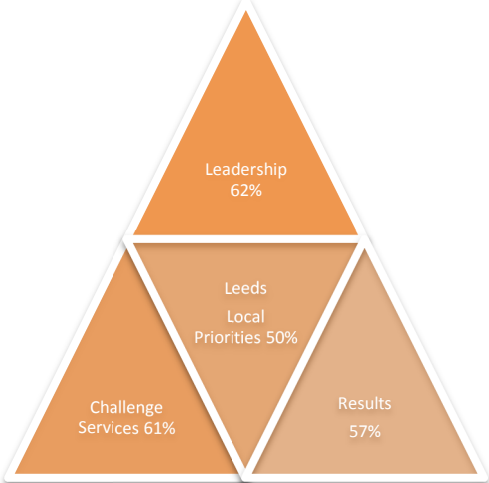




CLeaR Thinking

CLeaR Model Assessment for
Excellence in Local Tobacco Control

Leeds
22 March 2014



Leeds CLeaR scores as a % of the total available in each domain

CLeaR Assessment Report

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 Leeds

Local public health leaders invited the CLeaR team to validate the CLeaR self-assessment process in Leeds as a benchmarking exercise for the tobacco control management group (alliance).

This report summarises conclusions of the CLeaR assessment team following their visit and a series of interviews on 21 March 2014. It sets Leeds's challenge in context, providing information on the economic impact of smoking in the city.

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

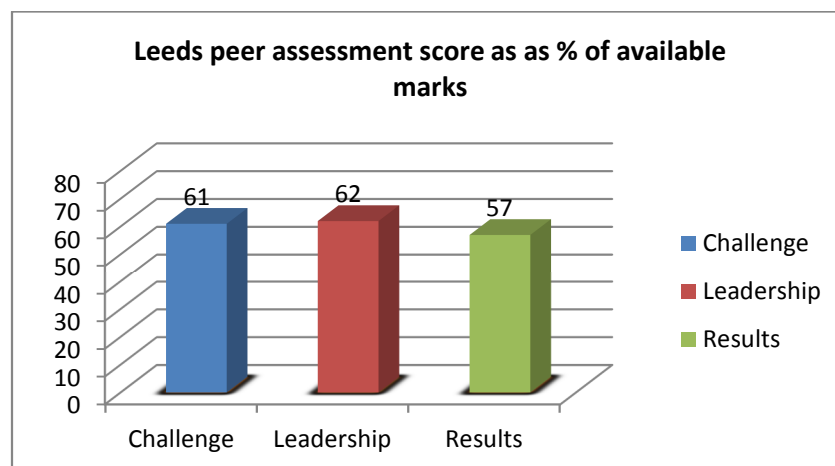
Special thanks go to Paul Lambert for his assistance in co-ordinating responses to the self-assessment and organising the assessment visit.

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.

- Steve Body
- Ian Cameron
- Karen Haw
- Brenda Fullard
- Paul Lambert
- David Lodge
- Jo Loft
- Rachel McCormack
- Phil Morcom
- Cllr Lisa Mulherin
- Charlotte Orton
- Heather Thompson

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CLeaR Messages



CLeaR Domain	Max score	Self-assessment score	CLeaR Assessment score
Challenge Services	78	45	48
Leadership	60	38	37
Results	28	14	16

Your insights:

- Tobacco control has remained a priority for the city council during a significant time of transition as the move of public health into the local authority becomes more embedded
- The CleaR process is viewed as a key part of the work to re-invigorate the Leeds Tobacco Control Management Group and move towards more SMART targets
- There is a need to re-evaluate whether current approaches to reducing smoking prevalence are still fit for purpose
- An evidence-based approach to tobacco control is seen as vital, and there is a strong will to retain links with academic researchers
- Engagement with the three clinical commissioning groups (CCGs) in the city could be greatly strengthened

Your strengths:

- The self-assessment had been carried out honestly and realistically and reflected the need to strengthen new structures and relationships in the changed public health landscape
- Protecting people from the harmful effects of tobacco and reducing the number of smokers are highlighted in the City Priority Plan and the Joint Health and Wellbeing Strategy
- There is a desire to see the need to take action on tobacco harms more widely embedded across the council – for instance, through children’s and young people’s services and plans

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- The DPH and Executive Member for Health and Wellbeing are strong tobacco control champions locally and more widely
- It is commendable that a healthy schools service has been retained despite severe budget constraints
- There is a commitment to partnership working as evidenced by the funding contributions to the regional tobacco control post and a West Yorkshire illicit tobacco programme
- The local stop smoking service is performing well in terms of quit rates
- Members of the public health team who are involved in tobacco control work are highly experienced and committed to achieving the best returns on investment possible

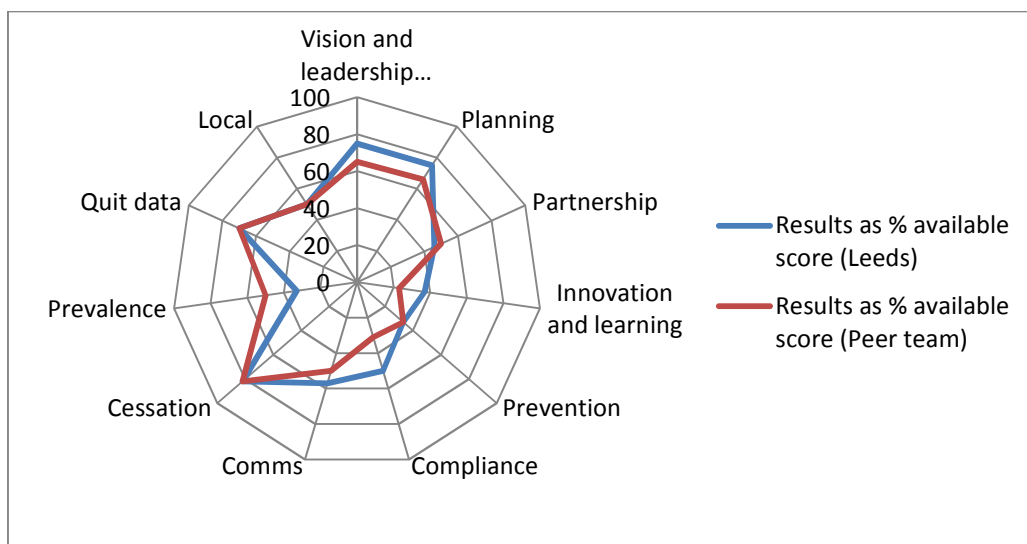
Opportunities for development:

- Endorsing the Local Government Declaration on Tobacco Control through the full Council would be a clear indication of commitment and intent and greatly help to widen elected member engagement. Issues about local authority investments in tobacco stocks should be considered separately and not seen as a barrier to signing the Declaration. ASH is working on refreshed guidance which should be available after the May 2014 local elections
- Signing the Declaration could prove to be a catalyst for Leeds to have a stronger voice on tobacco control policy issues such as standardised packaging and smoking in cars children
- It was pleasing to hear that Leeds Teaching Hospitals NHS Foundation Trust is developing a public health strategy. This presents an opportunity to strengthen clinical engagement with the tobacco control management group and, more specifically, work through the effective implementation of the recent NICE Guidance on Smoking Cessation – Acute, Maternity and Mental Health Services <http://www.nice.org.uk/PH48>
- The tobacco control management group's relationship with the Health and Wellbeing Board (HWB) could be strengthened through more regular reporting and accountability than the annual report mentioned in the current terms of reference. This would ensure that tobacco control's visibility matches its declared priority status
- We would recommend that consideration should be given to reviewing tobacco control management and delivery arrangements within the public health team. Although several very experienced staff are currently involved in commissioning and managing a range of projects and services there is potential to streamline arrangements to provide more focus
- A review and refresh of the tobacco control programme will also be an opportunity to consider the balance of spend between different components. At the moment the great majority of budget is dedicated to the stop smoking service. Although this is delivering good quit rates throughput has dropped considerably and future impact on prevalence is likely to be limited, suggesting there needs to be greater emphasis on other strands of activity.

CLear Results

The chart below shows (in blue) Leeds'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 in many areas. However, the peer assessment identified some understated strengths and additional issues for improvement. These are discussed in more detail in this report.

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Detailed comments on your assessment are as follows:

Clear Theme	Your score	Our score	Max	Comments
Leadership				
Vision and leadership (including WHO FCTC)	14	15	20	<p>The assessment team was presented with strong evidence that tackling tobacco harms is a priority in Leeds, and it was good to hear that there is a strong will to take action. We therefore scored this section slightly higher than the self-assessment.</p> <p>It was pleasing to learn that a Scrutiny Committee review on the subject was carried out in 2012 and another is planned.</p> <p>Tobacco control is identified in various key council documents and strategies, and there is an appetite to base action on evidence and research.</p> <p>One area for improvement is clinical engagement. Remedying this by closer working with the three Leeds CCGs and the substantial acute sector in the city would be a major step forward. The fact that the acute trust has developed a public health strategy, and the recent publication of NICE Guidance PH 48, suggests that there are real opportunities to strengthen these collaborations.</p> <p>The council should also consider endorsing the Local Government Declaration on Tobacco Control, as outlined earlier in this report.</p>
Planning and commissioning	9	8	12	<p>It was good to hear a commitment to refreshing a comprehensive and multi-strand approach to tobacco control, investing funds in evidence-based activities.</p> <p>However, as in many other localities, the majority of the tobacco control budget is spent</p>

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				<p>on just one strand – the stop smoking service. The service is performing well in terms of quits, but consideration should be given to whether this funding skew presents the best return on investment when the overall objectives of the tobacco control plan also include preventing smoking uptake and protecting the wider population from tobacco harms.</p> <p>We suggest a review of how public health budgets are allocated. This could look at the balance within the current tobacco control spend and the wider public health budget allocations given that – again, as in other geographical areas - spend on drugs and alcohol service and sexual health provision is far higher.</p>
Partnership, cross-agency and supra-local working.	15	14	28	<p>We heard some good examples of partnership working, and it was good to hear that Leeds supports and benefits from the Regional Tobacco Control Manager post, directors of public health networking and regional trading standards expertise.</p> <p>The current collaboration with other local authorities to develop a programme to tackle illicit tobacco (based on the North of England Tackling Illicit Tobacco for Better Health model) is to be welcomed. We would recommend that other opportunities for supra-local working are explored as part of a review of tobacco control activity.</p> <p>More locally there has been good multi-agency work to address problems associated with shisha and other niche tobacco products. For these reasons we scored slightly higher than the self-assessment.</p> <p>There is a recognition that partnership working through the tobacco control management group could be improved through widening membership and making it less ‘health led’.</p>
Challenging Your Services				
Innovation and learning	2	3	8	<p>We heard several examples of participation in research programmes and academic studies to better understand ‘what works’. This is to be commended.</p> <p>It is also good to see that that the tobacco control management group is striving to improve its RAG (red, amber, green) monitoring systems and capability. This prompted the peer reviewers to score slightly higher than the self-assessment</p>
Prevention	8	6	12	<p>The ‘Health for All’ smokefree homes service appears to be doing good work in some of the</p>

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				<p>wards with the highest smoking prevalence. However, as this is a relatively new service commission and longer-term evaluation has therefore not yet been possible a score of 'some evidence' rather than 'strong evidence' was more appropriate.</p> <p>Leeds is to be commended for retaining a health schools service despite budgets being under severe pressure and it was good to hear of the work which is going on to reach young people in schools about smoking and tobacco. We also heard that the ASSIST programme has been commissioned for some schools, and that the DAZL anti-smoking dance project is running in community settings in some areas. However, we would recommend that as part of a review of tobacco control activity a close look is taken at this range of work aimed at young people to ensure that separate elements work as a coherent strategy and are based on relevant NICE Guidance e.g. http://guidance.nice.org.uk/PH23</p>
Compliance	5	8	16	<p>This is a strength in the locality and we felt that the self-assessment had underscored this section.</p> <p>The contributions to regional tobacco control and trading standards expertise are to be welcomed, particularly in these times of austerity and are enabling the development of the supra-local illicit tobacco campaign. We heard of good work with a range of partners on shisha and niche tobacco, and the involvement of area/ locality teams. It was also good to hear that lessons learned from other parts of the country which have run shisha campaigns have been adopted.</p> <p>Opportunities for compliance and enforcement visits to business premises to be used to proactively distribute public health literature should be further explored.</p>
Communications and denormalisation	7	8	14	<p>It was pleasing to hear that the council is allocating specific communications and marketing support to public health, including tobacco control. This enables Leeds to amplify national activity such as Stoptober. We also heard that a small budget (£5k) had been used to leaflet drop targeted areas regarding New Year quits. Inevitably such small budgets (less than 0.5% of the overall tobacco control spend) mean that 'earned media' through news outlets is the only viable route to mass audiences.</p>

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				<p>We would recommend that a review of budget allocations considers whether it would be possible to increase funding for communications and denormalisation work. Again there are opportunities for achieving better value for money and impacts if collaborative work sharing costs is considered. A strategic approach to communications and engagement developed for the HWB is welcomed, but this (by its own admission) has limited scope and the 'work in progress' specific plan for tobacco control communications needs to be developed and supported.</p> <p>The locality is fortunate to be able to call on the experience and expertise of the Regional Tobacco Control Manager post, and the opportunities to work with and through him on joint activities should continue to be explored.</p>
Cessation	23	23	28	<p>The stop smoking service is a real strength in the locality. However, with significantly reduced throughput even the best-performing service is not the sole answer to delivering reductions in prevalence even though quit rates are good.</p> <p>There appear to be, though, various opportunities to increase the numbers using stop smoking services:</p> <ul style="list-style-type: none"> • improvements to cessation work in secondary care (see earlier reference to NICE PH48). This could be a fruitful area for discussion with the CCGs and the Foundation Trust • improved quality of services provided within GP, pharmacy and dental practices e.g. NCSCT certification for all advisors • review of the effectiveness of the CQUIN operating in the acute trust • we heard that further funding has been found to improve the opt-out referral process for pregnant smokers. This could be accompanied by work to improve the reliability of SATOD (smoking at time of delivery) data
Results				
Prevalence	4	6	12	<p>Prevalence decline appears to have stalled and this has been identified as a key issue to consider when reviewing tobacco control activity in the city.</p> <p>Integrated Household Survey data indicates that SATOD is below the England average,</p>

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				<p>although we heard some concerns about the reliability of data collection locally. The Every Child Matters survey work is a useful indicator of youth smoking rates, and the in-development national survey of lifestyle habits at age 15 will also provide more local data www.whataboutyouth.com/</p>
Quit data	7	7	10	<p>Quit rates are a strength in Leeds, but declining numbers being seen by the stop smoking service are an issue to be addressed during a tobacco control review</p>
Local Priorities	3	3	6	<p>Priority 1: 'Establish an infrastructure to achieve comprehensive tobacco control'. We agree that there is some evidence of achievement but recommend that roles and responsibilities relating to tobacco control within the public health team could be reviewed to provide more focus, and that the relationship between the tobacco control management group and HWB could be further strengthened.</p> <p>Priority 2: 'Preventing the uptake of smoking'. Again, some evidence of achievement. However, consideration of a shift of emphasis from stop smoking services to wider denormalisation activity is recommended.</p> <p>Priority 3: Helping tobacco users to quit and protecting the population from the environmental impacts of tobacco'. Some evidence of achievement. Quit rates are good but the numbers being seen by the service are in decline. The activities to encourage more smokefree homes and other spaces are good work in progress.</p>

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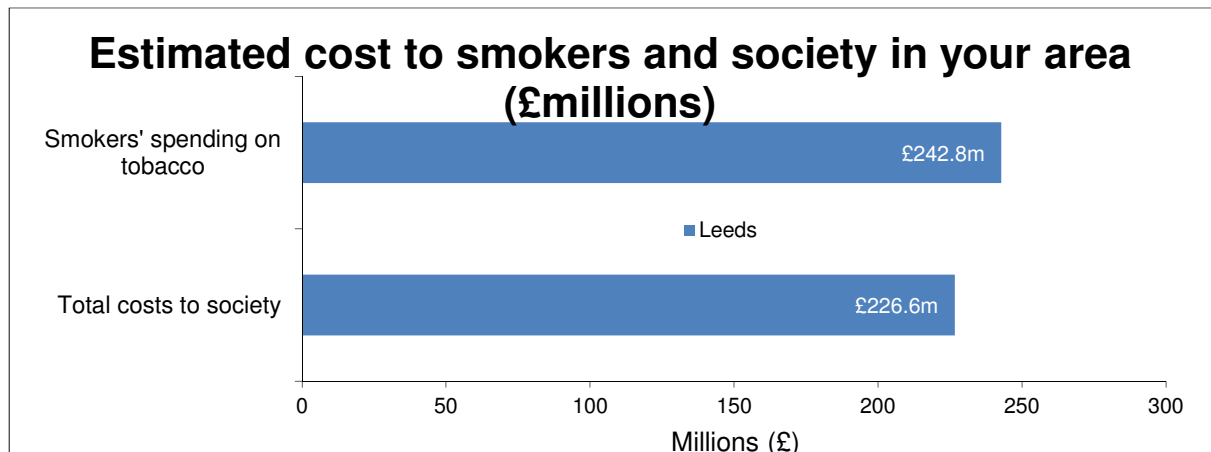
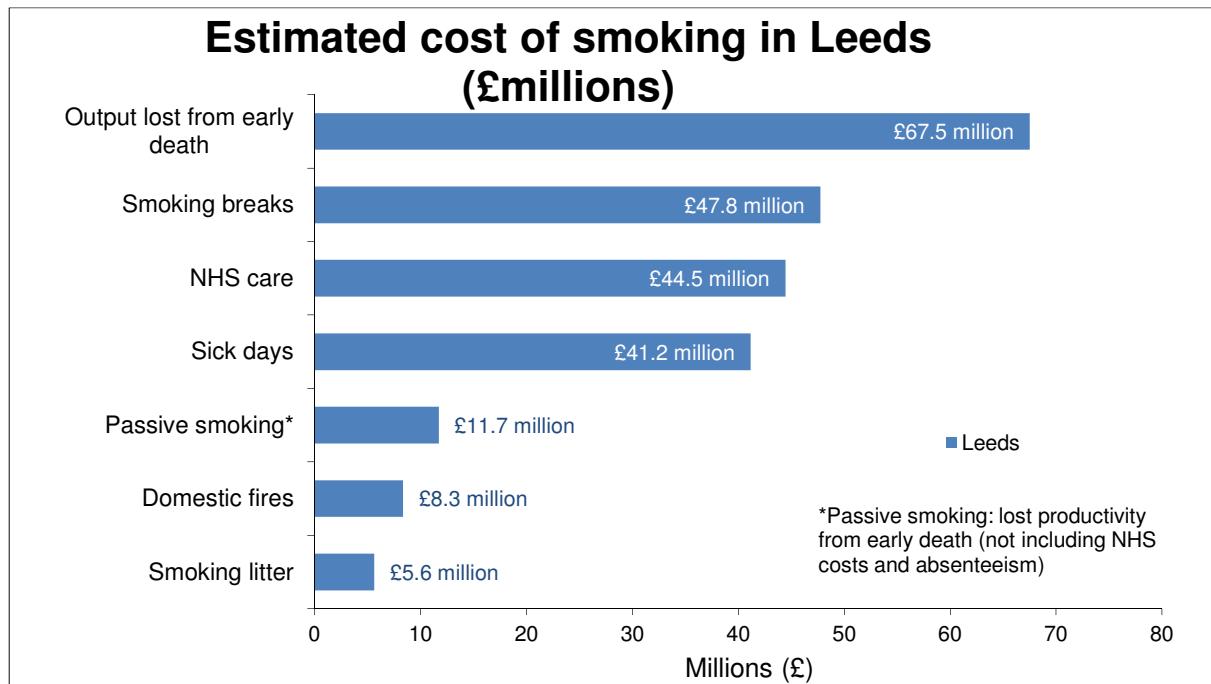
CLeaR Opportunities

Leeds's estimated smoking population is **137,312** people.

If the wider impacts of tobacco-related harm are taken into account, it is estimated that each year smoking costs society in Leeds **£226.6m**. In addition the local population in Leeds spend **£242.8m** on tobacco related products.

As smoking is closely associated with economic deprivation this money will be disproportionately drawn from Leeds'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

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/documents/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. For more information – <http://www.ncsct.co.uk/delivery/projects/secondary-care> or contact Liz.Gilbert@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

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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)

CLeaR next steps

Thank you for using CLeaR.

Having completed your self-assessment and CLeaR assessment, you will now be awarded CLeaR accreditation until March 2015. This gives you the right to use the CLeaR logo and automatic entry to the annual CLeaR awards.

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 2015.

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