since 2013. In 2023 they estimated that 4.7 million adults vape in the UK, 9.1% of the population. 2.7 million (56%) of these vapers are ex-smokers,1.7 million (37%) are current smokers, and 320,000 are never smokers (1.1% of never smokers are current vapers, and 6.7% of current vapers are never smokers).

12. The ASH Smokefree GB Youth Surveys 2013-23 suggests that 20.5% of children aged 11-17 have tried vaping, with 11.6% of them having tried it once or twice, and 7.6% currently vaping either less than once a week (3.9%) or more than once a week (3.7%) (ASH 2023):

Figure 2. Level of use of e-cigarettes, GB youth (11-17), 2013-2023



13. The ASH survey also demonstrates a number of trends in children and young people's vaping, including:

    - A plateaued vaping rate in children and young people at the end of last decade, rising in the years following the pandemic

    - Greater rises in experimentation with vaping (trying once or twice) and much smaller rises in those regularly vaping

    - An age gradient both for 'ever' and 'current' vaping, with older ages (16-17 year olds and 18 year olds) more likely to have done either than younger ages (11-15 year olds).

    - significant growth in awareness of promotion of e-cigarettes, with only 20% of children and young people reporting not seeing vapes being advertising

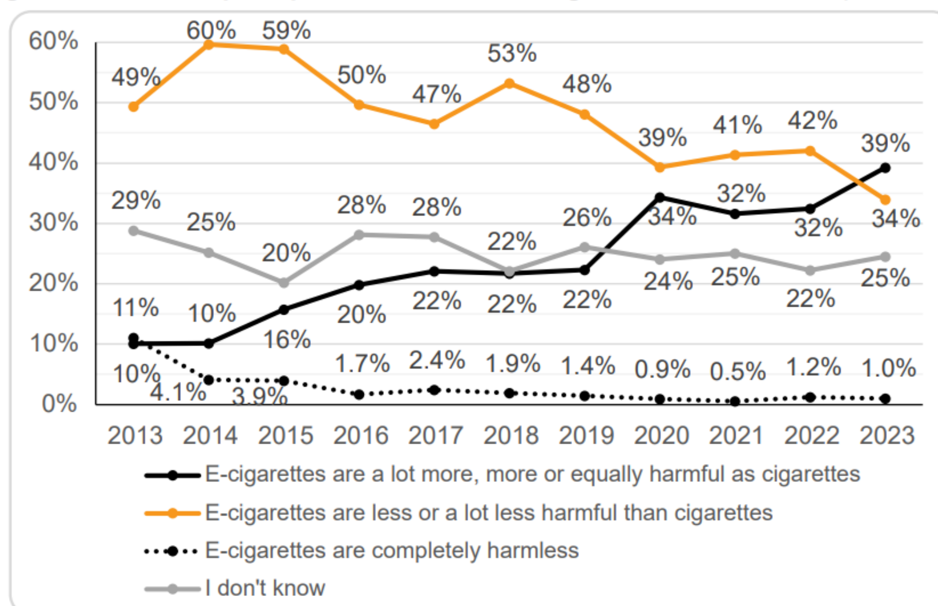
    - The three most common reasons given by children and young people for vaping have remained fairly consistent, and are in order, 'just to give it a try', 'other people use them, so I join in', and 'I like the flavours'

    - A large leap around 2021 in the proportion of vapes children and young people are using which are disposable – now around two thirds of all vapes

14. It is illegal to sell a vape to someone under the age of 18, and thus someone has broken the law (either through sale or proxy purchase) when a child vapes. The three most common methods of obtaining a vape reported in the ASH survey are, in order, 'I buy them from a shop', 'purchased from friends or other informal source' and 'given'.

15. Another trend evident across smokers (of all ages) is around the perception of health harm. As the next section of this report demonstrates, vapes are significantly less harmful to health than cigarettes, however perceptions of harm amongst smokers have shifted in recent years and the majority of smokers now incorrectly believe that e-cigarettes are a lot more, more or equally as harmful as cigarettes (see graph). This has potentially damaging consequences for the usefulness of vapes as smoking quit aids.

Figure 9 - Smokers' perception of harm from e-cigarettes, Great Britain (2013-2022)



ASH Smokefree GB Adult Surveys 2013-2023. *Unweighted base: Adult current smokers who have heard of e-cigarettes (2013=1,720, 2014=1,705, 2015=1,945, 2016=1,639, 2017=1,569, 2018=1,566, 2019=1,679, 2020=1,599 2021=1,438, 2022=1,641, 2023=1,426) Figures do not sum to 100% as the small proportions thinking cigarettes are completely harmless are excluded.*

Analysis

Current state of the evidence on the health impact of vaping

16. As an emerging and popular product, e-cigarettes have been subject to a large amount of scientific scrutiny to measure their potential harmful effect on the body. This research can demonstrate a great deal, but by definition does not yet include the types of study which stretch over decades and ascertains long term trends in health harm, or studies which are particularly good at picking up rare and unexpected events.

17. Globally, different approaches have been taken to public health advice on the health impacts of vaping. UK health agencies, for instance Public Health England and its successor the Office for Health Improvement and Disparities, NICE, the British Thoracic Society, the Royal College of General Practitioners, the Royal College of Physicians, the Royal College of Obstetrics and Gynaecology and the Royal College of Midwives, have generally concluded that compared to smoking a cigarette, vaping is 95% less harmful to human health, and as such it should be recommended to smokers as a valuable quit aid. This position has been reinforced by a series of evidence reviews on the international literature regarding vaping, published by Public Health England (later OHID) – the most recent is included as a background paper.

18. Internationally, for example the World Health Organisation (WHO) and Centre for Disease Control (CDC) have however been more cautious and while recognising vapes as far less harmful to health than tobacco, have not recommended their use so strongly.

19. ASH have produced a document 'Addressing common myths about vaping: Putting the evidence in context', which takes a number of common myths around vaping and answers them with the most up to date science and evidence. This is summarised below:

- *'MYTH: Vaping nicotine is more harmful than smoking tobacco'* – there are 75,000 deaths from smoking each year versus 5 deaths related to vaping products in the last 12 years. Since 2016, the UK have prohibited the use of any ingredient in nicotine containing e-liquid that poses a risk to human health in heated or unheated form. There are over 70 years of evidence of the harms of smoking while vaping has only been around for 16 years, so we cannot yet be precise about the long-term risks of vaping. However, the most recent independent review of the evidence commissioned to inform the government's policies and regulations published in 2022, concluded that vaping poses only a small fraction of the risk of smoking.

- *'MYTH: Vaping is more addictive than smoking'* – how addictive a product is depends upon its design and mode of use. Cigarettes carry the highest risk of addiction as they are designed to facilitate the inhalation of nicotine-laden smoke deep in the lung. People addicted to nicotine because of smoking who switch to vaping may remain addicted, but they are reducing their risks of relapsing back to smoking which is far more harmful. The method of acquiring nicotine from a vape is different to that from smoking, so one draw on a vape will result in less nicotine than the same on a cigarette. Therefore, to receive the same total amount of nicotine, a vape needs more draws than a regular cigarette, which can give the perception of "more addiction".

- *'MYTH: Disposable vapes deliver as much nicotine as 50 cigarettes'* – Cigarettes generally contain 10-15mg of nicotine per stick, which is 200-300mg per 20 pack. A vape with the highest legal level of nicotine (20 mg/ml) and size (2ml) contains 40mg of nicotine. It is worth noting that most vapers

use vape liquid with around 1-3mg/ml of nicotine.

- *'MYTH: Vaping is a proven gateway into smoking'* - If vaping were a gateway into smoking at population level, as vaping increased smoking rates would be expected to show a reduced rate of decline or start to increase. To the contrary between 2010 and 2021 when e-cigarette use grew rapidly from a low base in England, smoking rates among children continued to fall at least as rapidly as previously, which does not support the gateway hypothesis at population level.

- *'MYTH: Nicotine damages brain development in young people'* - NRT is on the World Health Organisation list of essential medicines because there is good evidence of efficacy, safety and comparative cost-effectiveness. NRT is licensed by the MHRA for smoking cessation, not just by adults but also by young people from age 12 upwards, pregnant women and people with cardiovascular disease.

20. It is important to recognise that e cigarettes are tightly regulated in the UK, with the use of any ingredient in nicotine containing e-liquid that poses a risk to human health in heated or unheated form prohibited. The Tobacco Products Directive, which came into force in the UK in May 2017, restricts vapes to 2 millilitres of e-liquid with a nicotine strength of 20mg per millilitre or under in any single product, a much lower nicotine threshold than elsewhere in the world.

21. The harms of vaping compared to not vaping are only a fair comparison if the individual is not an existing smoker. If they do smoke vaping has been shown to be the most effective quitting aid, and the Smoking Toolkit Study (an ongoing series of monthly surveys of the adult population of England) has shown a clear association between changes in population rates of quitting smoking and prevalence of e-cigarette use after adjusting statistically for a range of potential confounding factors. If the association is causal, then the use of e-cigarettes in quit attempts appears to have helped in the region of 30,000 to 50,000 additional smokers to successfully quit each year in England since 2013. In the words of the Chief Medical Officer, "If you smoke, vaping is much safer; if you don't smoke, don't vape."

Smoking and vaping trends amongst children / young people in York

22. The School Health and Wellbeing Survey was commissioned by City of York Council Public Health. This is the second large scale survey on the health and wellbeing of children and young people in the city carried out between 2021 - 2024.

23. The latest survey took place between November 2023 and January 2024 and included questions on vaping and smoking. Five year groups across all publicly funded schools in York were invited to participate: years 4 and 6 in primary schools and years 8, 10 and 12 in secondary/sixth form schools. Altogether we heard from 2,956 children and young people in the city.

24. In 2023 a quarter of children and young people in York aged 12-17 years had tried vaping, up from around a fifth in 2021. The majority report experimentation having only tried an e-cigarette once or twice (9%) and 3% report using e-cigarettes every day. There are no noticeable differences between boys and girls.

25. Most primary school children say that they have never used an e-cigarette (71%) or heard of e-cigarettes (19%). None reported using e-cigarettes every day. Around a quarter of young people aged 12-17 years said that they ‘don’t know why’ they vape and 32% said that they use/used an e-cigarette ‘just give it a try’. ‘I like the flavours’ was the reason given by 11% of young people in York.

26. Most secondary/sixth-form children in York wrongfully believe that vaping is ‘about the same’ (42%) or ‘more harmful’ (17%) compared to smoking cigarettes. However, despite this the number of children and young people vaping in the city continues to rise. Most primary school children say that ‘I don’t know’ (42%) if vaping is more or less harmful than smoking.

27. The majority of young people in York say that they are given vapes by friends or that they buy them from friends, relatives or someone else. Disposable (non-rechargeable) vapes are the most frequently used (33%). However most young people aged 12-17 years say that they don’t know what type of vape they use most often (44%).

28. In 2023 90% secondary/sixth-form children in York have not smoked a cigarette, rising to 95% of primary school children. Like with vaping, the majority report experimentation having only tried cigarettes once or twice. Less than 1% say that they smoke more than 6 cigarettes a week. This is similar to the 2021 survey when 10% of 12-17 year olds said that they had used cigarettes and most did not smoke regularly. Most young people in York say that they are given cigarettes by their friends.

29. A fifth of secondary/sixth form children report living with an adult who smokes, rising to 24% of primary school children. This is similar to the 2021 survey which found that around a quarter of children and young people in the city were living with an adult who smoked.

30. 100% of secondary/sixth-form children who took part in the survey said that they did not know where to get help to stop smoking or vaping, despite having a youth stop smoking and vaping offer within the CYC Health Trainer service.

31. Based on the above findings, as well as national evidence presented in this paper, the public health approach to vaping in York has two separate strands:

- the offer / advice to smokers, which does incorporate support to use vapes as quit aids;
- and the offer / advice to our children and young people, where we seek to discourage vaping, minimise the advertising and marketing of vapes, and work in partnership to reduce vaping rates over the next years.

<u>Local work on smoking and vaping through the CYC Health Trainers</u>

32. The Council's Health Trainer service sits as part of the Public Health department. The service offers free, 1-1 support and guidance to residents of York on how to effectively quit smoking. At present, the service offers 4 weeks of Nicotine Replacement Therapy or e-cigarettes, alongside behavioural support to enable a

successful quit attempt.

33. The service sees good outcomes, with 75% of residents who set a "quit date" going on to successfully quit 4 weeks later. This is a national standard for measuring quit effectiveness of stop smoking services in England. In 2022/23 245 residents set a quit date, with 184 successfully quitting (75.1% quit rate). For Q1-Q3 of 2023/24 225 residents set a quit date, with 170 successfully quitting (75.6% quit rate). We have the fourth best quit success rate in England.

34. The health trainer service is a person centred, behaviour change offer, where the focus is on facilitating behaviour change and being user led to meet their outcome goals. As such, service users are given advice on the different nicotine replacement devices, and encouraged to utilise the device they think will work best for them. In some instances this is solely NRT or solely and e-cigarette, or in others it may be a combination of NRT and e-cig (using a NRT patch to provide a background level of nicotine, alongside the e-cigarette as a secondary device to control cravings).

35. In 2022/23, 52% of quit attempts used NRT only, 31% used NRT and e-cig, 16% e-cig only and 1% used no nicotine device. In terms of quit success, e-cig only users were most successful 83% achieving a 4-week quit, then NRT & e-cig combined with 80% success, then NRT only with 74% success.

36. Included at Annex A is a feedback form from a stop smoking service user, a 77 year old man from the north of the city named Ollie. He highlighted that he had tried to quit before, but was unsuccessful as he couldn't get to grips with the NRT, quickly re-lapsing and returning to smoking. He was delighted to try an e-cig and was able to successfully quit smoking using the device.

37. Across the Health Trainer service, using an e-cigarette is seen as a means to support a successful quit attempt from smoking cigarettes. The long-term goal is to also stop using the e-cigarette, by slowly reducing the strength of the nicotine e-liquid and then coming off the e-cig altogether. This is where the behavioural support offered by the health trainers is vital, to help smokers understand the habits and behaviours they have formed, alongside the addiction (to nicotine).

38. In response to local concerns about increases in children vaping, the service has a dedicated offer to support 12- to 17-year-olds to

stop vaping. The team will offer NRT if required, but most often it is the behaviour change support alone that is required. The service works will all secondary schools across York, alongside the council's Healthy Child Service School Nurses.

39. As a further additional support for schools, a resource pack has been created which includes postcards, posters, letters and presentations. The resources can be placed across the school, with the letters sent home to parents and the presentation is designed to be used by teachers within PHSE lessons. The Health Trainer service manager has worked closely with school leaders to promote the support available to schools, including the distribution of printed materials to each secondary school in York. The service regularly attends both school leader and pastoral leads meetings.

Local work on smoking and vaping by CYC Public Protection

40. During 2023, Public Health funded the CYC Public Protection team to develop a retailer vaping scheme. The team visited all known vaping retailers in the city, be that specialist vape shops, supermarkets or smaller independent retailers such as newsagents.

41. The scheme was designed to remind retailers of their responsibilities under legislation for the correct age of sale of vapes and to check for potentially illicit vapes that were for sale.

42. In November 2023, Trading Standards Officers visited 8 premises in the city with underage volunteers to ensure that advice on refusing children was being followed. Only one premises sold vapes to a child (14 year old) and a prosecution is pending.

43. In March 2024, due to intelligence gathered via the retailer scheme, the Public Protection team seized over 1,000 illegal vapes worth over £13,000. This seizure was only from two shops within the city, and highlights that there is further work to do on clamping down on the sale of illegal vapes in York.

44. The Tobacco and Vapes Bill described below contains a number of new measures on vapes, which will lead to greater responsibilities for local trading standards department to enforce in this area.

Recent national policy – the Tobacco and Vapes Bill 2024

45. The Bill, under primary legislation, will make provision about the supply of tobacco, vapes and other products, including prohibiting the sale of tobacco to people born on or after 1 January 2009; and to enable product requirements to be imposed in connection with tobacco, vapes and other products. It will do this by:

- making it an offence to sell tobacco products to those born on or after 1 January 2009, thereby phasing out the sale of tobacco products while not stopping anyone who currently legally smokes from being able to do so. This will mean anyone who turns 15 or younger in 2024 will never legally be sold tobacco products

- amending existing legislation to make it an offence for anyone over 18 to purchase tobacco products on behalf of those born on or after the 1 January 2009 (proxy purchasing)

- supporting the enforcement of the new measures by requiring retailers to update the current age of sale notices (or warning notices), so that any retailer that sells tobacco will need to state clearly that 'It is illegal to sell tobacco products to anyone born on or after 1 January 2009'

- 'On the spot' fines of £100 to be introduced to clamp down on underage sales of tobacco and vaping products

46. The Bill also has secondary legislation relating to reducing the appeal of vaping to children. It will do this by:

- restricting vape flavours
- requiring plain packaging
- controlling how vapes are displayed in shops

47. The government has also committed to ban the sale and supply of disposable vapes from April 2025 under separate environmental legislation.

48. The Bill has had its first reading in Parliament on 20 March 2024, and it's seconding reading on 16 April 2024. There are several further stages it must go through such as Committee and Report,

before it moves to the third reading and MPs can vote on the legislation, before it then goes on the House of Lords.

49. Additionally, in the Spring Budget, the government announced it was introducing a new duty on vaping and increasing tobacco duty from October 2026. A 12-week consultation on the policy design and technical details was launched at the end of March. The proposed vaping duty rates will be:

- £1.00 per 10ml for nicotine free liquids
- £2.00 per 10ml on liquids that contain 0.1-10.9 mg nicotine per ml
- £3.00 per 10ml on liquids that contain 11mg or more per ml.

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Background papers

Action on Smoking and Health [ASH] myth buster - https://ash.org.uk/uploads/Addressing-common-myths-about-vaping-ASH-brief.pdf

OHID: Nicotine vaping in England: 2022 evidence update main findings
Nicotine vaping in England: 2022 evidence update main findings - GOV.UK (www.gov.uk)

Tobacco and vapes bill - https://bills.parliament.uk/bills/3703/publications

Health trainers vaping resources -
https://www.york.gov.uk/HealthTrainersToolkit#vaping

Annex

Annex A – Stop Smoking service user feedback – Ollie.

ANNEX A

Health Trainers

Client Feedback Form – CYC Health Trainers/ Stop Smoking

Client's Name……Ollie………………………………….

Thank you for offering to share your experiences of our service in more detail. Below are a few additional questions which we'd like to use as part of shared experiences and case studies via CYC Health Trainer communications channels.

1. What made you join the Health Trainer- stop smoking service?

I have tried to get help before but got was only offered patches, which did not work, and no other support. This was my last hope and if I had known about it earlier I would have quit sooner

2. What is the biggest achievement of your journey with the Health Trainer- stop smoking service that are you most proud of?

Getting past the first 4 weeks

3. What did you find most challenging and how did you overcome that?

The first 4 weeks It would have been very difficult had the support not been there The problem is what to do with your hands and it was the suggestion of use a vape that solved it

ANNEX A

Health Trainers

4. Has being part of the Health Trainer- stop smoking service benefitted you? Or your family? If so, how?

I do feel better and hope It will improve as time passes and my wife is pleased as she does not smoke

5. Did you learn anything you didn't know before joining the service? If so, what?

The suggestion of using vapes. Patches and other types of nicotine replacement never worked but these have and I am in control of the amount of nicotine, which will be reduce to zero, and the excellent support

6. Is there anything else you'd like to add?

This has been a very positive experience and with the excellent staff needs to be made more available to people who are having difficulty giving up smoking

Thank you

Health, Housing and Adult Social Care Scrutiny Committee

Work Plan 2023/24

15 May 2024 5:30pm Adult Social Care	1) Adult Social Care Strategy 2) Reablement 3) Home Care: status report 4) ICB report on Autism and Neurodivergence Strategy 5) Work Plan

TBC items

- Homelessness Future Resettlement Pathway
- Learning Disability Provision – The Glen and Lowfields.
- Urgent care delivery review in York and the East Coast, to provide an update on the emerging integrated model and next steps.
- Output from LGA Peer Review.
- Lasting effects of the pandemic and review for winter 2024/25.
- External expert on reablement technology.
- 2024/25 Housing Asset Management Investment Plan, including a breakdown of budget forecast spending on contractors, apprenticeships, and an update on training to up-skill and cross-skill existing staff.
- Revised Housing Repairs Policy – final draft.

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