

Wednesday, 01 September 2021

Meeting of the Health and Wellbeing Board

Thursday, 9 September 2021

2.00 pm

Meadfoot Room, Town Hall, Castle Circus, Torquay, TQ1 3DR

Members of the Board

Jackie Stockman, Torbay Council (Chairwoman)

Pat Harris, Healthwatch Torbay

Liz Thomas, NHS England

Matt Fox, NHS Devon Clinical Commissioning Group

Jo Williams, Director of Adults Services

Nancy Meehan, Deputy Director Children

Lincoln Sargeant, Director of Public Health

Co-opted Members of the Board

Pat Teague, Ageing Well Assembly

Ian Ansell, Torbay Safeguarding Children Board

Alison Brewer, Primary Care Representative

Julie Foster, Torbay and Southern Devon Health and Care NHS Trust

Tara Harris, Executive Head of Community Safety

Alison Hernandez, Police and Crime Commissioner

Adel Jones, Torbay and South Devon NHS Foundation Trust

Neil Ralph, Devon and Cornwall Police

Mike Page, Department for Work and Pensions



Download this agenda via the free modern.gov app on your [iPad](#), [Android Device](#) or [Blackberry Playbook](#). For information relating to this meeting or to request a copy in another format or language please contact:

Amanda Coote, Town Hall, Castle Circus, Torquay, TQ1 3DR

Email: governance.support@torbay.gov.uk - www.torbay.gov.uk

HEALTH AND WELLBEING BOARD AGENDA

1. **Apologies**
To receive any apologies for absence, including notifications of any changes to the membership of the Committee.
2. **Minutes** (Pages 4 - 6)
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 18 March 2021.
3. **Declaration of interest**
- 3(a) **To receive declarations of non pecuniary interests in respect of items on this agenda**
For reference: Having declared their non pecuniary interest Members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.
- 3(b) **To receive declarations of disclosable pecuniary interests in respect of items on this agenda**
For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)
4. **Urgent items**
To consider any other items that the Chairman/woman decides are urgent.
5. **Children's Improvement Board and Governance Arrangements** (Pages 7 - 13)
To consider a report on the above.
6. **Torbay Joint Health and Wellbeing Strategy Outcomes Framework Update** (Pages 14 - 20)
To note the update in respect of the Torbay Joint Health and Wellbeing Strategy Outcomes Framework.
7. **Tobacco Control Alliance Progress Report** (Pages 21 - 52)
To note the Smokefree Devon Alliance progress report.

8. New Hospital Programme at Torbay and South Devon NHS Foundation Trust

(Page 53)

To formally agree the attached that had previously been circulated via email.

Meeting Attendance

Whilst national Covid-19 restrictions were lifted on 19 July 2021, Torbay Council has taken the decision to continue operating in a Covid-19 secure manner in order to protect staff and visitors entering Council buildings and to help reduce the spread of Covid-19 in Torbay. This includes social distancing and other protective measures (e.g. wearing a face covering (unless exempt), signing in and using hand sanitiser). Our public meetings will continue to operate with social distancing measures in place and as such there are limited numbers that can access our meeting rooms. Also, to help prevent the spread of the virus, anyone attending meetings is asked to take Covid lateral flow test the evening before - if you have a positive test result please follow the Government's guidelines and do not attend the meeting.

If you wish to attend a public meeting please contact us to confirm arrangements for your attendance.

Minutes of the Health and Wellbeing Board

18 March 2021

-: Present :-

Chris Forster, Pat Teague, Matt Fox, Jo Williams, Councillor Jackie Stockman (Chairwoman), Adel Jones, Nikki Leaper and Lincoln Sargeant

135. Apologies

Apologies for absence were received from Nancy Meehan, Pat Harris, Liz Thomas, Alison Hernandez and David Somerfield.

136. Update from Previous Meeting

The Board received an update on the following topics discussed at the previous meeting:

- Ageing Well – Living Longer Better: the Board was advised that a small stakeholder group had been formed, funding for the licence and program had been secured with discussions on governance arrangements to be held.
- Joint Health and Wellbeing Strategy – Outcomes: Members noted this item had been scheduled for this meeting, however more work was required in respect of understanding the impact of the most recent lockdown.
- Enabling Children to have the Best Start in Life – Early Help: this item was deferred in the absence of Nancy Meehan.

137. Director of Public Health Annual Report

The Board considered the Director of Public Health Annual Report and supported the recommendations as set out in the submitted report. Members were advised that the recommendations would inform the future work program of the Board and outcomes framework.

138. Multiple Complex Needs

The Board noted a report on multiple complex needs. Bruce Bell informed the Board that the Multiple Complex Needs tender was seeking an alternative method for commissioning services for those with complex lives (substance misuse/homelessness/domestic abuse). A tender for an Alliance to deliver a services has commenced and is currently open.

Covid-19 had impacted upon the capacity and ability for the market to submit bids within the intended timelines. Two extensions to submission dates had been given following letters requesting further time. This had been due to the uncertainty around the impact of COVID-19 on services, the current lockdown duration and the recovery process – all of which had inhibited developing bids.

The delay had however presented the opportunity for conducting a separate mental health provision alongside the procurement of the Multiple Complex Needs (MCN) Alliance, with an aspiration for this to integrate with the MCN Alliance. The intention being to commission and procure an emotional, wellbeing and resilience provision in parallel with the MCN Alliance procurement with a view to integrating into the Alliance at the point for the Alliance forming or a specified point thereafter.

Due to the importance of this project and the wish to enable the submission of a good level of high quality bids, Torbay Council have extended the submission deadline to 31 January 2022. This would, therefore significantly delay the operationalisation of the Alliance and the new delivery model.

139. Mental Health Update

The Board received a presentation (attached to these minutes) on the Torbay Suicide Audit, Suicide Prevention Plan and Mental Health and Suicide Prevention Alliance. The Board noted suicide was a major public health issue: it was the leading cause of death in men under 50 years, young people and new mothers.

Members were advised that Torbay's suicide rate had, in general, increased year on year since 2010 and had one of the highest suicide rates amongst local authorities in England. The Board further noted, that Local Authorities were recommended to coordinate and implement work on suicide prevention under their local public health and health improvement responsibilities. The main thrust of this was through the development and delivery of a local multi-agency suicide prevention plan. The Board welcomed the presentation and data contained therein and endorsed the Torbay Suicide and Self-harm Prevention Plan and the multi-agency approach set out within the plan.

Actions:

- 1) that the plan, consider the following as potential developmental areas: sporting clubs and bar staff, similar to projects developed with barbers.
- 2) that the findings of the Torbay Suicide Audit as well as the Suicide Health and Self-harm Prevention Plan are shared with GPS and included in the local GP training programme.

140. Torbay Carers Strategy 2021-24

Members noted the submitted report and endorsed the Torbay Carers Strategy 2021-24. Members were advised that the previous strategy set 106 ambitious targets with all but two having been achieved, the current refresh of the strategy was even more ambitious with 150 targets. Members were informed that the

COVID-19 outbreak had been especially difficult for unpaid carers, who had reported deterioration in their own health and wellbeing as a result of COVID-19 restrictions. Members also noted that officers anticipated more people identifying as unpaid carers with the inclusion of a question in the Census.

141. Health Protection Annual Report 2019/20

The Board received a verbal update on the Annual Health Protection Report. Members were advised that ordinarily the Board would have a written submission however due to delays in collecting data and capacity at Public Health England the report wasn't quite ready. The issue being, that once finalised, the time period the report covers would be quite out of date when the Board meets in June. Therefore the Board's permission was requested and granted for the Chairwoman to be given delegated authority to note the report on the Board's behalf.

Title: Children's Improvement Board and Governance Arrangements

Wards Affected: All

To: Health and Wellbeing Board **On:** 9 September 2021

Contact: Nancy Meehan, Director of Children's Services / Lincoln Sargeant, Director of Public Health

Email: Nancy.meehan@torbay.gov.uk
Lincoln.sargeant@torbay.gov.uk

1. Purpose of Report

- 1.1 This report sets out proposals to strengthen the Council's governance arrangements for Children's Services and to provide focus and drive for Children's improvement beyond the Department for Education's (DfE) intervention.
- 1.2 The Children's Improvement Board (CIB) was established to oversee the Council's improvement plan as part of the DfE's intervention and has an independent chair. The CIB can be temporary and stepped down by the DfE when appropriate. It is proposed that the Council commits to retaining a Children's Continuous Improvement Board (CCIB) as the body to provide the focus and drive for our continuous improvement of Children's Services. The CCIB would continue with an independent chair to ensure the appropriate level of external challenge and that the CCIB oversee the Children's and Young People's Plan, rather than necessitating a separate meeting to do this. As such the Children's and Young People's Strategic Partnership Board would be stepped down.
- 1.3 There is also a need for governance structures within Children's to link to Adults Social Care to provide greater oversight for children who are transitioning into adult services. It is proposed the independent Chairs of both Adult and Children's Improvement Boards sit on the alternative boards to assist with making this linkage.
- 1.4 To further strengthen the governance and accountability of Children's Services and to ensure there is appropriate focus on children and young people by the Health and Wellbeing Board (HWB), it is proposed that the Cabinet Member for Children's Services is added to the membership of the HWB.

2. Reason for Proposal and its benefits

We want Torbay and its residents to thrive.

We want Torbay to be a place where we have turned the tide on poverty and tackled inequalities; where our children and older people will have high aspirations and where there are quality jobs, good pay and affordable housing for our residents.

We want Torbay to be the premier resort in the UK, with a vibrant arts and cultural offer for our residents and visitors to enjoy; where our built and natural environment is celebrated and where we play our part in addressing the climate change emergency.

- 2.1 The proposals in this report help us to deliver this ambition by providing continued focus on improvement for Children's Services and the delivery of the Children's and Young People's Plan is fundamental in meeting the Community and Corporate Plan themes - in particular targeted action to 'Protect all children and give them the best start in life'.
 - 2.2 The reason for the decision is to ensure the correct level and governance structure is in place to provide accountability for continued improvement and delivery within Children's Services, whilst ensuring that meetings are not unnecessarily duplicated.
-

3. Recommendation(s) / Proposed Decision

1. That the Director of Children's Services, Independent Chair of the CCIB and the Director of Public Health undertake a review of the CCIBs work programme to ensure the objectives of the Children and Young People's Plan and the work of the Children's and Young People's Strategic Partnership Board are incorporated, and that an appropriate children and young people focus takes place in the Health and Wellbeing Board (HWB).
2. That the Health and Wellbeing Board agrees to amend the membership of the Board to include the Cabinet Member for Children's Services.

Appendices

Appendix 1: Structure of Children's Services governance bodies

Background Documents

None

Supporting Information

1. Introduction

- 1.1 The Children's Improvement Board (CIB) was introduced when the Council's Children's Services went into intervention following its Ofsted inspection which rated the Council as inadequate. The CIB is a requirement of the DfE for our improvement of Children's Services. The CIB has an independent chair and its membership includes key partners.
- 1.2 The CIB can be stepped down by the DfE at the appropriate point in our improvement journey. Beyond this, it is proposed that the Council commits to retaining a CCIB as the body to provide the focus and drive for our ongoing improvement of Children's Services.
- 1.3 The Adults Improvement Board has an independent chair and it is proposed the CCIB would continue to have an independent chair to mirror the governance arrangements of the Adults Improvement Board.
- 1.4 There is also a need for governance structures within Children's to link to Adults to provide greater oversight for children who are transitioning into adult services. The proposals outlined above for both chairs to sit on the alternative boards would enable the independent Chairs to work together and strengthen the linkages between Children's and Adults.
- 1.5 The objective of the Children's and Young People's Plan is to ensure all of our children and young people are safe, happy and healthy in order that they can reach their full potential. It sets out a number of objectives and an action plan to achieve this, working across all services and partners. The Children's and Young People's Strategic Partnership Board (CYPSB) was set up to oversee the Plan. It is proposed that the CCIB will encompass the work the CYPSB to give it more focus and accountability for children and overseeing the Children's and Young People's Plan, whilst also linking closely with the HWB to ensure that there is an appropriate children and young people focus in that arena.
- 1.6 Currently the HWB only includes the Leader of the Council or their nominee on its membership. The Cabinet Member for Adults is the Leader's nominee and it is proposed to extend the membership of the HWB to also includes the Cabinet Member for Children, to ensure that the HWB ensures that it is appropriately focussed on our children and young people
- 1.7 A structure outlining the wider Children's Services governance bodies is attached at Appendix 1.

2. Options under consideration

- 2.1 To do nothing, but the governance and accountability for children will not be strengthened.

3. Financial Opportunities and Implications

- 3.1 The CIB currently has a paid Independent Chair and this would continue with the CCIB.

4. Legal Implications

- 4.1 None, associated changes to the Constitution will be undertaken by the Monitoring Officer in consultation with Group Leaders.

5. Engagement and Consultation

- 5.1 The Cabinet Member for Children's Services has been consulted on the proposals and is supportive of the way forward. The Independent Chair of the CIB and the Independent Chair of the Adults Improvement Board have also been consulted upon the proposal and are in complete support.

6. Purchasing or Hiring of Goods and/or Services

- 6.1 Not applicable.

7. Tackling Climate Change

- 7.1 Non-decision making meetings are currently being held remotely and therefore reduces the need for members, partners and officers to travel to the Town Hall for the meetings, this will help to reduce carbon emissions. In addition agendas and documents for meetings will be made available electronically to reduce the need for printing and postage. Documents still be available in an accessible format for those who require this.

8. Associated Risks

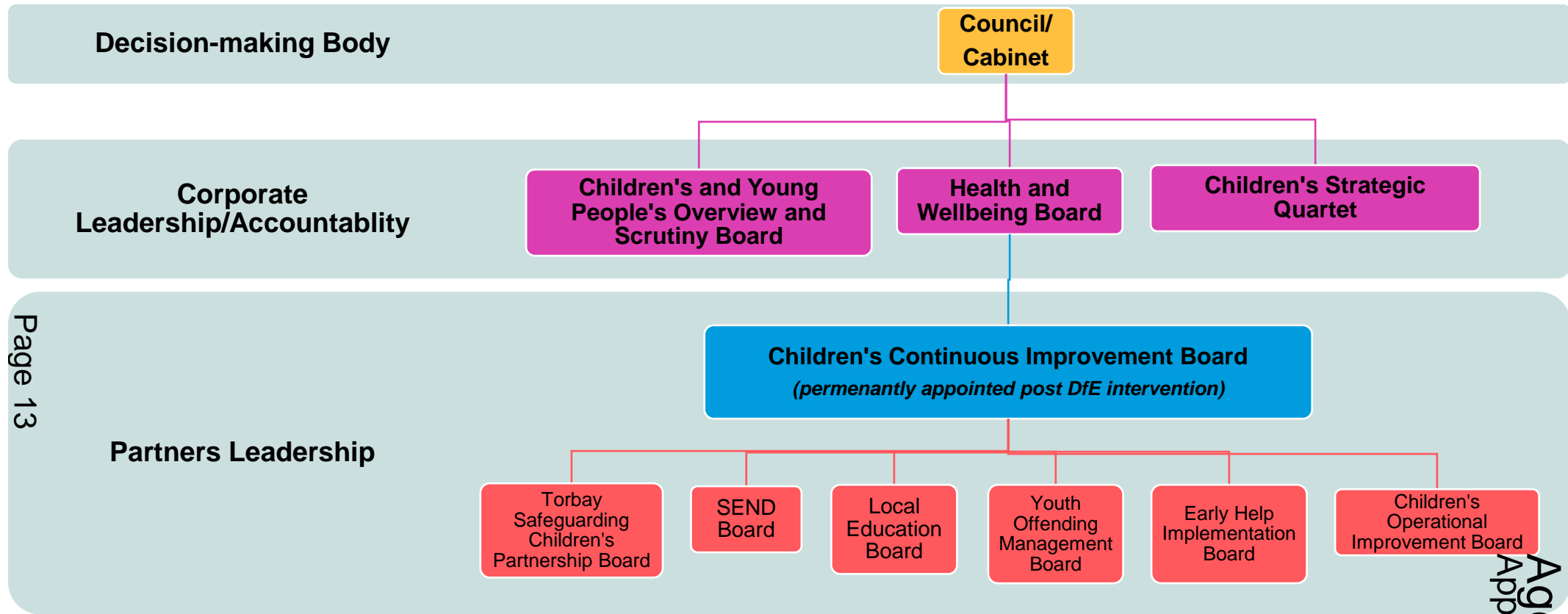
- 8.1 If strong governance arrangements for children are not in place, our ability to provide strategic leadership for the ongoing improvement journey for Children's Services will be impacted.

Equality Impacts

9.	Identify the potential positive and negative impacts on specific groups			
		Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
	Older or younger people	The proposals will provide stronger strategic leadership and enable service improvements and linkages between children's and adult services, along with health.		
	People with caring Responsibilities	As above		
	People with a disability	As above		
	Women or men	As above		
	People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i>	As above		
	Religion or belief (including lack of belief)			No differential impact
	People who are lesbian, gay or bisexual			No differential impact
	People who are transgendered			No differential impact
	People who are in a marriage or civil partnership			No differential impact

	Women who are pregnant / on maternity leave	As above	
	Socio-economic impacts (Including impact on child poverty issues and deprivation)	As above	
	Public Health impacts (How will your proposal impact on the general health of the population of Torbay)	As above	
10..	Cumulative Council Impact (proposed changes elsewhere which might worsen the impacts identified above)	The proposals will have a positive impact across Council services and partners.	
11.	Cumulative Community Impacts (proposed changes within the wider community (inc the public sector) which might worsen the impacts identified above)	None	

Children's Services Governance Structure (Post DfE Intervention)



Title: Torbay Joint Health and Wellbeing Strategy Outcomes Framework update, August 2021

Wards Affected: All

To: Health and Wellbeing Board **On:** Thursday 9 September

Contact: Claire Truscott, Public Health Intelligence Analyst

Telephone: 01803 208377

Email: Claire.truscott@torbay.gov.uk

1. Purpose

1.1 August 2021 update of the Joint Health and Wellbeing Strategy Outcomes Framework.

2. Recommendation

2.1 The following narrative and table is for information purposes and to facilitate discussion.

3. Supporting Information

3.1 The table below includes measures for each of the priorities of Torbay's Joint Health and Wellbeing Strategy 2018-22- Thriving Lives. The main issues shown by this table are below:

3.1.1 Prevention: Work together at scale to promote good health and wellbeing and prevent illness

The **life expectancy gap** (1 and 2) represents the range in years of life expectancy from most to least deprived. For males the gap is widening- rising for 5 periods to 11.5 years, in the worst quintile in England. For females the figure remains in the 2nd worst quintile at 7.7 years.

The under 75 **mortality rate for preventable conditions** (5) remains significantly worse than England for the last 3 periods- 169.5 per 100,000- although slightly better than the spike in the previous period.

3.1.2 Enable children to have the best start in life and address the inequalities in their outcomes

There is a steady decrease in **smoking in pregnancy** rates (6) at 11.6%. Nine years earlier it was 20.9%.

The proportion of **children scoring at or above the expected level at 2-2 ½ years** (9) has increased to significantly better than England at 91.4%.

The rate of **Children in Need** (14) increased to 503.9 per 10,000 in March 2020, the highest in 5 years and significantly worse than England.

The rate of **Children Looked After** (15) is on a general increasing trend in March 2020 at 140 per 10,000 and significantly worse than England.

HPV vaccination of 13-14 year old females (17)- the 2nd completing dose- has decreased to worse compared to the goal. Due to COVID-19 the delivery of the school immunisation programmes was paused which has had a big impact on HPV vaccinations in the 2019/20 academic year.

3.1.3 **Building emotional resilience in young people**

The hospital admission rate for **self-harm in 10-24 year olds** (19) remains significantly worse than England in 2019/20 although on a generally reducing trend in the last 4 periods.

3.1.4 **Create places where people can live healthy and happy lives**

The percentage of **adults classified as overweight or obese** (24) has increased from 59.8% to 67.0% in 2019/20 although similar to England. This is the highest in the 5 periods recorded.

3.1.5 **Support those who are at risk of harm and living complex lives, addressing the underlying factors that increase vulnerability**

Successful completion of alcohol treatment (28) (not re-presenting within 6 months) has decreased and is now significantly worse than England.

The rate of **hospital admissions for alcohol related conditions** (29), 2018/19, remains worse than England as it has for a long time- for at least 11 periods.

3.1.6 **Enable people to age well**

In 2019/20 **flu vaccinations** of at risk individuals (34) and those aged 65+ (35) are worse compared to the goal as is the case for most South West Local Authorities. The goal is 55% for at risk individuals (Torbay- 44.8%) and 75% for aged 65+ (Torbay 71.5%).

The rate of **emergency admissions due to falls** (37) for those aged 65+ has further decreased to significantly less than England for the 2nd period in a row.

3.1.7 **Promote good mental health**

Torbay's **suicide rate** (43) of 19 per 100,000 in 2017-19 is on a general increasing trend, although it has decreased since the last period when it was 19.5. It has been significantly worse than England for the last 4 periods.

3.2 Joint Health and Wellbeing Strategy Outcomes Table- Torbay, August 2021

Number	Measure	Time period	Type	Torbay	Similar areas ¹	Devon wide (STP ²)	England	Trend of previous figures	RAG rating compared to England/goal ³	Direction of travel since previous figure	
Prevention: Work together at scale to promote good health and wellbeing and prevent illness											
1	Life expectancy gap in males	2017-19	Years	11.5	10.7	7.2	9.4		Worst quintile		
2	Life expectancy gap in females	2017-19	Years	7.7	8.6	4.8	7.6		2nd worst quintile		
3	Adult smoking rate	2019	%	15.0%	13.7%	14.7%	13.9%				
4	Alcohol related ill health- Hospital attributable admissions (broad definition)	2018/19	Per 100,000	2,396	2,685	1,844	2,367				
5	Mortality rate from preventable conditions ⁴	2017-19	Per 100,000	169.5	161.3	135	142.2				
Enable children to have the best start in life and address the inequalities in their outcome											
6	Smoking in pregnancy rate- at time of delivery	2019/20	%	11.6%	15.6%	11.6%	10.4%				
Page 16	7	Baby's first feed breastmilk	2018/19	%	73.3%	64.4%	73.1%	67.4%			
	8	Children in relative low income families	2019/20	%	17.6%	19.4%	15.9%	19.1%			
	9	Children who score at or above the expected level in all 5 areas at 2 - 2.5 years (Ages and Stages Questionnaire)	2019/20	%	91.4%	83.4%	88.7%	83.3%			
	10	Early years good development (at the end of reception)	2018/19	%	70.8%	70.8%	71.4%	71.8%			
11	Difference between school % of disadvantaged pupils and national % of other pupils achieving an expected score in reading, writing and maths (Key Stage 2) ⁵	2019	%	17% lower	South West- 25% lower	23% lower	N/A		N/A		
12	Pupils with statement of Special Educational Needs (SEN) support	2020/21	%	11.7%	13.0%	13.4%	12.2%				
13	Children overweight or obese in year 6 ⁶	2019/20	%	34.6%	35.9%	30.9%	35.2%				
14	Children in Need rate	2020	Per 10,000	503.9	414.3	276.7	323.7				
15	Children in care/ looked after rate	2020	Per 10,000	140	97	68	67				
16	Population vaccination coverage- MMR for two doses (5 years old)	2019/20	%	93.4%	91.3%	93.2%	86.8%				

Number	Measure	Time period	Type	Torbay	Similar areas ¹	Devon wide (STP ²)	England	Trend of previous figures	RAG rating compared to England/goal ³	Direction of travel since previous figure
17	Population vaccination coverage- HPV vaccination coverage for two doses (females 13-14 years old)	2019/20	%	71.4%	71.0%	70.4%	64.7%			
Build emotional resilience in young people										
18	School pupils with social, emotional and mental health needs	2019/20	%	3.74%	3.21%	3.86%	2.70%			
19	Self harm rates- hospital admissions (10-24 years)	2019/20	Per 100,000	700.7	545.5	650.1	439.2			
Create places where people can live healthy and happy lives										
20	Physically active adults	2019/20	%	69.1%	64.5%	71.8%	66.4%			
21	Parkrun for adults- Number of participants ⁷	2019	Number	4,975	Local figures				N/A	
22	Parkrun for juniors- Number of participants ⁷	2019	Number	605	Local figures			No trend- previous year is from Nov18	N/A	No comparable figure
23	Thriving place index- Scorecard results for local conditions	2020	Score 0-10	4.58	4.80	5.17	N/A		Medium	
24	Overweight or obese adults	2019/20	%	67.0%	67.6%	61.9%	62.8%			
Support those who are at risk of harm and living complex lives , addressing the underlying factors that increase vulnerability										
25	Domestic abuse crimes and incidents	2020/21	Number	3,507					N/A	
26	Homelessness rates (New relief duty cases) ⁸	2020/21	Per 1,000 households	12.7	Local figures				N/A	
27	Successful drug treatment	2019	%	5.9%	4.8%	4.8%	5.6%			
28	Successful alcohol treatment	2019	%	29.6%	36.9%	30.2%	37.8%			
29	Harmful alcohol use- Hospital admissions for alcohol related conditions (narrow definition)	2018/19	Per 100,000	808	799	596	664			
Enable people to age well										
30	Proportion of people who use services who reported that they had as much social contact as they would like	2019/20	%	50.8%	47.6%	46.1%	45.9%			
31	Proportion of carers who reported that they had as much social contact as they would like (biennial survey)	2018/19	%	32.4%	34.5%	27.2%	32.5%			

Number	Measure	Time period	Type	Torbay	Similar areas ¹	Devon wide (STP ²)	England	Trend of previous figures	RAG rating compared to England/goal ³	Direction of travel since previous figure
32	Feel supported to manage own condition	2018/19	%	58.6%	59.7%	62.2%	58.4%		Not calculated	
33	Fuel poverty	2019	%	10.5%	13.5%	11.1%	13.4%		Not calculated	
34	Population vaccination coverage - Flu (at risk individuals)	2019/20	%	44.8%	46.3%	44.5%	44.9%			
35	Population vaccination coverage - Flu (aged 65+)	2019/20	%	71.5%	73.1%	72.6%	72.4%			
36	Population vaccination coverage - Shingles vaccination coverage (aged 71 years)	2018/19	%	44.5%	49.2%	49.1%	49.1%	No trend- new indicator		No previous figure
37	Emergency hospital admissions due to falls in people aged 65 and over	2019/20	Per 100,000	1,792	2,302	1,765	2,222			
38	Hip fractures in people aged 65 and over	2019/20	Per 100,000	558	600	543	572			
39	Dementia- estimated diagnosis rate (aged 65 and over)	2021	%	59.9%	61.8%	56.6%	61.6%			
Promote good mental health										
40	Self reported wellbeing- low happiness score	2019/20	%	8.0%	9.1%	6.4%	8.7%			
41	Campaigning uptake/impact			To be added						
42	Training numbers			To be added						
43	Suicide rate	2017-19	Per 100,000	19	12.1	12.7	10.1			

¹Amalgamation of values for similar areas - The children and young people's sections use the National Foundation for Educational Research (NFER) Children's Services Statistical Neighbours for Torbay. The rest of the table uses the Chartered Institute of Public Finance and Accounting (CIPFA) statistical nearest neighbours for Torbay.

²Sustainability and Transformation Partnership

³RAG (Red, amber, green) rating:

Torbay value is statistically significantly worse than the England value/ worse compared to the goal

Torbay value is not statistically significantly different to the England value/ similar compared to the goal

Torbay value is statistically significantly better than the England value/ better compared to the goal

⁴New 2019 methodology is used for this indicator

⁵Statistics release for 2020 cancelled due to COVID-19

⁶2017/18 value not published for data quality reasons

⁷Parkruns only took place Jan-Mar in 2020 due to COVID-19 so no figures included for 2020

⁸Rates are locally calculated using Office for National Statistics household projections

Key

No.	Name of measure/ Benchmarking against goal/ Source
1	A02a- Inequality in life expectancy at birth (Male) - Public Health Outcomes Framework
2	A02a- Inequality in life expectancy at birth (Female) - Public Health Outcomes Framework
3	C18- Smoking prevalence in adults (18+)- current smokers (Annual Population Survey) - Public Health Outcomes Framework
4	9.01- Admission episodes for alcohol-related conditions (Broad) - Hospital Episode Statistics, NHS Digital, calculated by Public Health England
5	E03- Under 75 mortality rate from causes considered preventable (2019 definition) - Public Health Outcomes Framework
6	C06- Smoking status at time of delivery - Public Health Outcomes Framework
7	C05a- Baby's first feed breastmilk - Public Health Outcomes Framework
8	B01b- Children aged under 16 in relative low income families - Public Health Outcomes Framework
9	C08a- Percentage of children achieving a good level of development at 2-2½ years- Ages and Stages Questionnaire (ASQ-3) - Public Health Outcomes Framework
10	B02a- School Readiness: percentage of children achieving a good level of development at the end of Reception - Public Health Outcomes Framework
11	Difference between school % of disadvantaged pupils and national % of other pupils achieving an expected score in reading, writing and maths (Key Stage 2)- Department for Education
12	Percentage of pupils with Statement of Needs (SEN) support (All schools)- academic year- Department for Education
13	C09b- Year 6: Prevalence of overweight (including obesity) - Public Health Outcomes Framework
14	Children in need: Rate per 10,000 children aged under 18- data as of 31 March of the year- Department for Education
15	Children in care: Children looked after at 31 March (rate per 10,000 population aged under 18 years)- data as of 31 March of the year- Department for Education
16	D04c- Population vaccination coverage- MMR for two doses (5 years old). Benchmarking against goal- <90%= red, 90%-95%= yellow, ≥95%= green - Public Health Outcomes Framework
17	D04f- Population vaccination coverage- HPV vaccination coverage for two doses (females aged 13-14 years old). Benchmarking against goal- <80%= red, 80%-90%= amber, ≥90%= green - Public Health Outcomes Framework
18	Percentage of school pupils with social, emotional and mental health needs (School age) - (State funded primary, secondary and special school pupils with SEN/ Statement or EHC with primary need of social, emotional or mental health) Department for Education
19	Hospital admissions as a result of self-harm (10-24 years) - Hospital Episode Statistics, NHS Digital, produced by Public Health England
20	C17a- Percentage of physically active adults - Public Health Outcomes Framework
21	5k Torbay adult parkrun (Saturday mornings) - Torbay Council
22	2k Junior parkrun (Sunday mornings) - Torbay Council
23	Thriving Places Index- Scorecard for local conditions- https://www.thrivingplacesindex.org/
24	C16- Percentage of adults (aged 18+) classified as overweight or obese - Public Health Outcomes Framework
25	Domestic abuse crimes and incidents- Torbay Council Community Services
26	Homelessness rates: New homeless cases at Relief stage- Torbay Council Housing Options team

No.	Name of measure/ Benchmarking against goal/ Source
27	C19a- Successful completion of drug treatment- opiate users - Public Health Outcomes Framework
28	C19c- Successful completion of alcohol treatment - Public Health Outcomes Framework
29	C21 - Admission episodes for alcohol-related conditions (narrow definition) - Public Health Outcomes Framework
30	1i(1)- Proportion of people who use services who reported that they had as much social contact as they would like - Adult Social Care Outcomes Framework
31	1i(2)- Proportion of carers who reported they had as much social contact as they would like - Adult Social Care Outcomes Framework
32	2.1- Feel supported to manage own condition - NHS Outcomes Framework
33	Proportion of households in fuel poverty - Department for Business, Energy and Industrial Strategy
34	D05 - Population vaccination coverage - Flu (at risk individuals). Benchmarking against goal- <55%=red, ≥55%= green - Public Health Outcomes Framework
35	D06a - Population vaccination coverage - Flu (aged 65+). Benchmarking against goal- <75%= red, ≥75%= green - Public Health Outcomes Framework
36	D06c- Population vaccination coverage - Shingles vaccination coverage (71 years old). Benchmarking against goal- <50%= red, 50%-60%= amber, ≥60%= green - Public Health Outcomes Framework
37	C29 -Emergency hospital admissions due to falls in people aged 65 and over - Public Health Outcomes Framework
38	E13- Hip fractures in people aged 65 and over - Public Health Outcomes Framework
39	E15- Estimated dementia diagnosis rate (aged 65 and over)- as in March of the year. Benchmarking against goal- <66.7%(significantly)= red, similar to 66.7%= amber, >66.7%(significantly)= green - Public Health Outcomes Framework
40	C28c- Self-reported well-being- people with a low happiness score (Annual Population Survey) - Public Health Outcomes Framework
41	Campaign uptake/ impact
42	Training numbers
43	E10- Suicide rate - Public Health Outcomes Framework

Tobacco Control Alliance Progress Report

This Smokefree Devon Alliance Progress report has been authored and ratified by the Devon and Torbay Tobacco Control Alliance and is being shared with the Health & Wellbeing Board for information. The report demonstrates progress to date against the 2018-2023 strategy, with the future actions/intentions going forward against the three priorities of:

- Protecting children and young people from tobacco and encourage Smokefree pregnancies.
- Reducing health inequalities caused by smoking and support vulnerable groups to be Smokefree.
- Creating and support Smokefree organisations, particularly NHS organisations.

Progress in Torbay

Progress Towards Priority 1: To protect children and young people from tobacco and encourage Smokefree pregnancies

For Smoking at the Time of Booking (SATOB) there has been a declining rate of women presenting as smokers at this point in the process. For Smoking at the Time of Delivery (SATOD) percentages remain higher than in Devon generally, but the trend shows a reducing percentage of women smoking at the time of delivery, with 2019/20 data showing a prevalence of 11.6%.

The trendlines is for a widening gap between SATOB and SATOD, which means that fewer women are coming into maternity services as smokers and those pregnant women who are smoking are quitting in higher numbers.

Regarding smoking prevalence amongst young people due to the WAY survey not been repeated, there is no update from the 10% prevalence reported in Devon in 2014/15.

Progress Towards Priority 2: To reduce health inequalities caused by smoking and support vulnerable groups to be Smokefree

Data from Public Health England's 'Fingertips Tool' shows downward trend for smoking prevalence in adults with a long-term mental health condition in Torbay. Amongst routine and manual worker populations, however, the prevalence of smoking in Torbay has was at 29.1% in Torbay during 2019.

Progress Towards Priority 3: To create and support Smokefree organisations, particularly NHS organisations

In Torbay, hospital admissions attributable to smoking have reduced. There were 1738 admissions during 2018/19, which is higher than Devon at 1612 per 100,000 of the population.

Covid-19 and its impact

The COVID-19 pandemic has presented significant challenges for tobacco control work. Regarding stop smoking services there was a move to virtual stop smoking support, which some service users have preferred, and others found problematic. Due to disruption of established referral pathways through Health Services from responding to the pandemic this has an impact. In addition, the pausing of CO monitoring nationally has had a detrimental impact, as an important behaviour change tool and measure of success.

More positively, there is evidence that COVID-19 may have increased people's motivation to quit and taken action to do so. The longer-term situation is unclear.



smokefree *alliance*
Progress Report 2018-2021 **DEVON**

Contents of Report

p.3	Summary of the Smokefree Devon Alliance Strategy 2018-2023
p.4	Introduction
p.5	Progress Towards Priority 1: To protect children and young people from tobacco and encourage Smokefree pregnancies
p.5	Update on Data Indicators
p.8	Update on the Work of Smokefree Devon Alliance Members Under Priority 1
p.13	Actions Achieved
p.14	Progress Towards Priority 2: To reduce health inequalities caused by smoking and support vulnerable groups to be Smokefree
p.14	Update on Data Indicators
p.17	Update on the Work of Smokefree Devon Alliance Members Under Priority 2
p.22	Actions Achieved
p.23	Progress Towards Priority 3: To create and support Smokefree organisations, particularly NHS organisations
p.23	Update on Data Indicators
p.24	Update on the Work of Smokefree Devon Alliance Members Under Priority 3
p.27	Actions Achieved
p.28	Challenges of the COVID-19 Pandemic
p.29	Looking to the Future
p.30	Acknowledgements and Useful Links

Summary of the Smokefree Devon Alliance Strategy 2018 – 2023

Vision:

Our vision is to create a Smokefree generation in Devon where people are protected from the harms caused by tobacco.

Aim:

The aim of this strategy is to improve the health of Devon's population by reducing the prevalence of smoking and exposure to second-hand smoke and by doing so reduce health inequalities and smoking related illnesses and deaths.

Priorities:

1: To protect children and young people from tobacco and encourage Smokefree pregnancies.

2: To reduce health inequalities caused by smoking and support vulnerable groups to be Smokefree.

3: To create and support Smokefree organisations, particularly NHS organisations.

Principles:

1. This is a shared vision to which we are all committed.
2. We will work together, be brave and innovative, and utilise the power of collective action and leadership.
3. We will draw on the best available evidence, insight, and intelligence.

Objectives:

- Reduce the proportion of 15-year-olds who regularly smoke from 10% to below 5%
- Reduce the percentage of pregnant women smoking at time of delivery from 12.3% to below 7.3%
- Within individuals with severe mental illness, we aim to reduce smoking prevalence from 42.1% to below 37.1%
- Reduce smoking prevalence amongst groups with a routine and manual occupation from 25.4% to below 20.4%

Introduction

This is a collaborative progress report from the Smokefree Devon Alliance; various members have contributed to its creation.

We hope it will provide an update on the progress we have made towards the priorities in the 2018-2023 strategy, allow us to celebrate successes, and energise us in areas that need more focus.

The Smokefree Devon Alliance remains strong, with regular meetings and active membership from a wide range of stakeholders. The year of 2020 saw the expansion of the Alliance, to officially include Torbay. At that time, we welcomed Steve Brown as the new chair of the Alliance, Director of Public Health Devon, and Dr Joanne Watson, Health and Care Strategy Director at Torbay and South Devon NHS Trust, as the vice chair.

As the number of people smoking in the population reduces, it becomes harder to maintain the continual decreases in prevalence we have previously achieved. Nevertheless, this emphasises the need to not lose momentum, and to continue to strive to create a smokefree generation; to support the most disadvantaged in our communities to stop smoking; to denormalise smoking with our children and young people; to protect people from the harms of secondhand smoke; and to create policies in organisations that support a smokefree Devon.

Progress Towards Priority 1:

To protect children and young people from tobacco and encourage Smokefree pregnancies

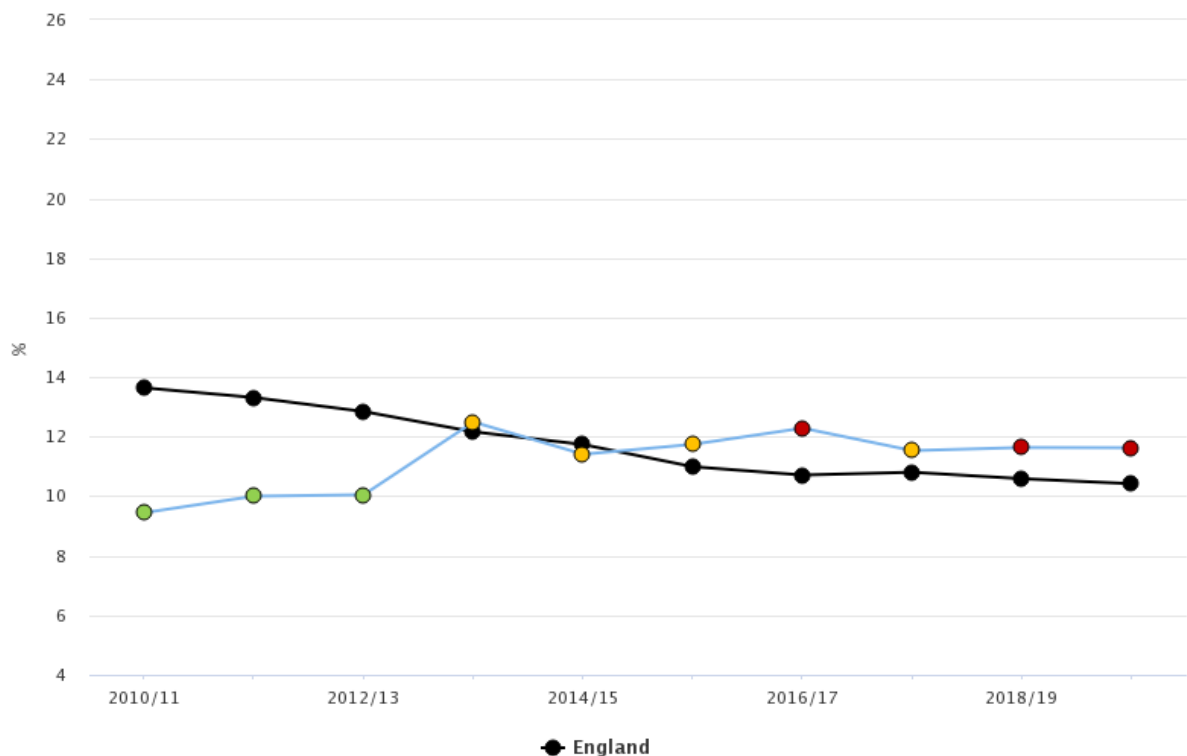
Update on Data Indicators

Smoking at Time of Delivery (SATOD)

The data on smoking status at time of delivery (SATOD) in Devon is relatively static, as shown in the graph below. There has been a small decrease in Devon since the strategy was written in 2018 (11.6% in 2019/20, from 12.3%), but there is still some way to go to achieve the target of 7.3% by 2023.

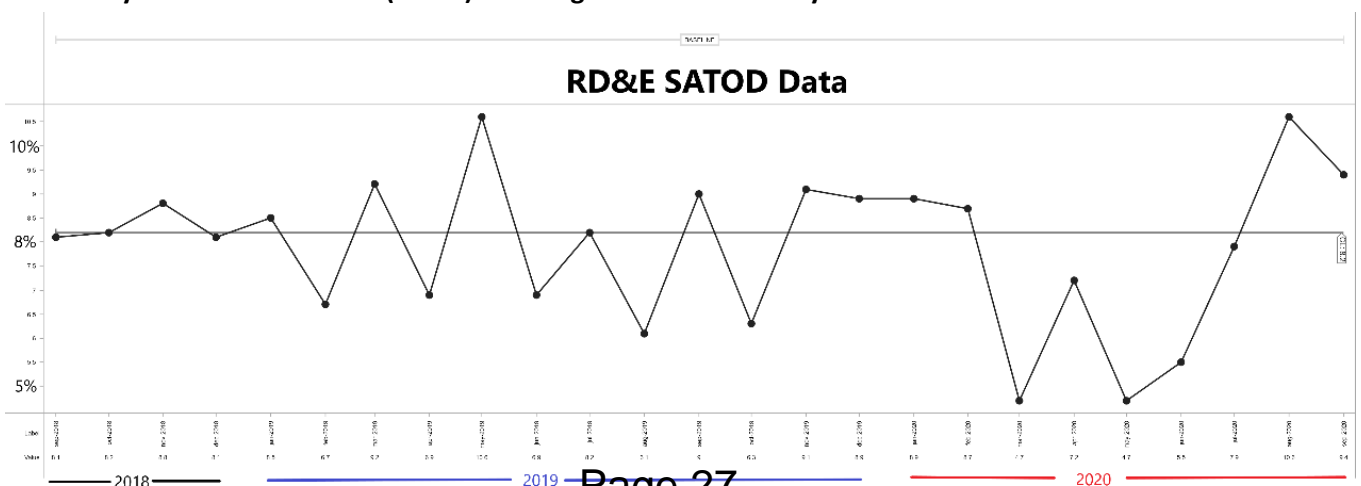
Compared with England ● Better 95% ● Similar ● Worse 95% ○ Not applicable Quintiles: Best ○ ○ ○ ○ ○ Worst ○ ○ ○ ○ ○

Smoking status at time of delivery for Devon

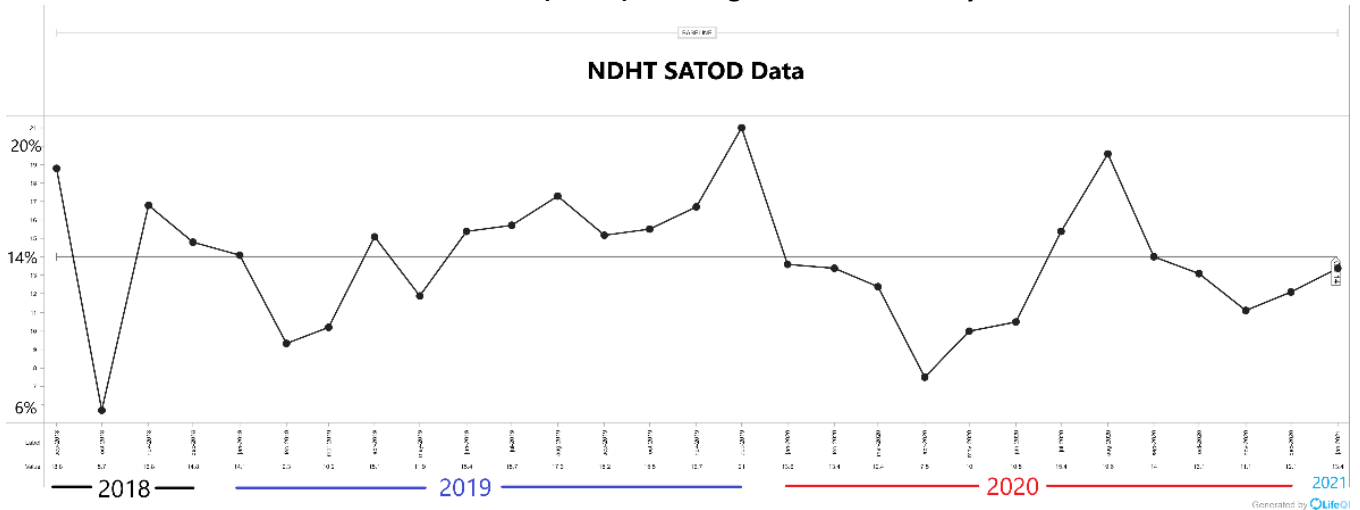


However, trust specific data provides more insight into these levels and does suggest some promising SATOD rates are within reach.

Royal Devon and Exeter (RD&E) Smoking at Time of Delivery Data 2018-2020



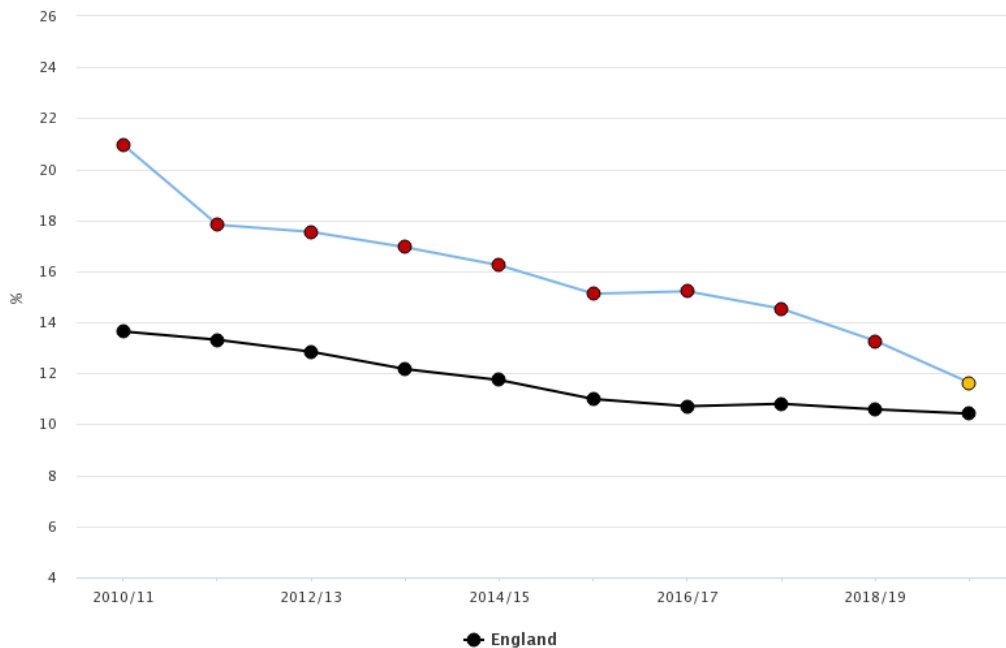
Northern Devon Healthcare Trust (NDHT) Smoking at Time of Delivery Data 2018-2021



Within Torbay, SATOD percentages are still higher than in Devon, but the trend shows a reducing percentage of women smoking at the time of delivery, with 2019/20 data showing a prevalence of 11.6% (see charts below).

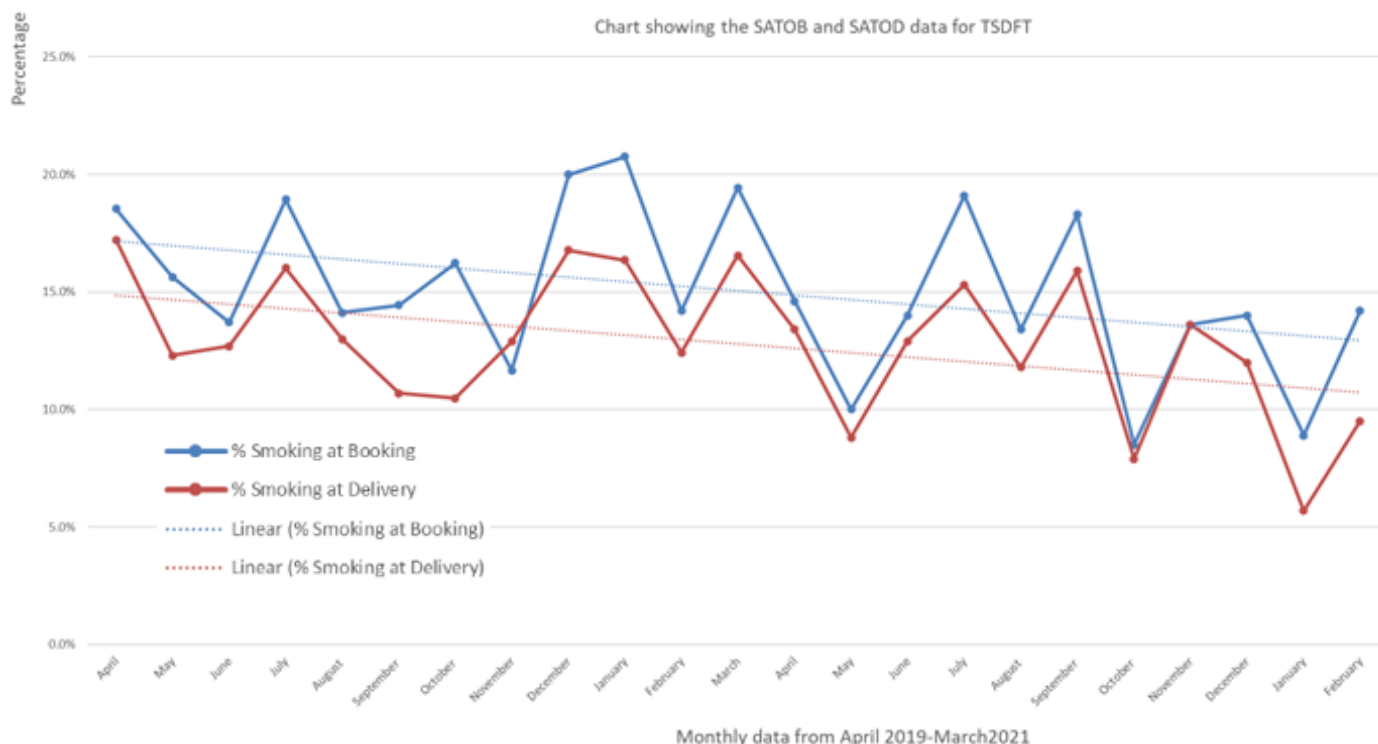
Compared with England: Better 95% (green), Similar (yellow), Worse 95% (red), Not applicable (grey). Quintiles: Best (light purple), Worst (dark purple).

Smoking status at time of delivery for Torbay



The chart below shows the SATOD and Smoking at Time of Booking (SATOB) data for the maternity system at Torbay and South Devon Foundation Trust. As can be seen there are declining rates of both smoking at the time of booking (SATOB) and smoking at the time of delivery (SATOD). The trendlines also show that there is a widening gap between SATOB and SATOD. This is very positive meaning that fewer women are coming into maternity services as smokers and women who are smoking are quitting in higher numbers. This is reflected in the increased success rates in 4-week quitters within this population in the Torbay Healthy Lifestyle Service.

Torbay and South Devon Foundation Trust (TSDFT) SATOB and SATOD Data



Pregnant Women Supported to Stop Smoking by Services in Devon and Torbay

All stop smoking services in Devon and Torbay can provide support to pregnant women to stop smoking, including OneSmallStep, Torbay Healthy Lifestyle Service, GP practices and pharmacies. During 2020/21, these services have collectively supported 257 pregnant women with a quit attempt, with a successful quit rate of 57.2%.

Smoking Prevalence in 15 Year Olds

Unfortunately the WAY survey has not been repeated and so there is no update from the 10% prevalence reported in Devon in 2014/15.

To have some ability to monitor tobacco use in young people locally, questions on tobacco use have been included in the Schools Health and Education Unit survey, completed within schools every 2 years in Devon. The results are shown in the tables below, which show a decline in tobacco use in 2019 compared to 2017. However, it is important to note this is a sample of children in Devon and cannot be assumed as representative.

Results in Devon Primary School pupils in Years 4 – 6 (ages 8-11)

	2017		2019	
	Girls	Boys	Girls	Boys
Have never tried smoking	97%	98%	99%	98%
Have tried an e-cigarette	-	-	3%	

Results in Devon Secondary School Pupils in Years 8 and 10 (ages 12-15)

	2017	2019
Have never tried smoking	80%	88%
Smoke occasionally or regularly	6%	4%
Have never used an e-cigarette	-	83%

Update on the Work of Smokefree Devon Alliance Members Under Priority 1

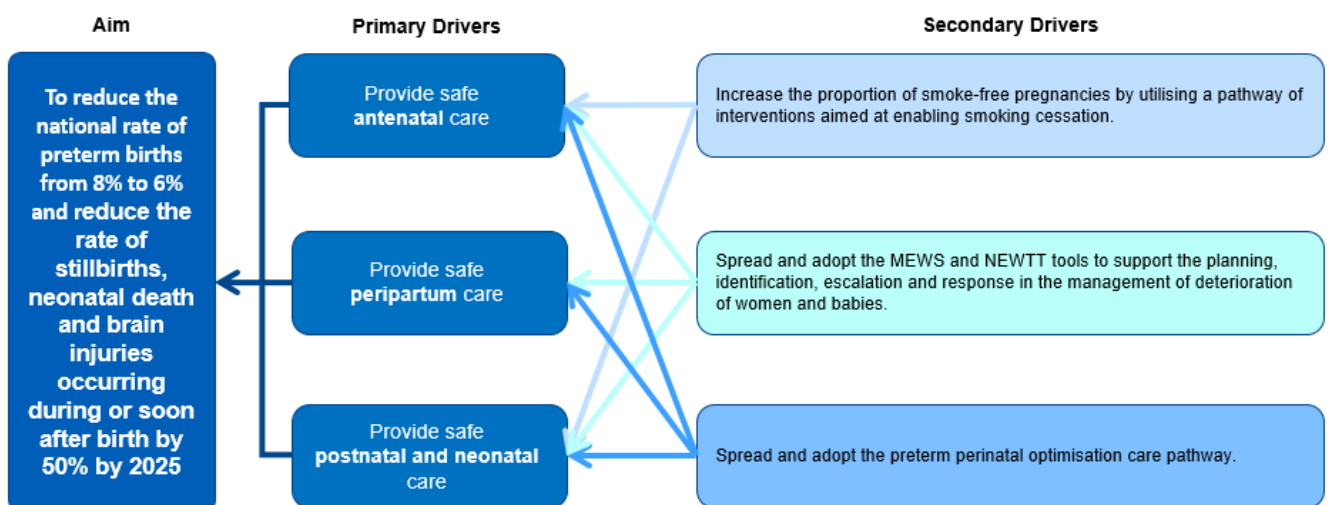
- **Local Maternity and Neonatal System (LMNS)**

The [Devon Local Maternity System Transformation Plan](#) (2017-21) outlined smoking as a key priority through both the safety and prevention workstreams, as part of Better Births and the Saving Babies Lives care bundle. The plan outlined an aim to reach smoking rates at time of delivery to 8% by 2020.

In 2018, a smokefree mapping exercise was completed across wider Devon. It considered tobacco dependency, carbon monoxide monitoring, training, monitoring and referral into specialist services within the maternity system. This contributed to significant continued work in the wider Devon system to support the smokefree agenda, including the Maternity and Neonatal Safety Improvement Programme detailed below.

- **Maternity and Neonatal Safety Improvement Programme**

The Maternity and Neonatal Safety Improvement Programme is one of five National Patient Safety Improvement Programmes which aims to develop and deliver safety improvements prioritising the most critical safety issues. The five national drivers have been reduced to three for the Phase 2 rollout in 2021. The South West system-wide work focused around Smoke-Free Pregnancies.



The ambitions of the programme are bold; to reduce the national rate of pre-term births from 8% to 6% and reduce the rate of stillbirths, neonatal deaths, and brain injuries occurring during or soon after birth by 50% by 2025 (NHSEi). The target for smoke-free pregnancies aligns with the NHS LTP to increase the proportion of smoke-free pregnancies to 94% or greater by March 2023 (6%). Smoking in pregnancy is the leading modifiable risk factor for poor birth outcomes and is one of England's leading causes of health inequalities. The South West region consistently has average smoking in pregnancy rate of > 6% (national target), with significant regional variations. Since 2018, we have seen a gradual improvement in the proportion of smoke-free pregnancies, with SATOD rates falling from 19% to nearer 13-14% in the South West, but there is still so much more we can do to bring these rates down.

The [South West AHSN](#) have worked hard to bring a collaborative system-wide approach to achieving this goal. We have created a supportive network of skilled, knowledgeable, and passionate people who continue to work together, discuss obstacles, challenges and share their learning in a safe and supportive space. Even through the pandemic, the teams have continued to communicate through their WhatsApp group, asking for advice and offering solutions in overcoming the many challenges Covid has posed them, not just related to tobacco addiction. We're so incredibly proud of how they have continued to support each other. They have adapted to working in an online virtual world, which has created its challenges, but we have remained connected. [Our Patient Safety Network events](#) are growing in size, with over 120 people signed up for June's event. We're delighted that one of the South West teams (Livewell SW) has entered their QI project "Swap to Stop" into the Bristol Patient Safety poster competition this year; fingers crossed!

While CO monitoring is re-starting in routine antenatal settings, the SW AHSN supports two test sites providing single-use carbon monoxide monitors. The acute Trusts are working closely with the Specialist Smoking Services to trial the ICO Smokerlyzer with a cohort of pregnant women/people over the forthcoming year with evaluation support provided by the SW AHSN. If you want to find out more about this work please join us at our next [Patient Safety Network event in June](#) and [sign up to receive our newsletter](#).

- **OneSmallStep Devon Healthy Lifestyle Service Update**

OneSmallStep have worked hard to improve the referral pathway for pregnant women into the specialist smoking service. Since Everyone Health launched the new integrated OneSmallStep service in November 2019 we have seen an increase in both referrals and quit rates of pregnant women.

Improvements were made following pathway review meetings with NDHT, RD&E and TSDFT public health specialist midwives. Key areas that were highlighted for improvement were training midwives and feedback/communication from the specialist service back to midwives.

During the pandemic when face-face brief advice training was not an option for midwives, OneSmallStep developed a bespoke smoke free pregnancy training package which is available online. This has recently been reviewed and updated with input from local maternity services. Ensuring midwives feel confident having conversations about smoking is crucial to women getting access to the smoking service as soon as possible.

OneSmallStep have implemented a feedback protocol system for smoking advisors to follow to ensure midwives are kept up to date with women's progress on the pathway. This feedback is sent via email at varying stages of support. Most notably if we are unable to contact the women or they do not attend their appointment. Having this information allows midwives to conduct further brief advice and prompt a re-referral.

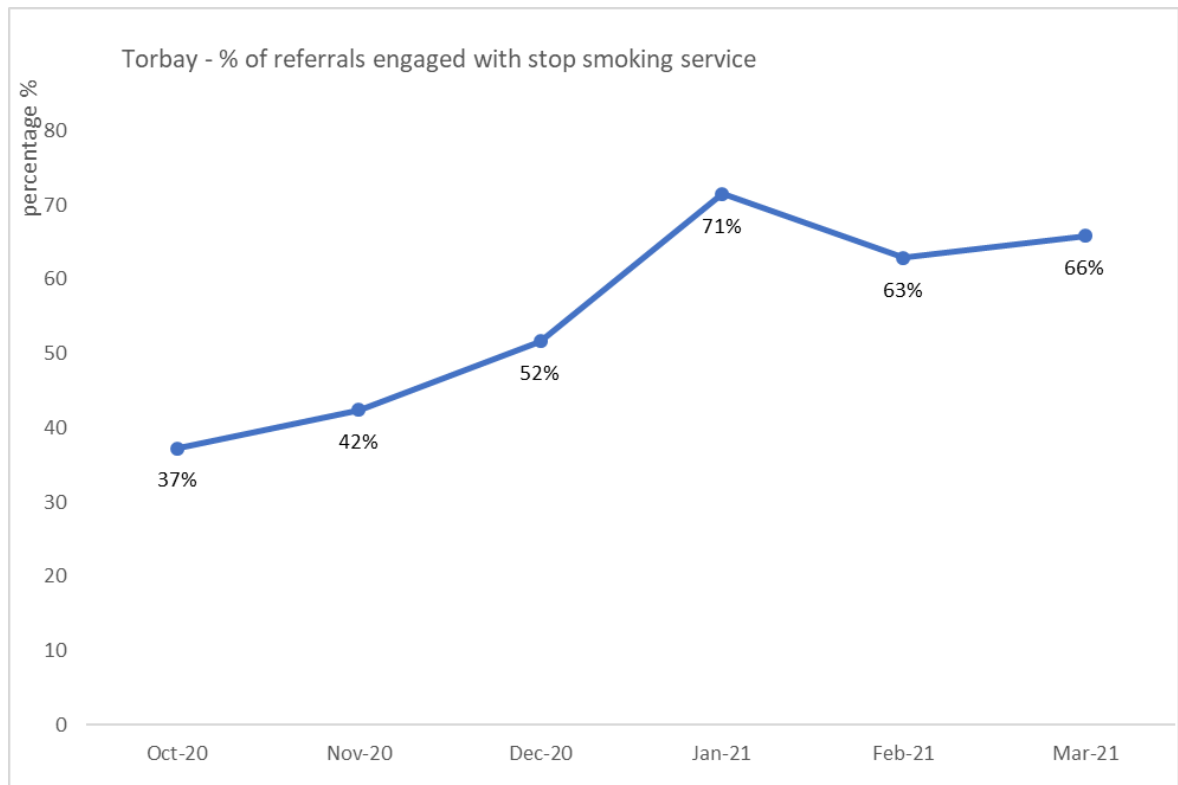
Monthly referral and quit rate data is sent to the public health midwives, and OneSmallStep also chair a bi-monthly smoking in pregnancy review meeting with the Trusts to discuss and update any elements of the pathway and track progress.

OneSmallStep have carried out some youth mapping across the county and actively engaged with Young Devon who run Youth Enquiry Services, Supportive Lodgings and Counselling services for young people in Exeter, Barnstaple, Sidmouth and Ivybridge. We have carried out engagement and partnership work with Space Youth Services Devon; - 8 Youth Centres across Devon including, Barnstaple, Bideford, Okehampton, Exeter, Exmouth, Newton Abbot, Totnes and Tiverton. This engagement is an opportunity to open conversations with partners on the ground working with young people about smoking and the challenges young people face when accessing services. We continue to keep this engagement active and are working towards seeing an increase in young smokers accessing OneSmallStep.

- **Torbay Healthy Lifestyles Service Update**

Torbay Healthy Lifestyles Service has been working with the Public Health Midwife at Torbay Hospital to improve engagement rates for women referred to the stop smoking service. The main focus to date is to improve communication between the stop smoking service and midwife teams.

- Engagement rates with women is steadily increasing, from 37% in October 2020 to 66% of all referrals in March 2021 (as can be seen in the chart below - % referrals engaged with service)
- Not only has engagement increased but we have also seen increased quit success rates, quit success in maternity referrals who engaged with the service for 2020-21 was 70%. We are extremely pleased with this progress as it is above expected for this group)
- Percentage of women who were unable to contact has reduced from 60% in October 2020 to 14% in March 2021
- There are a number of things that we have changed:
 - Midwives are receiving more detailed information about the women they refer to the service; such as how many times and how we've tried to contact them, what they are using to stop smoking, when they have quit, whether they've initially engaged and then become uncontactable
 - All women referred are sent a pregnancy information pack that not only highlights the risks of smoking during pregnancy but also the many benefits of quitting. The information pack includes the latest advice and guidance on vaping/e-cigarette use.
 - Referrals are now passed immediately to the stop smoking advisers who contact the referred women directly. This means most women are contacted and receive support on the day the referral is received.
 - Referrals stay on one adviser caseload until EDD (due date)
 - PH midwife is very proactive and there is regular communication between stop smoking service, the PH Midwife and the wider midwifery team



The above chart shows the incremental improvements in engagement rates for women referred to the Torbay stop smoking service as a result of the engagement work with the maternity services at Torbay.

From the available data over the last 12 months there has been a clear increase in positive engagement with women who smoke and a sharp decline in the number of women who are still smoking at delivery. However, this progress needs to be heavily caveated as it is currently unclear how much of this effect is attributable to service improvements or as a positive effect of the Covid-19 pandemic. Pregnant women do represent a high-risk group regarding Covid-19 and this message is likely to have been translated and understood by this client group, as indicated by correlating reduction in SATOB as well as SATOD for babies conceived during or after the first national lock-down (March 2020). Although the rate of decline in SATOD is greater for this period, it is essential that more data is obtained, and further analysis continues at a local and regional level.

The Torbay Lifestyles service is also currently supporting a project coordinated through the MatNeo Collaborative, which aims to provide women who are smoking during pregnancy their own personal carbon monoxide monitoring devices. It is hoped that the devices will create better understanding of the risks from smoking and increase engagement with stop smoking services who can provide support to quit. The project is also training maternity support workers to provide additional tailored interventions and help to women who may benefit most from it.

The Torbay Lifestyles Service provides mandatory stop smoking training to maternity teams which was paused during the height of Covid-19. However, since its reintroduction in February 2021 we have trained 74 members of staff (48%) and have training sessions scheduled for the rest of the year.

- **Illegal Tobacco**

Since the launch of the strategy, the Devon, Somerset and Torbay Trading Standards Service has conducted a number of projects around illegal tobacco including subscribing to the Regional Trading Standards Investigation Team (South West) illegal Tobacco, conducting a social media campaign for anonymous reporting of illegal tobacco and linking with the School's Health and Wellbeing Survey (SHEU) to gain intelligence as to where youngsters were purchasing tobacco products. It has also worked alongside enforcement partners, such as HM Revenues and Customs (HMRC), Police and the Immigration Service, to address and disrupt the illegal tobacco trade within the Service area. This work has included reacting to intelligence received about the sale of illegal tobacco, especially via social media platforms by means of sending "cease and desist" letters and taking part in the seizure of illegal tobacco with partners at retail premises. We have also conducted underage test purchasing for tobacco products and e-liquids.

The objectives for the forthcoming year are to take part in Operation CeCe which is a National Trading Standards (NTS) initiative in partnership with HMRC to tackle illegal tobacco along the supply chain from the organised criminal gang (OCG) level down to retail level. This service will concentrate on premises who have been identified as selling illegal tobacco. Funding from the Department of Health will fund additional operations to target premises not identified in Operation CeCe or where intelligence has been received that illegal tobacco is being sold. For example, the money will pay for the use of tobacco detecting dogs.

Actions Achieved by Smokefree Devon Alliance Members Under Priority 1

- ✓ Maternity and stop smoking professionals in the South West are in regular contact on the topic of smokefree pregnancies, sharing best practice across trusts, monitoring progress, implementing quality improvement projects and considering system wide change
- ✓ PHE have provided information sessions on e-cigarettes and pregnancy to maternity staff
- ✓ E-cigarettes and pregnancy information widely cascaded to maternity staff
- ✓ DadPad app updated to include more smokefree information
- ✓ Children centres and early years settings smokefree policies have continued to be regularly reviewed
- ✓ Training for children centres and early years has been updated and staff encouraged to complete
- ✓ New Devon wide stop smoking services referral pathway was widely cascaded with staff in contact with children and families
- ✓ Tobacco control mapping completed within Devon maternity system through the Local Maternity Transformation Plan
- ✓ Brief intervention training was made to be a mandatory element of the Public Health Nursing staff training programme
- ✓ Social media campaign was run to raise awareness of illicit tobacco and encourage reporting of illicit sources
- ✓ Schools Health Education Unit survey included questions on tobacco use and source of tobacco to gain insight on smoking in young people
- ✓ Illegal tobacco trade addressed and disrupted through “cease and desist letters” and seizure of illegal tobacco
- ✓ Underage test purchasing for tobacco and e-liquids completed
- ✓ Fostering Devon smoking policy updated to follow BAAF recommendations and Devon Foster Care website updated with latest information on smoking policy
- ✓ Materials on tobacco education for schools uploaded to Smokefree Devon Alliance website
- ✓ Advocacy work to encourage pavement licenses to be smokefree carried out
- ✓ New smokefree area established in Newton Abbot town centre

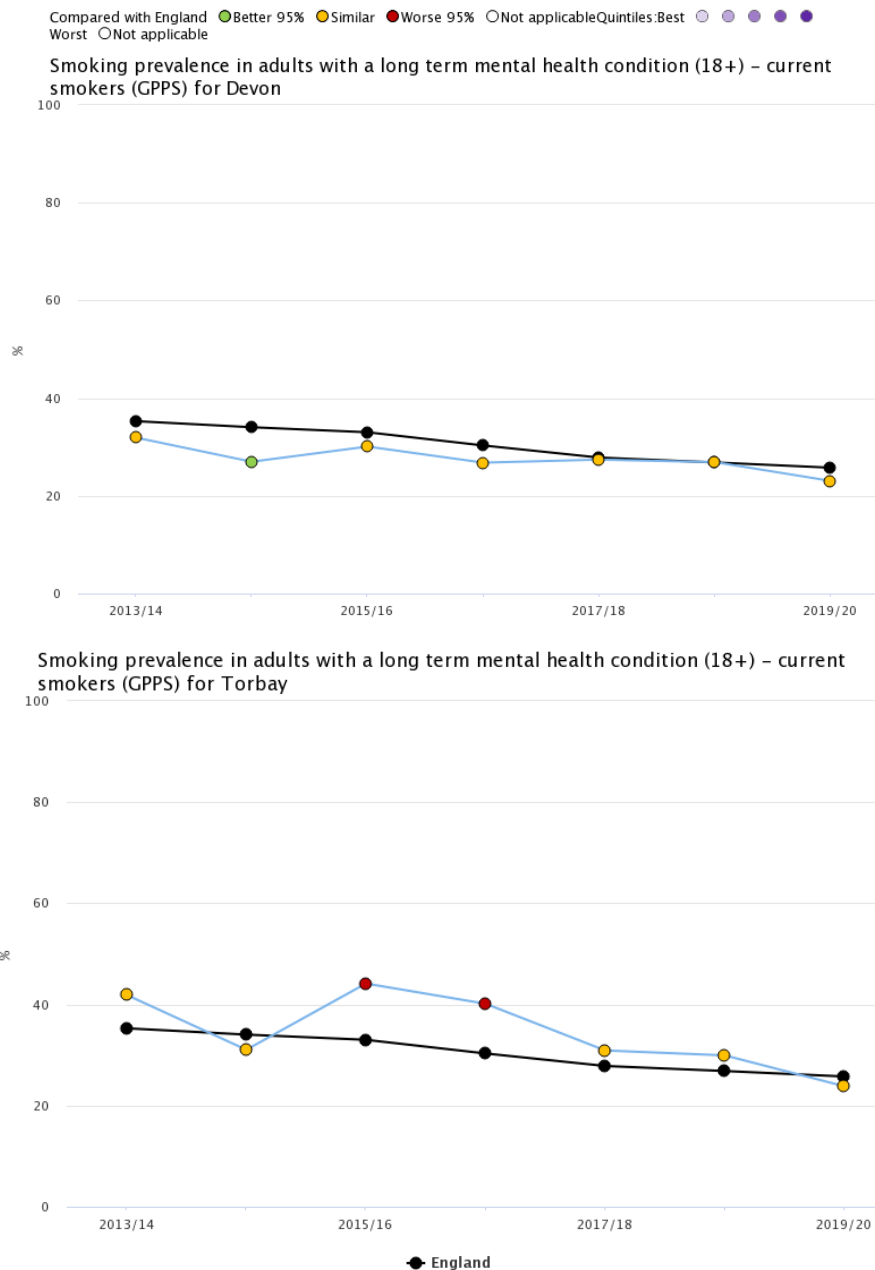
Progress Towards Priority 2: To reduce health inequalities caused by smoking and support vulnerable groups to be Smokefree

Update on Data Indicators

Smoking and Mental Health

Unfortunately, the “smoking prevalence in adults with serious mental health” indicator has not been updated so we are unable to map our progress towards this objective. However, there are two more recent indicators added to the [PHE fingertips tool](#) and shown in the charts below.

Smoking Prevalence in Adults with a Long-Term Mental Health Condition



Both charts show a downward trend in smoking amongst people with a long-term mental health condition.

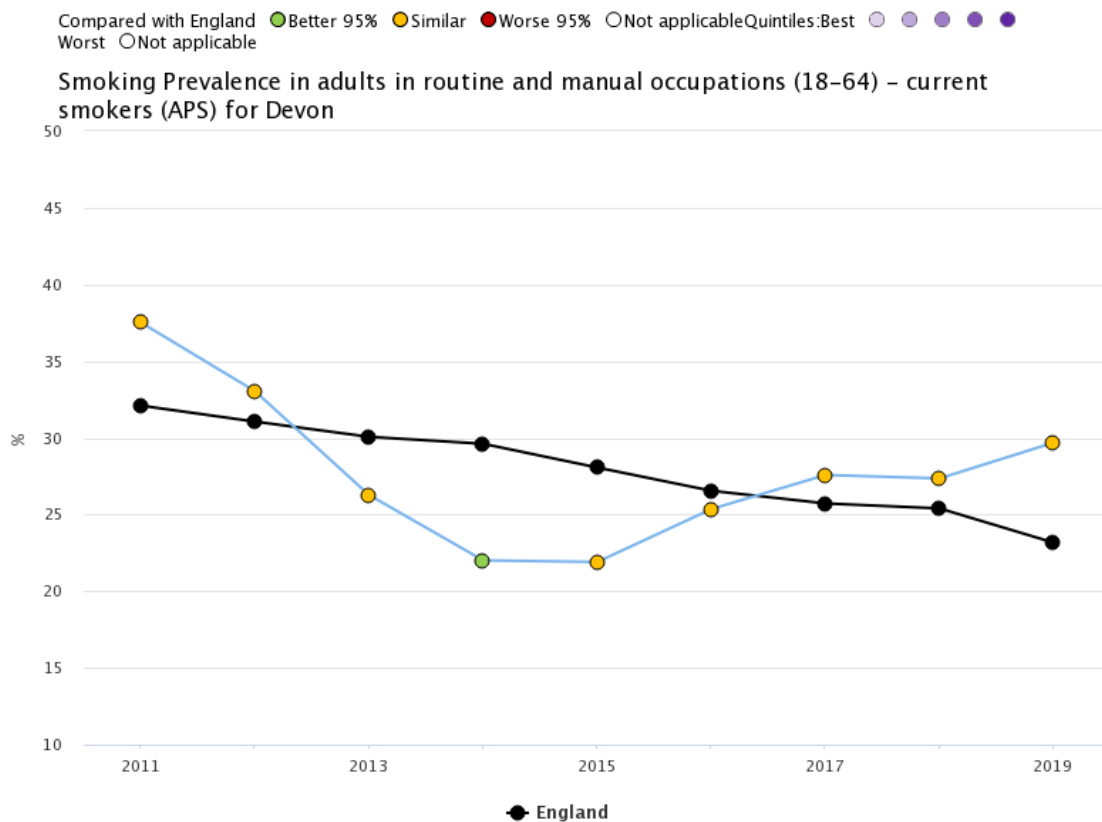
Smoking Prevalence in Adults - Gap by Mental Health Status

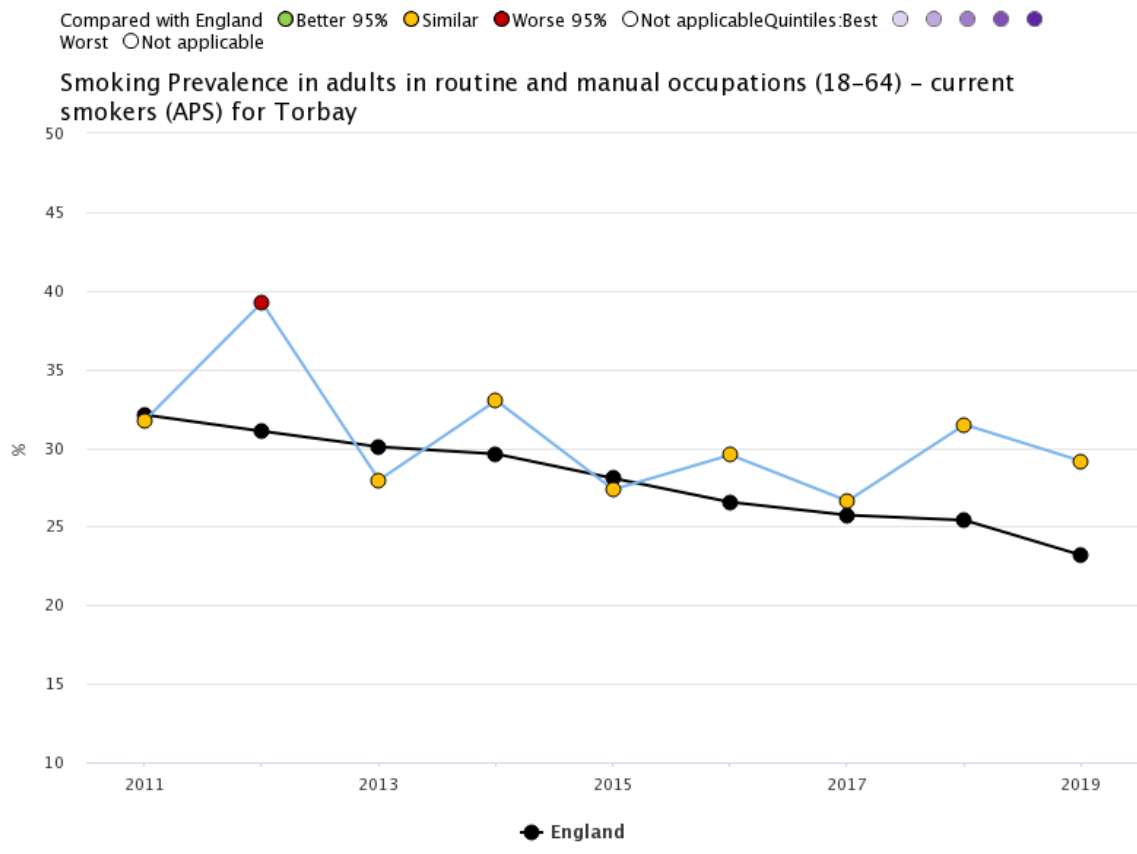
This new indicator looks at the gap between those with a long-term mental health condition and those without. This shows that, people with a long-term mental health condition are 2.3 times more likely in Devon to smoke than those without a long-term mental health condition, and in Torbay are 1.8 times more likely.

Therefore, although we see a general downward trajectory in people with mental health conditions who smoke, there is still much to do to reduce this gap and reduce health inequalities experienced by this population.

Smoking Prevalence in Routine and Manual Populations

The charts below show the trend in smoking amongst routine and manual populations, which unfortunately has increased to 29.7% in Devon and 29.1% in Torbay during 2019.





Socio-Economic Gap in Current Smokers

This new indicator uses occupation to look at the socio-economic gap in smoking prevalence. This shows that people in Devon who work in routine and manual occupations are 3.01 times more likely to smoke than people in professional or intermediate occupations, and 2.82 times more likely in Torbay.

This further emphasizes the importance of supporting people in vulnerable groups to stop smoking, to reduce health inequalities in the population.

CASE STUDY: VAPE PILOT PROJECTS FOR VULNERABLY HOUSED

Update on the Work of Smokefree Devon Alliance Members Under Priority 2

- **Devon Partnership Trust (DPT)**

The smokefree group continues to meet regularly and is chaired by Clare McAdam, Deputy Director of Nursing and Allied Professions. DPT launched their smokefree policy in 2018, which saw staff trained as stop smoking advisors on every ward. Vapes have been made available onsite to patients alongside NRT, which have proved a popular option. Work is continuing to integrate effective smoking status collection and referral pathways throughout the organization, for both inpatients and community patients. Discussions are also taking place around continued training needs for staff.

The DPT smokefree group has attendance from both healthy lifestyle services in Devon and Torbay, as well as commissioners from Public Health teams, who provide specialist input and guidance across a range of tobacco related issues.

Some excellent quality improvement projects have been running in various DPT departments, a couple of which are detailed below.

Langdon Hospital

Langdon hospital, a part of Devon Partnership Trust's secure services, treats patients with serious mental illness. Patients represent a vulnerable population with very high smoking rates of between 60-70% at admission. During their stay patients are not permitted to smoke tobacco, however, relapse rates are 90% and above at discharge.

To address this, the hospital has recently employed a Smokefree Practitioner to provide tailored support to hospital patients. A recent patient survey showed low levels of satisfaction with previous support for smoking cessation. In response, a month-long pilot study providing a vaping starter-kit to patients on two wards has shown high levels of uptake and a significant increase in satisfaction levels, reduction in nicotine cravings and greater self-reported motivation to quit. In collaboration with patients and staff, the new smokefree offer is now being implemented across site.

Langdon hospitals new smokefree offer is part of a wider strategy to reduce smoking rates by improving opportunities for education and support for patients and increasing awareness and training for staff. Future work

The Devon and Torbay vaping pilots were developed in response to the national lockdown of March 2020 and the 'Everyone In' initiative, which provided accommodation for all people experiencing homelessness. This group is known to be vulnerable, frequently with multiple complex needs. The prevalence of tobacco use is high, estimated at 85% in the 2016 Groundswell report 'Room to Breathe'. The overarching aims of both pilots were to reduce harms associated with tobacco use in two key areas. The first was to maintain stable accommodation, reducing the risk of eviction due to smoking indoors or modifying fire alarms, and reduce the risk of fires. The second was to reduce activities at high risk of transmission of Covid-19 such as sharing of tobacco products or smoking discarded tobacco remnants, and also to reduce the need to leave rooms to smoke particularly if clinically extremely vulnerable.

The Devon pilot was an outreach model, delivered by One Small Step to people housed in multiple settings. Referrals were from housing support workers, with initial assessment, provision of vape kit and ongoing support provided by OSS. The Torbay pilot was in a single setting, with the housing support workers providing referrals, distribution of the kits and follow up, with wrap around support from the Torbay LSSS. As outlined above neither pilot had a quits as a primary outcome, however quits were achieved in both groups. In Devon 66 clients attended a first session, 18 set a quit date at first appointment and 6 had quit at four weeks. In Torbay 17 clients attended first appointment and 4 had quit at four weeks. Additionally Torbay collected data on quantity of tobacco used and found a reduction of 47% in the number of cigarettes smoked daily.

Shared learning came from discussing and comparing challenges of the two pilots. The Devon pilot reached a large number of people, however digital exclusion proved to be a substantial barrier. In total to the end March 2021, 108 referrals had been received into the pilot with 83 having a first appointment (76.85%). Less than half of the early cohort owned mobile phones, and in the context of the first wave of the pandemic making contact for a first assessment was frequently challenging and time consuming for OSS. In Torbay the onsite delivery model, provided by the housing support staff, avoided this issue. In Torbay the housing support staff had a pre-existing relationship with the Public Health team, having worked together on a prior health promotion project. They were familiar with having health promotion conversations, and facilitating the pilot came almost as an extension of this. Delivery in a single location also made this less complex.

will extend focus on patient recovery pathways in the community. In line with a recent assessment from the Royal College of Physicians report – Smoking and Health 2021, Langdon hospital smokefree service are setting themselves an ambitious target of reducing relapse rates by 30% over the coming year to help ensure this vulnerable group are not left behind as we progress towards smokefree 2030.

TALKWORKS

TALKWORKS, part of Devon Partnership Trust has been working closely with OneSmallStep and Torbay Healthy Lifestyles to bring the Stop Smoking agenda into the delivery of TALKWORKS.

TALKWORKS is an IAPT service - Improving Access to Psychological Therapies - and sees many thousands of people struggling with mild/moderate depression and anxiety difficulties from across Devon. The reach of the service is a good opportunity to ask people seeking help with their mental health, about smoking; to educate about the potential negative impact of smoking on mood and anxiety difficulties and to refer those who wish to make a change to Stop Smoking Services. Together with OneSmallStep and Torbay Healthy Lifestyles, we have been delivering some short training and awareness raising to all of our clinicians, both on the impact of smoking and also on the most effective way they can ask about smoking and encourage a conversation of change and the services available to refer on to.

We have altered our initial assessment so that it more directly asks about smoking and we are monitoring with the data from OneSmallStep and Torbay Healthy Lifestyles, the numbers of referrals across to Stop Smoking services from TALKWORKS.

The project has been collaborative and helpful, and hopefully a great opportunity to reach out to many people struggling with their mental wellbeing to stop smoking and to realise a benefit from this on both their physical and mental health.

- **Together Substance Misuse Service**

Together Drug and Alcohol Service provide support, advice and signposting for our service users around the smoking of tobacco or vaping. We utilise our partners in OneSmallStep and promote smoking cessation. The EDP premises are smoke free as supported by organisational policy.

In order to reduce risks associated with intravenous drug use, the Together service encourages the use of smoking substances that are normally taken intravenously, however we do not encourage the use of tobacco.

The table below shows data over the last 12 months on the tobacco usage of the treatment population, and whether they reduce tobacco use or achieve abstinence.

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Other Drug												
Other Drug - Abstinence Achieved	62.1%	67.5%	68.0%	65.5%	67.2%	67.8%	67.7%	73.8%	73.4%	69.6%	69.1%	66.7%
Other Drug - Use Reduced	13.8%	10.0%	8.0%	8.6%	8.6%	8.5%	9.7%	6.6%	6.3%	8.7%	7.4%	8.3%
Total	75.9%	77.5%	76.0%	74.1%	75.9%	76.3%	77.4%	80.3%	79.7%	78.3%	76.5%	75.0%
Tobacco												
Tobacco - Abstinence Achieved	17.4%	17.1%	19.8%	20.6%	19.3%	19.4%	20.4%	20.2%	19.9%	20.2%	21.0%	20.8%
Tobacco - Use Reduced	6.5%	6.5%	6.4%	6.7%	7.5%	8.0%	7.2%	7.0%	6.9%	6.5%	6.1%	6.0%
Total	23.9%	23.5%	26.2%	27.3%	26.8%	27.4%	27.6%	27.2%	26.8%	26.6%	27.1%	26.8%

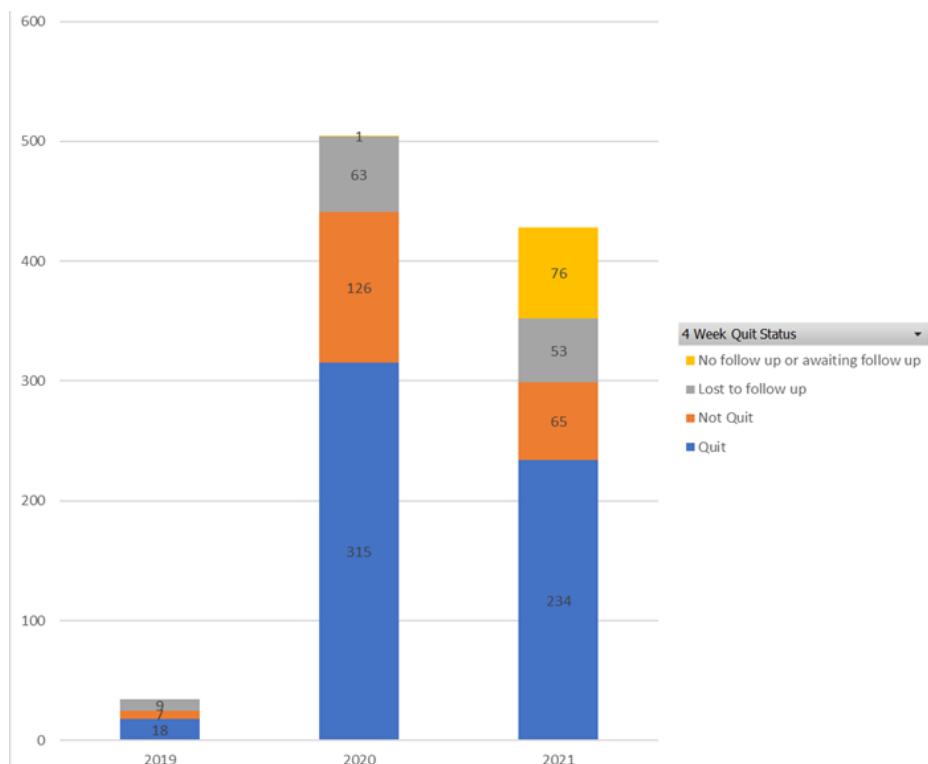
- **OneSmallStep Healthy Lifestyle Service Update**

Most of the engagement activities OneSmallStep carry out aims to reach out to vulnerable groups across Devon who are potentially at risk of health inequalities. This is embedded in all the work we do. Since our contract launch in November 2019 and the end of February 2020, pre-pandemic, the OneSmallStep team attended over 100 events and meetings face to face with the aim of engaging stakeholders and partners who work with vulnerable people or engaging directly with those individuals who are most at need. This included having a stall at Exeter International Women’s Day, Bideford ‘Banish the Winter Blues’ event, engaging with large employers, such as Norboard Chipboard Factory to reach routine and manual workers, Barnstaple Cancer Awareness Day and the Townstal Community Hub.

Since the onset of the pandemic in March 2020 we have continued to engage remotely with stakeholders who are supporting people at risk of health inequalities, including Social Prescribing teams, One Barnstaple, One Bideford, One Atlantic, Devon Together, Teign Housing, the Edge of Care Teams, Early Help teams, Coronavirus Support Groups and Children’s Centres. We have also recorded a bespoke video for circulation on WhatsApp, via the Devon Refugee Resettlement Programme introducing the service and our specialist smoking support, which was subtitled in Arabic. We are currently supporting 2 Arabic speaking clients on their smoke free journey using language line interpretation services.

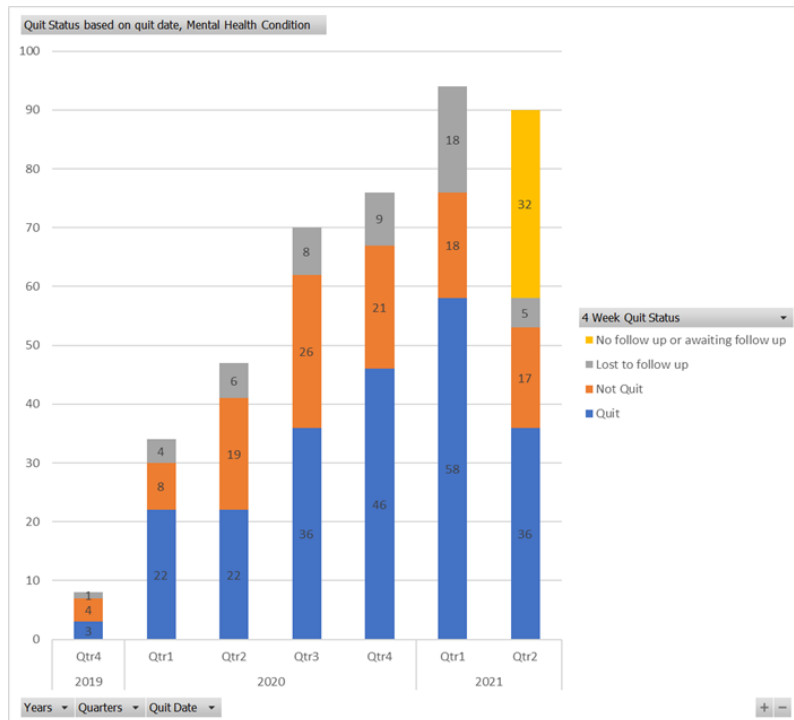
Having these partnerships with local organisations has meant that we have increased the number of vulnerable smokers accessing specialist support significantly since we re-launched OneSmallStep at the end of 2019. This in turn has seen quit rates rise with an average 60-70% 4 week quit rate amongst our priority vulnerable groups.

The graph below is based on clients who fall into a targeted priority group, this includes pregnant women, clients with a diagnosed mental health condition, routine and manual workers, individuals with a learning disability, people living with a long term condition, vulnerably housed, young people aged 12-17 and substance misuse service users. In 2020, the OneSmallStep service had a 63% quit rate amongst these groups.



The quality improvement project with TALKWORKS has been one of our recent successes, which came about as a direct result of the Stoptober work we led on and the partnerships we built. Getting staff on board with this project is pivotal, as there is still stigma and misconception surrounding smoking and mental health. Initial reporting looks encouraging and there has been an increase in referrals. Once all staff are trained, monthly monitoring and reviews of the data will help develop the project further.

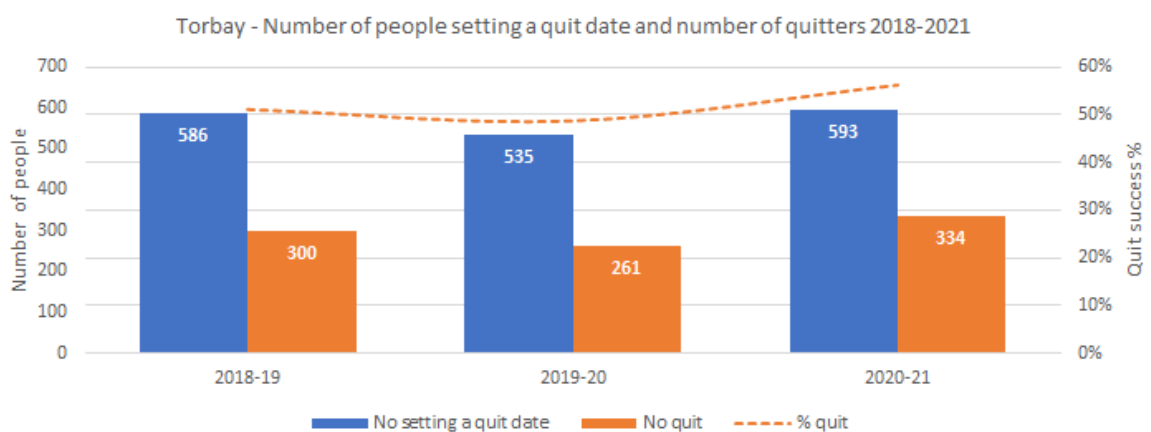
The data below shows a consistent increase in clients accessing the service who have a diagnosed mental health condition. In Q1 of 2021 we had a 61% successful quit rate with this group.



- **Torbay Healthy Lifestyles update**

Torbay Outcome Measures

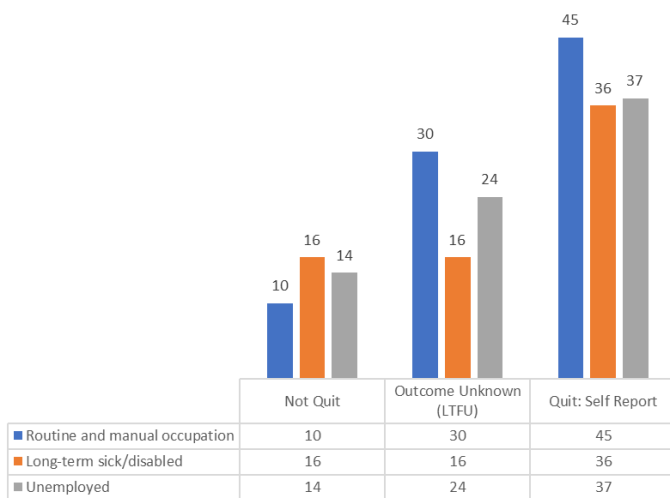
Early indications are that output this year (2020-21) has increased over 2019-20, it is unclear if this is in spite of, or because of, Covid-19. The number of people setting a quit date was 593 and the number who successfully quit was 334, giving a success rate within the service of 56%.



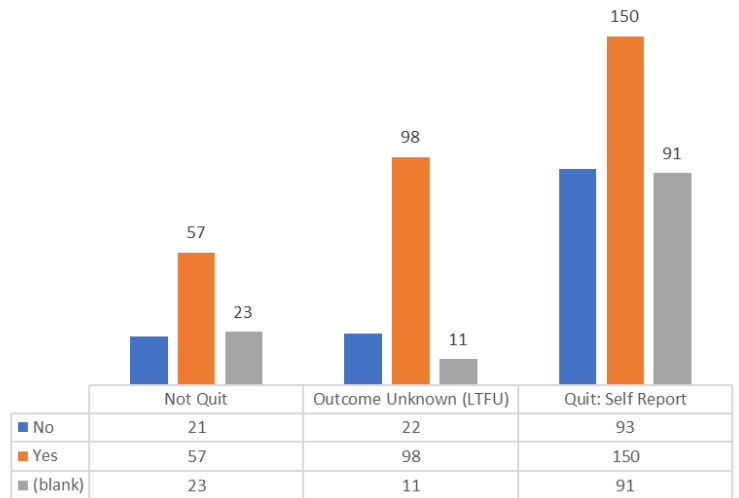
Healthy lifestyles service continues to work with people with multiple complex needs. We have a part-time stop smoking adviser whose work is targeted to those with substance misuse or homelessness issues. This work includes access to personalised health budgets to support innovative quitting solutions using vaping devices in a similar model to that used for the case study in this report. This has led to increased engagement within multiple complex needs services.

From the stop smoking upload data, where demographic information was recorded, 52% of referrals into the service were either routine or manual workers, unemployed or long-term sick/disabled. Quit success rates in this group was 47% (lower than the average for the service but still good success rates). Using another indicator for vulnerable groups (people entitled to free prescriptions) 305 people out of a total of 566 were eligible for free prescriptions (54%). This data backs up the data for routine and manual workers. The success rates for people on free prescriptions was 49%.

Outcomes from those within targeted employment groups 2020-21

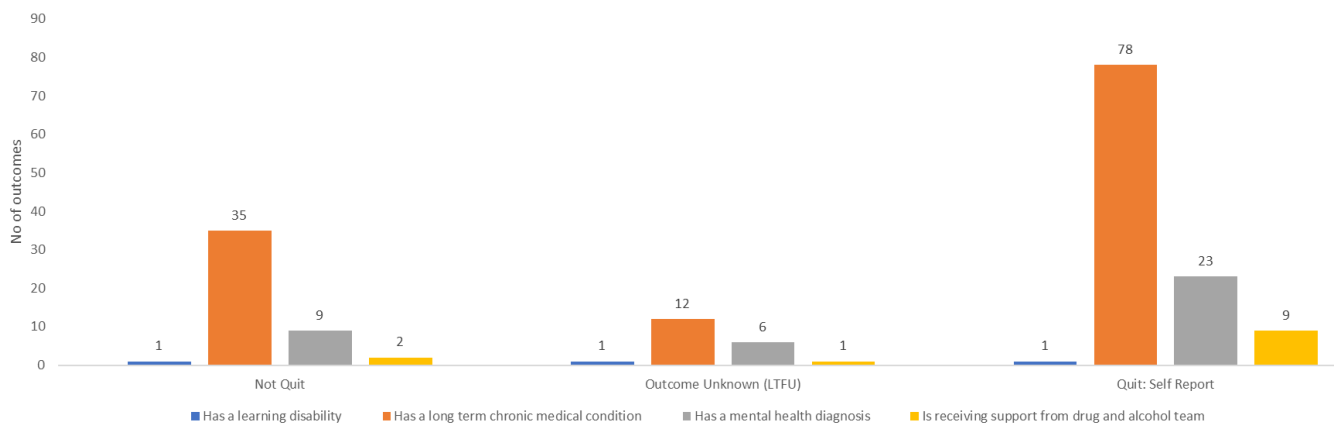


Outcomes for those entitled to free prescriptions



The service also captures information regarding health conditions and other support requirements. Data from 2020-21 shows that of the 566 people with a recorded outcome (i.e. quit, not quit or lost to follow up), 178 (31%) had either a long-term health condition, mental health condition, was receiving support from drug and alcohol service or had a learning disability. Quit rates in this group were 62%.

Outcomes for those from targeted groups 2020-21



Actions Achieved by Smokefree Devon Alliance Members Under Priority 2

- ✓ Supported the implementation of data capture, screening and referral processes for smoking cessation in TALKWORKS
- ✓ Delivered training to DPT and TALKWORKS staff
- ✓ Developed and delivered a bespoke smoking cessation training tool
- ✓ Referral pathway created and widely disseminated with DPT staff
- ✓ Good collaboration obtained through DPT smokefree group
- ✓ Stoptober campaign consistently uplifted
- ✓ Other smokefree campaigns promoted when relevant e.g. National No Smoking Day, Health Harms, One You, Better Health
- ✓ Referral pathway created between Together Drug and Alcohol Services and OneSmallStep, and MECC training delivered to front line staff
- ✓ DPT went fully smokefree on No Smoking Day 2018
- ✓ OneSmallStep have focussed some capacity on building engagement with large scale routine and manual employers, including Two Sisters, Cullompton; Anglo-Krempel, Bideford; Arla Cheese; BT call centre; Ceramic Tile Company, Bovey Tracey; Holsworthy Livestock Market; and multiple supermarket locations
- ✓ Vape pilot projects launched in Devon and Torbay to support people vulnerably housed to reduce risk of contracting COVID-19, help maintain housing and reduce or stop smoking
- ✓ OneSmallStep built relationships with learning disability leads and referral pathway shared widely
- ✓ Bespoke video created and subtitled in Arabic outlining stop smoking support offer for Devon Refugee Resettlement Programme
- ✓ Good engagement and quit rates with specialist stop smoking services within vulnerable groups

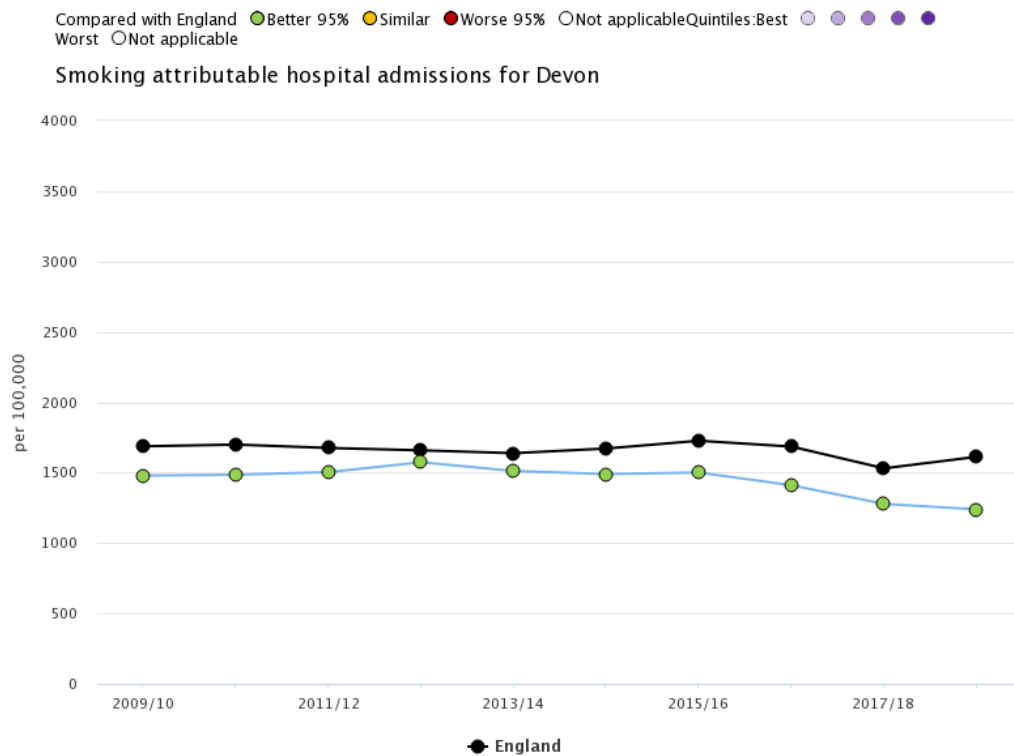
Progress Towards Priority 3:

To create and support Smokefree organisations, particularly NHS organisations

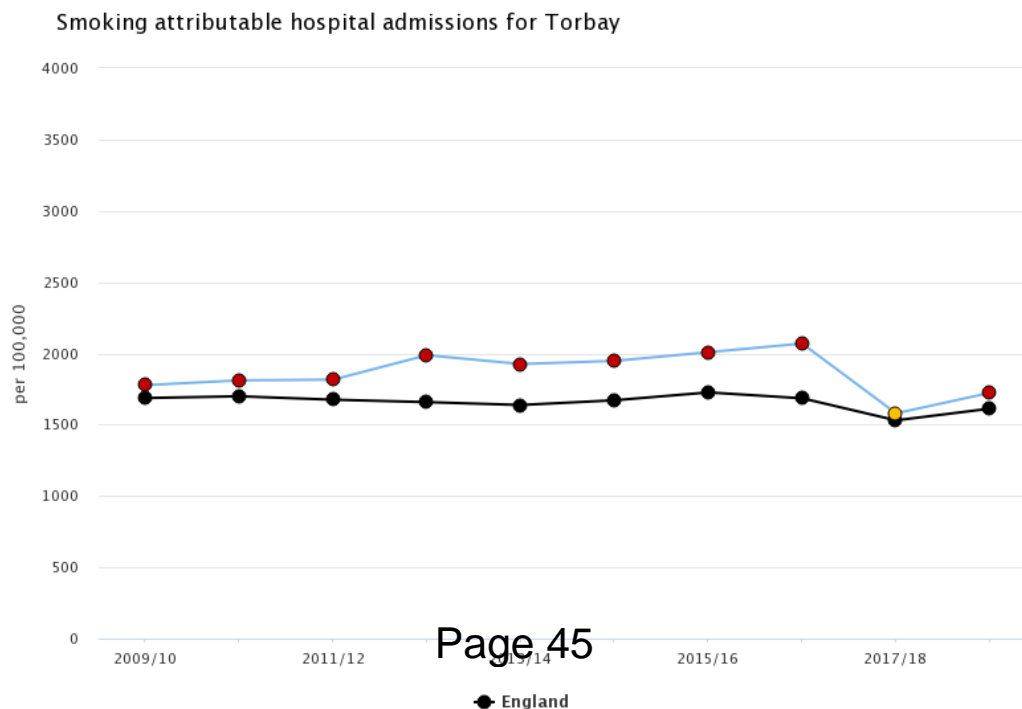
Update on Data Indicators

The focus of the Smokefree Devon Alliance under this priority has been on supporting organisations in the NHS to adopt smokefree policies, including increasing identification, brief advice and referral for people who smoke.

In Devon, hospital admissions attributable to smoking show a slow decline, but in 2018/19 there were still approximately 7139 admissions, which is 1239 per 100,000 of the population.



In Torbay, hospital admissions have also reduced. There were 1738 admissions during 2018/19, which is higher than Devon at 1612 per 100,000 of the population.



Update on the Work of Smokefree Devon Alliance Members Under Priority 3

- **Long Term Plan Smokefree Aspirations**

In 2019, the [Long Term Plan](#) (LTP) outlined aspirations of the NHS to make significant contribution to making England a smokefree society. By adopting the Ottawa Model for Smoking Cessation, the LTP aims for all people admitted to hospital who smoke to be offered NHS-funded tobacco treatment services by 2023/24. Furthermore, this includes a specific smokefree pregnancy pathway, and services available as part of specialist mental health services.

The work of the Smokefree Devon Alliance has put Devon in a strong position for the rollout of this work, which will be completed as a system. It aligns strongly with the priority of the Alliance and is therefore a sure focus point of activity for the next two years.

See the case study on the Smokefree NHS Policy task and finish group and the CLearR workshop results for more detail.

- **CLearR Workshop Results**

The Smokefree Devon Alliance and Together for Devon (ICS) worked together to deliver a light touch CLearR workshop within the Smokefree NHS policy task and finish group during June 2021.

The Public Health England (PHE) [CLearR improvement model](#) was adapted to focus on the elements relating directly to treating tobacco dependence in acute, maternity and mental health settings. CLearR is an evidence-based approach to tobacco control that every local authority and tobacco control alliance can use.

CLearR stands for the 3 focuses of the model:

- **Challenge** for your existing tobacco control services, based on evidence of the most effective tobacco control methods, as outlined in NICE Guidance and 'Towards a smoke-free generation: tobacco control plan for England'
- **Leadership** for comprehensive action on tobacco control
- **Results** demonstrated by the outcomes you have achieved measured against national and local priorities

The results were broken down into four specific areas – system, communications, training and treatment. These categories, detailed below, mirror the national categories and give organisations an understanding of where their strengths and areas for improvement may lie.

System: Leadership, strategies for smokefree, policies and processes

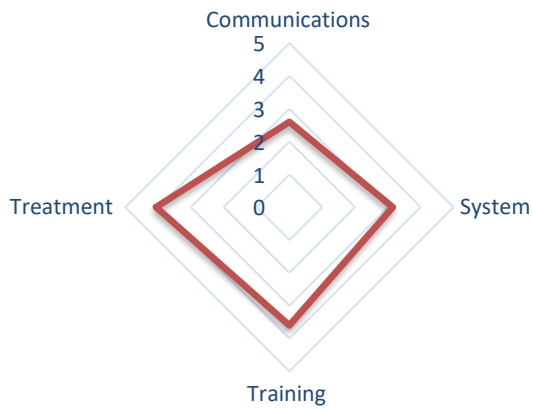
Communications: Patient facing literature, smokefree sites

Training: Types of training, groups trained within organisation

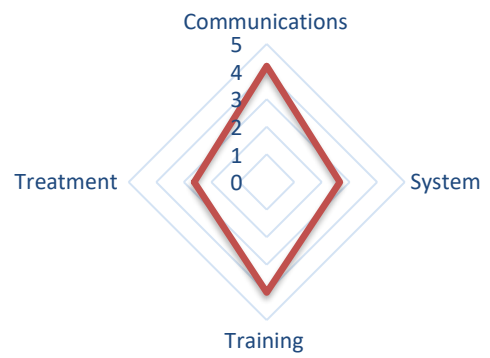
Treatment: Access to medication, process, follow up

The trust self-assessment scores helped create the spider diagrams below, which gives us a good picture of the current status of treating tobacco dependence in secondary care within Devon.

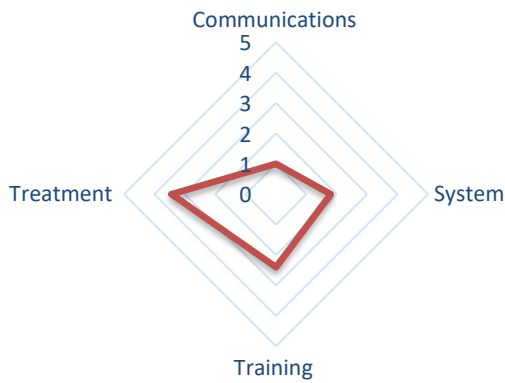
Livewell Southwest



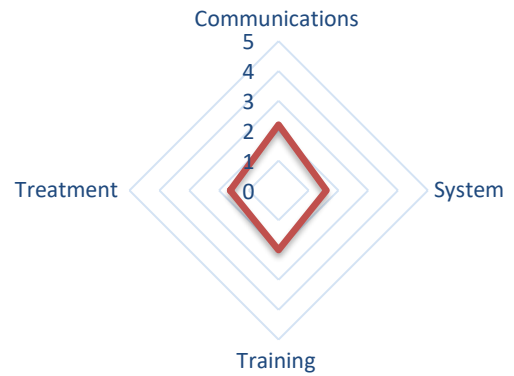
Northern Devon Healthcare Trust



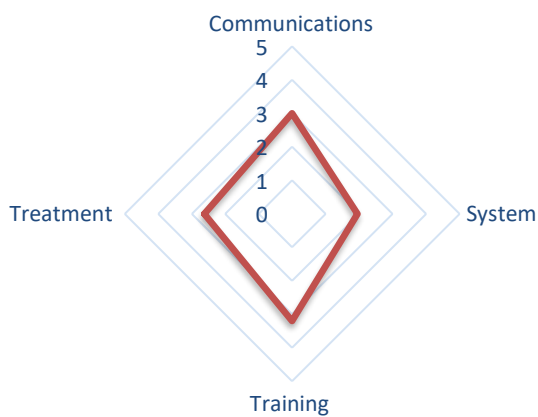
Royal Devon and Exeter Foundation Trust



Torbay and South Devon Foundation Trust



University Hospitals Plymouth



The results will help us assess our work to treat tobacco dependence as a system and identify areas for improvements and opportunity for collaboration. It will also inform a Devon ICS business case for [Long Term Plan](#) funding for treating tobacco dependence in secondary care.

CASE STUDY: SMOKEFREE NHS POLICY TASK & FINISH GROUP

- **Torbay and South Devon NHS Trust**

TSDFT is supportive of the Devon Integrated Care System (ICS) and Smokefree Alliance aspirations to create a tobacco treatment service for all people admitted to Torbay Hospital. A draft business case has been written and discussions are ongoing with representatives from the ICS to move this forward. As part of this process a review of NICE guidance PH48 and CLear deep dive (acute and maternity) have been undertaken. This will be used to create the trustwide smokefree action plan.

The smokefree implementation group that was paused due to COVID-19 has been re-established. The wider implementation group will be used to create smaller task and finish groups to further develop and implement a smokefree organisation. The task and finish groups will pick up the actions from the PH48 and CLear audits.

- **Royal Devon and Exeter NHS Trust**

RD&E have an in-house stop smoking advisor, an active maternity smokefree group, and had a trust-wide smokefree group prior to the COVID-19 pandemic. Stop smoking champions were trained across the trust to support wards pre-covid, to help achieve the Risky Behaviours CQUIN. The stop smoking milestones were achieved in 18-19 and 20-21.

The trust has recently transitioned to MyCare, providing greater ability to collect data and streamline referral processes. Questions about tobacco use have been added to MyCare, so smoking status is recorded for every patient on admission to hospital. Brief intervention training has been implemented with staff, and the maternity department particularly have carried out multiple quality improvement projects to reduce harm caused by smoking in pregnancy. Furthermore, staff can access support to stop smoking during work time. Small numbers are starting to access support to stop vaping from the in-house advisor.

More capacity and strategic leadership is needed to join up the various elements of tobacco control and ensure consistency across the trust. RD&E will continue to engage with the Smokefree NHS policy task and finish group and the Long Term Plan aspirations, to identify areas for improvement and collaboration.

- **Northern Devon Healthcare Trust**

NDHT has had a proactive approach to providing opportunities to promote a smoke free site. An engaged smoke free meeting was paused during the pandemic but steps are underway to reestablish this. Operational support is provided in maternity services by a health and wellbeing midwife, but a lack of onsite operational support for both acute and community caseload patients has stalled progression in many areas. Moving towards an electronic patient record over the next two years will undoubtedly help us to measure and record outcomes, and investment in operational support will enable improvements and improve the pace of change. NDHT is proud of its quality improvement work to conform to a smoke free site, changes to branding and approached to smoking and vaping on site has been positively received.

It was identified at a Smokefree Devon Alliance meeting that all trusts were experiencing difficulties implementing their smokefree site policies. A task and finish group was therefore created to bring trusts together and create a supportive network for this agenda.

This quickly grew to look at all aspects of smokefree policy. The group recognised the importance of using a social marketing approach and taking a broad system view, to change culture and therefore have less people respecting the smokefree site policy.

Activities of the task and finish group to date have included:

- The creation of [a position statement from Steve Brown, Director of Public Health Devon and chair of the Smokefree Devon Alliance.](#)

It was hoped this would encourage senior leadership within trusts and across the system on the smokefree agenda, taking a broad approach.

- A helpful presentation from Barnsley Hospital, who have seen some success with their smokefree policy and used the Ottawa model to inspire their smokefree approach
- A light touch CLear deep dive workshop, with all trusts within the Devon ICS in attendance (high level results presented in this report)

The group will continue to meet, which will provide a useful forum for discussion, collaboration and development, as we work towards the ambitions in the Long Term Plan.

Actions Achieved by Smokefree Devon Alliance Members Under Priority 3

- ✓ Smokefree NHS Policy Task and Finish group created and actively supporting a collaborative approach to smokefree action in secondary care
- ✓ CLear deep dive workshop completed
- ✓ Updated evidence on e-cigarettes / vaping consistently shared with Smokefree Devon Alliance members
- ✓ MECC training being organized within Devon and Somerset Fire and Rescue Service
- ✓ During 2018/19 to 20/21 360 people across Devon and 86 across Torbay received an accredited Making Every Contact Count (MECC) course. A further 801 across Devon and 113 in Torbay received a shortened MECC workshop.
- ✓ Northern Devon Hospital Trust rewrote smoking and vaping policy and became a smokefree site
- ✓ Royal Devon & Exeter Foundation Trust moved to electronic recording system for better monitoring of smoking status and referral
- ✓ Torbay and South Devon Foundation Trust updated smokefree policy and improved support available to patients, staff and visitors to remain smokefree whilst onsite, which includes the use of vapes on trust grounds
- ✓ Stop smoking support for staff promoted in Devon County Council
- ✓ Stop smoking support referral pathway shared with large organisations and district councils

Challenges of the COVID-19 Pandemic

The COVID-19 pandemic has presented significant challenges for tobacco control work. The move to **virtual stop smoking support** was embraced by providers, and these services have quickly learnt to adapt to remote working. This had interesting affects on clients, some preferred the convenience and almost anonymity of virtual support, but equally others found the lack of face to face support difficult.

The **pausing of CO monitoring** nationally had a detrimental impact, as an important behaviour change tool and measure of success. This was particularly significant within maternity departments, who had previously put in tremendous effort to get CO monitoring with pregnant women carried out routinely in Devon. As CO monitoring starts to resume, there will be some work needed to build this back into regular processes.

Health services have been under immense strain and as a result **health improvement work has suffered**, and **referral pathways into stop smoking services have been impacted**. However, the commitment carried throughout the pandemic by the Smokefree Devon Alliance members to continue to tackle the harm caused by tobacco is inspiring to have witnessed.

More positively, it is possible that COVID-19 may have **increased people's motivation to quit**. Only a few months into the pandemic, Action for Smoking and Health (ASH) and University College London found that over one million people had stopped smoking and 440,000 had attempted to quit since COVID-19 hit the country.

It remains to be seen whether the COVID-19 pandemic will continue to inspire people to prioritize their health, and how changes in public mental health may impact on smoking prevalence in the population. One positive that will be sure to remain is the increased confidence of stop smoking services in virtual support and it is hoped this will make services even more accessible than before.

Looking to the Future

Considering the context of COVID-19 recovery, the Smokefree Devon Alliance aims to continue to focus our efforts on supporting those who can achieve the biggest health improvements by quitting smoking, as well as support wider tobacco control work that reduces the harm caused by tobacco to our population and helps prevent more people taking up smoking.

In writing this report, the Smokefree Devon Alliance have reflected on the use of objectives solely based on data indicators. As the sample size of people smoking reduces, the prevalence figures become more variable. Furthermore, the successes of the Alliance often lie in the relationships and collaboration inspired by partnership working.

Therefore, we felt the addition of some softer, and process focused outcomes for the rest of the strategy term would be of benefit:

Additional Objectives to Achieve by 2023

1. There is good collaborative working across the Integrated Care System which enables a joined-up approach to smoking cessation, consistency, and equity in delivery. The Smokefree Devon Alliance, the ICS, public health, community stop smoking services and secondary care are all connected and participating in discussions in partnership.
2. The Smokefree Devon Alliance has a good understanding of the maternity system and is well connected with smoking cessation work within that, which has enabled better collaborative working across the wider system.
3. The Smokefree Devon Alliance has a good understanding of the mental health system and is well connected with smoking cessation work within that, which has enabled better collaborative working across the wider system.
4. The Smokefree Devon Alliance has prioritised supporting smoking cessation services to reach and support pregnant women and people with mental health conditions to quit each year across Devon and Torbay. This information is regularly collected and monitored, to allow measurement of progress towards this objective and for services to regularly evolve and improve.
5. The sale and supply of illegal tobacco in Devon is disrupted. Activity is measured by the amount of illegal tobacco seized by Trading Standards and the number of “cease and desist” letters sent to illegal tobacco sellers” by 2023.

With thanks to the following organisations for their help writing this report:

Organisation	Description of organisation
Public Health Devon	Local Authority Public Health Team
Public Health Torbay	Local Authority Public Health Team
OneSmallStep	Devon's healthy lifestyle service commissioned by Public Health Devon
Torbay Healthy Lifestyle Service	Torbay's healthy lifestyle service, commissioned by Public Health Torbay
Devon Partnership Trust	Mental Health Trust
TALKWORKS	IAPT Service
Devon and Somerset Trading Standards	Local Authority Trading Standards
Torbay and South Devon NHS Trust	Acute Trust
North Devon Healthcare NHS Trust	Acute Trust
Royal Devon and Exeter NHS Trust	Acute Trust
South West Academic Health Science Network (SWAHSN)	Local Academic Health Science Network supporting MatNeo programme to reduce smoking in pregnancy
Health Inequalities Group, Devon CCG	Strategic Commissioning Partnership
Together Devon	Drug and Alcohol Service

Useful Links

- Local Tobacco Control Profiles: fingertips.phe.org.uk/profile/tobacco-control
- ASH Ready Reckoner: ash.org.uk/ash-ready-reckoner
- The NHS Long Term Plan: www.longtermplan.nhs.uk/publication/nhs-long-term-plan
- Smokefree NHS Trusts Position Statement from Steve Brown, Director of Public Health Devon and Chair of the Smokefree Devon Alliance: www.smokefreedevon.org.uk/about-the-smokefree-devon-alliance/smokefree-nhs-sites-task-and-finish-group/position-statement-smokefree-nhs-trusts
- Smokefree Devon Alliance Strategy 2018-23: www.smokefreedevon.org.uk/about-the-smokefree-devon-alliance/smokefree-devon-alliance-strategy-2018-23
- [Devon Local Maternity System Transformation Plan](#)



**Building a Brighter Future Programme
Office**

Torbay and South Devon NHS Foundation
Trust
First Floor, Belmont Court
124 Newton Road
TQ2 7AD

Please reply to: Councillor Jackie Stockman
C/O Governance Support Officer

Town Hall
Castle Circus
Torquay
TQ1 3DR

Sent by Email Only

Telephone: 01803 851255

E-mail: jackie.stockma@torbay.gov.uk

Date: 16 July 2021

To request a copy in another format or language phone 01803 207064

Dear Liz

New Hospital Programme at Torbay and South Devon NHS Foundation Trust

Your letter and corresponding power point was electronically circulated to the Members of the Health and Wellbeing Board. I, on behalf of the Health and Wellbeing Board, am delighted to convey the Boards support for the New Hospital Programme at Torbay and South Devon NHS Foundation Trust.

I look forward to hearing more about the programme at the briefing on 13 August.

Yours sincerely

**Councillor Jackie Stockman
Chair of the Health and Wellbeing Board**