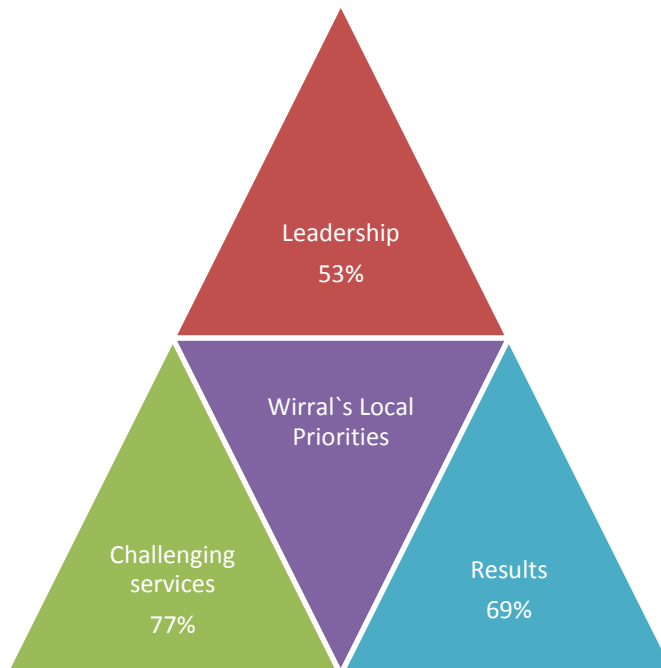




# CLear thinking

## CLear model assessment for excellence in local tobacco control

Wirral, 21st June 2018



Wirral's peer-assessed CLear scores as a % of the total available in each domain



# About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

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Published: July 2014

PHE publications gateway number: 2014201

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## Foreword

CLear has been developed by Action on Smoking and Health (ASH) with assistance from partners in Cancer Research UK, the Chartered Institute for Environmental Health, Fresh Smokefree North East, the National Centre for Smoking Cessation and Training, Smoke Free South West, the Trading Standards Institute, Tobacco Free Futures and colleagues from the NHS and local authority.

Through their hard work and diligence they have provided the platform by which every council, upper tier local authority or tobacco control alliance can assess their delivery plans and take assurance from review by their peers, that they are investing their resources wisely and in full knowledge of the evidence which supports this.

Public Health England thanks ASH and their partner organisations for developing such a simple, yet challenging assessment and for their continued dedication to securing a tobacco free future through evidence based tobacco control.



A handwritten signature in black ink that reads "Duncan Selbie". The signature is written in a cursive, flowing style.

Duncan Selbie  
*PHE chief executive*

# 1. CLear context

CLear is an improvement model which provides local government and 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 external challenge process from a team of expert and peer assessors. The purpose of the peer-assessment is to review the scoring and evidence selected by organisations when completing the self-assessment questionnaire and to provide objective feedback on performance against the model.

The report also provides a number of recommendations (CLear messages) and the assessment team's revised scores, accompanied by detailed feedback on specific areas of the model (CLear results). In addition we suggest some resources you may find useful in further developing your work on tobacco control (CLear resources).

## 1.1 CLear in Wirral

Rebecca Mellor, Public Health Manager invited the CLear team to validate the CLear assessment process in Wirral as a benchmarking exercise for the tobacco control alliance. The CLear team consisted of: Hilary Wareing, iPiP; Paul Hooper, iPiP; Claire McIver, Stoke on Trent City Council and Scott Crosby, PHE Yorkshire and Humber.

This report summarises the conclusions of the CLear peer-assessment team following their visit on 21<sup>st</sup> June 2018. It sets Wirral's challenge in context, providing information on the economic impact of smoking in the authority.

In carrying out the CLear assessment we built on the insights into areas that needed improvement, as recognised through the self-assessment questionnaire.

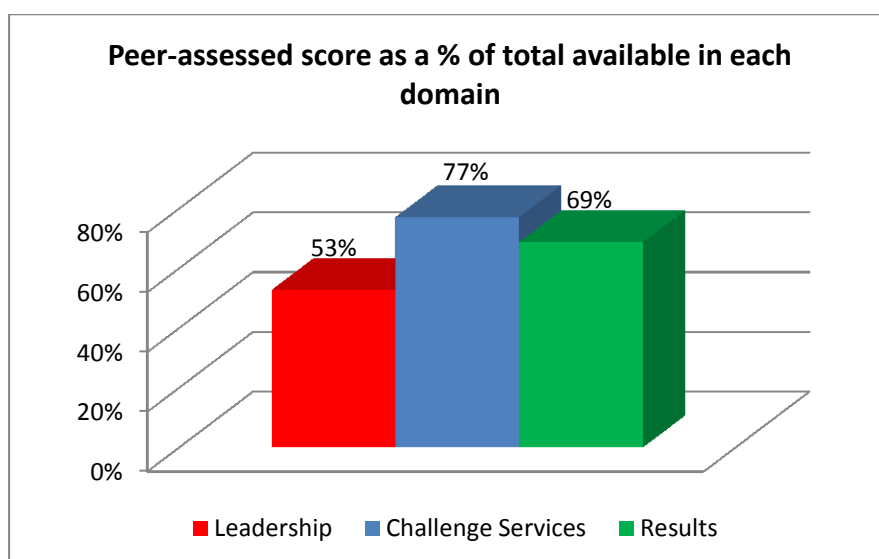
Special thanks go to Becky Mellor and Trisha Cavanagh-Wilkinson for their assistance in organising the assessment visit and Becky's time and energy during the visit itself.

Thanks also go to all those who gave their time as part of the peer-assessment visit for their enthusiasm and willingness to engage with the process. This was greatly appreciated.

#### In attendance (various sessions)

- Rebecca Mellor, Public Health Manager, Wirral Council
- Elspeth Anwar, Public Health Consultant, Wirral Council
- Gary Ricwood, Senior Public Health Manager, Wirral Council
- Matt Ray, Public Health Analyst, Wirral Council
- Councillor Chris Jones, Public Health Portfolio Holder, Wirral Council
- Iain Stewart, Assistant Director of Primary Care and Partnerships, Wirral CCG
- Fred Newton, GP
- Jill Lamb, Substance Use Midwife, Wirral University Teaching Hospital (WUTH)
- Angela Kerrigan, Consultant Midwife, WUTH
- Danny Hutton, Change Manager Transforming Cancer Care Project Team, Clatterbridge Cancer Centre.
- Jamie Martin, Head of Community Regeneration, Magenta Housing
- Nicola Spinney, Acting Matron, Cheshire and Wirral Partnership (CWP)
- Sam Hare, Ward Manager, CWP
- Rebecca Anubla, PAC Midwife, One2One Midwives
- Gill Vicary, Operations Manager and Chief Inspector of Weights and Measures, Wirral Council
- Louise McNee, Communications and Engagement Officer, Wirral CCG
- Janet Cresswell, Communications, Magenta Housing
- Jo Day, Team Manager Additional Youth Support, Wirral Council
- David Bennett, Early Childhood Team Leader, Wirral Council
- Lea Sloan, Wirral Schools Drug Advisor, Barnardo's
- Richard Blasé, Team Leader, 0-19s Wirral Community Trust
- Liz Woodworth, ABL (Stop Smoking Service provider)
- Safwa Alsaden, ABL (Stop Smoking Service provider)

## 2. CLearR messages



<b>CLearR domain</b>	<b>Max score</b>	<b>Self-assessment score</b>	<b>Peer-assessment score</b>
Leadership	36	25	19
Challenge services	48	44	37
Results	32	24	22

### 2.1 Your insights

- Wirral Partnership's Smokefree Strategy contains a number of strategic intentions with the overall aim to 'make smoking history for our children'. This was signed off at a high level. We understand that the action plans are currently being refreshed.
- The focus for your activity is in four key areas
  - Ensuring people understand the risks of smoking and how to quit
  - Supporting those who want to quit
  - Creating healthy smokefree environments
  - Acting on illegal tobacco activity

These priorities are reflected in the evidence provided.

- Although Wirral previously had a smokefree alliance, this topic specific group has been replaced by representation on the Healthier Lives Steering Group which aim is to deliver on the 2020 Wirral Pledge.

- Whilst it is acknowledged that tobacco control is part of a wider agenda there is currently no systematic way to keep tobacco control on the agenda of the Healthier Lives or other groups. There is a need to have tobacco imbedded in all relevant plans.
- Partnership working is considered by some of those interviewed to be more advanced in Wirral than experienced elsewhere but there is also recognition of the need for additional strategic partners to be more closely involved in the delivery of the strategy.
- You have not set local targets for smoking prevalence but recognise the need to focus your efforts in communities and groups that have higher smoking rates.
- Wirral Council has signed the Local Authority Declaration on Tobacco Control and is a member of the Smoke Free Action Coalition.
- There is a good understanding that the stop smoking service is only one part of the broader tobacco control delivery and that tobacco control can play a part in delivering on other pledges.
- You would be open to working with other localities in the region but are protective of local resources.

## 2.2 Your strengths:

- Support is reflected in practice through your committed co-ordinator post from whom we saw enthusiasm and passion for delivering quality tobacco control.
- There is commitment to raise the profile of the issue and provide leadership to the partnership.
- You are keen to review progress and develop plans further.
- Interviewees were clearly committed to the aims of tobacco control and spoke with genuine enthusiasm around their areas of work.
- There are a range of agencies involved in tobacco control work (e.g. Housing Association, NHS).
- You are making the most of opportunities such as the recent signing of the NHS Smokefree Pledge to raise the profile of tobacco control.



- There is a well-established stop smoking service, achieving good 4-week quit outcomes and reaching high prevalence groups.
- The retention of the stop smoking service and its budget is a visible sign of commitment.
- There is an understanding of local health inequality issues and the obligation to address these is apparent.
- There are some excellent examples of where partnership working has been beneficial and examples of good practice that can be shared.
- There is an excellent portfolio holder for health who is responsible for the issue and recognises progress is being made.

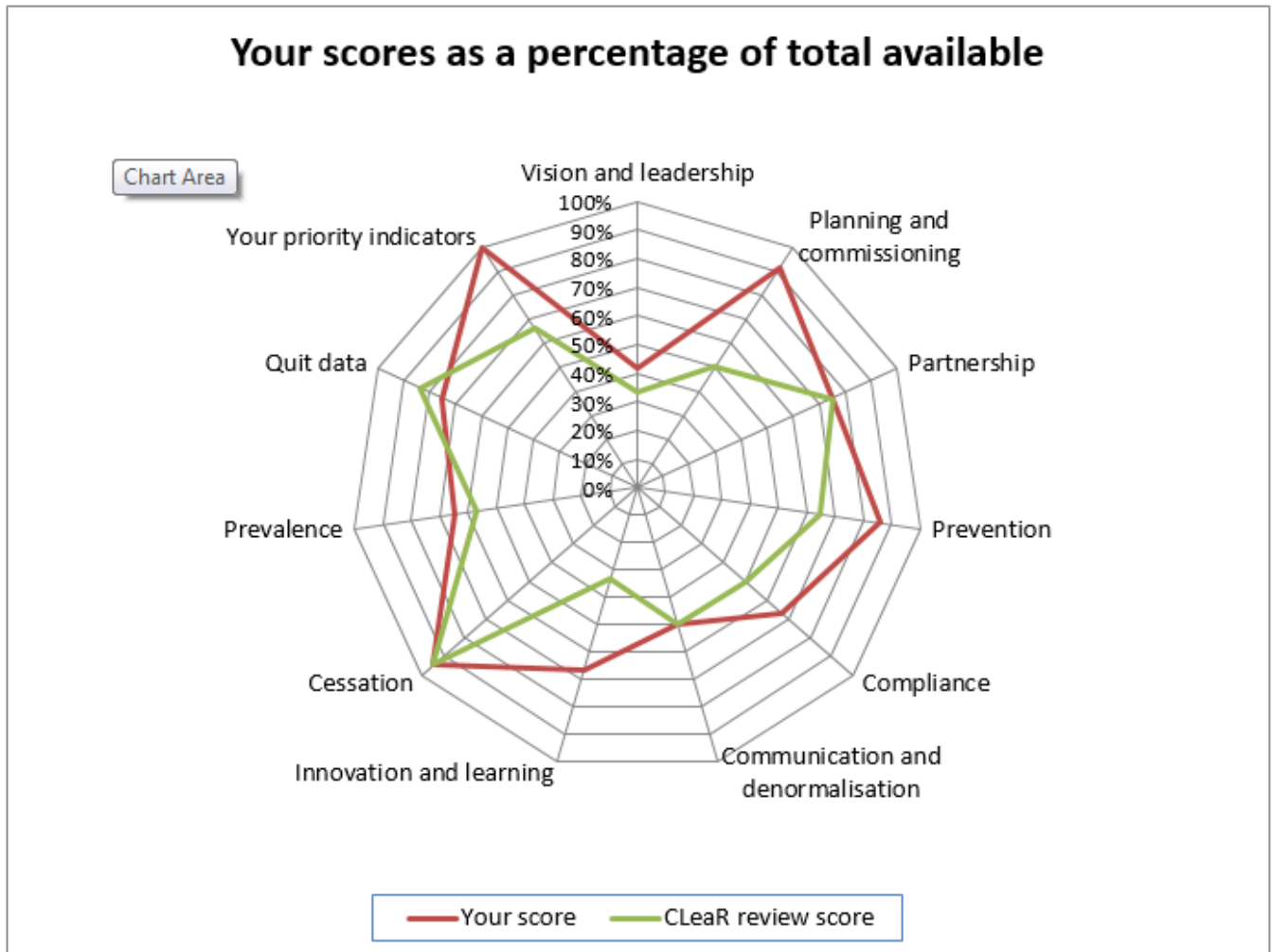
### 2.3 Opportunities for development

- There are opportunities to ensure a wider ownership of the strategic goals (both by individuals and organisations).
- There are opportunities to highlight the continued need for a focus on tobacco control given the significant impact that smoking continues to have on health, health inequalities and the local economy.
- There are opportunities to develop a vision for Wirral that incorporates partnership action across the wider region.
- The action plan is being revised using SMART objectives. Involving the wider partnership in the monitoring may help develop partnership commitment.
- There is a high priority given to some aspects of prevention and the stop smoking service. The use of the NICE return on investment tobacco control model could help to ensure that the most effective policy levers are being used.
- There are opportunities to engage more in advocacy for effective population tobacco control levels such as the introduction of tobacco retail licensing.
- It may be helpful to develop an understanding and awareness of the tobacco industry amongst elected members and wider stakeholders. This would support framing tobacco control activities around a childhood protection and prevention focus and help increase support for future actions.

- Using readily accessible public opinion data on tobacco issues would be useful, particularly for elected members.
- The stop smoking service is largely following best practice guidance and is responsive to the need to adapt and change practise for example around pregnancy and the drive to increase midwife referrals. However, there are opportunities for the partner organisations to support the service in increasing referrals. There are specific opportunities for more systematic and robust referral pathways from acute health trusts into the local support to quit service.
- Smoking in pregnancy remains a challenging area. There is a commitment and focus within the stop smoking service but there is a need for greater commitment at a senior level within the acute trust to implementation of NICE guidelines.
- Partners could be engaging more in a sustained, strategic, and comprehensive approach to media and communications. A clearer vision, for example, around making smoking history in Wirral and a strategy for branding, marketing and communications would prove a sound invest to save measure.
- The use of local people as case studies both as recent quitters but also as champions for tobacco control could be developed. We also think there are economies of scale to be made through more supra-local collaboration in marketing. Savings could be made through using national campaigns more effectively and reducing the need for locally produced materials.
- Although tobacco control work has been extensive, capacity going forward is an issue. The general reduction in trading standards posts (in particular the specialist tobacco officer) is a risk to the work around illegal tobacco, although we recognise that expertise gap is being addressed. We recommend that trading standards reviews its current focus and seeks to embed tobacco control into routine work. The work around illegal tobacco could be more clearly linked into the wider regional work.
- Complaints regarding compliance with legislation have been investigated and action taken where necessary. There could be opportunities to engage more with local communities regarding action in the smokefree strategy regarding a voluntary code for outdoor areas.
- The national drive towards a smokefree NHS should be harnessed.
- Opportunities exist 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, debt management, and economic prosperity.

### 3. CLearR results

The chart below shows (in red) Wirral's original self-assessment scoring, as a % of available marks in each section and (in green) the CLearR team's peer-assessment results. The results of the peer assessment were lower in some areas than those of the self-assessment. Detailed comments below show where the assessments differ. Both assessments highlight areas where improvement can be made.



### 3.1 Detailed comments on your peer-assessment

Clear Theme	Your score	Our score	Max	Comments
<b>Leadership</b>				
Vision and leadership (including WHO FCTC)	5	4	12	<p>There was a strong commitment amongst those who attended the assessment to identify their individual and organisations' role in reducing harm from tobacco in Wirral.</p> <p>The tobacco control strategy had been signed off at a senior level. However, it was difficult to determine how the tobacco control agenda was being systematically included in the various work streams.</p> <p>Participants were not able to articulate how the plan and the pledge would be delivered.</p> <p>The Wirral Smokefree Strategy was familiar to some, but not all, of the participants.</p> <p>It was recognised by some that tobacco control could contribute to wider determinates such as the economy, poverty etc.</p> <p>Obtaining organisational sign up to the NHS Smokefree Pledge has been a useful way of raising the profile of tobacco control. However, the declarations and pledges should not stand alone but be integrated into organisations plans.</p> <p>There is an opportunity to encourage tobacco control champions from partner organisations.</p> <p>The use of an annual networking event (as included in the strategy) will help to maintain focus and provide opportunities to explore joint working.</p>
Planning and commissioning	11	6	12	<p>The new system of integrated commissioning offers both an opportunity to have tobacco control incorporated into all relevant contracts and a challenge to</p>

				<p>ensure it is not lost amongst other priorities.</p> <p>Some key initiatives (e.g. work through trading standards) appeared vulnerable to the loss of external funds.</p> <p>Services are commissioned with reference to relevant NICE guidance tobacco control and smoking cessation. However, there are many other factors for consideration. As a result, tobacco control/smoking cessation may not be given appropriate priority. The partnership may wish to ensure that guidance is being fully noted.</p> <p>Closer monitoring of all tobacco control spending would develop a better understanding of the return on investment from various initiatives and reinforce the cost-effectiveness of broader tobacco measures.</p> <p>Consideration should be given to the recommendations of the RCP report 'Hiding in Plain Sight' (June 2018)</p>
Partnership, cross-agency and supra-local working.	9	9	12	<p>The 2020 Pledge is thought to have improved partnership working. With the Children's Pledge cited as most important.</p> <p>Although the work of the coordinator was recognised as being both important and of a high standard there is a risk that others will use this as a reason to take less initiative and be less involved.</p> <p>Examples of sharing budgets and resources on a supra-local basis are less well-developed; it would be good to see Wirral being more ambitious in this area.</p> <p>We were able to have discussions with a wide range of people from a number of different agencies many of whom recognised their role in the wider partnership.</p> <p>Non-engagement in CLear by some organisations could be interpreted as lack</p>

				<p>of commitment.</p> <p>It was difficult to quantify the level of understanding of the importance of tobacco control by frontline workers.</p> <p>Some participants said that the interviews were a useful forum for sharing information. Whilst there may not be a wish to re-establish an alliance, the need to share successes and challenge each other remains.</p> <p>We detected a reluctance to work sub-regionally. This could reflect the tightness of budgets, but it may limit the economies of scale that working together can release. There was some regional work undertaken by trading standards.</p> <p>We acknowledge the proposed SMART action plan is in development. The plan should identify the actions that each partner organisation will be accountable for, the role of the partnership and mechanisms for monitoring progress along with the scrutiny and escalation processes if not delivered</p> <p>Continued involvement in the North West tobacco leads group is encouraged.</p>
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**Challenging Your Services**

Prevention	12	9	14	<p>The Children and Young Persons agenda was described as fragmented. A review of the current work with young people (e.g. social value play) should ensure that it follows a solid evidence base. It is recommended to monitor such work in terms of cost effectiveness.</p> <p>Robust and consistent policies and messages should be developed around vaping. Some concerns were heard that were not consistent with current evidence.</p> <p>There are opportunities for joint commissioning that could significantly increase the involvement of organisations;</p>
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				<p>staff and others in tobacco control.</p> <p>Frontline staff do not appear to complete smoking cessation training in a systematic way.</p> <p>It would be useful for the prevention work to be framed in the wider context of denormalisation including making tobacco use less desirable, accessible and affordable.</p> <p>Smokefree NHS appears to be mainly in name only. We heard that signs are ignored, staff are not willing to challenge and many elements of NICE guidance PH48 have not been implemented.</p>
Compliance	8	6	12	<p>The regional work around illicit tobacco was acknowledged. Opportunities to improve supra-local working should be explored</p> <p>Staffing and funding issues were affecting the ability of trading standards to deliver comprehensive programme. However, a number of successful initiatives had been completed.</p> <p>A tension between delivering the national agenda and on local priorities was described.</p> <p>There was some evidence of intelligence gathering but relatively low numbers (Operation Wagtail).</p> <p>There was a lack of knowledge of the use of niche products and no prospect of this being addressed.</p>
Communications and denormalisation	3	3	6	<p>Communications work has been undertaken but lacks overall coordination and appears to be underfunded. This is particularly evident where promotion of the stop smoking service is concerned.</p> <p>Examples of amplifying national and supra-local work with respect to communications seemed limited. The partnership could utilise these opportunities more often and</p>

				<p>potentially reduce the amount of locally created materials.</p> <p>It was reported that a tobacco control communications plan was being developed. This should be more than a calendar of campaign dates and involve and utilise resources of all partner organisations.</p> <p>There is an opportunity to use insights to determine prevailing attitudes and knowledge of smokers and other audiences may help guide activity.</p>
Innovation and learning	4	2	6	<p>Although monitoring of the current targets takes place, involvement of partners in the monitoring of the new SMART action plan and routine evaluation of past work would be beneficial in informing future activity and ensuring continuity of progress.</p> <p>There appeared to be an over concentration on the performance of the stop smoking service as opposed to wider tobacco control activity.</p> <p>We heard about the Clatterbridge Centre initiative which was a finalist in the 'NICE into Action' awards. This and other examples of good practice could be disseminated throughout the partnership to encourage activity.</p>
Cessation	17	17	18	<p>The Stop Smoking Service has some strong examples of good practice and is actively working to meet its targets. It has a focussed approach and demonstrates determination, but this can also be to the exclusion of other deliverers.</p> <p>There appeared to be a reluctance to encourage more quitters into the service in case demand exceeded the available budget</p> <p>There was little engagement with the harm reduction agenda. There are opportunities to use this to engage with populations who are not engaging with the stop smoking services.</p>



				<p>It would be helpful if wider partners could support signposting to the service. There is also a need for strategic clinical commitment to support the service, particularly around pregnancy which is acknowledged as an underperforming area.</p> <p>Poor engagement by midwifery has been discussed at a strategic level. The development of a whole system approach, care pathways and evidenced based training will assist.</p> <p>There was strong support for integrated smoking cessation demonstrated by representatives of the mental health trust.</p> <p>The wider use of CO screening would be helpful to staff who have difficulty in raising the issue with clients.</p> <p>A pilot programme using e-cigarettes as part of the cessation offer demonstrates willingness to innovate.</p> <p>The CQUIN was understood, is being implemented and is having a positive effect</p>
<b>Results</b>				
Prevalence	9	8	14	<p>The use by Wirral of the Integrated Household Survey for data is limited.</p> <p>Plans for better use of data were noted. These may include Local Tobacco Profiles <a href="https://fingertips.phe.org.uk/profile/tobacco-control">https://fingertips.phe.org.uk/profile/tobacco-control</a>.</p> <p>Commitment to deep dives in pregnancy and acute settings is noted and welcomed. These may provide more detailed information and potential actions when completed.</p>
Quit data	9	10	12	<p>The service quit rates are encouraging.</p> <p>Having practitioners based within NHS trusts is positive.</p>

				<p>There was a recognition of the need to improve the reliability of smoking in pregnancy data and reduce prevalence, the acute trust could provide more active support for this.</p> <p>Some of the participants in the process were not aware of the data relevant to their work.</p>
Local Priorities	6	4	6	<p>Your local priorities (as listed) are quite wide and not tobacco control specific. It would be helpful to have appropriate metrics to measure progress.</p> <p>There are opportunities to increase understanding in partner organisations on which policy levers and interventions will be most impactful.</p> <p>Under Wirral 2020 everything is a priority. Tobacco control has to work hard to be recognised as important.</p>

**The key challenges the peer assessment team identified for Wirral are:**

1. Making the tobacco control vision for Wirral explicit ensuring all organisations are aware of the Wirral Smokefree Strategy and how it contributes to the wider agenda.
2. Ensuring the proposed action plan has SMART targets which are regularly monitored, and all work programmes are well evaluated.
3. Broadening the involvement of partners in monitoring of progress in implementing the new action plan.
4. Ensuring that smoking in pregnancy is a priority for all relevant organisations.
5. The attitudes and behaviours of the most vulnerable groups are understood to better target available resources.
6. Improving communications between partner organisations and within local communities.
7. Considering stronger action to achieve Smokefree NHS.

# 4. CLearR opportunities

Wirral was voted as the happiest place to live in the North West according to a survey in 2017.

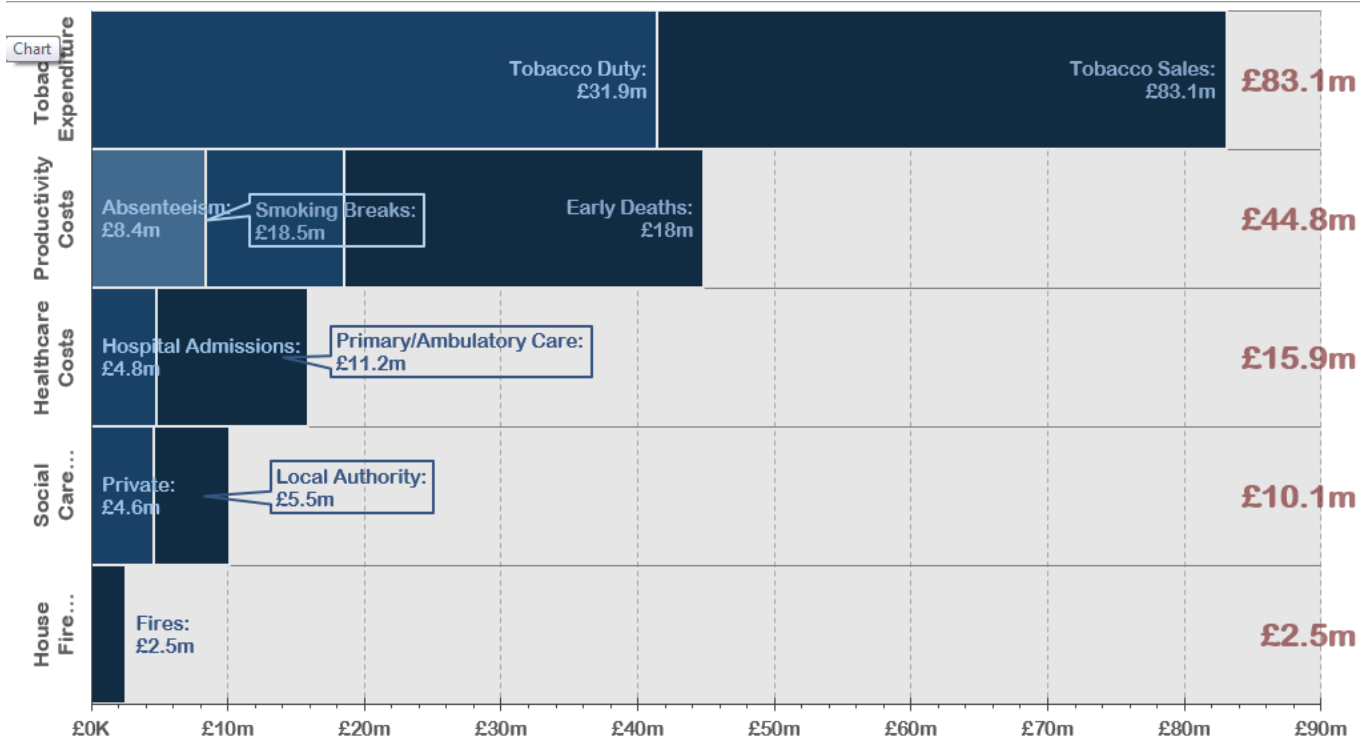
Wirral’s over 18s smoking prevalence is estimated as 15.7% (2016). This is lower than the region but slightly higher than the national average and equates to **39,817 adult smokers**.

If the wider impacts of tobacco-related harm are taken into account, it is estimated that each year smoking costs society in Wirral **£73.3m** of which costs to the NHS contribute **£15.9m**; lost productivity **£44.8m** and Social Care **£10.1m**.

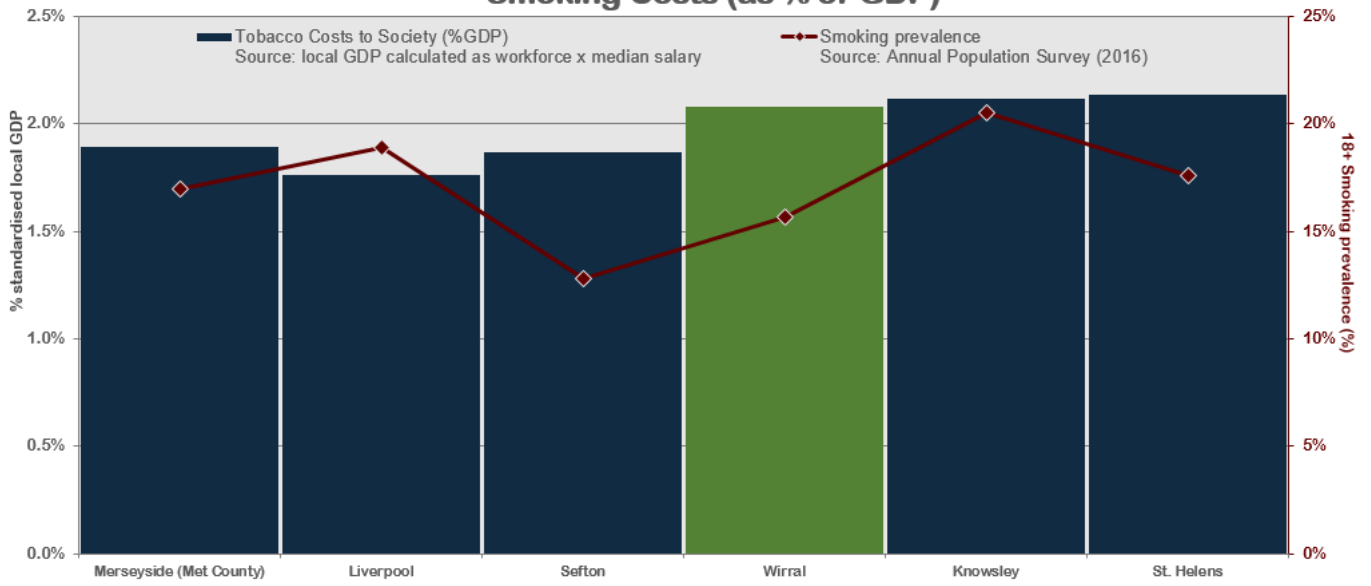
In addition, the local population in Wirral spend **£83.1m** on tobacco related products. (Approximately £2,050 per smoker) If this money was spent on other things instead of smoking the effect would be to create jobs in the local economy.

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

**Breakdown of costs and expenditure in Wirral**



### Smoking Costs (as % of GDP)



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

## 5. CLearR resources

Tobacco Control Plan Delivery Plan 2018

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/714365/tobacco-control-delivery-plan-2017-to-2022.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/714365/tobacco-control-delivery-plan-2017-to-2022.pdf)

PHE guidance for s Smokefree NHS

<https://campaignresources.phe.gov.uk/resources/campaigns/61-smokefree-nhs/resources>

Royal College of Physicians report on the role of the NHS in treating tobacco dependency

<https://www.rcplondon.ac.uk/projects/outputs/hiding-plain-sight-treating-tobacco-dependency-nhs>

Smoking in Pregnancy Challenge Group reports and resources

<http://smokefreeaction.org.uk/smokefree-nhs/smoking-in-pregnancy-challenge-group/>

Information for Directors of Public Health, local authority officers and members can be found at

<http://ash.org.uk/category/information-and-resources/local-resources>

Local information on the business case for tobacco can be found at

<http://www.nice.org.uk/About/What-we-do/Into-practice/Return-on-investment-tools/Tobacco-return-on-investment-tool>

Information on effectively engaging with priority smoking populations can be found in the Tobacco Control – commissioning support pack 2018/19

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/647221/Tobacco commissioning 2018-19 principles and indicators.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/647221/Tobacco_commissioning_2018-19_principles_and_indicators.pdf)

A briefing on investment and local authority pension funds (March 2018) is here

[http://ash.org.uk/files/documents/ASH\\_831.pdf](http://ash.org.uk/files/documents/ASH_831.pdf)

ASH and iPiP have created a toolkit for all those interested in protecting public policy from the influence of the tobacco industry. (FCTC Article 5.3) More information can be found and downloaded here <http://ash.org.uk/localtoolkit/toolkit-article-5-3-framework-convention-tobacco-control>

Local Tobacco Control Profiles has a range of latest data on smoking and the impact of smoking locally

<https://fingertips.phe.org.uk/profile/tobacco-control>

The NCSCT have a range of resources which may be of use for example:

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/pub\\_training.php](http://www.ncsct.co.uk/pub_training.php)

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 Smoking for Pregnant women

[http://www.ncsct.co.uk/publication\\_briefing\\_for\\_midwifery\\_staff.php](http://www.ncsct.co.uk/publication_briefing_for_midwifery_staff.php)

Specialty module on mental health, aimed at anyone who works with smokers with mental health issues. An online training module and resource, it focuses on supporting clients with a diagnosed mental health condition, who may be treated in the community or a specialist setting. [http://www.ncsct.co.uk/publication\\_MH\\_specialty\\_module.php](http://www.ncsct.co.uk/publication_MH_specialty_module.php)

Very Brief Advice on secondhand 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/publication\\_secondhand-smoke-training-module.php](http://www.ncsct.co.uk/publication_secondhand-smoke-training-module.php)

## 6. CLeaR next steps

Thank you for using CLeaR.

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;
- allow local members of staff trained as peer assessors to participate in, and learn from, other assessments by acting as peer assessors in your region;
- repeat your self-assessment in 12 months' time to track how your score changes; and
- consider commissioning a CLeaR re-assessment in 2020.

### **Contacts**

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