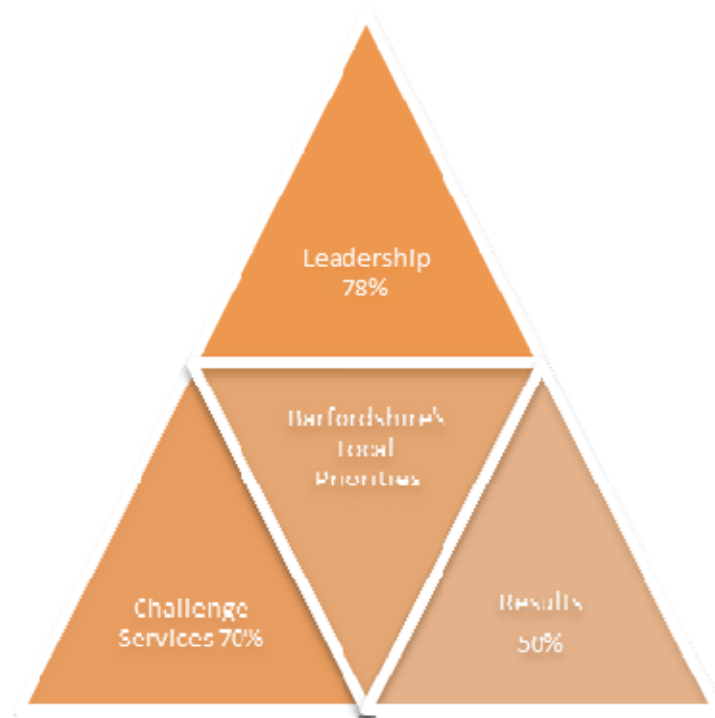




# CLeaR Thinking

CLeaR Model Assessment for  
Excellence in Local Tobacco Control

**Devon County Council**  
**19<sup>th</sup> March 2013**



Devon's CLeaR scores as a % of the total available in each domain

## CLeaR Context

CLeaR is an improvement model which provides local government and its partners with a structured, evidence-based approach to achieving excellence in local tobacco control.

The model comprises a self-assessment questionnaire, backed by an optional challenge and assessment process from a team of expert and peer assessors. The purpose of the assessment is to test the assumptions organisations have made in completing the questionnaire and provide objective feedback on performance against the model.

The report also provides a number of recommendations (CLeaR Messages) and the assessors suggestions for revised scores accompanied by detailed feedback on specific areas of the model (CLeaR Results). In addition we suggest some resources you may find useful as you progress your work on tobacco control (CLeaR Resources).

## CLeaR in Devon

Lesley Thomas invited the CLeaR team to provide the CLeaR assessment process in Devon as a benchmarking exercise for the tobacco control alliance.

This report summarises conclusions of the CLeaR Assessment team following their visit and the workshop on 19<sup>th</sup> March 2013. It sets Devon's challenge in context, providing information on the economic impact of smoking in Devon.

In carrying out the CLeaR assessment we built on the Tobacco Control Alliance's insights into areas that needed improvement, as recognised in their self-assessment questionnaire.

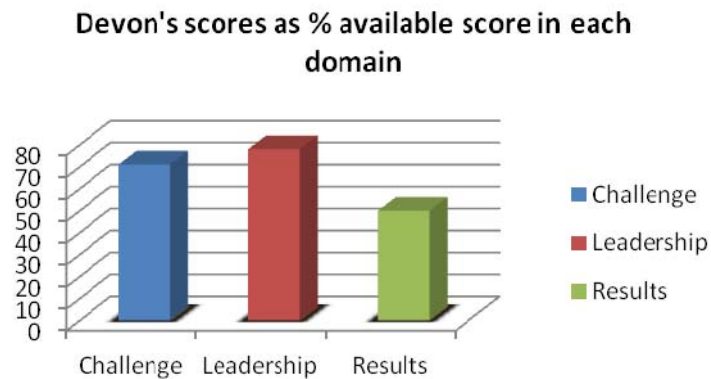
Special thanks go to Sarah Bird for her assistance in co-ordinating responses to the self-assessment and organising the assessment visit.

Thanks also go to all those who gave their time to take part in the workshop with the CLeaR team; their willingness to engage with the process, honesty and integrity were greatly appreciated.

- Dr Phil Norrey
- Dr Virginia Pearson
- Lesley Thomas
- Sarah Bird
- Greg Price
- David Halpin
- Tina Henry
- Jon Ellwood
- Denise Dearden
- Paul Nicholls
- Martin White
- Louise Raymond
- Sue Taylor

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## CLeaR Messages



CLeaR Domain	Max score	Self-assessment score	CLeaR Assessment score
Challenge Services	78	50	55
Leadership	60	45	47
Results	28	17	14

### Your insights:

- You have strong membership of the Alliance Steering Group at a senior level and involve a wide range of partners in your alliance. You have a comprehensive Tobacco Control strategy and programme of activity.
- You have communication networks in place such as the Alliance Newsletter and data sharing amongst key partners.
- The rural geography and historical divisions in Devon present a number of challenges which you are working to address.

### Your strengths:

- You have a high level of engagement in the tobacco control agenda at a senior level and throughout the alliance members.
- You described a reporting structure from the tobacco control alliance to the Health and Wellbeing Board when it takes up its full role in April 2013.
- Executive support is reflected in practice through your co-ordinator post and a dedicated budget for tobacco control activity.
- Devon works over both a local and supra local footprint to achieve best practice and cost effective work.

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## **Opportunities for development:**

Devon already has close involvement with the Local Authorities in its tobacco control work. The move of Public Health to the County Council provides the opportunity for even greater integrated working. There will be new communication channels to increase the reach of the Alliance and council and councillor networks could be used more widely. Further involvement of the eight District Councils will provide a forum and mechanism to share and compare data.

Transition provides an opportunity to build a broader consensus for tobacco control across a wide range of council functions and partnership agendas (for instance, highlighting the contribution tobacco control makes to priorities such as community safety, children and young people, and economic prosperity). Devon should aim to have tobacco control reflected in the plans of these departments.

Elected member engagement with the Alliance Steering Group would be beneficial and a representative from the local business community could be considered. You have also identified the possibility of a schools link on the group. This would help with the development of work with young people to prevent uptake of smoking.

A local scrutiny enquiry could be helpful to engage elected members in district authorities.

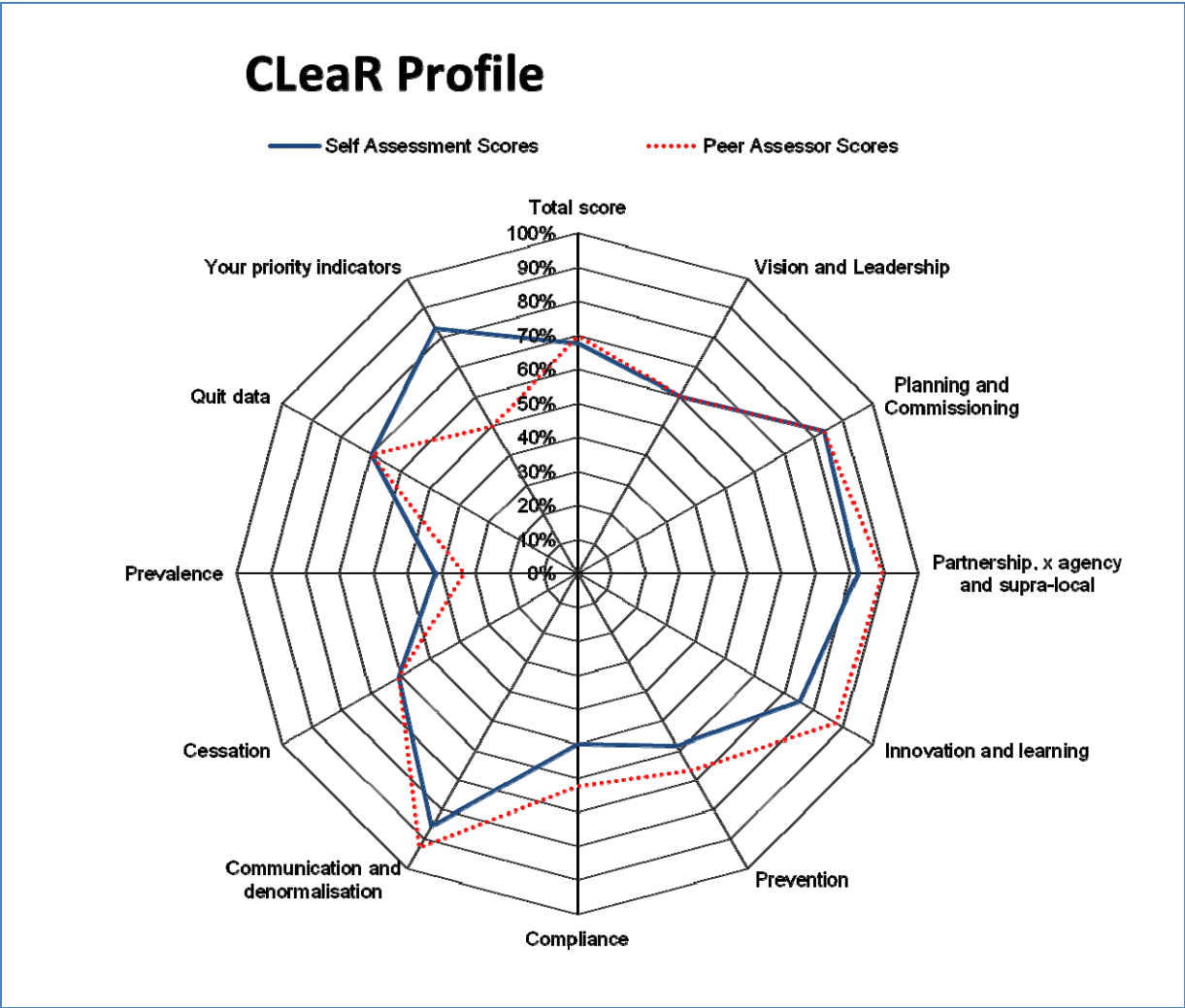
It was agreed the alliance will hold discussions to track progress on smoking prevalence rates for young people in the future particularly as this is a key local priority indicator.

Continued provision of support to primary care advisers by the Specialist Stop Smoking Service will help to underpin improvements in stop smoking rates as will the development of new ways to support smokers through increased accessibility of support, such as e-support and texts. The provision of Champix as a first line intervention would be more compliant with NICE Guidance.

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## CLeaR Results

The chart below shows (in blue) Devon's original self-assessment scoring, as a % of available marks in each section and (in red) the CLeaR team's assessment results. The results of the peer assessment accorded closely with the self-assessment, with the peer assessment identifying some additional areas for improvement but also some areas where they scored Devon higher than the self-assessment.



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Detailed comments on your assessment are as follows

Clear Theme	Your score	Our score	Max	Comments
<b>Leadership</b>				
Vision and leadership (including WHO FCTC)	12	12	18	<p>Devon has tobacco control embedded in both high level strategic priorities as well as set as local priorities. Challenging ambitions for reductions in smoking prevalence have been agreed at a senior level.</p> <p>It would be good to see wider member engagement, particularly amongst other councils in the alliance and to have an elected member on the Alliance Steering Group.</p> <p>A Scrutiny enquiry would be a useful tool to increase member awareness and engagement. It would also help to identify where other links could be made.</p> <p>A policy in line with article 5.3 of the WHO Framework Convention on Tobacco Control would show exemplary corporate leadership on tobacco control.</p>
Planning and commissioning	10	10	12	<p>There is a clear demonstration of leadership from senior officers and engagement of members.</p> <p>Use of the NICE ROI tool, combined with monitoring of spend on tobacco control, would provide a useful comparator of investment in tobacco control work for Devon.</p>
Partnership, cross-agency and supra-local working.	23	25	28	<p>There is evidence of partnership working with wider partners in tobacco control. The move of Public Health to Local Authorities is being embraced as an opportunity to increase working with wider partners and district councils and to raise awareness of smoking as an issue.</p> <p>The Devon team identified needing representation from the education sector and the Clinical Commissioning Group (CCG) on the Alliance.</p>

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<b>Challenging Your Services</b>				
Innovation and learning	6	7	10	<p>The networks for sharing innovation and learning are well established in terms of local and regional smokefree alliances. However, to expand this and to engage with new partners after transition of public health to local authority, there is a need to develop relationships and gain membership from Elected members. The 8 District Councils also offer opportunities to share and compare data beyond the Health Improvement Lead links. With the new structures now in place it offers further opportunities to involve them and formalise links particularly with Clinical Commissioning Groups.</p>
Prevention	7	8	10	<p>A wide variety of work is happening in Devon to address prevention and includes a selection of interventions around second hand smoke. However, a robust approach will be needed to ensure that effective evaluation takes place to demonstrate effectiveness. As this work will only show success over an extended period, a useful measure could be numbers successfully receiving Brief Intervention training and numbers of referrals by Children Centre staff.</p> <p>Extension of work with schools, housing authorities and maternity were mentioned but capacity may present difficulties. Therefore, it will be necessary to prioritise where the greatest impact will be had using local intelligence and what measures to take that will clearly demonstrate effectiveness to secure future funding for this work.</p> <p>Thought needs to be given to a framework and mechanism for engaging schools in a holistic way on tobacco control. With the Healthy Schools Programme no longer running, the mechanism for engagement is not clear. Having a better understanding of the young people's health behaviours and attitudes local would help in the first instance; an intelligence gathering</p>

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				exercise would be the first step.
Compliance	8	10	14	<p>The Environmental Health Team is undertaking good work with local employers piloting an active smokefree workplace policy. It was acknowledged that this needed some follow up and evaluation which could be built on in terms of engaging with local businesses.</p> <p>Due to a 40% cut in budget for Trading Standards, test purchasing can only be undertaken if intelligence led.</p> <p>There is some excellent work taking place on intelligence gathering particularly in Ilfracombe. However, the challenge is what to do with the intelligence. Demonstrating that intelligence is being acted upon will be essential to continue to gain community support and engagement.</p> <p>Trading Standards have a Facebook page and intend to show some of their work on it. This would seem a good way to engage with the younger population. Exploring further social media could be beneficial.</p>
Communications and denormalisation	12	13	14	<p>There are excellent examples of communicating with stakeholders and resulting requests related to the newsletters are encouraging. We would encourage strengthening support with communication teams between the councils and public health teams. This will be challenging due to the number of them. Maximising the opportunity through the 'Insider' magazine would seem a sensible approach due to the extent of its reach to staff.</p> <p>Excellent social marketing work has been undertaken on young people and the use of hand rolled tobacco. The learnings from this work should inform the approach to work with young people going forward</p>
Cessation	17	17	20	<p>There is evidence of providing training to a wide variety of staff. It would be beneficial to explore further the option of training staff in local authorities and fire service</p>



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				<p>although you will need to explore who would be best trained in terms of time to deliver.</p> <p>Further training and monitoring is needed to ensure 'Making every contact count' is embedded in a variety of settings such as Mental Health and Acute Trusts.</p> <p>Provision of Champix as a first line treatment across all stop smoking providers in Devon would be in line with NICE Guidance on prescribing.</p> <p>Some good work with prisons has highlighted areas of improvement that have been addressed in terms of increasing referrals.</p> <p>Training and support from the Specialist Stop Smoking Service should continue to be provided to community advisers.</p> <p>Some blocks around contractual agreements and resourcing were highlighted, for the implementation of a whole system approach in secondary care. Resolving these issues will be beneficial to the county.</p>
<b>Results</b>				
Prevalence	5	4	8	<p>The move from the General Lifestyle Survey to the Integrated Household Survey (still officially experimental) has on the face of it provided more localised prevalence data. However, this needs to be used with care bearing in mind the small local sample sizes.</p> <p>Smoking at Time of Delivery (SATOD) data shows a positive improvement year on year. To ensure this is robust data, measures should be put in place to standardise recording mechanisms across the four local trusts.</p> <p>You will need to ensure you have an appropriate metric to measure smoking prevalence among 15 year olds.</p>
Quit data	7	7	10	Devon made a significant improvement in

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				<p>quit results from 2006/07 to 2008/09 followed by a decline for two years. This was attributed to a decline in uptake of the GP LES. This has now been addressed with training and support from the Specialist Stop Smoking which will need to be sustained to maintain the improvement.</p> <p>Exploring new ways to support smokers to stop, such as text and e-support, will also help address the difficulties of providing a service to such a wide rural area.</p>
Local Priorities	5	3	6	<p>Devon has set local priorities which match the national ambitions in the Healthy Lives, Healthy People: A Tobacco Control Plan for England (2011) and the Public health Outcomes Framework. These all relate to prevalence figures which are described above.</p> <p>In the absence of nationally collected data around 15 year old smoking prevalence, a local measure, such as a schools based survey, would provide an indicator of achievement against priority 3.</p>

## CLeaR Opportunities

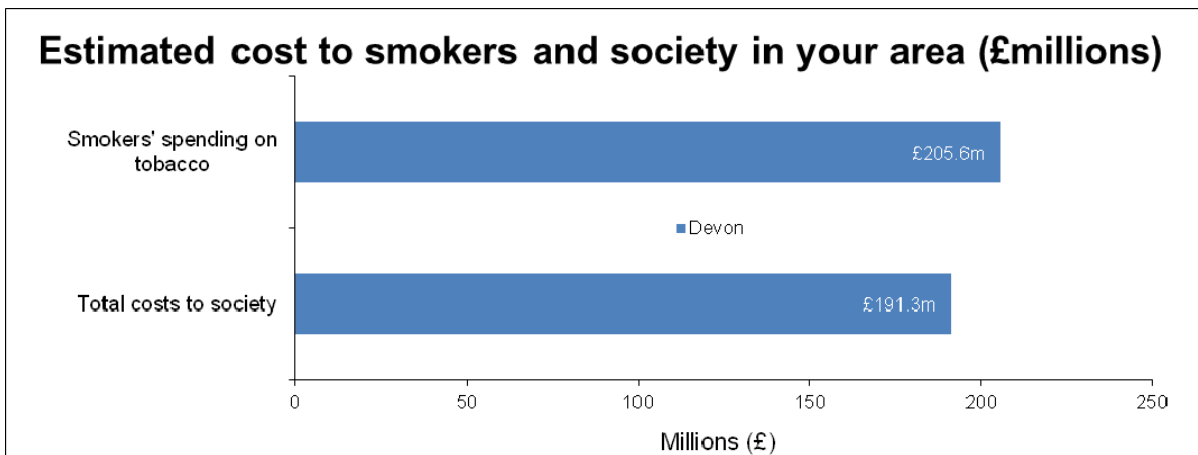
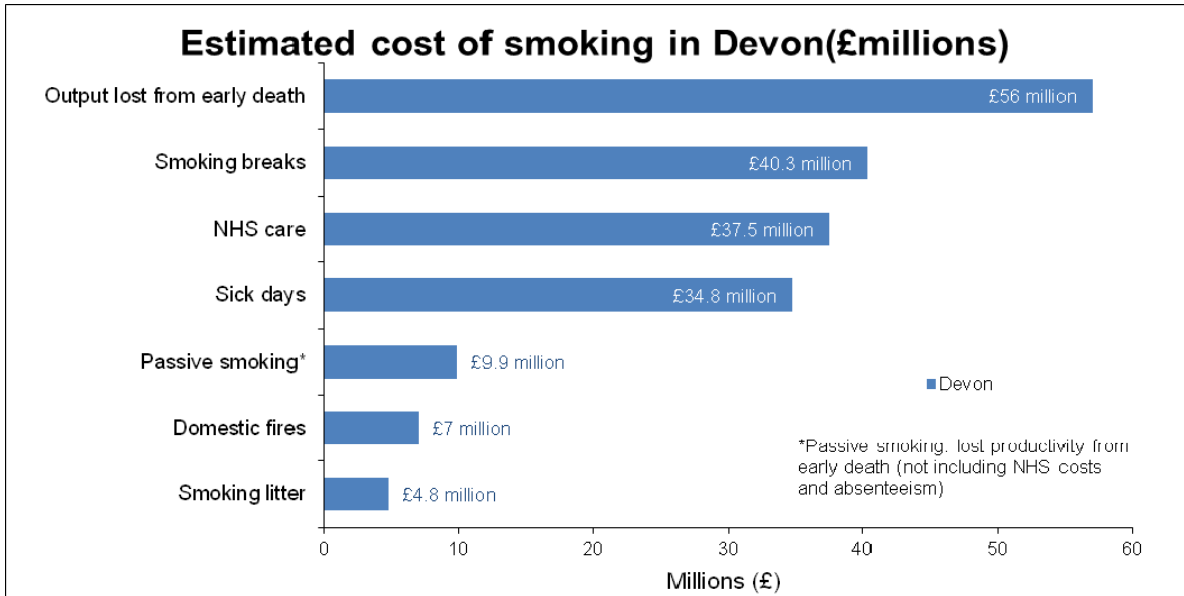
Devon's estimated smoking population is **116, 300** people.

If the wider impacts of tobacco-related harm are taken into account, it is estimated that each year smoking costs society in Devon **£191m**. In addition the local population in Devon spend **£205m** on tobacco related products.

As smoking is closely associated with economic deprivation this money will be disproportionately drawn from Devon's poorest citizens and communities.

See [www.ash.org.uk/localtoolkit/](http://www.ash.org.uk/localtoolkit/) for more details

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## CLear Resources

Information on the business case for tobacco control, and a toolkit of resources for Directors of Public Health, local authority officers and members can be found at <http://www.ash.org.uk/localtoolkit>

Further local information on the business case for tobacco can be found at <http://www.brunel.ac.uk/about/acad/herg/research/tobacco>

A helpful toolkit for conducting effective overview and scrutiny reviews can be found at [http://politiquessociales.net/IMG/pdf/CfPSPeelingonionfin\\_1\\_1\\_.pdf](http://politiquessociales.net/IMG/pdf/CfPSPeelingonionfin_1_1_.pdf)

In relation to communications, you may find it useful to review "A social marketing approach to tobacco control: a guide for local authorities" [www.idea.gov.uk/idk/aio/21028178](http://www.idea.gov.uk/idk/aio/21028178)

Excellence in tobacco control: 10 High Impact Changes to achieve tobacco control also contains a useful chapter on communications. [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/document\\_s/digitalasset/dh\\_084848.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/document_s/digitalasset/dh_084848.pdf)

A copy of the tobacco advocacy toolkit can be obtained from Ian Gray – email [I.Gray@cieh.org](mailto:I.Gray@cieh.org)

A briefing on investment and local authority pension funds - [http://ash.org.uk/files/documents/ASH\\_831.pdf](http://ash.org.uk/files/documents/ASH_831.pdf)

NICE guidance on smoking and tobacco <http://www.ash.org.uk/stopping-smoking/for-health-professionals/nice-guidance-on-smoking>

The NCSCT have a range of resources which may interest you – see for instance NCSCT Training and Assessment Programme (free) - developed for experienced professionals working for NHS or NHS commissioned stop smoking services who want to update or improve their knowledge and skills - as well as newcomers to the profession, who can gain full NCSCT accreditation. <http://www.ncsct.co.uk/training>

Very Brief Advice on Smoking – a short training module for GPs and other healthcare professionals to help increase the quality and frequency of Very Brief Advice given to patients who smoke. <http://www.ncsct.co.uk/VBA>

Very Brief Advice on Second-hand Smoke - a short training module designed to assist anyone working with children and families to raise the issue of second-hand smoke and promote action to reduce exposure in the home and car. <http://www.ncsct.co.uk/SHS>

NCSCT Streamlined Secondary Care System (cost available on request) a whole hospital approach to stop smoking support for patients

(More information – <http://www.ncsct.co.uk/delivery/projects/secondary-care> - contact [Liz.hughes@ncsct.co.uk](mailto:Liz.hughes@ncsct.co.uk))

NCSCT Provider Audit - is a system of national accreditation designed to support local stop smoking service commissioners and providers to demonstrate whether the support they provide meets minimum standards of care and data integrity. This aims

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to complements any existing internal quality assurance processes whilst its independent nature provides external assurance of quality and performance.

(More information - <http://www.ncsct.co.uk/delivery/projects/audit-of-local-stop-smoking-services> - contact [Isobel.williams@ncsct.co.uk](mailto:Isobel.williams@ncsct.co.uk))

# CLeaR Assessment Report

## CLeaR next steps

Thank you for using CLeaR.

Having completed your self-assessment and CLeaR assessment, you will now be awarded CLeaR accreditation until May 2014. This gives you the right to use the CLeaR logo and automatic entry to the forthcoming CLeaR awards which will be held for the first time in 2013.

In the meantime we invite you to:

- share the report with partners and stakeholders, and develop actions based on the recommendations;
- contact us if you'd like to discuss commissioning further support for tobacco control;
- take up CLeaR membership and train members of your staff as peer assessors, to enable you to participate in, and learn from, other assessments in your region;
- repeat self-assessment in 12 months' time to track how your score improves; and
- consider commissioning a CLeaR re-assessment in 2014.

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