



Notice of Joint Meeting of:

**SCRUTINY COMMITTEE - CHILDRENS AND FAMILIES
SCRUTINY COMMITTEE - ADULTS AND HEALTH**

Wednesday, 25 October 2023 at 10.00 am

**John Meikle Room, The Deane House, Belvedere
Road, Taunton TA1 1HE**

To: The members of the

Scrutiny Committee - Childrens and Families and Adults and Health

Chair: Councillor Leigh Redman (Chair, Children & Families)

Vice-chair: Councillor Gill Slocombe (Chair, Adults & Health)

Councillor Evie Potts-Jones

Councillor Suria Aujla

Councillor John Bailey

Councillor Simon Carswell

Councillor Caroline Ellis

Councillor Andrew Govier

Councillor John Hunt

Councillor Christine Lawrence

Councillor Frances Nicholson

Councillor Emily Pearlstone

Councillor Jeny Snell

Councillor Claire Sully

Ruth Hobbs – co-opted member

Eileen Tipper – co-opted member

Councillor Graham Oakes

Councillor Jason Baker

Councillor Hilary Bruce

Councillor Peter Clayton

Councillor Ben Ferguson

Councillor Andy Hadley

Councillor Jenny Kenton

Councillor Martin Lovell

Councillor Sue Osborne

Councillor Tony Robbins

Councillor Mike Stanton

Councillor Rosemary Woods

The Revd T Osmond – co-opted member

Jo Simons – co-opted member

For further information about the meeting, including how to join the meeting virtually, please contact Democratic Services on (01823) 357628 or email: democraticserviceteam@somerset.gov.uk.

All members of the public are welcome to attend our meetings and ask questions or make a statement **by giving advance notice** in writing or by e-mail to the Monitoring Officer at email: democraticserviceteam@somerset.gov.uk by **5pm on Thursday, 19 October 2023**.

This meeting will be open to the public and press, subject to the passing of any resolution under the Local Government Act 1972, Schedule 12A: Access to Information.

The meeting will be webcast and an audio recording made.

Issued by (the Proper Officer) on Tuesday, 17 October 2023

AGENDA

Joint Meeting Scrutiny Committee - Childrens and Families and Scrutiny Committee - Adults and Health 10.00 am Wednesday, 25 October 2023

Public Guidance Notes contained in Agenda Annexe (Pages 5 - 6)

Click here to join the online meeting (Pages 7 - 8)

1 Apologies for Absence

To receive any apologies for absence.

2 Declarations of Interest

To receive and note any declarations of interests in respect of any matters included on the agenda for consideration at this meeting.

(The other registrable interests of Councillors of Somerset Council, arising from membership of City, Town or Parish Councils and other Local Authorities will automatically be recorded in the minutes: [City, Town & Parish Twin Hatters - Somerset Councillors 2023](#))

3 Public Question Time

The Chair to advise the Committee of any items on which members of the public have requested to speak and advise those members of the public present of the details of the Council's public participation scheme.

For those members of the public who have submitted any questions or statements, please note, a three-minute time limit applies to each speaker and you will be asked to speak before Councillors debate the issue.

We are now live webcasting most of our committee meetings and you are welcome to view and listen to the discussion. The link to each webcast will be available on the meeting webpage, please see details under 'click here to join online meeting'.

4 Dentistry and children and young people's access to dentistry and child oral health improvement (Pages 9 - 38)

To receive PowerPoint presentation. A position statement on child oral health improvement is also attached (see pages 33 - 37).

This item will be led by Sukeina Kassam, Deputy Director Primary Care and Matthew Mills, Head of Pharmacy, Optometry and Dentistry and Rachel Handley, Consultant in Public Health will also be attending.

Note - the Chair will allow 45 minutes for this agenda item.

5 Preparing for Adulthood (Pages 39 - 50)

To receive PowerPoint presentation.

This item will be led by Emily Fulbrook, Deputy Director, Operations, Adult Services and Jayne Shelbourn-Barrow, Service Director for Children and Families

Note - the Chair will allow 45 minutes for this agenda item.

6 Somerset approach to reducing smoking and youth vaping (Pages 51 - 72)

To receive PowerPoint presentation.

Attached for reference, is information on Somerset smokefree pathways and local picture (see pages 71 - 72).

This item will be led by Kate Anderson, Service Manager, Public Health and Rachel Handley, Consultant in Public Health will also be attending.

Note - the Chair will allow 45 minutes for this agenda item.

Guidance notes for the meeting

Council Public Meetings

The legislation that governs Council meetings requires that committee meetings are held face-to-face. The requirement is for members of the committee and key supporting officers (report authors and statutory officers) to attend in person, along with some provision for any public speakers. Provision will be made wherever possible for those who do not need to attend in person including the public and press who wish to view the meeting to be able to do so virtually.

Inspection of Papers

Any person wishing to inspect minutes, reports, or the background papers for any item on the agenda should contact Democratic Services at democraticserviceteam@somerset.gov.uk or telephone 01823 357628.

They can also be accessed via the council's website on [Committee structure - Modern Council \(somerset.gov.uk\)](#)

Members' Code of Conduct requirements

When considering the declaration of interests and their actions as a councillor, Members are reminded of the requirements of the Members' Code of Conduct and the underpinning Principles of Public Life: Honesty; Integrity; Selflessness; Objectivity; Accountability; Openness; Leadership. The Code of Conduct can be viewed at: [Code of Conduct](#)

Minutes of the Meeting

Details of the issues discussed, and recommendations made at the meeting will be set out in the minutes, which the Committee will be asked to approve as a correct record at its next meeting.

Public Question Time

If you wish to speak or ask a question about any matter on the Committee's agenda please contact Democratic Services by 5pm providing 3 clear working days before the meeting. (for example, for a meeting being held on a Wednesday, the deadline will be 5pm on the Thursday prior to the meeting) Email democraticserviceteam@somerset.gov.uk or telephone 01823 357628.

Members of public wishing to speak or ask a question will need to attend in person or if unable can submit their question or statement in writing for an officer to read out, or alternatively can attend the meeting online.

A 20-minute time slot for Public Question Time is set aside near the beginning of the meeting, after the minutes of the previous meeting have been agreed. Each speaker will have 3 minutes to address the committee.

You must direct your questions and comments through the Chair. You may not take a direct part in the debate. The Chair will decide when public participation is to finish. If an item on the agenda is contentious, with many people wishing to attend the meeting, a representative should be nominated to present the views of a group.

Meeting Etiquette for participants

Only speak when invited to do so by the Chair.

Mute your microphone when you are not talking.

Switch off video if you are not speaking.

Speak clearly (if you are not using video then please state your name)

If you're referring to a specific page, mention the page number.

There is a facility in Microsoft Teams under the ellipsis button called turn on live captions which provides subtitles on the screen.

Exclusion of Press & Public

If when considering an item on the agenda, the Committee may consider it appropriate to pass a resolution under Section 100A (4) Schedule 12A of the Local Government Act 1972 that the press and public be excluded from the meeting on the basis that if they were present during the business to be transacted there would be a likelihood of disclosure of exempt information, as defined under the terms of the Act.

If there are members of the public and press listening to the open part of the meeting, then the Democratic Services Officer will, at the appropriate time, ask participants to leave the meeting when any exempt or confidential information is about to be discussed.

Recording of meetings

The Council supports the principles of openness and transparency. It allows filming, recording, and taking photographs at its meetings that are open to the public - providing this is done in a non-disruptive manner. Members of the public may use Facebook and Twitter or other forms of social media to report on proceedings. No filming or recording may take place when the press and public are excluded for that part of the meeting.

Joint Meeting

**Scrutiny Committee - Children and Families
and Scrutiny Committee – Adults and Health
25 October 2023 @ 10 am**

**JMR, Deane House, Belvedere Road,
Taunton, TA1 1HE**

See below, to join the meeting via MS Teams

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Somerset Dental Overview

October 2023



Purpose

NHS Somerset ICB, the South West Collaborative Commissioning Hub and the wider Somerset Integrated Care System aim to address the challenges faced in the provision of NHS Dental Services across Somerset in a systematic and organised manner. Our aim is to ensure that people have timely access to necessary NHS dental services, regardless of geographical location, socioeconomic status or disability.

This overview aims to outline the strategies and actions required to restore and enhance access to NHS Dental Services in Somerset by prioritising patient need, allocating resources effectively, and creating a framework for efficient dental service delivery.

Background

- NHS England is formally responsible for the commissioning of dental services across England.
- Since April 2023, the commission of dental services has been delegated to local Integrated Commissioning Boards (ICB), including Somerset ICB.
- The former NHS England staff via a Collaborative Commissioning Hub continue to manage these contracts locally working on behalf of and alongside the seven South West ICBs.

Primary Care NHS Dental Services

- The dental practices are themselves independent businesses, operating under contracts with NHS England. Many also offer private dentistry. All contract-holders employ their own staff and provide their own premises; some premises costs are reimbursed as part of their contract.
- The terms and structure of the contract are set by national negotiations between the Department of Health and Social Care/NHSE and the representative bodies for dentistry in England.
- There is widespread dissatisfaction within the dental community about the structure of and remuneration under the current contract.

Primary Care NHS Dental Services

- Dental contracts are commissioned in units of dental activity (UDAs).

Band	Treatment covered	Number of UDAs
1	This covers an examination, diagnosis (including x-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of fluoride varnish or fissure sealant if appropriate.	1
2a	This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work, removal of teeth but not more complex items covered by Band 3.	3
2b	This covers filling and/or extraction of three or more teeth and/or non-molar endodontic care to permanent teeth.	5
2c	This covers molar endodontic care to permanent teeth.	7
3	This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.	12
4	This covers emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.	1.2

Impact of COVID-19

- At the end of March 2020 under direct instruction of the Chief Dental Officer for England, face to face dentistry ceased and dental practices provided remote triage of dental emergencies, advice and guidance, and prescriptions for antibiotics as necessary. Meanwhile, urgent dental care hubs were established at pace to accommodate dental emergencies.
- Following the commencement of face-to-face appointments compliance with infection protection control protocols reduced the number of patients that could be seen, requiring patients to be treated in priority of clinical need and commissioned activity levels being reduced to reflect this.
- The commissioning of dental services returned to full activity levels in July 2023, but the impact of the Covid pandemic and the reduction of staffing resources since that time has greatly reduced practices ability to maintain activity levels.

Current Somerset NHS Dental Service Provision

- As of August 2023, NHS Somerset contracts 846,914 UDAs across 67 contracts within the county of Somerset.
- This equates to a total value of £24,294,277.08.

Current Somerset NHS Dental Service Provision

- Somerset NHS Foundation Trust provide a range of secondary care services including Oral and Maxillofacial surgery, Orthodontics and Restorative Dentistry.
- Secondary care has been impacted greatly by the pandemic as services initially ceased to allow additional capacity to treat Covid patients in hospitals. All services have now been resumed but in some cases, the frequency of clinics has been reduced due to capacity at the hospital sites. This has led to an increase in waiting list sizes for some treatments and elective recovery plans are in place to increase activity to pre-pandemic levels.

Current Somerset NHS Dental Service Provision

- Somerset NHS Foundation Trust is commissioned by NHS England to provide a range of community dental services to patients within Somerset from a range of sites.
- This special care dentistry is concerned with the improvement of the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability; or, more often, a combination of these factors.
- Special care dental services provide urgent care, routine check-ups, and treatment. Some are also linked to other services such as oral surgery. Some, but not all, provide general anaesthetic for patients who cannot be treated by local anaesthetic.

Current Somerset NHS Dental Service Provision

Some of the people using the services include:

- People suffering from anxiety and/or extreme phobia of dental treatment
- People with learning difficulties and/or autism
- People with physical disabilities
- People suffering from dementia
- Patients needing bariatric equipment
- People undergoing chemotherapy
- Some homeless people

Current Somerset NHS Dental Service Provision

People are referred to the service from several routes including:

- High Street dentists
 - GPs
 - School nurses
 - Social workers
 - Care workers
 - Voluntary organisations
-
- Special care dental providers are currently experiencing similar difficulties in recruiting to specialist posts.

Dental – summary

There is significant concern from stakeholders about access to NHS dental services as an increasing number of practices cease providing NHS services. Oral health is a significant driver of overall population health, going far beyond dental health and affecting our biggest mortality reduction opportunities including CVD. It is also an area where inequalities are increasing, and concerted action is needed now to make sure that the people of Somerset have equitable access to dental services. Given the scale of the challenge, we expect that the actions set out below will need to be delivered across the whole period of the strategy 2023-2027.

In discussion with patients, communities, dentists, stakeholders and NHS England as the previous commissioner, six priority actions have been identified. They are all consistent with the three national priorities for General Dental Services: access, oral health, and inequalities.

NHS Somerset Primary Care Strategy 2023-2027



1. Set a Clear Ambition



2. Increase Dental Activity



3. Maintain Local Services



4. Creative Commissioning



5. Support Dental Workforce

Improved
access,
experience,
patient
knowledge
and
workforce.



Priority Action 1- Setting a clear ambition

Our ambition is that over the period 2023-2027 we achieve sufficient NHS dental capacity to provide access to all Somerset residents who wish to use NHS dental services.

As this will be a step-change in access from our current c43%, we will need to come together as a healthcare system to deliver it. It will require a substantial programme of investment, development, procurement and contract management. However this level of population access has been achieved in the past, so we should have confidence in our ability to achieve this very stretching target.



Priority Action 2- Bringing dentists back into the NHS

In order to deliver our first priority, we need to change our relationship with the dental profession in Somerset, to communicate clearly the benefits of undertaking NHS work and to identify and remove the obstacles that stand in the way of more dentists undertaking NHS work and for those practices already providing NHS care to support them in expanding the service they offer. This will require flexibility, dialogue and creativity.



Priority Action 3- Maintain our local services

Given the size of Somerset and the dispersed rural population it is important to ensure we have a local delivery network. Such a local delivery network also encourages continuity of care which is important to both patients and dentists, although it is not explicitly incentivised in the current dental contract. There is some evidence that recruitment of dentists is more challenging in rural areas so a creative approach will be needed, recognising that each practice is in a different situation.



Priority Action 4- Creative commissioning

Although further reform of the national GDS contract is expected in due course, in the short term we will need to take a creative approach which while consistent with the national contract framework also allows us to take action to meet specific local needs. These would include sessional approaches to dental stabilisation, children-friendly practices and communities experiencing particular inequalities. This should also include careful consideration of children-only NHS contracts, which until now commissioners have avoided for good reasons. However all options should be considered to improve the oral health of the population.

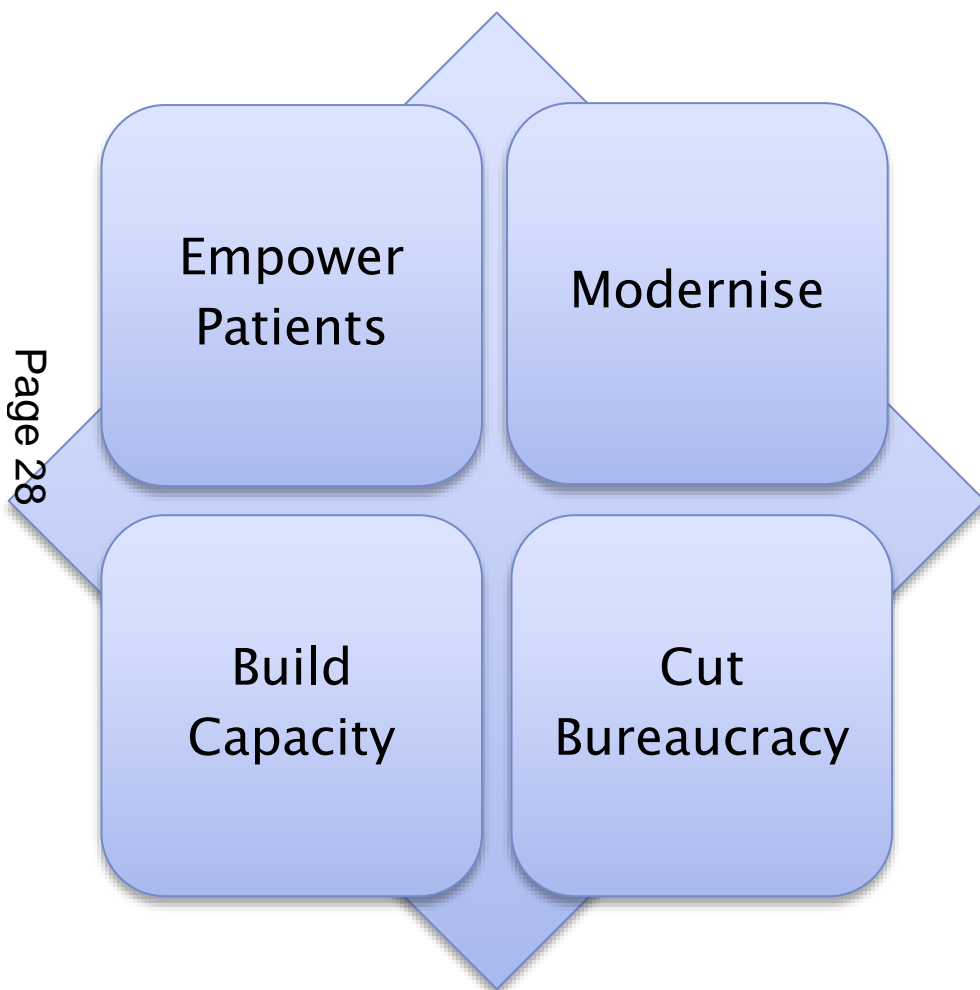


Priority Action 5- Workforce

We will need to increase the NHS dental workforce considerably, and in order to do so will need to form creative partnership including with higher and further education providers who can help us to ‘grow our own’ local dental workforce, including oral health practitioner apprenticeships. We will also offer a wider range of opportunities to dentists to undertake more specialist roles including orthodontics. We will also review the ‘pull factors’ for Foundation Dentists for NHS work in Somerset.

What will change?

- Patients will be able to access urgent dental care when they need it
- Access to routine dental care will improve
- Information, help and support for people, including children, on looking after their teeth will be provided through an integrated population health approach
- Dentists will feel valued by the NHS in Somerset and will be enabled to increase the amount of NHS work they do.



Whilst the Primary Care Access Recovery Plan does not aim to address access to dental services, the thematic approach to the development of primary care services does offer guidance to the stepwise approach to increasing access to dental services.

The four key areas of focus (left) can be translated into the access recovery for primary dental services and provide a framework for workstream prioritisation.

Innovation in commissioning to make contracts more attractive to dental professionals with additional skills

Work with dental providers to explore actions to maximise contracted activity to pre-pandemic level

Support Local Dental Network and Managed Clinical Networks for dentistry through which we work with dentists, public health and the dental school to develop referral pathways and increase dental capacity.

Commission dental services to meet areas of demand based on population health requirements

Reinvesting funding that has not been spent on meeting contracted activity levels in dental activity elsewhere

Increase dental clinical expertise within the ICB.

Mapping existing providers against historic provision, deprivation and population health needs.

Rebasing contract activity to allow for reinvestment.

Reprocurement of lost activity

Build on commitments of South West Oral Health Needs Assessment (2020)

Review findings from pilot services (Child Friendly Dental Practices, Stabilisation) and potential for wider commissioning.

Increase Somerset dental urgent care capacity

Work with private and/or former NHS Dental Practices to identify routes back into providing NHS Dental Services

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Utilise Managed Clinical Networks to establish care pathways for patient cohorts at significantly increased risk of harm.

Improve use of digital solutions within dentistry to reduce administrative burden resulting from NHS Services

Increase capacity for more complex treatments opportunities to take place in community rather than inpatient settings.

Increase the size of the Dental workforce in Somerset, through active recruitment and proactive retention programmes.

Support Dental professionals with training and development to increase the range of services offered locally.

Use system delivery network to improve population dental education and promote preventative oral health interventions

What had happened so far:

- First Dental Steps – designed to train and support health visitor teams to deliver key oral health messages to parents/carers and young children
- Supervised toothbrushing – contract due to go live soon with provider visiting primary schools within the most deprived areas of Somerset – training school staff to monitor toothbrushing with children on a daily basis and providing a home kits of tooth brushes and toothpaste
- Stabilisation and urgent care contracts
- Dedicated dental helpline clinically triaging urgent care patients providing dental advice and placing patients into urgent care appointments.

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Somerset Council Public Health: Oral Health Improvement Service position statement

From:	Patsy Temple; Consultant in Public Health
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Relevant ELT Director and sign-off date:	Trudi Grant; Executive Director of Public and Population Health 13/10/2023
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Date:	13/10/23
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To:	The Chair and members of the Scrutiny Committee – Adults and Health Scrutiny Committee – Children and Families
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Background

Dental Service provision

NHS England have previously held the commissioning responsibility for dental services in Somerset, a responsibility that has recently been delegated to the NHS Somerset Integrated Care Board (ICB) from April 2023. This change is part of a national policy shift which ensures delegation of all primary care commissioning of GP, pharmacy, ophthalmology, and dental services to local ICB. This is a very significant shift in responsibilities and will take a lot of work.

Oral Health promotion programme

Oral health refers to the health of people's teeth, gums, supporting bone, and soft tissue of the mouth tongue and lips. Poor oral health can exacerbate existing health conditions, impact on wellbeing by causing pain, difficulties with speaking, eating, and socialising as well as being an indicator of neglect or difficult social circumstance. Poor oral health is also entirely preventable.

Oral health improvement is a public health priority and reflected in the Public Health Outcome Framework through indicator: percentage of 5-year-olds with experience of visually obvious dentinal decay.

Public Health Somerset Council Oral Health Improvement position statement October 2023

Local Authority Public Health have a statutory responsibility to improve the health and health and well-being of our local population and tackle inequalities. With respect to oral health Somerset needs to provide or commission oral health promotion programmes to improve the health of the local population to the extent they consider appropriate in their areas.

Somerset Council secured a small amount of money from NHS England some years ago to meet this statutory responsibility.

Somerset Council Public Health have commissioned Roderick's Dental Partners to provide the all-age 'Oral Health Improvement Service' incorporating universal health promotion and to provide targeted oral health improvement to groups at risk of poor oral health.

The contract value is £90,000 per year, over 3 years. It commenced in October 2021 and runs to 30th September 2025.

The service specification includes the delivery of:

- a countywide fluoride varnish scheme in early years
- a supervised toothbrushing programme,
- a workforce development package
- and targeted support packages

This offer aligns to several policy drivers including OFSTED, CQC and Safeguarding.

Fluoride varnish schemes

Fluoride varnish professionally applied to teeth twice a year produce a significant reduction in dental caries in young children [Delivering Better Oral Health: an evidence-based toolkit for prevention](#). Somerset has focused delivery to children in areas of higher deprivation where we see a greater proportion of poor oral health and by association tooth extractions.

Somerset has two Fluoride varnish protocols;

- early years settings
- community programme delivered in Public Health Nursing (PHN) bases.

Most fluoride varnish applications will occur in early years settings, this scheme includes all consenting 3–4 year-old children in the setting. The 'early years eligibility

tool' devised by Somerset Council supports the prioritisation of settings based on several indicators of deprivation.

For children identified as higher need during mandated health visitor contacts, targeted fluoride varnish sessions are planned using PHN bases in the community. These include displaced children (unaccompanied asylum seekers/refugees) of eligible age. A review of the protocol is currently underway with NHS England (NHSE) Dental Public Health, aiming to consent the delivery of fluoride varnish sessions within the asylum hotel.

Service Activity:

Activity against the contract is monitored by the public health (PH) commissioner and arrangements regarding safety and governance is monitored by the Somerset Council Public Health Clinical Governance Committee alongside other PH contracts and services.

During the pandemic fluoride varnishing was not a health care activity that was identified as essential and had to be put on hold. It did then take some time to re-establish. A focus on delivery against the fluoride varnishing aspect of the contract in early 2023 means delivery against this aspect is now back on track.

Supervised Tooth Brushing (STB) Scheme

STB schemes are evidenced as highly effective in oral health improvement and provide the greatest return on investment across all oral health interventions. STB schemes target children in the early years.

Service Activity :

Rodericks started to recruit settings in summer 2023 and will continue to through the autumn. Supervised tooth brushing scheme is to be offered to children in those Early Years (EY) settings identified through the 'early years eligibility tool' for the fluoride varnish scheme. This delivery commenced in September 2023.

Workforce development

The service is currently consulting with partners to launch a comprehensive training and development offer. The consultation process is engaging multiagency and partners across adult and children services. The offer aligns to several drivers including OFSTED, CQC and Safeguarding and will be delivered, in part, alongside Health Education England.

National Dental Epidemiology Survey

Local Authorities commission oral health surveys as a mandated responsibility. This is delivered through the national dental epidemiology survey which is currently embedded within the commissioning of the community dental service.

Somerset Council Public Health is seeking assurance for this to continue in future contracts with the NHS Somerset ICB who have the commissioning responsibility since April 2023.

The epidemiology surveys:

- inform local and regional health needs assessments
- provide comparisons over time and monitoring of the Public Health Outcome Framework indicator: percentage of 5 year olds with experience of visually obvious dentinal decay
- provide standardised information for comparison locally, regionally, between countries of the UK and internationally
- local oral health improvement strategies
- engages education in oral health improvement

Healthy Child Programme

Local Authority Public Health have the commissioning responsibility for Public Health Nursing (PHN) service and this is also delivered through the Local Authority Public Health Team with the service sitting as an 'inhouse' service. The Public Health Nursing Service lead the delivery of the health Child Programme (HCP) and oral health is identified as an area in which health visitors can have an impact as part of the HCP.

Service Activity:

Oral health information and advice is provided as part of the PHN mandated contacts. This is delivered alongside infant feeding and nutrition / healthy eating advice which is also essential for good oral health. PHN support the universal distribution of oral hygiene products (tooth brush and toothpaste) through the 6-8 week health review and access to the community fluoride varnish scheme for children identified during the 2 year review.

Additional oral health improvement activity: NHSE funded through Community Dental Service contracts 2023/24

NHSE have commissioned oral health improvement and prevention interventions as part of the Southwest dental reform to reduce need across the population, improve outcomes in oral health and reduce pressures on dental services. NHSE have commissioned:

Regional supervised toothbrushing scheme (STB).

STB schemes are evidenced as highly effective in oral health improvement and provide the greatest return on investment across all oral health interventions. STB schemes target children in the early years. The regional scheme will deliver a proportionate allocation of consumables for target settings. A provider has been awarded the contract by NHSE and steps are being taken to align the local oral health improvement service and Somerset Council education with the regional provider. The new provision is expected to commence this autumn. Somerset Council are liaising with the provider to align the method of identification and prioritisation of early years and school reception class settings.

First Dental Steps (FDS), a prevention intervention, with aspiration to be delivered collaboratively with Public Health Nursing Health Visiting in 2024.

The community dental service (CDS) role in FDS builds capacity in dentistry for children aged under 12 months to be seen. Children can be referred by PHN Health Visitor for dental surveillance/provision. The other key element is the universal provision of consumables (toothbrush/toothpaste/Sippy cup packs) designed to be delivered during PHN HV contacts, along with health education and CDS consideration.

NHSE have agreed to provide the grant for consumables for this programme to commence in 2024. There is currently no referral pathway in place or built capacity in Somersets CDS. The NHSE regional dental public health consultant is currently working through the referral CDS element.

For more information please contact:	Name: Patsy Temple; Consultant in Public Health Email: Patsy.Temple@somerset.gov.uk
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Children & Families and Adults and Health Scrutiny Committee's 25th October 2023

Preparing for Adulthood

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Emily Fulbrook – Service Director Adults Social Care

Jayne Shelbourn-Barrow – Service Director Children and Families



Somerset
Council

Preparing for Adulthood Outcomes



Legislative Framework

- **The Children and Families Act 2014** and **The Care Act 2014** provide the legislative framework for supporting young people with care and support needs 'Prepare for adulthood' and the context in which the 'Transition' to adult services occurs. Further guidance around transition planning is provided through **the SEN Code of Practice 2015** and **NICE guidelines** published 2016.
- The key overarching principles throughout to supporting a smooth transition for young people include;
 - Proactive and early identification of young people, their needs and future planning
 - Planning for adulthood should begin in year 9, through EHCP reviews where relevant and focus on the 4 Preparing for Adulthood Outcomes (which link with Care Act Eligible outcomes)
 - Children and adult services working in an integrated way with Jointly agreed protocols and pathways
 - No gap in the provision of necessary Social Care support
 - Transition planning should not be based on a rigid age threshold

Preparing for Adulthood

Joint Scrutiny Workshop – October 2020

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Feedback from the workshop has supported the development of the SEND Strategy and 6 mission statements within Preparing for Adulthood

Key Principles of Transition Planning

- Key principles of transition planning and the Service Improvement Plan align well with the 4 priorities within the **ASC Strategy** in terms of ;
 - Prevent and early help
 - Right Support, right place, right time
 - A supported, skilled and flexible workforce
 - Future Focussed
- Key principles of transition planning and the Service Improvement Plan align well with the Key themes of the **SEND Strategy**;
 - Working together
 - Getting help as early as possible
 - Access to the right support and provision
 - Preparing for the future

SEND Strategy

Working Final:	So that you can live your best life and achieve your goals, we will evaluate the support and guidance available to you and develop it so that you can plan for adult life as early as possible. This includes if you need to transfer to adult services across health and social care.
Mission Owner:	Chloe Boobyer / Angela King
Mission Completion date:	Year 1
Working Final:	You will be supported to be as independent as you can be through work readiness and life skills programmes. We will work with supported employment groups and key partners to improve the employment opportunities available to you.
Mission Owner:	Julie Young
Mission Completion date:	Year 2

SEND Strategy

Working Final:	We will support you in your next steps whether you choose to continue your education, take up employment or training after you leave school.
Mission Owner:	Julie Young
Mission Completion date:	Year 1
Working Final:	You and your family will be able to get support to be as healthy as you can be. This will be supported by local partnerships including; education, health, care and the voluntary, community, faith and social enterprise (VCFSE) sectors.
Mission Owner:	William Barnwell and Chloe Boobyer
Mission Completion date:	Year 2

SEND Strategy

Working Final:	We will have clear guidance about career options available from year 7. We will audit what's already available in schools, including where they already work with the local community. We will monitor effective careers delivery using 'Compass' a careers benchmark tool.
Mission Owner:	Julie Walker and Julie Young
Mission Completion date:	Year 2
Working Final:	As part of developing our housing strategies we will work with you to understand what you need to live as independently as possible, including in your own home, flat or shared living environment. Based on what you tell us, we will develop a refreshed and accessible housing offer in a location that is right for you.
Mission Owner:	Mark Leeman
Mission Completion date:	Year 2

ASC Strategy



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Our strategy sets out how Somerset Council will work to deliver our vision in partnership with local people, communities and system partners, over the next three years, ensuring we deliver the right kind of care for our local communities, and the best possible outcomes within the resources available to us.

In Somerset, we want people to live healthy and independent lives, supported by thriving and connected communities, with timely and easy access to high quality and efficient support when they need it.

Our Vision:

'In Somerset, we want people to live healthy and independent lives, supported by thriving and connected communities, with timely and easy access to high quality and efficient support when they need it'.

Our Strategy sets out how we will work to deliver our vision in partnership to ensure we deliver the right kind of care and support for our communities, and the best possible outcomes within the resources available to us.

Our priorities:



Ambition:

To live in the place we call home, with the people and things we love, in communities where we look out for one another, doing what matters to us.

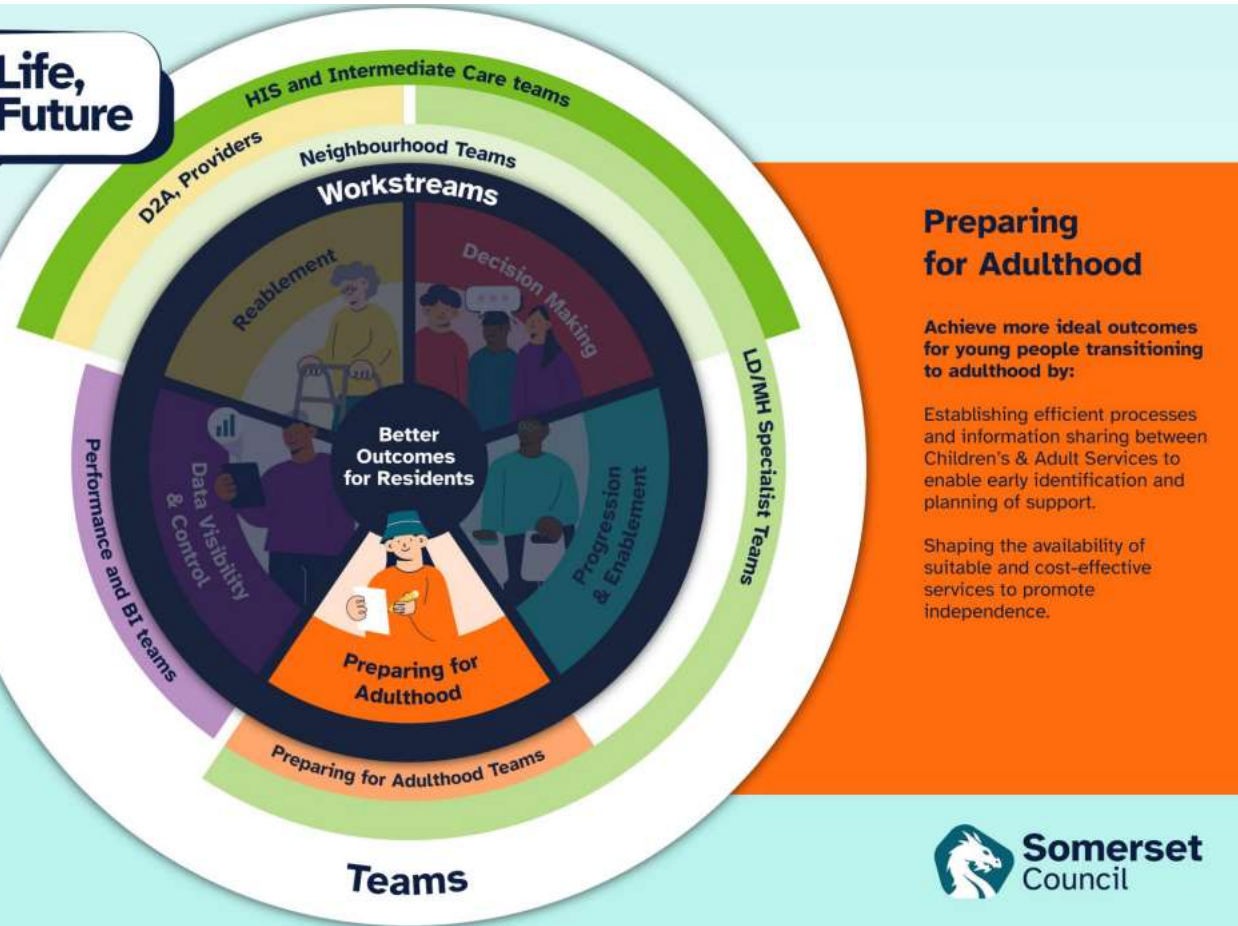
Preparing for Adulthood

Work with young people, their families and other involved services towards maximising their independence, drawing on young people's own aspirations for inclusion, education, employment and quality of life as part of 'preparing for adulthood' and effective transitional safeguarding.

My Life, My Future – ASC Transformation

My Life,
My Future

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- Reviewing, Updating and implementing the agreed pathways
- Developing Practice Guidance and joint working protocols
- Developing joint commissioning of services specifically looking at young people 16yrs+ to prevent the need for several moves within a short time frame along with more preventative community provision / models i.e. job coaching, internships and travel training
- The Plan is for this area of work to start end of Oct beginning of Nov

Collaborative Working

- **Countywide Preparing for Adulthood meetings** to ensure understanding and early identification of young people transitioning through to adult services.
- **Reinstating Locality Area forums** to build on the existing relationships across Children Services and Adult Services.
- **Senior leadership meeting** to work collaborative to unblock issues and celebrate success.
- **Extensive validation** work being undertaken to ensure appropriate young people open to Preparing For Adulthood Team.
- **Capacity of our Workforce** in both Adults & Childrens services ensuring early referral for children approaching transition age by Childrens services and early involvement & planning with Adults require dedicated practitioner time for these cases.
- **Navigating and reviewing our processes** we currently have complex processes that are not aligned between Adults and Childrens that create confusion for our workforce and can impact on timely referrals.
- Ensuring we have the right provision of services, pathways and relationships with partners all work alongside strong **strategic commissioning**
- **Co-Production** Re-starting Coffee mornings, information sessions for Parent and carers and linking in with parent carer events
- **System working** across the ICS to ensure effective working relationships, ensuring best support in place to achieve the best possible outcomes for individuals.

Time for Questions



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Contact email

Somerset approach to reducing smoking and youth vaping

Kate Anderson – Public Health Specialist
Rachel Handley – Public Health Consultant

25 October 2023



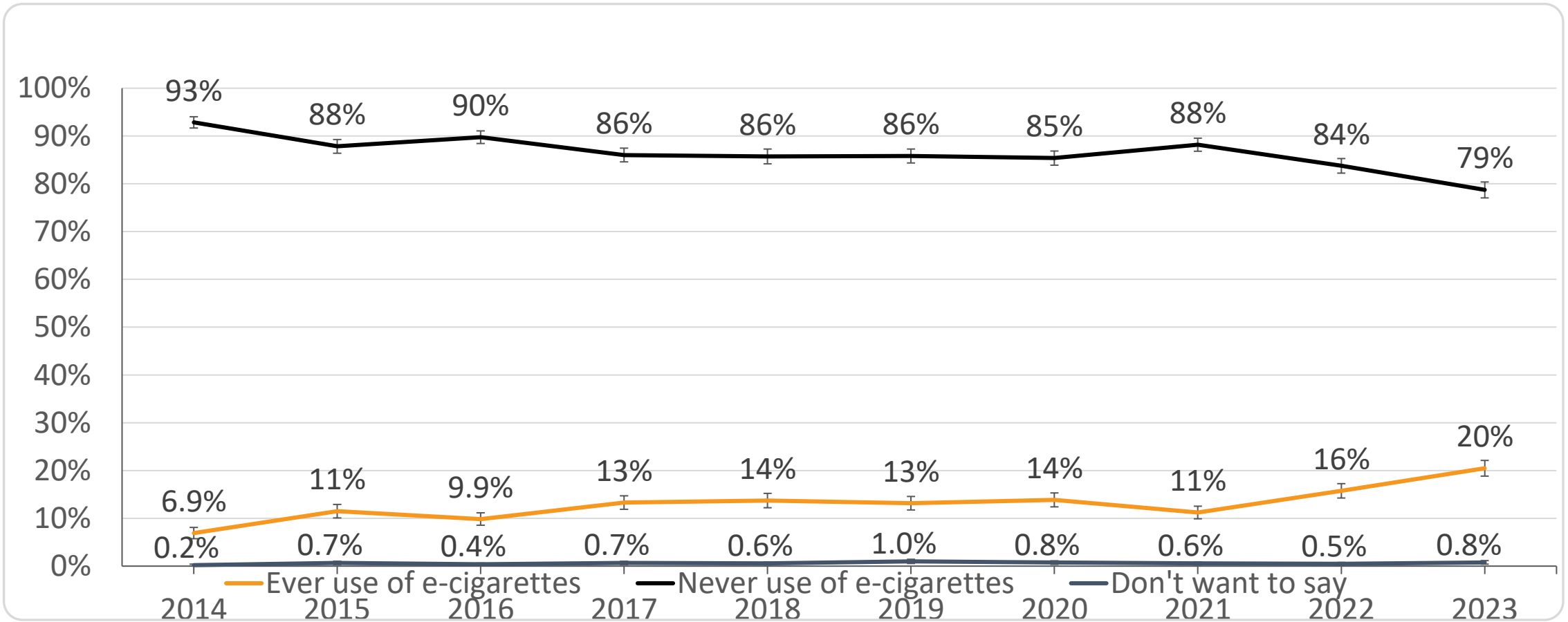
Somerset
Council

Intro to vaping in young people

What are the key concerns?

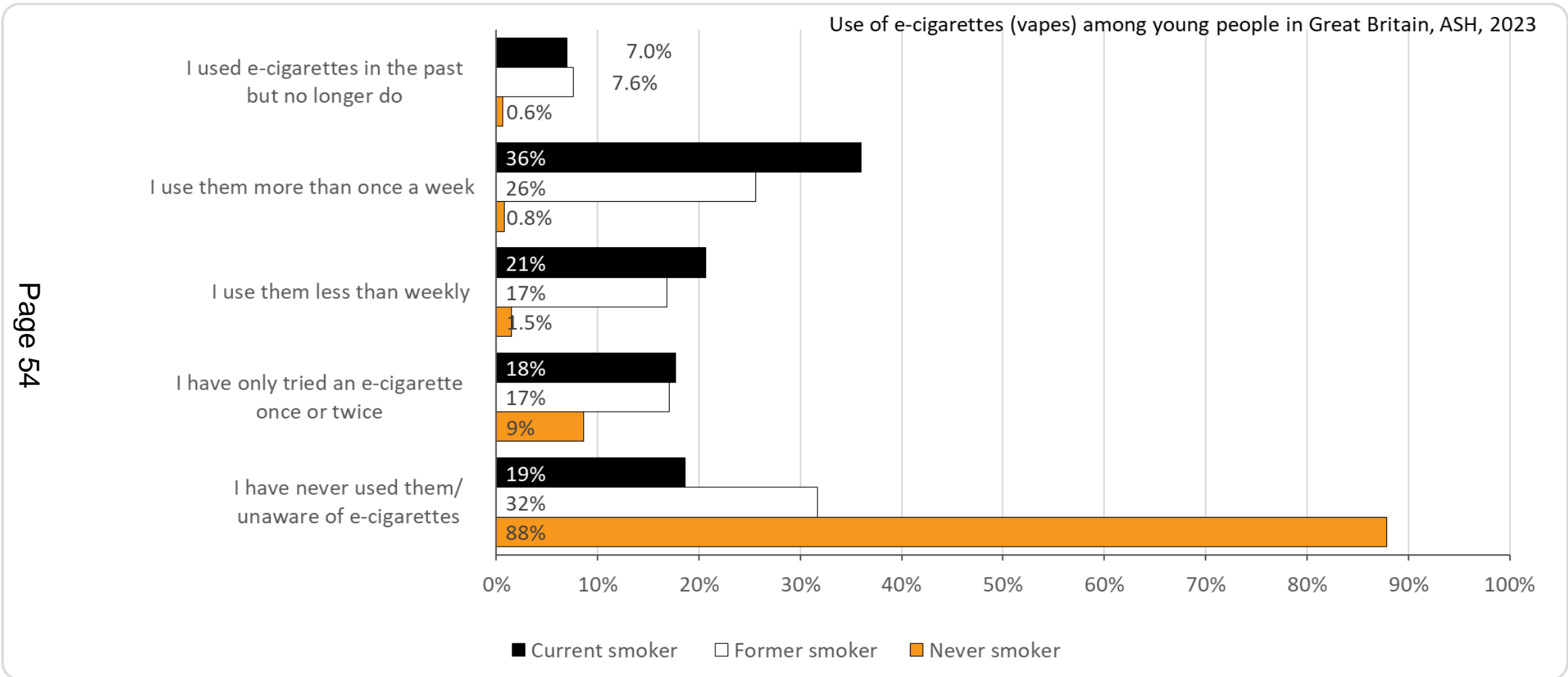
- Increase in youth vaping over last 5 years
 - Promoted and market to young people?
 - Are young people that wouldn't smoke being targeted to vape?
 - Is Vaping a gateway to other substance misuse?
 - Is every young person vaping?
- Increase in evidence for vaping as effective tool for smoking adults to quit
 - Does vaping support smoking adults to quit?
 - Is vaping as dangerous as smoking?
 - Consultation with young people – 'It's a quit tool not a cool tool'

Most 11-17 year olds have never vaped



Use of e-cigarettes (vapes) among young people in Great Britain, ASH, 2023

Vaping is much more common among children who also smoke, or have smoked



Use of e-cigarettes (vapes) among young people in Great Britain, ASH, 2023



Substance Use

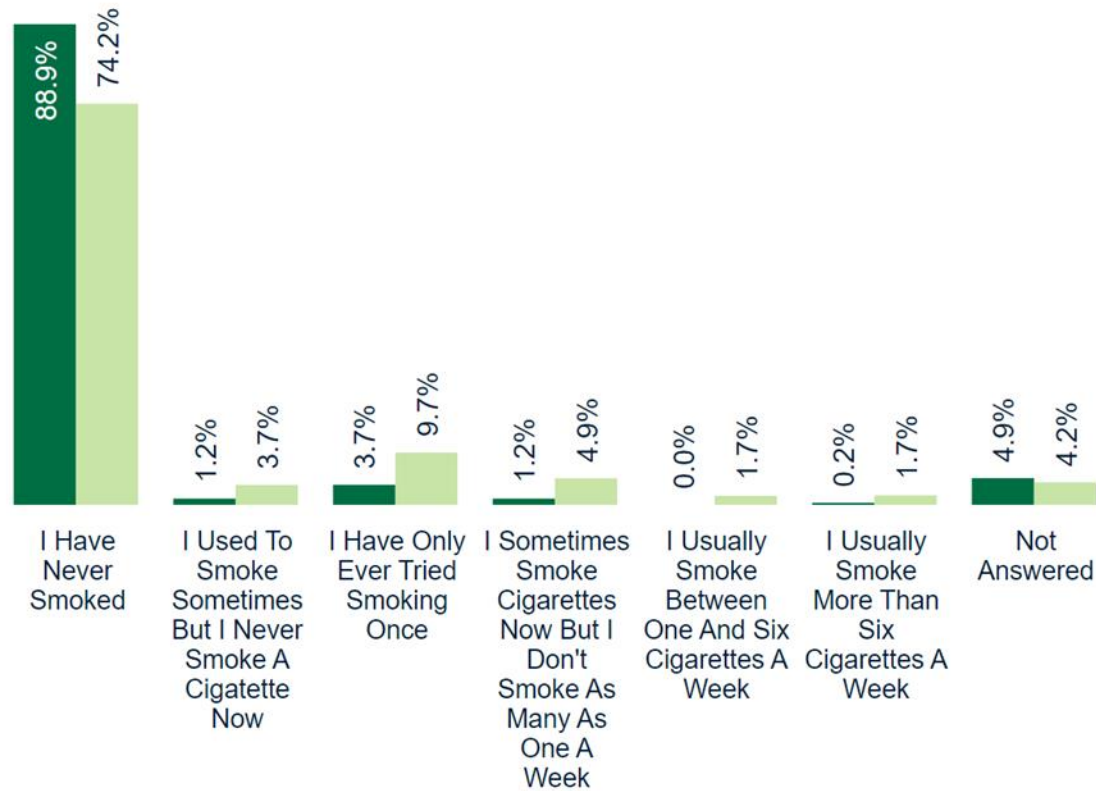
Smoking and Vaping Status



The Substance Use section asked about pupils' exposure to smoking, vaping, alcohol, cannabis and illegal drugs. Most questions were only asked of Secondary pupils.

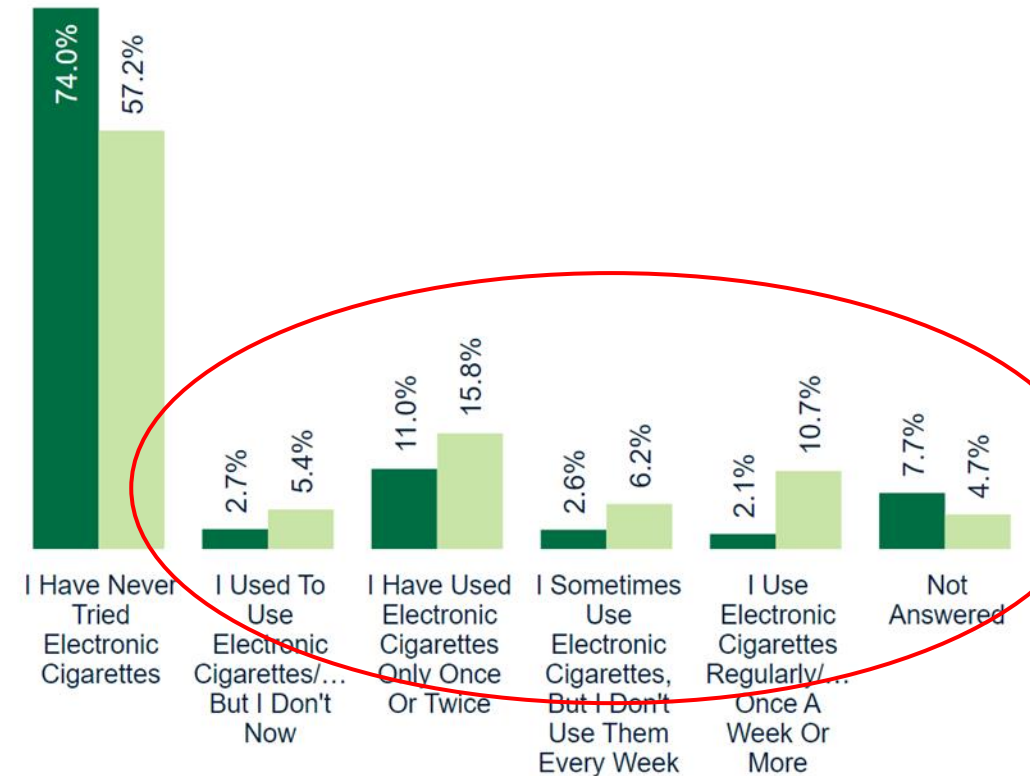
Smoking Status (Secondary only)

● Year 8 ● Year 10



Vaping Status (Secondary only)

● Year 8 ● Year 10



College – Deep Dive

- The learning so far from 16+ survey in 1 Somerset College -
- ½ have tried vaping and of these -
 - 50% are vaping every day
 - Mostly – to relieve stress and stop smoking
 - They vape everywhere
 - Access – Mixed
 - 62% shop – 2/3 of these are under 18
 - 50/50 rechargeables Vs disposables (and/or both)
 - 50% want to quit
 - 2.5 times more likely to smoke/vape if someone at home does

Evidence based messages

Key Messages

- Smoking is still the leading cause of disease, disability and premature death
- Vaping is not risk free and should be discouraged in children and young people
- Vaping is much less harmful than smoking and is a **highly effective** quitting aid for adults who smoke

Evidence based messages

Key Messages

- Most young people have not tried vaping or smoking-smoking is decreasing but vaping is increasing
- Most children who try vaping have also tried smoking
- Main source of vapes for young people is shops
- Most young people start vaping at 16+

Why is vaping still important for smoking adults?

In Somerset

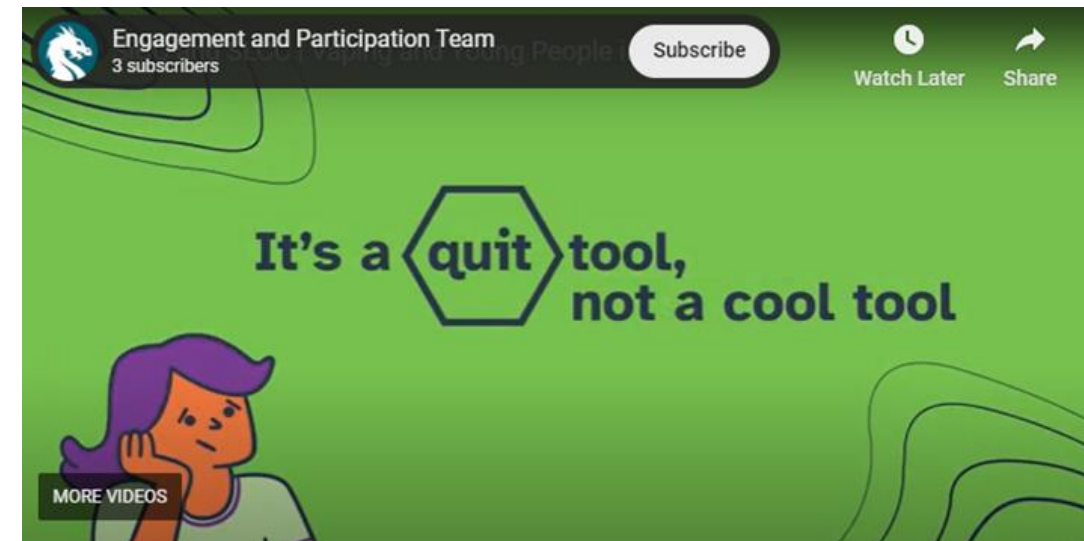


- 703 people die a year from smoking
- Smokers are 2.5 times more likely to need social care and require it 10 years earlier on average
- 26,000 children live in smoking households
- Smoking prevalence is much higher in more disadvantaged groups - Compared to 12% smoking in general population:
 - 40% serious mental health
 - 37% social housing Vs 6% own home
 - 24% routine and manual occupations

Why is vaping still important for smoking adults?

In Somerset

- It is the most effective, cost effective and asked for quit tool we have for smoking adults
- Young people consultation.....



Local Action

Reducing access to CYP =

- Trading standards
- Policies
- Business's
- National influence

Access

Treatment

Education

Variety of Treatment options for =

- Young people
- Family units
- Adults
- Workforce

Programme of education = learning on pros and cons, facts, and evidence of vaping for adults and young people

Somerset approach to vaping

What is our local approach



Somerset Schools Offer

- Intent programme – Smoking & Vaping prevention programme
- School policy examples
- School Nurse and Smokefree treatment pathways
- Resources and promotion for families and schools
- Consultation with young people
- Building data and understanding - Deep Dives, school surveys

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Trading Standards



Non compliant vapes include –

- Contain more than 20mg/ml (2%) of nicotine or have a tank size larger than 2ml
- Do not carry a health warning
- Prohibited ingredients – vitamins, stimulants ie caffeine, colourings
- Nationally – 1/3 sell to under 18s, ¼ non-compliant products
- Promoted to young people

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Somerset Trading Standards –

2021-2022 -

- 97 total complaints
- 61 relating to underage sales of tobacco & vapes

2022-2023 –

- 1720 seizures

DISPOSABLE VAPES

Disposable vapes are small, low-cost flavoured e-cigarettes that are child appealing with a variety of sweet flavours and colours. These devices are widely available in shops, online and via social media.

Why they're a problem...

Underage Sales	Non-Compliant or Counterfeit
<p>Alarming, disposable vapes are becoming increasingly popular amongst secondary school children, despite the law restricting their sales to over 18's only.</p> <p>These devices should NOT be:</p> <ul style="list-style-type: none">- Sold to anyone under 18, or- Bought for anyone under 18 <p>It is a criminal offence for the sale of these devices to under 18's.</p> <p>It is a criminal offence to purchase these on behalf of under 18's.</p>	<p>Some of the devices on sale:</p> <ul style="list-style-type: none">- Exceed legal nicotine levels (Over 2% or 20 mg)- Contain too much liquid (over 2 ml)- Are incorrectly labelled and have no traceability- May contain banned substances- Are associated with organised criminal gangs and fund other criminality- Are easily accessible to under 18's- May lead to undesirable contact between buyer and seller

Trading Standards is becoming increasingly concerned about these disposable vapes and their popularity amongst school-aged children who shouldn't have access to them. Nicotine is **highly addictive**, and minors should **NOT** be exposed to it or be experimenting with its use.

Environmental issues

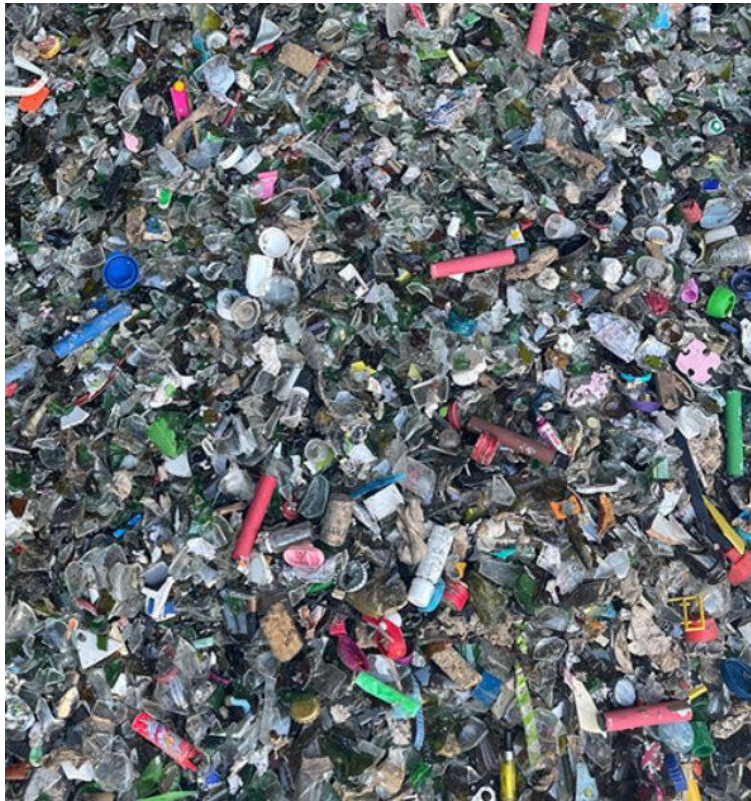
Cardboard packaging, plastic vape wrappers and removable stoppers, batteries and residual liquid are often found strewn as litter.

Report it anonymously!
If you have any information about the sale or supply of these devices to anyone under 18, contact us anonymously at: www.swillegaltobacco.info/report-it

REPORT IT

E-cigarettes and Vaping

Waste and recycling



E-cigarettes and Vaping

Waste and recycling

- Disposable E-cigs Vs Rechargeable E-cigs Vs Cigarettes
- Inappropriate disposal of batteries
- Options for improvement –
 - Future ban on disposables??
 - Partnership working with waste teams
 - Vape shops/providers = Vape Bins & take back schemes

National Updates

A smokefree generation - Consultation

- 8 week UK wide consultation on legislative proposals launched (Closes 6th Dec)
- The Khan Review
- Raising the age of sale
- **Funding** : Smokefree services, Swap to stop scheme, Anti-smoking campaigns
- Enforcement – HMRC, Border force & Trading standards

What can you do to help?

- Be clear on the evidenced based messages:
 - Is vaping?
 - Vaping is increasing but the majority of young people do not vape
 - Its not understood to be a gateway to substance misuse
 - Vaping is a highly effective quit tool for adults
 - Our main local action is to continue to work with:
 - Schools and young people to keep understanding local trends
 - Trading standards to minimise access
 - Continue to reduce the impact on environment from smoking & vaping
 - Please take part in the smokefree generation consultation

Time for Questions



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Kate.anderson@somerset.gov.uk

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Somerset Smokefree Pathways

*My Quit Route app free and available to everyone in Somerset until March 2024 standalone or in conjunction with other support

All programmes are free incl NRT (Vapes in Smokefree not included yet **)

Somerset Multi-Partnership Tobacco Alliance

Hospital Treating Tobacco dependency programme (Jan 2023 started)

- *Hospital Based Treating tobacco advisors
- *All inpatients incl mental health & peri-op
- *Refer to smokefree or enhanced pharmacy offer on discharge or support for mental health inpatients
- *Vapes and NRT offered
- *Hospital policy, governance, training & staff support

Smokefree Families (previously Mums2be)

- *All smoking pregnant people & significant others offered quit/harm reduction support
- *Home visits and telephone support
- *Offered at all stages before, during and after pregnancy
- *Remote CO monitoring
- * Voucher incentives for person and other smoking loves ones – reduce influence

Smokefree Somerset

- *All smoking people offered quit/harm reduction support
- *12 week programme 1:1 or group, telephone & f2f, weekly contact and free medications
- *Readiness to quit pathway – 4 weeks of support to build confidence and motivation
- *Clinics in community venues ie (libraries, leisure, hubs) workplaces, hostels,

CYP – In development

- *12 week support programme
- *1:1 phone or video support
- *Weekly contact and NRT for 12 yrs +
- *Readiness to quit support
- *Pilot with College trained staff
- *Support for young people who vape/smoke in partnership with school nurses

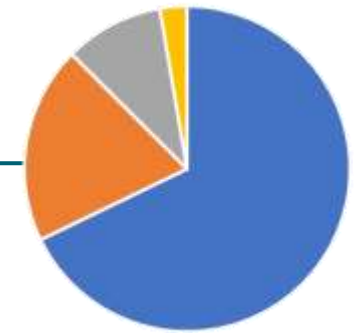
Self Quit**

- *Buy your own NRT
- *Buy your own Vapes/Vape shops
- *Cold Turkey
- *Various Apps – Free to £100+

Local Picture

Somerset smoking prevalence

Smoking costs Somerset Annually



■ Productivity ■ Healthcare ■ Social Care ■ Fire Costs

65,000 adults still smoke in Somerset

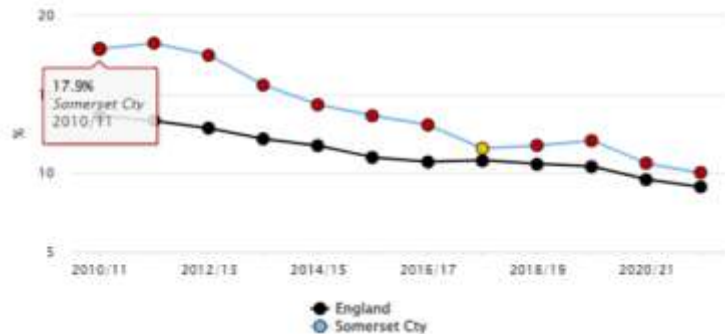
Average 500 women a year still smoke during pregnancy

Smoking costs Somerset £150 million a year

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Smoking status at time of delivery

[Show confidence intervals](#) [Show 99.8% CI values](#)



19/20 data	Adult %
Mendip	10.6%
Sedgemoor	18.3%
SWAT	8.6%
South Somerset	6.7%

Smoking Prevalence in adults (18+) - current smokers (APS) [New data](#)

[Show confidence intervals](#) [Show 99.8% CI values](#)

