



## CLeaR Thinking

CLeaR Model Assessment for  
Excellence in Local Tobacco Control

**Wirral**  
**26 February 2014**



Wirral's 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 Wirral

Director of Public Health Fiona Johnstone invited the CLeaR team to validate the CLeaR assessment process in Wirral as a benchmarking exercise for the tobacco control alliance.

The CLeaR team was Cathy Wynne (Independent Consultant, Public Health & Local Government - lead assessor), David Wiggins (Tobacco Free Futures), and Sarah Ford (Public Health – Bury Council).

This report summarises conclusions of the CLeaR Assessment team following their visit and a series of interviews on 26 February 2014. It sets Wirral's challenge in context, providing information on the economic impact of smoking in the borough.

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

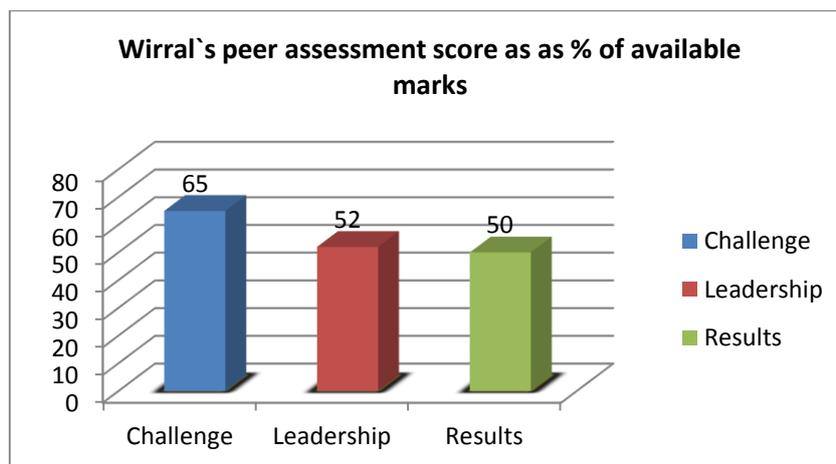
Special thanks go to Rebecca Mellor Tobacco Control Lead for her assistance in organising the assessment visit, and her time and energy during the visit itself.

Thanks also go to all those who gave their time to be interviewed by the CLeaR team; their enthusiasm and willingness to engage with the process, honesty and integrity were greatly appreciated:

- Julie Webster
- Rebecca Mellor
- Brendan Collins
- Cllr Chris Meaden
- Tisha Baynton
- Angela Price
- Liz Blower
- Gill Vicary
- Nicola Sutton
- Gaynor Westray
- Safwa Alsaden
- Carol Corvers
- Samantha Thompson
- Sonia Martelli
- Sylwia Mianowana
- Sarah Love
- Fiona Johnstone
- Kate Russell
- Mark Davies

# CLeaR Assessment Report

## CLeaR Messages



CLeaR Domain	Max score	Self-assessment score	CLeaR Assessment score
Challenge Services	78	53	51
Leadership	60	33	31
Results	28	13	14

### Your insights:

- Inequalities in health are a major challenge for Wirral, and are illustrated by a smoking prevalence rate of 35% in deprived areas, compared with 23% in Wirral overall. Place-based initiatives to tackle tobacco could be further developed.
- You are aware that the Health and Wellbeing Strategy needs review, and should give more attention to tobacco.
- You acknowledge that the Tobacco Alliance currently operates as a provider forum, and as such is limited in its influence.
- Council budgets are under pressure, as the council is losing over 50% of its budget. The public health budget is currently ring-fenced, but this is short term. Budgets allocated to smoking (mainly cessation services) have historically been more generous than in many areas, but spend on wider tobacco control has been limited.
- The Scrutiny (policy & performance) function of the Council has needed to focus on a range of internal issues and has not been able to give attention to issues such as tobacco control, but you can see the potential of engaging councillors through this process.
- You recognise that your tobacco control lead has been required to focus on commissioning and monitoring cessation services, and could be freed up to use her considerable public health skills to develop wider tobacco control work.

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## Your strengths:

- We were impressed with the level of engagement with the process of the CLear assessment from staff across a range of departments, indicating wide and strong support for the tobacco control agenda.
- You have a strong leader in your portfolio holder, who although quite new to this area of work, has taken a real grip on its challenges and demonstrates a strong personal commitment to real improvement for the population.
- The Council's recent signing of the Local Government Declaration on Tobacco Control demonstrates commitment to tackling tobacco harm.
- We saw excellent enthusiasm and evidence of real progress in a comprehensive approach to tobacco control in secondary care at Wirral University Teaching Hospital; this is a great achievement, especially coming in ahead of the NICE guidance and without any apparent input from other hospitals working towards this same goal.
- We heard some good examples of links with 3<sup>rd</sup> sector providers via Voluntary & Community Action Wirral (VCAW), enabling smoking cessation services to reach more widely into otherwise low-access groups. This system, whilst complex, does seem to be effective.
- Your public health analyst service is providing extremely useful and use-able data, with clearly excellent staff who are able to capitalise on valuable links with the Liverpool John Moores University.
- Your regulatory services are committed and effective, and are making excellent use of available support at regional level, including both Trading Standards North West (TSNW) and Tobacco Free Futures (TFF) in supporting local work. Extra funding provided from public health to Trading Standards enables continuing commitments in the face of current financial constraints.
- You have an excellent resource in your tobacco control lead, and we were glad to hear recognition that her skills can be more effectively used if she is able to focus more on tobacco control, and less on service monitoring.
- There is a good understanding of local health inequality issues and the commitment to try to address these is apparent.
- Although the council is subject to cuts as elsewhere, you recognise that the historical spend on tobacco (in fact, smoking) has been higher than in many areas, which affords the potential for funding wider tobacco control work.

## Opportunities for development:

- There is opportunity for the council to develop a strong vision such as "Making smoking history for Wirral's Children", to drive the wider tobacco control agenda. The current focus on smoking cessation rather than wider tobacco control could

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be rebalanced. Such a vision could contribute to wider ownership, particularly amongst elected members and strategic partners within the borough.

- We were pleased to hear that the Health and Wellbeing (HWB) strategy is being reviewed, as tobacco/smoking has a low profile in the current version. The refresh provides an opportunity to highlight the vital role of tobacco control in achieving health improvement for Wirral, and especially on reducing inequalities.
- There is a real opportunity to complement the strong focus on cessation services with increased attention to wider tobacco control. The WHO & World Bank “6-strands” model is a useful checklist for this:
  - Support smokers to quit
  - Reduce exposure to secondhand smoke
  - Run effective communications and education campaigns
  - Reduce tobacco advertising, marketing and promotion
  - Regulate tobacco products
  - Reduce the availability and supply of tobacco products.
- The Scrutiny process is a really useful way to engage elected members. We suggest that, as part of ‘bringing the Local Government Declaration on Tobacco Control to life’ the appropriate Policy & Performance Committee is invited to consider examining the Council’s actions on wider tobacco control.
- The Tobacco Alliance in its current form plays a useful role as a provider forum, offering good information exchange and a vehicle for campaigns etc. However, there is huge potential for action at a more strategic level if the Alliance were to be re-formed as a strategic body, accountable to the Health & Wellbeing Board. The current group could continue to provide operational networking for practitioners, tasked with implementing a Tobacco Control Strategy ‘owned’ at HWB level. The new Alliance would need strong, senior leadership, and we would suggest either the HWB portfolio holder, or a senior public health official, should take this role.
- Clinical leadership relating to tobacco control work could be broader, and clearly linked to the CCG. There are opportunities to engage heart health, respiratory health, cancer specialists and GPs.
- Work with schools and young people should be reviewed. There is clear enthusiasm to work with young people and schools, but ASSIST, particularly in the current economic climate, is considered to be expensive and we heard of barriers to its implementation which were deemed to be limiting its impact. Work with 16-24 year olds is innovative and shows promise, but would benefit from being part of a wider strategic approach in the borough.
- Your public health analyst is providing excellent data and analysis which can be extremely helpful in communicating public health concerns and priorities to the new audience in the local authority context. This work can be further developed using the NICE ROI (Return on Investment) tools at:  
<http://www.nice.org.uk/usingguidance/implementationtools/returnoninvestment/TobaccoROITool.jsp> which looks at the value of public health investment in wider

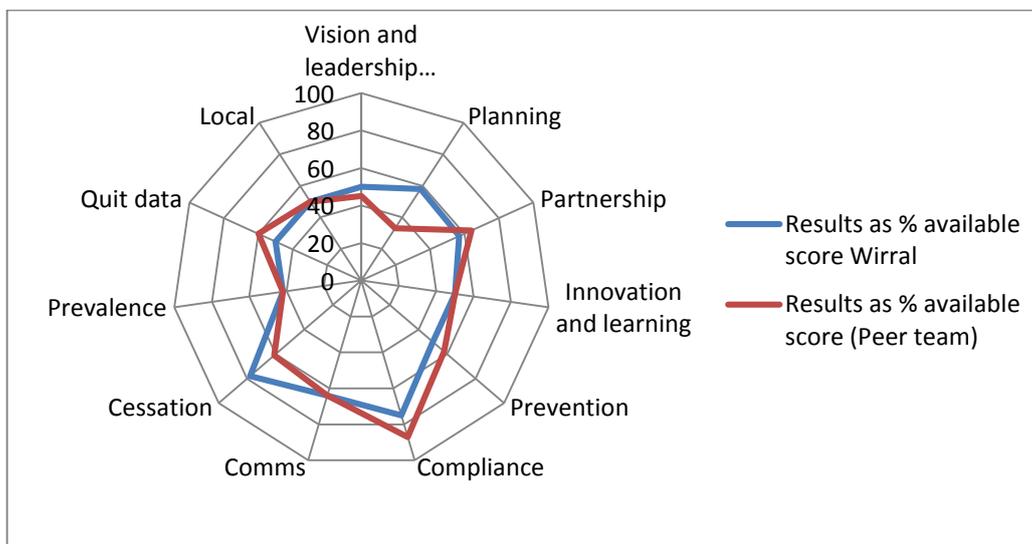
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tobacco control work, and will illuminate links to council objectives beyond specific health improvement targets, such as improvements in economic activity.

# CLeaR Assessment Report

## CLeaR Results

The chart below shows (in blue) Wirral'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 areas for improvements: these are discussed in more detail in this report.



Detailed comments on your assessment are as follows:

Clear Theme	Your score	Our score	Max	Comments
<b>Leadership</b>				
Vision and leadership (including WHO FCTC)	10	9	20	<p>Strong commitment to tobacco control clear from discussions, but this is not translated into strategic documents e.g. current H&amp;WB strategy, where <b>tobacco</b> control is hardly mentioned. Refresh of H&amp;WB strategy affords good opportunity to redress this, and especially to highlight role of tobacco control in tackling health inequalities.</p> <p>There is an opportunity to articulate a vision to drive wider tobacco control agenda. Current focus is on smoking cessation rather than wider tobacco control.</p> <p>We welcome news that the Council has recently signed the Local Government Declaration on Tobacco Control. This could</p>

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Clear Theme	Your score	Our score	Max	Comments
				<p>be brought to life by developing a plan to implement it.</p> <p>We noted that Policy and Performance Committee (replacing Scrutiny) has not looked at tobacco, and we suggest signing of LG Declaration affords a good opportunity to raise this.</p> <p>Excellent commitment from portfolio holder, Cllr Meaden. Concern that she seemed unaware of Alliance: as a keen 'champion' for H&amp;WB, she could be an ideal chair for a re-formed, strategic-level Alliance.</p> <p>Reviewing the strategic locus of tobacco control, linked to reviewing the role of the Tobacco Alliance (see below), would create an opportunity to ensure that tobacco control issues are owned at a senior, strategic level across the organisation.</p> <p>Clinical involvement could be broadened (though CCG) to include respiratory, cardiac and cancer specialists, as well as GPs.</p>
Planning and commissioning	7	4	12	<p>Recorded 'tobacco control' spend appears to be mainly allocated to stop smoking services.</p> <p>Balance of spend on SS services and on wider tobacco control work could be reviewed. It may be useful also to compare spend on tobacco harm with resources allocated to alcohol and illegal drugs.</p> <p>Current tobacco plan, due for refresh, reflects the current scope of the tobacco alliance (see below). Some useful projects but a lack of strategic connection. A comprehensive review, which formally linked it to the H&amp;WB strategy through H&amp;WB board could be worth exploring.</p> <p>Lead commissioner (Becky Mellor) demonstrates great skill and commitment, but is constrained by the current system's focus on services provision. She is well placed to support a programme of wider action on tobacco control.</p> <p>PH analyst (Brendan Collins) provides extremely valuable input to planning and commissioning; his skills, and the links he provides with the University of Liverpool, are</p>

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Clear Theme	Your score	Our score	Max	Comments
				<p>a great resource, and can be used to great effect to demonstrate the economic, as well as social value of tobacco control interventions.</p> <p>We recommend using the NICE ROI tools (see CLear Resources section) to further develop existing, excellent work.</p>
Partnership, cross-agency and supra-local working.	16	18	28	<p>The current membership of the Tobacco Alliance is predominantly from provider organisations and at an operational level. It clearly provides a useful forum for practitioners for information exchange, but has no strategic role, and has no effective connection into the H&amp;WB board. You could consider 're-badging' this group as a Forum, and bringing together a Tobacco Control Alliance at a strategic level, reporting directly to the H&amp;WB board, and chaired by a senior PH officer or the H&amp;WB portfolio holder.</p> <p>VCAW provides an excellent link with 3<sup>rd</sup> sector organisations. Currently this seems to be mainly in terms of identifying and supporting 3<sup>rd</sup> sector organisations to provide SS support on a Payment by Results basis, but this could be developed further to enhance wider TC activity in the community.</p> <p>There are good examples of cross-boundary and network activity and joining up, e.g. through ChaMPs, Tobacco Free Futures and Trading Standards North West. These could be maintained and further developed, to make the most of budgets in a time of austerity.</p> <p>We heard good examples of amplifying national and supra-local work in marketing and communications, and were pleased to hear that good use is made of support available through regional (e.g. Tobacco Free Futures) and national (e.g. Stoptober) resources.</p> <p>We were very impressed with the work to take hospital sites towards being smoke free; it is important that this work is progressed within a strategic framework to ensure it is widely 'owned' and sustainable.</p>

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Clear Theme	Your score	Our score	Max	Comments
<b>Challenging Your Services</b>				
Prevention	6	7	12	<p>A range of prevention activities are reported in the tobacco plan, but these seem to have emerged on an ad hoc basis; the updating of the tobacco plan, linked to the LG Declaration and a strategic-level Tobacco Alliance, affords an opportunity for a strategic review of these components.</p> <p>We were pleased to hear about work to reach out and engage young people, but there are concerns that the ASSIST programme is out of date and expensive, and suggest this be reviewed.</p> <p>Work with 16-24 year olds is valued, but it would benefit from having strategic fit with wider plans.</p> <p>It would be useful to see the prevention work framed in a wider context of denormalisation and changing the adult world by making tobacco use less desirable, accessible and affordable.</p>
Compliance	12	14	16	<p>Regulatory services are clearly well engaged, both locally and at supra-district level, including work on illicit tobacco and de-normalisation e.g. through smoke-free playgrounds etc. This work needs continued funding, and for links with regional groups to be maintained.</p> <p>Positive example that TS officer has already prepared guidance for small shops re displaying tobacco products, ahead of legislation coming into force.</p> <p>Trading Standards showed real commitment to their contribution to tobacco control, but were realistic about the amount of time they can allocate unless Public Health (PH) funds continue to support this. We thought that this small resource has a high value as it helps maintain their strong involvement.</p> <p>Environmental Health (EH) seem keen to build stronger relationship with PH following transition, and new EH leadership supports this. This would contribute to the development of a re-configured, strategic tobacco alliance.</p>

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Communications and denormalisation	9	9	14	<p>National and supra-local campaigns are linked and locally amplified, making good use of resources available at national (e.g. Stoptober) and regional (e.g. Tobacco Free Futures) level. Media support from TFF (e.g. press releases which can be localised) were seen to be a great resource.</p> <p>Wirral Community Trust continues to provide good comms support as it did before transition of PH to Local Authority (LA). However, it now needs to review roles, as now LA has PH lead, LA needs to be seen to lead on PH comms issues.</p> <p>Smokefree homes &amp; cars pledge scheme has support from LiveWell and could be built upon through a re-formed, strategic alliance. Need to ensure health visiting well linked and supported e.g. through Take 7 Steps Out and/or Chemical Soup materials.</p> <p>Links with 3<sup>rd</sup> sector via VCAW are valuable and could be further developed to support de-normalisation. LiveWell teams have further potential to develop place-based tobacco control initiatives.</p>
Innovation and learning	4	4	8	<p>Tobacco Alliance in its present form provides good information exchange and opportunities for shared learning. This should be maintained as a forum if the council moves to an Alliance with a strategic focus.</p> <p>We noted that the excellent work at Wirral University Hospital sites at Arrowe Park and Clatterbridge Health Park had been developed without reference to similar, previous work e.g. at Blackpool Victoria Hospital. If Arrowe Park shared their experience it could encourage and support others, and increase learning as they further develop their initiative.</p>
Cessation	22	17	28	<p>The Stop Smoking Service has some strong examples of good practice, and is actively working to reach more smokers in the local community. Changes in delivery through the place-based LiveWell teams has potential to improve reach in areas of high prevalence. However, one third less smokers are coming forward; this is perceived to be linked to use of e-cigarettes, but evidence to support this</p>

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				<p>is anecdotal at the moment. Quit rates have been maintained.</p> <p>There was concern that some core service staff seem to see VCAW as competitors (though the representative we saw was clear in stressing that this is inappropriate). 'Making every contact count' training could be further developed and expanded. We feel more strategic support would enable this.</p> <p>Staff we spoke with demonstrated real commitment to offering an excellent service; staff from Wirral Change and Solutions for Health seemed passionate about improving health for their target groups. All services use customer feedback surveys to shape the work they do.</p> <p>Solutions for Health are offering a positive and comprehensive service to pregnant women (e.g. incentive scheme works well, one-to-one advice). Review of SATOD data systems and referral pathways would ensure best use made of this resource.</p> <p>Wirral Change offer services to a range of BME groups, including a good resource of different language speakers. They have highlighted the issue of chewing tobacco in the Bangladeshi community.</p> <p>Positive that some schools offer SS support to pupils (and staff), but no current plans to monitor under-15 prevalence.</p> <p>Knowledge and awareness of NICE guidance was evident in all services we spoke with.</p>
<b>Results</b>				
Prevalence	5	5	12	<p>Prevalence data was showing a downward trend in 2010/11 and 2011/12. However for 2012/13 the rate rose again. You have 23% for current prevalence, which is above 2010/11 rate. Also, this masks wide disparities between areas, as rate in deprived areas is probably nearer 35%. This disparity must continue to drive your efforts on all aspects of tobacco control –</p>

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Clear Theme	Your score	Our score	Max	Comments
				<p>especially denormalisation - as well as cessation.</p> <p>You gave us evidence of good quit rates in routine &amp; manual groups, but tracking prevalence in this group would support further development of TC.</p> <p>Your data on prevalence amongst young people is limited by low participation in the TSNW survey, which is a valuable tool enabling comparison with like districts etc. Improving participation in this survey, perhaps through strategic approach via new Alliance, could be valuable. National survey with local results is coming, see <a href="http://www.whataboutyouth.com">www.whataboutyouth.com</a></p> <p>ASSIST provides only partial information, and its limitations are flagged up elsewhere.</p>
Quit data	5	6	10	<p>Good quit rates are to be commended, but there is concern about reducing numbers of people accessing the service, leading to a reduced number of quits. There is a belief that this is associated with reducing prevalence (this not supported by the data) and by the use of e-cigarettes (anecdotal). Investigating reasons for fall-off in numbers accessing service could provide clear stats for future.</p>
Local Priorities	3	3	6	<p>The self-assessment accurately reflects progress made against locally-set tobacco control objectives:</p> <p>Adult prevalence showed a downward trend in 2010/11 and 2011/12 although 2012/13 showed a rise; you acknowledge that these figures mask a prevalence up to 35% in deprived areas, and you are taking steps to target those. (This could be more explicit in your plans).</p> <p>Your objective re SATOD and 4 week quitters is on track, with room for developmet as outlined above.</p> <p>Your compliance work re children and young people and illicit tobacco is strong.</p> <p>There are opportunities to increase understanding on which policy levers and interventions will make the most impact in reducing tobacco harms: using the LG</p>

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Clear Theme	Your score	Our score	Max	Comments
				Declaration on Tobacco Control as a springboard, and re-positioning the Tobacco Alliance to deliver on this, Wirral is well placed to make real progress.

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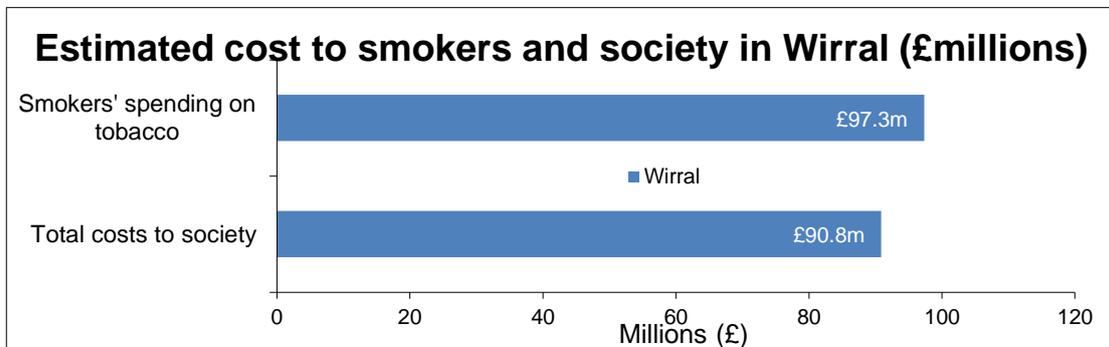
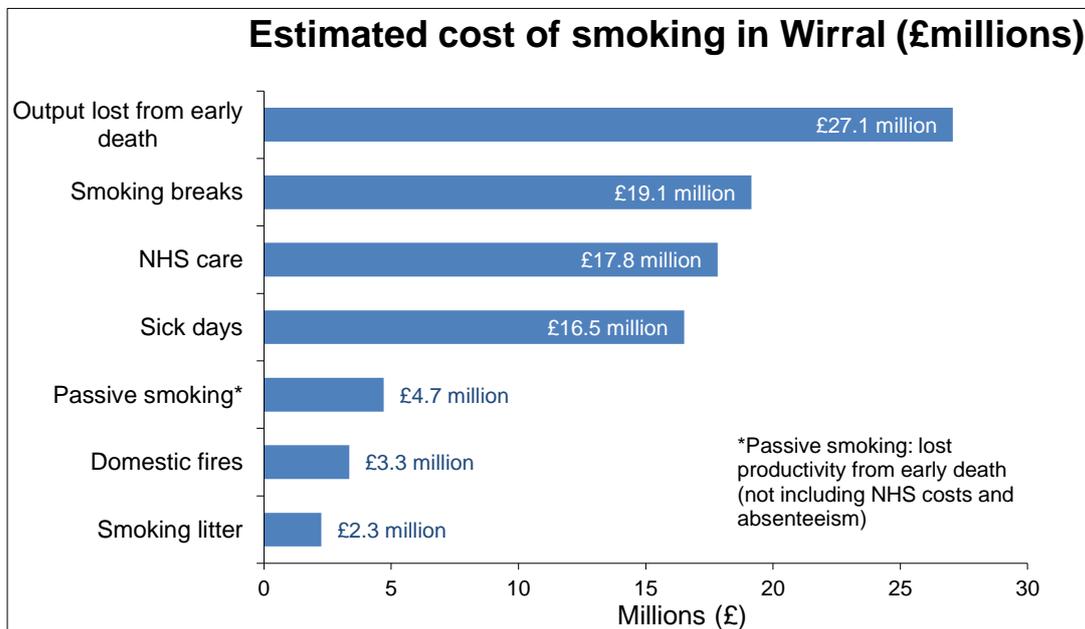
## CLear Opportunities

Wirral's estimated smoking population is **57,045** people.

If the wider impacts of tobacco-related harm are taken into account, it is estimated that each year smoking costs society in Wirral **£90.8m**. In addition the local population in Wirral spend **£97.3m** on tobacco related products.

As smoking is closely associated with economic deprivation this money will be disproportionately drawn from Wirral's poorest citizens and communities, and therefore further exacerbates inequalities and health inequalities.

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



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## CLear Resources

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

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

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

In relation to communications, you may find it useful to review "A social marketing approach to tobacco control: a guide for local authorities"

[www.idea.gov.uk/idk/aio/21028178](http://www.idea.gov.uk/idk/aio/21028178)

Excellence in tobacco control: 10 High Impact Changes to achieve tobacco control also contains a useful chapter on communications.

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_084848.pdf](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](mailto:I.Gray@cieh.org)

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

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

The NCSCT have a range of resources which may interest you – see for instance

NCSCCT 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 NCSCCT 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>

NCSCCT 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](mailto:Liz.Gilbert@ncsct.co.uk)

NCSCCT 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

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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](mailto:Isobel.williams@ncsct.co.uk))

For details of forthcoming Under 15s prevalence survey, see <http://www.whataboutyouth.com/>

NICE ROI (Return on Investment) tools at <http://www.nice.org.uk/usingguidance/implementationtools/returnoninvesment/TobaccoROITool.jsp>

## CLear next steps

Thank you for using CLear.

Having completed your self-assessment and CLear assessment, you will now be awarded CLear accreditation until February 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

## Contacts

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CLear [Clear@ash.org.uk](mailto:Clear@ash.org.uk)

TSNW	Trading Standards North West
TFF	Tobacco Free Futures
NICE	National Institute for Health & Care Excellence
HWB	Health & Wellbeing
CCG	Clinical Commissioning Group
VCAW	Voluntary & Community Action Wirral
PH	Public health
EH	Environmental health
LA	Local Authority
LG	Local Government