

Smokefree Devon Alliance Annual Report 2010-11

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Co-ordinator's statement

Welcome to the first Annual Report of the Smokefree Devon Alliance. Tobacco control alliances are partnerships that aim to reduce the impact of tobacco use on society at a local level. Smoking is not just a health issue – it is a priority area because it poses a significant economic burden on our communities. It contributes heavily to health inequalities and is the single greatest cause of preventable illness and premature death in the United Kingdom.

The Smokefree Devon Alliance was launched on World Heart Day in September 2010 with support and engagement of key partners including, among others, Devon County Council, Devon District Councils, Devon & Somerset Fire and Rescue Service, NHS Devon and the Devon & Cornwall Business Council. Since then, its steering group has been chaired by Dr Phil Norrey, chief executive of Devon County Council.

It has been a year of political change. The Labour government published its Smokefree Futures strategy in February 2010 but they were soon replaced with a Coalition government who launched their own Tobacco Control Plan a year later in March 2011.

The future promises to be just as fast moving as the public health function of primary care trusts transfers to local authorities in 2013, opening up even more opportunities to work closely on the social determinants of health with a wide variety of interested stakeholders.

The Alliance has made a good start during its first year by forming partnerships and driving forward actions that make a difference. Of particular note are the short reports that have been drawn together to provide profiles of hotspot areas and our target audience. These will inform all of our partners in their future work. Since young people continue to be of concern, it is particularly pleasing that a peer-led smoking prevention programme aimed at young people has been commissioned and well received by those who took part. Smoking in pregnancy has also been addressed and our partners in Smokefree South West have provided information on Devon attitudes and behaviour around the illicit tobacco trade.

We continue to drive the tobacco control agenda forward with a 'many voices, one message' approach. My favourite quote remains: "Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has." (Margaret Mead, 1901-1978)

I would like to thank all those that have supported the Alliance in its first year whether you are a general member, steering group member or colleague who has contributed to our work. In particular, I am most grateful to our Chairman, Dr Phil Norrey, for lending his support to this important work.

Lesley Thomas
Co-ordinator
Smokefree Devon Alliance

The Smokefree Devon Alliance launch on World Heart Day



Introduction

There are three key principles that underpin efforts to tackle the tobacco epidemic – a strategic approach to tobacco control, effective partnership working and a focus on denormalising smoking (Department of Health, 2008). Tobacco Alliances have a major role to play as research shows that no single approach to tackling the smoking epidemic will be successful in isolation.

Excellent progress has been made in reducing smoking prevalence through legislation on smoking in public places and strengthening regulations on the sale of tobacco. However, the Irish experience shows us that such measures only have a short-term impact and prevalence can return to pre-legislation levels without sustained action. Moreover, it should be noted that whilst we have seen reductions in tobacco use among the general population, slower progress has been made in reducing tobacco use among routine and manual groups.

Tobacco control is an evidence-based approach to tackling the harm caused by tobacco. The Government's White Paper, "Choosing Health" (2004) clearly set out the World Bank six-strand approach and this serves as a useful summary. The six strands are:

- support smokers to quit
- reduce exposure to secondhand smoke
- run effective communications and education campaigns
- reduce tobacco advertising, marketing and promotion
- regulate tobacco products
- reduce the availability and supply of tobacco products

To distil this even further, tobacco control strategies aim to:

- reduce demand for tobacco (through raising taxes, restricting advertising, smokefree legislation, information and advocacy and running Stop Smoking Services)

- reduce supply of tobacco (by controlling the illegal trade of tobacco or restricting access for young people)

In 2010-11, tobacco control was governed by two successive national strategies due to the change of government in May 2010.

In February 2010, the Labour government launched its strategy – 'A Smokefree Future; A Comprehensive Tobacco Control Strategy for England'. It set out an ambitious vision for a society in which the burden of harm from tobacco is significantly reduced and it built on the success of the White Paper, 'Smoking Kills' (1998). The strategy was intended to be achieved through partnership working between communities, businesses, the private and voluntary sectors, local government and the NHS. In other words, through Smokefree Alliances.

A Smokefree Future (2010) ambitions:

- stopping the inflow of young people recruited as smokers by reducing the 11-15 year-old smoking rate to 1% or less and the rate in 16-17 year-olds to 8% by 2020
- motivating and assisting every smoker to quit to reduce adult smoking rates to 10% or less, and halve smoking rates for routine and manual workers, pregnant women and within the most disadvantaged communities by 2020
- protecting our families and communities from tobacco-related harm by increasing to two-thirds the proportion of homes where parents smoke but are smokefree indoors by 2020

A Smokefree Devon Alliance five-year strategy 2010-15 was agreed by the steering group members in July 2010. It was based on 'A Smokefree Future; a Comprehensive Tobacco Control Strategy for England (2010)'.

In March 2011 the coalition government launched its Tobacco Plan 2011 and aimed to:

- reduce smoking prevalence among adults to

18.5% or less by the end of 2015

- reduce smoking prevalence among 15-year-olds to 12% or less by the end of 2015
- reduce smoking during pregnancy to 11% or less by 2015

The aims and objectives of the Alliance's strategy remained appropriate throughout the year, as both national strategies follow the world Bank six-strand tobacco control approach mentioned on page 2.

Smokefree Devon Alliance Strategy

The Smokefree Devon Alliance Strategy aims are:

- to improve the health of the population of Devon by reducing the smoking prevalence rate and exposure to secondhand smoke
- to reduce health inequalities in Devon in the longer term by reducing the number of smoking-related illnesses suffered by the population
- to reduce fires caused by smoking

Its objectives are to:

- reduce the number of people who 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 secondhand 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 workplaces with smokefree sites and support to quit smoking
- increase the number of smokers using the local NHS Stop Smoking Services
- raise the profile of smoking and its dangers so every smoker understands the dangers of smoking and secondhand smoke and also knows how to access the local NHS service

The Alliance operates a one-year action plan that supports the five-year strategy. Each action plan addresses a priority area of the Alliance identified in the strategy. These are:

1. reduce health inequalities caused by smoking
2. reduce illicit tobacco in the community
3. protect children and young people from smoking and reduce the availability of tobacco to underage consumers
4. reduce smoking in pregnancy
5. normalise a smokefree lifestyle
6. support smokers to quit
7. carry out marketing and communication programmes.

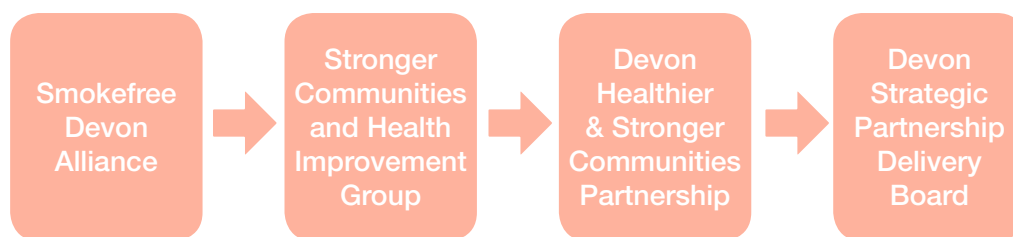


Progress on actions 2010-11

General

At its steering group meeting in July 2010, the Smokefree Devon Alliance agreed the following:

- A Smokefree Devon Alliance Tobacco Control Strategy 2010-15, which is available at http://www.devonpct.nhs.uk/Smokefree_Devon_Alliance/Smokefree_Devon_Alliance.aspx
- Terms of Reference
- Accountability to the Stronger Communities and Health Improvement Group¹



Accountability structure of Smokefree Devon Alliance 2010-11

1. Throughout 2011-12 the expectation is that accountability will move from the Stronger Communities and Health Improvement Group to the shadow Health and Well-being Board

Progress on actions 2010-11

Priority Area 1 – Reduce health inequalities caused by smoking

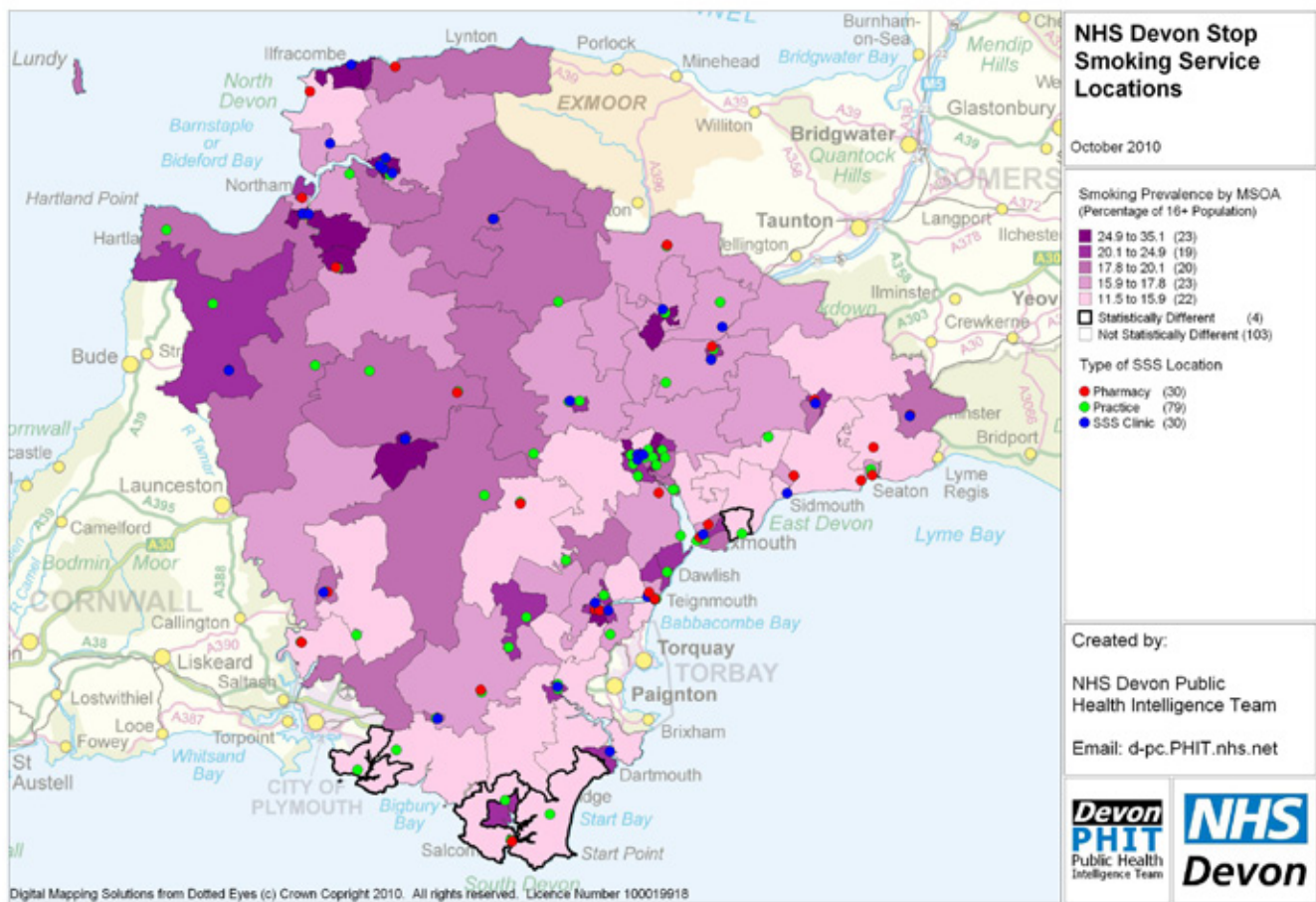
Whilst smoking prevalence in Devon is below the national average, there are pockets of high levels of smoking in routine and manual areas and wards of high deprivation. The challenge set by the labour government national strategy for tobacco control is to reduce prevalence rates by over one per cent a year and the Alliance reflected this in its strategy.

Reducing smoking rates in disadvantaged groups and areas is a critical factor in reducing the health inequalities gap. Evidence suggests that tobacco use is the primary reason for the gap in healthy life expectancy between rich and poor (Department of Health, 2009). 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. Stopping smoking will make a big impact locally on health inequalities.

Progress

- ✓ An Intelligence Task and End Group was formed and completed the following pieces of work:
 - ✎ mapping of areas of deprivation and high levels of routine and manual smokers in Devon – these areas have high levels of tobacco use and therefore offer the best opportunity to target tobacco control work including commissioning decisions and service planning
 - ✎ development of information on the attitudes and behaviours of routine and manual smokers in these priority areas to allow targeted action – these profiles will inform future work around smokefree homes, cars and workplace initiatives
 - ✎ development of five profiles of the priority communities in Devon – these inform targeted work and thus contribute to reducing health inequalities across Devon
 - ✎ sharing of the intelligence gathered with Alliance partners
- These reports are available at: http://www.devonpct.nhs.uk/Smokefree_Devon_Alliance/Smokefree_Devon_Alliance.aspx
- These profiles will inform the Joint Strategic Needs Assessment.
- ✓ Referral systems from Torbay and Plymouth hospitals were commissioned where patients live in the Devon primary care trust area.
- ✓ Devon Partnership NHS Trust reviewed its smoking policy and set out its intention to become totally smokefree in buildings and grounds. Staff, visitors and contractors may not smoke in buildings or grounds. Residential inpatient units allow outside designated smoking areas for inpatients use only. The policy can be viewed at this clickable link: http://www.devonpartnership.nhs.uk/uploads/tx_mocarticles/HR58_Smoking_Mangement_Policy_Nov10.pdf
- ✓ The Alliance joined the Smokefree Action Network as a member organisation. This national organisation is committed to reducing the harm caused by tobacco. It enables the Alliance to keep abreast of the progress of proposed national legislation.
- ✓ As part of NHS Devon's Transformation Programme, a 'Fitness for referral and enhanced recovery' project has been progressed. Public health markers have been agreed to ensure the best possible outcomes for an individual referred for surgery. It is proposed that all smokers referred for surgery will be strongly encouraged to stop smoking by their GP and referred to the Stop Smoking Service.

Progress on actions 2010-11



Map of Stop Smoking Service locations and synthetic estimates of smoking prevalence. Excerpt from *Smoking Services in Devon – Tackling Health Inequalities* Available to download at: http://www.devonpct.nhs.uk/Smokefree_Devon_Alliance/Smokefree_Devon_Alliance.aspx



Progress on actions 2010-11

Priority Area 2 – Reduce illicit tobacco in the community

Cheap illicit tobacco undercuts the national taxation policy, is illegal 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. Illicit 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.

Progress

Smokefree South West worked with Trading Standards and an external marketing company to commission a benchmarking report to map attitudes and behaviours towards illicit tobacco (Smokefree South West Regional Illicit Tobacco Survey, February 2010).

✓ Insights included that most users buy from friends or family and most of the public would support intervention. Whilst Devon had the lowest prevalence of illicit tobacco in the South West, hotspots existed across every demographic.

✓ 25 premises in Devon were identified for inclusion in a SWERCOTS survey on products available at point of sale. Operational instructions were issued and 25 inspections were carried out by March 2011.

✓ Trading Standards identified one business throughout the year selling niche/illegal tobacco products. Advice was given.

✓ The South of England Tackling Illegal Tobacco for Better Health Programme was launched by Smokefree South West in February 2011.

Progress on actions 2010-11

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

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.

In 2010-11 there was considerable national interest around display of tobacco at the point of sale and tobacco sales from vending machines. Tobacco Advertising and Promotion (Display) (England) Regulations were in jeopardy following the change of government and active lobbying by the tobacco industry. Point of sale display advertising of cigarettes normalises tobacco use for children and creates a perception that tobacco is easily obtainable. Removing it is expected to reduce the tobacco use of minors. Children and young people are particularly influenced by tobacco imagery (JAMA, 1991; Cochrane Review, 2004) and the effectiveness of tobacco advertising in recruiting children to smoking is the primary reason behind legislation banning such promotion. Alliances therefore have a key advocacy role in this area. In March 2011 the government published “Healthy Lives, Healthy People: A Tobacco Control Plan for England” and included a commitment to implement point of sale legislation in England in large shops from April 2012 and in smaller shops from April 2015.

The cigarette packs themselves are now the main form of cigarette advertising and the distinction between advertising and display has become blurred.



This is a key area for SWERCOTS (SW Trading Standards Partnership) activity which, for this priority, are based around:

- Test purchasing activity
- No proof of age, no sale

There is a lack of successful evidence-based interventions to reduce the uptake of smoking in young people. However, NICE public health guidance 2010 cites the DECIPHER-ASSIST smoking prevention programme as an effective intervention. In the programme, the most influential pupils in year 8 are trained on a variety of smoking-related issues including health, the environment, the law, the real cost of smoking, addiction and the harm of secondhand smoke. They then use their existing social networks to have informal conversations with their friends about the benefits of staying smokefree.



It has been evaluated by a randomised controlled trial funded by the Medical Research Council, and has been shown to be effective in reducing smoking among school students over a two-year follow-up period. The results of the trial have been published in *The Lancet* and suggest that, if implemented on a population basis, this intervention “could lead to a reduction in adolescent smoking prevalence of public-health importance”. The Alliance, with its partner Smokefree South West, was able to commission this programme for Devon for three years.

The Alliance notes that, at present, there is a lack of local information on the smoking prevalence of young people in Devon.

Progress on actions 2010-11

Progress

- ✓ Smokefree South West funded a licence to run the ASSIST programme from January 2011 for a period of three years. An ASSIST delivery team was commissioned from Health Promotion Devon and trained in February 2011. Two schools (St James School and ISCA College) were engaged to take part in the programme in the Exeter area for this first year of the licence. Some 61 pupils were trained as peer educators and the 14-week programme was extremely well received by the schools and the pupils.
- ✓ Routine retail visits were carried out in 60 premises to monitor under-age sales.
- ✓ The Alliance wrote to all Devon MPs in July 2010 urging them to support the Tobacco Advertising and Promotion (Display) (England) Regulations.



Progress on actions 2010-11

Priority Area 4 – Reduce smoking in pregnancy

Smoking in pregnancy can cause increased risk of miscarriage, stillbirth and low birth weight. Secondhand smoking is also known to increase the risk of Sudden Infant Death Syndrome and childhood respiratory disease. In 2008, 14% of women still smoked at time of delivery (Department of Health, 2009) but this figure is considered to be under-reported. In Devon, around 1 in 8 women smoke during pregnancy (Vital Signs 2008-09). Smoking in pregnancy increases infant mortality by about 40% and is 1.5 times higher in women in the manual workers group than the population as a whole.

In June 2010, the National Institute for Health & Clinical Excellence (NICE) published new guidance: 'How to stop smoking in pregnancy and following childbirth' and made eight recommendations for identifying pregnant women that smoke, referring them, providing support for them and training health professionals.

Progress

- ✓ The NICE guidance PH26 was reviewed and the actions outlined below were taken.
- ✓ A systematised opt-out referral system for pregnant women was developed during July and August 2010 and ratified by Devon's Maternity Services Liaison Committee. The referral process involved:
 - ☞ smoking status recorded at first booking
 - ☞ a referral offered at booking
 - ☞ referral form to Stop Smoking Service
 - ☞ smoking log in the patient-held notes
- ✓ Following this, the local NHS Stop Smoking Service rolled out brief intervention training for all midwives in Devon.
- ✓ Development of the referral process increased referrals of pregnant women to the NHS Stop Smoking Service four-fold. During the year, 432 referrals were made by midwives to the Stop Smoking Service.



Progress on actions 2010-11

Priority Area 5 – Normalise a smokefree lifestyle

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 will work towards all NHS acute trusts in Devon implementing a gold standard smokefree policy, supported by systems such as stop smoking, availability of nicotine replacement therapy and other initiatives. It will also support further regulation around workplaces and public places as they come into force following the national strategy.

Key areas of work that progress the smokefree agenda are:

- smokefree homes
- smokefree cars
- smokefree leisure site areas, such as play parks, beaches and local tourist attractions
- widening the scope of workplace smokefree policies to include whole-site bans
- working with resettlement of the Armed Forces as they move into secular life

Progress

✓ Alliance partners have worked with The Royal Devon & Exeter Hospital (RD&E) to deliver the Department of Health Stop Smoking Interventions in Secondary Care programme (Department of Health, 2009). This programme sets out recommended care pathways to enable the development of stop smoking support and withdrawal management interventions for both planned and unplanned admissions.

Within this programme, the Devon Stop Smoking Service have met with the RD&E to:

- revise the smoking cessation advice and provision within the hospital
- identify funding to commission a designated hospital stop smoking adviser to work with inpatients, outpatients, visitors and hospital staff
- put in place pathways of referral for inpatients, outpatients and staff
- communicate the pathways of referral and

make available downloadable forms from the hospital intranet

- make nicotine replacement therapy available for patients

Funding was identified to provide a half-time staff member dedicated to smoking cessation services. Referral systems and pathways are now in place and promoted through the hospital intranet. Referral systems were put in place in the pre-operative assessment unit. An increased number of products of nicotine replacement therapy are now stocked. This year, referral systems point towards the Devon Stop Smoking Specialist Service. However, in 2011-12 a dedicated hospital stop smoking adviser will be in place.

✓ The North Devon District Hospital has a revised draft Smokefree Policy out for consultation which proposes to run a smoking cessation pilot in the pre-operative assessment unit, with a view to rolling this out more widely in 2011-12.

Progress on actions 2010-11

✓ The Devon & Somerset Fire and Rescue Service and the Devon NHS Stop Smoking Service recognise that a joint working arrangement will enhance both their workstreams and are working on a joint protocol.

✓ The Alliance was keen to put a Smokefree Homes project in place. It is proposed that this will be launched in 2011-12 when Smokefree South West launch a regional smokefree homes marketing campaign.

✓ A workplace task and end group was set up between Teignbridge District Council, Devon & Cornwall Business Council and NHS Devon to explore the opportunities within workplaces. The group noted that some confusion exists among employers who wish to differentiate between legislation requirements and good practice. It was also recognised that there are considerable economic benefits for employees with a smokefree lifestyle and that the workplace offers a unique opportunity to promote smokefree environments and help people to quit smoking.

A pilot website, Smokefree Solutions, was set up. It offers a FREE complete support package to help businesses meet their smokefree law business responsibilities and support employees to quit smoking.

The site includes:

- advice regarding compliance of smokefree legislation and the avoidance of penalties for non-compliance
- bespoke solutions to aid compliance
- help with ensuring that compliance with legislation does not make any employee feel discriminated against
- flexible support options to help employees to quit

The website offers a calculator for businesses so that they can evaluate the costs created by smoking employees to their business, downloadable smokefree signage and a downloadable template smokefree policy.



www.smokefreesolutions.org



DEVON & SOMERSET
FIRE & RESCUE SERVICE



Progress on actions 2010-11

Priority Area 6 – Support smokers to quit

The Alliance strongly supports the work of the local NHS Stop Smoking Service and the help they can give to people who want to stop smoking. It recognises that NHS Stop Smoking Services are the most effective evidence-based way of quitting smoking. It also notes that less than 5% of smokers choose to use NHS services. In Devon, Stop Smoking Services are provided through GP practices, some pharmacies and a commissioned specialist service.



Progress

- ✓ In 2010-11, 3,750 smokers were helped to quit by NHS Stop Smoking Services. Although this is below national target, it should be noted that Devon's prevalence rate is lower than the national rate and is continuing to fall.
- ✓ In recognition of the fact that GP surgeries are the largest contributor to numbers of quit attempts, visits to GP surgeries were offered to 20 locations to provide support in increasing activity.
- ✓ Locally Enhanced Service Agreement arrangements with pharmacies and GP surgeries were consulted on and revised with the Local Pharmaceutical Committee and the Local Medical Council with a view to increasing activity with these providers in 2011-12. Revised and increased payment arrangements were agreed for 2011-12.
- ✓ Monthly training events were held with a range of stakeholders in raising the issue of smoking and offering brief advice (referral). A total of 54 delegates attended training in the year.
- ✓ Monthly training events were held across Devon to train community practitioners in intermediate advice and enable them to support smokers to quit. A total of 50 advisers were trained to provide support.



Progress on actions 2010-11

Priority Area 7 – Carry out marketing and communication programmes

The Alliance seeks to take advantage of government campaigns and developments led by Smokefree South West. Locally all initiatives will follow these themes. This will create a consistent, coherent and co-ordinated communication campaign. Research undertaken and campaigns run by Smokefree South West helped develop local campaign work for 2010/11.

Key areas of work for this priority are:

- promoting stop smoking attempts according to national and regional branded campaigns

- promoting the dangers of secondhand smoke
- using all partners to communicate the key messages in the strategy to their stakeholders and members around smokefree policies, secondhand smoke and available stop smoking support
- reaching the routine and manual population through effective communications

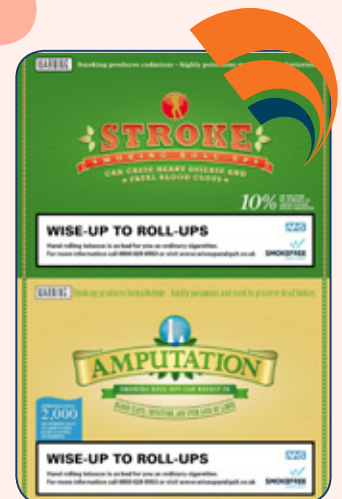
Progress

- ✓ A Smokefree Devon Alliance Communications Strategy was developed, approved and disseminated to Alliance members. This was supported by a national Tobacco Control Advocacy Toolkit that was made available to Alliance Steering Group partners.
- ✓ No Smoking Day was publicised across Devon via pharmacies, GP surgeries and the Specialist Stop Smoking Service. The latter ran a '999' theme, choosing nine smokers from the emergency services to take part in a lifestyle bootcamp and make a quit attempt.
- ✓ Smokefree South West launched a 'Wise Up to Roll Ups' campaign in February 2011, the first of its kind globally. This was supported by local providers of the Stop Smoking Service

and a website – www.wiseupandquit.co.uk where information can be accessed. To find out more enter the link or click here:

wise up and quit

- ✓ An Alliance newsletter was launched in February 2011 and issues were sent to all members. These are available at: www.devonpct.nhs.uk/Smokefree_Devon_Alliance/Smokefree_Devon_Alliance.aspx



The future

The publication of “Healthy Lives, Healthy People – Update and Way Forward” has confirmed the key role to be given to local councils as community leaders for health improvement and the reduction of health inequalities. They are well placed to promote better health and wellbeing across the life course, for example through early-years services, education, culture, sports and leisure, housing and economic development. Councils are involved in promoting health, supporting behaviours across the full spectrum of interventions from health education and promotion in schools to workplaces and communities. Tobacco control is a prime example of an issue that cuts across all of these areas. Environmental health and trading standards already sit within local authorities and are key areas of tobacco control. Therefore, there is already a great deal to build on and the hosting of public health services offers a huge opportunity for strengthening tobacco control work.



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Appendix 1: Membership of Smokefree Devon Alliance steering group 2010-11

Name	Organisation	Representing
Dr Phil Norrey (Chair)	Chief Executive, Devon County Council	Devon County Council
Lesley Thomas (Co-ordinator)	Tobacco Control Manager, NHS Devon	Alliances
Dr Virginia Pearson	Joint Executive Director of Public Health, NHS Devon/Devon County Council	NHS Devon/ Devon County Council
Paul Thomas	Head of Trading Standards, Devon County Council	Trading Standards
Mike Holme	Area Commander, Devon & Somerset Fire and Rescue Service	Fire Service
Greg Ward	IDTS Project Manager, Exeter Prison	Prison Service
Lee Taylor	Trading Standards Officer, Devon County Council	Trading Standards
Paul Nichols	Environment and Safety Service, Teignbridge District Council	Environmental Health
Victoria Farrow-Man	Mid Devon District Council	Environmental Health
Bob Gaiger	Media Relations Manager	Her Majesty's Customs & Excise
Annette Lyons	PSHE Lead, Devon County Council	Schools/education
Dillon Hughes	Assistant Director – Integrated Youth Support and Development Services	Youth Service
Gill Unstead	Social Inclusion & Prison Lead, Devon Drug and Alcohol Action Team, NHS Devon	Social Inclusion/health inequalities
Greg Price	Stop Smoking Service Manager, North Devon Healthcare Trust	NHS Stop Smoking Service
Tina Henry	Health Improvement Lead, NHS Devon	Health improvement/health inequalities
Fiona Prew	Workplace Health Specialist, Devon County Council	Workplaces
Margaret Squires	Health and Adults Overview/Scrutiny Committee, Mid Devon District Council	Councillor
Jon Elwood	Trading Standards Officer	Devon Trading Standards
Dr Chris Sheldon	Consultant, Respiratory Medicine, Royal Devon & Exeter Hospital	Secondary Care
Adam Wyatt	Forensic Nurse Consultant, Devon Partnership Trust	Mental Health Services
Jeremy Filmer-Bennett	Chief Executive, Devon and Cornwall Business Council	Employers
Ruth Dale	Social Marketing Manager, NHS Devon	Social Marketing/health inequalities
Sallie Ecroyd	Communications Manager, NHS Devon	Alliance communications
Juniper Connal	Development Manager, Smokefree South West	Smokefree South West