

# Health Improvement Partnership Board - 19<sup>th</sup> May 2019

## Oxfordshire Tobacco Control Alliance and the CLear assessment

### A summary report of the findings of the process

#### 1. Summary

1.1 The Oxfordshire Tobacco Control Alliance (OTCA) provides focus and support to help stakeholders reduce tobacco usage in the county. The Tobacco Control Plan for England has recommended that local health and wellbeing partners participating in a CLear assessment (**C**hallenge, **L**eadership and **R**esults) – a ‘deep dive’ self-assessment tool aimed to provide a stock take on current tobacco control work. The OTCA completed the audit process and in March 2019 underwent an external peer review. This document provides a summary of the findings of the CLear peer review.

#### 2. Tobacco Control

2.1 Tobacco control is an umbrella term often used to describe the broad range of activities that aim to reduce smoking prevalence and/or reduce exposure to second-hand smoke and the morbidity and mortality it causes. In 2017 the Government published a new Tobacco Control Plan, to pave the way for a smoke free generation.

2.2 Effective tobacco control includes various national policies, overseen and implemented by central Government. However locally the Council, and other local stakeholders, have a responsibility alongside central Government to support the implementation of these to maximise their potential to reduce smoking prevalence rates.

2.3 The national tobacco control plan advocates a whole system approach to ending smoking in the population, reaching out to smokers in the whole NHS and community.

2.4 The Tobacco Control Plan also aims to address local inequalities through targeting those populations where smoking rates remain high. The plan supports

- Regions and individual local councils coming together to agree local ambitions around which collective action can be organised.
- Local health and wellbeing partners participating in ‘CLear’, an evidence-based improvement model that can assist in promoting local tobacco control activities.
- Local councils identifying the groups and areas with the highest smoking prevalence within their local communities and taking focused action aimed at making reductions in health inequalities caused by smoking in their population.

2.5 Tobacco Control involves creating the environments and norms, where children don’t start smoking and adults are motivated and supported to quit.

### 3. The Oxfordshire Tobacco Control Alliance (OTCA)

3.1 The OCTA has been set up in line with national guidance and officers reviewed how other local authorities run their local TCAs.

3.2 While currently public health chair and support the running of the OTCA, it is not meant to be led by public health. This group is set up to be a true partnership of equals who will agree how to work collaboratively to reduce tobacco use and exposure in the County.

3.3 The OTCA aims to

- Adopt best practices in reducing tobacco usage in Oxfordshire
- Motivate local stakeholders to participate in local tobacco control activity.
- Create environments and norms that prevent smoking uptake and stimulate and facilitate quit attempts.
- Support the work of the stop smoking service. Work with a wide range of stakeholders whilst working on shared agendas and avoiding duplication
- Make novel connections between different professions and organisations.
- Agree a shared approach on what stakeholders will do to reduce tobacco usage, particularly where there are inequalities, whether it be by geography or social demographic group.
- Share national and local information that helps local stakeholders act, effectively and efficiently on tobacco usage.

3.4 The Tobacco Control Plan for England has recommended that local health and wellbeing partners participating in a CLear assessment (**Challenge, Leadership and Results**) – a ‘deep dive’ self-assessment tool aimed to provide a stock take on current tobacco control work. It was agreed at the first meeting of the Alliance that one of the first actions of the OCTA will be to complete this for Oxfordshire. Partners within the OTCA were invited to contribute electronically and the responses and self-scoring verified in one of the face to face meetings.

3.5 There is no local tobacco control strategy at this time. The OTCA have agreed that the CLear assessment is an objective tool which can help develop a local strategy.

### 4. The CLear assessment

4.1 CLear is an evidence-based improvement model which helps to develop local action to reduce smoking prevalence and the use of tobacco. The CLear model offers:

- A free-to-access self-assessment tool that can assist in evaluating the effectiveness of local action addressing harm from tobacco - a major aspect of any health and wellbeing strategy;
- A peer assessment process, which provides independent challenge to our self-assessment and access to a recognised quality mark;
- A chance to benchmark our work on tobacco over time and against others;

4.2 **CLear** stands for the three linked domains of a model shown below:



4.3 **Challenge** for existing tobacco control services – based on evidence of the most effective components of comprehensive tobacco control, as outlined in NICE Guidance and *“Healthy Lives, Healthy People, a Tobacco Control Plan for England”*.

4.4 **Leadership** for comprehensive action to tackle tobacco.

4.5 **Results** demonstrated by the outcomes you have delivered against national and local priorities.

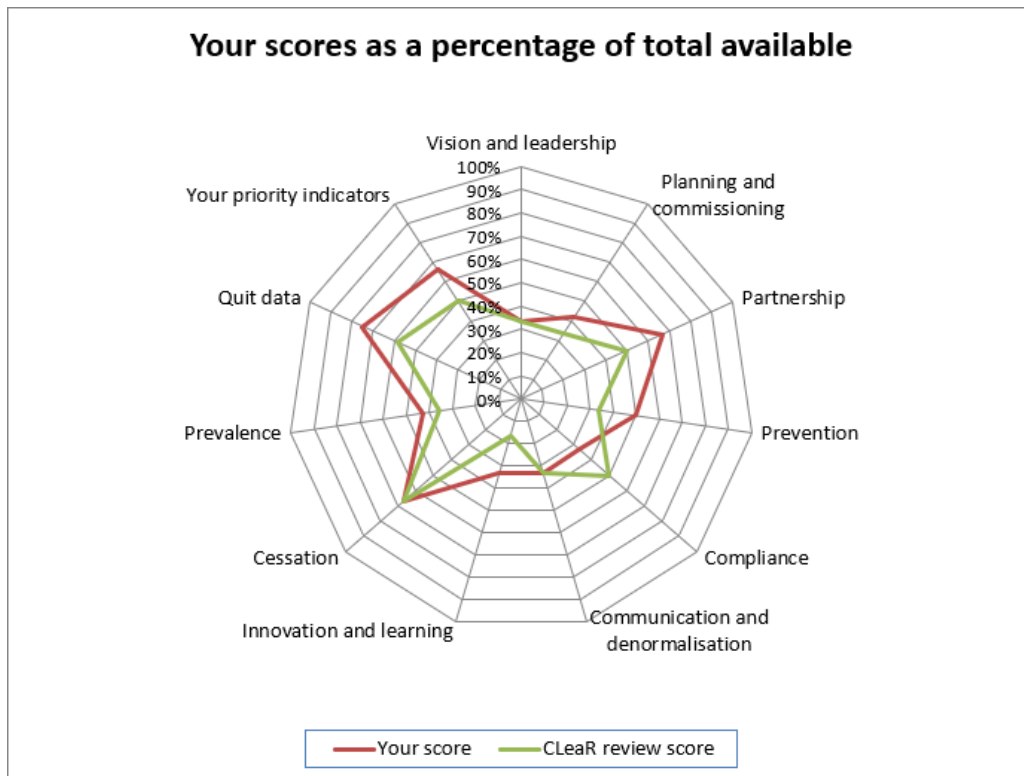
4.6 These three domains are underpinned by the central core of **local priorities**, which encourages consideration of how the broader aims of the local authority and health and wellbeing board complement and support our strategy to tackle tobacco.

4.7 The first phase of the CLear process involved a local self-assessment. Key players, from OTCA scored the local approach to tobacco control against the items in the CLear questionnaire. This was submitted to the peer assessors prior to a visit to the County.

4.8 On 7<sup>th</sup> March 2019 the peer assessors spent a day meeting with local representatives from the Tobacco Control Alliance. The CLear team consisted of Hilary Wareing, iPiP (Core Assessor); Martyn Willmore, Tobacco Control Programme Manager, Public Health England; Emma Brown, Public Health Improvement Officer, Doncaster County Council; Jez Mitchell, Public Health Principal (Wakefield Council).

## 5. CLear Assessment results

5.1 The chart below shows (in RED) Oxfordshire’s original self-assessment scoring, as a % of available marks in each section and (in GREEN) the CLear team’s peer-assessment results. The results of the peer assessment accorded closely with the self-assessment.



5.2 The following were identified as strengths,

- Public Health expressed their commitment to raise the profile of tobacco control and provide leadership and support to the new alliance
- There is an understanding of local health inequality issues and the need to address these was apparent.
- The stop smoking service is contracted to target services in the most deprived areas and to groups most impacted by tobacco use including routine and manual, pregnant women and those living with mental health problems. It is achieving good outcomes.
- The trading standards team are undertaking an intelligence and insights driven approach to identify and remove illicit sources of tobacco.
- Recognition that opportunities exist to build a broader consensus for tobacco control across a wider range of council services and partner organisations.
- There is a commitment to build a strong alliance to help guide and shape a multi-agency approach to reducing harm from tobacco.
- There is an awareness that whilst overall prevalence is not high this is not the case in some of the most deprived areas and amongst certain groups.
- We heard about innovative approaches to working with vape shops and the integrated respiratory pilot.

5.3 The Peer assessment team also provided the following as opportunities for development.

- You have an intention to use the CLearR process and outcomes to facilitate a conversation, within the Council and with partners, about the development of a joint vision and tobacco control plan.
- There is an opportunity to build a strong multi-agency alliance which includes members that can influence policy and practice within their own organisation. The selection of the chair may determine how others perceive and engage with this group.
- There is an opportunity to encourage the development of more tobacco control champions within many partner organisations, particularly the NHS.
- There is an opportunity to demonstrate the commitment to the tobacco control agenda by signing the Local Government Declaration on Tobacco Control and Smokefree NHS pledge.
- The development of the new plan gives an opportunity to increase understanding in partner organisations about tobacco control, the policy levers and which interventions will be most impactful.
- There is currently no systematic way to ensure partners are held to account. As a new plan is being developed, now might be the time to consider developing formal arrangements.
- The stop smoking service is following best practice guidance and is responsive to the need to adapt and change practice. There are opportunities for partner organisations to support the service in increasing referrals. It is important to ensure that there are systematic and robust referral pathways into the local support services.
- Partners could be engaged in a sustained, strategic, and comprehensive approach to media and communications. A partnership communications plan, as part of the tobacco control plan, may increase activity and reach of messages.
- There is an opportunity to use more insights to determine prevailing attitudes and knowledge of smokers and other audiences which may help guide activity.
- The use of local people as case studies both as recent quitters but also as champions for tobacco control could be developed. There may be economies of scale to be made through more supra-local collaboration in marketing.
- Knowledge of the responsibilities under the WHO Framework Convention on Tobacco Control was demonstrated with reference to recent events.

Consideration should be given to further action to inform elected members and partner organisations to guard against tobacco industry interference.

- 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.
- There is an opportunity to build on individual projects to further engage secondary care. Consideration should be given to the recommendations of the Royal College of Physicians report “Hiding in Plain Sight” (June 2018)
- It may be helpful to consider using CLear self-assessment tools for pregnancy; secondary care and mental health. The results of which will inform the tobacco control plan.
- Given the varying views expressed regarding electronic cigarettes, consideration should be given to the development of an explicit local policy regarding their promotion and use. This should incorporate the latest evidence regarding harm and draw a distinction between youth experimentation and long-term use. It should also identify their role in helping smokers quit and stay quit.
- Consideration should be given to proportionate and evidence-based activity to address youth smoking. This should be based on insights work to quantify the levels of youth smoking across Oxfordshire, to establish if this is significant issue.
- There may be opportunities for agencies to work together to promote smokefree homes.

## **6. Next Steps**

6.1 The results of the CLear assessment provide a platform which the members of the OCTA and wider partners can develop a vision for tobacco control in the County and a local tobacco control strategy.