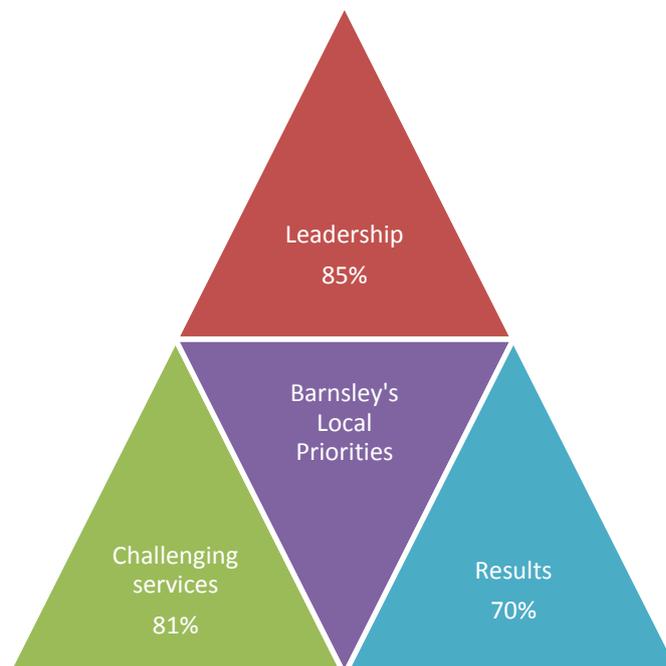




CLear thinking

CLear model assessment for excellence in local tobacco control

Barnsley Metropolitan Borough Council 11th July 2017



Barnsley's CLear scores as a percentage of the total available in each domain



About Public Health England

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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, 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 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).

1.1 CLeaR in Barnsley

Kaye Mann invited the CLeaR team to validate the CLeaR assessment process in Barnsley as a benchmarking exercise for the local authority and tobacco control alliance.

The CLeaR team was Andrea Dickens (Melioem Solutions Ltd), Jez Mitchell (Public Health Principal Wakefield Council) and Edith Akinnawonu (Tobacco Control Support Manager, Pubic Health England).

This report summarises conclusions of the CLeaR assessment team following their visit and a series of interviews on 11th July 2017. It sets Barnsley's challenge in context, providing information on the economic impact of smoking in Barnsley.

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

Special thanks go to Kaye for her assistance in co-ordinating responses to the self-assessment and organising the assessment visit.

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

Attending:

- Cath Bedford – CCG - Public Health Principal
- Claire Gray – Be Well Barnsley – Manager
- Cllr Jenny Platts – BMBC
- Cllr Jim Andrews – BMBC – Chair of Alliance and PH Portfolio Holder
- Cllr Sarah Tattersall – BMBC
- Diane Lee – BMBC – Head of Public Health
- Emma White – BMBC – PH Principle, People Directorate
- Judith Hurst – Primary Head Teacher
- Julia Burrows – BMBC – Director of Public Health
- Kaye Mann – BMBC – Senior Health Improvement Officer
- Laura Gray – Barnsley College
- Paul Micklethwaite – BMBC – Tobacco Enforcement Officer
- Rebecca Barker – BHNFT – Specialist Stop Smoking Midwife
- Simon Frow – BMBC – Head of Regulatory Services
- Zoe Styring – SWYPFT – Stop Smoking Service Manager

Core Assessor

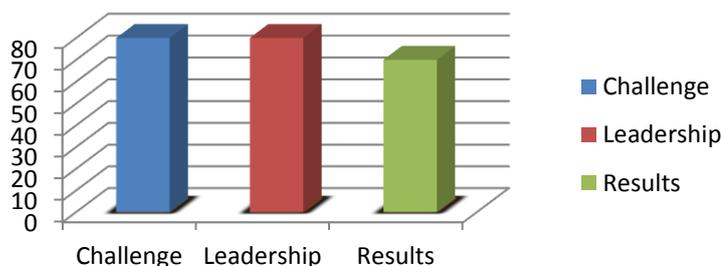
- Andrea Dickens – Director, Melioem Solutions Limited

Peer Assessors

- Jez Mitchell (Public Health Principal Wakefield Council)
- Edith Akinnawonu (Tobacco Control Support Manager, Public Health England)

2. CLear messages

Barnsley's scores as % available score in each domain



CLear domain	Max score	Self-assessment score	CLear assessment score
Challenge services	112	79	90 (81%)
Leadership	72	56	61 (85%)
Results	40	23	28 (70%)

2.1 Your insights

- You have a strong vision for a smokefree Barnsley evidenced through the Breathe 2025 aims to create a generation of children that are smoke-free.
- You are involving a wide range of partners in your alliance, including clinical leadership champions.
- A comprehensive tobacco control plan has been agreed and signed off and an action plan is in place which is currently being reviewed and updated.
- Barnsley has made significant improvements in its tobacco control programme since the last CLear assessment in 2013, addressing all of the areas for development that were identified.

2.2 Your strengths:

- We saw enthusiastic and passionate support for tobacco control from Councillor Andrews, the Chair of the Alliance and portfolio holder for public health, and from Councillors Tattersall and Platts who are both committed to tackling tobacco use in Barnsley.

- You have strong leadership within Public Health from both the Director and Head of Public Health.
- The distributed model for public health has been used to help embed tobacco control work across the whole Council with all Directorates represented on the Alliance.
- You have put a well-established reporting structure and decision-making framework, providing a clear line of accountability from the tobacco control alliance to the health and wellbeing board and regular reporting to the elected members.
- Executive support is reflected in practice through a dedicated budget for tobacco control activity.
- Trading Standards and Environmental Health are both fully engaged in supporting effective regulatory work to support tobacco control.
- Barnsley has a dedicated Tobacco Control Enforcement Officer which enables the Trading Standards department to undertake a relatively high volume of work in this area and maintain excellent partnership working with other regulatory and enforcement agencies.
- The full range of internal communications is used to promote tobacco control across BMBC.
- The local Stop Smoking Service has seen a drop in referrals but at the same time has increased the quit rate which reflects a quality service being delivered.

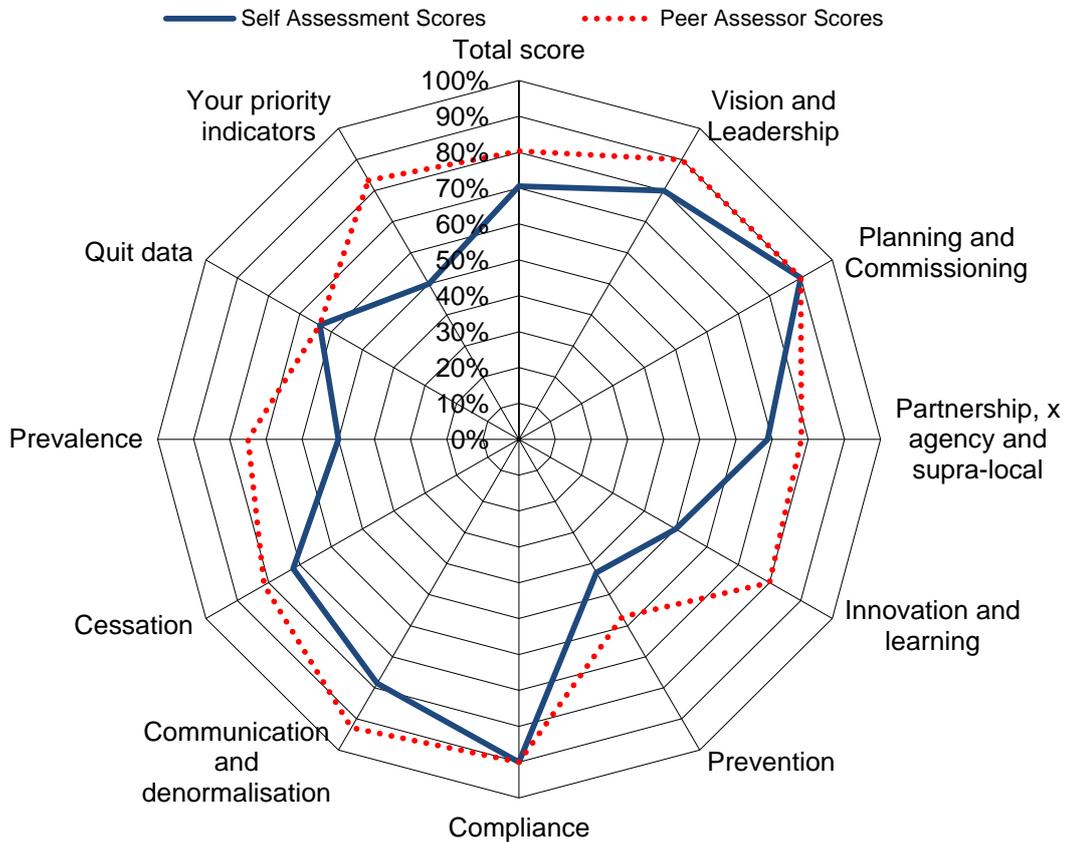
2.3 Opportunities for development

- While Barnsley Council has signed the Local Government Declaration, a corporate policy which states a clear intention not to engage with tobacco companies, except for the purposes of regulation would underline the Council's commitment to its obligations under World Health Organisation Framework Convention on Tobacco Control, Article 5.3.
- There is a lack of direct referrals from GP practices to the Stop Smoking Service. This is an area which could be addressed with the help of the Clinical Commissioning Group to increase referrals.
- Commissioning of services so that all pregnant smokers are seen by maternity service stop smoking advisors would provide a more joined up service with best provision for clients.
- We heard that the Stop Smoking Service provider is sub-contracted by the Be Well Barnsley provider which has limited experience of delivery of this type of service. As a result, there is no direct contact between tobacco control leads in public health and the stop smoking service. This is a less than ideal situation which should be reviewed with a view to improving communication and engagement and ultimately increasing referrals to the service. Tobacco control leads should be included in defining any commissioning arrangements for services in this area.
- The short term nature of the Tobacco Control Enforcement Officer role generates some uncertainty in this area and reduces the ability to undertake medium term planning of enforcement activities with partner organisations. Consideration should be given to including this post within the tobacco control budget.
- Seeking further opportunities to address the availability of illicit tobacco beyond local boundaries would increase the impact of the work in this area, while any budget or resource sharing here would make the work more cost effective.
- Sustained commitment to the comprehensive tobacco control programme will be needed for Barnsley to achieve its aim of Breathe 2025 to create a generation of children that are smokefree.

3. CLearR results

The chart below shows (in blue) Barnsley’s original self-assessment scoring, as a % of available marks in each section and (in red) the CLearR team’s assessment results. The results of the peer assessment accorded closely with the self-assessment, with the peer assessment identifying some additional areas for improvement.

Barnsley CLearR Profile



Detailed comments on your assessment are as follows

Clear Theme	Your score	Our score	Max	Comments
Leadership				
Vision and leadership (including WHO FCTC)	16	18	20	<p>Barnsley have embedded tobacco control across the council through effective implementation of the distributed model of public health.</p> <p>There is a strong and well established tobacco control alliance, chaired by the portfolio holder for public health and with a wide ranging membership including clinical leadership.</p> <p>There is strong support for tobacco control from elected members who are passionate about improving the health and well being of the population through a reduction in tobacco use.</p> <p>A policy in line with article 5.3 of the WHO 'Framework Convention on Tobacco Control' would show exemplary corporate leadership on tobacco control.</p>
Planning and commissioning	18	18	20	<p>There is senior management and executive member engagement with, and sign off of the local tobacco control plan and a high level of enthusiasm for, and commitment to tobacco control in Barnsley.</p> <p>NICE Guidance is used to inform commissioning of all areas of work. An audit being planned with Barnsley Hospital Foundation Trust to inform the development of an action plan will address the only gap here.</p> <p>The Action Plan would benefit from more specific SMART targets with dates/timelines for delivery of action allocated to partners.</p>

Partnership, cross-agency and supra-local working.	22	25	32	<p>Barnsley has a strong, well attended Alliance which is chaired and attended by elected members.</p> <p>There is a comprehensive Action Plan which is being updated.</p> <p>In the current financial climate, sharing of budgets and resources should be explored to achieve greater impact and value for money.</p>
Challenging your services				
Innovation and learning	5	8	10	<p>The Action Plan is being updated indicating a review of progress.</p> <p>Learning from the tobacco control work is shared and reviewed at Alliance meetings. A more formal system of sharing across partners would help raise and maintain awareness of work which is being undertaken and the results achieved eg routine circulation of updates and final reports on projects as well as tobacco control and cessation data.</p>
Prevention	6	8	14	<p>All of the play parks in Barnsley are smokefree and an evaluation of the programme is due shortly.</p> <p>A popular square in the town has also been made smokefree as a first step in the gradual extension of a smokefree town centre zone.</p> <p>A whole school approach to tobacco control is being developed across Barnsley. This is important to help achieve the smokefree generation ambition. Consultation with schools and parents is being undertaken to establish what will work. A pilot is scheduled for September 2017 in five schools.</p> <p>Smokefree Homes are promoted by health professionals and children's centres staff. Evaluation to establish if they are being</p>

				<p>implemented and maintained would be beneficial in maintaining this focus.</p> <p>Evaluation of all local innovation will provide useful learning regarding their effectiveness and provide support for the financial case in maintaining the work.</p>
Compliance	18	18	20	<p>An original and effective approach to the enforcement of the Smoking in Cars legislation has been taken by the Tobacco Enforcement Officer in attending schools premises at the end of the day and approaching parents who are smoking at school gates.</p> <p>There is a good understanding of the local position around shisha and proactive work to ensure compliance with smokefree legislation.</p> <p>Greater engagement with supra-local or regional initiatives to address illicit tobacco would increase the impact of the work in this area.</p> <p>Long term planning of work to tackle illicit tobacco is hampered by the short term nature of the Tobacco Enforcement Officer post. Given the importance of networking and establishing contacts in other regulatory and enforcement organisations, continuity is an important factor in effective partnership working. Could your dedicated tobacco control budget play a wider role in securing this post to enable more effective long term planning?</p>
Communications and denormalisation	11	13	14	<p>There are good examples of amplifying national and regional campaigns although resources are limited.</p> <p>A comprehensive communication plan is in place for tobacco control and has good promotion of the work in the local press.</p>

				<p>Opportunities to engage with voluntary and community groups should be explored to increase the engagement of minority and target population groups.</p>
Cessation	39	44	54	<p>The local Stop Smoking Service has seen a drop in referrals but at the same time has increased the quit rate which reflects a quality service being delivered.</p> <p>There is a lack of direct referrals from GP practices to the service. This is an area which could be addressed with the help of the Clinical Commissioning Group to increase referrals.</p> <p>Pregnant smokers are currently seen between the Stop Smoking Service and a specialist advisor in maternity services. Best practice would suggest that seeing all pregnant smokers through maternity services would be more efficient and effective.</p> <p>We heard that the Stop Smoking Service provider is sub-contracted by the Be Well Barnsley provider which has limited experience of delivery of this type of service. As a result, there is no direct contact between tobacco control leads in public health and the stop smoking service.</p> <p>This is a less than ideal situation which should be reviewed with a view to improving communication and engagement and ultimately increasing referrals to the service.</p> <p>The quit target also appears to be very high given the population size.</p>
Results				
Prevalence	6	9	12	<p>Although there is an ambition for a large decrease in smoking prevalence, the steady decline being achieved should still be acknowledged.</p>

Quit data	14	14	22	<p>There is good progress on quits and the service is responsive to client feedback.</p> <p>There are some small data sets around smoking in pregnancy which could be relatively easily collected and collated which would improve the score. Following up pregnant quitters at 12 weeks would also be beneficial in supporting this important group to sustain a quit.</p>
Local priorities	3	5	6	<p>Your local priorities are challenging.</p> <p>Barnsley has set itself ambitious targets in reducing smoking prevalence which should not detract from the achievement to date.</p> <p>There is a steady decline in the number of women smoking at time of delivery.</p>

4. CLear opportunities

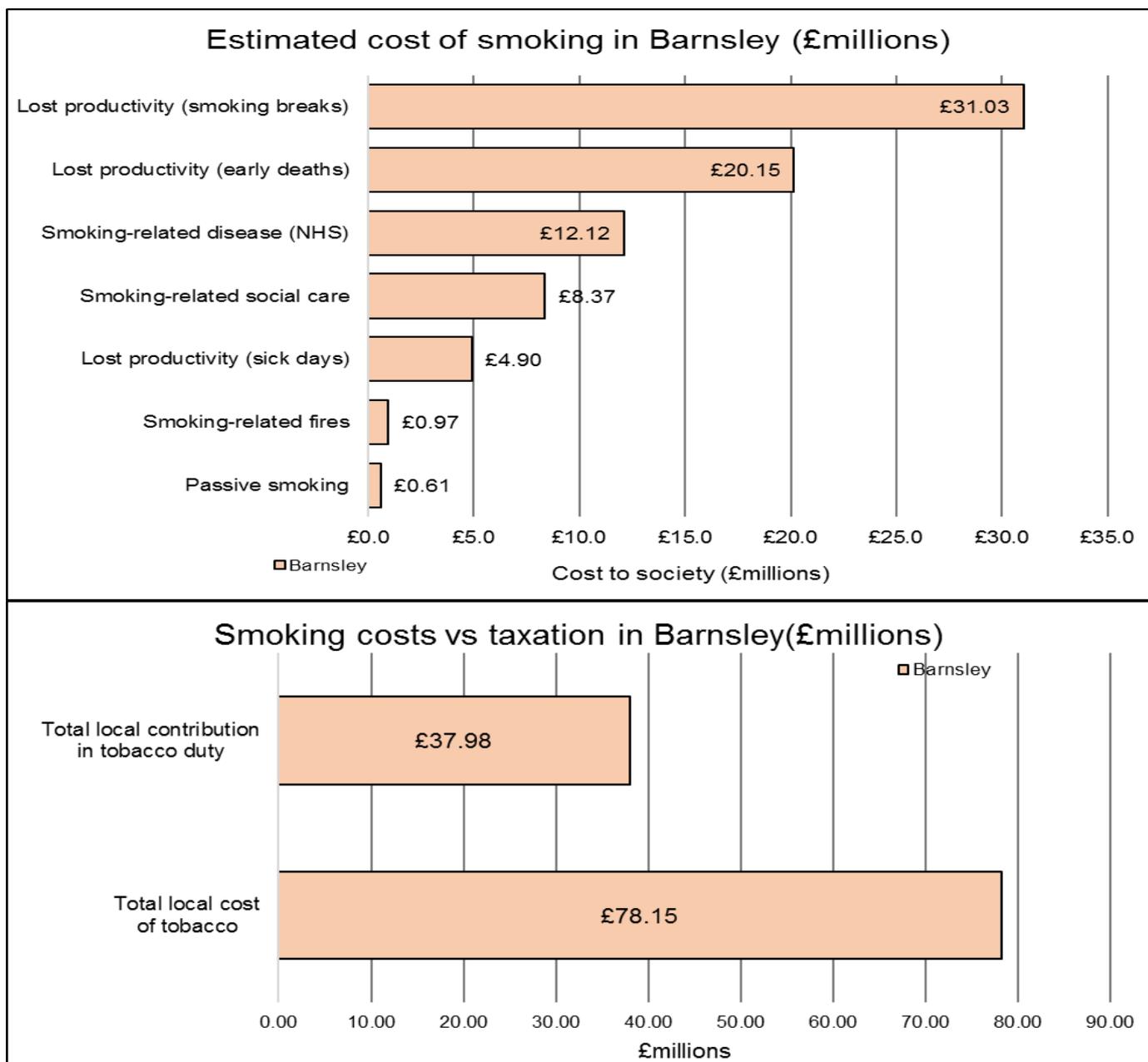
Barnsley's estimated smoking population is 41,962 people.

If the wider impacts of tobacco-related harm are taken into account, it is estimated that each year smoking costs society in Barnsley £78.2m.

Every year early deaths related to smoking result in 1,161 year's of lost productivity. This costs the local economy approximately £ 20.2m.

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

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



5. CLearR 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.nice.org.uk/About/What-we-do/Into-practice/Return-on-investment-tools/Tobacco-return-on-investment-tool>

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 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>

6. CLearR next steps

Thank you for using CLearR.

Having completed your self-assessment and CLearR peer-assessment, you will now be awarded CLearR accreditation until July 2018. This gives you the right to use the CLearR logo and automatic entry to the annual CLearR 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;
- allow the member 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 improves; and
- consider commissioning a CLearR re-assessment in 2018.

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