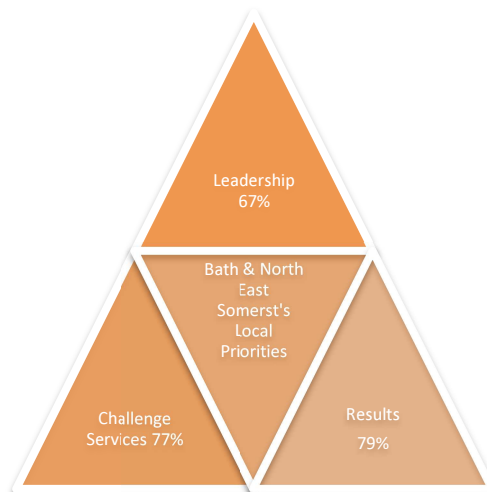




CLeaR Thinking

CLeaR Model Assessment for
Excellence in Local Tobacco Control

Bath and North East Somerset Council
10th June 2013



Bath and North East Somerset'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 Bath and North East Somerset

Cathy McMahon invited the CLeaR team to pilot the CLeaR assessment process in Bath and North East Somerset as a benchmarking exercise for the tobacco control alliance, to assist with development of the CLeaR model and to inform the updated Tobacco Control Strategy.

This report summarises conclusions of the CLeaR Assessment team following their visit and a series of interviews on 10th June 2013. It sets Bath and North East Somerset's challenge in context, providing information on the economic impact of smoking in BANES.

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 Cathy 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 be interviewed by the CLeaR team; their willingness to engage with the process, honesty and integrity were greatly appreciated.

- Cllr Simon Allen, Chair, Bath and North East Somerset Council Health and Wellbeing Board
- Dr Ian Orpen, Chair, Bath and North East Somerset Clinical Commissioning Group
- Dr Bruce Laurence, Director of Public Health, B&NES Council
- Paul Scott, Public Health Consultant, B&NES Council
- Denice Burton, Ast Director, Public Health, B&NES Council
- Judy Allies, Director of Public Health Award Co-ordinator, B&NES Council

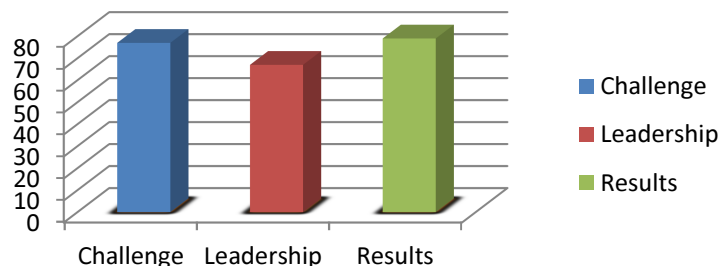
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- Sarah Heathcote, Public Health Development and Commissioning Manager, B&NES Council
- Sue Green, Service Manager, Public Protection, B&NES Council
- Suzanne McCutcheon, Education and Enforcement Manager, Public Protection, B&NES Council
- Robin Wood, Team Leader, Trading Standards and Health and Safety, B&NES Council
- Friederike Hamilton, Health Visitor, Sirona Care and Health
- Sally Mitchell, School Nurse, Sirona Care and Health
- Dawn Powell, Specialist Stop Smoking Midwife, Great Western Hospital Trust
- Martyn Price, Manager, Lifestyle Services, Sirona Care and Health
- Ann Young, Specialist Stop Smoking Advisor, Sirona Care and Health
- Ruth Sampson, Tobacco Control Lead, Sirona Care and Health
- Daniel Cattnach, Communications and Media Officer, B&NES Council

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CLear Messages

BANES scores as % available score in each domain



CLear Domain	Max score	Self-assessment score	CLear Assessment score
Challenge Services	78	55	60
Leadership	60	37	40
Results	28	20	22

Your insights (we observed the following which matched with your self-assessment):

- Your alliance involves a wide range of partners, as demonstrated by those who took part in the assessment. You have an existing tobacco control plan and are working to update this.
- You have an existing comprehensive range of activities with more work being developed.
- You have a comprehensive communication plan and evidence of utilising the range of communication media to good effect. You have also identified new opportunities to be developed from within the Local Authority such as via internal communication channels.

Your strengths (as observed by the peer assessment team):

- Bath and North East Somerset benefits from the strong leadership and support of councillor Simon Allen who chairs the Health and Wellbeing Board
- A good understanding of the current position of tobacco control in BANES was demonstrated as well as knowledge of some weak areas and plans to tackle them.
- Strong work with young people is being undertaken across the range of ages.
- Provider Healthy Lifestyle Services provide a quality Stop Smoking Service as part of an integrated approach to health.

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Opportunities for development:

Whilst tobacco control could be considered implicit in the work to reduce Health Inequalities as set out in the Health and Wellbeing Strategy, there is a need to make it more explicit in order not to lose the focus on tobacco control.

There needs to be a clear formal governance framework for the Tobacco Control Strategy and a formal reporting mechanism for the Tobacco Action Network.

The development of SMART targets for the Tobacco Control Strategy will help in monitoring achievements.

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.) You have identified other partners whose engagement in the TAN would be beneficial (eg CCG and wider Local Authority Members).

Regular data sharing and reviews of progress by the TAN will ensure learning from innovation is recognised and embedded in partner work.

A local scrutiny inquiry could be helpful to engage elected members.

Signing up to the Local Government Declaration on Tobacco Control would signal clear leadership in this area throughout the Authority.

An organisation policy in line with article 5.3 of the WHO `Framework Convention on Tobacco Control would show exemplary corporate leadership on tobacco control and would provide a clear steer for departments on any working with the tobacco industry.

Strengthening the focus on engaging with the illicit tobacco issue specifically in local communities and close working with Trading Standards would help to raise awareness of the issues and drive intelligence.

There is strong work being undertaken with young people for example with the Director of Public Health Award and the Health Education Survey. This work should be continued to discourage the uptake of smoking by young people and drive down smoking prevalence over the long term.

The comprehensive approach would benefit from further engagement with other consultants and clinical leads at the RUH and in Primary Care.

Brief intervention training around second hand smoke would support the embedding of the Smokefree Homes Programme with relevant partners (eg Health Visitors, Children's' Centre staff).

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More robust data for measuring Smoking at Time of Delivery (SATOD) should be provided by the move of Maternity Services to a new IT system.

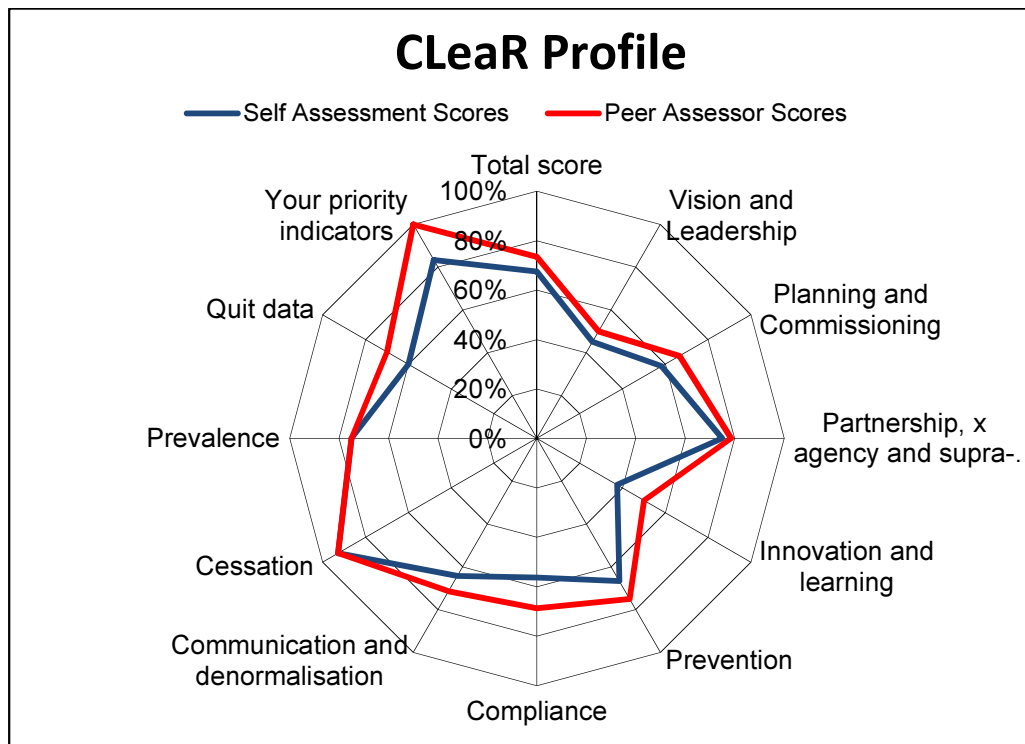
CO screening for all pregnant women should be an ambition and the mandatory recording on the new maternity database should help to achieve this in the future. This will also help to assure that all pregnant smokers are identified.

There are opportunities to make greater use of corporate communications which you identified and which will make a positive contribution to future work.

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CLeaR Results

The chart below shows (in blue) Bath and North East Somerset’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.



Detailed comments on your assessment are as follows

Clear Theme	Your score	Our score	Max	Comments
Leadership				
Vision and leadership (including WHO FCTC)	9	10	20	B&NES has an integrated holistic approach evidenced in the Health and Wellbeing Board Draft Strategy. However, we felt that the lack of tobacco as a clear defined objective is both a concern and a missed opportunity to maintain the focus on this important area. The executive member for Wellbeing was

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				<p>a strong advocate for tobacco control. Other members are noted as being supportive of the tobacco control agenda. A Scrutiny inquiry could be a useful tool here in further engaging members.</p> <p>We saw evidence of engagement with clinical leadership and understand there is support from the Clinical Commissioning Group who will be consulted on the Tobacco Control Strategy. Further engagement with other consultants and clinical leads at the RUH and in Primary Care would also be beneficial to a comprehensive approach.</p> <p>We felt the support to staff and plans for a smokefree campus are strong evidence of B&NES Council's ambitions to act as an exemplar in supporting staff to stop using tobacco.</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	7	8	12	<p>We saw evidence of a comprehensive Draft Strategy which will be signed off at Council Cabinet level via the Health and Well Being Board and other relevant partners.</p> <p>The development of SMART targets will help in monitoring achievements against the Strategy.</p>
Partnership, cross-agency and supra-local working.	21	22	28	<p>An active Tobacco Action Network was evidenced through the self- assessment and by the participants who took part in the assessment visit.</p> <p>B&NES is actively involved in existing regional networks including for the sharing of best practice and in collaborative working across the South West.</p> <p>We felt that you showed strong evidence of relevant partners being accountable for the delivery of targets.</p>

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				You have identified other partners whose engagement in the TAN would be beneficial (eg CCG and wider Local Authority Members)
Challenging Your Services				
Innovation and learning	3	4	8	<p>We saw evidence of the sharing of both local innovation and data through several networks.</p> <p>The revived TAN and continued engagement with the South West Action Group should provide B&NES with a good forum to continue this practice allowing all groups to share from it.</p> <p>We scored higher in this area as active membership of the SW Action Group and Professional Network meetings had not been included.</p> <p>Regular data sharing and reviews of progress by the TAN will ensure learning from innovation is recognised and embedded in partner work.</p>
Prevention	8	9	12	<p>B&NES has a comprehensive programme of work with young people across the age groups with excellent engagement with schools and Bath City College and a range of other programmes and awards to support this agenda.</p> <p>Brief intervention training around second hand smoke would support the embedding of the Smokefree Homes Programme with relevant partners (eg Health Visitors, Children's' Centre staff).</p>
Compliance	9	11	16	<p>B&NES engages with other organisations across the South West to amplify regulatory work through collaborative working (eg SFSW, SWEROTS).</p> <p>We scored higher in intelligence gathering and handling and a risk based approach to reflect the collaborative work that B&NES supports through SFSW with the Regional Intelligence Unit and the use of Crimestoppers.</p>

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				A policy in line with article 5.3 of the WHO `Framework Convention on Tobacco Control would protect your work on illicit tobacco from the vested interests of the tobacco industry.
Communications and denormalisation	9	10	14	<p>We saw good examples of work around communication and denormalisation and scored your approach to communication of tobacco control issues higher to reflect the comprehensive approach through partners and the current Communication Plan.</p> <p>There are opportunities to make greater use of corporate communications which you identified and which will make a positive contribution to future work.</p>
Cessation	26	26	28	<p>The Stop Smoking Service has some strong examples of good practice.</p> <p>Incentives for NHS providers are evidence through the CQUIN in the Maternity Contract and the LES for primary care providers.</p> <p>CO screening for all pregnant women should be an ambition and the mandatory recording on the new maternity database should help to achieve this in the future. This will also help to assure that all pregnant smokers are identified.</p>
Results				
Prevalence	9	9	12	<p>Smoking prevalence data for B&NES shows an improving trend across the standard measures with local work to address the lack of prevalence data in young people.</p> <p>The move of Maternity Services to a new IT system will provide more robust data for measuring SATOD.</p>
Quit data	6	7	10	<p>Whilst your local quit rate data is compared to National and Regional averages, the fall since 2009/10 should be addressed to ensure quality and cost effectiveness of service.</p>

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				More locally relevant criteria for setting the local quit target will assist in targeting services.
Local Priorities	5	6	6	<p>B&NES local priorities will contribute to reducing the negative impacts of tobacco use on the population.</p> <p>Although the SHEU survey which will give a very localised indication of progress in reducing exposure of young people to tobacco smoke, B&NES has benefited in this area from its collaborative working with the Smokefree South West Smokefree Homes Programme which has shown a significant decrease in smoking in the home across the South West (decrease from 22% in 2011 to 13% in 2013).</p>

CLear Opportunities

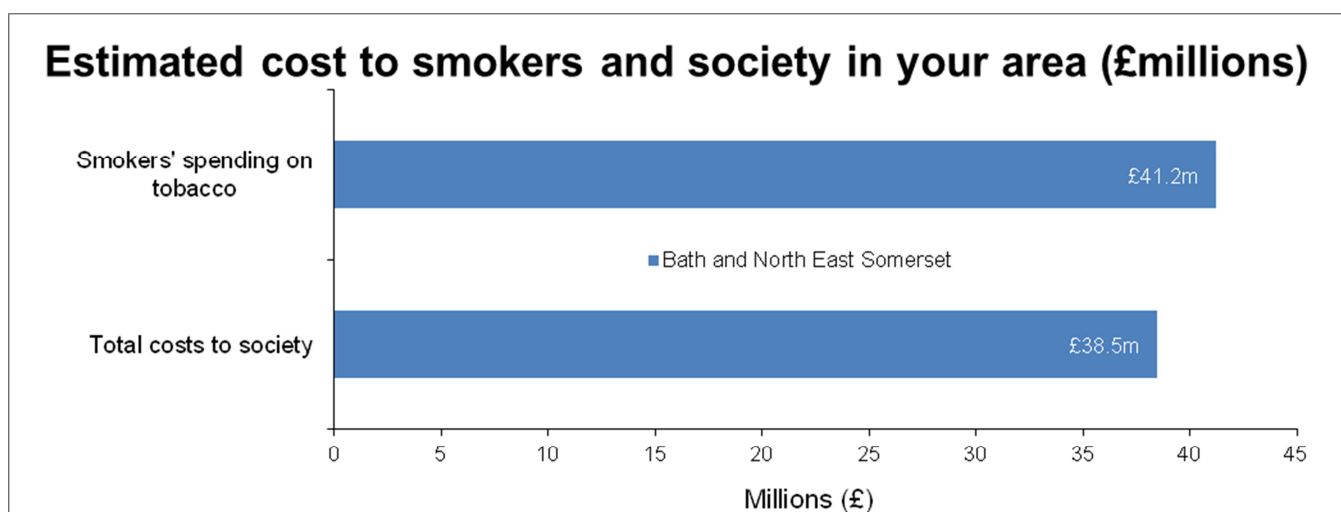
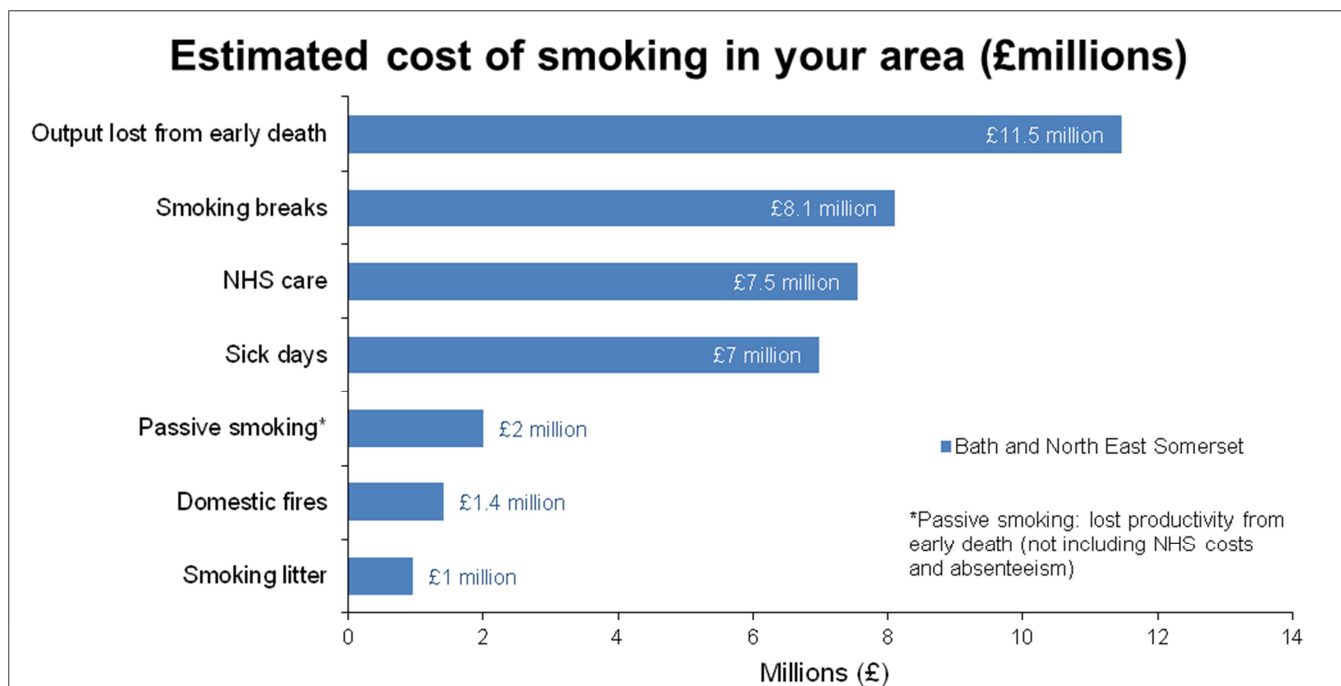
Bath and North East Somerset's estimated smoking population is **23,300** people.

If the wider impacts of tobacco-related harm are taken into account, it is estimated that each year smoking costs society in Bath and North East Somerset **£38.5m**. In addition the local population in Bath and North East Somerset spend an estimated **£41.2m** on tobacco related products.

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

See 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

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

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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/digitalasset/dh_084848.pdf

A copy of the tobacco advocacy toolkit can be obtained from Ian Gray – email I.Gray@cieh.org

A briefing on investment and local authority pension funds - 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)

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 to complement 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)

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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 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 month's time to track how your score improves; and
- consider commissioning a CLeaR re-assessment in 2014.

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