



**SMOKEFREE DEVON ALLIANCE  
ANNUAL REPORT 2013-14**

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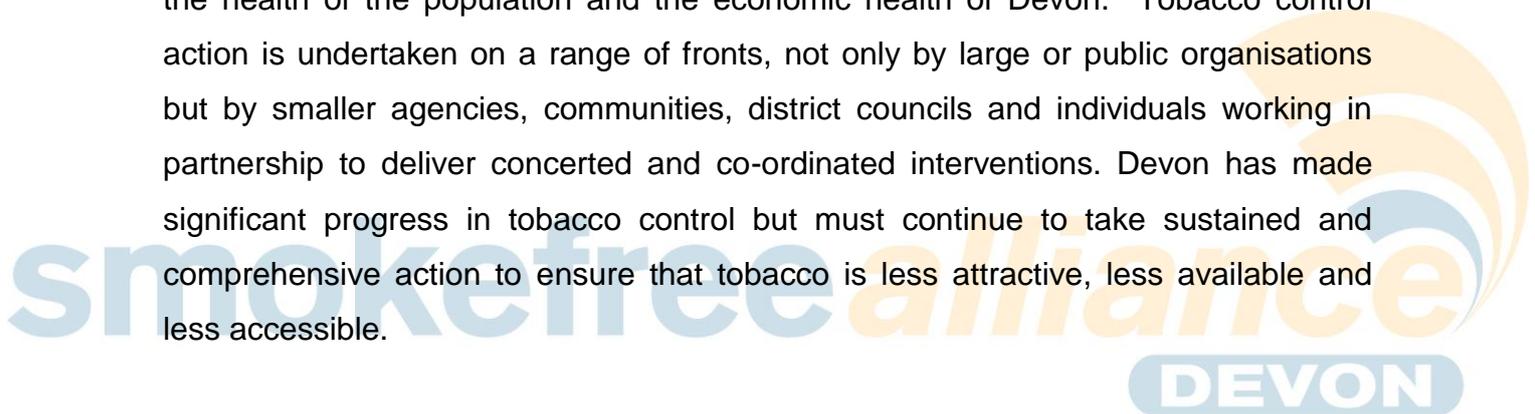
## Introduction

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This report covers the first year of tobacco control work based within the local authority. The move of Public Health from the NHS to Devon County Council has brought new opportunities and new partners. The Alliance has welcomed these and will continue to build upon them.

The Alliance works to a three-year strategy which was refreshed and published in April 2013.

The implementation of the Smokefree Devon Alliance Strategy is vital to improving the health of the population and the economic health of Devon. Tobacco control action is undertaken on a range of fronts, not only by large or public organisations but by smaller agencies, communities, district councils and individuals working in partnership to deliver concerted and co-ordinated interventions. Devon has made significant progress in tobacco control but must continue to take sustained and comprehensive action to ensure that tobacco is less attractive, less available and less accessible.



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## **Smokefree Devon Alliance Strategy**

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The Devon Smokefree Alliance refreshed its strategy and published it in April 2013. It is available to download from [www.devonhealthandwellbeing.org.uk](http://www.devonhealthandwellbeing.org.uk).

### **Aims**

- To improve the health of the population of Devon by reducing the smoking prevalence rate and exposure to second-hand smoke
- To reduce health inequalities in Devon in the longer term by reducing the number of smoking-related illnesses suffered by the population.

### **Objectives**

- reduce the number of people that smoke by at least 1% a year
- reduce the supply of and demand for illicit tobacco
- reduce the number of young people smoking to below that of the national average
- reduce the number of homes where children are exposed to second-hand smoke
- reduce the number of underage sales of tobacco to children and young people
- reduce the number of pregnant women smoking
- increase the number of smokefree places and promote why and how to quit smoking
- increase the number of smokers using the local stop smoking services
- raise the profile of smoking and its dangers so every smoker understands the dangers of smoking and second-hand smoke and also knows how to access the local NHS service

The Alliance operates a one-year action plan that supports its Tobacco Control Strategy 2012-15. Each action plan addresses a priority area identified in the strategy. These are:-

### **Priority Areas of the Alliance**

1. Reduce health inequalities caused by smoking
2. Reduce illegal tobacco in the community
3. Protect children and young people from smoking and reduce the availability of tobacco to underage consumers
4. Reduce the number of pregnant women smoking
5. Normalise a smokefree lifestyle
6. Support smokers to quit
7. Carry out marketing and communication programmes.

## **Accountability**

The Smokefree Devon Alliance Steering Group meets every four months.

The Steering Group has a reporting link to Health and Wellbeing Board where performance indicators are tracked on adult smoking prevalence and smoking in pregnancy.



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## Progress on Actions 2013-14

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### General

The Alliance underwent a **CLear assessment**. The purpose was to examine tobacco control work in Devon and identify areas for development. Action on Smoking and Health (ASH) and Cancer Research UK (CRUK) awarded Devon County Council with the CLear Award for Excellence in local tobacco control in recognition of its outstanding work with Childrens Centres.



The report highlights strengths of the Alliance, such as:

- Strong alliance membership and engagement included at senior management level
- Comprehensive local strategy
- Wide communications networks.

It also identified opportunities to take forward, including:

- Further involvement of district councils
- Stronger involvement from elected members
- The need to strengthen local monitoring of young people prevalence
- Developing new ways to support smokers, such as e-support and texts.

Link: <http://ash.org.uk/information/clear-excellence-in-local-tobacco-control>

The **Local Government Declaration on Tobacco Control** displays a commitment to take comprehensive action to address the harm from smoking. The Declaration commits councils to:

- Reduce smoking prevalence and health inequalities
- Develop plans with partners and local communities
- Participate in local and regional networks
- Support Government action at national level
- Protect tobacco control work from the commercial and vested interests of the tobacco industry
- Monitor the progress of plans
- Join the Smokefree Action Coalition.



***Cllr Philip Sanders and Executive Director, Alan Robinson sign the Local Government Declaration on Tobacco Control for West Devon. January 2014***

In the year, Devon County Council signed this Declaration, along with Exeter City Council, South Hams District Council and West Devon District Council.

The Alliance strengthened its breadth of membership in the year by formalising links and/or extending steering group membership with the following organisations:-

- North Devon District Hospital midwifery services
- British Lung Foundation
- Healthwatch.

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## **Priority Area 1 - Reduce health inequalities caused by smoking**

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Stopping smoking is the strongest action we can take to improve the health of our population. The Marmot Review, Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England Post-2010 (2010) identifies strengthening the role and impact of ill-health prevention as one of its six policy objectives. The review stressed that tackling health inequalities was a matter of social justice, with real economic benefits and savings. The review recognises that the losses from illness associated with health inequalities account for productivity losses including reduced tax revenue, higher welfare payments and increased treatment costs. It recommends action across the social gradient of health – not just on the health of the most disadvantaged – across the social determinants of health.

For tobacco control work, this means efforts need to be targeted towards helping smokers from routine and manual groups as they make up the largest group of smokers. Ultimately by reducing smoking rates in this group we are likely to make the biggest difference to our overall smoking cessation rates. Stop smoking services should also target very deprived smokers, but the biggest gains are to be made in the routine and manual population. The Alliance has developed profiles of where these populations live and how they are influenced.

Reducing smoking rates in disadvantaged groups and areas is a critical factor in reducing the health inequalities gap as evidence suggests that tobacco use is the primary reason for the gap in healthy life expectancy between rich and poor. There is also evidence to show that poorer smokers are more physically addicted to nicotine, and are therefore less likely to succeed in their quit attempts.

The availability of illegal tobacco makes tobacco more affordable. The Alliance supports strengthening resources and partnership working to tackle illegal tobacco in our community.

The Alliance recognises that higher taxation on tobacco is an effective tobacco control measure. However, it can increase poverty for those who buy legal cigarettes and are very addicted with limited incomes. The Alliance supports exploring other options to support these members of the community for example financial advice, tobacco harm reduction programmes, and more intensive stop smoking support.

The Alliance recognises that smoking prevalence is very high in vulnerable groups such as drug and alcohol users, mental health and offender institutions. The Marmot Review recommends effective participatory decision making at a local level by empowering individuals and communities. The Alliance will use all opportunities to take this approach.

## **Progress**

### **Mental Health**

Devon Stop Smoking Service have worked specifically with mental health services and they have carried out the following actions:-

- Ten Devon Partnership Trust staff have been trained in smoking advice at Wonford House, Exeter and at Langdon Hospital, Dawlish
- Over forty patients at Langdon are on quit smoking programmes
- Langdon Hospital has been supported by Devon Stop Smoking Service to become a smokefree site. Patients are offered nicotine replacement therapy.
- At Langdon Hospital service users are being trained to be smoking peer support advisers.

### **Prisons**

All three prisons in Devon (Dartmoor, Channings Wood, Exeter) have volunteered to be part of the Smokefree Prisons pilot. The Alliance has made strong connections with Public Health England Health & Justice and the National Smokefree Prisons Network and is well placed to support the implementation of Smokefree Prisons when this is actioned.

### **Harm Reduction**

The Alliance ran a Steering Group Workshop on the NICE Guidance on Harm Reduction PH45. It formed a Task and Finish Group on Harm Reduction to develop a local implementation plan.

### **Children's Centres**

Children's Centres in Devon agreed to take up a 'whole organisation approach' to being smokefree and seven Centres signed up to the pilot for this. The approach enables staff from the Centres to engage with parents to get the message across to them that a smokefree lifestyle is beneficial for them and their children. This programme was an excellent example of partnership working between Smokefree South West, Devon County Council and children's centres. It gained a CLear Award for Excellence.

The programme included development of:

- A DVD and training programme
- An online training programme
- A smokefree policy
- Bespoke signage for smokefree sites for childrens centres
- Referral pathways to stop smoking services
- Information on smokefree sites and smokefree homes.

Roll out will ensure that the smokefree message reaches targeted families in Devon.

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## Priority Area 2 - Reduce illegal tobacco in the community

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Cheap illegal tobacco undercuts the national taxation policy and is linked to funding serious, organised crime such as human trafficking and drugs. Working together in partnership will be our most effective way of tackling this problem. Illegal tobacco is more accessible in areas of deprivation and supports the cycle of ill health and poverty. Central to the Alliance objectives is to reduce availability of this kind of tobacco in our communities.

The Alliance commits to working together and providing the public with safe means to share information with the authorities about the availability of illegal tobacco and is committed to working in partnership to make a difference in this area. Key partners that work in this field include HMRC, the Devon and Somerset Trading Standards Service, Devon & Cornwall Police, community safety partnerships, health practitioners, the local stop smoking service, the local community, local businesses, Devon & Somerset Fire and Rescue and Environmental Health. Together they commit a solid approach to tackling this issue. Key to the partnership will be creating a local intelligence network and a full range of information about illegal activity and its effect on the community. The Alliance will also enable agencies to be clear about our communication with the public through effective and consistent messages to be shared across the whole Alliance.

### Progress



Devon supported the Smokefree South West Stop Illegal Tobacco Campaign which ran from February 2013 by manning a stand at the Devon County Show in May 2013.

Events ran in Exeter and Ilfracombe to raise awareness of the campaign and gain local sign-up. The Ilfracombe event alone generated 20 pieces of intelligence about sources of illegal tobacco locally which resulted in a successful prosecution of a trader from Ilfracombe High Street.

On 28 May a training event took place in Exeter for anyone who had a role to play in stopping illegal tobacco, including environmental health, Devon and Somerset Trading Standards and police community support officers. The fifty delegates heard from Mark Blake, Programme Manager at Smokefree South West, about the progress so far in stopping illegal tobacco, and how continued partnership working can bring sales down even further. Since 2000, sales of illegal tobacco in the UK have halved, but this campaign urges communities to be vigilant and to stamp out illegal trade in their local area in order to protect children and keep organised crime out.

In June 2013, illegally imported tobacco products with an estimated street value in excess of £10,000 were seized in South Devon after receipt of information from a local school. In a joint operation, Trading Standards Officers and the Police raided a private address in South Devon and found non-duty paid tobacco and cigarettes, along with a five figure sum of cash. The householder was subsequently successfully prosecuted for making illegal sales of tobacco from his home.

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### **Priority Area 3 - Protect children and young people from smoking and reduce the availability of tobacco to underage consumers**

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The Alliance recognises that starting to smoke is a decision of childhood as 84% of smokers start before the age of 19 years. The Alliance supports initiatives to help stop children and young people from starting to smoke and to find ways to help them stop as soon as possible if they have started. Starting young can lead to a lifetime of tobacco addiction and a three times increased likelihood of dying young due to their smoking behaviour. Millions of children and young people are exposed to tobacco smoke in homes and cars every day.

The Alliance supports government action to tackle this agenda. It will explore initiatives to improve knowledge and understanding about this issue locally. Empowering children to make an informed choice will be central to the approach. The Alliance especially supports encouraging the young to be advocates on this subject, and will pursue local initiatives to support our children and young people to be involved.

Smokefree homes and cars are messages needed in our community to protect children, young people and babies and infants. Gold standard school smokefree policies promote a smokefree lifestyle for children and their families.

There is little evidence to support smoking cessation initiatives amongst young people and it is agreed that prevention strategies are more successful. Efforts to stop children taking up smoking are less effective for children living in a smoking environment. Therefore reducing adult prevalence has a direct effect on children. However, there are a limited number of evidence-based prevention interventions to draw on and these are cited in NICE Guidance PH23: School-based interventions to prevent the uptake of smoking among children.

### **Progress**

#### **Public Health Nursing:**

A CQuin for public health nursing was put in place to raise the issue of smoking in a variety of settings.

- All staff are now asking the smoking status of adults and young people in settings such as:
  - Family home environment
  - Children's centre development clinics

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CASE STUDY – BEACON  
PUBLIC HEALTH SCHOOL  
NURSES

The school nurses ran a lunch-time health promotion session on No Smoking Day at St James Secondary School. A stand was set up displaying posters, leaflets and medical models of how smoking affects parts of the body. Nurses encouraged students to think about why young people might commence smoking and for those already engaged in smoking, carbon monoxide readings were offered as a way of visually demonstrating the presence of this gas within their lungs.

The nurses encouraged students to join in a smoking competition in the form of a word search, in order to test their knowledge on different aspects of smoking. All correct entries were put into a draw, with two successful students winning small prizes. The students who won, were congratulated in the school magazine. This event was well received by students and school staff.

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- Family health clinics
- School drop-ins and planned sessions
- GP surgeries

- The child health record has been redesigned (red book) with Torbay and Plymouth so that evidence of brief intervention is now being recorded by health visitors within ante-natal and new birth contacts. Offers of support to quit are made.
- Community nursery nurses are recording in care plan at 1 year and 2.5 year assessments.
- Over 90% of the settings were at home. 68% of those asked did not smoke. Of the smokers, 20% accepted further support from the Devon SSS to help them stop smoking.

A selection of school nurses went on to train as Level 2 Stop Smoking Advisers. A voucher scheme for nicotine replacement therapy was set up with selected pharmacies to enable local and free access to NRT for young people entering a quit smoking programme with their school nurse.

### #MakeaNoise

Health Promotion Devon was commissioned to design and deliver a Year 8 Peer Education Programme on tobacco. The aim of the programme was to make smoking less attractive to young people and increase their knowledge of tobacco harm to help reduce the uptake of smoking by young



people in Devon.

The Objectives of the programme were:

- increase the knowledge about tobacco harm by providing a wide variety of **information** on the production, distribution, marketing and use of tobacco
- increase the peer educators **skills** in raising the issue of smoking with their peers
- change the **attitudes** of young people about tobacco.

This programme was delivered to two schools in Devon – Braunton Academy and St James School in Exeter. It was well received by staff and pupils. This first pilot year was evaluated and learnings will be used for delivery in subsequent years. The results of intended behaviour are shown in figure 1.



### CutFilms

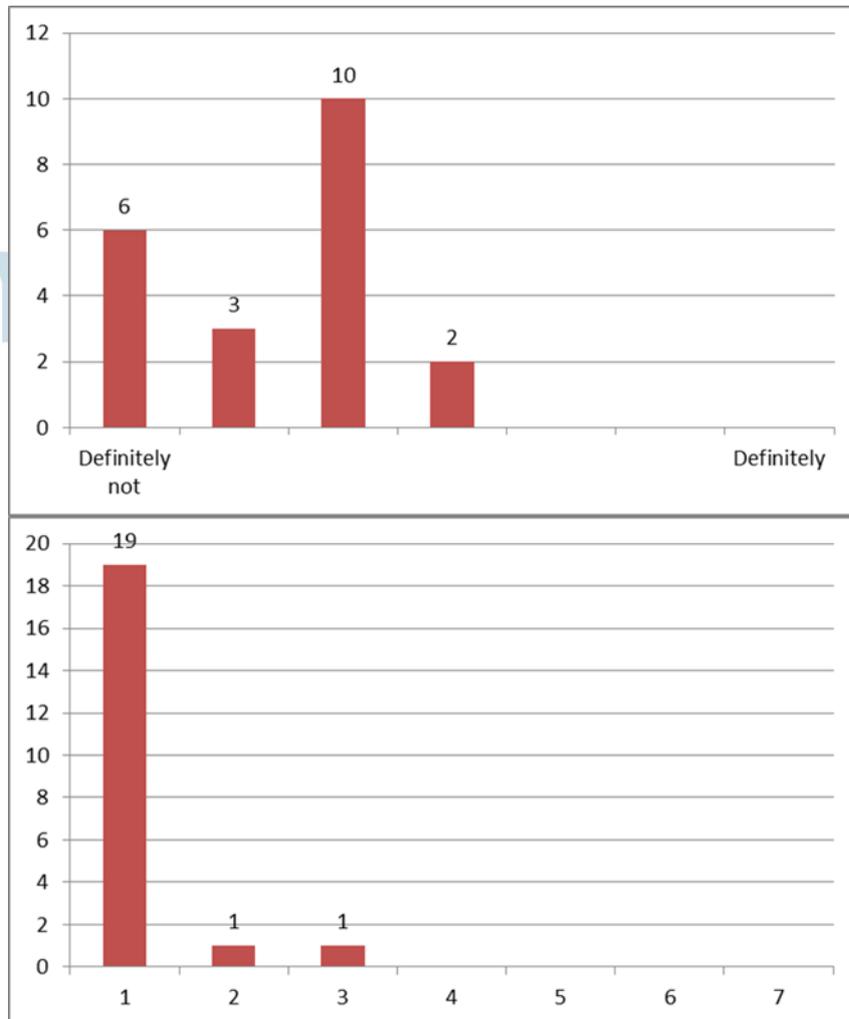
The Roll Your Own Way short film made in 2012-13 was entered into the CutFilms South West 2013 Competition.

### Other

The Children's Centres project mentioned on page 8 contributes to this priority area.

**Figure 1**  
**#MakeaNoise Evaluation**

Question: Do you think you will become a regular smoker in the future?  
(1 = definitely not and 7 = definitely)



Before #MakeaNoise intervention

After #MakeaNoise intervention

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## Priority Area 4 - Reduce smoking in pregnancy

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Smoking in pregnancy can cause increased risk of miscarriage, stillbirth, preterm birth and low birth weight. It has been found to increase infant mortality by about 40% and is 1.5 times higher in women in the manual workers group than the population as a whole. It is nearly three times higher among mothers aged under 20 compared with rates for all pregnant women.



Key areas for development to reduce inequalities around smoking in pregnancy are as follows:-

- Accurate data capture mechanisms to record smoking prevalence at delivery must be in place. Current data capture systems should be assessed and improved where needed.
- Training programmes around brief intervention need to be developed and steered through strategic groups so that all midwives can carry out brief interventions with all pregnant smokers.
- Systems to record and performance monitor the proportion of pregnant smokers that have been offered smoking cessation advice (brief intervention) need to be developed to ensure evidence of effectiveness.
- Maternity services should work towards achieving compliance with NICE guidance.
- All professionals coming into contact with pregnant women that smoke should use that opportunity to give brief advice and refer to stop smoking services.

### Progress

#### Maternity services

A full time specialist stop smoking midwife post has been commissioned in the Royal Devon & Exeter hospital to provide a Risk Perception intervention to all pregnant women with a positive carbon monoxide reading indicative of smoking. This intervention involves:

- carbon monoxide reading at booking
- carbon monoxide reading at scan and 'risk perception' intervention carried out for those with raised carbon monoxide reading
- offer of appointment with the specialist stop smoking midwife
- follow up appointments where smoker engages with service.

The aim is to enable each pregnant woman to be smokefree for the length of the pregnancy and at least one month beyond.

Carbon monoxide monitors have been provided for every community midwife with the RD&E. This post began in March 2014 and early results are promising.

#### **Other**

The Children's Centres project mentioned on page 8 contributes to this priority area.

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## **Priority Area 5 - Normalise a smokefree lifestyle**

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Smokefree legislation has made public places smokefree. It is important that the public sector leads by example, displaying to others the best of policy and implementation of policy. The Alliance fully supports the smokefree message in the NHS and other public sector areas. The Alliance understands the irony of allowing smoking in areas, especially health associated environments, when it is known to do so much harm to health and cause so many illnesses. The Alliance is working towards all NHS acute trusts in Devon implementing a gold standard 'whole organisation' smokefree policy, supported with systems such as referrals to stop smoking and availability of nicotine replacement therapy. It will also support extending this approach to other organisations such as children's centres and housing associations. It will promote the smokefree agenda to district councils and continue to lobby for further national smokefree regulations.

### **Progress**

#### **No Butts on Beaches**



Teignbridge District Council's Resorts Team ran a poster campaign aimed at highlighting the problems of unsightly cigarette ends thrown away on sands in Teignmouth and Dawlish Warren.

Smoking related rubbish is now the UK's biggest litter problem, with an estimated 4.5 trillion cigarette ends entering the UK's environment every year.

The Resorts Team counted how many cigarette butts they picked up over a seven day period in Teignmouth and Dawlish Warren before the campaign. The total amounts showed 4,863 were picked up on Teignmouth Beach and 3,851 were collected from Dawlish Warren.

#### **Local progress**

The campaigns detailed on page 16 contributed to this priority area.

The Alliance presented the benefits of smokefree homes to the Devon Strategic Housing Group in November 2013.

### **National progress**

In February 2014, parliament voted in favour of standardised packaging, proxy purchasing, age of sale of 18 for e-cigarettes and to prohibit smoking in cars with children. The vote on prohibiting smoking in cars with children was won on a free vote 376 for only 107 against. The British Lung Foundation, now an Alliance member, took the lead on this campaign. There was a larger majority on smoking in cars than for Smokefree legislation in 2006. And an even bigger majority for standardised packaging, proxy purchasing and age of sale of 18 for e-cigarettes which were whipped votes, 453 for only 24 against. Draft regulations for standard packaging were published in summer 2014 following Sir Cyril Chantler's review which reported that there was strong evidence to support the policy.

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### **Priority Area 6 - Support smokers to quit**

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The Alliance strongly supports the work of the local NHS Stop Smoking Service and the help they can give to people wanting to stop smoking. It recognises that nationally less than 6% of the smoking population access NHS stop smoking services. Quitters using NHS services are four times more likely to succeed than without support. No other method of quitting can match this success rate. Moreover, stop smoking services offer value for money. The All Party Parliamentary Group on Smoking and Health (2010) concluded that commissioning of stop smoking services should be a priority. Nationally, numbers of smokers accessing stop smoking services has been falling since 2011-12. Success rates remain static at around 50%.

### **Progress**

#### **Stop Smoking Services**

In 2013-14, more than 5,300 smokers attended Devon NHS Stop Smoking Services and 2858 smokers were successfully helped to quit. Providers of Stop Smoking Services are mainly provided by GP surgeries, pharmacies and the Devon Stop Smoking Service team. Devon's quit rate was above the national average at 54%. A procurement process was run to extend the reach of the services into communities and two providers were successful.

#### **Training**

Sixty-four health professionals attended level 2 stop smoking service adviser training. These included:-

Primary Care	17	Public health nursing	2	Leisure services	1
Pharmacy staff	21	Acute sector	2	Health Promotion Devon	6
Dental staff	11	Probation service	2	Military	2

Over 50 individuals attended face to face brief advice training, enabling them to raise the issue with smokers. These included hospital staff, youth workers, teachers, primary care staff, dental staff, businesses and midwives.

### **CQUIN**

A CQuin was put in place for public health nursing to be trained to provide Smoking Cessation Brief Intervention via the National Centre for Smoking Cessation Training (NCSCT) to enable them to refer to the Devon Stop Smoking Service. A total of 268 staff in 19 teams completed this training.

### **Torbay Hospital**

A task and finish group on Torbay Hospital patients living in Devon was set up to formalise pathways and commissioning arrangements for inpatients, planned pre-operative patients and maternity.

### **Smoking prevalence**

Devon's smoking prevalence rate is lower than the national rate and continues to fall. The Tobacco Control Profile published in February 2014 reports a smoking prevalence rate in Devon of 16.8% (Integrated Household Survey 2012).

### **Campaigns**

Stop smoking campaigns run in the year are detailed on page 17

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## **Priority Area 7 - Carry out marketing and communication programmes**

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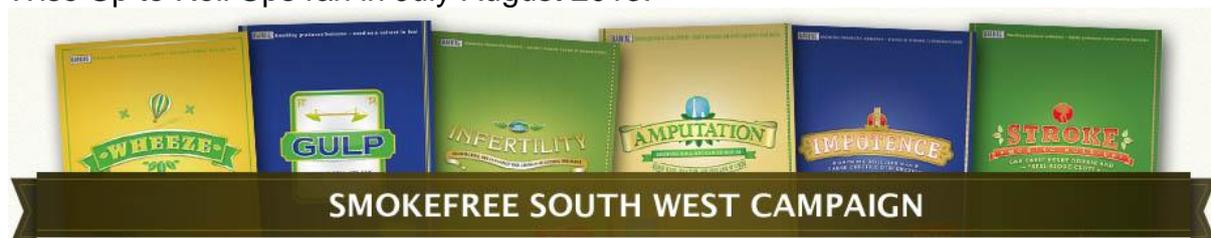
The Alliance seeks to take advantage of Public Health England national campaigns and regional campaigns led by Smokefree South West. Locally all initiatives follow these themes. This creates a consistent, coherent and coordinated communications strategy.

### **Progress**

Several campaigns were supported throughout the year. These included:

#### **Hand-rolled Tobacco**

Wise Up to Roll Ups ran in July-August 2013.



Link: [www.wiseupandquit.co.uk](http://www.wiseupandquit.co.uk).

There were TV and radio adverts, online digital search, adverts, and an outdoor 6 and 48 sheet poster campaign. The campaign aims to encourage smokers to quit, as well as dispel the myth that hand rolling tobacco is healthier for you than manufactured cigarettes.

### Standardised packs

In April-May 2013, the regional Plain Packs Protect campaign was supported through keeping Alliance partners briefed and aware. The Chantler Review was published in January 2014.



### Smokefree homes and cars

In June-July 2013, the national Smokefree Homes and cars campaign was supported using briefings, press releases and materials sent to GPs, children's centres, health visitors, midwives and others. Over 4,000 leaflets were disseminated in Devon.

### Stoptober

In September-October 2013, this popular national campaign was widely supported using a wide range of partners. These included libraries, GPs, pharmacies, dentists, hospitals and children's centres. The national Stoptober Roadshow came to County Hall on the same day as the Tour of Britain! The stop smoking service offered a 'quit course' in Exeter.



### New Year Quits

Two campaigns were supported from January – March 2014.

#### 1. Public Health England Health Harms Campaign

This national campaign was uplifted by Public Health by publicising to staff, the public and partners the full range of Smokefree support – including face-to-face help and advice, the Smokefree app, Quit Kit, email and text programmes. Community pharmacies were invited to order Point of Sale Toolkits and NHS Quit cards for the public.



#### 2. Smokefree South West Regional Be There Tomorrow campaign

This campaign highlighted the special moments in life that 1 in 2 smokers who don't



stop early enough are likely to miss out on by dying early from their habit. Devon divided the county into Districts and then designed and produced a separate leaflet for each area. The leaflet listed every single point in the District that a smoker could go for local NHS Stop Smoking Advice. This might be the specialist team, or a pharmacy, their GP, a leisure centre or

dental surgery. It gave the public complete choice over when and where they could access the stop smoking service in the county's large and mainly rural area.

The leaflets were used across all smoking campaigns running in January to March. They were sent to the following points of contact:

- GPs
- District nurses
- Childrens centres (44)
- Pharmacies (40)
- Leisure centres (8)
- Libraries (50)
- Some dental practices (6).

Devon ran a social media campaign throughout this period using key time points such as Valentines Day, Easter Day and No Smoking Day.



### No Smoking Day

The 50 libraries in Devon were given materials to support this campaign which ran in March 2014.. The libraries service in Devon was especially enthusiastic to support No Smoking Day and publicised the No Smoking Day posters and leaflets in all its 50 libraries across the county. Combe Martin Library in North Devon linked up with the local pharmacy and directed interested smokers to the pharmacy's stop smoking service.



A No Smoking Day press release using the Smokefree South West Betheretomorrow campaign which highlighted a case study of a North Devon woman wanting to become pregnant. <http://www.betheretomorrow.co.uk/>.

Exeter University Student's Guild ran a Twitter campaign for the students using tweets from the NSD website. The Alliance's work won 1st place in the 2014 No Smoking Day Awards for the category of Best Community/Local Partnership.

## Newsletters and Briefings

The Alliance produced four newsletters and several briefings in the year to inform the wider membership of the Alliance on smoking cessation and tobacco control matters, including the emerging popularity of e-cigarettes (vapourisers).

It also launched a Smokefree Devon Alliance website that is a source of information for the public and for Devon professionals working in smoking cessation.

<https://www.smokefreedevon.org.uk/>



## APPENDIX 1

### Membership of Smokefree Devon Alliance Steering Group 2013-14

Name	Organisation	Representing
Dr Phil Norrey (Chair)	Chief Executive Devon County Council	Devon County Council
Lesley Thomas (Co-ordinator)	Public Health Programme Manager (Tobacco Control)	Alliances
Dr Virginia Pearson	Director of Public Health Devon County Council	Public Health
Jon Elwood	Trading Standards Officer, Trading Standards, DCC	Trading Standards
Denise Dearden	Project Officer, Trading Standards, DCC	Trading Standards
Alan Coxon	Community Safety Prevention Manager Devon & Somerset Fire & Rescue Service	Devon & Somerset Fire & Rescue Service
Darren Bolt	HIMP Exeter	Prison Service
Dr Mike Slot	GP, Sid Valley, Devon	Local Medical Council and NEW Devon CCG
Emma Herd	Senior Commissioning Manager	South Devon & Torbay CCG
John Calvert	Service Development Manager DCC	Youth Service
Paul Nicholls	Food, Health and Safety Manager Environmental Health	Environmental Health
Greg Price	Stop Smoking Service Manager, NDDH	Stop Smoking Service
Lynne Jeary	Modern Matron, Devon Partnership Trust	Mental Health
Prof David Halpin	Consultant Physician, Respiratory Medicine, Royal Devon & Exeter NHS Foundation Trust	Respiratory Health
Therese Chapman	Lead Midwife, Public Health, NDDH	Midwifery
Rachel Campbell	Public Health Specialist	Public Health England Health & Justice
Nicola Glassbrook	Senior Public Health Officer, DCC	Health Inequalities
Greg Price	Stop Smoking Service Manager, North Devon Healthcare Trust	NHS Stop Smoking Service
Tania Skinner	Childrens Centre Advisor, S&W Devon Locality	Children's Centres
Justin Parsons	Service Development Manager British Lung Foundation	Voluntary services
Colin Flanagan	Lead in Oral Health, North Devon Healthcare Trust NHS	Oral Health
Lucy Crystal	Young People's Project Delivery Manager, Smokefree South West	SFSW, Communications and Marketing
Sam Hill	Strategic Marketing & Communications Manager, DCC	Communications and Marketing
Philip Sanders	Elected Member Devon County Council	Members