TORBAY COUNCIL

Smoking in Torbay – a rapid health needs assessment

January 2024

Contents

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Executive summary

Smoking continues to be a leading cause of premature mortality and morbidity in the UK and is a leading contributor to health inequalities. Whilst smoking prevalence in adults in England has been in a steady and continued decline since 2011, this decline has not been seen equally across the whole population. Stark disparities in smoking rates persist. Those living in areas of deprivation, with long term and serious mental health conditions or a dependence on alcohol and/or substances continue to experience smoke at rates higher than the general population. Additionally, after sustained and significant decline in adolescent smoking over the last decade, there is concern that a new generation could become addicted to nicotine through the rise in youth vaping. Whilst vapes are an effective cessation tool for smokers, they are not risk free and therefore pose health harms to young people and non-smokers.

This health needs assessment has focused on understanding disparities in smoking rates in Torbay, areas of good work and where there are opportunities and need to improve cessation support and preventative strategies to reduce smoking rates and improve the health of the whole population. A strong history of cross organisation and multi-disciplinary working in Torbay and the well-established Smokefree Devon Alliance provide a good foundation to build new and innovative delivery partnerships. Services and initiatives to promote smokefree pregnancies and smokefree homes are in place in Torbay and are beginning to deliver positive results. However, further work and additional resourcing is required to support those experiencing multiple complex needs and those living with long-term and serious mental health conditions to stop smoking. Involvement of people with lived experience will be central to this work, enabling us to test new ways of working and delivering services that meet people where they are and respond to their individual needs and preferences.

Background and purpose

In October 2023, the UK Government announced new proposals for a Smokefree Generation (1). These proposals follow the independent Khan review, published in June 2022 (2), which found that current rates of decline will not meet the UK Government's target of 5% smoking

prevalence in adults by 2030 (3). Additionally, in April 2023, the Smoking in Pregnancy Challenge Group found that rates of smoking at time of delivery had not met the UK Government's target of 6% or less by 2022. The report predicts this target will not be met until 2032, based on current rates of decline (4).

This health needs assessment (HNA) has been compiled to understand how the Smokefree Generation proposals may impact the local population, and to inform how the additional investment committed by the Department for Health and Social Care should be used to improve smoking cessation rates.

Epidemiology of smoking

Determinants

Smoking is socially and economically patterned. The age at which someone starts smoking is significant to both who smokes, and the extent to which they smoke. The majority of smokers (around 83%) start before the age of 20 (1). Starting to smoke before the age of 18 is associated with higher nicotine dependence levels, being less likely to attempt to quit and to successfully quit, compared to those who start to smoke over the age of 21 (1).

Children growing up in households where parents or siblings smoke, are up to three times more likely to start smoking themselves compared to children growing up in smokefree households (5). The influence of peers, particularly in adolescence increases the risk of experimenting with smoking, drinking alcohol, or taking drugs. Smoking is sustained through addiction to nicotine, but also by social influences. Young people who smoked regularly are more likely to report having friends and family members who smoked compared to young people who don't smoke (5). Finally, adverse childhood experiences, defined as highly stressful and potentially traumatic events are positively associated with risk taking behaviours in childhood and adolescence, including use of tobacco and vapes (6). This includes childhood experiences of emotional abuse or emotional neglect, being subject to child protection order and growing up in households in unsafe neighbourhoods, where they are exposed to intimate partner violence, substance use, mental illness, or parental problems with police.

In addition to social factors, financial and economic factors influence smoking behaviour. Those living in more deprived areas are more likely to smoke and less likely to stop. Housing and income pressures, the marketing activities of the tobacco industry and unequal access to smoking cessation services all contribute to this patterning (1) (7). Financial and economic pressures and disadvantage can be stressful. Many smokers perceive that smoking has a positive impact on managing stress as the act of smoking alleviates the impairment in mood and performance encountered during nicotine withdrawal after not smoking for a time (7). However, evidence has found stopping smoking to be associated with reduced depression, anxiety and stress compared to continuing to smoke. This effect was observed consistently in those with poor mental health and those without (8).

Consequences

Smoking remains the highest contributing factor to premature mortality in the UK, leading to around 64,000 preventable deaths per year (9). Those who start smoking as a young adult lose around 10 years of life expectancy due to smoking (10).

Smoking is responsible for around 1 in 4 of all cancer deaths in the UK, with the most common type being lung cancer (11). Tobacco use is responsible for around 70% of lung cancer cases, which equates to around avoidable 39,300 cases (12). Smoking also contributes significantly to cancers of the mouth, throat, and oesophagus (11). Smoking is associated with poorer oral health outcomes including teeth staining and dental decay (11) and higher risk of cardiovascular diseases including risk of stroke and heart attack (13). Smokers experience poorer lung health than non-smokers which significantly increases the risk of severe impairment with an estimated 9 in 10 cases of chronic obstructive pulmonary disease (COPD) caused by smoking (14). Smoking is closely associated with poorer mental health (15). People with mental health conditions tend to die 10 to 20 years early, with smoking contributing to this (16). Smoking is also a risk factor for dementia, specifically Alzheimer's disease and vascular dementia (17).

The impact of smoking is not only experienced by the smoker. Smoking in pregnancy is associated with increased risk of preterm birth, sudden infant death syndrome, still birth, asthma, birth defects, low birth weight, obesity and intellectual impairment (18) (19). In addition to the increased risk of taking up smoking posed by growing up in a home with adult smokers, exposure to second hand smoke also poses negative impacts on health of children. Exposure to second hand smoke is associated with increased risks of respiratory infections such as flu, bronchitis and pneumonia as well as asthma, ear infections and sudden, unexpected death in infancy (20). These health impacts present increased risk of absenteeism from school therefore negatively affecting education attainment and social interactions.

Smoking cessation

Nicotine is an addictive substance and for many smokers, it takes multiple attempts to quit (21). Quit attempts are impacted by a range of factors including length of time smoking, level of nicotine dependence, experience of mental health conditions, social networks and provision of cessation support (21) (22). The National Institute for Health and Care Excellence (NICE) guidelines for treating tobacco dependency sets out the evidence-based interventions and approaches recommended for use in the UK (23). In summary, it is recommended that people who want to stop smoking are supported through a combination of behavioural support and pharmacotherapy including short and/or long-acting nicotine replacement therapy, bupropion (Zyban) or varenicline (Champix) or e-cigarettes/vapes.

Vaping

A range of terminology is used relating to e-cigarettes and vaping including 'vapes', e-cigarettes, e-liquids, ENDS (electronic nicotine delivery systems) refill containers and puff bars as examples. Terms are often used interchangeably, not just in mainstream media and shops but also in policy and research. Vaping is an effective cessation tool for smokers (24), offering nicotine to manage withdrawal symptoms without the tar and carbon monoxide found in cigarettes. Research has found that vaping is significantly less harmful for smokers than smoking in the short term (25). However, there is currently insufficient evidence about the long-term health effects of vaping. Nicotine is an addictive substance. Therefore, whilst vapes are recommended to smokers, they are not recommended for children or for non-smokers who may develop an addiction to nicotine as a result of regular use.

The cost of smoking

The economic costs of smoking are estimated to be around £17bn per year which includes costs to the NHS and social care as well as loss of productivity and earnings (1). Smoking places a burden on the NHS through smoking attributable hospital admissions and increases multi-morbidity requiring multiple appointments with multiple GP and hospital attendances. It is estimated that smoking costs the NHS around £2.4bn per year (26). Smoking also places additional demand on social care and unpaid care where smokers' needs are met informally through friends or family. Social care costs associated with smoking are estimated to be around £1.2bn per year (26) and unpaid care costing society to around £14bn per year (26). Long terms smokers have lower odds of being employed (7.5%) and due to smoking attributable illness, can expect to receive around £1,424 lower wages per year than non-smokers (1). The cumulative effect of this accounts for around £14.1bn of lost earnings in the UK per year (27).

National context

Adult smokers

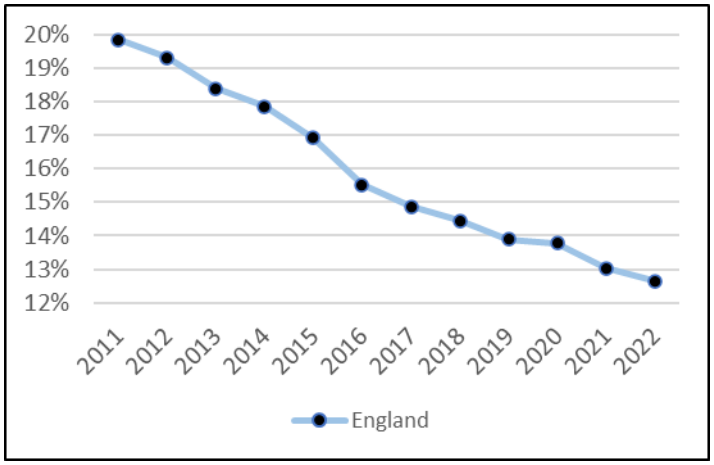

Figure 1 – smoking prevalence in adults (18+) – current smokers (APS) for England

Rates of smoking in England across all indicators have been in decline over the last decade. Rates of smoking in adults (aged 18+) in 2022 were 12.7%. (9)

Source: OHID Tobacco Control profile for England

Men are at a higher risk of smoking than women, a trend that has been consistent across preceding years. In 2022, 14.6% of men in the UK smoked, compared to 11.2% of women (28). The highest rates of smoking were found in those aged 24 – 34 years, with rates declining with age.

Young starters

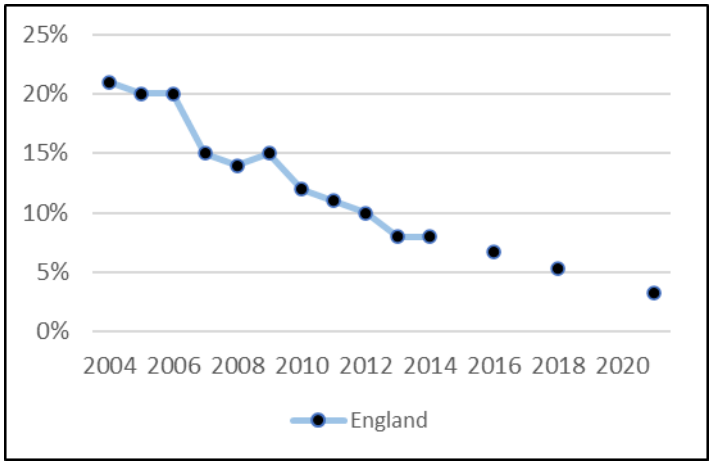

Figure 2 – smoking prevalence age 15 years, regular smokers (SDD survey) for England

Rates of smoking in adolescents also show decline. In 2022, rates had fallen to 3%, from 21% recorded in 2004. (9)

Source: OHID Tobacco Control profile for England

Rates of smoking between boys and girls are similar. In 2021 at aged 15 years, 4% of boys smoked compared to 3% of girls (29). Rates increased with age between 11 years and 15 years old. However, rates across all ages are small, and the lowest since records began.

Drug and alcohol users

In 2021/22, 53% of adults in treatment for drug and alcohol use reported smoking within the 28 days before starting treatment. Rates were similar across men and women. However, rates of smoking were higher amongst those who used drugs, or a combination of drugs and alcohol compared to alcohol only (30). Young people (under 18 years) who use drugs and alcohol are also at significantly higher risk of smoking than of the general population. In England in 2021/22, 31% of those under 18 years in treatment also reported smoking at the start of their treatment (31).

Mental health

Poor mental health is both a risk factor for smoking, and a consequence of smoking.

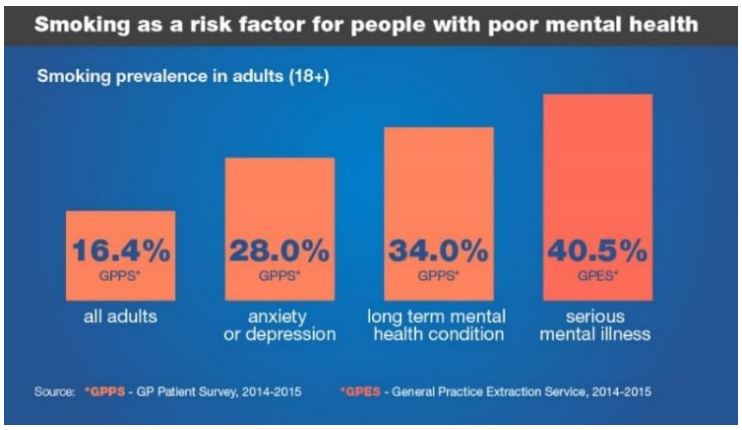

Figure 3 – smoking prevalence in adults (18+) according to mental health conditions

Rates of smoking are higher in those who experience poor mental health compared to the general adult population. However, there is a gradient to the rates of smoking which increases with severity of mental ill-health (8).

Source: Public Health England, 2020

These high rates can in part be understood by the belief that smoking is a way of relieving stress and anxiety. However, this is also a reinforcing relationship between poor mental health and socioeconomic disadvantage. The experience of disadvantage caused by income, job and housing insecurity can increase the risk of poor mental health. The impact of this is cyclical as the experience of poor mental health can increase the risk of taking time off work for ill-health and job loss which can lead to income and housing insecurities (8).

Although stopping smoking can seem to have a negative impact on mood in the short term, over the long term, staying quit can improve mood, mental health, and wellbeing. However, despite this, several barriers exist to supporting people with poor mental health to quit. In mental health trusts, staff are often pressed for time and prioritise other work to care for their patients meaning that smoking isn't consistently discussed. Additionally, the misconception that smoking can help to manage stress, and concern that quitting may negatively impact health and cause unnecessary distress and discomfort (8).

Socioeconomic status

Positions of lower socioeconomic status are at higher risk for smoking. Some projections suggest that those living in the 10% most deprived areas in England won't be smokefree until 2050, 20 years behind the UK Government's smokefree target of 2030 (32). Socioeconomic status is measured by a number of measures which can help us understand associations.

Occupation

Smoking is patterned across different occupational groups, with the highest rates working in routine and manual occupations, and the next highest being those who have never worked / are unemployed (33). Across all employment groups, the rates of people who smoke increases with age except for those who have never worked/are unemployed. In this group the highest rates of smoking are in those aged 18 – 24 years and in those 55 – 64 years (33). Rates of smoking in adults working in routine and manual occupations (aged 18 – 64) in England in 2022 was 22.5%. The general pattern of rates has been a decline, and these rates are the lowest since 2011 (9).

Education attainment

Higher rates of smoking in adults (aged 18+ years) are seen by those with no qualifications compared to those with higher education and degree or equivalent qualifications. In 2022, 27.2% of adult smokers had no qualifications, compared to 6.5% of smokers who had a degree or equivalent (28).

Housing tenure

Housing tenure is the socioeconomic measure most strongly associated with smoking rates, with 29.8% of those in social housing in 2019 being smokers compared to the association between routine and manual occupations (23.4% in 2019) (34). Further analysis indicates that there is also a those living in social housing have higher levels of nicotine dependence and smoke more cigarettes per day than those living in other housing, as shown below.

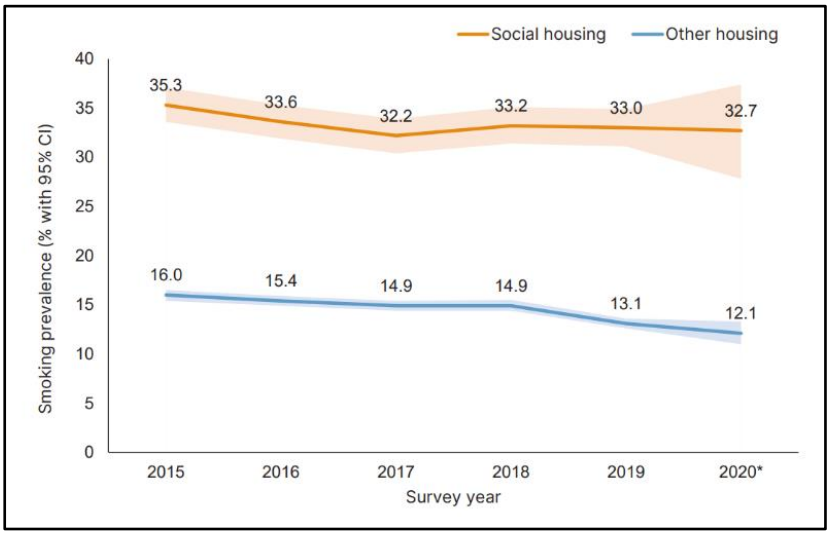

Figure 4 – prevalence of smoking by social housing compared to other housing (2015 – 2020) – UK

Source: ASH & Housing LIN, Smoking and social housing report, 2022 (shaded areas indicate confidence intervals)

Smoking in pregnancy

Rates of smoking status at time of delivery (SATOD) in England in 2022/23 was 8.8%. However, rates differ significantly between Local Authority areas and this average figure can hide the stark disparities in rates of smoking in pregnancy.

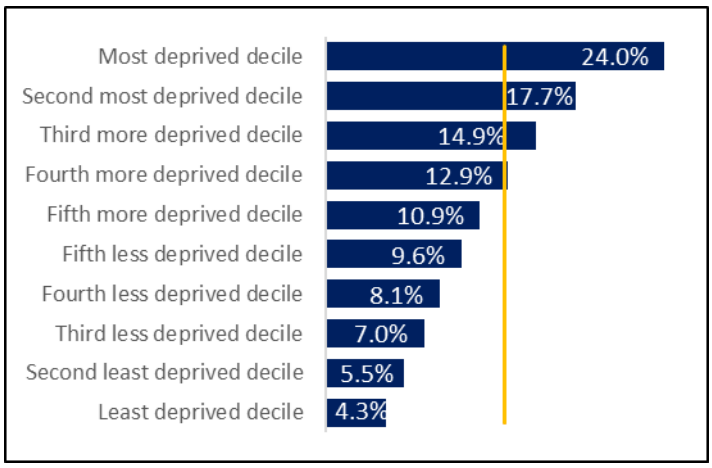

Figure 5 – smoking rates in early pregnancy – England by IMD decile (2018/19)

Smoking in pregnancy is around 4.3% in the least deprived deciles in England compared to 24% of pregnancies in the most deprived deciles (1).

Source: OHID Tobacco Control profile for England

Maternal age also plays a role in the disparities in SATOD rates. The highest prevalence of SATOD is found in those under 18- and 18–19-year-olds (31.8% and 31.2% respectively). SATOD rates decline significantly with age to around 7.2% amongst 35 – 39-year-olds (1).

Smoking attributable hospital admissions

Smoking presents demand on inpatient hospital services. In 2019/20 there were around 448,000 smoking attributable admissions for diseases either wholly or partially attributable to smoking in people aged 35 years and over (9). This is a rate of 1,398 admissions per 100,000 population. Rates of smoking attributable hospital admissions in 2019/20 present a small decrease in rates compared to prior years where the trend had been static since 2016/17. However, across England, the rates of smoking attributable hospital admissions indicate the

persistent presence and impact of health inequalities with admissions being twice as high in the 10% most deprived areas of England compared with the 10% least deprived areas (35).

Lung cancer

Tobacco use is a significant risk factor for lung cancer. Historically, lung cancer rates have been higher in men than in women. However, as decline in rates has been more quickly achieved in men, there is now a tipping point where rates of lung cancer in women are set to overtake in 2023/24 and the gap will continue to grow based on projections.

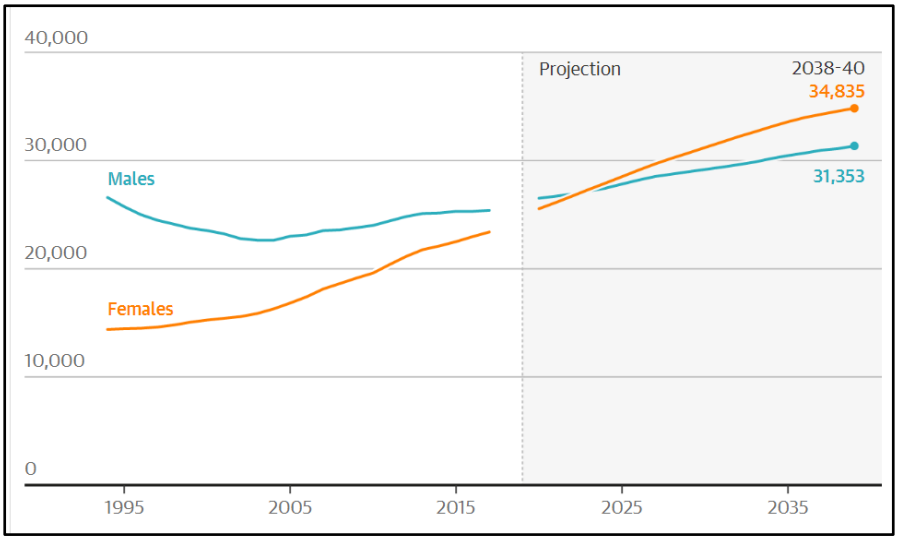

Figure 6 – lung cancer rates in women and men in the UK

Source: Cancer Research UK (1995 – 2016 is observed data and 2017 – 2040 data is projected)

Incidences of lung cancer are set to narrow between men and women by 2038 – 2040 to 80 per 100,000 in men and 78 per 100,000 in women (36).

Smoking attributable mortality

As smoking rates have declined, so has the pattern of smoking related mortality in those 35 years and over. In 2017-19, there were 191,903 cases which is relative to 202.2 cases per 100,000 in the population (9). Similar to smoking attributable hospital admissions, rates reflect inequalities. Across England, rates of smoking attributable mortality are more than twice as high in the 10% most deprived areas compared to the 10% least deprived areas (35).

Vaping

Vaping as a smoking cessation tool

Vapes can be an effective cessation tool for smokers and can be more effective than traditional nicotine replacement therapy (37). In the short to medium term, vapes pose a smaller risk to health than smoking by reducing exposure to harmful substances associated with risk of cancer, respiratory and cardiovascular conditions. However, the long-term health impact of vaping is not yet known, and vapes are not risk free, particularly to those who have never smoked (38). In 2023, there around 9.1% of the adult population (approximately 4.7 million) reported using a vape. This is the highest rate recorded. Of this proportion, most were ex-smokers (56%) or current smokers (37%). The main reasons for using a vape amongst ex-smokers was to help them quit, prevent relapse, because they enjoy the experience, and to

save money. Of current smokers, the main reason for vaping was to cut down on smoking, to try to help them quit and to prevent relapse (39).

Youth vaping

Whilst young smokers have declined significantly, more adolescents are now starting vaping, with vape use around 9% compared to smoking at 3% (1). Whilst the long-term health impacts of vaping are not yet known, there is some evidence that vaping is riskier for adolescents than adults as their developing brains are more sensitive to the addictive effects (40).

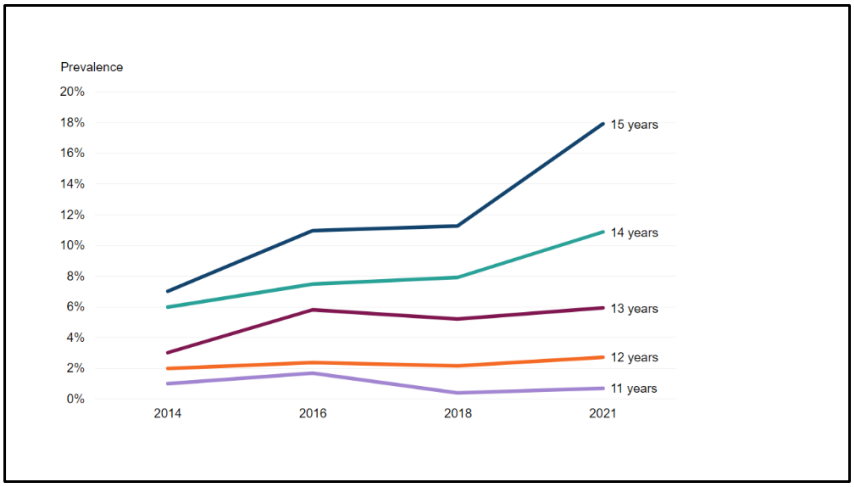

Figure 7 – vape use (regular and occasional) in adolescents in the UK – 2014 - 2021

Rates of vape use increase with age, with the most significant increase between 2014 and 2021 seen in 14 and 15 years old.

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

Easier access to vapes, both in shops and online, and marketing targeted at children and young people have increased interest in experimenting with vapes amongst young people (41). This in turn has contributed to perceptions of normalised behaviour and perceived or actual peer influence to vape (41) (42). Nicotine containing vapes are an age restricted products and therefore sales and proxy sales to under 18s are illegal. Therefore, there is also concern that many of the vapes being purchased by adolescents maybe illegal and not meet the safety standards required by the Medicines and Healthcare products Regulatory Agency.

Local context

Torbay has a population of 139,322 (2021 census). Torbay has a rich history, natural beauty and a reputation as a popular tourist and retirement destination. However, with a predominantly low-wage, low-skill economy reliant on seasonal tourism, Torbay's economy is amongst one of the weakest in the Country. Pockets of significant deprivation and poverty exist, and inequalities continue to widen. 27% of Torbay residents now live in the 20% most deprived areas in England (35). Torbay has a significantly older age profile than England. In Torbay, around 27% of residents are aged 65 years and over, and based on current population projections, 1 in 3 residents will be aged 65 years and over by 2033 (35).

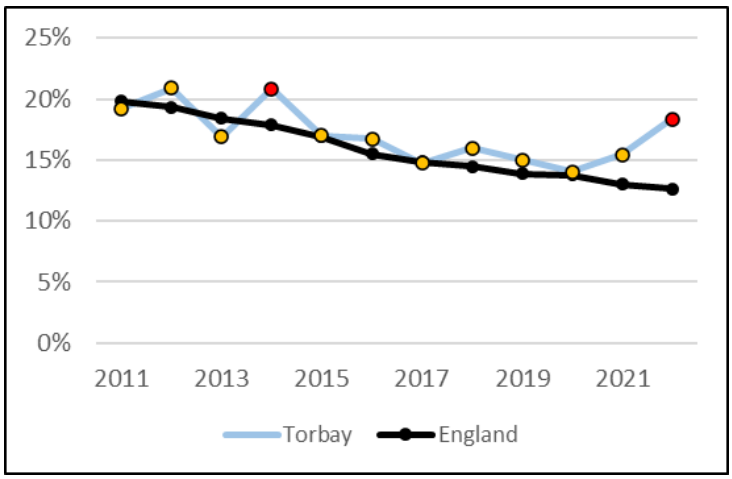

Figure 8 – smoking prevalence in adults (18+) – current smokers (APS) for Torbay

Torbay has higher rates of smokers in the general population than the England value. Although the trend in smokers is generally a downward trend, rates of smoking in adults in 2022 in Torbay was recorded as 18.4% which is significantly higher than the England value of 12.7%. (9)

Source: OHID Tobacco Control profile for England

Drug and alcohol users

Adults in treatment

In Torbay in 2021/22, the proportion of adults in treatment identified as smoking at the start of their treatment was 61%, which was similar to the England average (62%). Similarities remained between subgroups when considering opiate, non-opiate, combination alcohol and non-opiate users (43) and alcohol alone (44). Importantly, 1% of adults identified as smokers at the start of their treatment were recorded as accessing smoking cessation interventions and 27% reporting abstinence from tobacco at their 6-month treatment review. These figures are broadly similar to the England values (43) (44).

Young people in treatment

Whilst the total number of adolescents (under 18 years) in Torbay who started treatment in 2021/22 was very low, 55% were identified as smoking tobacco at the start of their treatment. This is higher than the England value (45). Similar to the trends observed in adults in treatment, those young people identified as smokers who were recorded as accessing smoking cessation support and as abstinent from tobacco at the 6-month review was significantly lower (3.6% and 14% respectively) (45).

Mental health conditions

Children and young people

Torbay has consistently higher rates of children in need than the England average. A child in need is defined as needing extra help from children's services if they are to achieve or maintain a 'reasonable standard of health or development'. This includes all disabled children. Within this group, mental health is the most common factor recorded in children in need assessments conducted in Torbay during 2018-2022 (35). Data is unavailable regarding the proportion of children in need who smoke or vape. However, given the evidence explored highlighting associations between mental health and smoking, it is plausible to suggest that this group could be at higher risk and have higher rates of smokers and vapers than the general population.

Adults

Smoking prevalence in adults (18+) with long-term mental health conditions in Torbay is around 33.3% (April 2023) (46). This is higher than neighbouring Local Authorities but statistically similar to the England average.

There has been an increasing trend in the number of adults with a diagnosis of depression recorded on GP registers since 2013/14 to date. The increasing trend is also observed in the Southwest and in England. In 2021/22, diagnoses of depression in Torbay in those over 18 years was around 14%, compared to the England value of around 12.8% (35). Additionally, the proportion of adults with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses is significantly higher than the Southwest and England. In 2021/22, these diagnoses accounted for 1.25% of patients compared to 0.95% in England. This rate has been consistent over the last 9 years, and places Torbay in the highest quintile in England (35). In January 2024, 836 people in Torbay with current serious mental illness diagnosis were being supported by a Community Mental Health team (47).

Socioeconomic position

Occupation

According to the 2021 census, the largest occupational group in Torbay was 'caring, leisure and other service professionals' which accounted for 14.2% of the workforce in Torbay. This is significantly higher than the England average (9.3%). Additionally, Torbay has lower average wages than both the national and regional average. In 2022, the median full-time annual salaries in England were 15.4% higher than those for Torbay residents, and 30.5% higher in England than those for people who worked in Torbay (35). Positively, the unemployment rate in Torbay is lower than the England average. However, Torbay is ranked 11th in England for unemployment deprivation (defined as those involuntarily excluded from the workforce due to caring responsibilities, sickness, or disability) (35).

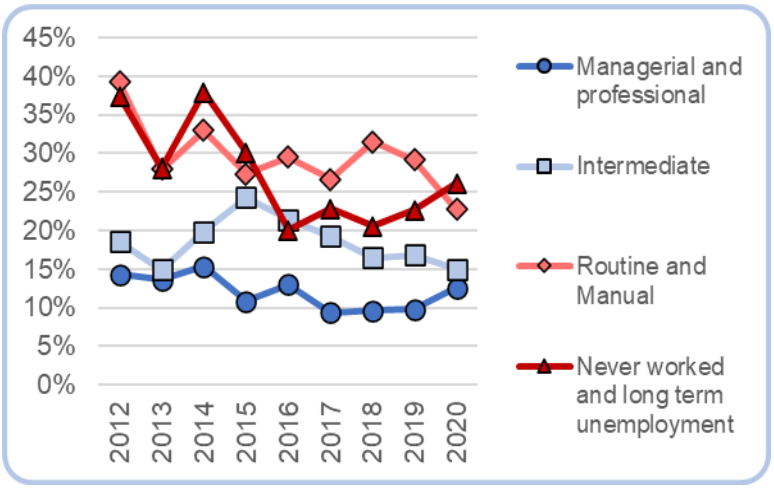

Figure 9 – smoking prevalence in adults by socioeconomic group - Torbay

Source: Torbay Joint Strategic Needs Assessment, 2022-23

In 2022, smoking in adults working in routine and manual occupations (aged 18 – 64) in Torbay was 24.8% which is statistically similar to the England value (22.5%) (9). The pattern across groups is similar to England.

Housing

In 2021, 8.3% of houses in Torbay were social rented properties. This equates to 5,225 households and is the lowest in the Southwest (35). Conversely, Torbay has the higher levels of privately rented houses compared to the Southwest and England at 27% of households.

Smoking in pregnancy

Historically, rates of smoking at time of delivery (SATOD) in Torbay have been significantly higher than the England average. However, good progress has been made to reduce these rates over the last decade. In 2022/23 SATOD in Torbay was 10.2% which was statistically similar to the England value (8.8%) (9).

Cared for children

Adverse childhood experiences are not only experienced by cared for children. However, they are strongly associated. In Torbay, cared for children are almost twice as high as the England average, although rates have been declining for the last 3 years. In 2022, rates of cared for children in Torbay were around 120 per 100,000 (35). Routine data is not collected about how many cared for children smoke or vape. However, given the evidence of positive associations, it is plausible that rates of smoking and vaping in this group are likely to be higher than that of the general population.

Smoking attributable hospital admissions

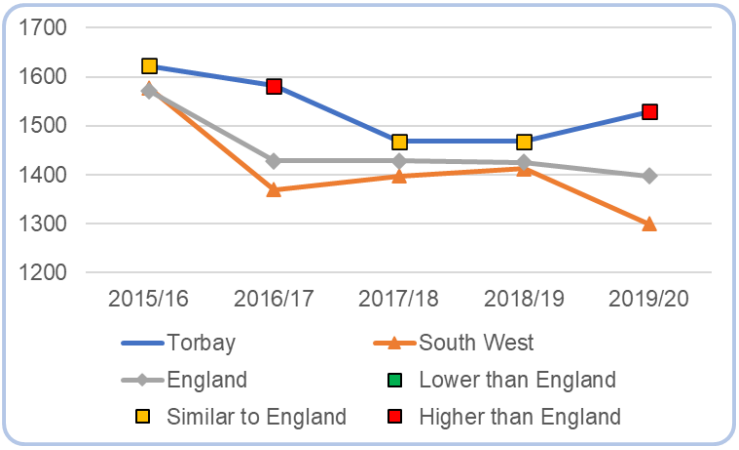

Figure 10 - Rate of smoking attributable hospital admissions per 100,000 (Age-Standardised)

Source - Fingertips

Rates in Torbay, adjusted to account for differing age profiles have been consistently higher than the England average. At the latest data point of 2019/20, rates were significantly higher with over 1500 admissions per 100,000 (35).

Smoking related mortality

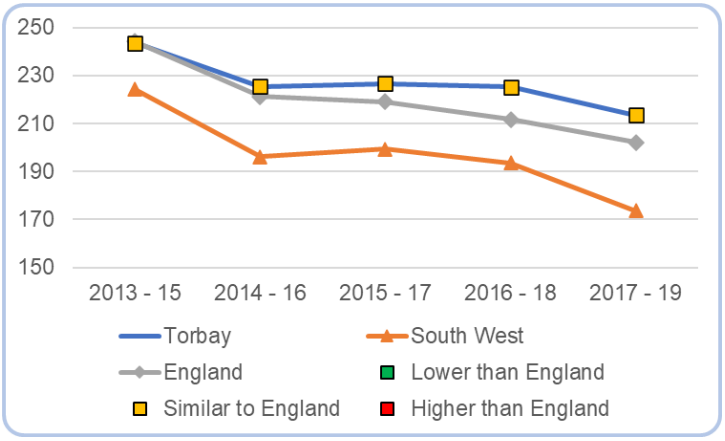

Figure 11 - Rate of smoking attributable mortality per 100,000 (Age-Standardised)

Source - Fingertips

Rates in Torbay, adjusted to account for differing age profiles have been consistently similar to the England rates, but significantly higher than the Southwest. At the latest data point of 2017-19, rates were around 210 per 100,000 (35).

Current smoking cessation support

NHS Treating Tobacco Dependence programme

Treating tobacco dependence is a key component of the NHS Long Term Plan. It forms the NHS's contribution to the UK government's ambition for a smoke free generation by 2030 (48). The three pathways within this programme are to provide support to smokers admitted overnight to hospital, to pregnant smokers and to those with mental health conditions. The programme supports smokers with behavioural support and access to pharmacotherapy.

Within Torbay, both the inpatient pathway and maternity pathway have been established and are delivering support to smokers to quit. Since January 2023, approximately 228 pregnant women and supporters have been referred to the maternity TTD pathway for support. At the time of this report, of the 141 who had completed treatment, 89 had reported having quit (63%). Additionally, approximately 179 people have been referred to the inpatient TTD pathway for support following identification of smoking status on admission to hospital. At the time of this report, of the 32 who completed treatment, 30 reported having quit. However, caution should be exercised when using these figures locally, as data relates to both residents of Torbay and South Devon.

The NHS Long Term Plan sets out development of community mental health support from 2023/24. We await details of how this pathway will be developed locally.

Public Health smoking cessation provision

Specialist stop smoking service

A specialist stop smoking service is commissioned by Torbay Council Public Health as part of the integrated Healthy Behaviours Service for Torbay. This provides up to 12 weeks of behavioural support alongside access to pharmacotherapy.

In 2022/23, 481 Torbay residents set a quit date with the specialist stop smoking service, of whom, 244 reported having quit. This is a quit rate of 51% which is similar to the England average of 54% (average aggregated from all services in England) (49). Rates for setting a quit date and having reported as quit were similar across men and women. The number of

enrollers with the service increased with age, with the majority of enrollers being between aged 45 – 59 (49). The division of socio-economic status showed similar rates of enrolment across different occupational groups. The highest proportion of enrollers were those classified as retired or those who had never worked or not worked in the past year. The proportion of quitters was also broadly similar across socio-economic groups, with the highest quit rate (61%) for those in intermediate occupations and the lowest quit rate (37%) in managerial and professional occupations (49).

Smoking cessation support through Primary Care

The specialist stop smoking service is supported by other services also available in Primary Care. Smoking cessation support is also available from advisors working in 3 GP surgeries across Torbay and some Pharmacies. The specialist stop smoking service works with both GP practice-based advisors and Pharmacies to supply training and to ensure that residents who want to stop smoking are supported by the best option for them. GPs prescribe medication to support smoking cessation at the request of the specialist stop smoking service and GP advisors which can be used alongside behavioural support to support cessation.

Smokefree Homes

Alongside regional colleagues, Torbay contributed to an Office for Health Improvement and Disparities sector level improvement programme to develop guidance for delivering smokefree homes through maternity and health visitor pathways (50). In Torbay, the recommendations and guidelines from this review are being incorporated into routine practice. This includes performing carbon monoxide monitoring at all mandated Health Visitor visits to identify smoking and refer to the appropriate support.

Support to schools

The increase in rates of youth vaping has presented challenges and concerns to schools. Through our Torbay Healthy Learning offer, we have worked with schools to provide clear, evidence-based information about the effects of vapes to teachers and materials for use in the classroom and to be shared with parents to address the issue.

Strategic oversight and partnership working

Smokefree Devon Alliance

Smoking is a cross-cutting issue that causes and exacerbates health inequalities. Therefore, action across organisations is required to effectively protect people from the harmful effects of smoking. Torbay Council is a partner in the Smokefree Devon Alliance. The Alliance is a partnership of organisations committed to reducing the prevalence of smoking in Devon and is a member of the Smokefree Action Coalition. Partnership work takes place across public health, the NHS, trading standards, environmental health, children's centres, schools, youth settings, fire services, police, housing, community safety partnerships and the voluntary sector.

The Alliance strategy 2023 – 2028 has three priority areas for action (46):

1. Protect children and young people from the harms of tobacco and de-normalise tobacco use to help prevent uptake.
2. Reduce health inequalities caused by smoking, by supporting high quality evidence-based interventions, with a focus on achieving equity and fairness.
3. Ensure cross-sector, strategic collaboration around tobacco control, and support the development of a smokefree culture within key organisations.

The Alliance strategy and action plan is overseen by the Health and Wellbeing Boards at both Devon County Council and Torbay Council.

Integrated Care Board

NHS England has developed the CORE20PLUS5 approach to inform action on healthcare inequalities. This relates to the 20% most deprived in the national population (as identified by the national Index of Multiple Deprivation), and the five clinical areas of focus which require accelerated improvement. Smoking is identified as the cross-cutting issue, with the ability for smoking cessation to positively impact all five clinical areas of focus (51). Within Devon, the work of the Treating Tobacco Dependence programme and the delivery of the CORE20PLUS5 work on healthcare inequalities is overseen by the Integrated Care Board

Opportunities and additional investment

From the UK Government's proposals, Local Authorities are due to receive additional funding from 2024/25 to improve cessation support and increase the pace of decline in smoking rates. Additionally, the UK Government's swap to stop scheme offer will provide local systems with vape starter kits to support smoking cessation. Vapes offered under this scheme must be provided alongside behavioural support.

Additional funding is also being given to Trading Standards to improve the management of illegal and illicit products, including vapes. However, the details and proposals of how this funding will be spent is the responsibility of Trading Standards organisations.

Conclusions and recommendations

This health needs assessment has drawn attention to the differential reduction in smoking rates across the local population and how this contributes to the persistence of health inequalities. Broadly, priorities are detailed in the Smokefree Devon Alliance strategy and action plan 2023-2028. These will not be duplicated here, but rather the following recommendations relate to specific opportunities and gaps in provision in Torbay.

Prevention

- Explore opportunities to embed smoking cessation conversations in family planning services.

- Continue to work with the maternity treating tobacco dependence pathway to ensure cessation support is provided to all pregnant women and their partner and/or supporter.
- Embed financial incentives through central Government funding into the maternity treating tobacco dependence pathway.
- Monitor and evaluate the effectiveness of routine carbon monoxide monitoring at mandated Health Visitor visits and referrals to smoking cessation services resulting from this activity.
- Enhance support, training, and resources to reduce smoking and vaping rates in young people through schools, youth workers and children in care provider forums.

Cessation support

- Enhance capacity within the Multiple Complex Needs Alliance to improve the rates of people taking up smoking cessation support when they are identified as a smoker at the beginning of their treatment. This work should build on the principles of coordinated services and coproduction that the Alliance is built on to reduce barriers to engagement.
- Explore different models of delivery to better support those with multiple complex needs from the Covid-19 Leonard Stocks Centre vape project and Plymouth Council's 'no strings attached vape offer'.
- Work with Devon Partnership Trust and GPs to explore ways of improving smoking cessation support to those with long term and serious mental health conditions. Given Torbay's higher prevalence of people living with schizophrenia bipolar affective disorder and other psychoses, particular focus should be given to improving support for this group of people.
- Embed a vape offer across all services and treatment pathways.
- Access the national swap to stop scheme to support this, both for the specialist stop smoking service and to enhance the NHS Trust delivered treating tobacco dependence pathways.
- Map occupational groups and key organisations in Torbay and develop an engagement and prioritisation plan for offering cessation support.
- Enhance delivery of support to routine and manual workers including through contributing to workplace wellbeing schemes.

Health inequalities

- Conduct operational equality impact assessments in the specialist stop smoking service and in treatment pathways to identify areas for improvement.

Partnership working

- Explore establishing a Torbay multi-agency operational group to mirror the membership of the Smokefree Devon Alliance to develop further partnership working and foster innovation.
- Support anchor institutions to embed smokefree cultures and policies through outreach and provision of smoking cessation information, advice, and support.
- Design how support is provided by learning from those with lived experience and through coproduction approaches.

- Develop partnerships with social housing providers to improve pathways of support for those living in these houses.
- Work with newly established Cardiovascular Disease Prevention Partnership in Torbay to ensure promoting smoking cessation is a priority for organisations involved in the partnership, and to identify opportunities to develop new projects and delivery models.

Innovation and evaluation

- Conduct a review of published literature to inform intervention development in those with multiple complex needs and serious mental health conditions.
- Establish a community support fund to seed fund new initiatives to ensure smoking cessation is promoted consistently across health and social care and through voluntary and community sectors.
- Ensure that evaluation and learning cycles are embedded in services and treatment pathways to improve our understanding of how cessation outcomes can be achieved, particularly in groups where rates of smoking persist.

Bibliography

1. **Department of Health and Social Care.** Stopping the start: our new plan to create a smokefree generation. *Gov.uk.* [Online] October 2023. https://www.gov.uk/government/publications/stopping-the-start-our-new-plan-to-create-a-smokefree-generation.

2. **Khan, Dr Javid.** *Making Smoking Obsolete.* s.l. : Office for Health Improvement and Disparities, 2022.

3. **Department for Health and Social Care.** *Towards a Smokefree Generation - A Tobacco Control Plan for England.* s.l. : Department of Health, 2017.

4. **Action on Smoking and Health.** Government set to miss smoking in pregnancy target by nearly a decade, charities warn. *Action on Smoking and Health.* [Online] June 2023. https://ash.org.uk/media-centre/news/press-releases/government-set-to-miss-smoking-in-pregnancy-target-by-nearly-a-decade-charities-warn.

5. —. Young people and smoking. *Action on Smoking and Health.* [Online] September 2019. https://ash.org.uk/resources/view/young-people-and-smoking.

6. *Adverse childhood experiences and other risk factors associated with adolescent and young adult vaping over time: a longitudinal study.* **al, Fortier. J et.** 95, s.l. : BMC Public Health, 2022, Vol. 22.

7. *Why people smoke.* **Jarvis, M.** s.l. : The BMJ, 2004. 328:277.

8. **Public Health England.** Health matters: smoking and mental health. *Gov.uk.* [Online] February 2020. https://www.gov.uk/government/publications/health-matters-smoking-and-mental-health/health-matters-smoking-and-mental-health.

9. **Office for Health Improvement and Disparities.** Local Tobacco Control Profiles. *Fingertips.* [Online] 2023. https://fingertips.phe.org.uk/profile/tobacco-control/data.

10. **Royal College of Physicians.** *Hiding in plain sight: Treating tobacco dependency in the NHS.* 2018.

11. **Cancer Research UK.** Smoking and Cancer. *Cancer Research UK.* [Online] February 2023. https://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/tobacco.

12. **NHS.** Lung Cancer. *NHS.* [Online] November 2022. https://www.nhs.uk/conditions/lung-cancer/causes/.

13. **British Heart Foundation.** UK Factsheet - Cardiovascular diseases. *British Heart Foundation .* [Online] April 2023. https://www.bhf.org.uk/-/media/files/for-professionals/research/heart-statistics/bhf-cvd-statistics-uk-factsheet.pdf.

14. **NHS.** Chronic obstructive pulmonary disease (COPD). *NHS.* [Online] April 2023.

15. **Public Health England.** Smoking prevalence in adults: current smokers aged over 18 years by wellbeing group and region. *Gov.uk.* [Online] March 2021. https://www.gov.uk/government/publications/smoking-prevalence-in-adults-current-smokers-aged-over-18-years-by-wellbeing-group-and-region.

16. **UK Health Security Agency.** Smoking and Mental Health. *Health Matters.* [Online] February 2020. https://ukhsa.blog.gov.uk/2020/02/26/health-matters-smoking-and-mental-health/.

17. *The Projected Impact of Risk Factor Reduction on Alzheimer's Disease Prevalence.* **Barnes, D.E & Yaffe, K.** 9, s.l. : Lancet Neurol, 2011 (September), Vol. 10.

18. *Health outcomes of smoking during pregnancy and the postpartum period: an umbrella review.* **Avsar T.S, McLead H & Jackson L.** 254, s.l. : BMC Pregnancy and Childbirth, 2021, Vol. 21.

19. **World Health Organisation.** Tobacco control to improve child health and development: thematic brief. *World Health Organisation.* [Online] 15 March 2021. https://www.who.int/publications/i/item/9789240022218.

20. **Action on Smoking and Health.** *Secondhand Smoke: the impact on children.* s.l. : Action on Smoking and Health, 2014.

21. *Estimating the number of quit attempts it takes to quit smoking successfully in a longitudinal cohort of smokers .* **Chaiton, M. et al.** 6, s.l. : BMJ Open, 2016, Vol. 6. BMJ Open 2016;6:e011045.

22. *Covariates of success in quitting smoking: a systematic review of studies from 2008 to 2021 conducted to inform the statistical analyses of quitting outcomes of a hospital-based tobacco dependence treatment service in the United Kingdom.* **Hock, E.S et al.** 28, s.l. : NIHR Open Research, 2023, Vol. 3.

23. **National Institute for Health and Care Excellence.** Tobacco: preventing uptake, promoting quitting and treating dependence. *National Institute for Health and Care Excellence.* [Online] January 2023. https://www.nice.org.uk/guidance/ng209.

24. *Electronic cigarettes for smoking cessation.* **Hartmann-Boyce, J., Lindson H., et al.** 11, s.l. : Cochrane Database for Systematic Reviews, 2022.

25. **Office for Health Improvement and Disparities.** Nicotine vaping in England: 2022 evidence update main findings. *Gov.uk.* [Online] September 2022. https://www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update/nicotine-vaping-in-england-2022-evidence-update-main-findings.

26. **Action on Smoking and Health.** Smoking costs society £17bn – £5bn more than previously estimated. *Action on Smoking and Health.* [Online] January 2022. https://ash.org.uk/media-centre/news/press-releases/smoking-costs-society-17bn-5bn-more-than-previously-estimated#:~:text=Smokers%E2%80%99%20need%20for%20health%20and%20social%20care%20at,and%20a%20further%20%C2%A31.2bn%20in%20social%20care%20costs..

27. **Action for Smoking and Health.** Smoking, employability, and earnings. *Action for Smoking and Health.* [Online] September 2020. https://ash.org.uk/resources/view/smoking-employability-and-earnings.

28. **Office for National Statistics.** Adult Smoking Habits in the UK: 2022. *Office for National Statistics.* [Online] September 2023. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2022.

29. **NHS Digital.** Smoking, Drinking and Drug Use among Young People in England, 2021. *NHS Digital.* [Online] September 2022. https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021.

30. **Office for Health Improvement and Disparities.** Adult substance misuse treatment statistics 2021 to 2022: report. *Gov.uk.* [Online] October 2023. https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022/.

31. —. *Young people substance misuse commissioning support pack 2023-24: Key data.*

32. **Cancer Research UK.** Health & Medicine: The most deprived in England won't be smokefree until after 2050. *Cancer Research UK.* [Online] September 2023. https://news.cancerresearchuk.org/2023/09/28/the-most-deprived-in-england-wont-be-smokefree-until-after-2050/.

33. **Public Health England.** Smoking prevalence in adults: current smokers aged 18 to 64 by socio-economic group. *Gov.uk.* [Online] March 2021. https://www.gov.uk/government/publications/smoking-prevalence-in-adults-current-smokers-aged-18-to-64-by-socio-economic-group.

34. **Action on Health and Smoking and the Housing Learning and Improvement Network.** *Smoking and social housing: Supporting residents, addressing inequalities.* 2022.

35. **Torbay Council Public Health Knowledge & Intelligence Team.** *Torbay Joint Strategic Needs Assessment 2023-24.* 2023.

36. **The Guardian.** Lung cancer diagnoses of UK women to outnumber men's for first time. *The Guardian.* [Online] June 2023. https://www.theguardian.com/society/2023/jul/05/lung-cancer-diagnoses-in-uk-women-set-to-overtake-men-for-first-time.

37. *Electronic cigarettes for smoking cessation.* **Hartmann-Boyce, J et. al.** s.l. : Cochrane Database of Systematic Reviews, 2022.

38. **Office for Health Improvement and Disparities.** *Nicotine vaping in England: 2022 evidence update main findings.* s.l. : Office for Health Improvement and Disparities, 2022.

39. **Action for Smoking and Health.** Use of e-cigarettes (vapes) among adults in Great Britain. *Action for Smoking and Health.* [Online] August 2023. https://ash.org.uk/uploads/Use-of-e-cigarettes-among-adults-in-Great-Britain-2023.pdf.

40. **NHS.** Young people and vaping. *NHS Better Health.* [Online] https://www.nhs.uk/better-health/quit-smoking/vaping-to-quit-smoking/young-people-and-vaping/.

41. **Action on Smoking and Health.** Use of e-cigarettes amoug young people in Great Britain. *Action on Smoking and Health.* [Online] June 2023. https://ash.org.uk/uploads/Headline-results-ASH-Smokefree-GB-adults-and-youth-survey-results-2023.

42. *Youth vaping: a review and update on global epidemiology, physical and behavioral health risks, and clinical considerations.* **Becker, T & Rice, T.** s.l. : European Journal of Pediatrics, 2021, Vol. 181.

43. **Office for Health Improvement and Disparities.** *Adult Drug Commissioning Support Pack: 2023-24: Key Data.* 2023.

44. —. *Adults Alcohol Commissioning Support Pack: 2023-24: Key Data.* 2023.

45. —. *Young people substance misuse commissioning support pack 2023-24: Key data.* s.l. : Office for Health Improvement and Disparities, 2023.

46. **Smokefree Devon Alliance.** Smokefree Devon Alliance Strategy 2023-28. *Devon County Council.* [Online] August 2023. https://www.smokefreedevon.org.uk/about-the-smokefree-devon-alliance/smokefree-devon-alliance-strategy-2023-28/.

47. **Devon Partnership NHS Trust.** *Community Mental Health data.* 2024 (January).

48. **NHS England.** Tobacco dependency programme. *NHS England.* [Online] https://www.england.nhs.uk/ourwork/prevention/tobacco-dependency-programme/.

49. **NHS Digital.** Statistics on NHS Stop Smoking Services in England - April 2022 to March 2023 (Q4, Annual). *NHS Digital.* [Online] August 2023. https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-nhs-stop-smoking-services-in-england/april-2022-to-march-2023-q4.

50. **Office for Health Improvement and Disparities.** Southwest Guidance for Delivering Smoke Free Homes. *ADPH South West.* [Online] November 2022. https://www.adph.org.uk/networks/southwest/links-and-resources/.

51. **NHS England.** Core20PLUS5 (adults) – an approach to reducing healthcare inequalities. *NHS England.* [Online] May 2023. https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/.

52. **Office for Health Improvement and Disparities.** Local Tobacco Control Profiles. *Fingertips | Public health data.* [Online] https://fingertips.phe.org.uk/profile/tobacco-control/.