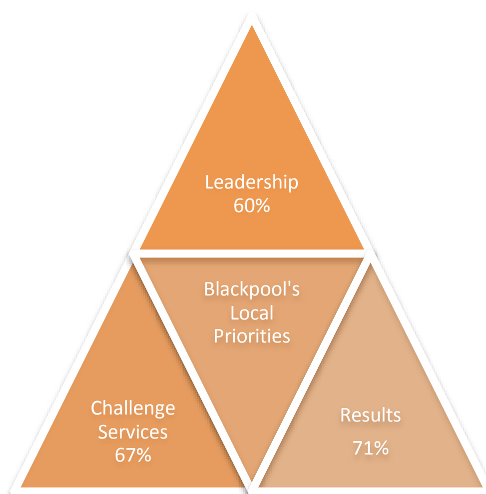
CLeaR Thinking

CLeaR Model Assessment for Excellence in Local Tobacco Control

Blackpool
13th September 2013



Blackpool'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 Blackpool

Local tobacco control lead Steve Morton invited the CLeaR team to validate the CLeaR self-assessment process in Blackpool as a benchmarking exercise for the tobacco control alliance.

This report summarises conclusions of the CLeaR Assessment team following their visit and a series of interviews on 13th September 2013. It sets Blackpool's challenge in context, providing information on the economic impact of smoking in Blackpool.

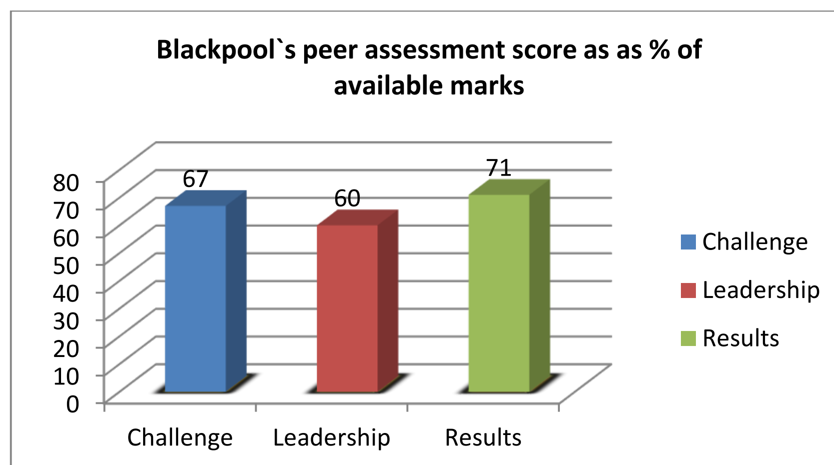
In carrying out the CLeaR assessment we built on the locality's insights into areas that needed improvement, as recognised in through their own self-assessment questionnaire.

Special thanks go to Steve 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 Morton
- Viv Maguire
- Dr Arif Rajpura
- Cllr Ivan Taylor
- Carol Bramhall
- Rachel Swindells
- Nicola Parry
- Raymond Lee
- Glen Phoenix
- Amy Ratcliffe

CLeaR Messages



CLeaR Domain	Max score	Self-assessment score	CLeaR Assessment score
Challenge Services	78	64	52
Leadership	60	50	36
Results	28	17	20

Your insights:

- Blackpool has significant Public Health challenges, and areas of high deprivation. The Director of Public Health described the locality as a "net importer of ill health", and clearly this is reflected in current smoking rates and health outcomes across Blackpool.

- Whilst there are clear examples of positive work happening around tackling tobacco across Blackpool (signage, smoking in pregnancy, tackling illicit tobacco), there hasn`t been an updating of the dedicated, comprehensive Blackpool tobacco plan for seven years, and there appears to have been only intermittent meetings of the Alliance in recent times.

- There is a clear desire to re-invigorate the Blackpool Tobacco Control Alliance, and to develop a local action plan which will bring a range of partners together for focussed working around this topic. The CLeaR process is seen as a positive step to support these discussions about the future role and priorities of the alliance.

Your strengths:

- We evidenced obvious support and leadership for tobacco control from key strategic partners such as Councillor Taylor, Chair of the Health and Wellbeing Board, and Dr Rajpura, the Director of Public Health.

- We welcome your commitment to revitalising the local Tobacco Control Alliance, and developing an action plan for 2013/14 and beyond.

- There has clearly been significant focus around tackling smoking in pregnancy locally, and Blackpool is to be credited for addressing issues around accuracy of recorded data, as well as implementing the measures now in place to reduce prevalence amongst this cohort.

- There has also been extensive work on using signage as part of a wider denormalisation focus (e.g. smokefree parks/playgrounds).

- The Stop Smoking Service within Blackpool is one of the highest performing nationally in terms of the proportion of the local smoking population setting a quit date. Whilst individual quit rates are lower than desired, the combined effect of throughput and effectiveness means that Blackpool SSS achieves amongst the highest number of quits per population size in England.

Opportunities for development:

- We would emphasise the need for the development of a new tobacco control plan for Blackpool. Whilst there are clearly good pockets of work taking place across the locality, there is a risk that these are seen as individual projects taking place in isolation, and the alliance plan could re-focus attention on a multi-strand, comprehensive approach to tackling tobacco. This could also incorporate the development of a clear long-term vision for Blackpool`s smoking rates.

- As part of any comprehensive approach to tobacco control, we would encourage a review of funding; both in terms of the balance of funding already committed within tobacco control (e.g. significant spend on signage) as well as the distribution of funding to tobacco as a share of the overall public health budget, particularly given that the main health challenges identified in Blackpool`s JSNA are so closely linked to smoking-related diseases.

- Clearly, as part of the move of public health responsibility into the local authority, the communications team are still developing their role around this activity. We feel that the communications role should be specifically represented on the new alliance, and that this role would not just focus on marketing, but also have a more pro-active role around advocating for tobacco control measures.

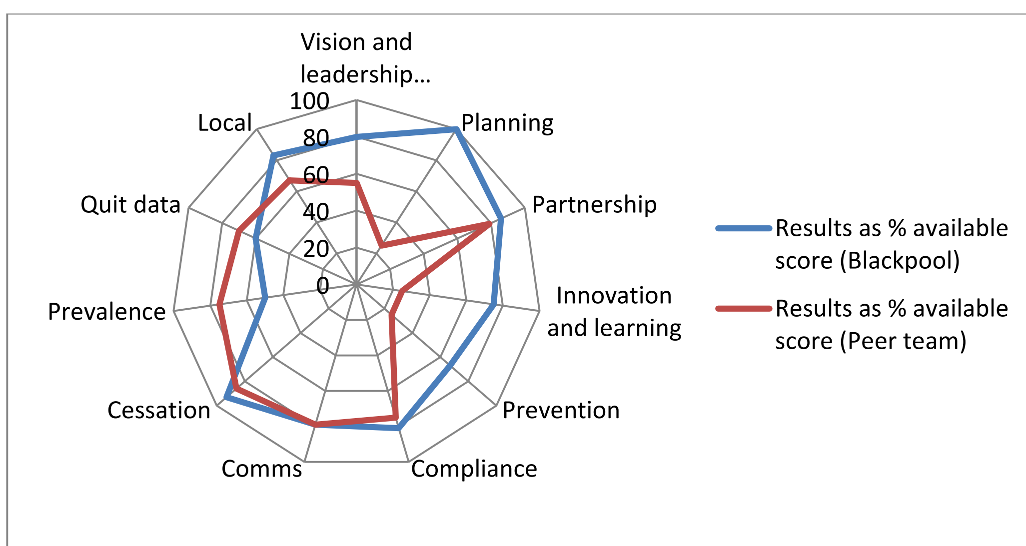
- In terms of working with young people and schools-based prevention activity we recognise the work being done around smokefree play areas. However, we would encourage the alliance to review the latest NICE guidance (PH23) on "School-based interventions to prevent smoking" when developing its plan, and ensure measures are in place for commissioned programmes to demonstrate their impact and compliance with guidance.

- An observation from across the assessment day was the degree of focus on Steve himself as the lead for tobacco. We are conscious of Steve`s other roles within public health (e.g. alcohol lead) and welcome the suggestion of additional strategic support in order to drive this agenda forward.

- The alliance should also consider how it will measure the impact of any initiatives that it instigates, as well as gaining a more detailed understanding of smoking prevalence rates across the locality and identifying wards of particularly high prevalence. More targeting would make better use of resources rather than a borough-wide approach

CLeaR Results

The chart below shows (in blue) Blackpool'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 some areas. However, the peer assessment identified some additional issues for improvement, particularly involving those areas of questioning which involved the development and review of an annual alliance plan, given the absence of such a local plan over recent years.



Detailed comments on your assessment are as follows:

Clear Theme	Your score	Our score	Max	Comments
Leadership				
Vision and leadership (including WHO FCTC)	16	11	20	There was evidence throughout the assessment visit of strong commitment at senior officer and elected member level to tackle tobacco issues locally. The Director of Public Health emphasised that tobacco is a key priority for Blackpool and there was also recognition from Chair of HWB that tobacco is a significant problem, and this is reflected accordingly in the Health and Wellbeing Strategy. HWB meets regularly and has presentations on key issues – Tobacco Control is programmed to be discussed in Quarter 3 or 4. We welcome the assertion that the alliance will be accountable to the Health and Wellbeing Board, with a clear action plan and accountability around what will be delivered, by whom, and when. Positive to hear that the HWB wants the new tobacco control plan in place by the end of the calendar year, but we had some concerns over how realistic this timescale might be, given the wide PH portfolio held by the TC lead, as well as the fact that dedicated support for this role is not yet in post. There appeared to be no overall and shared sense of a widely articulated vision for Blackpool around tobacco, although we heard of plans for consultations with key groups over the coming months which will feed into the development of the tobacco plan. Both the DPH and Chair of the HWB discussed the vision around tobacco being, “to match the national average”. Whilst they acknowledged that this might appear fatalistic, they feel it reflects the specific challenges of the Blackpool population (e.g. transient population, deprivation and mental health issues).

				However, there was also a clear ambition to change the perception that Blackpool is "destined" to remain an area of high smoking prevalence and poor health. There was support from both the DPH and the Chair of the HWB to pursue the council`s endorsement of the Local Government Declaration on Tobacco Control, as well as joining the Smokefree Action Coalition, and we would encourage such public commitment to tobacco control. The PH budget appears to have been genuinely ring-fenced as part of the transition into the Local Authority. However the assessment team would encourage a review of the relative spend on alcohol and tobacco. Alcohol clearly presents a major PH challenge for Blackpool, but given the strategic priorities identified in the JSNA (COPD, respiratory disease, etc), are these reflected by proportionate levels of investment in tobacco?
Planning and commissioning	12	3	12	It was acknowledged during self-assessment that there has not been an updating of a dedicated Blackpool Tobacco Control Plan for seven years. This accounts for the majority of disparity between self-assessment and peer-assessment scoring in this section. Whilst there was reference throughout the visit to a functioning alliance, it has not met this financial year. We understand, however, that a change of TC lead and the transition of PH to the council has had significant impacts, as in other geographical areas. There is currently no specific budget assigned to the alliance, which was described as a 'meeting of the willing'. Clear aspirations were expressed throughout the assessment for a dedicated budget to support the new alliance, and recruitment for a new strategic role to

				support TC work. We would also welcome the commitment to refresh the membership of the alliance, and the involvement of an elected member. Despite this, there has clearly been good activity around tobacco control over recent years (e.g. signage, smoking in pregnancy tackling illicit tobacco), but this this has not been framed within the context of a strategic and comprehensive tobacco plan. There is a great opportunity to remedy this following the CLeaR assessment and the HWB scrutiny panel, by reinvigorating the alliance and creating a new plan. The assessment team would re-emphasise the need for robust evaluation of all projects before further funding is committed. This includes smokefree signage which has had significant levels of investment. We would also flag up the importance of sustainable, low cost, evidence-based work (e.g. secondhand smoke training programme) as a way of embedding TC messages, rather than an over-reliance on short-term funded projects. Priorities already identified for the alliance plan include cessation, denormalisation, young people, and workplaces, with details to be agreed at workshops later in the year. Discussions are on-going around the structure of the plan (e.g. number of strands of activity), and we would encourage the locality to review similar models regionally and nationally.
Partnership, cross-agency and supra-local working.	24	22	28	Blackpool is one of the funders of Tobacco Free Futures, and therefore has links into supra-local activity around issues such as tackling illegal tobacco, joint PR work and advocacy. There was also discussion of the pan-Lancashire alliance and Blackpool`s role in this. All of this joint-working supported strong scores across this section.

				Locally, evidence was provided of working with a broad range of partners (e.g. GPs, midwives, trading standards, elected members, etc), and the locality is looking to reflect this broad level of support within the membership of the new alliance.
Challenging Your Services				
Innovation and learning	6	2	8	Whilst it was acknowledged that there is some evidence of sharing data and learning across Blackpool, the assessment team scored this section lower due to the lack of evidence around reviewing annual plans, and the role of the alliance in scrutinising those plans during development. This was due to the lack of a local plan over recent years. There was also limited evidence of evaluation of specific projects such as the smoke free signage, and the wider denormalisation agenda in general.
Prevention	8	3	12	There was clear evidence throughout the visit of significant investment and focus on smokefree parks/playgrounds, but it was acknowledged that there is no co-ordinated smokefree homes project. We would encourage the exploration of options for brief intervention training around secondhand smoke issues more generally, aimed at both healthcare professionals (HCPs) and non-HCPs alike (e.g. staff working in housing). There was some evidence of disinvestment in youth services generally over recent years, although positive news that there are now signs of re-investment in “early intervention” work. A lot of the youth-focussed activity now being planned seems dependent on funding from various sources though, which must be considered a risk. The stated possibility of piloting such work in a handful of wards seems worth exploring, in order to target areas of highest prevalence, and to test the framing of messages about protecting children

				from secondhand smoke effectively. Data on youth prevalence should be available through SHEU survey every 2 years in secondary schools although the locality was unable to provide this. The survey is not currently localised in any way although this can be done in order to make the data more relevant. Intelligence on youth smoking also available through the Trading Standards North West biennial young people's survey. There has been no Healthy School Programme or coordinator in place since the end of the previous scheme. However, a recently appointed PSHE co-ordinator is now in place, and is commissioned to undertake some work on tobacco education (although the detail of this work is still unclear). Generally, this section was scored lower by the peer assessment team because it was unclear how NICE guidance is followed in respect of smoking education in schools, and lack of detail around youth advocacy work locally. We would encourage the locality to develop a clearer vision for tobacco control work with young people as part of its alliance, and to evaluate any work undertaken with young people robustly in order to inform future investment.
Compliance	13	12	16	There was evidence of real focus on illicit tobacco within trading standards, and this is clearly a strength for the locality. However, the lack of input from environmental health colleagues meant that we didn't receive evidence of other enforcement and compliance work (e.g. smokefree compliance). Trading standards clarified that they have received no funding from the tobacco industry, but they do liaise with the industry around issues such as identifying whether brands are counterfeit. There are also good links with HMRC and other

				regulatory services colleagues (including the regional illicit tobacco enforcement team) around the sharing of intelligence. There has been a steady increase in reports to Crimestoppers as well as from the police, which is quoted as a major source of intelligence. There was acknowledgement that smoking in taxis (without passengers) is an on-going issue, but it was unclear how much focus colleagues from environmental health have on this topic. Shisha and other niche tobacco products were not considered to be a significant factor locally with the Blackpool population.
Communications and denormalisation	11	11	14	It was positive to hear that a part-time but dedicated communications role is in place within the local authority. We would encourage that this role explores opportunities for better use of internal communication channels within NHS and the local authority, as two of the biggest local employers. The communications role is obviously, in part, campaigns-focused, and the post-holder is working to establish good links with key regional partners such as Tobacco Free Futures and national partners e.g. PHE. We would recommend that every opportunity is also taken to become more involved in advocacy issues. A variety of coverage and publications were produced to show strong evidence of communicating tobacco issues (e.g. “Bump” during the smoking in pregnancy work) and there is also an increasing use of social media, albeit with limitations on staff accessing this at work. It was unclear how the communications team learn of tobacco-related stories, and the majority of coverage appears to be generated within the council itself. As the role becomes more established it would be positive to see links built up with wider networks.

Cessation	26	24	28	The Stop Smoking Service has a fairly traditional model, with a specialist hub employed on a block contract, augmented by a variety of other providers, paid on LES contracts. A broad range of other providers were listed, demonstrating availability of support in number of settings. The data available suggests a very successful model in terms of generating throughput into the SSS, but there was some concern locally at the quit rates being achieved with those clients. There has clearly been a particular focus on smoking in pregnancy in recent years, with good joint working between the SSS and maternity services to implement NICE guidance and to provide assurance around SATOD rates. There was evidence of plans in place and regular meetings to discuss progress. Whilst SATOD rates remain particularly high relative to England average, they are on the decline. We were also impressed with the range of materials developed around this topic (e.g. “Bump” magazine). The peer team also welcomed the focus given to cessation activity within secondary care. This included dedicated advisor resource, systematic identification and referral on admission, and the prioritising of patients with COPD, cardiac diseases, etc. This seems to be generating significant numbers of referrals. One speciality area with which the SSS acknowledged it was proving harder to engage was mental health. This was recognised as a priority group, with the high levels of MH service users in Blackpool. There was, however, little evidence of specific activity or plans to address this in the short-term, although the arrival of a new MH unit on the outskirts of Blackpool may provide an opportunity to build up contacts. Finally, another area of potential development discussed was the LES

				scheme itself. Currently payments are prompted by clients setting a quit date only, rather than the outcome of that quit attempt. Given the significant differential in quit rates achieved by hub staff (50%) compared to LES providers (30%) and the low CO validation rates, this is clearly an area for further consideration.
Results				
Prevalence	6	9	12	Whilst smoking rates amongst all major target groups in Blackpool remain high (and significantly higher than the national average in some cases), they do generally show an improving trend, and therefore we felt that elements of this section had been underscored. There has been a significant reduction in all-adult smoking prevalence in Blackpool according to the Integrated Household Survey since 2009, which is clearly welcome. We also felt that the SHEU data and TS intelligence on youth smoking could be reflected more positively in terms of questions on measuring youth prevalence
Quit data	6	7	10	There was very good evidence demonstrated during the day of an understanding of the performance of the SSS in terms of quit rates and throughput, both overall and with specific target populations. Whilst hard to quantify an improving trend in 2012/13 due to the late publication of national data, the interim figures show Blackpool SSS continuing to perform well during a difficult year for services nationally
Local Priorities	5	4	6	Generally, we felt that the work outlined during the day reflected progress against the key strategic objectives as defined at the start of the CLeaR process. However, in terms of the objectives around children and denormalistation, whilst we recognised the work being done to address this, we were unsure that this was being measured in any co-ordinated way. We feel that if this is to remain a stated objective, some form of evaluation needs to be put in place (e.g. a baseline public opinion survey).

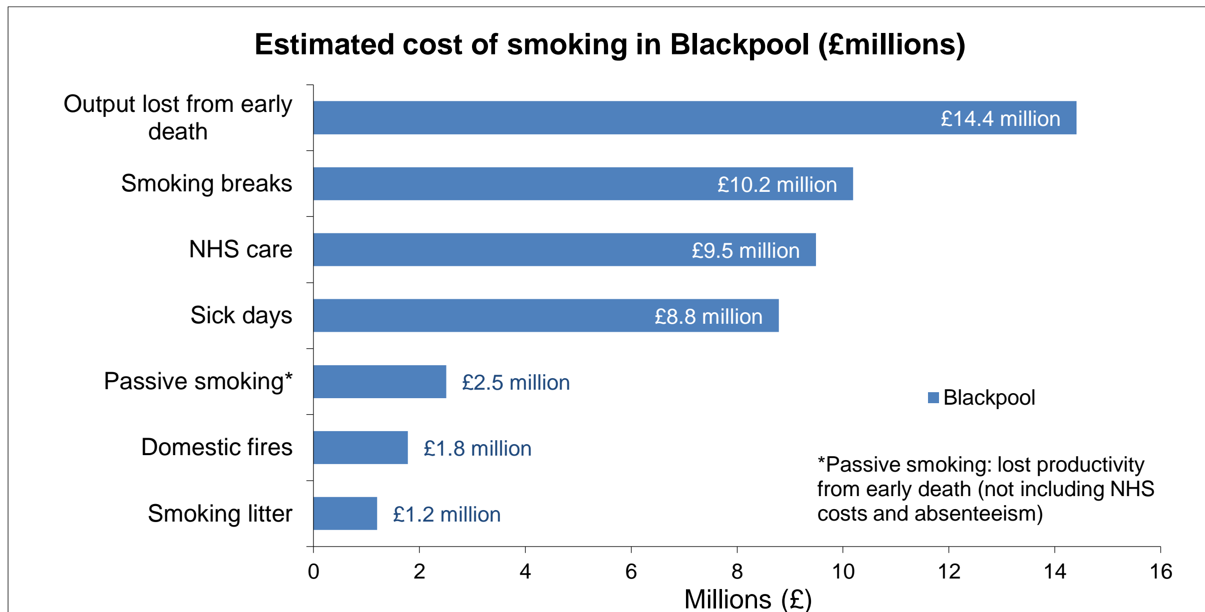
CLeaR Opportunities

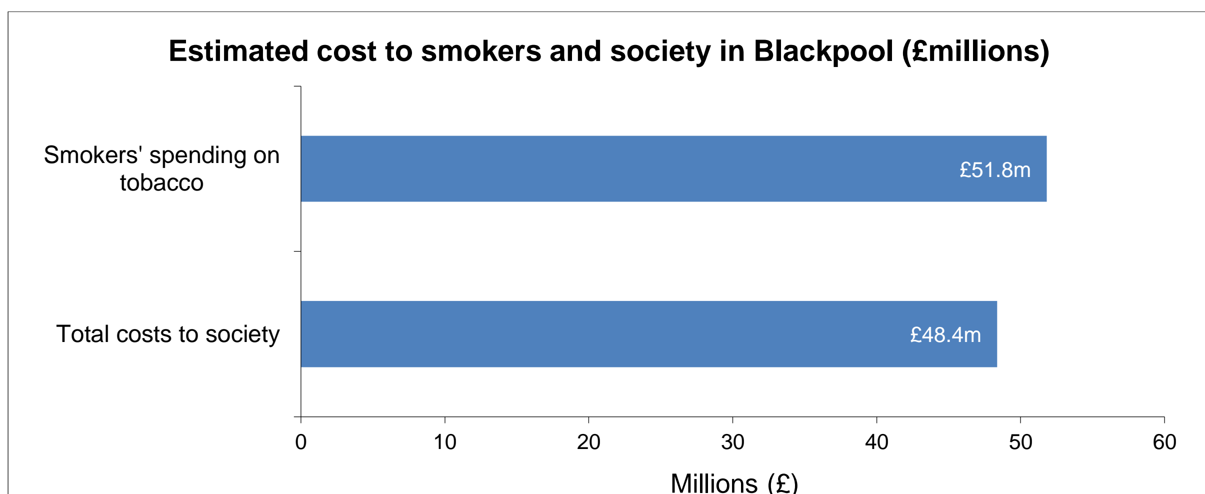
Blackpool's estimated smoking population is **29,310** people.

If the wider impacts of tobacco-related harm are taken into account, it is estimated that each year smoking costs society in Blackpool **£48.4m**. In addition the local population in Blackpool spend **£51.8m** on tobacco related products.

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

See www.ash.org.uk/localtoolkit/ for more details





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 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)

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

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