



Public Health  
England

# The CLear model

## Excellence in tobacco control

Making it easy to do it well - a handbook



# 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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## Foreword

CLear has been developed by Action on Smoking and Health (ASH) with assistance from partners in Cancer Research UK, Tobacco Free Futures, FRESH, Smoke Free South West, the National Centre for Smoking Cessation and Training, the Trading Standards Institute, the Chartered Institute for Environmental Health 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

## Executive summary

### CLear need...

From April 2013 all services connected with reducing the use of tobacco became the responsibility of local authority health and wellbeing boards.

Reducing smoking prevalence and the use of tobacco can help local government to:

**Cut costs to local public services.** In England each year it is estimated that smoking costs the public £13.8bn in terms of the output lost from early deaths, smoking breaks, NHS care, sick days, the impact of passive smoking, household fires, and smoking litter. Visit [www.ash.org.uk/localtoolkit](http://www.ash.org.uk/localtoolkit) to find out what it could cost in your local area.

**Protect children from harm.** Two thirds of smokers say they began smoking before the legal smoking age of 18 and 9 out of 10 before the age of 19. (General Lifestyle Survey 2009) Children exposed to tobacco smoke are at much greater risk of cot death, meningitis, lung infections and ear disease (Royal College of Physicians).

**Boost the disposable income of the poorest people in your local area.** Two adult smokers with a 20-a-day habit are likely to spend more than £5000 per year on cigarettes. Workers in routine and manual jobs are twice as likely to smoke as those in managerial and professional roles. Poorer smokers spend 5 times as much of their weekly household budget on smoking than richer smokers (ASH 2011).

**Drive improvement across key measures of population health.** Reducing smoking rates will impact on core indicators included in 3 out of the 4 public health domains identified in "Improving outcomes and supporting transparency: A public health outcomes framework for England". (Department of Health 2012) Examples of indicators which would be positively affected include:

- sickness absence
- the number of children in poverty
- numbers of low birth-weight babies
- pregnant women smoking at time of delivery
- smoking prevalence rates in adults and children
- infant mortality and all cause
- preventable mortality
- mortality from cardiovascular disease
- mortality from cancer
- mortality from respiratory disease
- preventable sight loss.

# 1. Introducing CLeaR

**CLeaR** is an evidence based improvement model which helps you to develop local action to reduce smoking prevalence and the use of tobacco. The model is designed for use by local authorities, tobacco alliances and health and wellbeing boards. 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 voluntary peer-assessment process, which provides independent challenge to your self-assessment and access to a recognised quality mark;
- A chance to benchmark your work on tobacco over time and against others;
- Membership of Smoke Free Action Coalition and a growing professional network which shares your goals.

This guide provides further information on the model and a self-assessment questionnaire that you can use to evaluate and score your services.

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

**CLear** stands for the three linked domains of the model:



**Challenge** for your 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”*.

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

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

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

## 2. How can we use the CLear model?

### 2.1 Self-assessment

You can start using the model by completing the FREE self-assessment questionnaire available at <https://www.gov.uk/government/publications/clear-local-tobacco-control-assessment>

The self-assessment will enable you to:

- evaluate your local action on tobacco;
- ensure that local activity follows the latest evidence-based practice;
- identify priority areas for development.

You can also use the questionnaire to help you monitor improvements to your services over time.

### 2.2 Improving the rigour of your self-assessment

**CLear membership** provides you with support and advice on your self-assessment, plus peer-assessor training for up to two members of your team. There will also be the opportunity to learn from other CLear authorities by participating in external peer-assessments.

### 2.3 External challenge and assessment

For those wishing to examine their local action on tobacco in more depth, we can arrange to add value your self-assessment score through an external peer-based assessment. The benefits of CLear assessment include those of **membership**, as well as:

- A workshop or interview-based challenge day for you and your partners that will take an in-depth look at your evidence and provide an independent score against the model.
- A concise independent report on your performance against the model, which will identify strengths and areas for development, as well as signposting suggested resources and sources of further information.
- The right to use the CLear Logo on local promotional material.
- Automatic entry to the CLear national awards for excellence in tobacco which are held annually

There will be a charge of £2500 to cover the cost of the external assessment. For more information please contact PHE on 020 7972 1951 or [CLearTobaccoTeam@phe.gov.uk](mailto:CLearTobaccoTeam@phe.gov.uk).



## 3. Getting started the CLear model in detail

The CLear model is based around a simple questionnaire, which can be downloaded from <https://www.gov.uk/government/publications/clear-local-tobacco-control-assessment>. Completing the CLear questionnaire should take up to one day of a co-ordinating officer's time. The optional CLear peer-assessment will take approximately one further day.

### 3.1 Get the right people involved

In order to get the best out of the model you will need a broad understanding of local policies that relate to your work. The questionnaire must be completed in consultation with your key partners. The information you need to draw on includes:

- A detailed understanding of your organisation's approach to tobacco control at a corporate and service level
- Awareness of tobacco control and smoking cessation activities delivered by or with your partners at local, supra-local or regional level
- An understanding of the broader policy drivers underpinning action on tobacco
- Knowledge of developing governance and accountability arrangements in relation to local health and wellbeing boards and clinical commissioning groups
- Detailed evidence on performance against your key targets

#### **Hints and tips...**

Some localities find it helpful to complete the questionnaire in small groups or at their tobacco alliance meetings.

Another good approach involves appointing a single author/co-ordinator and completing the questionnaire through a series of short 30 minute interviews with relevant staff.

### 3.2 Set your activity in context

The first section of the questionnaire asks you to put your local action on tobacco into context by identifying:

- The highest priorities for your locality. Here we are referring to the **local authority's** strategic priorities, which may not necessarily be health related. They might include topics such as increasing economic prosperity, achieving value for money, helping children and young people to prosper, or reducing health inequalities.
- The key strategies your tobacco control activity should link to (for instance, health and wellbeing strategy, sustainable community strategy, safeguarding children).
- Local high-priority outcomes that your work on tobacco will help to deliver (for instance, targets on reducing health inequalities, targets on reducing child poverty).

Try to select only those that are the main policy and activity drivers for your locality.

### 3.3 Complete the questionnaire

The three domains of the model are broken down into a number of related sections (see the detailed diagram below). Every section has a small number of questions, asking whether you can demonstrate a particular attribute, or practice.

Consider whether or not you can demonstrate this practice in your organisation.

- If not, tick “**no evidence of achievement**”.
- If you have some evidence of achievement and recognize that there is room for improvement or development, tick “**some evidence of achievement**”.
- If you believe that your area is delivering and at the appropriate level so you would stake your professional reputation on it, tick “**strong evidence of achievement**”.

Answer the questions as honestly as you can, in consensus with your partners if possible.

Where you select “some evidence” or “strong evidence” make a note of examples you would use to illustrate your point in the comments and references column.

#### **Hints and tips...**

There is a glossary at the end of this handbook to help with definitions of any unfamiliar terms.

If you would like to seek CLear assessment, take this opportunity to collate electronic copies of relevant documents and evidence in one place, ready to share with assessors via web links, CD or memory stick.

Remember, if you opt for an external assessment, your self-assessment score will be compared in the final report with a score from the CLear team – so try and look at your services from the point of view of a stranger, and ensure your answers are well evidenced!

### 3.4 Calculate your score

Work out your score using by adding up the totals that you have given yourself on the self-assessment document. You score 0 for no evidence of achievement, 1 for some evidence of achievement and 2 for strong evidence for achievement. Pay attention to areas where you have not scored as highly as you expected – where are the gaps? What could you develop further? Note these areas as your outline priorities for development.

### 3.5 Need more help?

Feel free to contact the PHE CLear support team [CLearTobaccTeam@phe.gov.uk](mailto:CLearTobaccTeam@phe.gov.uk)

### 3.6 External CLear peer-assessment

Can validate your conclusions and provide helpful suggestions for improvement. It can also help to raise awareness of your work amongst partners, members and other stakeholders. For more information contact PHE on 020 7972 1951 or [CLearTobaccTeam@phe.gov.uk](mailto:CLearTobaccTeam@phe.gov.uk)

## 4. The CLear model in detail



## 5. Glossary

**Advocacy** – encouraging others to champion the tobacco control agenda and use their influence to progress important campaigns and activities.

**Brief intervention** – succinct advice on giving up smoking and how to access support.

**Co-production** – collaboration to achieve shared objectives, involving contributions from more than one party.

**CCGs** – clinical commissioning groups (groups of general practitioners, responsible in the new health structures for commissioning local health services).

**Clinical leadership** – leaders drawn from the medical profession or related health services.

**Denormalisation** – challenging and changing accepted social norms (e.g. “everyone smokes around here...”).

**DPH** – director of public health.

**Healthy schools** – department for education programme, information on which can be found here:

<http://education.gov.uk/schools/pupilsupport/pastoralcare/a0075278/healthy-schools>

**Health and wellbeing board (HWB)** – statutory committee of the local authority responsible for commissioning all aspects of public health and social care, information on which can be found here: <http://healthandcare.dh.gov.uk/hwb-guide/>

**Health and wellbeing strategy (HWS)** – main strategy document created by the Health and Wellbeing Boards.

**JSNA** – joint strategic needs assessment – process by which local health priorities are identified and documented.

**Members/elected members** – locally elected councillors.

**Second-hand smoke advice** – advice about the impact of passive smoking, and how to mitigate the effects and/or access support to stop smoking.

**SMART** – in relation to performance targets, SMART stands for specific, measurable, actionable, realistic and timely.

**Supra-local** – work taking place over a wider geographical area than that of your own borough. The best examples will be where activity is undertaken on a scale to achieve the greatest impact, and could be cross-boundary, regional or broader.

**Local tobacco alliance** – local partnership built around common objectives to reduce the use of tobacco.

**Local tobacco plan** – document setting out a forward plan of action for local tobacco control.