

Thursday, 14 May 2026

**ADULT SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY
SUB-BOARD**

A meeting of **Adult Social Care and Health Overview and Scrutiny Sub-Board**
will be held on

Thursday, 21 May 2026

commencing at **2.00 pm**

The meeting will be held in the Banking Hall, Castle Circus entrance on the left
corner of the Town Hall, Castle Circus, Torquay, TQ1 3DR

Members of the Board

Councillor Johns (Chairwoman)

Councillor Douglas-Dunbar
Councillor Foster

Councillor Spacagna (Vice-Chair)
Councillor Tolchard

A Healthy, Happy and Prosperous Torbay

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Governance Support, Town Hall, Castle Circus, Torquay, TQ1 3DR

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

ADULT SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY SUB-BOARD AGENDA

1. **Apologies**
To receive apologies for absence, including notifications of any changes to the membership of the Adult Social Care and Health Overview and Scrutiny Sub-Board.
2. **Minutes** (Pages 5 - 8)
To confirm as a correct record the minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Sub-Board held on 19 March 2026.
3. **Declarations of Interest**
 - 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.
 - 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 Chair decides are urgent.
5. **Tobacco and Vapes Framework 2026 - 2031** (Pages 9 - 96)
To consider a report on the Tobacco and Vapes Framework 2026 – 2031 and make recommendations to Cabinet.
6. **Specialist Stop Smoking Service Procurement** (Pages 97 - 108)
To consider a report on the Specialist Stop Smoking Service Procurement and make recommendations to Cabinet.
7. **Adult Social Care and Health Overview and Scrutiny Sub-Board** (Pages 109 - 114)

Work Programme 2026/2027

To approve the work programme for the Sub-Board for the 2026/2027 Municipal Year.

8. Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker (Pages 115 - 120)

To receive an update on the implementation of the actions of the Sub-Board and consider any further actions required (as set out in the submitted action tracker).

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Minutes of the Adult Social Care and Health Overview and Scrutiny Sub-Board

19 March 2026

-: Present :-

Councillor Johns (Chairwoman)

Councillors Foster, Long and Spacagna (Vice-Chair)

(Also in attendance: Councillors Chris Lewis and David Thomas)

47. Apologies

Apologies for absence were received from Pat Harris and Amanda Moss (Non-voting Co-opted Members) and the following Cabinet Member: Councillor Tranter (who was represented by Councillor David Thomas).

It was also reported that, in accordance with the wishes of the Liberal Democrat Group, the membership of the Sub-Board had been amended to include Councillor Long in place of Councillor Douglas-Dunbar for this meeting only.

48. Minutes

The minutes of the meeting of the Sub-Board held on 4 February 2026 were confirmed as a correct record and signed by the Chair.

49. Declarations of Interest

No declarations of interest were made.

50. Local Drug Information System (LDIS) update

The Public Health Consultant - Bruce Bell and the Public Health Specialist (Drugs and Alcohol) - Natasha Read provided an update on the Local Drug Information System as set out in the submitted report and responded to questions.

Members asked questions in respect of the following:

- Were services overstretched after weekends?
- Do nearby areas (e.g. Exeter, Plymouth) have out-of-hours systems?
- Could contaminated drugs move between nearby towns?
- Were tetrahydrocannabinols (THC) vapes illegal, and was there evidence of use in Torbay?

- Where were contaminated vapes being sold?
- How high a priority was tackling contaminated vapes?
- Where was intelligence gathered from?
- How do current drug levels compare to 10 years ago?
- Who developed the risk matrix?
- Would a new out-of-hours service be located in Torbay?

The following responses were provided:

- The Service was not frequently overstretched after the weekend, but there were risks with partner awareness being essential.
- Plymouth has limited out of hours provision and Exeter relies on the Local Resilience Forum.
- Cross-area contamination was unlikely due to different supply routes.
- THC is illegal and contamination can sometimes be unintentional. Legislation tightened in summer 2025 to support this.
- Illegal vapes were mostly sold online and not in local shops.
- The priority for tackling contaminated vapes was currently low due to a small proportion of illegal vapes in Torbay, this was monitored with deterrence through testing and partnership with the Police.
- Intelligence was gathered through an online reporting portal, the Police, and Drug & Alcohol Service.
- There was an increased presence of synthetic opioids recently compared to traditional heroin.
- The risk matrix was developed by Public Health England.
- It was proposed for out-of-hours services to be local, with later co-ordination across Devon/Plymouth.

Resolved (unanimously):

1. that the Adult Social Care and Health Overview and Scrutiny Sub-Board (the Sub-Board) is assured that Torbay is acting in line with Office of Health Improvement and Disparities (OHID's) Local preparedness for synthetic opioids in England and implementing the recommendations;
2. that the Sub-Board acknowledge and endorse the interim out of hours Local Drug and Information System (LDIS) Emergency Response Plan; and
3. that the Sub-Board support delivery of a local workshop that raises awareness of the Plan and the roles and responsibilities of partners involved.

51. Sexual and Reproductive Health contract mobilisation

The Leader of the Council – Councillor David Thomas provided an update on the Sexual and Reproductive Health contract mobilisation as set out in the submitted report and responded to questions together with the Public Health Consultant - Bruce Bell and Head of Public Health Improvement - Ian Tyson.

Members asked questions in respect of the following:

- What does a proportionate universalism approach mean?
- How does someone get a digital sexual health passport?
- Will posted test kits reduce clinic workload?
- Could there be a separate waiting area for privacy?
- Can users share their records with GPs?
- How do systems link with the electronic patient record?

The following responses were provided:

- A proportionate universalism approach meant services are available for all, with targeted interventions for higher-risk groups.
- A digital passport was created after the first interaction with the Service.
- Home testing frees clinical time and increases user accessibility at different times and through routes that do not require users needing to physically present to services.
- There were currently no plans for a separate waiting area for the Service; the site is a multi-service centre; previous alternatives considered were not financially viable.
- Record sharing is possible and will occur but relies on patient choice and disclosure.
- Genitourinary Medicine (GUM) services traditionally use separate systems unless legislation changes, making it more difficult to link patient's electronic records.

Resolved (unanimously):

1. that the Adult Social Care and Health Overview and Scrutiny Sub-Board (the Sub-Board) is assured that Torbay Council is acting in line with the appropriate levels of required contract management including stringent oversight of both performance and financial scrutiny to enable the provider and the Sexual and Reproductive Health contract to succeed;
2. that the Sub-Board acknowledge the new contract has some rigorous financial efficiencies to be achieved within the first two years; and
3. that the Director of Public Health be recommended to request the provider to consider if there is an alternative location or revised layout for the Service to enable more discrete access to Sexual and Reproductive Health services.

52. Annual Public Health Report 2026 – Men's Health

The Leader of the Council – Councillor David Thomas provided an update on the Annual Public Health Report 2026 focussing on men's health as set out in the submitted report and responded to questions together with the Public Health Consultant - Bruce Bell and Public Health Registrar - Peter Mennear.

Members asked questions in respect of the following:

- What was being done to promote telephone GP appointments to men?
- What support exists for checks before age 50 for genetic risks?
- Will information alone change male health behaviour?
- Could workplace testing (e.g. prostate-specific antigen (PSA) tests) be expanded?
- Was work focused only on deprived areas?
- Can more communication be done via text/SMS?

The following responses were provided:

- Telephone appointments were part of a broader strategy to encourage early engagement, and were not specifically promoted alone.
- Potential genetic risks may prompt early screening for certain conditions but this is done on an individual basis.
- NHS Health Checks are available men and women aged 40-74 to check for risk of cardiovascular disease for those that do not have pre-existing disease.
- Workplace health checks have been used previously as part of wider outreach work e.g. Torquay United, and the role of the workplace in promoting wellbeing and accessing services will be explored in the report.
- Behaviour change requires a complex combination of factors taking into account for example societal norms, in addition to providing informational approaches; family support networks can also help.
- The work is across all areas, not just deprived ones.
- Multiple technologies exist for communicating with patients; however, uptake varies and it is essential to provide multiple pathways to enable access in as many ways as possible.

Resolved (unanimously):

1. that the Adult Social Care and Health Overview and Scrutiny Sub-Board note the update on the national Men's Health Strategy; and
2. that the Adult Social Care and Health Overview and Scrutiny Sub-Board note the plan and timetable for the production of the 2026 Torbay Annual Public Health Report focussing on men's health.

53. Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

The Sub-Board noted the submitted action tracker.

Members requested the Statutory Scrutiny Officer to chase up the referral to the Secretary of State regarding the Torbay and South Devon NHS Foundation Trust's intention to serve notice to end the Section 75 Agreement with the Council for delivery of integrated adult social care and health services after the Trust Board's meeting on 26 March 2026 where a decision was due to be taken.

Chair

Meeting: Adult Social Care and Health Overview and Scrutiny Sub-Board **Date:** 9 June 2026

Wards affected: All wards

Report Title: Tobacco and Vapes Framework 2026 - 2031

When does the decision need to be implemented?

From July 2026 onwards.

Cabinet Member Contact Details: Hayley Tranter, Cabinet member for Adult and Community Services, Public Health and Inequalities hayley.tranter@torbay.gov.uk

Director Contact Details: Lincoln Sargeant, Director of Public Health, lincoln.sargeant@torbay.gov.uk

1. Purpose of Report

- 1.1. The UK Government has set out an ambition for England to smokefree by 2030 (defined as less than 5% of the population smoking).
- 1.2. The tobacco and vapes framework has been developed to set out priorities and areas of work to move us towards this ambition in Torbay.
- 1.3. The decision required is to agree the framework.

2. Reason for Proposal and its benefits

- 2.1. The proposal will help us to deliver our vision of a healthy, happy, and prosperous Torbay by working to reduce rates of smoking, protecting residents from the harms of second-hand smoking and reducing illegal and illicit trade.
- 2.2. The proposed framework will serve to direct and coordinate work across Council departments and partner organisations.
- 2.3. The proposed framework will set the basis for the commissioning of Public Health funded services to support young people and adults.
- 2.4. The proposal will support local progress towards the UK Government's Smokefree 2030 ambition (defined as less than 5% of the population smoking).
- 2.5. The proposal will support the implementation of the Tobacco and Vapes Bill (set to become law from the 1st of January 2027).

3. Recommendation(s) / Proposed Decision

- 3.1 That the Adults O&S Sub-Board recommend to Cabinet:
- i. That the Tobacco and Vapes Framework 2026 – 2031 be approved.

4. Appendices

Appendix 1: Tobacco and Vapes Framework 2026 – 2031

Appendix 2: Torbay Young People’s Vaping Research Project Report (March 2026)

5. Background Documents

- Stopping the Start: our new plan to create a smokefree generation (Department for Health and Social Care, 2023) <https://www.gov.uk/government/publications/stopping-the-start-our-new-plan-to-create-a-smokefree-generation/stopping-the-start-our-new-plan-to-create-a-smokefree-generation>
- Smoking in Torbay – a rapid health needs assessment <https://www.southdevonandtorbay.info/media/pksnmmgv/smoking-rapid-hna-2024.pdf>

Supporting Information

6. Introduction

- 6.1. In October 2023 the UK Government launched the Smokefree Generation 2030 plan. This refreshed the commitment, vision and resource to achieving the target of fewer than 5% of adults smoking by 2030, a target that was originally set out in the tobacco control plan for England in 2017.
- 6.2. Currently, around 15,000 adults (13.8%) in Torbay smoke. To meet the smokefree generation 2030 ambition in Torbay, we need to support around 9,400 adults to stop smoking.
- 6.3. The emergence vaping and other nicotine products has introduced new opportunities to help smokers to reduce and quit, but also new ways of influencing non-smokers towards tobacco use.
- 6.4. Drawing from national survey data, it is estimated that around 12,300 adults (11%) in Torbay may currently vape. Of these, around 3,260 may have been using one for over 3 years.
- 6.5. Data from a local survey undertaken by Engaging Communities Southwest indicated that of the 437 respondents aged 11-18, approximately 61% reported having ever tried a vape. The most common age at which respondents had begun using a vape was 13-14 years old. Similar to national findings, vaping tended to be higher amongst girls than boys.

- 6.6. Data from this local survey indicated that vaping behaviours were influenced by experience of stress and anxiety, curiosity and sharing of devices amongst peers, high visibility in schools, public spaces and on transport, role modelling by family members and ease of access at some local shops and online.
- 6.7. The framework has been developed to set priorities to direct and coordinate action to move towards the smokefree 2030 ambition in Torbay. The five priority areas are:
- Prevent the uptake of vapes amongst children and adolescents, and support those who vape to stop.
 - Diversify the support available for adults to help them take steps towards quitting smoking and long-term vaping.
 - Create smoke and vape free environments.
 - Support tobacco control efforts.
 - Monitor changes in tobacco use and potential new and emerging harms.
- 6.8. The framework has been developed based on the World Health Organisation's Framework Convention on Tobacco Control and UK best practice from Greater Manchester.

7. Options under consideration

- 7.1. No other options are considered.

8. Financial Opportunities and Implications

- 8.1. There are no financial implications to the proposal to adopt the framework.

9. Legal Implications

- 9.1. There are no legal implications of the proposal to adopt the framework.

10. Engagement and Consultation

- 10.1. Stakeholder engagement has been undertaken with those working across the areas set out in the framework to determine the priorities, areas of work and to ensure viability of them.
- 10.2. Community engagement has been undertaken in conjunction with a specialist behavioural insights organisation and community and voluntary sector organisations to understand smoking and vaping related beliefs and behaviours amongst adults and young people. The feedback will be used to inform how specific areas of work set out are delivered.

11. Procurement Implications

- 11.1. There are no procurement implications to the proposal to adopt the framework.

12. Protecting our naturally inspiring Bay and tackling Climate Change

- 12.1. Reducing rates of smoking will have a positive impact on reducing cigarette and vape waste which can contribute to litter and pollution and contribute to reducing air pollution.

13. Associated Risks

- 13.1. Lack of coordination across areas of work which may result in slowed progress towards achieving the smokefree 2030 ambition locally.

14. Equality Impact Assessment

Protected characteristics under the Equality Act and groups with increased vulnerability	Data and insight	Equality considerations (including any adverse impacts)	Mitigation activities	Responsible department and timeframe for implementing mitigation activities
Age	<ul style="list-style-type: none"> 18% of Torbay residents are aged under 18 years old. 55% of Torbay residents are aged between 18 to 64 years old. 27% of Torbay residents are aged 65 and older. 	The proposal will support improved coordination of activities across changing tobacco use trends which will support a reduction in rates across all age groups.	Not applicable	Not applicable
Carers	<ul style="list-style-type: none"> At the time of the 2021 census there were 14,900 unpaid carers in Torbay. 5,185 of these carers provided 50 hours or more of care. 	The proposal neither has a specific positive or negative impact based on this characteristic.	Not applicable	Not applicable
Care experienced	<ul style="list-style-type: none"> As of January 2026, there were 277 former care experienced young people aged 18-24 in Torbay. 	The proposal neither has a specific positive or negative impact based on this characteristic.	Not applicable	Not applicable
Disability	<ul style="list-style-type: none"> In the 2021 Census, 23.9% of Torbay residents answered that their day-to-day activities were limited 	The proposal is anticipated to have a positive impact by reducing exposure to second hand smoke that may exacerbate	Not applicable	Not applicable

	a little or a lot by a physical or mental health condition or illness.	conditions of certain long-term illnesses.		
Gender reassignment	<ul style="list-style-type: none"> In the 2021 Census, 0.4% of Torbay's community answered that their gender identity was not the same as their sex registered at birth. 	The proposal neither has a specific positive or negative impact based on this characteristic.	Not applicable	Not applicable
Marriage and civil partnership	<ul style="list-style-type: none"> Of those Torbay residents aged 16 and over at the time of 2021 Census, 44.2% of people were married or in a registered civil partnership. 	The proposal neither has a specific positive or negative impact based on this characteristic.	Not applicable	Not applicable
Pregnancy and maternity	<ul style="list-style-type: none"> Between 2013 and 2024, the rate of live births (as a proportion of females aged 15 to 44) has been slightly but significantly higher in Torbay (average of 56.0 per 1,000) than the Southwest (53.4) and broadly in line with England (56.3). For the period 2022 to 2024, rates in Torbay (44.6) have been significantly below England (50.0). 	<p>The proposal is anticipated to have a positive based on this characteristic.</p> <p>By reducing first- and second-hand smoke exposure, we might reduce negative impacts on maternal and foetal health including the risk of miscarriage.</p>	Not applicable	Not applicable
Race	In the 2021 Census, 96.1% of Torbay residents described	The proposal neither has a specific positive or negative impact based on this	Not applicable	Not applicable

	<p>their ethnicity as the following:</p> <ul style="list-style-type: none"> • 1.6% as Asian, Asian British or Asian Welsh • 0.3% as Black, Black British, Black Welsh, Caribbean or African • 1.5% as being of Mixed or Multiple ethnic groups • 96.1% as White • 0.4% described their ethnicity another way. <ul style="list-style-type: none"> • Black, Asian and minoritised ethnic communities are more likely to live in areas of Torbay classified as being amongst the 20% most deprived areas in England. 	characteristic.		
Religion and belief	<p>The 2021 Census showed that the residents in Torbay identify their religion and/or belief as the following;</p> <ul style="list-style-type: none"> • 48.5% are Christian • 0.4% are Buddhist • 0.2% are Hindu • 0.6% are Muslim • Less than 0.1% are Sikh • 0.1% are Jewish • 0.7% have another religion • 43.2% have no religion • 6.3% did not answer 	The proposal neither has a specific positive or negative impact based on this characteristic.	Not applicable	Not applicable
Sex	<ul style="list-style-type: none"> • 51.3% of Torbay's 	The proposal neither has a specific	Not applicable	Not applicable

	<p>population are female.</p> <ul style="list-style-type: none"> 48.7% of Torbay's population are male. 	positive or negative impact based on this characteristic.		
Sexual orientation	<p>In the 2021 Census, residents described their sexuality as follows;</p> <ul style="list-style-type: none"> 89% as Straight or Heterosexual 1.7% as Gay or Lesbian 1.1% as Bisexual 0.1% as Pansexual 0.1% described their sexuality another way 7.4% of people didn't answer the question 	The proposal neither has a specific positive or negative impact based on this characteristic.	Not applicable	Not applicable
Armed Forces Community	<ul style="list-style-type: none"> In 2021, 3.8% of residents in England reported that they had previously served in the UK armed forces. In Torbay, 5.9% of the population have previously served in the UK armed forces. 	The proposal neither has a specific positive or negative impact based on this characteristic.	Not applicable	Not applicable
Additional considerations				
Socio-economic impacts (Including impacts on child poverty and deprivation)	<ul style="list-style-type: none"> Torbay is ranked as the 39th most deprived upper tier local authority in England in the Index of Multiple Deprivation 2025. 	<p>Higher rates of smoking tend to be observed amongst those living in deprived areas, working in lower wage occupations and amongst those who are long term unemployed.</p> <p>By supporting timely and accessible smoking support and reducing illegal and</p>	Not applicable	Not applicable

		illicit trade, it is anticipated that this will support both health and social inequalities.		
Public Health impacts (Including impacts on the general health of the population of Torbay)	<ul style="list-style-type: none"> For the five-year period 2020 to 2024, data shows there is a 6-year life expectancy gap between males who live in Torbay's least and most deprived areas and, a 3-year gap for females. 	Reducing the prevalence of smoking will have positive impacts on reduction of hospital care to manage long-term illnesses including respiratory conditions, chronic obstructive pulmonary disease, and some cancers.	Not applicable	Not applicable
Human Rights impacts		Reducing smoking rates within the population supports the human right to breathe clean air.	Not applicable	Not applicable
Child Friendly		By reducing rates of smoking, the proposal will support an improvement for children growing up in smokefree homes and enjoy smokefree outdoor spaces.	Not applicable	Not applicable

15. Cumulative Council Impact

- 15.1. The proposal supports work within Licensing and Planning teams on promoting smokefree environments and tobacco control efforts. Therefore, the proposal is expected to further extend the beneficial socioeconomic impacts of these teams.

16. Cumulative Community Impacts

- 16.1. The proposal supports work across Anchor Institutions and other local businesses which is expected to have positive impacts on reducing short- and long-term adverse health outcomes related to smoking that affect business productivity.
- 16.2. By improving smokefree environments and reducing illegal and illicit trade, the proposal is expected to contribute to improving the safety of communities across Torbay.



Tobacco and vapes framework – 2026 - 2031

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Foreword

Tobacco use remains one of the most significant causes of preventable illness and early death. While smoking rates have steadily declined over recent decades, tobacco still contributes to profound health inequalities. At the same time, the rapid rise in vaping and the emergence of new nicotine products have introduced fresh complexities - creating both opportunities for harm reduction and new risks, especially for children and young people.

The UK Government has set out an ambition to reduce the rate of smoking amongst adults in England to 5% or less by 2030. This framework sets out our shared ambition to protect health, reduce inequalities, and create a smokefree future for the next generation. It provides a plan for how we will work collaboratively across the Council, the NHS, partner organisations and our communities to prevent uptake, support people to take steps towards quitting, shape healthier environments, and strengthen tobacco control. By monitoring data and using local insights we can ensure our actions remain responsive to emerging trends and grounded in what works.

Achieving a smokefree generation by 2030 is an ambitious goal, but it is one we must pursue to improve health, protect children, and support a fairer, healthier Torbay.

Dr Lincoln Sargeant - Director of Public Health, Torbay Council

Councillor Hayley Tranter - Cabinet Member for Adult and Community Services, Public Health and Inequalities

Context

Tobacco use remains one of the leading preventable causes of illness and death, contributing to increased risk of cardiovascular disease, respiratory conditions and cancer. While smoking rates in England have declined over recent decades to the lowest rate since records began in 1972, tobacco still poses a major public health challenge. Currently, around 5.3 million adults in England smoke, and smoking still accounts for around 64,000 preventable deaths in England every year. Importantly, smoking is more prevalent among people from lower socioeconomic groups and with long term mental health conditions. It therefore contributes to health and economic inequalities, and differences in life expectancy.

Currently, around 13.8% of adults in Torbay smoke, which equates to around 15,000 adults. Of these, we estimate that around 3,000 (20.1%) are employed in routine and manual occupations and around 2,085 (19.1%) have a long-term mental health condition. Smoking attributable mortality for Torbay (adjusted to take account of differing areas' age profile) is around 210 people per 100,000 (2017/19) which is similar to the England value.

The emergence of vapes and other nicotine products such as pouches have introduced new complexities to tobacco use. Vapes deliver nicotine without the tar and carbon monoxide found in cigarettes, which means they can play an important role in reducing adverse health risks for smokers. However, people can become dependent on nicotine and the habit of vaping. Therefore, it is not recommended for those who do not smoke. Messages comparing the relative risks between vapes and cigarettes can be misinterpreted or manipulated, creating the illusion that vaping is harm-free. Marketing strategies such as colourful packaging, prominent placements in shops and online, and low-price points all contribute to attracting new users, including adolescents. The physiological effects of nicotine combined with social influences have driven increased uptake. There is currently no evidence that an increase in vaping is leading to an increase in smoking rates. However, the unknown long term health effects of vaping, and the health impacts of nicotine on children's health are growing public health concerns.

Purpose

In October 2023, the UK Government launched the Smokefree Generation 2030 plan. This refreshed the commitment, vision and resource to achieving the target of fewer than 5% of adults smoking by 2030, a target that was originally set out in the tobacco control plan for England in 2017. Broadly, the plan includes:

- Bringing forward the Tobacco and Vapes Bill, which proposes raising the legal age of sale for tobacco, introducing restrictions on marketing for tobacco and vaping products.
- Providing increased funding for local stop smoking services,
- Providing increased funding to strengthen enforcement on underage sales and illicit trade.

Smoking rates in Torbay have reduced from 19.1% in 2011 to 13.8% in 2024, however rates remain significantly higher than the England value. To meet the smokefree generation 2030 ambition in Torbay, we need to support around 9,400 adults to stop smoking. This is a significant challenge given the rates of decline to date.

This framework has been developed to set out priority areas to guide action on smoking and vaping across Council departments, work with partner organisations, and use funding to work towards the Government's Smokefree generation 2030 ambitions locally in Torbay.

Strategic alignment

In addition to, and supporting, the UK Government's smokefree 2030 ambition, is the NHS Long Term Plan. This includes a commitment to treating tobacco dependency, by providing NHS-funded cessation support to inpatients who smoke, pregnant women and birthing people, and patients in specialist mental health services. This framework is aligned to the regional and local approaches for delivering this NHS commitment as set out in the Southwest Tobacco Control framework and the Devon ICB Prevention Programme.

Torbay Council is a member of the Smokefree Devon Alliance; a partnership of organisations committed to reducing smoking in Devon. This framework is also aligned to the Smokefree Alliance strategy and action plan (2023 – 2028) which has committed to three priority areas of for tobacco control action: protecting children from the harms of tobacco, reducing health inequalities related to smoking and promoting strong collaboration around tobacco control.

Guiding principles

The framework, actions and recommendations are guided by the following principles:

1. Reasonable promotion and use of vapes

Vapes can be an effective way to help smokers reduce or quit smoking and can in the short term reduce exposure to harmful substances associated with risk of cancer, respiratory and cardiovascular conditions. However, vapes are not risk-free and the long-term health impacts of vaping (beyond 2 years) are not yet known.

Therefore, our message is that smokers should consider switching to a vape, but those who do not smoke should not vape.

2. Test new ways of supporting people to quit

We adhere to best practice guidance set out by the National Institute for Health and Care Excellence (NICE) that offering behavioural and pharmacological support together is the most effective approach to helping smokers to quit, and to the national Russell Standard for assessing performance of local stop smoking services.

Key criteria: Russell Standard

- A 'treated smoker' (TS) is a smoker who undergoes at least one treatment session on or prior to the quit date and sets a quit date.
- A 'self-reported 4-week quitter' is a 'treated smoker' assessed (face to face, by postal questionnaire or by telephone) 4 weeks after the designated quit date (minus 3 days or plus 14 days) and declares they have not smoked even a single puff on a cigarette in the past 2 weeks.
- A 'CO-verified 4-week quitter' is a 'treated smoker' who is a self-reported 4-week quitter with an expired-air CO assessed 4 weeks after the designated quit date (minus 3 days or plus 14 days) and found to be less than 10ppm.
- A treated smoker is counted as 'lost to follow up at 4-weeks' if, on attempting to determine the 4-week quitter status they cannot be contacted.
- The self-reported 4-week success rate should generally be above 50%.

However, there is currently a lack of evidence about how support can be effectively tailored to meet the needs of higher risk populations. Therefore, we need to adapt and test new way of workings to ensure support meets the needs of those currently underrepresented in smoking cessation services to reduce health inequalities.

3. Encourage steps towards quitting

There is no safe level of smoking and therefore, all smokers need to be encouraged to quit. However, focussing on immediately quitting may feel unachievable to some and could inadvertently stifle willingness to make incremental changes that could achieve health benefits, and build motivation and self-efficacy towards eventually quitting.

Therefore, we need to create a pathway of opportunities that encourage people to take positive steps forwards and that values and celebrates all achievements.

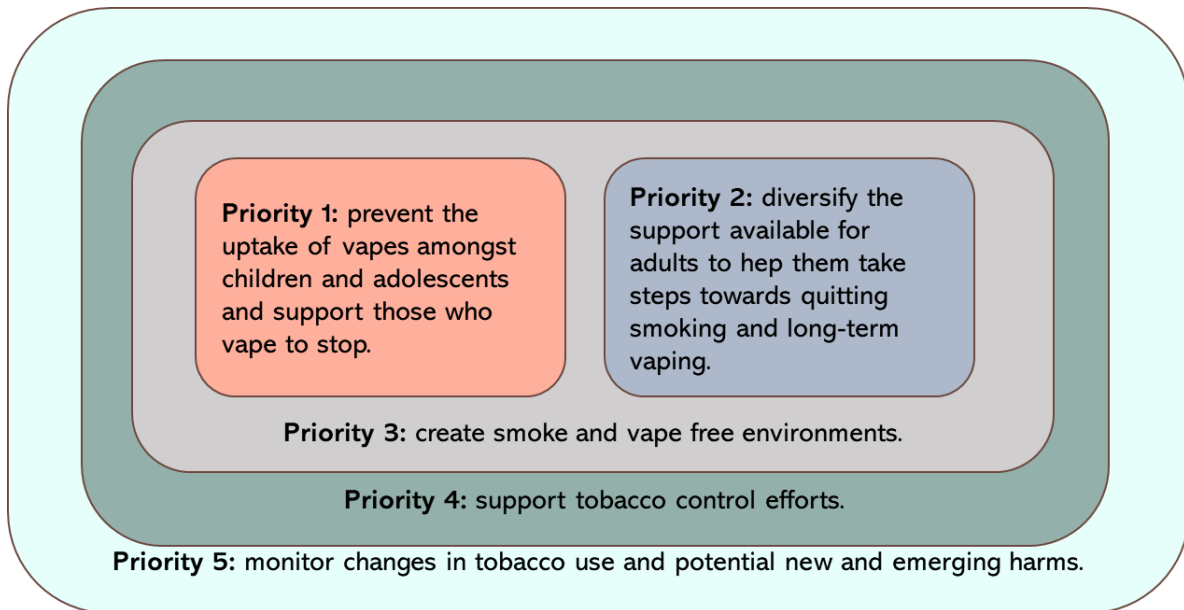
4. Smoking cessation for wealth and health

Increasing the price of tobacco has been one of the most effective ways of reducing use. However, for entrenched smokers, this increase may result in reducing spend on other household bills leading to an increase in existing social inequalities.

Therefore, we need to improve saving money as a motivator for reducing and stopping smoking and equip those working with people experiencing financial hardship to have conversations about smoking.

Framework

Figure 1 sets out the framework and priority areas for action to move us towards creating a smokefree generation:



Priority areas

Priority 1 – prevent the uptake of vapes amongst children and adolescents, and support those who vape to stop

Situation

Reducing the number of new starters has been one of the main successes in reducing overall rates of smoking. Between 2004 and 2023, regular smoking amongst 15 years olds in England fell from 21% to 2.2%. This success has been a result of policy and educational interventions that have worked to denormalise smoking by making it expensive and unattractive.

The availability of vapes and nicotine pouches have introduced new ways of influencing young people towards nicotine use. The range of flavours, coloured packaging and low-price points are particularly attractive to adolescents and have contributed to interest in experimentation. The increased visibility of vape use amongst adolescents has formed new social norms and peer dynamics which have helped to further increase uptake. National survey data indicates that in 2025, around 20% of those 11-17 years have ever vaped, and 7% currently use vapes regularly. Extrapolating these data suggests that around 1,000 young people in Torbay may currently use vapes, and around 2,600 have ever used a vape. Whilst rates are significantly higher than 10 years ago, current rates have been stable since 2023.

Short term health effects of using vapes include headaches, dizziness, irritability, difficulty concentrating, respiratory issues, sore gums and dental issues. The effects of nicotine use are particularly harmful on developing brains and can negatively affect school attendance and performance. Additionally, in some instances vapes have been used as a mode of administration for other substances including synthetic cannabinoids which pose additional health concerns to young people.

Response

The forthcoming Tobacco and Vapes Bill will bring forward legislation to increase the legal age of sale for tobacco and is expected to reduce marketing powers around vapes and make the sale of nicotine pouches illegal to those under 18 years old. This is vital to reducing uptake and protecting young people from the harms of nicotine. However, education and support interventions are also required. The evolving nature of products, influencing factors and impacts mean that there is currently little published research on effective approaches to prevent uptake of vaping amongst adolescents, reduce use and in both those who use them experimentally, and those who are nicotine dependent. Therefore, we will use local youth engagement and behavioural science approaches to inform and evaluate potential approaches.

Areas of delivery

1. Educate young people about vapes, and support the management of vapes within schools:

- Use Torbay Healthy Learning to provide teachers, school leaders, parents and students (in-school and home educated) with information and resources that educate about the harms of vaping (including the use of vapes for use of other substances than nicotine), build resilience and refusal skills, and where to go for support.
- Provide schools with guidance to support the management of vapes on their premises, including how to handle those suspected of containing additional substances, and pathways to refer to specialist support for nicotine dependence and drug use support.
- Ensure that School Nurses have training and support to have conversations with young people about vaping, provide support and pathways to refer to specialist support.

2. Develop social media and community-based initiatives

- Gain insights about vaping amongst local young people and influencing factors.
- Create and deliver health messages from trusted, credible sources which highlight the harms of vaping, its negative effects on stress and mental health and to reduce social appeal.
- Provide information to youth workers and community and voluntary sector organisations supporting young people to have conversations about vaping, and suggestions for developing peer support systems to prevent and reduce vape use.

3. Ensure that young people have access to specialist support

- Develop specialist support for those who are nicotine dependent.
- Develop pathways to ensure that those who use vapes for substances controlled under the Misuse of Drugs Act have access to specialist support and address associated harms.

Priority 2 – diversify the support available for adults to help them take steps towards quitting smoking and long-term vaping

Situation

In Torbay, recent estimates indicate that around 15,000 adults currently smoke. Whilst smoking rates have been reducing, there remain distinct differences in rates of smoking

between groups based on socioeconomic position, unemployment, mental health condition, housing tenure, use of drugs and alcohol and complex needs. These groups may face additional barriers to quitting including a greater association between smoking and managing stress, mental health conditions and even pain, have more people in their social network who also smoke, and may find it harder to access services. Together, these factors can reduce motivation and self-efficacy which are key to initiating a quit attempt. Research shows that structured support is an effective way of helping people to stop smoking compared to information and advice. However, many people try to quit alone and without support. This can be for a range of reasons, including, lack of awareness of what support is available, concern around losing autonomy, fear of judgement from professionals, feeling they should be able to quit alone and even feeling like they should not need or deserve help.

Vaping can play an important role in reducing the harms of smoking and helping adults to quit. However, the availability and promotion of vapes and their use by young people have altered perceptions and smoking habits amongst adults. For some, vaping is seen as a way of moderating how much they smoke and reducing the expense of smoking. For others, the potential to constantly vape and the lack of evidence of harms means they perceive it as more harmful than smoking. And, for some adults who are not current smokers, the message that vaping is less harmful than smoking has been an incentive to take up vaping. National survey data from 2025 indicate that nationally, around 11% of adults currently vape. Extrapolating this indicates that around 12,300 adults in Torbay may currently vape. According to this survey, nationally, just over half (53%) of those who currently vape are ex-smokers. Of these, around half reporting vaping for over three years. This indicates that potentially around 5,800 adults in Torbay who currently vape have not smoked and around 6,500 are ex-smokers. Of those who have used a vape to stop smoking, around 3,260 may have been using a vape for over 3 years.

Response

To reduce inequalities in smoking rates and to address the changing perceptions and behaviours around smoking and vaping, there is need to develop a continuum of support that meets people where they are and helps them to take steps towards quitting. This will include approaches that build motivation, reinforce autonomy and willpower, and that promote harm reduction. Additionally, approaches will seek to harness the growing popularity and ease of access to information and support provided by digital technology.

Areas of delivery

1. Keep making steps towards quitting in people's minds:

- Deliver regular campaigns to encourage smokers and long-term vapers to take steps towards quitting, and to improve the awareness of the tools and support available.
- Use campaigns to showcase local places and local people's stories to improve the relevance of information and contribute to building a local social movement.
- Develop a network of smokefree champions across health and social care, and voluntary and community sector organisations who can provide evidence-based advice on smoking and vaping cessation.

2. Improve the availability of information and quit tools:

- Use targeted advertising, social media and optimise website pages to make information about local support easier to find.
- Develop self-support tools that provide advice and ideas to help bolster individual willpower to direct their own reduction and quit of smoking or vaping.
- Develop peer support systems to encourage friends to take steps towards quitting together and to avoid risk of relapse.

3. Diversify structured support options:

- Continue to provide access to support from trained stop smoking advisors and access to stop smoking aids.
- Offer vaping reduction and cessation support for those who vape to a high level and have done so for some time.
- Support delivery of the NHS treating tobacco dependence programme to ensure patients accessing maternity, inpatient and specialist mental health services are offered smoking cessation support.
- Provide access to digital smoking cessation services.
- Develop new models of professional led smoking cessation support into drug and alcohol services, community mental health services, and family planning services, including offering harm reduction approaches of up to 26 weeks of support.

Priority 3 – create smoke and vape free environments

Second-hand smoke exposure poses a risk to all smokers and non-smokers. It is a particular risk to those who are pregnant, children and those with long term health conditions. Second-hand smoke inhalation can cause lung cancer, increase the risks of developing asthma, respiratory infections, COPD, heart disease and stroke. In young children, it can also increase the risks of respiratory and ear infections, asthma attacks, and sudden infant death syndrome. Smoke can cling to carpets, can penetrate through doors etc. and therefore even smoking in one room in a house or opening a window do not protect individuals or household members. Second-hand smoke exposure is not just a risk indoors. The harmful chemicals in tobacco smoke can also be inhaled outside. The risk is heightened in enclosed areas such as parks and outdoor seating areas or patios at hospitality venues.

Whilst current research indicates that second hand exposure to vape smoke is less harmful than tobacco smoke, research is still in its infancy. Therefore, caution should be exercised. In addition, inhalation of vape smoke can be unpleasant and can lead to the influencing of impressionable people like children who are likely to copy what they see adults do. Therefore, vaping should not be done in front of babies or children. The Tobacco and Vapes Bill is expected to provide additional provisions to regulate against smoking in specific environments. However, Local Authorities and other anchor institutions have some local powers and services to champion smokefree sites. Anchor institutions refer to organisations, typically not for profit, public organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Locally, these are Torbay Council, Torbay and South Devon NHS Trust and South Devon College.

Areas of delivery

1. Support the creation of smokefree homes:

- Provide training, support, and equipment to enable Health Visitors to identify second hand exposure risk in the homes of young families, and to promote safety measures and access to cessation support.
- Work with housing officers and those undertaking home safety checks to promote conversations about second hand smoke exposure, carbon monoxide exposure and smoking cessation.

2. Promote smokefree outdoor spaces:

- Expand smokefree signage to all playparks in Torbay and explore options to extend signage to other locations where children play such as beach fronts.
- Ensure smokefree signage is displayed across Council owned assets, and that this directs people to support.
- Ensure Council events display smokefree signage and have clear messages for vendors about smoking and vaping.

3. Encourage businesses to create more smokefree spaces:

- Support the development of smokefree sites in local anchor institutions.
- Working with anchor institutions, provide resources and support to local businesses to promote smokefree workplaces.
- Encourage supermarkets and shops to improve smokefree areas and signage around customer entrance and exits.

4. Utilise licensing arrangements to reduce outdoor smoking spaces and access to vapes:

- Use pavement licences issued under the Business and Planning Act 2020 to develop a certificated voluntary scheme to incentivise hospitality businesses to become 100% smokefree, and to amend the pavement conditions to introduce a minimum 50% smokefree area.
- Explore opportunities to review and reduce the number of vape shops in highly concentrated areas and those with heavily footfall of young people.

Priority 4 – support tobacco control efforts

Policy drivers to increase the price of tobacco are an effective way of motivating people to quit and reduce the interest in taking up smoking. However, for entrenched smokers, the increased cost of tobacco may lead some to engage with illegal and illicit tobacco. Illicit tobacco products encompass those which are manufactured legally but are smuggled into and sold illegally in other destinations other than their intended one, while illegally manufactured counterfeit products that mimic well known tobacco brands, and foreign brands lawfully produced in one country but intended for smuggling into another.

Illicit products are cheaper and are not produced or controlled in the regulated way that protects consumers. Additionally, the illicit tobacco trade has strong links with organised crime. Sellers often target children and young people which increases the risk they may begin using products. Of increasing concern is the risk posed by illegal vapes. These are more likely to contain more than the legal limit of nicotine concentration (<20mg/ml (2%)), not have health

warnings on the packaging, or have this in another language and contain other ingredients such as caffeine and taurine. Illegal vapes are more likely to be low priced and therefore are likely to be particularly attractive to those most vulnerable, including young people.

Areas of delivery

1. Support and advocate for national policy:

- Respond to government consultations and calls for evidence to support the progress of the Tobacco and Vapes Bill.
- Provide information to national advocacy organisations such as ASH support lobbying efforts.

2. Work with Police and Trading Standards to improve sharing of information and the knowledge of reporting channels for illegal and illicit tobacco and underage sales:

- Use intelligence from Police and Trading Standards to direct the development of education and support offers around smoking and vaping.
- Use social media, smokefree champions network and voluntary and community sector organisations to improve the knowledge of reporting channels.

3. Develop guidance to support settings to safeguard children and young people safe from exploitation:

- Integrate information about risks of exploitation around illegal and illicit tobacco trade, how to spot signs of danger and reporting channels into the Torbay Healthy Learning resources for teachers and school leaders
- Work with services and settings working with vulnerable children and young people (including social care, care leavers and SEND providers) to provide this information.

Priority 5 – monitor changes in tobacco use and potential new and emerging harms

Monitoring data is vital to understanding how tobacco use changes overtime and to identifying health inequalities linked to tobacco use. Additionally, as industries continue to innovate and consumer behaviours change, new products are likely to continue to emerge. These can introduce unfamiliar health risks or patterns of use which are likely to be particularly harmful and detrimental to young people. It is therefore essential to monitor data and trends to identify how strategies and support need to be adapted to ensure we continue to decrease tobacco use within the local population.

Areas of delivery

1. Monitor impact of work to identify changing trends and areas for improvement:

- Use routine survey and service data to identify who is being reached by support, and where improvements are needed to ensure equitable access and uptake.
- Use qualitative research and local evaluation to improve the understanding of how approaches are working, and for who.

2. Identify potential future risks:

- Use research, market analysis and population behaviour analysis to detect new and emerging products and potential new harms.
- Use local intelligence networks and partnerships with Trading Standards and Police to identify potential new substances that may be administered through vapes to inform local drug strategies and support.

Oversight and governance

An action plan will be established to monitor progress against the priority areas set out in the framework. The plan will be owned and overseen by a delivery group comprising stakeholders from the local stop smoking service, planning, licensing, education, drug and alcohol services, police, trading standards, Healthwatch, and community and voluntary sector organisations. Progress will be reported through Public Health governance and the Health and Wellbeing Board.

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Torbay Young People's Vaping Research Project Report

March 2026

COMMISSIONED BY TORBAY PUBLIC HEALTH



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Introduction

Torbay Public Health commissioned Engaging Communities South West to explore young people's experiences, views and understanding of vaping in Torbay, and to help identify what information, prevention work and support may be needed locally. The project was designed to hear directly from children and young people aged 11–18, while also gathering a smaller amount of feedback from parents, carers, teachers and other professionals.

The work used a mixed-method, youth-led approach. This included a Young People's Panel, a wider young people's survey, collaboration with Sound Communities, a primary school session with Year 6 pupils, and short adult surveys for parents, carers and staff. Together, these methods aimed to build a local picture of how vaping is viewed, where it happens, why some young people try it or continue using it, and what might help prevent or reduce harm.

This report brings those findings together. It is intended for both public health stakeholders and the wider public. The report therefore uses clear, accessible language while maintaining an independent and evidence-based tone.

About Us

Engaging Communities South West (ECSW) is a not-for-profit organisation offering a range of services, including community voice, facilitation of engagement events, data capture and analysis, report writing, communications support, training and service/project evaluation and review. We provide these services to advance three key areas: Community Voice, Access & Empowerment, and Strategic Support. We also manage the contract for local independent health and social care champion Healthwatch Torbay.

Executive Summary

Engaging Communities South West, commissioned by Torbay Public Health, carried out this project to understand young people's experiences, perceptions and behaviours relating to vaping across Torbay.

A mixed-methods approach combined quantitative survey data with qualitative insight. A survey of 445 young people aged 11–18 was complemented by input from teachers, parents/carers and engagement with primary-aged children. Qualitative data from open responses and discussions was analysed thematically to identify key patterns and drivers.

Key Findings from the Survey Respondents

- Over 60% of young people reported having tried vaping, often by age 13–14 or younger
- Around 70% of current users report vaping regularly throughout the day
- Vaping is commonly reported in schools, on buses and in public spaces, with around two-thirds vaping on journeys to school
- Curiosity (46%) and sharing with others (45%) are the most commonly reported reasons for trying vaping, while around 15% report direct peer pressure
- Nearly 40% of current users report vaping to manage stress or anxiety
- Nearly 9 in 10 young people believe vaping is unsafe, but this does not prevent continued use
- Vapes are widely reported as easy to access through shops, peers and family, with parental behaviour also influencing use.

Observations from this Project

- Early normalisation and visibility reduce perceived risk and boundaries
- Social belonging and group behaviour drive uptake more than explicit pressure
- Vaping is often used as a coping mechanism for stress and anxiety
- Knowledge of harm does not consistently translate into behaviour change
- Regular use and difficulty quitting indicate habit and dependence
- Strong non-vaping identities and early awareness present opportunities for prevention
- Findings are broadly consistent with national evidence on youth vaping, while also highlighting how visible vaping feels in everyday local settings.

Project Recommendations

A coordinated, system-wide response is required, combining prevention, support and enforcement. Key priorities include:

1. Early prevention and education, particularly in upper primary and early secondary years
2. Strengthening vape-free environments across schools, transport and public spaces
3. Addressing social norms through peer-led approaches and positive alternatives
4. Integrating vaping into mental health support, recognising its role in coping behaviours
5. Providing clear, consistent information to address misconceptions and uncertainty
6. Developing youth-focused cessation support that addresses both habit and dependence
7. Engaging families and carers to support consistent messaging and role modelling
8. Strengthening enforcement to reduce access through retail and informal routes.

Together, these actions aim to reduce early uptake, support informed choices, and address the wider factors driving youth vaping in Torbay.

Background

1. What we mean by vaping (and why it matters)

Vaping usually means using an electronic cigarette (e-cigarette) to inhale an aerosol. Vapes can contain nicotine (which is addictive) and other chemicals, plus flavourings. Vapes are intended for adults – particularly adults who smoke – but increasing numbers of children and young people are trying them.

It is illegal to sell nicotine vapes to anyone under 18, and illegal for an adult to buy them on behalf of someone under 18. Despite this, national surveys show that underage access is common, including buying from shops.¹

2. Youth vaping prevalence in Great Britain

The most widely used national youth vaping trend data in Great Britain comes from the ASH Smokefree GB Youth Survey (run annually since 2013, with 2025 fieldwork in March–April 2025).¹ Key findings include:

Overall prevalence (ages 11–17, Great Britain, 2025):

- 79% have never tried vaping.¹
- 20% have ever tried vaping (around 1.1 million children).¹
- 7% currently vape (around 400,000 children).¹
- 4% vape regularly (more than once a week).¹
- 3% vape daily.¹

Vaping increases with age (2025):

- Ages 11–15: 16% ever vaped; 5% currently vape.¹
- Ages 16–17: 30% ever vaped; 12% currently vape.¹

Vaping and smoking overlap:

- Among 11–17 year olds who currently smoke, 49% also vape.¹
- Among those who report never having smoked, 10% have tried vaping and 2% currently vape.¹

These findings are consistent with the NHS Digital Smoking, Drinking and Drug Use survey for England, which reported in 2023 that 25% of 11–15 year olds had ever tried vaping and 9% were current users.²

Changing attitudes are also evident. In 2025, 63% of young people believed vaping is as harmful as, or more harmful than, smoking.¹ However, concern about harm does not prevent

¹ Action on Smoking and Health (ASH) (2025). *Use of vapes among young people in Great Britain*. <https://ash.org.uk/resources/view/use-of-vapes-among-young-people-in-great-britain>

² NHS Digital (2024). *Smoking, Drinking and Drug Use among Young People in England, 2023*. <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2023>

experimentation on its own.

A 2025 umbrella review of 56 systematic reviews examining harms of vaping in young people found consistent associations between e-cigarette use and subsequent smoking initiation. Many studies suggested that young people who vape are around three times more likely to go on to smoke. The review also identified associations with marijuana use, alcohol use, asthma, cough, injuries and adverse mental health outcomes.³ While much of the evidence is observational, the findings strengthen concerns about progression to smoking and wider health risks among adolescents.

3. How young people get vapes, and where they see them promoted

National evidence suggests that access is often social at first, then becomes more direct.

First vape is usually given by someone else

- 76% of 11–17 year olds who have ever vaped report being given their first vape.¹

Underage purchase from shops is common

- 46% of current youth vapers say they usually buy vapes from shops.¹
- 25% buy from friends or informal sources.¹
- 10% buy online.¹

Exposure to promotion is high

- 71% of young people report seeing vape promotion.¹
- 55% notice promotion in shops.¹
- 29% report seeing promotion online.¹
- Among those aware of online promotion, the most commonly cited platforms were TikTok (42%), YouTube (33%) and Instagram (30%).¹

This helps explain why underage use can persist even where the law is clear.

4. Policy change and the risk of an illegal market

When asked what they would do following a ban on disposable vapes:

- 59% of current youth users said they would continue vaping.¹
- Of those who would continue, 68% said they would switch to reusable devices, while 44% said they would try to obtain illegal disposable vapes.¹

This suggests enforcement and youth support need to sit together locally.

5. The local picture: why Torbay and Devon matter

5.1 Smoking, inequality and vulnerability in Torbay

Smoking remains a major cause of preventable illness and early death.⁴ In Torbay:

³ Golder S, Hartwell G, Barnett LM, et al. (2025). *Vaping and harm in young people: umbrella review*. Tobacco Control. Available at: <https://tobaccocontrol.bmj.com/content/early/2025/08/17/tc-2024-059219>

⁴ Devon Smokefree Alliance (2023). *Smokefree Devon Alliance Strategy 2023–2028*. <https://www.devonsmokefreealliance.org.uk/strategy>

- Adult smoking prevalence is 15.4% (18+), higher than England.⁴
- Smoking-at-delivery and smoking-related admissions remain above England averages.⁴
- 27% of residents live in the 20% most deprived areas nationally.⁵
- Torbay has higher rates of self-harm admissions among 10–24 year olds compared to England.⁵
- Hospital admissions for dental decay among children are significantly above England averages.⁵

Torbay has a population of around 140,000, with 27.8% aged 65+.⁵ These indicators highlight structural inequality and health vulnerability.

These factors do not prove higher vaping rates locally. However, they show why Torbay is a priority area for prevention and early support.

5.2 Underage supply and enforcement activity in Torbay

Devon Smokefree Alliance reports ongoing Trading Standards activity to tackle illegal tobacco and vapes, including seizures of over 600 illegal vapes in Torbay.⁴

5.3 Local strategic priorities already include youth vaping

The Devon Smokefree Alliance Strategy (2023–2028) prioritises:

- Protecting children and young people from tobacco harms
- Monitoring youth vape use
- Strengthening enforcement of underage sales
- Supporting education and prevention in schools⁴

This project supports those aims.

6. What other local youth vaping work shows (and why youth voice matters)

Local and regional youth engagement reports highlight common themes.

A Healthwatch Northamptonshire study found:

- Young people reporting easy shop access and inconsistent age checks.⁶
- Vaping described as addictive.⁶
- Preferences for flexible, youth-specific support.⁶

A ‘Youthwatch’ vaping study in Cambridgeshire & Peterborough found:

- Vaping often increases at the start of secondary school.⁷
- Stress and social pressure are common reasons.⁷

⁵ **Torbay Council** (2025). *Torbay Joint Strategic Needs Assessment (JSNA) 2025/26*.
<https://www.southdevonandtorbay.info/media/4wacnujo/2025-2026-torbay-jsna.pdf>

⁶ **Healthwatch Northamptonshire** (2024). *Young People and Vaping*.
<https://www.healthwatchnorthamptonshire.co.uk/report/2024-08-28/young-people-and-vaping>

⁷ **Healthwatch Cambridgeshire & Peterborough** (2025). *Youthwatch Vaping Report*.
https://nds.healthwatch.co.uk/sites/default/files/reports_library/20250121_Cambs%20%26%20Peterborough_Youthwatch_Vaping%20Report.pdf

- Young people recommend earlier prevention (ages 11–12), PSHE education, and youth-specific cessation support.⁷

Healthwatch Derbyshire reported similar findings, including peer influence, social media drivers, and confusion about health risks.⁸

Across these reports, common themes include peer influence, stress, ease of access, and the need for clearer information and youth-specific support.

These are not Torbay findings. However, they show consistent themes nationally and reinforce the importance of asking young people locally about what is happening in their community.

7. Why this project is significant in Torbay

Bringing the evidence together:

1. A significant minority of young people vape nationally.¹
2. Underage access remains common.¹
3. Evidence shows associations with smoking initiation and wider harms.³
4. Enforcement challenges exist locally.⁴
5. Torbay faces high deprivation and youth health vulnerability.⁵
6. Youth engagement elsewhere shows the importance of tailored, age-appropriate prevention and support.^{6 7 8}

Torbay comprises of three coastal towns. National research shows that coastal communities face reduced youth service provision and increased structural disadvantage, including higher self-harm rates and reduced access to safe leisure spaces.⁹

Because of this, listening directly to young people in Torbay is essential to designing effective prevention and support.

⁸ Healthwatch Derbyshire (2025). *Students' Experiences of Smoking and Vaping*.

https://cdn.prod.website-files.com/6325e07facd3d82fad5f0eee/679385fe7d5fc17027ae8b85_Students%27%20Experiences%20of%20Smoking%20and%20Vaping%20Report%20080125%20HA%20V1%20.pdf

⁹ UCL Institute of Education (2025). *Young people and coastal communities: Policymaker and practitioner perspectives (Interim Report, July 2025)*.

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Methodology

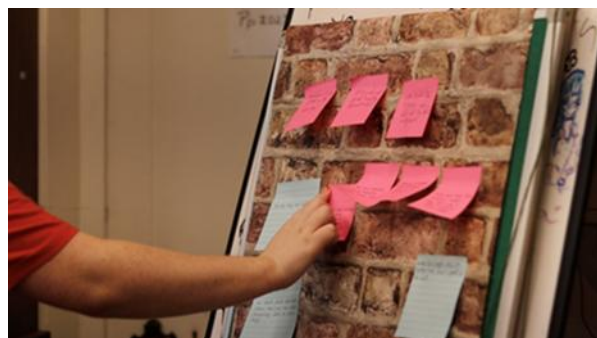
This project used a mixed-method, youth-led approach to explore vaping among children and young people in Torbay. It combined a Young People's Panel, a wider young people's survey, community-based qualitative interviews, a primary school engagement session, and short adult surveys for parents, carers and staff. This approach is detailed in this section.

1. The Young People's Panel

The Young People's Panel had an advisory and co-design role throughout the project. We recruited 12 young people aged 11–17 from Torquay, Paignton and Brixham, including 16 year old Torquay female resident as the Young People's Lead. All panel members gave consent, received an incentive token and travel costs, and were supported to take part safely. The Young People's Lead set up and ran a WhatsApp group, including a virtual listening wall, which became the main way the group stayed in touch and shared what they were seeing, hearing and thinking about vaping. Meetings took place at People's Parkfield, The Paignton Club, Paignton Library and, on one occasion, on the streets of Paignton to support adult survey collection. These are summarised below.

Introductory meeting: 31 October, People's Parkfield

- Built rapport and introduced the project aims and approach
- Set expectations around respect, openness and young people as experts
- Ice-breaker led by the Young People's Lead to help the group feel comfortable
- Reviewed and refined the draft young people's survey
- Introduced the 'listening wall', which generated immediate insight.



2nd meeting: 30 November, The Paignton Club

- Warm-up activity and group check-in
- Added further observations to the listening wall
- Co-designed a primary school lesson on vaping in small groups
- Shared ideas back and discussed key messages for younger children
- Distributed surveys for members to share with peers and family.



3rd meeting: 22 December, Paignton Library

- Reflected on survey responses collected so far
- Discussed early patterns and any surprises
- Introduced different research methods
- Explored how to gather deeper insight from young people
- Planned how members would carry out their own research.

4th meeting: 25 January, People’s Parkfield

- Reviewed progress on survey collection
- Shared original work including artwork, scripts, video ideas and interviews
- Reflected on what worked well when gathering views
- Identified key insights emerging from conversations
- Planned the street-based adult survey session.

5th meeting: 1 March, “On the streets” of Paignton

- Seven members took part in a street survey session
- Wore project T-shirts to build confidence and group identity
- Approached adults to complete surveys in person or via QR code
- Increased responses from parents, carers and staff
- One member carried out a simple observation of vaping in public.



Young People’s Panel members in Paignton Town Centre

6th meeting: 29 March

- Shared emerging findings and draft report with the panel
- Discussed what felt expected and what felt surprising
- Identified key messages for adults and decision-makers
- Reflected on individual involvement in the project
- Prepared short presentations for the final event.

7th meeting: 13 April

- Shared the final report and film with public health and partners
- Young people presented their reflections and key messages
- Celebrated the contribution of the panel.

Overall contribution of the panel

The Young People’s Panel was central to the project, shaping the survey, activities and overall approach from start to finish. Their involvement ensured the work was grounded in real experiences, language and social contexts, rather than adult assumptions about vaping.

The panel provided valuable insight into local attitudes, behaviours and norms, including where and how vaping is taking place and how it is viewed among different peer groups. Their contributions helped refine the survey, strengthen engagement methods and test emerging findings, improving the credibility and relevance of the results.

The group also built confidence and skills over time. Members developed communication and research skills, shared different perspectives and worked across age groups. Participation varied depending on individual strengths, but all members contributed in meaningful ways. Importantly, the panel created a safe, non-judgemental space where both vapers and non-vapers could speak openly. This led to more honest discussions and richer insight, strengthening the overall quality of the project and ensuring young people were active partners rather than passive participants.

2. The Young People's Survey

The young people's survey (see appendix) captured both quantitative and qualitative feedback about vaping in Torbay. The Young People's Panel helped shape the final questionnaire and supported its distribution.

Drawing on earlier survey work, we knew printed surveys produced much stronger completion rates than QR-only methods. We therefore prioritised paper surveys, despite the extra data-entry time involved, in order to improve focus, engagement and response quality.

South Devon College hosted four survey sessions, and Torquay Academy shared the survey with a Year 8 cohort. We used a short introductory PowerPoint to explain anonymity and encourage honest responses. The survey was also shared with Young Carers in Torbay. Although only a small number of Young Carers responded, this highlighted the value of deeper partnership work or a tailored focus group in future.



A survey session held in the theatre at SDC

3. Sound Communities Collaboration

We worked with Sound Communities, a Torbay-based social enterprise that engages and supports vulnerable or marginalised young people aged 11–24 through music, radio and digital media. This helped us reach young people who might not engage through school or more formal settings.

Because Sound Communities staff already had trusted relationships with participants, young people were willing to talk openly about their vaping habits, opinions and knowledge. Staff used questions based on the main survey, but delivered them in familiar, informal settings and with adults the young people already knew. In total, we gathered 11 one-to-one audio interviews, which were transcribed and analysed alongside the main survey findings.



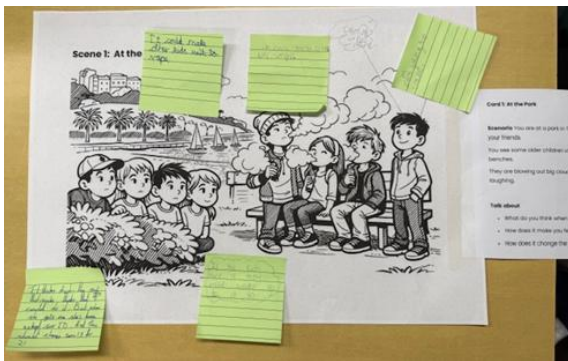
4. Primary School Engagement

The primary school element focused on Year 6 pupils, mostly aged 11, to hear from the youngest age group included in the project. A standard survey was not suitable for this age, so we used a more creative and interactive approach.

Using ideas developed by the Young People’s Panel, and drawing on teaching experience, a lesson plan was created and delivered with the Young People’s Lead at Watcombe Primary School, who kindly hosted the session and obtained parental consent. The session encouraged honesty, respect and open discussion, and included the following activities relevant to vaping:

- a four corners warm-up game using ‘agree’, ‘disagree’, ‘not sure’ and ‘never heard of this’ signs to hold up to ten statements.
- group discussion using viewpoint scenario pictures related to vaping.
- a listening wall, where children wrote what they think, know and see about vaping.
- a final activity using coloured water bottles labelled with chemical names to prompt discussion about what might be in vape liquid.
- anonymous voting slips to understand whether any children had tried vaping.

The session gave useful insight into how younger children view vaping before secondary school.



Viewpoint scenario pictures



Listening Wall



End session activity (above and right)



5. Adult Surveys

We developed two short adult surveys – one for teachers and other professionals, and one for parents and carers. These were designed to give additional context and to compare adult views with what young people were saying.

Response rates were modest despite promotion through schools and social media, so the Young People’s Panel also supported face-to-face survey collection in Paignton. In total, we received 16 parent/carer surveys and 44 teacher surveys. Each survey was deliberately brief, with 11 questions focused on knowledge, concern and perceived norms. Although the adult sample was small, it still provided a useful additional perspective.

Summary of approach

This mixed-method, youth-led approach produced a rich and varied picture of vaping among young people in Torbay. By combining survey data, qualitative interviews, creative engagement and youth co-design, the project explored both prevalence and lived experience rather than relying on one method alone.

The Young People’s Panel helped ensure the language, methods and activities felt grounded in young people’s real experiences. School and community survey work helped maximise reach, while the Sound Communities partnership extended access to more marginalised young people. The primary school session added early insight from Year 6 pupils, and the adult surveys provided a contrasting perspective from parents, carers and staff.

Across the project, consent, anonymity and safe participation were prioritised. The process also helped build young people’s confidence, research skills and sense of ownership, giving them a meaningful role in local public health work. Taken together, the methods produced credible, practical findings to inform future education, prevention and support around youth vaping in Torbay.

Limitations

The young people’s survey provides the strongest quantitative evidence in this report. However, it was not designed to be statistically representative of all young people in Torbay. The sample was weighted towards older teenagers, with more girls than boys taking part. The parent/carer and teacher surveys were smaller and should be treated as indicative.

Where differences by age, gender or location were not clear, these have not been over-interpreted and may reflect sample size or distribution.

The mixed-method, youth-led approach enabled deeper insight than survey data alone. The Young People’s Panel, interviews and primary school session provided consistent, real-world insight into attitudes and behaviours.

There is limited locally grounded research of this kind in Torbay. While not fully representative, these findings provide a credible and useful evidence base to inform local understanding and decision-making.

Key Findings

These findings combine survey data from young people, teachers and parents with qualitative insight from discussions and lived experience.

1. Vaping is common, starts early and is highly visible in daily life

60.6% (265 of 437) said they had tried vaping. Of these, 79.3% (207 of 261) first did so before age 15, including 34.9% (91 of 261) before 13. Vaping is widely seen across schools, public spaces and journeys to school, with 62.9% (105 of 167) reporting use on the way to school and 39.5% (66 of 167) on buses.

2. Curiosity & social sharing drive experimentation, with peer influence more subtle

Curiosity (45.5%, 122 of 268) and being given or sharing a vape (45.1%, 121 of 268) were the most common reasons for trying vaping. Direct peer pressure was less common (15.7%, 42 of 268), indicating influence is often indirect and embedded in group behaviour.

3. Vaping becomes habitual and is often linked to stress and emotional coping

Among current users, 69.2% (117 of 169) vape regularly throughout the day. Over half (57.7%, 94 of 163) have vaped for three years or more, and 37.4% (58 of 155) report using vapes to manage stress or anxiety. Quitting is challenging, with 72.2% (122 of 169) saying it would be difficult or nearly impossible, although 44.3% (66 of 149) would like to stop.

4. Awareness of harm is high, but does not prevent continued use

Most recognise potential harms. Among current users, 86.7% (143 of 165) said vaping is not safe, compared with 96.0% (215 of 224) of non-users. All parents (100%, 15 of 15) also believed vaping is unsafe, yet use continues, indicating a gap between awareness and behaviour.

5. Family behaviour and role modelling are strongly linked to youth vaping

75.9% (126 of 166) of current users reported someone in their household also vapes, compared with 46.7% (106 of 227) of non-vapers, suggesting a strong association between family behaviour and use.

6. Access to vapes remains relatively easy despite age restrictions

44.1% (75 of 170) of current users reported buying vapes from shops and 45.9% (78 of 170) buying liquids. Additionally, 47.6% (80 of 168) said they were rarely or never refused due to age, indicating widespread access through retail and informal routes.

7. There are clear gaps in support, information and confidence across settings

Only 9.09% (4 of 44) of professionals felt policies work very well, while 73.33% (11 of 15) of parents wanted clearer information on health risks. Teachers reported mixed confidence, and parents highlighted the need for practical, non-judgemental support.

8. Early awareness & non-use in younger children show prevention opportunities

Primary-aged children showed strong awareness of vaping harms and largely negative attitudes towards use, indicating a clear opportunity for early prevention.

Overall, these findings are broadly consistent with national evidence on youth vaping, particularly in relation to early uptake, social influence and awareness of harm. However, the local data highlights the extent to which vaping is experienced as highly visible and embedded within everyday environments.

Detailed Survey Results

This section summarises the survey responses gathered through the project. It begins with the main young people’s survey, followed by shorter sections on the parent/carers and teacher surveys.

The figures below are based on the final dataset. As not every respondent answered every question, the total number of responses varies by question. Percentages should therefore be read alongside the number of respondents answering each question.

Where segmentation by age, gender or other characteristics showed clear differences, these have been included. Where differences were small or unclear, they have not been over-interpreted.

Please Note: All commentary is included as verbatim as said by participants to illustrate the themes identified from the data analysis. Not all comments are included, and some relate to more than one theme.

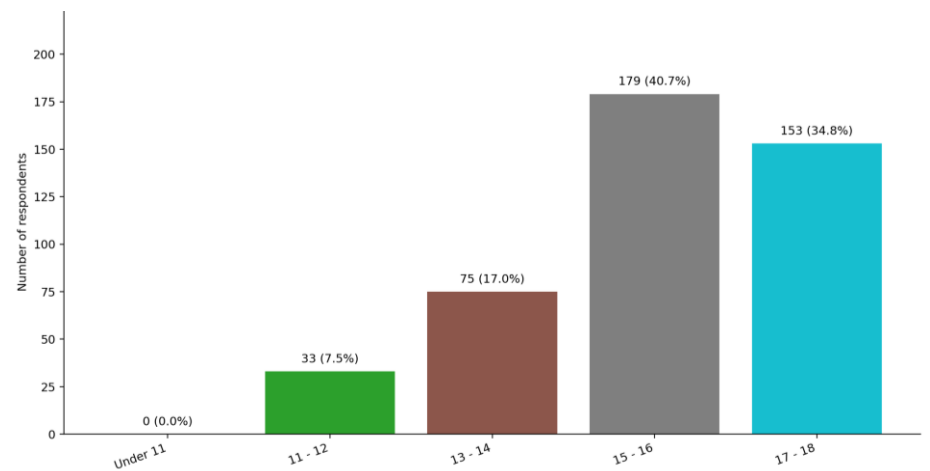
1. Young People’s Survey

Respondent profile (Survey Questions 1-5)

A total of **445** young people aged 11–18 were included in the survey dataset.

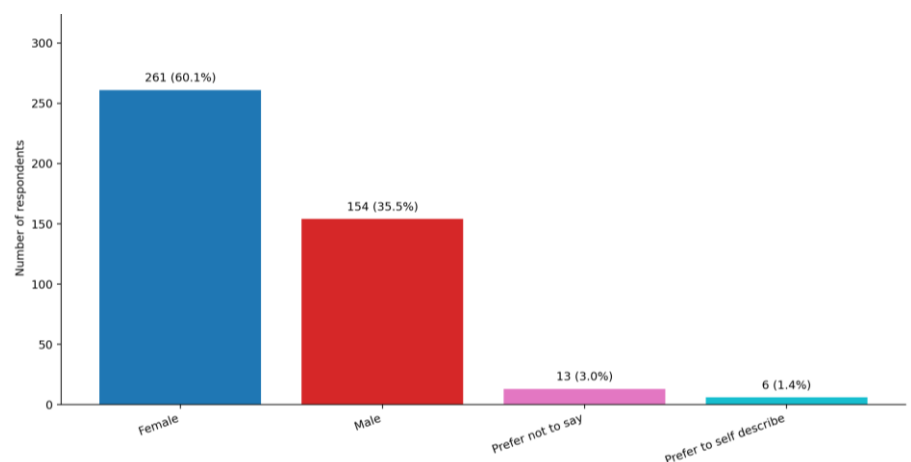
Of the 440 respondents who answered the age question:

- 33 (7.5%) were aged 11–12
- 75 (17.0%) were aged 13–14
- 179 (40.7%) were aged 15–16
- 153 (34.8%) were aged 17–18.



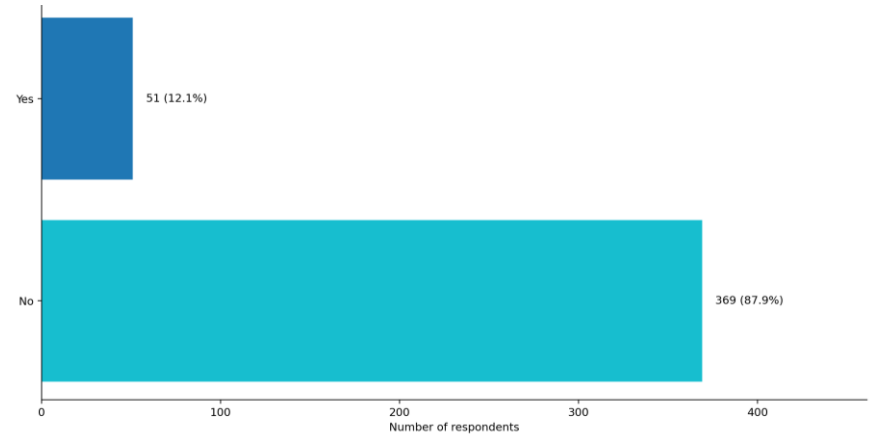
Of the 434 respondents who answered the gender question:

- 261 (60.1%) were female
- 154 (35.5%) were male
- 13 (3.0%) preferred not to say
- 6 (1.4%) preferred to self-describe.



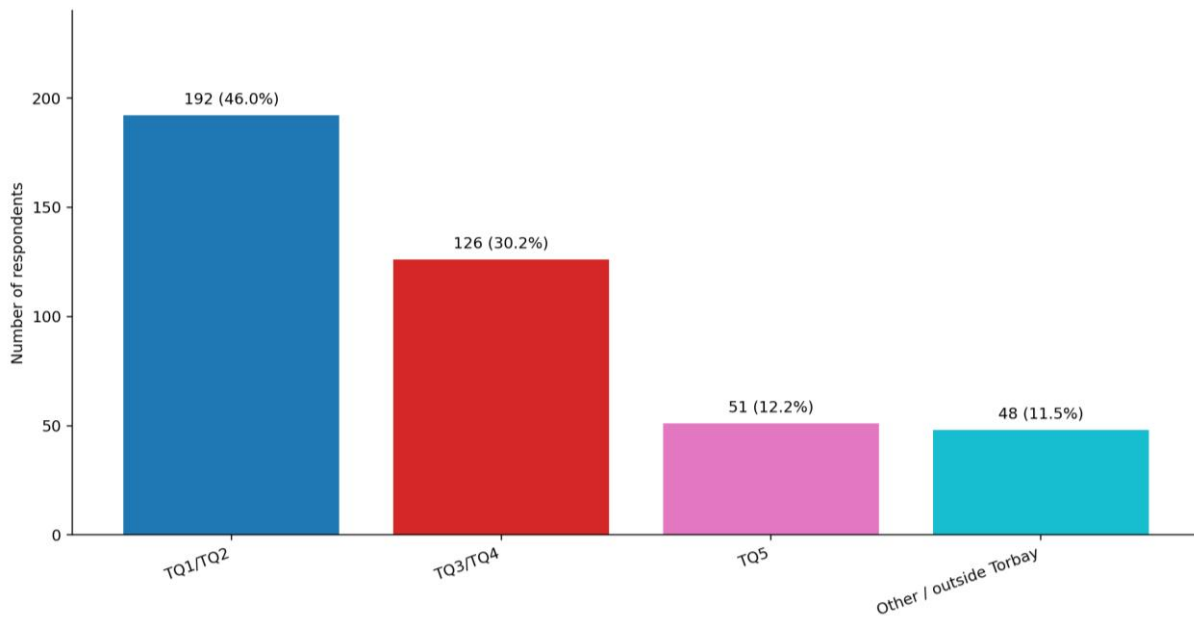
Of the 420 respondents who answered the disability question:

- 51 (12.1%) said they had a disability
- 369 (87.9%) said they did not.



Of the 417 respondents who answered the postcode question:

- 192 (46.0%) were from TQ1/TQ2 (Torquay)
- 126 (30.2%) were from TQ3/TQ4 (Paignton)
- 51 (12.2%) were from TQ5 (Brixham)
- 48 (11.5%) were from outside Torbay or did not provide a Torbay postcode.

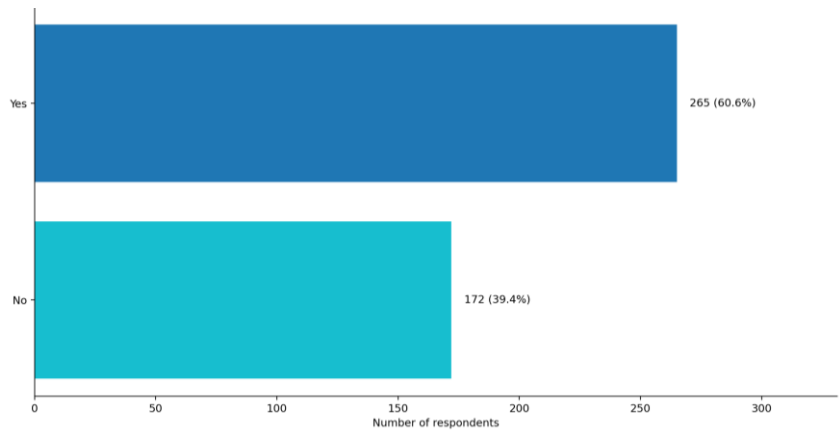


This means the sample was weighted towards older teenagers, particularly those aged 15–18, and towards girls. The sample included young people from across Torbay, with the largest group from Torquay (46%).

Question 6: Have you ever tried vaping?

Of the 437 respondents who answered this question:

- 265 (60.6%) said they had tried vaping at least once
- 172 (39.4%) said they had not.



Notable findings

In this sample, trying vaping was common. Experimentation increased sharply with age:

- 4 of 33 respondents aged 11–12 (12.1%) had tried vaping
- 29 of 71 respondents aged 13–14 (40.8%) had tried vaping
- 123 of 175 respondents aged 15–16 (70.3%) had tried vaping
- 108 of 153 respondents aged 17–18 (70.6%) had tried vaping.

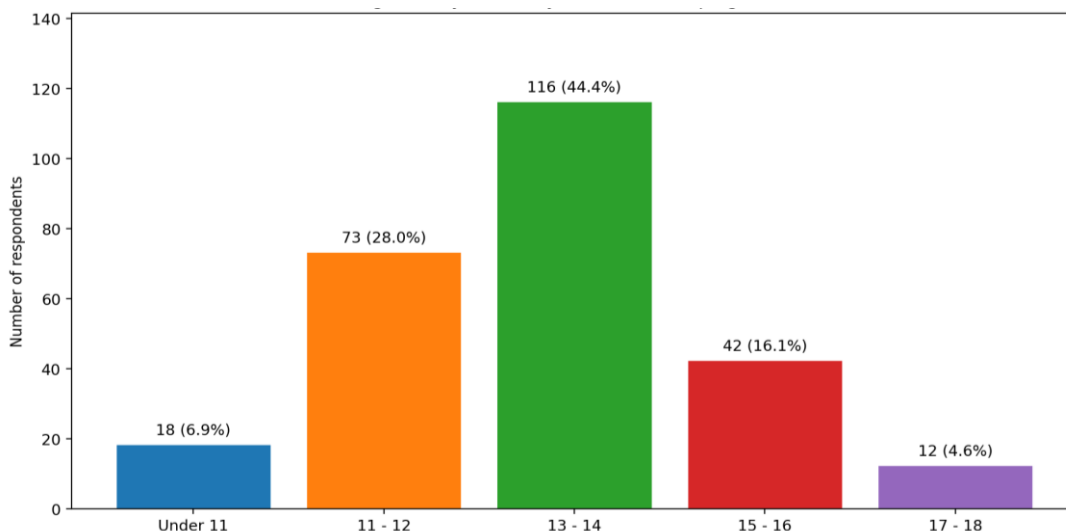
Girls were more likely than boys in this sample to report having tried vaping:

- 169 of 259 female respondents (65.3%)
- 80 of 149 male respondents (53.7%).

Question 7: What age were you when you first tried vaping?

Of the 261 respondents who answered this question:

- 116 (44.4%) said they first tried vaping at age 13–14
- 73 (28.0%) said age 11–12
- 42 (16.1%) said age 15–16
- 18 (6.9%) said under 11
- 12 (4.6%) said age 17–18.



Notable findings

- The most common age for first trying vaping was 13–14.
- 91 of 261 respondents (34.9%) said they first tried vaping before age 13.
- 18 of 261 respondents (6.9%) said they first tried vaping under 11.

Respondents who started younger were more likely to still vape:

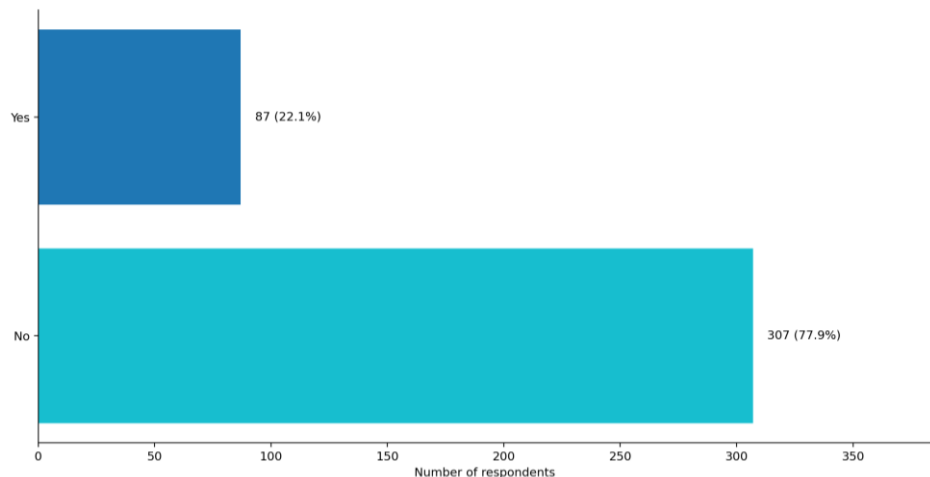
- 13 of 17 who first tried under 11 (76.5%) still vaped
- 51 of 72 who first tried at 11–12 (70.8%) still vaped
- 78 of 115 who first tried at 13–14 (67.8%) still vaped.

compared with 2 of 11 who first tried at 17–18 (18.2%).

Question 8: Do you use any illicit substances?

Of the 390 respondents who answered this question:

- 303 (77.7%) said no
- 87 (22.3%) said yes.



Notable findings

Most respondents did not report using other illicit substances.

However, the relationship with vaping in this sample was strong:

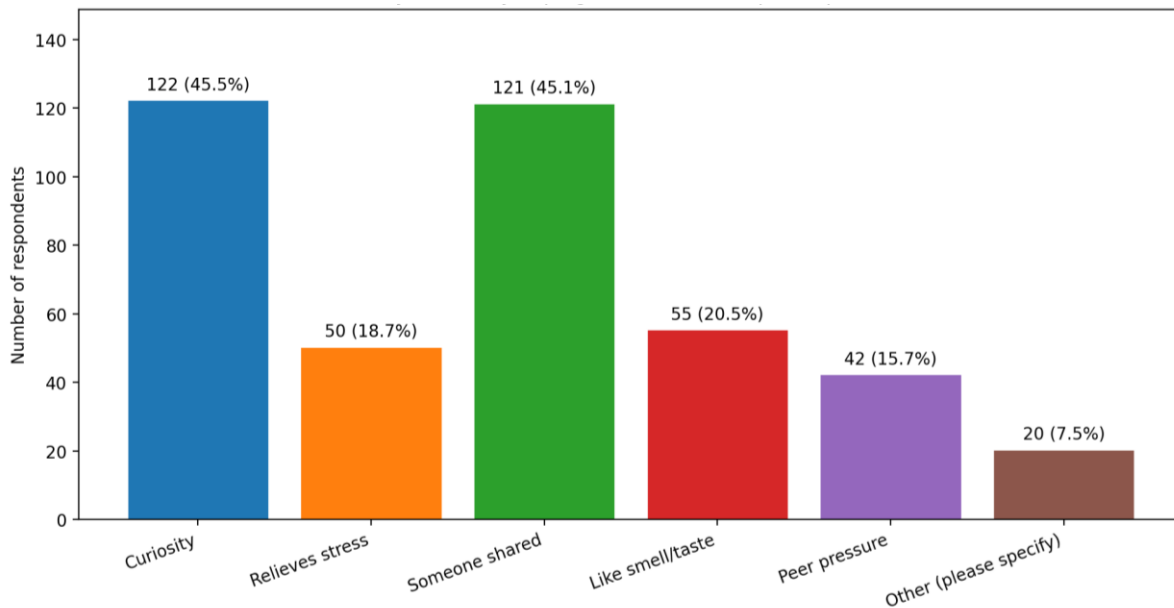
- 86 of 87 respondents who reported illicit substance use (98.9%) had tried vaping
- 73 of 86 respondents who answered both questions (84.9%) said they still vape.

compared with 95 of 296 respondents who said no to illicit substances (32.1%) who still vape.

Question 9: What made you first try vaping?

This question allowed more than one answer. Of the 268 respondents who selected at least one reason:

- 122 (45.5%) said curiosity
- 121 (45.1%) said someone shared a vape
- 55 (20.5%) said they liked the smell or taste
- 50 (18.7%) said stress relief
- 42 (15.7%) said peer pressure
- 20 (7.5%) selected other.



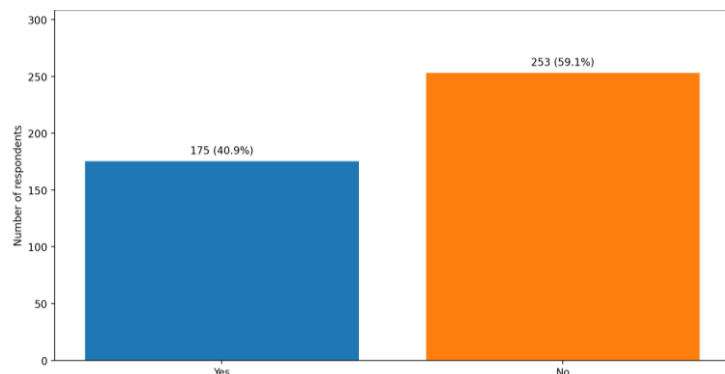
Notable findings

- Curiosity and social sharing were the two most common reasons for first trying vaping.
- Direct peer pressure was less common than social exposure through sharing.
- Stress relief was already a factor for 50 respondents (18.7%) at the point of first trying vaping.

Question 10: Do you still vape?

Of the 428 respondents who answered this question:

- 175 (40.9%) said yes
- 253 (59.1%) said no.



Notable findings

Current vaping also increased with age in this sample:

- 1 of 25 respondents aged 11–12 (4.0%) said they still vape
- 21 of 71 respondents aged 13–14 (29.6%)
- 79 of 178 respondents aged 15–16 (44.4%)
- 73 of 149 respondents aged 17–18 (49.0%).

Girls were more likely than boys in this sample to say they still vape:

- 111 of 251 female respondents (44.2%)
- 54 of 148 male respondents (36.5%).

Q10: Clarification on current vaping:

In the survey, respondents were directed to different question pathways depending on whether they vaped or not. In this context, Question 10 (“Do you still vape?”) functioned as a measure of current vaping status. However, due to the wording of the question, this should be interpreted as an indication of current use rather than a precise continuation measure.

Exploratory analysis:

Based on comparison of responses to “ever tried vaping” and current vaping, it is estimated that around one in five respondents may have tried vaping but were not currently vaping at the time of the survey. This should be treated as indicative only and interpreted with caution.

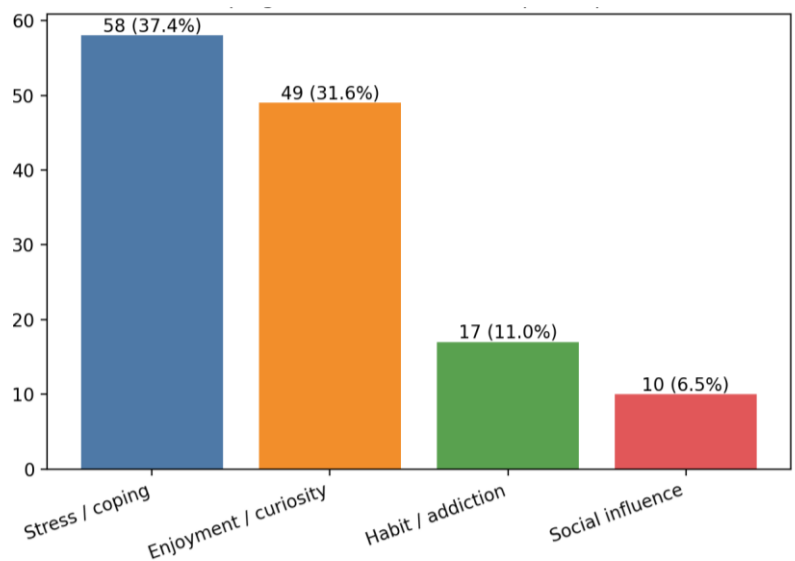
Question 11: Why do you vape?

The open-ended question received 155 responses.

Key Themes

Responses suggest that vaping is often linked to:

- Stress and emotional coping – 58 respondents (37.4%)
- Enjoyment or curiosity – 49 respondents (31.6%)
- Habit and addiction – 17 respondents (11.0%)
- Social influence and normalisation – 10 respondents (6.5%).



Note: Responses could include more than one theme.

Young people frequently described vaping as something that helps them manage feelings or fits into their daily routine.

Selected respondent quotes

“Because it calms me down and people around me do”

“stress, addicted”

“I enjoy it”

Responses Summary & Observations

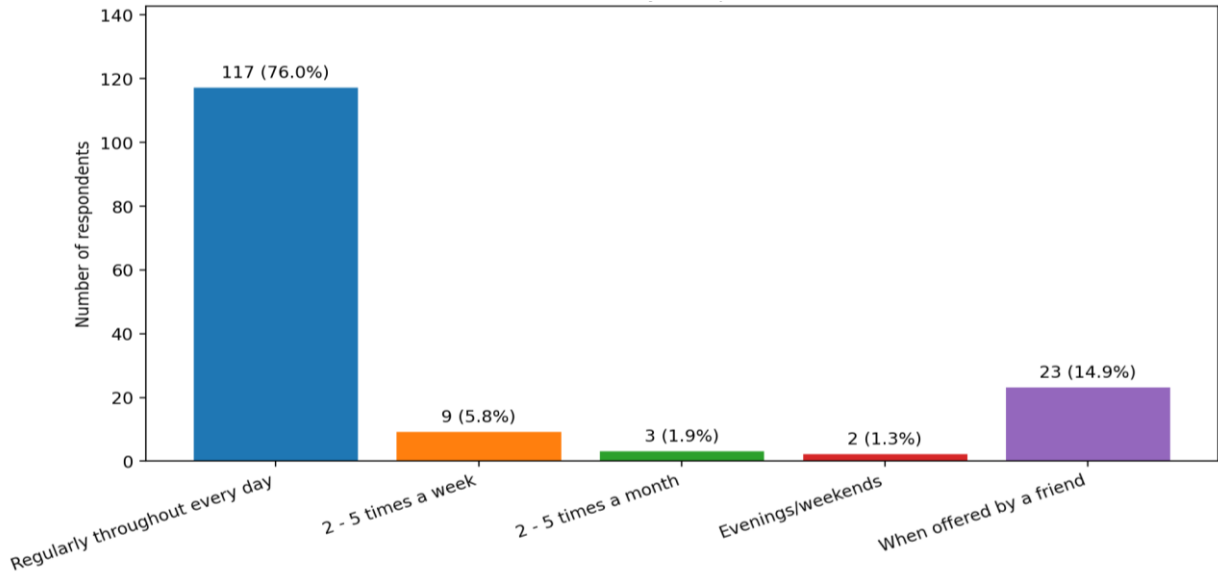
Stress and anxiety relief was the most common reason for continuing to vape, followed by enjoyment and curiosity. Habit and addiction were also evident, suggesting that for some young people vaping had become embedded behaviour rather than occasional use.

Social influence was mentioned less frequently in direct responses, but still appears to play a role in shaping behaviours. Very few respondents described vaping as a way to stop smoking. Overall, the qualitative responses suggest that, for some young people, vaping has moved beyond experimentation and become part of how they manage stress, routine or social situations.

Question 12: How often do you vape?

Of the 169 respondents who answered this question:

- 117 (69.2%) said regularly throughout every day
- 23 (13.6%) said when offered by a friend
- 15 (8.9%) said 2–5 times a day
- 9 (5.3%) said 2–5 times a week
- 3 (1.8%) said 2–5 times a month
- 2 (1.2%) said evenings or weekends.



Notable findings

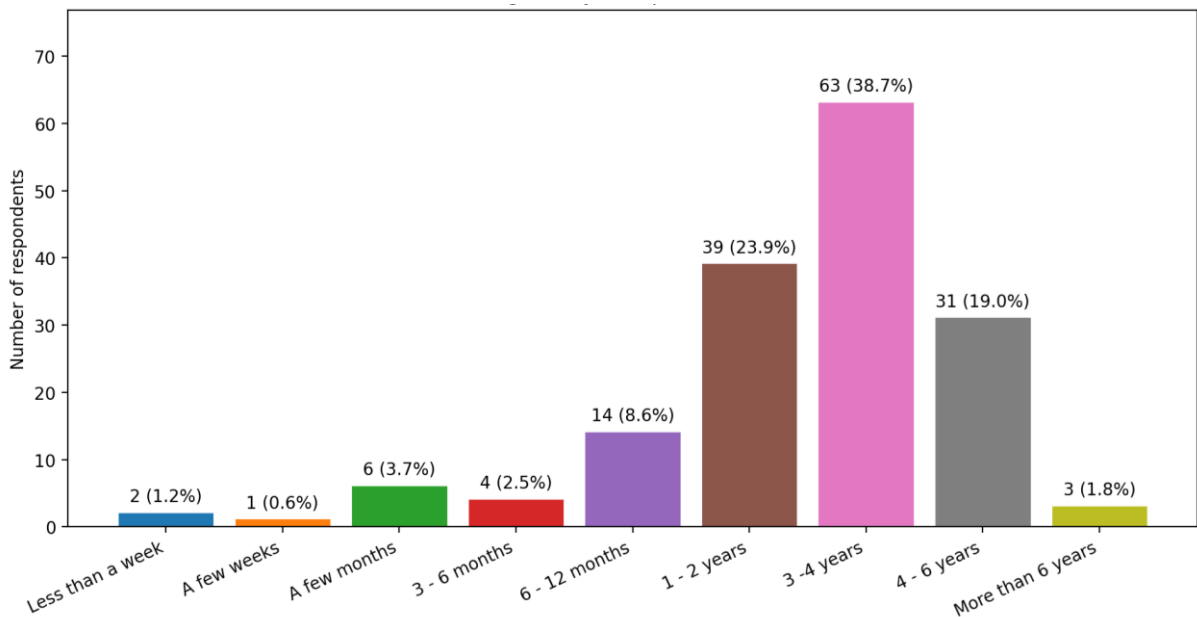
Most current vapers in this sample described vaping as frequent, with 117 of 169 respondents (69.2%) saying they vape regularly throughout every day.

This supports the observation that vaping often appeared to be an established daily habit rather than occasional use.

Question 13: How long have you vaped for?

Of the 163 respondents who answered this question:

- 63 (38.7%) said 3–4 years
- 39 (23.9%) said 1–2 years
- 31 (19.0%) said 4–6 years
- 14 (8.6%) said 6–12 months
- 6 (3.7%) said a few months
- 4 (2.5%) said 3–6 months
- 3 (1.8%) said more than 6 years
- 2 (1.2%) said less than a week
- 1 (0.6%) said a few weeks



Notable findings

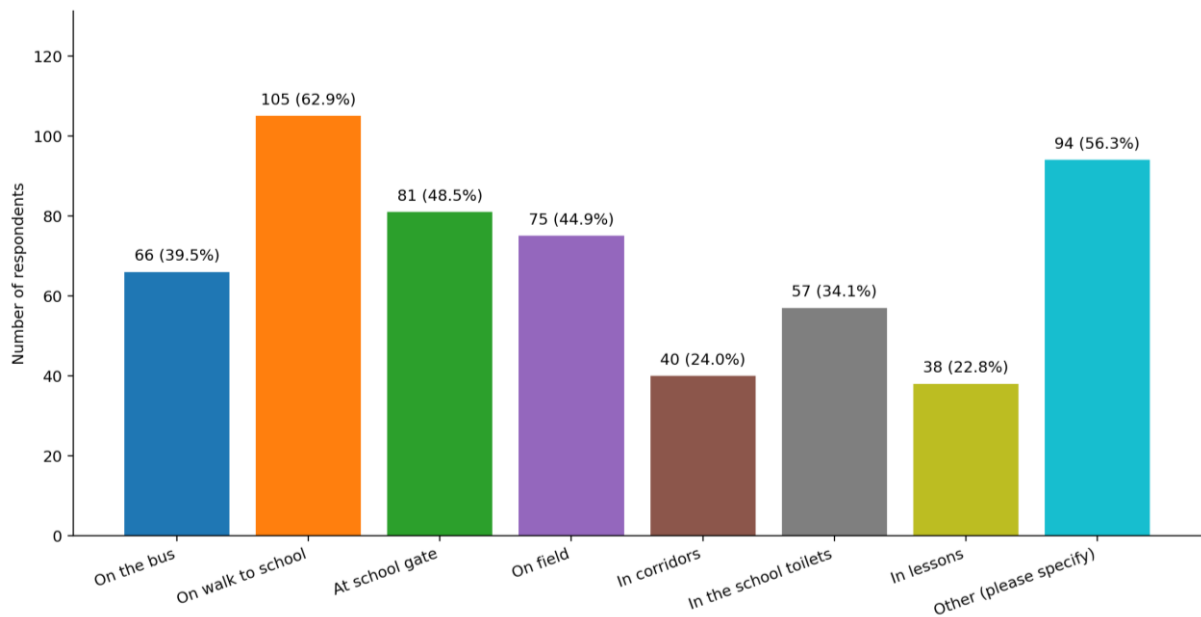
94 of 163 respondents (57.7%) said they had been vaping for 3 years or more.

This supports the observation that for many current vapers in this sample, vaping was not short-term experimentation.

Question 14: Where do you usually vape?

This question allowed more than one answer. Of the 167 respondents who selected at least one location:

- 105 (62.9%) said on the walk to school
- 94 (56.3%) selected other
- 81 (48.5%) said at the school gate
- 75 (44.9%) said on the field
- 66 (39.5%) said on the bus
- 57 (34.1%) said in the school toilets
- 40 (24.0%) said in corridors
- 38 (22.8%) said in lessons



Notable findings

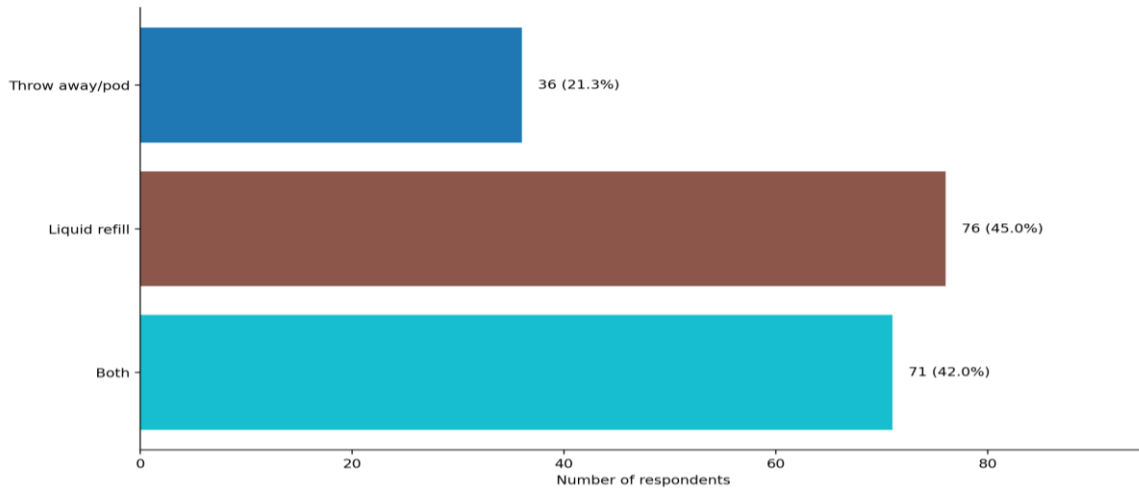
Vaping was described across a wide range of everyday spaces.

School settings featured strongly, especially gates, fields, toilets, corridors and lessons.

Question 15: What type of vape do you use?

This question allowed more than one answer. Of the 169 respondents who answered:

- 76 (45.0%) said liquid refill
- 71 (42.0%) said both
- 36 (21.3%) said throw away or pod



Notable findings

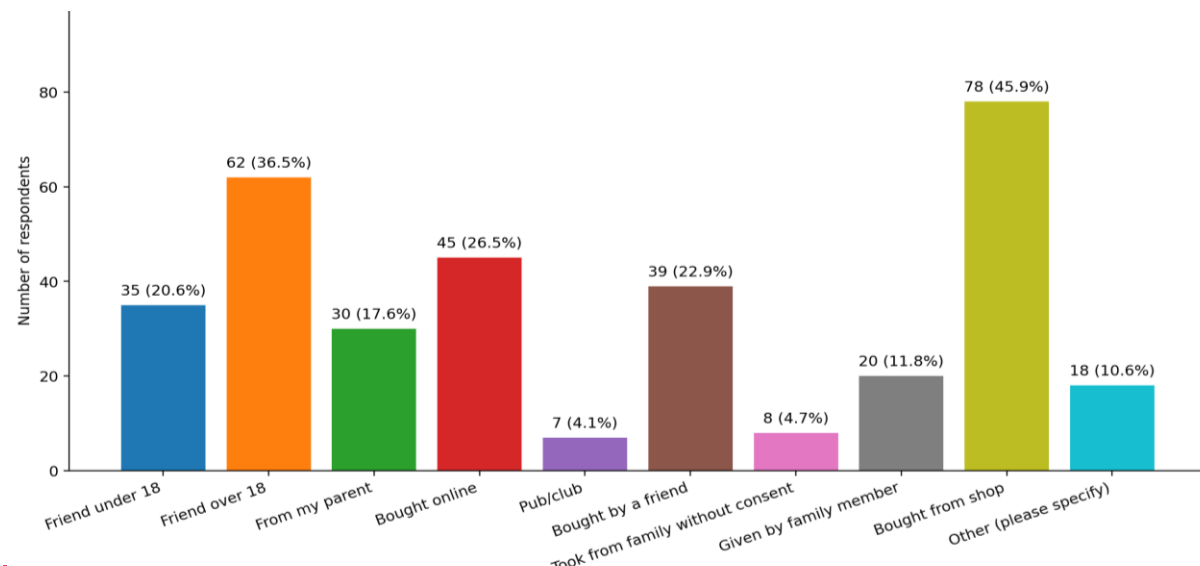
Refillable products appeared slightly more common than disposables in this sample.

The high “both” response suggests some respondents were using more than one type or interpreted the question as current and past use.

Question 16: Where do you get your vape liquid?

Of the 170 respondents who answered:

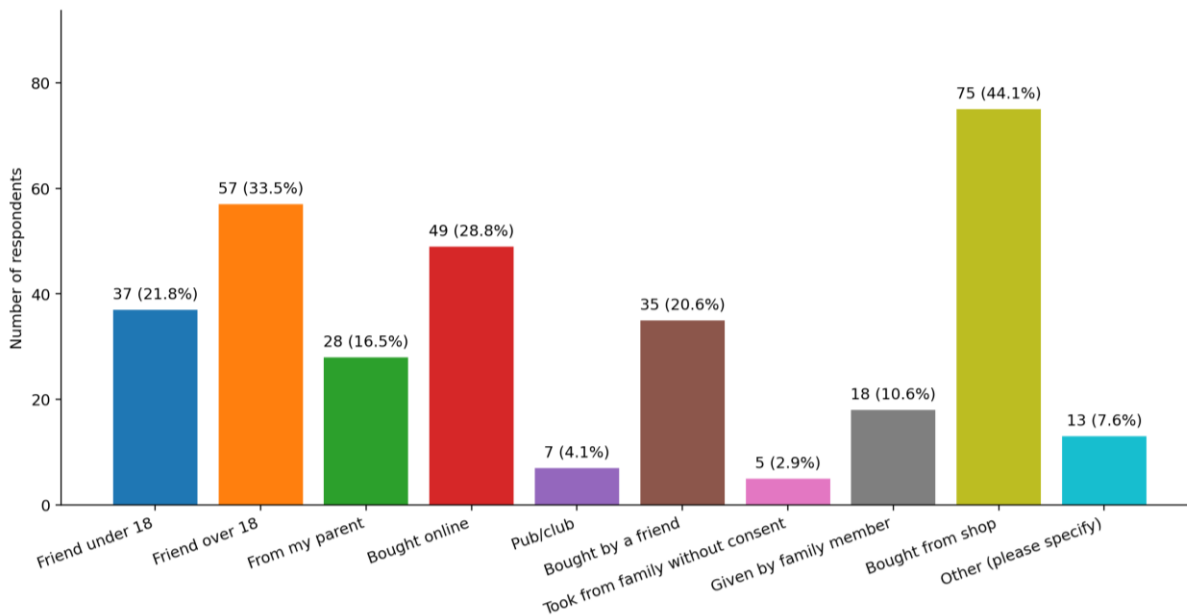
- 78 (45.9%) bought it from a shop
- 62 (36.5%) got it from a friend over 18
- 45 (26.5%) bought it online
- 39 (22.9%) said bought by a friend
- 35 (20.6%) said friend under 18
- 30 (17.6%) said from a parent
- 20 (11.8%) said given by a family member
- 18 (10.6%) selected other



Question 17: Where do you get your vape?

Of the 170 respondents who answered:

- 75 (44.1%) bought it from a shop
- 57 (33.5%) got it from a friend over 18
- 49 (28.8%) bought it online
- 37 (21.8%) said friend under 18
- 35 (20.6%) said bought by a friend
- 28 (16.5%) said from a parent
- 18 (10.6%) said given by a family member
- 13 (7.6%) selected other



Notable findings

Multiple routes of access were reported. Shop purchases, older friends and online access were all common.

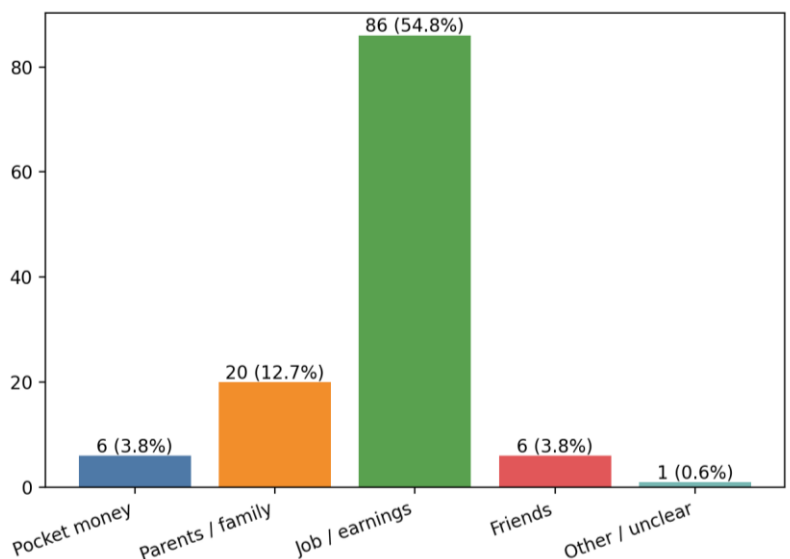
Question 18: Where do you get the money to vape?

The open-ended question received 157 responses.

Key Themes

Responses suggest that young people most commonly obtain money for vaping through:

- Job or personal earnings – 86 respondents (54.8%)
- Parents or family members – 20 respondents (12.7%)
- Pocket money or allowance – 6 respondents (3.8%)
- Friends – 6 respondents (3.8%)
- Other or unclear sources – 1 respondent (0.6%)



Note: Responses could include more than one theme.

Selected respondent quotes

“my job”
 “family”
 “I make my friends buy them”
 “my savings”

Responses Summary & Observations

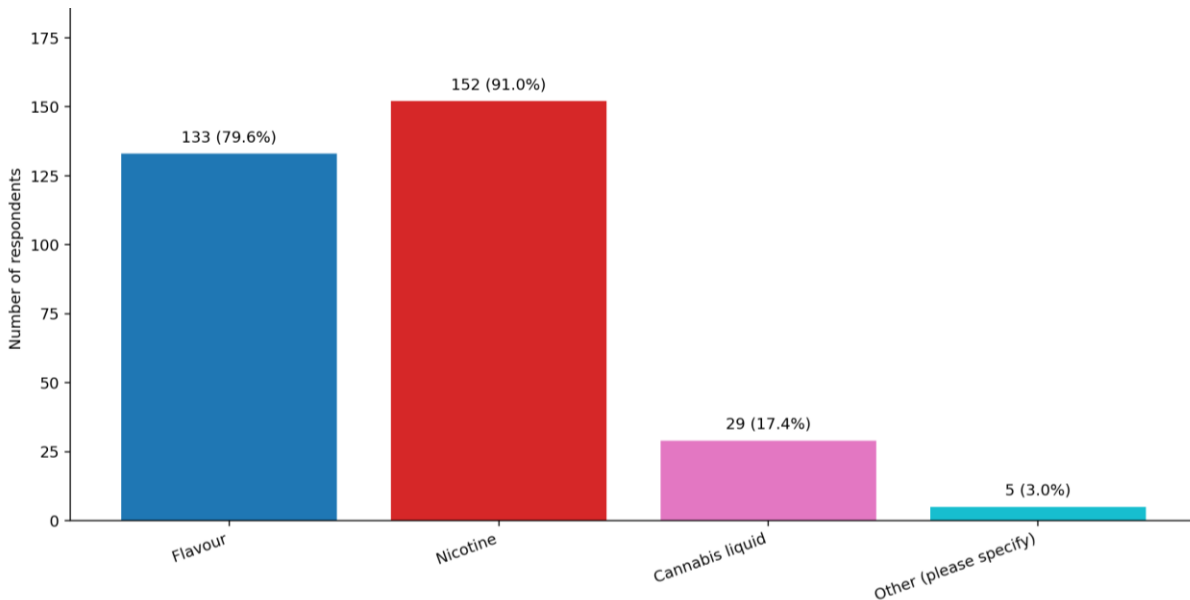
The majority of respondents indicated that vaping is funded through their own earnings, suggesting a level of financial independence among users.

A smaller proportion rely on family or pocket money, while very few referenced friends or were unclear. This indicates that cost may not be a significant barrier for some young people who vape.

Question 19: What’s in the vape you use?

This question allowed more than one answer. Of the 167 respondents (100.0%) who answered:

- 152 (91.0%) said nicotine
- 133 (79.6%) said flavour
- 29 (17.4%) said cannabis liquid
- 5 (3.0%) selected other



Notable findings

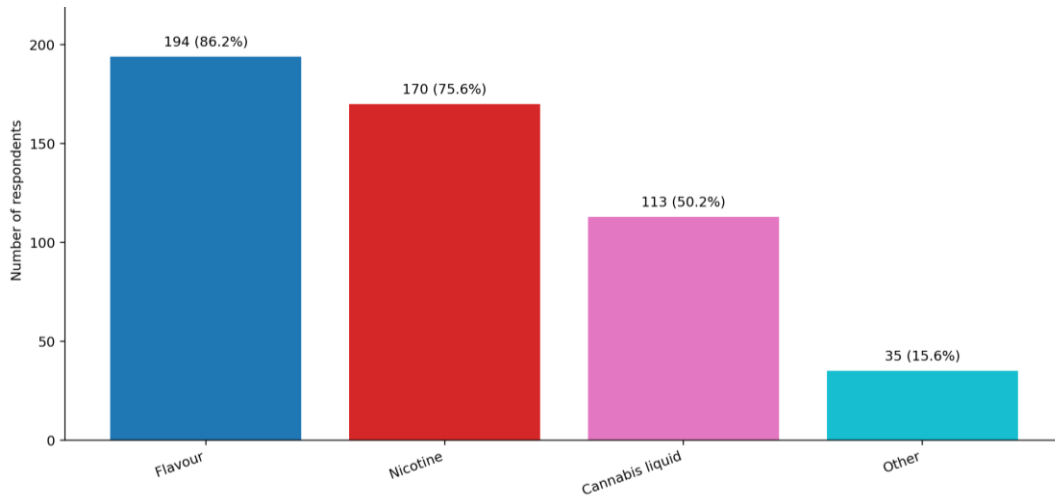
Nicotine was reported by 152 of 167 respondents (91.0%).

Cannabis liquid was reported by 29 respondents (17.4%), which is a sizeable minority in a school-age sample.

Question 19b: What vapes have you heard about? (answered by non-vapers)

This question allowed more than one answer. Of the 225 respondents who answered:

- 194 (86.2%) had heard about flavour vapes
- 170 (75.6%) had heard about nicotine vapes
- 113 (50.2%) had heard about cannabis liquid
- 35 (15.6%) selected other



Notable findings

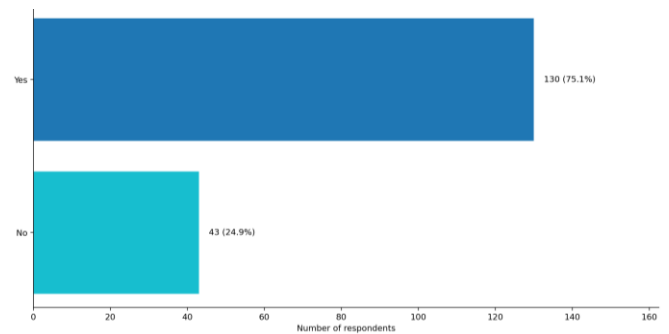
Awareness of cannabis vapes among non-vapers was higher than actual reported use among vapers. Cannabis vaping may have a larger presence in awareness and conversation than in direct reported use.

Question 20: Do your parents, guardians or anyone else in your family vape?

Among current vapers

Of the 166 current vapers who answered:

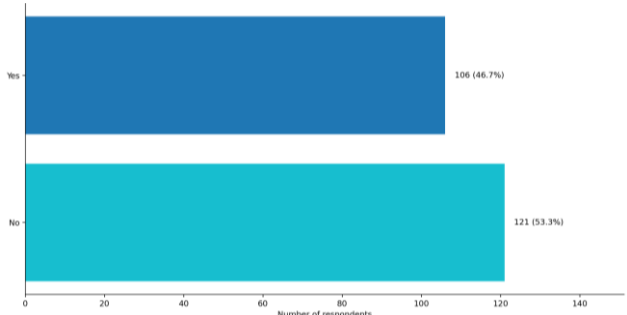
- 126 (75.9%) said yes
- 40 (24.1%) said no



Among non-vapers

Of the 227 non-vapers who answered the parallel question:

- 106 (46.7%) said yes
- 121 (53.3%) said no



Notable findings

Family vaping was much more common among current vapers in this sample than among non-vapers. This is best described as a clear association within the sample, not proof of cause.

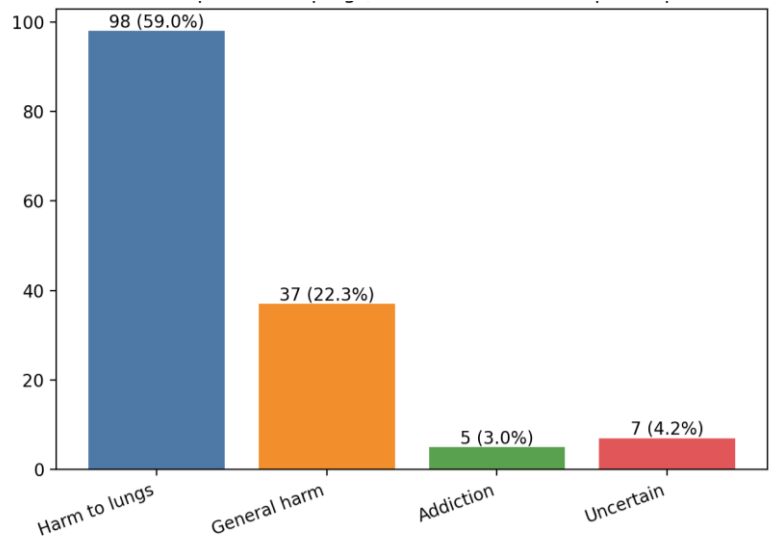
Question 21: How do you think vaping affects your health?

The open-ended question received 166 responses.

Key Themes

Responses suggest that young people believe vaping:

- Harms the lungs and breathing – 98 respondents (59.0%)
- Is generally harmful to health – 37 respondents (22.3%)
- Is not well understood or uncertain – 7 respondents (4.2%)
- Leads to addiction (nicotine dependence) – 5 respondents (3.0%)



Note: Responses could include more than one theme.

Selected respondent quotes

- “make my lungs bad”
- “bad for you”
- “gives you popcorn lungs”

Responses Summary & Observations

Most respondents clearly associate vaping with lung damage, indicating strong awareness of respiratory harm. However, understanding beyond this is often limited, with fewer references to addiction or wider health impacts.

This suggests that while key messages are reaching young people, understanding remains relatively surface-level.

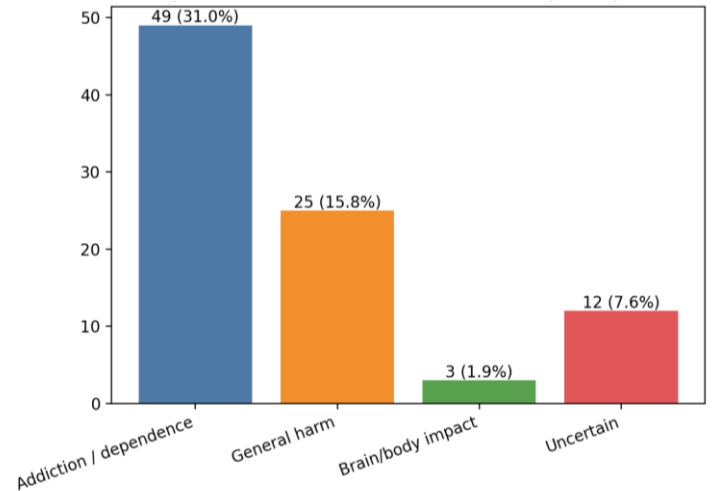
Question 22: How do you think nicotine affects your health?

The open-ended question received 158 responses.

Key Themes

Responses suggest that young people believe nicotine:

- Leads to addiction and dependence – 49 respondents (31.0%)
- Is generally harmful to health – 25 respondents (15.8%)
- Is not well understood or uncertain – 12 respondents (7.6%)
- Harms the brain or body – 7 respondents (4.4%)



Note: Responses could include more than one theme.

Selected respondent quotes

“it’s addictive”

“bad for you”

“I don’t really know”

Responses Summary & Observations

Addiction was the most commonly identified impact of nicotine, suggesting a reasonable level of awareness among young people. However, fewer responses referenced specific physical effects, and some uncertainty remains.

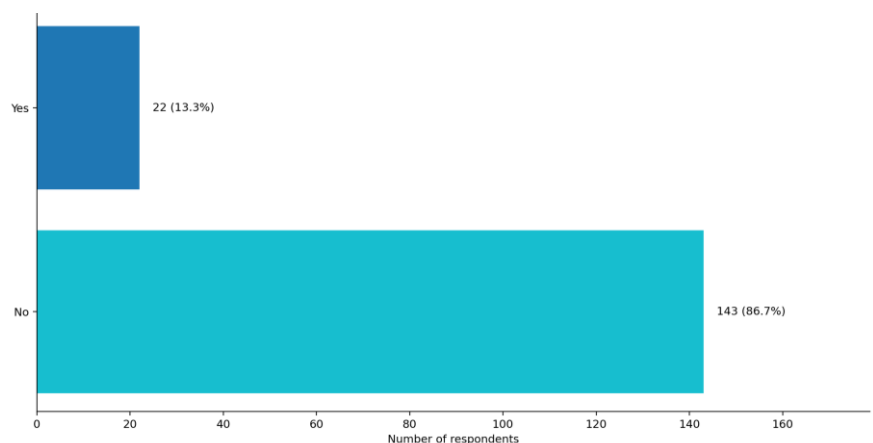
This indicates that while key messages about addiction are reaching young people, understanding of wider health impacts is more limited.

Question 23: Do you think vaping is safe?

Among current vapers

Of the 165 current vapers who answered:

- 143 (86.7%) said no
- 22 (13.3%) said yes



Among non-vapers

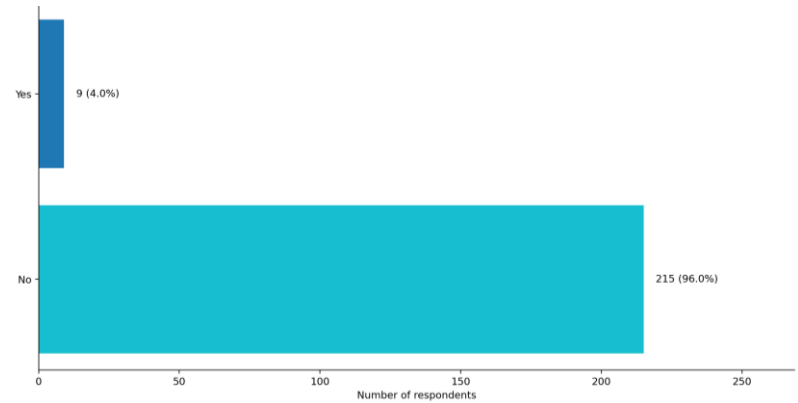
Of the 224 non-vapers who answered the parallel question:

- 215 (96.0%) said no
- 9 (4.0%) said yes

Notable findings

Most respondents in both groups said vaping was not safe.

Even among current vapers, 143 of 165 respondents (86.7%) said it was not safe.



Question 24: Do you think vaping is safer than smoking?

Among current vapers

Of the 160 current vapers who answered:

- 89 (55.6%) said yes
- 71 (44.4%) said no

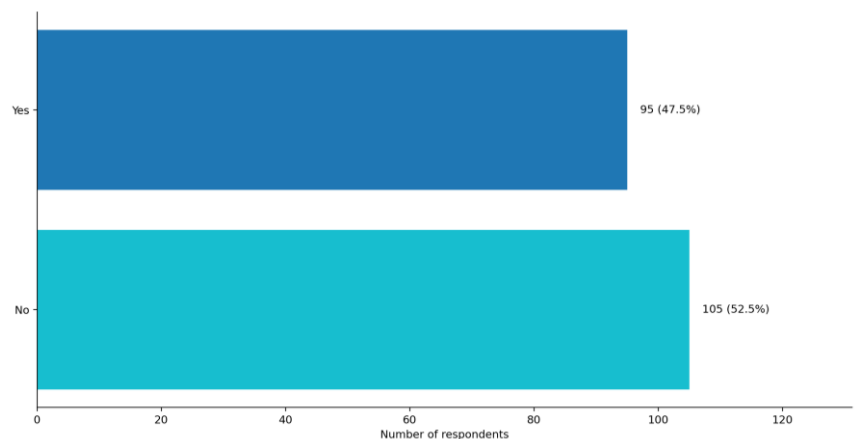
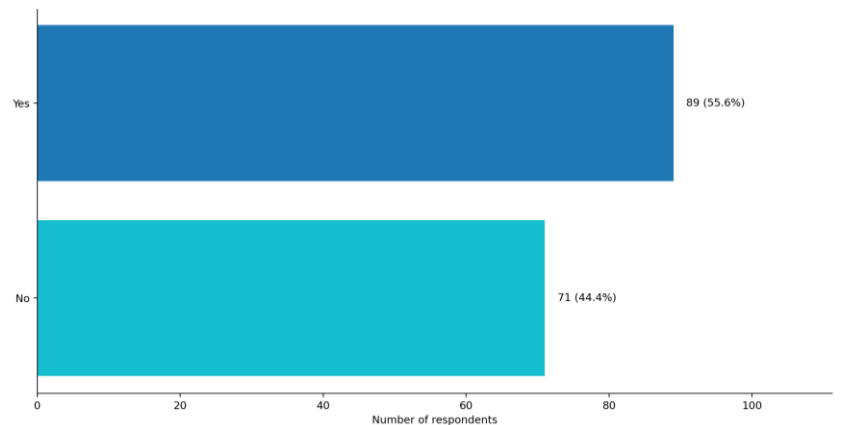
Among non-vapers

Of the 200 non-vapers who answered the parallel question:

- 95 (47.5%) said yes
- 105 (52.5%) said no

Notable findings

Views were mixed in both groups, supporting the view that there was no clear consensus on the relative safety of vaping versus smoking.



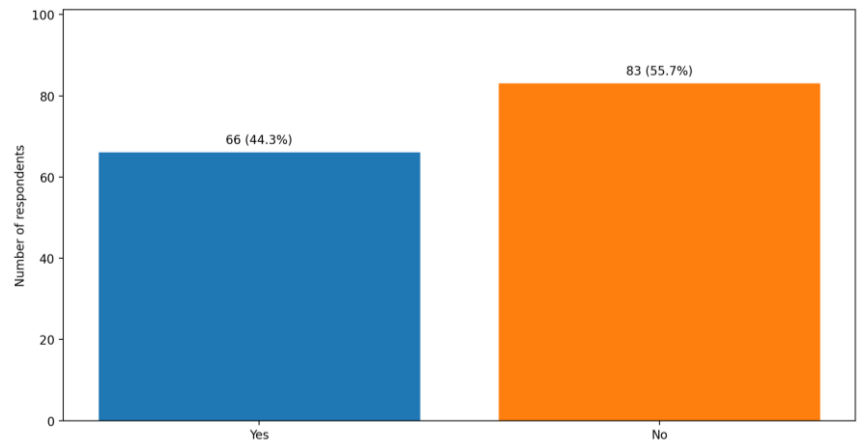
Question 25: Do you want to quit?

Of the 149 current vapers who answered:

- 66 (44.3%) said yes
- 83 (55.7%) said no

Notable findings

Almost half of the current vapers answering this question said they wanted to quit. A sizeable minority may welcome support.



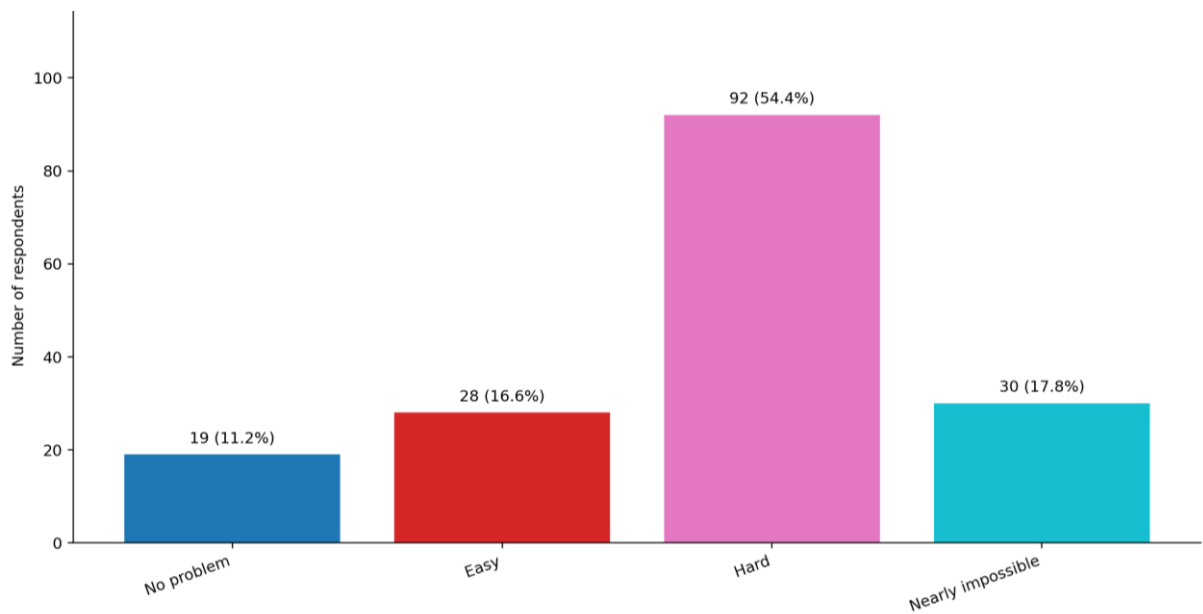
Question 26: How hard do you think quitting is?

Among current vapers

Of the 169 respondents who answered:

- 92 (54.4%) said hard
- 30 (17.8%) said nearly impossible
- 28 (16.6%) said easy
- 19 (11.2%) said no problem

Combined, 122 of 169 respondents (72.2%) said quitting would be hard or nearly impossible.

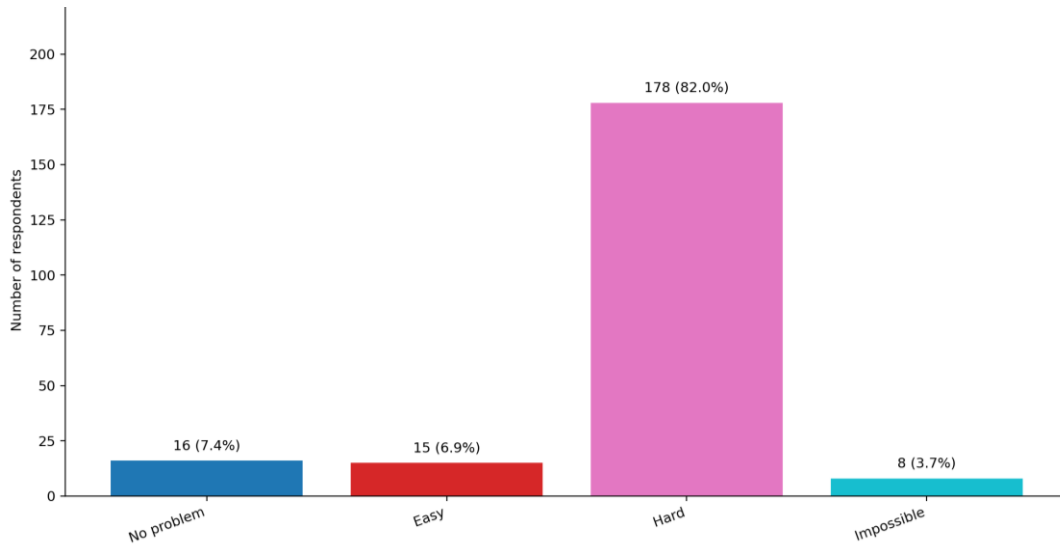


Among non-vapers

Of the 217 respondents who answered the parallel question:

- 178 (82.0%) said hard
- 16 (7.4%) said no problem

- 15 (6.9%) said easy
- 8 (3.7%) said impossible



Notable findings

Quitting was widely seen as difficult, especially by non-vapers.

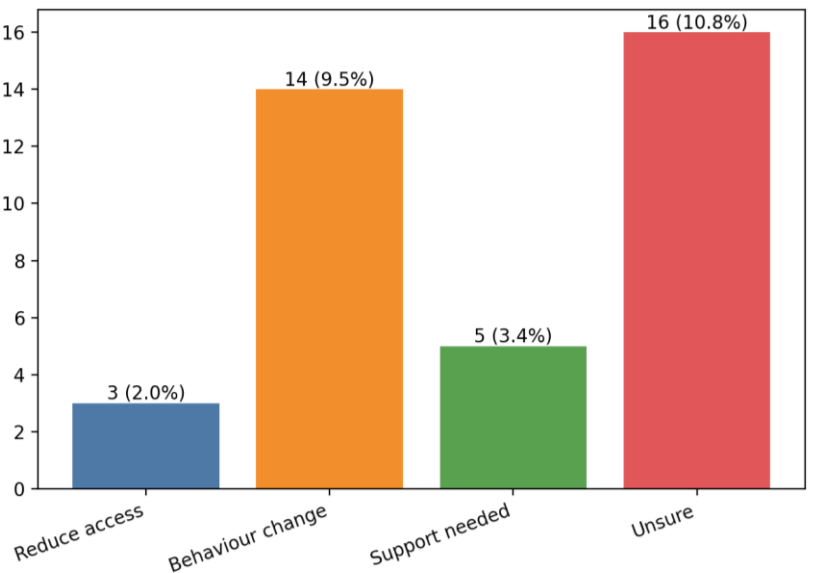
Question 27: What might help you quit?

The open-ended question received 148 responses.

Key Themes

Responses suggest that quitting may be supported by:

- Uncertainty about how to quit – 16 respondents (10.8%)
- Behaviour change and self-control strategies – 14 respondents (9.5%)
- Access to support or guidance – 5 respondents (3.4%)
- Reducing access and availability – 3 respondents (2.0%)



Note: Responses could include more than one theme.

Selected respondent quotes

- “not buying one. not having one at home.”
- “barriers to prevent access”
- “I don’t know”

Responses Summary & Observations

A notable finding is the level of uncertainty around quitting, with “I don’t know” being the most common response. Where suggestions were given, these focused on individual behaviour change rather than formal support.

This highlights a clear gap in awareness of available support and suggests the need for more visible, youth-friendly quitting interventions.

Question 28: Why do you not vape?

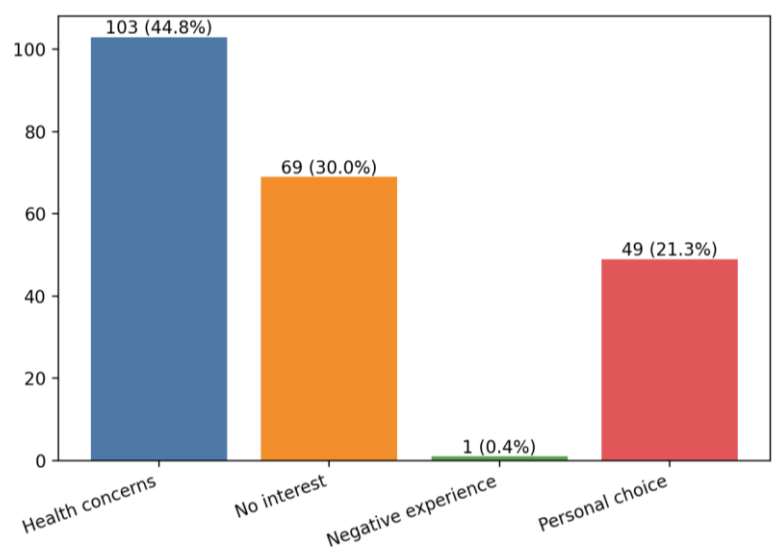
The open-ended question received 230 responses.

Key Themes

Responses suggest that young people do not vape due to:

- Health concerns – 103 respondents (44.8%)
- Lack of interest or perceived benefit – 69 respondents (30.0%)
- Personal choice and values – 49 respondents (21.3%)
- Negative experiences (e.g. feeling unwell) – 1 respondent (0.4%)

Note: Responses could include more than one theme.



Selected respondent quotes

“I did not see a point in it, and it also made me feel nauseous”

“don’t want to”

“I don’t like it”

Responses Summary & Observations

Health concerns were the most common reason for not vaping, alongside a general lack of interest or perceived benefit. Some young people described negative personal experiences, while others framed not vaping as a clear personal choice.

Overall, responses suggest that non-vaping is often an active decision, even within environments where vaping is common.

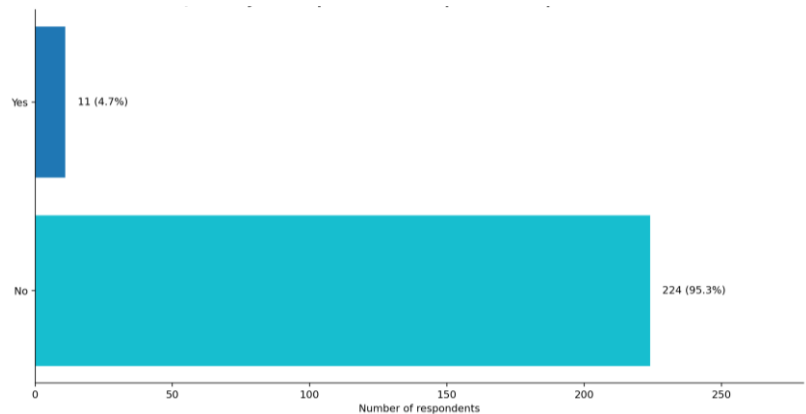
Question 29: Do you feel pressured to vape?

Of the 235 non-vapers who answered:

- 224 (95.3%) said no
- 11 (4.7%) said yes

Notable findings

Direct pressure was uncommon in this sample. Social influence may be more subtle than overt.



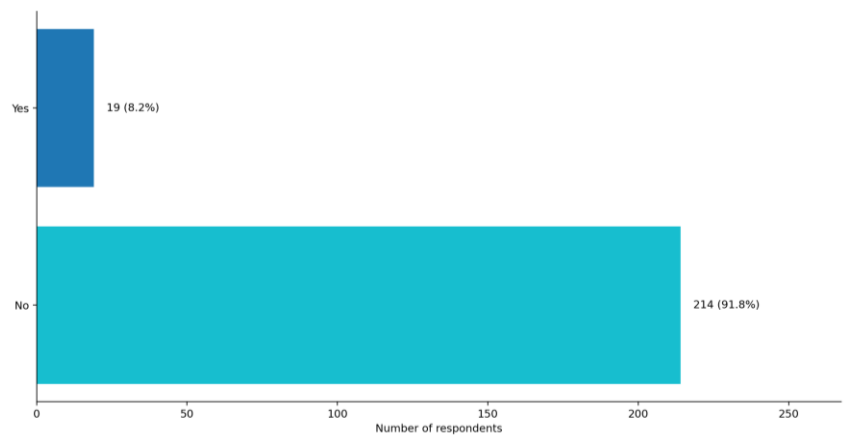
Question 30: Do you feel left out because you do not vape?

Of the 233 non-vapers who answered:

- 214 (91.8%) said no
- 19 (8.2%) said yes

Notable findings

Most non-vapers did not feel left out. A smaller minority did report some exclusion, which is still worth noting.



Question 31: How do you feel about friends who vape?

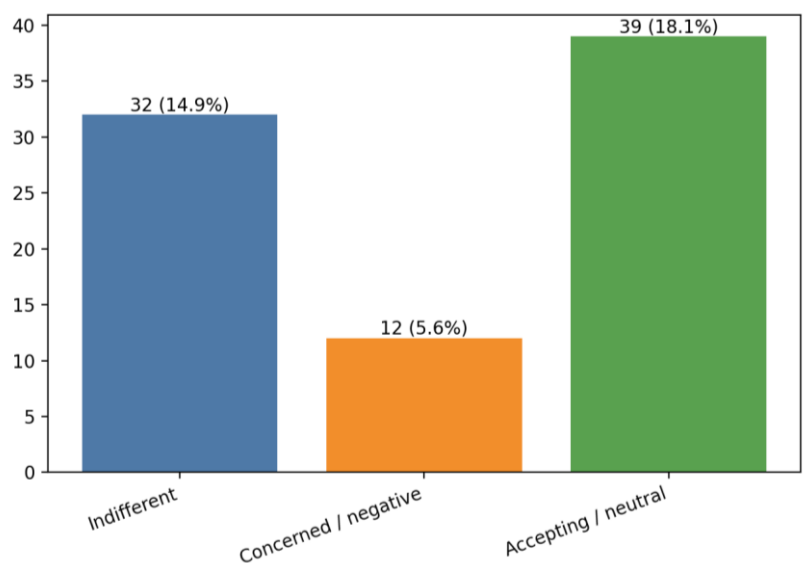
The open-ended question received 215 responses.

Key Themes

Responses suggest that young people feel:

- Indifferent or unconcerned – 32 respondents (14.9%)
- Concerned or negative about vaping – 14 respondents (6.5%)
- Accepting or neutral towards friends who vape – 8 respondents (3.7%)

Note: Responses could include more than one theme.



Selected respondent quotes

“I don’t care”

“It’s their choice”

“I think it’s bad for them”

Responses Summary & Observations

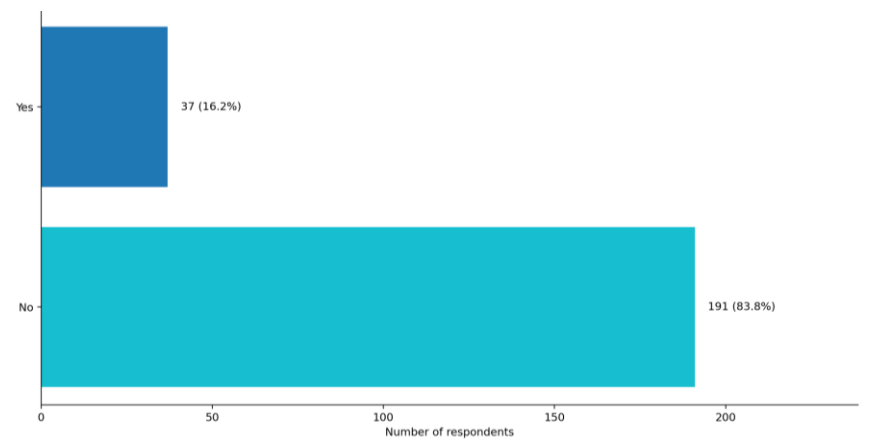
Many respondents expressed indifference towards friends who vape, suggesting that vaping may be normalised within peer groups. Others showed concern about the health impacts, while some took a more accepting stance, framing it as a personal choice.

Overall, responses indicate that peer attitudes may not strongly discourage vaping, which may contribute to its continued prevalence.

Question 32: Is money part of the reason you do not vape?

Of the 228 non-vapers who answered:

- 191 (83.8%) said no
- 37 (16.2%) said yes



Notable findings

For most non-vapers, money was not the main reason they did not vape. Cost seems not to be a major barrier overall.

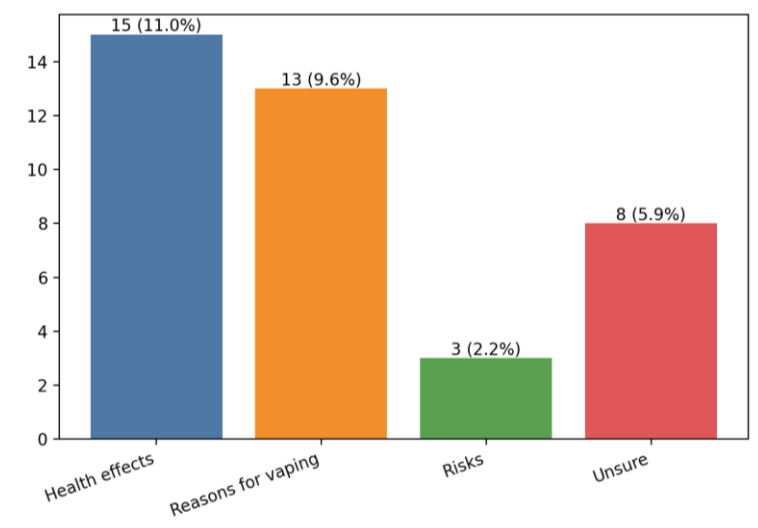
Question 33: What information would you like about vaping?

The open-ended question received 136 responses.

Key Themes

Young people expressed a need for:

- Clear information on health effects – 15 respondents (11.0%)
- Reasons why young people vape – 13 respondents (9.6%)
- Uncertainty or lack of specific information needs – 8 respondents (5.9%)
- Understanding what vaping does to the body – 2 respondents (1.5%)



Note: Responses could include more than one theme.

Selected respondent quotes

"Why do young people vape? What does it do to your body exactly?"
"I don't know"

Responses Summary & Observations

Responses indicate a desire for clearer and more detailed information, particularly around health effects and why vaping is appealing to young people.

However, relatively low response volumes and frequent uncertainty suggest that existing information may not be engaging or clearly understood.

Final open question: Is there anything else you would like to add?

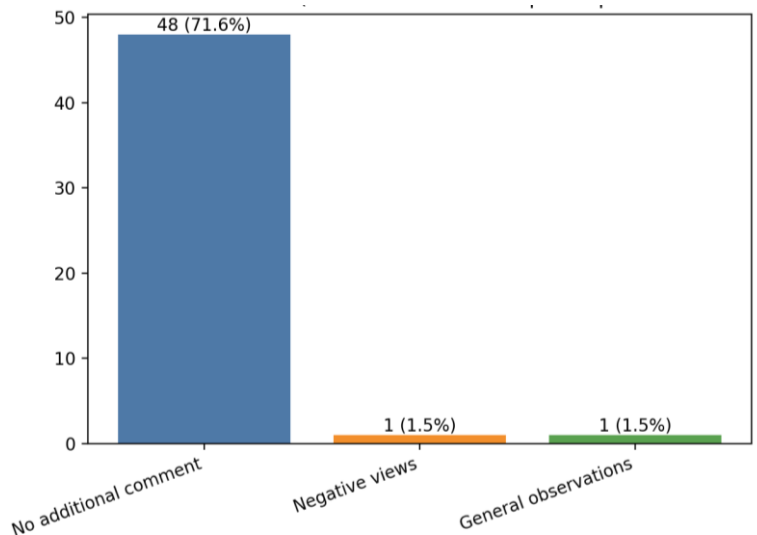
The open-ended question received 67 responses.

Key Themes

Responses were limited but suggest:

- No additional comment or low engagement – 48 respondents (71.6%)
- General observations about vaping or peers – 1 respondent (1.5%)
- Negative views of vaping (e.g. smell or nuisance) – 1 respondent (1.5%)

Note: Responses could include more than one theme.



Selected respondent quotes

"Curiosity – what are the long term effects on health?"
"Vaping can start young. I know someone who started in primary school."
"I hate the smell of vapes."
"Vaping has been romanticized but it is not good."

Responses Summary & Observations

Most respondents did not provide additional comments, suggesting limited further input beyond the structured questions. Where comments were provided, these tended to reinforce negative perceptions of vaping rather than introduce new themes.

This indicates that the survey questions captured the majority of relevant views.

Summary of the young people's survey

In this sample, trying vaping was common and often began in early adolescence, with most first use reported before the age of 15. Curiosity and social sharing were the most common reasons for experimentation, while continued use was more often linked to stress, anxiety, habit and routine.

Current vaping was more common among older respondents, among girls than boys, and among those reporting other substance use.

Further exploratory analysis also suggests some differences in experience across age groups, with younger respondents more likely to describe social influences around first use, and older respondents more likely to describe regular use, stress-related reasons and difficulty quitting. These patterns should be treated as indicative, but they support the case for age-appropriate prevention and support.

Family vaping was also reported more frequently by current vapers than non-vapers, suggesting a strong influence of home environment and role modelling.

Although most respondents recognised that vaping is not safe, this awareness did not consistently prevent use. Regular use was common among current vapers, many of whom described patterns of frequent daily use and difficulty stopping. While almost half said they would like to quit, most reported that quitting would be difficult or nearly impossible.

2. Teacher and Professional Survey

To complement the insights gathered from young people, a survey was conducted with teachers and professionals working with children and young people across Torbay. The aim was to understand frontline perspectives on youth vaping, including perceived trends, behaviours, risks, and the effectiveness of current responses.

A total of 44 responses were received. While the sample size is modest, it provides valuable insight from those working directly with young people in educational and support settings. These perspectives help to contextualise the experiences shared by young people and identify areas where additional support or intervention may be needed.

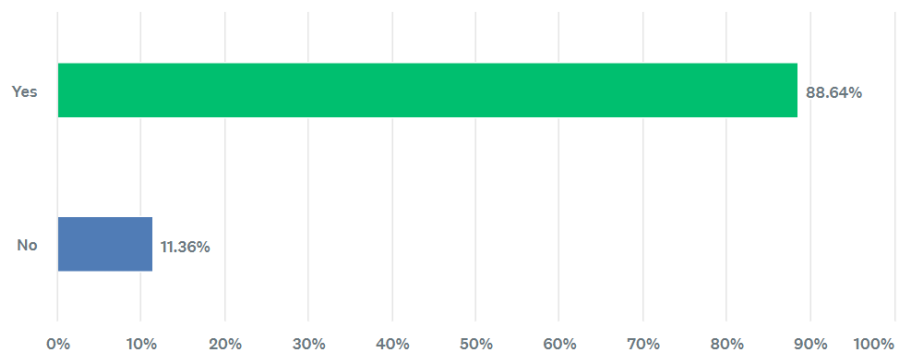
Q1. In your experience, has vaping increased among the young people you work with over the past few years?

Of the 44 respondents:

- 39 (88.64%) said yes
- 5 (11.36%) said no

Summary

The vast majority of respondents (88.64%, 39 of 44) reported that vaping has increased among the young people they work with.



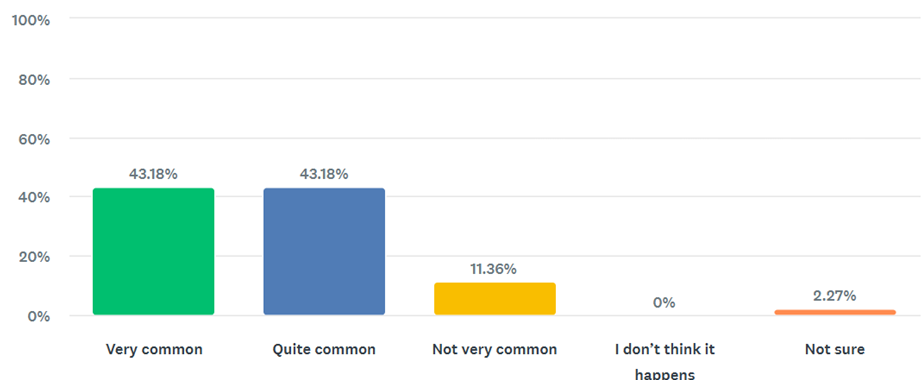
Q2. How common is vaping among the young people you work with?

Of the 44 respondents:

- 19 (43.18%) very common
- 19 (43.18%) fairly common
- 5 (11.36%) not very common

Summary

Most respondents (86.36%, 38 of 44) described vaping as common or very common among young people.

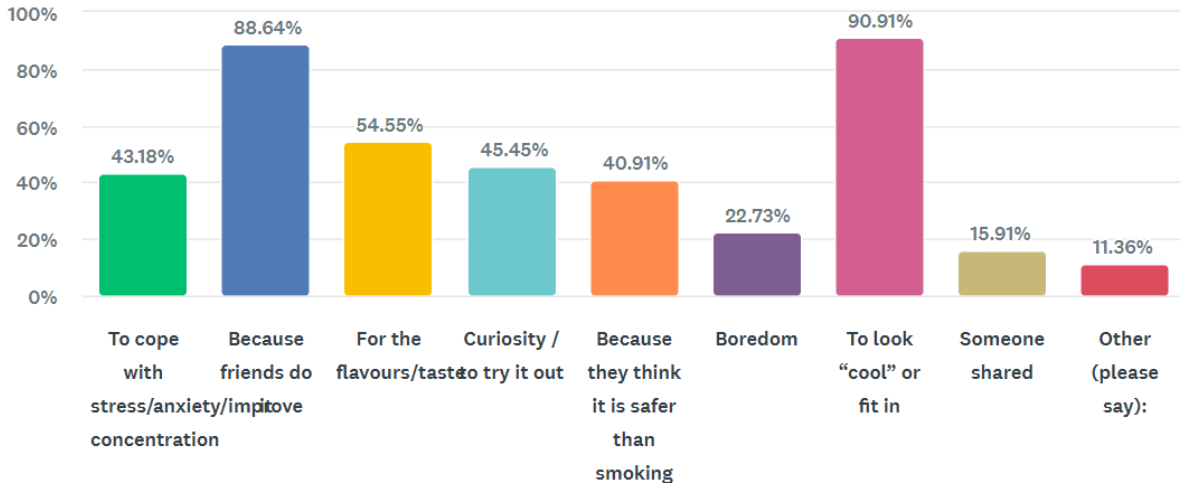


Q3. What do you think are the main reasons young people vape? (multiple responses)

Of the 44 respondents:

- 40 (90.91%) To look “cool” or fit in
- 39 (88.64%) Because friends do it
- 24 (54.55%) For the Flavours/taste
- 20 (45.45%) Curiosity

- 19 (43.18%) To cope with stress/anxiety/improve concentration
- 18 (40.91%) Because they think it is safer than smoking
- 10 (22.73%) Boredom
- 7 (15.91%) Someone shared



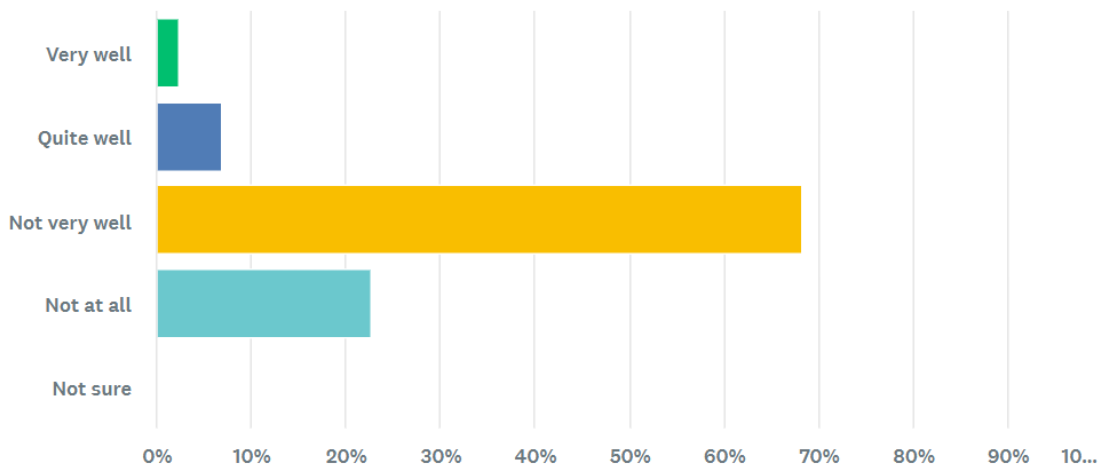
Summary

Social influence was the most commonly identified driver, with over 90% citing fitting in or peer behaviour, alongside notable contributions from flavours, curiosity and stress-related factors.

Q4. How well do you think young people understand the health risks of vaping?

Of the 44 respondents:

- 30 (68.18%) Not very well
- 10 (22.73%) Not at all
- 3 (6.82%) Quite well
- 1 (2.27%) Very well



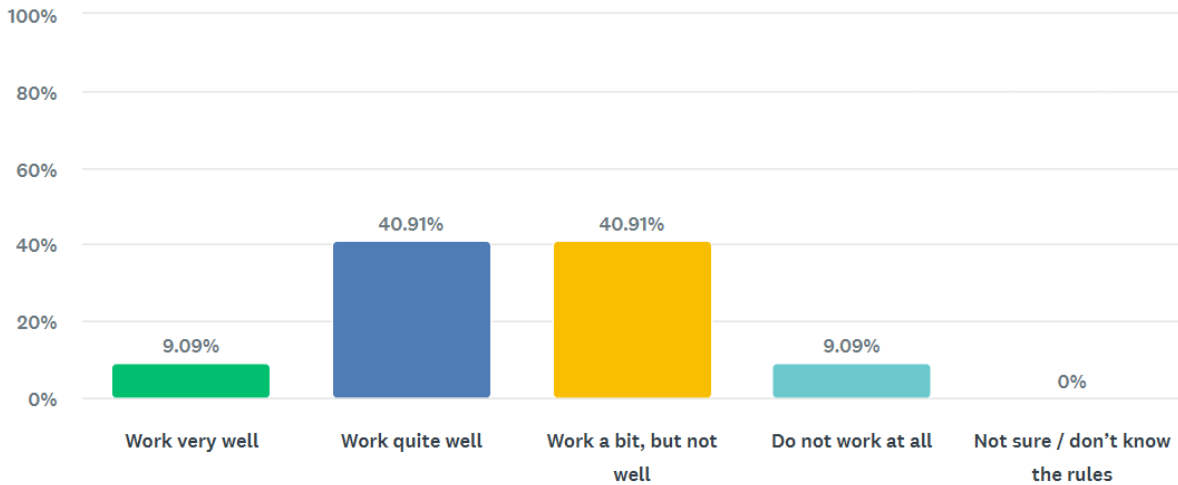
Summary

Most respondents (90.91%, 40 of 44) felt young people have limited or no understanding of the health risks of vaping.

Q5. How effective do you think current school or organisational policies are in addressing vaping?

Of the 44 respondents:

- 18 (40.91%) Work quite well
- 18 (40.91%) Work a bit, but not well
- 4 (9.09%) Work very well
- 4 (9.09%) Do not work at all



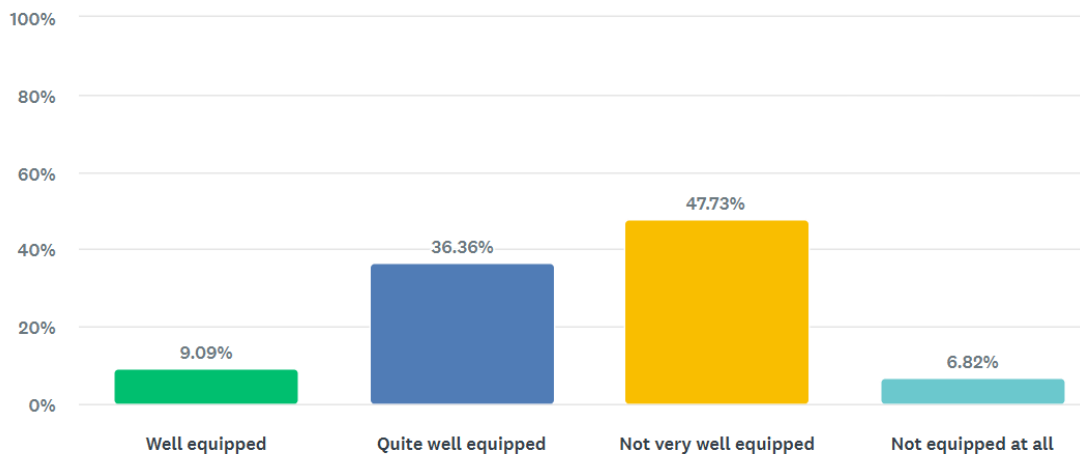
Summary

Only a small minority (9.09%, 4 of 44) felt current policies are fully effective, with most indicating they are only partially effective or inconsistent.

Q6. Do you feel you are equipped with enough knowledge, guidance, training and support to speak with young people about vaping?

Of the 44 respondents:

- 21 (47.73%) Not very well
- 16 (36.36%) Quite well
- 4 (9.09%) Well
- 3 (6.82%) Not at all



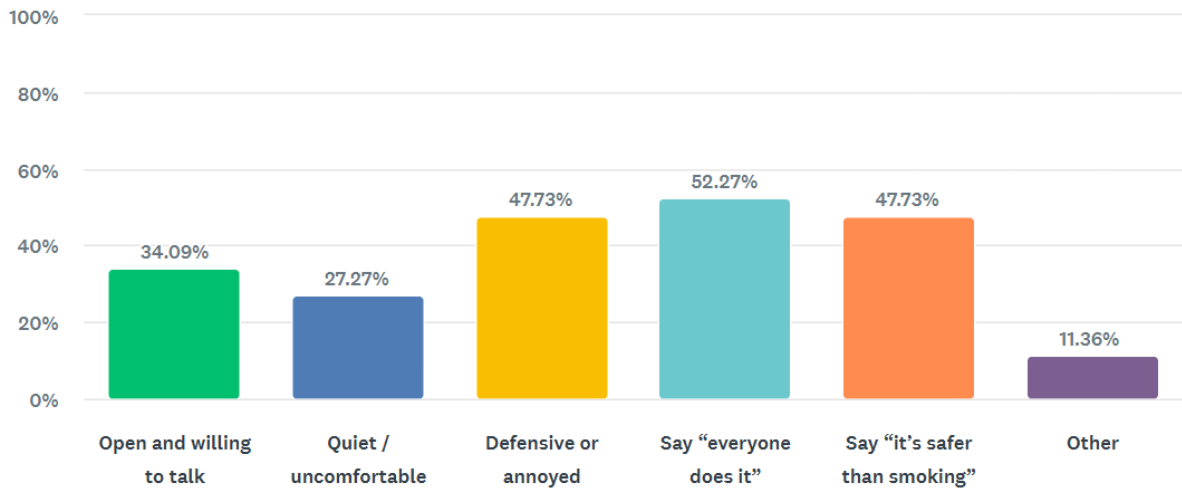
Summary

Confidence among staff was mixed, with a substantial proportion reporting they do not feel fully equipped to address vaping with young people.

Q7. When staff speak to young people about vaping, how do young people usually react?

Multiple responses were allowed on this question.

- 23 (52.27%) say “everyone does it”
- 21 (47.73%) say “it’s safer than smoking”
- 21 (47.73%) get defensive or annoyed
- 15 (34.09%) are open and willing to talk
- 12 (27.27%) are quiet or uncomfortable



Summary

Young people were most often described as responding defensively or dismissively, suggesting that vaping may be seen by many as normalised and relatively low-risk.

Selected respondent quotes (other)

“Depends on the student, mixed response. Unfortunately we treat children more and more like adults. We give them a choice even if they are illegal for their age group or harmful. Vaping is also an addiction and needs to be treated as such. Many people who vape never meant it to be a long term addiction.”

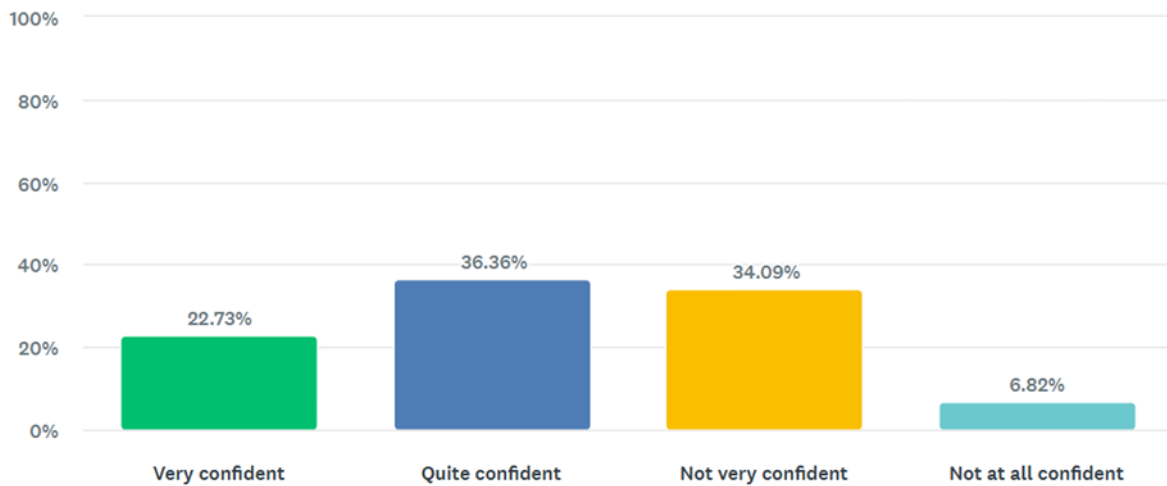
‘It appears to be the norm and accepted as a way of life that doesn’t have any health implications.’

‘Depends on the child but it is the sort of thing they know is wrong so would be kept quiet so as not to get in trouble.’

Q8. How confident do you feel dealing with vaping (talking with young people, giving advice, following rules)?

Of the 43 respondents to this question:

- 13 (30.23%) Sometimes
- 11 (25.58%) Not sure
- 10 (23.26%) Quite Often
- 5 (11.63%) Rarely
- 4 (9.30%) Very Often



Summary

Confidence in dealing with vaping was inconsistent, indicating that staff may benefit from clearer guidance, training and more consistent procedures.

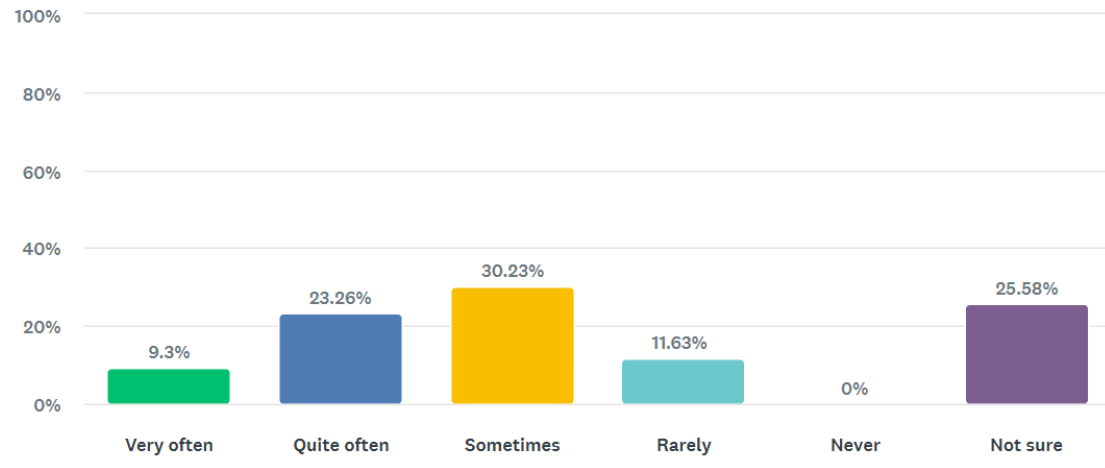
Q9. In your work, how often do you see vaping linked to other issues (for example mental health, school attendance, behavioural issues, alcohol or drug use)?

Of the 43 respondents to this question:

- 13 (30.23%) said sometimes
- 11 (25.58%) were unsure
- 10 (23.26%) said quite often
- 5 (11.63%) said rarely
- 4 (9.30%) said very often

Summary

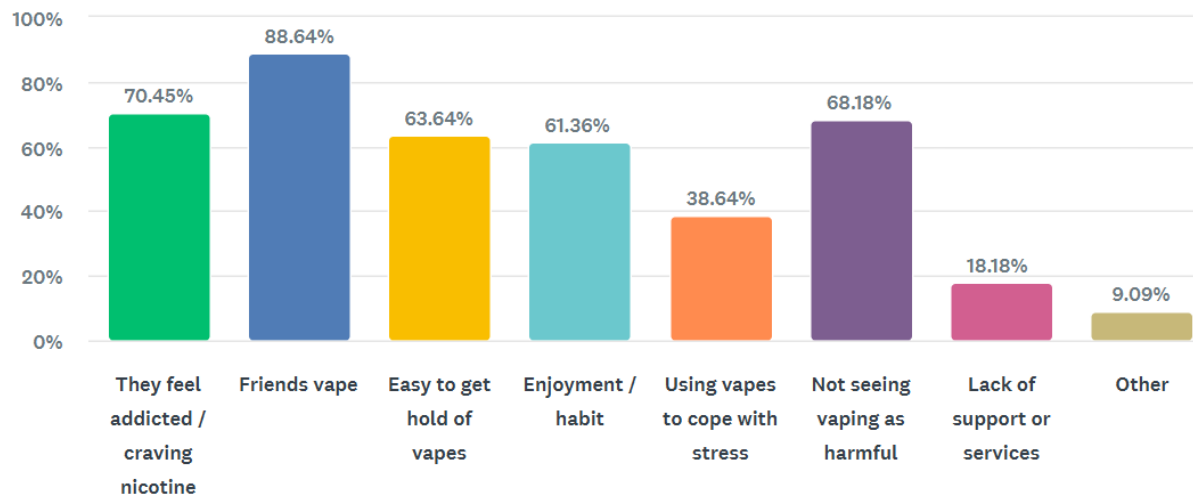
Most respondents (62.79%, 27 of 43) had observed vaping alongside other issues such as mental health, behaviour or substance use.



Q10. What makes it hard for young people who vape regularly to cut down or stop?

Multiple responses were allowed on this question.

- 39 (88.64%) Their friends vape
- 31 (70.45%) They feel addicted or crave nicotine
- 30 (68.18%) They don't see vaping as harmful
- 28 (63.64%) It's easy to get hold of vapes
- 27 (61.36%) Enjoyment/habit
- 17 (38.64%) Using vapes to cope with stress
- 8 (18.18%) Lack of support services



Summary

Barriers to quitting were most commonly linked to social environment (88.64%) and addiction (70.45%), alongside low perceived risk and easy access.

Selected respondent quotes (other)

'I don't think most of them care very much about the negative side effects and just enjoy feeding the addiction.'

'We should still be guiding and boundarying [sic] them as they are children in the eyes of the law and need support and guidance.'

'Most are not actually addicted to the nicotine, because across the day they have little opportunity to Vape, the addiction is more a psychological need.'

Q11. If you could change one thing locally to reduce youth vaping in Torbay, what would it be?

Key themes

Responses most commonly suggested:

- Increased education and awareness
- Stronger enforcement around sales and access
- Clearer and more consistent policies
- Greater support for staff and parents.

Selected respondent quotes

'I would like parents to be more aware of the risks of vaping. This would make the issue easier to tackle if it were being discouraged both at home and on campus.'

'Make them considerably more difficult to buy and make them less like fun, sweets/toys that appeal to kids'.

'Better education in schools / college on the risks of using them.'

'Enforce banning them in schools and colleges or stricter procedure.'

Summary

Responses consistently pointed towards the need for a coordinated approach combining education, enforcement and clearer, consistent policies.

Overall Summary

Teachers and school staff describe vaping as an increasing and visible issue within school environments, with use reported in toilets, corridors and on journeys to and from school. This suggests that vaping is becoming embedded within everyday routines and more difficult to manage through existing school policies alone.

While enforcement measures are in place, staff report ongoing challenges in preventing use, particularly where vaping is discreet and easily concealed. Teachers also highlight concerns around the impact on learning, behaviour and wellbeing, alongside the time and resource required to respond to incidents.

There is a clear sense that schools are managing the issue reactively, with limited capacity to address the wider drivers of use. Staff consistently emphasise the need for stronger external support, including clearer guidance, education and enforcement beyond the school setting.

3. Parent and Carer Survey Findings

A separate survey was conducted with parents and carers to understand their awareness, concerns and perceptions of youth vaping. This provides an important perspective on how vaping is experienced and understood within the home environment.

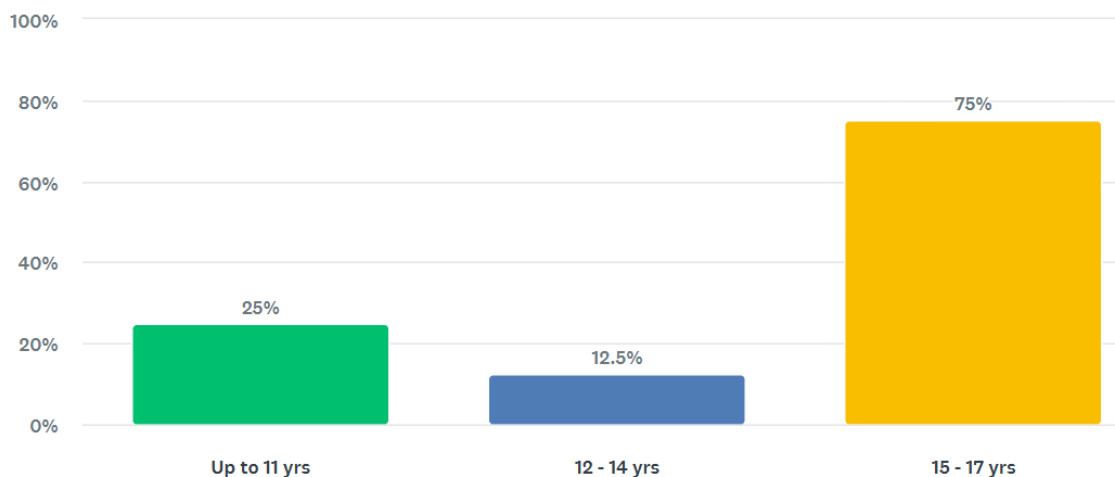
A total of 16 responses were received. While the sample size is small, the findings offer useful insight into levels of concern, awareness and confidence among parents and carers.

The parent and carer survey did not ask whether respondents' children currently vape. Findings should therefore be understood as reflecting overall parental and carer perceptions and concerns, rather than direct experience in all cases.

Q1. What age group(s) are the children or young people you care for? *(multiple responses)*

Of the 16 respondents:

- 12 (75%) were aged 15-17
- 4 (25%) were aged up to 11
- 2 (12.5%) were aged 12-14



Summary

Most responses (75%, 12 of 16) related to older secondary-aged children.

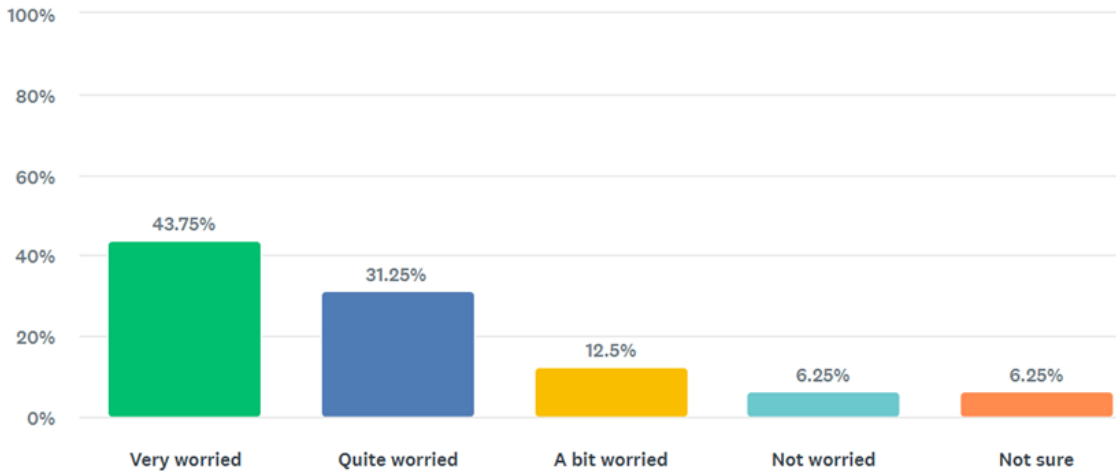
Q2. How worried are you about young people vaping?

Of the 16 respondents:

- 7 (43.75%) were very worried
- 5 (31.25%) were quite worried
- 2 (12.5%) were a bit worried
- 1 (6.25%) was not worried
- 1 (6.25%) was not sure

Summary

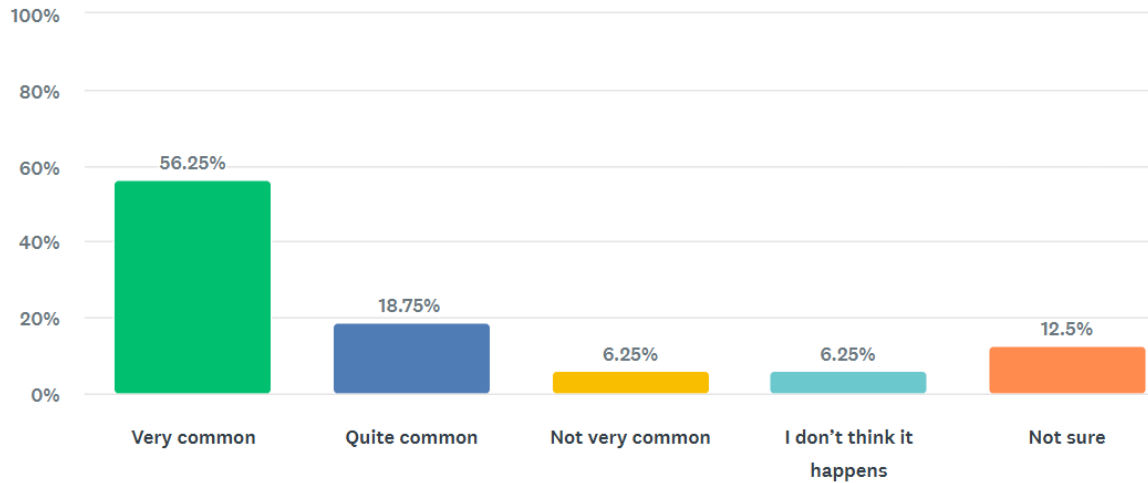
The majority of respondents (87.5%, 14 of 16) expressed concern about young people vaping.



Q3. How common do you think vaping is among young people in Torbay?

Of the 16 respondents:

- 9 (56.25%) very common
- 3 (18.75%) common
- 2 (12.5%) were not sure
- 1 (6.25%) not very common
- 1 (6.25%) didn't think it happens



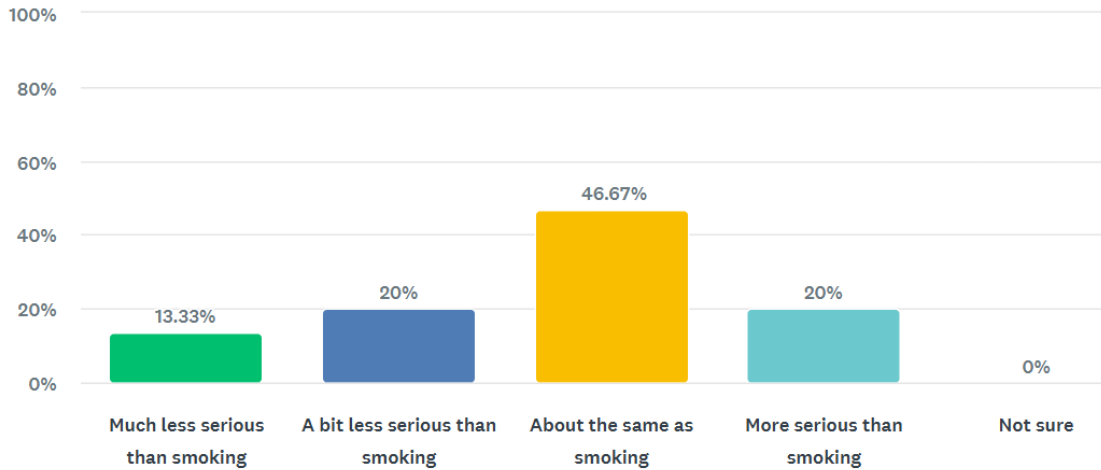
Summary

Most respondents (75%, 12 of 16) believed vaping is common among young people in Torbay.

Q4. Regarding under 18s, how harmful do you think vaping is compared to smoking?

Of the 15 respondents to this question:

- 7 (46.67%) said about the same as smoking
- 3 (20%) said it was more serious than smoking
- 3 (20%) said it was a bit less serious than smoking
- 2 (13.33%) said it was much less serious than smoking



Summary

Two thirds of respondents (66.67%, 10 of 15) felt vaping is at least as harmful as smoking for under 18s.

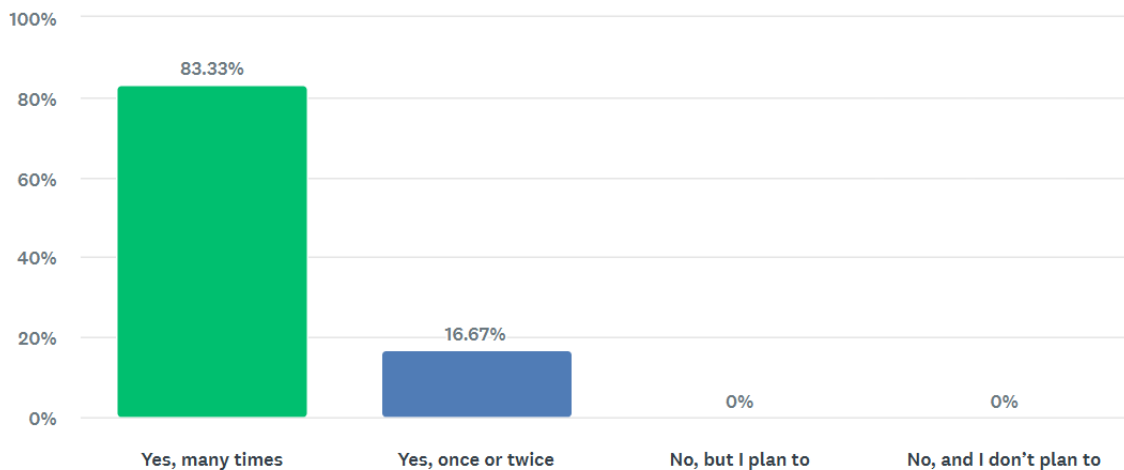
Q5. Do you think vaping is safe for under 18s?

Summary

Every single one of the 15 respondents (100%) to this question said they think vaping is unsafe for under 18s.

Q6. Have you ever talked to your child about vaping?

Only 6 people responded to this question. 5 (83.33%) said they had many times, with one (16.67%) saying they had once or twice.



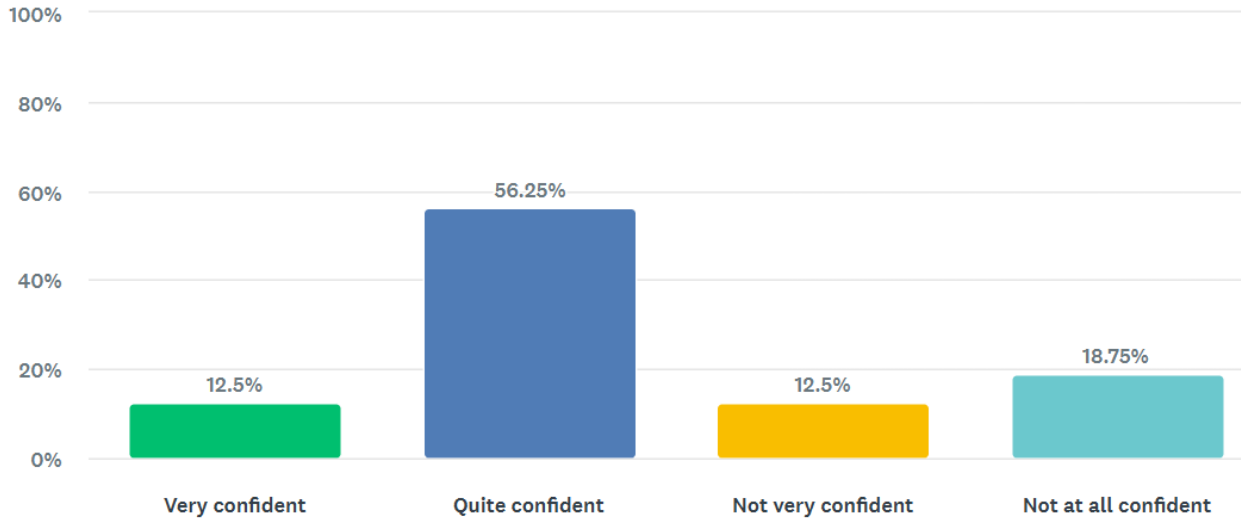
Summary

Among the small number who responded, most (83.33%) said they had spoken to their child about vaping multiple times.

Q7. How confident do you feel about your own knowledge of vaping risks and the law/school rules for under 18s?

Of the 16 respondents to this question:

- 9 (56.25%) said they were quite confident
- 3 (18.75%) said they were not at all confident
- 2 (12.5%) said they were not very confident
- 2 (12.5%) said they were very confident



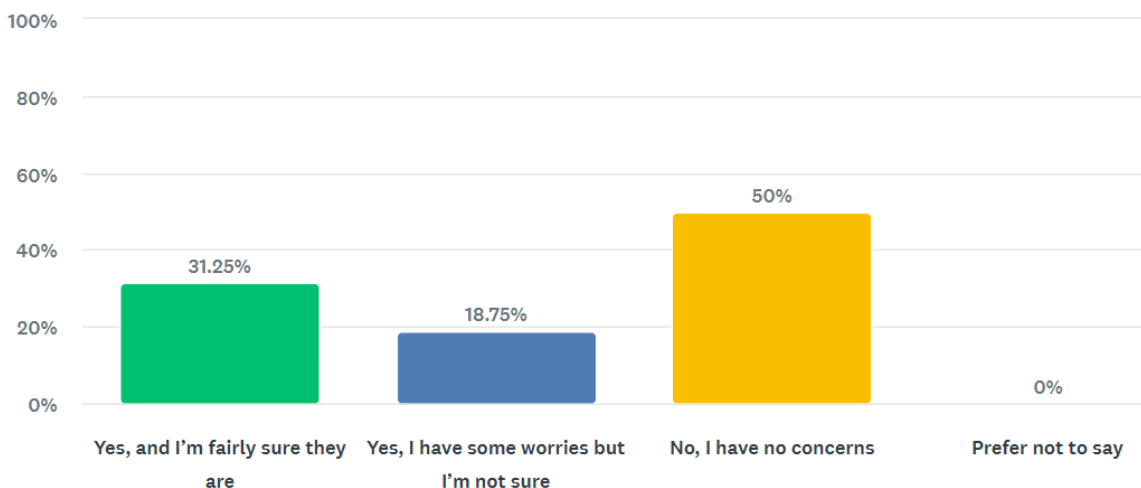
Summary

Around two thirds (68.75%, 11 of 16) felt confident in their knowledge of vaping risks and rules, though a notable minority lacked confidence.

Q8. Have you ever had any concerns that your child or their friends might be vaping?

Of the 16 respondents to this question:

- 8 (50%) had no concerns
- 5 (31.25%) had concerns and were fairly sure they were vaping
- 3 (18.75%) had concerns but were not sure they were vaping



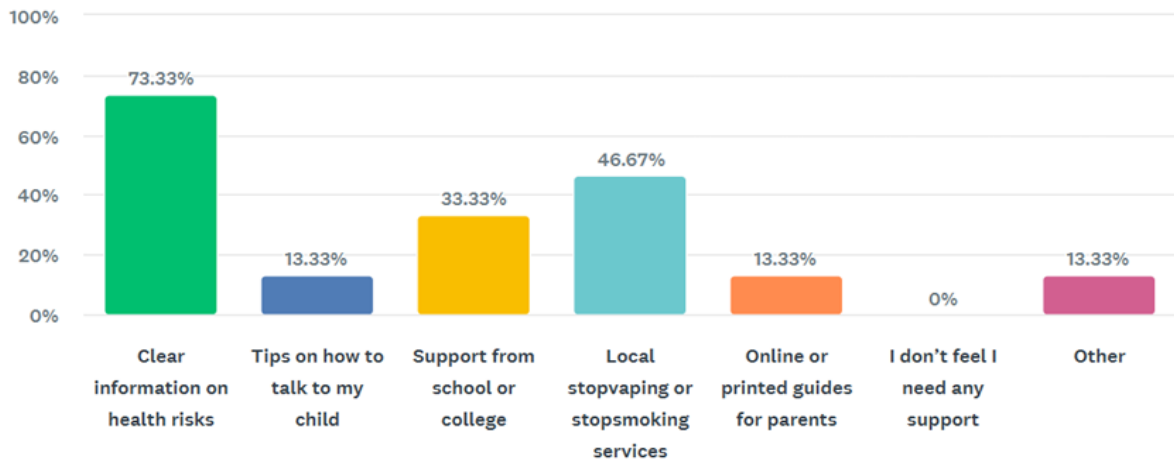
Summary

Half of respondents (50%, 8 of 16) reported some level of concern that their child or their friends may be vaping.

Q9. What support would help you most with vaping issues?

Multiple responses were allowed for this question.

- 11 (73.33%) said clear information on health risks
- 7 (46.67%) said local stop vaping or stop smoking service
- 5 (33.33%) said support from school or college
- 2 (13.33%) said tips on how to talk to my child
- 2 (13.33%) said online or printed guides for parents



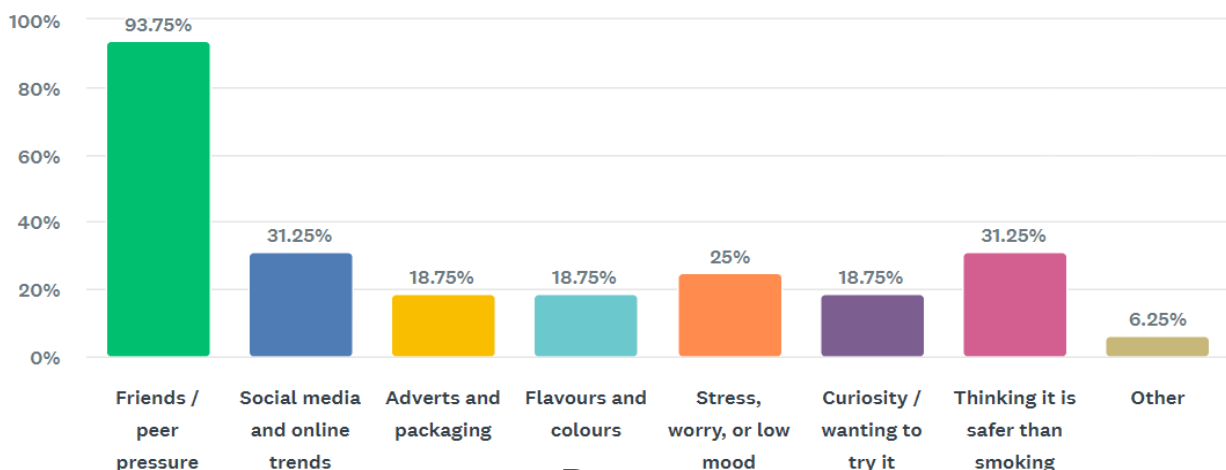
Summary

The most commonly requested support was clearer information on health risks (73.33%, 11 of 15), alongside access to local services.

Q10. What do you think most influences young people's decisions to vape?

Multiple responses were allowed for this question.

- 15 (93.75%) said friends or peer pressure
- 5 (31.25%) said social media and online trends
- 5 (31.25%) said thinking it's safer than smoking
- 4 (25%) said stress, worry or low mood
- 3 (18.75%) said adverts and packaging
- 3 (18.75%) said flavours and colours
- 3 (18.75%) said curiosity or wanting to try it



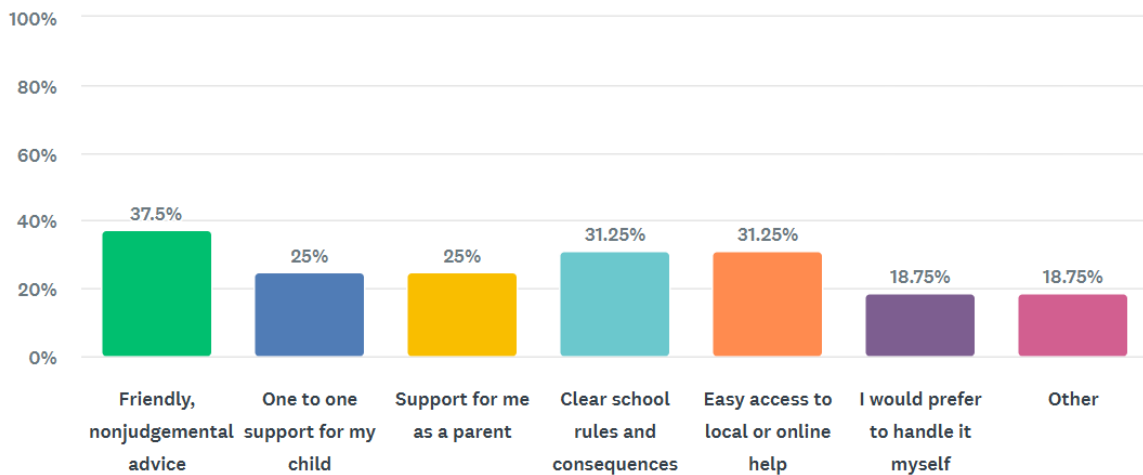
Summary

Social influence was overwhelmingly identified as the main driver (93.75%, 15 of 16), with other factors such as social media and perceived safety also noted.

Q11. If your child was vaping, what would you most want from local services and schools?

Multiple responses were allowed for this question.

- 6 (37.5%) Friendly, non judgemental advice
- 5 (31.25%) Clear school rules and consequences
- 5 (31.25%) Easy access to online help
- 4 (25%) One to one support for my child
- 4 (25%) Support for me as a parent
- 3 (18.75%) Prefer to handle it myself



Summary

Parents most often wanted practical, accessible and non-judgemental support, with demand spread across advice, clear school responses and direct support for both young people and parents.

Q12. What one change at home, in school, or in the community do you think would most help stop young people in Torbay from starting to vape?

Multiple open ended responses were allowed for this question.

Open responses most often pointed to three broad themes: more education and awareness, better access to clear evidence on harms, and making vapes less accessible to under-18s, especially through stronger action on underage sales. Respondents also mentioned the need for more funding, wider community awareness and more things for young people to do.

Selected Responses

'More education and help.'

'Just more advice and need more research.'

'Having no access to it. Lots of shops in town will sell to underage kids.'

'Stop being so easily accessible.'

'Money/funding and word needs to be spread.'

'More things to do - community knowledge.'

'Increase scaremongering videos on social media.'

'Clear informed information and evidence of the harm.'

Summary

Responses pointed most strongly towards prevention through better education, clearer information on harm, and stronger action to reduce underage access.

Overall Summary

Parents and carers express widespread concern about youth vaping, alongside uncertainty about the risks, signs of use and how best to respond. While many report awareness of vaping within their child's peer group, confidence in discussing or managing the issue varies.

The findings suggest that vaping is not only a school-based issue but one that extends into home and social environments, where access, peer influence and family behaviour all play a role. Parents highlight challenges in monitoring use, particularly given the discreet nature of vaping products.

There is a clear need for accessible, consistent information to support parents and carers, alongside stronger alignment between schools, services and families. This includes practical guidance, early education and support to help reinforce consistent messages and expectations.

Thematic Analysis

Overview

This section brings together the survey data, qualitative responses, and wider engagement activities to identify the key themes shaping young people's experiences and perceptions of vaping in Torbay. While the survey findings highlight what is happening, this analysis explores why these patterns are emerging and how they are experienced in everyday life.

Across all datasets – including young people, teachers, and primary-aged children – vaping emerges not as a single issue, but as a complex social, behavioural and environmental phenomenon, shaped by accessibility, peer dynamics, emotional wellbeing, and wider community influences.

1. Early and Widespread Experimentation

Vaping is now a common early experience for many young people in Torbay, with a majority reporting that they have tried it at least once. First use typically occurs in early adolescence, often in informal and social settings such as school toilets or among friendship groups. These early experiences are rarely described as deliberate decisions, but rather as spontaneous, curiosity-driven moments shaped by opportunity and environment.

Teachers reinforce this picture, describing a noticeable rise in vaping in recent years and its increasing visibility across different age groups. For many, vaping is no longer seen as unusual behaviour but as something embedded within everyday school life. Staff also report that awareness of harm does not necessarily deter experimentation, with some young people appearing disengaged from health messaging.

Together, these accounts suggest that early experimentation is both accessible and normalised, with limited barriers to first use.

Young people and staff described:

"I was in the toilets at school and someone said, pull this... we vaped all over school."

"You can do it pretty much anywhere and get away with it."

"If you catch someone vaping... they'll just take it out again when you leave."

"Students usually just go 'yeah, yeah, we know'."

"It appears to be the norm and accepted as a way of life."

"They know it's wrong but just keep it quiet."

Taken together, these accounts show that early experimentation is normalised and widely accessible within everyday environments. The data highlights how opportunity, visibility and low perceived consequences shape first use. This helps explain why awareness of harm does not necessarily deter experimentation at this stage.

2. Vaping as an ‘Everywhere’ Behaviour

Across all groups, vaping is consistently described as something that happens “everywhere”. Young people report seeing and using vapes across a wide range of settings, including schools, buses, public spaces and journeys to and from school. This constant visibility contributes to a perception that vaping is unavoidable and part of the everyday environment.

The design of vapes appears to play a key role in this. Compared with smoking, vaping is easier to conceal, produces less noticeable smell and can be used more discreetly. Young people describe this as making it easier to use in spaces where smoking would be challenged, reinforcing both accessibility and normalisation.

Non-vaping young people and younger children also describe the impact of this environment. Shared spaces such as toilets and buses are often described as dominated by vaping, making them uncomfortable or difficult to use. Primary-aged children in particular highlight that vaping feels inescapable and affects how safe and clean public spaces feel.

Young people described:

“You can do it pretty much anywhere and get away with it.”

“The toilets are basically just a vape lounge... you can’t even go in there.”

“There are vaping circles where people sit around the sinks.”

“It makes us feel sad because you can’t go anywhere without seeing people vape.”

“I hold my nose when I walk past someone vaping.”

“People really don’t care... you can do it anywhere.”

“You can’t even go into the toilets without it being full of vape smoke.”

Overall, these accounts show that vaping is experienced as a constant and unavoidable part of daily life. The data highlights how visibility, ease of concealment and widespread use reinforce normalisation across shared spaces. This helps explain why non-use can feel difficult to maintain and environments can feel dominated by vaping.

3. Curiosity, Sharing, Social Dynamics and Subtle Pressure

Young people most commonly describe curiosity and social sharing as the reasons they first try vaping. However, while direct peer pressure is less frequently reported, qualitative insight suggests that social influence operates in more subtle but powerful ways.

Vaping is often embedded within friendship groups and shared social spaces, where passing around devices and vaping together becomes part of social interaction. In this context, behaviour is shaped less by explicit pressure and more by a desire to belong, participate and avoid feeling excluded.

Teachers also describe vaping as linked to identity and peer group dynamics, with some young people using it to fit in or present a certain image. For non-vapers, this can create environments where opting out feels isolating, even if no one is directly pressuring them.

Young people described:

“It’s cheaper... I just use my friends... they call me a vape sponge but pass it anyway.”

“It’s just normal in my friend group and it’s fun.”

“Only socially at parties... like a prop.”

“Because it calms me down and people around me do it.”

“The toilets are basically just a vape lounge... you can’t avoid it.”

“Being a non-vaper is like going to a party and there is a buffet, but you can’t eat anything.”

Across these accounts, vaping emerges as not simply an individual choice but a socially embedded behaviour shaped by group norms and shared environments. The data highlights how influence often operates subtly, through belonging, visibility and routine interaction. This helps explain why awareness of risk does not consistently prevent use.

4. Stress, Anxiety and Emotional Regulation

As vaping becomes more regular, many young people describe using it as a way to manage stress and anxiety. For some, vaping provides a sense of relief, distraction or comfort, particularly in response to school pressures, social challenges or wider emotional difficulties.

Young people often frame vaping as a coping mechanism, even when they are unsure whether it genuinely helps. Some describe it as a short-term escape or a way to manage overwhelming feelings, while others link it to habits such as needing to do something with their hands or mouth.

There is also evidence of more complex and serious emotional contexts, including references to mental health struggles and limited access to alternative coping strategies. At the same time, some young people question whether vaping ultimately makes things worse, highlighting uncertainty around its longer-term impact.

Further analysis suggests that respondents who self-identified as disabled reported slightly higher levels of ever trying vaping and current vaping, and were more likely to report family exposure to vaping. They were also less likely than non-disabled respondents to view vaping as safer than smoking. Given the small numbers involved and the fact that disability status was self-defined, these findings should be treated as indicative rather than definitive. Qualitative responses also included references to vaping as a form of comfort or sensory regulation, highlighting the importance of inclusive prevention and support approaches.

Young people described:

“It helps with my anxiety.”

“It’s like a tiny five-minute holiday from revision.”

“It’s nice after a stressful class.”

“It helps me with my anxiety, but it might not help someone else...it might make it worse.”

“It’s something to do... like I need to be doing something.”

“It’s a coping mechanism.”

“I use it for enjoyment and mental health reasons.”

“Because of my autism it’s comforting for me.”

“It’s a way of stimming.”

Taken together, these accounts show that vaping is often used as a coping mechanism linked to stress, anxiety and emotional need. The data highlights how it is framed as relief, distraction or routine, even where its effectiveness is uncertain. This helps explain why use can persist despite awareness of potential harm.

5. Awareness of Harm, Ambivalence and Normalisation

Most young people demonstrate a clear awareness that vaping can be harmful, often referencing risks to lungs, health and addiction. However, this awareness does not consistently translate into behaviour change, and many continue to vape despite recognising potential risks.

Young people express mixed and sometimes contradictory views about vaping, including uncertainty about long-term effects and confusion about how it compares to smoking. Some describe vaping as harmful, while others minimise risks or frame it as a safer alternative.

This ambivalence reflects a wider lack of clear, trusted information and contributes to ongoing use. It also highlights how normalisation and visibility can weaken the impact of health messaging.

Young people described:

“It has so much more nicotine... way more addictive.”

“You can’t even pronounce the chemicals.”

“Do you prefer your nicotine electric or acoustic... it’s the same thing.”

“I think smoking is safer because you know what’s in it.”

“It’s just water vapour... like breathing in steam.”

“You can die from vaping... your lungs can explode.”

“I see people coughing after they vape.”

“I stopped after I couldn’t breathe... that’s when I quit.”

Overall, these accounts show that awareness of harm coexists with uncertainty, contradiction and continued use. The data highlights how mixed messages and normalisation weaken the impact of health information. This helps explain why knowledge alone does not consistently lead to behaviour change.

6. Addiction, Habit and the Challenge of Quitting

Young people’s accounts show that vaping often moves beyond experimentation into regular, habitual use. Many describe patterns of frequent use throughout the day, with vaping becoming part of daily routines and behaviours.

Although not all young people describe themselves as addicted, many express a sense of dependence, particularly linked to habit, routine and psychological comfort. Vaping is often described as something that fills time, provides reassurance or becomes part of everyday rituals.

Quitting is widely described as difficult, both physically and emotionally. Young people report challenges such as cravings, emotional responses and difficulty adjusting to life without vaping.

Young people described:

“it’s like a constant cigarette... you just have it there all the time”

“When I tried to stop it was like quitting smoking... if not worse.”

“It’s like a safe haven... without it I feel lost.”

“It’s not impossible, I just make it hard.”

“Not vaping was absolute hell.”

“It’s like a dummy... I see no difference with it”

“It’s the ritual... just holding it.”

“You need something to replace it... like gum or lollipops.”

Across these accounts they show that vaping often becomes habitual and difficult to stop. The data highlights the role of routine, dependence and psychological comfort in sustaining use. This helps explain why quitting is widely described as challenging, even among those who want to stop.

7. Family Modelling and Intergenerational Patterns

Family environments play an important role in shaping young people’s attitudes and behaviours around vaping. Many young people describe growing up in environments where vaping is present, which can influence how normal or acceptable it feels.

For some, this leads to normalisation and increased likelihood of use. Others describe feeling uncomfortable or concerned about family members vaping, sometimes using this as a reason not to start themselves.

Primary-aged children also show strong awareness of adult behaviour, often linking it directly to health risks and expressing concern about exposure at home and in shared spaces.

Young people and children described:

“All my family vape.”

“I’d feel left out if I didn’t.”

“My entire family did it and I grew up around it.”

“My sister vapes in the house and car.”

“It causes lung cancer.”

“I see people coughing and being sick.”

“It takes time away from family.”

Taken together, these accounts show that family environments play a significant role in shaping attitudes and behaviour. The data highlights how exposure within the home can reinforce both normalisation and concern. This helps explain the strong association between family vaping and young people’s experiences.

8. Access, Cost, Availability and Commercial Influences

Despite age restrictions, young people report that vapes are easy to access through a range of routes, including shops, friends, family and online. Many describe being able to purchase vapes without age checks, highlighting gaps between policy and practice.

Cost is not generally seen as a barrier, with young people finding ways to afford vaping, sometimes prioritising it over other spending. At the same time, there is strong awareness of how products are marketed and designed to appeal to younger audiences.

Teachers and young people raise concerns about branding, flavours and availability, suggesting that current regulation is not keeping pace with how products are being used and promoted.

Young people and staff described:

“They don’t even check ID.”

“It’s just too easy.”

“I use money meant for lunch.”

“From mum without telling her.”

“They’re colourful... like sweets or toys.”

“No adult smoker wants a raspberry vape with cartoons on it.”

“Too many shops sell them.”

“They should be more regulated.”

Across these accounts they show that access to vaping products is easy and widespread despite age restrictions. The data highlights how availability, affordability and appealing product design support continued use. This helps explain the gap between policy and young people’s lived experience.

9. Protective Factors, Values and Opportunities for Prevention

Alongside risks, the data highlights strong protective factors. Many young people choose not to vape based on health concerns, personal values and a desire for independence. Non-vapers often express confidence in their decisions and a clear sense of identity.

Primary-aged children in particular show strong awareness of harm and largely negative attitudes towards vaping, suggesting that early intervention has significant potential. Many also call for clearer rules, stronger enforcement and better information.

Young people themselves identify what might help, including honest, relatable information, better education about risks and support to manage stress without relying on vaping.

Young people and children described:

"I don't want to ruin my lungs."

"I've never felt the urge."

"I'm my own person."

"It's not a smart decision."

"It's disgusting."

"It's harmful to your lungs and heart."

"There needs to be more awareness."

"People are desensitised to it."

Overall, these accounts show that many young people actively choose not to vape based on health awareness and personal values. The data highlights strong early attitudes and a clear appetite for better information and support. This helps explain the opportunity for early, preventative approaches.

Thematic Summary

This thematic analysis provides important context to the survey findings, showing not just what is happening, but why. Across all groups, vaping emerges as an early, visible and socially embedded behaviour, shaped by accessibility, peer environments and everyday exposure.

Young people describe vaping as something that develops gradually, shaped by curiosity, social interaction and constant visibility rather than a single decision. While awareness of harm is high, this is often outweighed by social dynamics, ease of access and the role vaping can play in managing stress and anxiety.

The qualitative insight highlights the complexity of these experiences. Vaping is described as a habit, a coping mechanism and, for some, a source of dependence, alongside clear uncertainty about its longer-term impact. At the same time, wider influences – including family behaviour, commercial drivers and gaps in information and support – continue to shape attitudes and behaviours.

Importantly, strong protective factors are also evident, particularly among younger children and non-vapers, highlighting clear opportunities for early prevention and positive intervention.

Taken together, these findings show that youth vaping in Torbay is driven by a combination of social, behavioural and environmental factors, requiring a coordinated response that reflects young people's lived experiences.

Project Observations

Drawing on the survey findings and thematic analysis, several key observations emerge about youth vaping in Torbay. These reflect not only individual behaviours, but the wider systems and environments shaping them.

1. Vaping is normalised early and widely

Vaping is becoming established in early adolescence, with many young people exposed before or during early secondary school. It is widely perceived as a normal part of growing up rather than a risky behaviour.

2. Vaping is embedded in everyday environments

Young people experience vaping as something that happens “everywhere”, particularly in schools, on transport and in public spaces. This reduces visibility of rules and weakens perceived boundaries.

3. Social influence is subtle but significant

While overt peer pressure is uncommon, vaping is closely linked to social belonging, shared behaviours and group identity. Some young people feel excluded if they do not participate.

4. Vaping is used as a coping mechanism

For many young people, vaping is associated with managing stress, anxiety and emotional pressures, particularly linked to school and wider life experiences.

5. Awareness of harm does not prevent use

Most young people understand that vaping carries health risks. However, uncertainty about long-term effects and mixed messaging reduce the impact of this knowledge on behaviour.

6. Vaping behaviours are habitual and difficult to change

Regular use, routine behaviours and psychological attachment make quitting difficult for many young people, even where there is a desire to stop.

7. Family environments influence behaviour

Parental and household vaping behaviours play a key role in shaping young people’s attitudes, either reinforcing normalisation or influencing decisions not to vape.

8. Access to vapes remains easy despite restrictions

Young people report multiple access routes, including retail, social and online sources. Current restrictions are not consistently preventing underage access.

9. There are clear opportunities for prevention

Many young people actively choose not to vape and can clearly articulate their reasons. These perspectives provide a strong foundation for prevention and education.

10. Local findings are consistent with national patterns

While this study was not designed to measure prevalence or directly compare with national data, the findings are consistent with national evidence on early experimentation, social influences and continued use despite awareness of harm.

Recommendations

The following recommendations are informed by the survey findings and thematic analysis, and are designed to support a coordinated, evidence-based response to youth vaping in Torbay.

1. Prioritise early prevention and education

Deliver age-appropriate education in upper primary and early secondary settings (Years 6–9), focusing on early exposure, curiosity and decision-making. Use interactive, locally relevant approaches to increase engagement and ensure messaging reflects young people’s real experiences.

2. Strengthen vape-free environments

Work with schools, transport providers and community settings to reinforce vape-free policies. Increase visibility and consistency of enforcement, and co-design practical solutions with young people to ensure they are realistic and effective.

3. Address social norms and peer influence

Develop peer-led approaches that challenge the perception that “everyone vapes”. Equip young people with practical strategies to refuse or avoid vaping, and promote positive, vape-free identities and activities.

4. Integrate vaping into mental health and wellbeing support

Embed vaping within wider mental health support in schools and youth services. Provide alternative coping strategies for stress and anxiety, and support staff to have confident, informed conversations with young people.

5. Improve clarity and consistency of information

Provide clear, consistent messaging about the health risks of vaping, including uncertainty around long-term effects. Address common misconceptions such as vaping being “just vapour”, and co-produce materials with young people to improve credibility.

6. Develop accessible, youth-focused cessation support

Provide visible and accessible support for young people who want to stop vaping. This should address both nicotine dependence and behavioural habits, and be available through schools, colleges and youth settings.

7. Engage families and carers in prevention

Provide information and support for parents and carers to help them understand youth vaping and its impacts. Encourage consistent messaging between home and school, and promote whole-family approaches where appropriate.

8. Strengthen enforcement and reduce access

Increase enforcement of age-of-sale regulations through joint working with trading standards, retailers and local partners. Address informal supply routes, including social and online access, to reduce availability.

9. Amplify non-vaping voices and positive choices

Highlight and promote the reasons why many young people choose not to vape, including health, identity and personal choice. Involve young people in designing prevention approaches and support positive peer influence.

10. Take a coordinated, system-wide approach

Align work across public health, education, community organisations and enforcement partners. Combine prevention, support and regulation, and continue to monitor trends to inform future action.

Response from Torbay Public Health

“This report provides important insights which will help us to reduce vaping amongst children and young people in Torbay.

The findings show that vaping often starts at a young age and is closely linked to social situations and shared experiences which can make it feel normal and harder to avoid.

We will use these insights to guide work to prevent vaping, create vape free environments at home, school and in the community, and to improve access to relevant education and support that addresses both mental and physical health impacts and concerns.

We will also continue to work with young people to co-design approaches and solutions to ensure they are relevant, trusted and effective.

We will share the findings with partner organisations including education, police, trading standards, youth services, and community and voluntary sector organisations.

Together, we will develop an action plan to translate these findings into coordinated action. We encourage partners to engage with this report and to work together to protect and improve the health and wellbeing of young people in Torbay.”

Statement from Torbay Public Health



Recognition

Engaging Communities South West would like to thank everyone involved in the production of this report, particularly all the children and young people in Torbay who shared their valuable feedback in this report and Torbay Public Health for the opportunity to explore the important issue of young people and vaping in Torbay.

We would also like to thank:

- South Devon College
- Sound Communities
- Healthwatch Torbay
- Watcombe Primary School
- A Better Life
- Local Motion

for their support in helping us connect with young people and contribute to this research.

Most importantly, we would like to thank the Young People’s Panel. Their dedication, honesty, and commitment have been at the heart of this work. Despite the many pressures they face, they have given their time and energy so generously, and we are truly grateful.

Appendix

1. Young Peoples Survey

CONFIDENTIAL

What do YOU think?

Please put a tick or cross in the answer boxes or write your answer in the boxes provided

Your Age: Under 11: 11-12: 13-14: 15-16: 17-18:

First 3 digits of your postcode (e.g. TQ1): What is your school year?

What best describes your gender? Female: Male: Prefer not to say:

Prefer to self describe:

Do you have a disability? Yes: No: Explain:

Have you ever tried vaping? Yes: No:

What age were you when you first tried? Under 11: 11-12: 13-14: 15-16: 17-18:

Do you use any illicit substances? Yes: No: Explain:

What made you first try vaping? curiosity: relieves stress: someone shared:

like smell/taste: peer pressure: Other:

An Engaging Communities South West project
with Torbay Public Health
Project Lead rebecca.hodgson@ecsw.org.uk

IMPORTANT: Please answer the **left hand side** if you **EVER** vape (even just occasionally with your friends at evenings/weekends). Please only answer **right hand side** if you don't vape at all, ever!

Do you still vape? Yes: Continue on this side ↓

No: Continue on this side ↓

1) Why do you vape? (Please explain:)

2) How often do you vape? (Tick one)

Regularly throughout every day:

2-5 times a day: 2-5 times a week:

2-5 times a month:

Evenings/weekends:

When offered by a friend:

3) How long have you vaped for?

Less than a week: A few weeks:

A few months: 3-6 months:

6-12 months: 1-2 yrs: 3-4 yrs:

4-6 yrs: More than 6 yrs:

4) Where do you usually vape?

On the bus: on walk to school:

At school gate: on field:

In corridors: In the school toilets:

In lessons: other, explain below:

5) What type of vape do you use?

Throw away/pod: Liquid refill: Both:

1) Why do you NOT vape? (Please explain:)

2) Do you feel pressured to vape?

Yes: No: Explain why below:

3) Do you feel left out because you don't vape?

Yes: No: Explain why below:

4) Where do your friends usually vape?

On the bus: on walk to school:

At school gate: on field:

In corridors: In the school toilets:

In lessons: other, explain below:

6) If needed where you get your vape liquid?

Friend under 18: Friend over 18:

From my parent: Bought online:

Pub/club: Bought by a friend:

Took from family without consent:

Given by family member:

Bought from shop: Other, explain below

7) Where do you get your vape?

Friend under 18: Friend over 18:

From my parent: Bought online:

Pub/club: Bought by a friend:

Took from family without consent:

Given by family member:

Bought from shop: Other, explain below:

8) Where do you get the money to vape?

9) What's in the vape you use?
(you can tick more than one)

Flavour: Nicotine:

cannabis liquid: If other, explain below:

10) Do your parents/guardians or anyone else in your family vape?

Yes: No: Explain who:

5) How do you feel about friends who vape?

6) Is money part of the reason you don't vape?

Yes: No: Explain why below:

7) What vapes have you heard about?

Flavour: Nicotine:

Cannabis liquid: Other, please explain:

8) How do you think vaping affects people's health? Share your thoughts below:

9) How do you think nicotine affects people's health? Please explain below:

10) Do your parents/guardians or anyone else in your family vape?

Yes: No: Explain who:

11) How do you think vaping affects your health?

12) How do you think nicotine affects your health?

13) Do you think vaping is safe?
Yes: No: Explain your answer:

14) Do you think vaping is safer than smoking?
Yes: No: Explain below:

15) Do you want to quit? Yes: No:
Explain your answer:

16) How hard do you think quitting is?
No Problem: Easy:
Hard: Nearly Impossible:

17) What might help you quit?

11) What do you think might help someone quit vaping? Share your thoughts below:

12) Do you think that vaping is safe?
Yes: No: Explain your answer below:

13) Do you think vaping is safer than smoking?
Yes: No: Explain below:

14) How hard do you think quitting is?
No problem: Easy:
Hard: Impossible:

Whether you are a vaper or a non-vaper, what information would you like about vaping? Please explain below:

Is there anything else you would like to add?

Thank you for completing this survey

Engaging Communities South West

“An inclusive, innovative and independent champion for the aspirations of local people.”

Contact us

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In Partnership with **healthwatch**
Torbay

Meeting: Adult Social Care and Health Overview and Scrutiny Sub-Board **Date:** 9 June 2026

Wards affected: All wards

Report Title: Specialist Stop Smoking Service Procurement

When does the decision need to be implemented?

The procurement process will need to commence in July 2026.

Cabinet Member Contact Details: Hayley Tranter, Cabinet member for Adult and Community Services, Public Health and Inequalities hayley.tranter@torbay.gov.uk

Director Contact Details: Lincoln Sargeant, Director of Public Health, lincoln.sargeant@torbay.gov.uk

1. Purpose of Report

- 1.1. Public Health receives core funding as part of the ring-fenced grant to deliver smoking services and tobacco control activities. From 2026-27 it will also receive as part of the core public health ring fenced grant, a separate allocation, also ring-fenced, from the Department for Health and Social Care to further increase support for smokers to quit.
- 1.2. This additional allocation requires Local Authorities to achieve a target of at least 5% of the adult smoking population setting a quit date per year. Local authorities must also not disinvest in smoking services funded through the core public health ring-fenced grant and will be monitored to ensure equity of spending across years
- 1.3. The current specialist stop smoking service is commissioned as part of the integrated Healthy Behaviours Service (Your Health Torbay) delivered by ABL Health. The current contract ends on 31st March 2027 with no further contract extensions available.
- 1.4. An open market procurement is required to select a provider who can deliver the updated requirements and to ensure value for money.
- 1.3 The decision required is two-fold:
 - That the Director for Public Health has delegated authority to award the contract the selected provider as a result of a compliant procurement process.
 - That this decision will be on the basis that through the procurement procedure none of the specification, the budget nor the procurement processes proposed are materially different from what is outlined in this report. If any of these do change materially, an

updated report will be submitted for reconsideration before the Director for Public Health awards the contract.

2. Reason for Proposal and its benefits

- 2.1. The proposals in this report help us to deliver our vision of a healthy, happy, and prosperous Torbay by working to enable residents to have good access to high quality preventative smoking cessation services.
- 2.2. This proposal will support delivery of a range of options to assist behaviour change and meets the new and emerging trends in tobacco use.
- 2.3. The proposal will ensure residents have access to best practice, evidence-based support.
- 2.4. The proposal will support local progress towards the UK Government's Smokefree 2030 ambition (defined as less than 5% of the population smoking).
- 2.5. A reduction in tobacco products use will contribute to reducing cigarette and vape waste and litter across Torbay.
- 2.6. A reduction in the demand for tobacco products will also contribute to reducing illegal and illicit activity, promoting safer communities and reducing negative economic impacts.
- 2.7. The reason for the decision to delegate the authority to award the contract to the Director of Public Health is to facilitate a timely and efficient procurement process. The award will only be made on the provision that through the procurement procedure none of the specification, the budget nor the procurement processes proposed are materially different from what is outlined in this report. If any of these do change materially, an updated report will be submitted for reconsideration before the Director for Public Health awards the contract.

3. Recommendation(s) / Proposed Decision

- 3.1. That the Adults O&S Sub-Board recommend to Cabinet:
 - i. that the Director of Public Health has delegated authority to award the contract to the selected provider as a result of a compliant procurement process; and
 - ii. that this decision will be on the basis that through the procurement procedure none of the specification, the budget nor the procurement processes proposed are materially different from what is outlined in this report. If any of these do change materially, an updated report will be submitted for reconsideration before the Director for Public Health awards the contract.

4. Appendices

None provided.

5. Background Documents

- Smoking in Torbay – a rapid health needs assessment
<https://www.southdevonandtorbay.info/media/pksnmmgv/smoking-rapid-hna-2024.pdf>

Supporting Information

6. Introduction

- 6.1. The current Specialist Stop Smoking Service is provided as part of the integrated Healthy Behaviours Service (Your Health Torbay) delivered by ABL Health Ltd. This offers support to those wishing to make changes to improve their health, including losing weight and stopping smoking.
- 6.2. Future support to promote a healthier weight is set out in the Torbay Healthier Weight Framework 2026 – 2036. Therefore, following the current contract term, an integrated healthy behaviours service will not be required.
- 6.3. A specialist stop smoking service will still be required. The changes proposed to the scope of the service will seek to respond to changes in tobacco use and offer a greater range of support options to better meet the needs and preferences of residents.
- 6.4. The current stop smoking service offers behavioural support delivered over the phone and in-person and direct supply of nicotine replacement therapies.
- 6.5. The proposed future service will support those who want to reduce and quit smoking and long-term vaping, through:
 - In-person and phone based behavioural support,
 - Direct supply of nicotine replacement therapies,
 - Delivery of campaigns to motivate people to quitting and to improve knowledge and recall of the support available,
 - Provision of a fully digital (app based) stop smoking service,
 - Provision of self-management tools to assist reduction and quit,

7. Options under consideration

- 7.1. There were three options considered:
- 7.2. Option 1: Commission the specialist stop smoking service using the current service specification and budget. Not being pursued as will not allow us to modernise the service or make use of the additional ringfenced funding for smoking services. Therefore, it will not support the increased level of activity required by the Department for Health and Social Care.
- 7.3. Option 2: Commission a joint children's and adult's specialist stop smoking service. Not being pursued due to lack of suitable providers in the market who can deliver equitably to both population groups, and differences in the type of support that would be required.

- 7.4. Option 3: Commission an adult only specialist stop smoking service with an updated service specification and budget. Recommended option to allow for expansion and modernisation.
- 7.5. It is option 3 which is recommended for decision making.

8. Financial Opportunities and Implications

- 8.1. There are no implications upon the revenue budget for Torbay Council. The proposed budget for this service has been planned for within the existing resource from the current Public Health Ring Fenced Grant and the additional smoking ringfenced grant.
- 8.2. To be compliant with the conditions of the smoking ringfenced grant, Local authorities must not disinvest in core public health ring-fence funded smoking services and will be monitored to ensure equity of spending across years.
- 8.3. The service is being redesigned with a budget of circa £1.4M over 3 years, and, if over the maximum contract term of 6 years will be circa £3M.

9. Legal Implications

- 9.1. If the grant conditions are not met, Torbay Council may be liable for some or all of the ring-fenced grant for smoking services being recalled by the Department for Health and Social Care
- 9.2. There are no known legal implications other than a failure to award the contract without due justification which could result in a challenge to the procurement process by the successful bidder.

10. Engagement and Consultation

- 10.1. Community engagement has focussed on groups underrepresented in the current service and where smoking rates remain higher. Insights have been gathered through a specialist behavioural insights organisation. The feedback and findings have been taken into account when developing the proposed service model.
- 10.2. Specifically, insights have highlighted challenges around lack of knowledge of services and support available, the desire for individuals to maintain autonomy around when and how they quit, the need for convenience, and for more clarity and consistency around health messaging and support around both smoking and vaping.

11. Procurement Implications

- 11.1. An open market procurement will be undertaken, led by Torbay's Commercial and Procurement team.
- 11.2. Social value will be built into the invitation to tender for which the supplier is required to submit proposals on their social value commitments to Torbay.

- 11.3. The tender submission will be assessed by Torbay Council officers and social value will form an essential and proportionate element of the award criteria.
- 11.4. The monitoring of Social Value commitments will be undertaken as part of the contract monitoring processes at Torbay.

12. Protecting our naturally inspiring Bay and tackling Climate Change

- 12.1. Addressing climate change will be assessed within this proposed procurement through the social value framework and bidder submission.
- 12.2. By improving digital and self-support access, it is anticipated that this will have a positive impact in terms of reducing the need to travel as far within Torbay to access services.

13. Associated Risks

- 13.1. Failure to agree to award the contract will result in insufficient and ineffective support for those who want to stop smoking or vaping. This will cause a risk to reducing local smoking rates amongst adults in Torbay.
- 13.2. There is a risk that Torbay Council comes under scrutiny from the Department for Health and Social Care should we not achieve the minimum number of quit dates set (5% of the smoking population) that is a requirement of the Smoking ringfenced grant, should the proposal in this paper not be agreed.

14. Equality Impact Assessment

Protected characteristics under the Equality Act and groups with increased vulnerability	Data and insight	Equality considerations (including any adverse impacts)	Mitigation activities	Responsible department and timeframe for implementing mitigation activities
Age Page 102	<ul style="list-style-type: none"> 18% of Torbay residents are aged under 18 years old. 55% of Torbay residents are aged between 18 to 64 years old. 27% of Torbay residents are aged 65 and older. 	<p>The impact of this proposal will support improved access to services that offer support in keeping with emerging trends in tobacco use which affect all age groups.</p> <p>Digital services are anticipated to have a positive impact on the working age population. Retaining the in-person and over the phone support options will ensure the older population are not disadvantaged.</p>	Not applicable	Not applicable
Carers	<ul style="list-style-type: none"> At the time of the 2021 census there were 14,900 unpaid carers in Torbay. 5,185 of these carers provided 50 hours or more of care. 	<p>The impact of this proposal will support improved access to services. Incorporating digital services and self-management support are anticipated to have a positive impact on carers by offering 24/7 support which can be more easily accessed around caring responsibilities.</p>	Not applicable	Not applicable

Care experienced	<ul style="list-style-type: none"> As of January 2026, there were 277 former care experienced young people aged 18-24 in Torbay. 	<p>The impact of this proposal will support improved access to services that offer support in keeping with emerging trends in tobacco use.</p> <p>Digital services are anticipated to have a positive impact on care experienced young people.</p>	Not applicable	Not applicable
Disability	<ul style="list-style-type: none"> In the 2021 Census, 23.9% of Torbay residents answered that their day-to-day activities were limited a little or a lot by a physical or mental health condition or illness. 	The proposals neither have a specific positive or negative impact based on this characteristic.	Not applicable	Not applicable
Gender reassignment	<ul style="list-style-type: none"> In the 2021 Census, 0.4% of Torbay's community answered that their gender identity was not the same as their sex registered at birth. 	The proposals neither have a specific positive or negative impact based on this characteristic.	Not applicable	Not applicable
Marriage and civil partnership	<ul style="list-style-type: none"> Of those Torbay residents aged 16 and over at the time of 2021 Census, 44.2% of people were married or in a registered civil partnership. 	The proposals neither have a specific positive or negative impact based on this characteristic.	Not applicable	Not applicable
Pregnancy and maternity	<ul style="list-style-type: none"> Between 2013 and 2024, the rate of live births (as a proportion of females aged 15 to 44) has been slightly but significantly higher in 	<p>The proposals are anticipated to have a positive based on this characteristic.</p> <p>By improving access to support to women of reproductive age, we might</p>	Not applicable	Not applicable

	<p>Torbay (average of 56.0 per 1,000) than the Southwest (53.4) and broadly in line with England (56.3).</p> <ul style="list-style-type: none"> For the period 2022 to 2024, rates in Torbay (44.6) have been significantly below England (50.0). 	<p>reduce smoking rates before pregnancy. Smoking negatively impacts maternal and foetal health including increasing the risk of miscarriage.</p>		
<p>Race</p> <p>Page 104</p>	<p>In the 2021 Census, 96.1% of Torbay residents described their ethnicity as the following:</p> <ul style="list-style-type: none"> 1.6% as Asian, Asian British or Asian Welsh 0.3% as Black, Black British, Black Welsh, Caribbean or African 1.5% as being of Mixed or Multiple ethnic groups 96.1% as White 0.4% described their ethnicity another way. <ul style="list-style-type: none"> Black, Asian and minoritised ethnic communities are more likely to live in areas of Torbay classified as being amongst the 20% most deprived areas in England. 	<p>The proposals neither have a specific positive or negative impact based on this characteristic.</p>	<p>Not applicable</p>	<p>Not applicable</p>
<p>Religion and belief</p>	<p>The 2021 Census showed that the residents in Torbay</p>	<p>The proposals neither have a specific positive or negative impact based on this characteristic.</p>	<p>Not applicable</p>	<p>Not applicable</p>

	<p>identify their religion and/or belief as the following;</p> <ul style="list-style-type: none"> • 48.5% are Christian • 0.4% are Buddhist • 0.2% are Hindu • 0.6% are Muslim • Less than 0.1% are Sikh • 0.1% are Jewish • 0.7% have another religion • 43.2% have no religion • 6.3% did not answer 			
Sex	<ul style="list-style-type: none"> • 51.3% of Torbay's population are female. • 48.7% of Torbay's population are male. 	The proposals neither have a specific positive or negative impact based on this characteristic.	Not applicable	Not applicable
Sexual orientation	<p>In the 2021 Census, residents described their sexuality as follows;</p> <ul style="list-style-type: none"> • 89% as Straight or Heterosexual • 1.7% as Gay or Lesbian • 1.1% as Bisexual • 0.1% as Pansexual • 0.1% described their sexuality another way • 7.4% of people didn't answer the question 	<p>The proposals are anticipated to have a positive impact on this group.</p> <p>Emerging data from digital services indicate higher rates of engagement amongst gay, lesbian, bisexual and pan sexual people. This is potentially due to greater ability to access tailored support, and lower anticipated stigma from healthcare professionals.</p>	Not applicable	Not applicable
Armed Forces Community	<ul style="list-style-type: none"> • In 2021, 3.8% of residents in England reported that they had previously served in the UK armed forces. 	The proposals neither have a specific positive or negative impact based on this characteristic.	Not applicable	Not applicable

	<ul style="list-style-type: none"> In Torbay, 5.9% of the population have previously served in the UK armed forces. 			
Additional considerations				
Socio-economic impacts (Including impacts on child poverty and deprivation)	<ul style="list-style-type: none"> Torbay is ranked as the 39th most deprived upper tier local authority in England in the Index of Multiple Deprivation 2025. 	<p>Higher rates of smoking tend to be observed amongst those living in deprived areas, working in lower wage occupations and amongst those who are long term unemployed.</p> <p>By supporting a more timely and accessible smoking service, it is anticipated that this will support both health and social inequalities.</p>	Not applicable	Not applicable
Public Health impacts (Including impacts on the general health of the population of Torbay)	<ul style="list-style-type: none"> For the five-year period 2020 to 2024, data shows there is a 6-year life expectancy gap between males who live in Torbay's least and most deprived areas and, a 3-year gap for females. 	<p>Reducing the prevalence of smoking will have positive impacts on reduction of hospital care to manage long-term illnesses including respiratory conditions, chronic obstructive pulmonary disease, and some cancers.</p>	Not applicable	Not applicable
Human Rights impacts		<p>Reducing smoking rates within the population supports the human right to breathe clean air.</p>	Not applicable	Not applicable
Child Friendly		<p>By reducing rates of smoking, the proposal will support an improvement for children growing up in smokefree homes</p>	Not applicable	Not applicable

15. Cumulative Council Impact

15.1. None

16. Cumulative Community Impacts

16.1. None

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DRAFT

Initial Adult Social Care and Health Overview and Scrutiny Sub-Board Work Programme 2026/2027 – V2 – for publication

Approved:

Last Updated: 07/05/26 by LR

Pipeline 2026/2027:

1. Healthwatch Report on resident's experience with Adult Social Care
2. Carers Strategy Action Plan (date to be confirmed)
3. How will the Neighbourhood Health proposal address access to NHS dentistry, optometry and podiatry services (date to be confirmed)
4. Public Health activities regarding healthy weight/nutrition with a focus on older people.
5. Better Care Fund Performance and Outcomes - To review the current Better Care Fund schemes and seek assurances against delivery of performance improvements

Date	Meeting	Issue	Outcomes and Objectives
21 May 2026	Board	Tobacco and Vapes Framework 2026 - 2031	To receive an update on the Tobacco and Vapes Framework 2026 – 2031 Members of the Children and Young People’s Overview and Scrutiny Sub-Board invited as they have previously expressed an interest in this topic.
21 May 2026	Board	Specialist Stop Smoking Service Procurement	To receive an update on the Specialist Stop Smoking Service Procurement
21 May 2026	Board	Adult Social Care and Health Overview and Scrutiny Sub-Board Work Programme 2026/2027	To approve the work programme for the Sub-Board for the 2026/2027 Municipal Year – Chairwoman/Lorraine Rawles.
18 June 2026	Board	Adult Social Care Commissioning Plan	To receive an update on the Adult Social Care Commissioning Plan from Divisional Director of Adult Social Care
18 June 2026	Board	Adult Social Care Transformation Programme and new ways of working for 2026/2027 following CQC	To review the adult social care transformation programme and new ways of working for 2026/2027
16 July 2026	Board	Review of the Multiple Complex Needs (MCN) Alliance	To undertake a review of the Multiple Complex Needs (MCN) Alliance
16 July 2026	Board	Annual Review of Building a Brighter Future	To receive an annual Review of the Building a Brighter Future Programme for Torbay and South Devon NHS Foundation Trust

Date	Meeting	Issue	Outcomes and Objectives
16 July 2026	Board	Torbay and South Devon NHS Foundation Trust Quality Account 2026	To review the Quality Account for 2026 and provide feedback to the Trust.
16 July 2026	Board	Quarterly progress on Adult Social Care Improvement Plan	To receive a quarterly update on the progress on the Adult Social Care Improvement Plan
3 September 2026	Board	Masterclass on the changes to the ICB clustering	To receive a masterclass on the changes to NHS Devon ICB Clustering
3 September 2026	Board	Public Health Annual Report 2026/2027	To review the emerging Public Health Annual Report on Men's Health for 2026/2027
3 September 2026	Board	Healthwatch Annual Report 2026	To receive the Healthwatch Annual Report for 2026 and consider if there are areas which the Sub-Board wishes to review in more detail. (30 mins)
8 October 2026	Board	Torbay System Winter Plan	To receive an update on the Torbay System Winter Plan from NHS Devon ICB, Health Partners and Director of Public Health
5 November 2026	Board	Annual Review of Dentistry Provision in Torbay	To receive an annual update from NHS Devon ICB and Torbay Public Health on oral health and dental access in Torbay.
5 November 2026	Board	Quarterly progress on Adult Social Care Improvement Plan	To receive a quarterly update on the progress on the Adult Social Care Improvement Plan

Date	Meeting	Issue	Outcomes and Objectives
17 December 2026	Board	NHS Neighbourhoods Implications	To receive an update on the Implications of NHS Neighbourhoods Key line of enquiry: What palliative care services are available in Torbay?
17 December 2026	Board	New Operating Model for Adult Social Care	To receive an update on the New Operating Model for Adult Social Care
14 January 2027	Board	Annual Update on Adult Social Care Market	To receive an annual update from the Divisional Director of Adult Social Care on the Adult Social Care Market, including the Quality of Care and Domiciliary Care Key line of enquiry: There is inconsistency around how people access dentistry in care homes, what the CQC is doing about it. How does the CQC ensure that wider health outcomes are being met in care homes. (Note: CQC to be invited to attend this meeting)
14 January 2027	Board	New Ways of Working Update (to include Case Management Record Replacement System)	To receive an update from the Director of Adults and Community Services on the new ways of working for adult social care, including the implementation of the new case management system
18 February 2027	Board	Annual Update on the Pharmacy First Service and Access to Primary Care Services	To receive an annual update on the Pharmacy First Service and Access to Primary Care Services from the Director of Public Health and Director for Primary Care, NHS Devon
11 March 2027	Board	Quarterly progress on Adult Social Care Improvement Plan	To receive a quarterly update on the progress on the Adult Social Care Improvement Plan

Date	Meeting	Issue	Outcomes and Objectives
15 April 2027	Board	Annual Social Care and Health Overview and Scrutiny Sub-Board Work Programme 2027/28	To approve the work programme for the Sub-Board for the 2027/2028 Municipal Year.

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Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

Date of meeting	Minute No.	Action	Comments
15/01/26	41	TDSAP Chair to share with the Clerk for wider dissemination links to available face-to-face safeguarding and mental capacity training, including details of costs and access arrangements.	1. Information circulated via email – Complete.
15/01/26 Page 115	43	1) that the Chair of the Adult Social Care and Health Overview and Scrutiny Sub-Board write to the Integrated Care Board to request that they attend to discuss dentistry access for care home residents and those in supported living. In addition, the Divisional Director for Adult Social Care identify the responsible bodies for other services such as opticians and chiropody in order for the Chair of the Adult Social Care and Health Overview and Scrutiny Sub-Board to write to them seeking details as to how care home residents access these services.	1. Letter emailed 01 April 2026 – Complete.

Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

<p>18/12/25</p> <p>Page 116</p>	<p>36</p>	<p>a. The Community Cancer Team provided sessions at Paignton Library to check for oral cancer but were not allowed to advertise in advance that they would be at the library, what was the reason for this. A written response would be provided.</p> <p>2. that the Integrated Care Board be requested to provide a written update on access to domiciliary dental care within care homes;</p> <p>3. that information on the Contract award for urgent dental access and the mobilisation timeframe be provided to the Sub-Board when available; and</p>	<p>a. Complete – circulated on 13.5.26</p> <p>2. Complete – circulated on 13.5.26</p> <p>3. Complete – circulated on 13.5.26</p>
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Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 117</p>	<p>8/12/25 37</p>	<p>a. What was the impact of orthopaedic theatre closure, due to heating issues? A written response would be provided.</p> <p>b. GP appointments: How was prioritisation of appointments managed when waits exceed two weeks? A written response would be provided.</p> <p>c. How many people have been supported in virtual wards last year compared to this year? A written response would be provided, including pathways and community involvement.</p> <p>d. What considerations have the hospital taken to support unpaid carers? A written response would be provided.</p> <p>2. that the ICB be requested to provide wider communication including via social media, via warm spaces etc. to encourage take up of vaccinations;</p> <p>3. that the Torbay and South Devon NHS Foundation Trust (the Trust) be requested to provide a written update on virtual wards, which have been talked about for a number of years, how many people did we support in a virtual ward last year compared to a previous year and how many do we expect to be supported this year. When will we know it is working</p>	<p>a. Complete – circulated on 13.5.26</p> <p>b. Complete – circulated on 13.5.26</p> <p>c. Complete – circulated on 13.5.26</p> <p>d. Complete – circulated on 13.5.26</p> <p>4. Complete – circulated on 13.5.26</p> <p>5. Complete – circulated on 13.5.26</p>
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Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

Page 118		<p>well, are there some pathways that are better, what conversations are being held with the community and voluntary sector to assist with this;</p> <p>4. that the Trust be requested to provide assurance that bed based discharge and bed based avoidance will not be the only focus over the winter and details of what action they are taking to stand up additional therapy support and other appropriate support to enable people to remain at home and receive support in the community; and</p> <p>5. that the Winter Director, NHS Devon and University Hospitals Plymouth NHS Trust be requested to share the data slides with Members of the Sub-Board and also provide the Clerk with relevant data slides which can be shared publicly.</p>	<p>6. Complete – circulated on 13.5.26</p> <p>7. Complete – circulated 13.5.26</p>
04/09/25	20	<p>3. that the Director of Capital Development be requested to provide a written response to confirm the various buildings being used for patient appointments;</p>	<p>3. Torbay and South Devon NHS Foundation Trust currently uses seventeen locations for patient appointments which are:</p> <ul style="list-style-type: none"> • One Acute Hospital: Torbay Hospital (including the Annexe) • Four Community Hospitals: Newton Abbot, Totnes, Dawlish and Brixham • Four Health and Wellbeing Centres:- Paignton, Teignmouth, Dartmouth, Ashburton • One Health Centre: Castle Circus, Torquay • Three patient facing, placed based assets: Sherborne House (Newton Abbot), St Edmunds Family Hub (Torquay), Space at Paignton Library • Three specialist bases: Hollacombe Resource Centre, Shrublands, Brunel Dental Centre

Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

<p>Page 419</p>		<p>4. that the Chief Strategy and Planning Officer be requested to provide a written response to confirm the number of wards within Torbay Hospital building.</p>	<ul style="list-style-type: none"> • One GP owned licenced space - Kingskerswell, <p><i>The locations in 'blue' are in South Devon (ie not Torbay Council geography).</i></p> <p>The Community Diagnostic Centre in Torquay is run by In-Health who are commissioned by NHS England South West to provide NHS services to Torbay and South Devon.</p> <p>4. Torbay Hospital operates with a core capacity of 400 beds (including paediatric beds). At times of very high demand, we can activate escalation areas, temporarily increasing capacity by up to 20 beds. These arrangements are planned, governed and used only when necessarily to maintain safety and patient flow.</p> <p>There are 20 wards alongside a number of assessment areas such as the Acute Medical Unit and maternity services such as the delivery suite.</p>
<p>17/07/25</p>	<p>8</p>	<p>1. that Torbay Council Housing Options team provide a written update to the Members of the Adults Social Care and Health Overview and Scrutiny Sub-Board once the visit to Harbour Housing scheme in Cornwall has been completed to provide feedback on any innovation that could be considered for implementation across Torbay;</p>	<p>1. Emailed for an update (chased 13/11/25, 14/01/26, 11/03/26, 31/3/26 and 13/5/26)</p>

Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker