CLeaR Thinking
CLeaR Model Assessment for Excellence in Local Tobacco Control

Coventry
27th March 2014

Coventry’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 Coventry

Alex Angus, Tobacco Control Co-ordinator, invited a CLeaR Assessment Team to validate the CLeaR Assessment process undertaken in Coventry.

This report summarises the conclusions of the Peer Assessment Team following their visit on the 27th March 2014. It sets out Coventry’s challenges in context, providing information on the economic impact of smoking in Coventry.

In carrying out the CLeaR Assessment we built on local insights into areas that require improvement or development which were recognised in the Self Assessment process.

Special thanks to Alex for his coordination of the event and provision of a comprehensive dossier of supporting information for the Peer Assessment Team.

Thanks also go to all those who gave their time to meet with the Team and their willingness to engage with the process, their honesty and integrity were much appreciated.

Attendees:

Alex Angus, Tobacco Control Co-ordinator
Cllr Joe Clifford, Chair of Smokefree Alliance
Cllr Alison Gingell, Cabinet Member, Health and Adult Services and Chair of Health and Wellbeing Board
Jane Moore, Director of Public Health
Nikki Castledine, Environmental Health
Nigel Wooltorton, Trading Standards

Majella Johnson, Stop Smoking in Pregnancy Co-ordinator, Coventry Healthy Lifestyle Service

Christine Dunkley, Stop Smoking in Pregnancy Advisor – Coventry Healthy Lifestyle Service

Will Overfield, Stop Smoking Service Manager at University Hospital Coventry and Warwickshire

Paul Hargrave, Public Health Programme Manager, Place

Elaine Russell, Commissioning Manager, Public Health

**The Peer Assessment Team comprised of:**

Hilary Wareing, Director Tobacco Control Collaborating Centre (Core Assessor)
Kate Alley, Deputy Information Manager, Action on Smoking and Health
Fiona Andrews, Director of Smokefree South West
Temi Folayan, Health Improvement Practitioner, Public Health, Herefordshire
CLeaR Assessment Report

- CLeaR Messages

![Bar chart showing Coventry peer assessment scores as % available score in each domain]

<table>
<thead>
<tr>
<th>CLeaR Domain</th>
<th>Max score</th>
<th>Coventry Self-assessment score</th>
<th>CLeaR Peer Assessment score</th>
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<tbody>
<tr>
<td>Challenge Services</td>
<td>78</td>
<td>60</td>
<td>57</td>
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<tr>
<td>Leadership</td>
<td>60</td>
<td>35</td>
<td>35</td>
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<tr>
<td>Results</td>
<td>28</td>
<td>22</td>
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Your insights:

There is an in-depth understanding at a senior level that comprehensive tobacco control measures are key to achieving the strategic priorities of reducing the health inequality gap, giving children a better start and helping people to live healthier and longer lives (including remaining economically active for longer).

Both Cllr Alison Gingell, Chair of the Health and Wellbeing Board and Cllr Joe Clifford, Chair of Coventry’s Smokefree Alliance, expressed understanding of the importance of tobacco control to achieving overall strategic priorities and a strong commitment to the work programme.

It was identified that greater engagement with (and from) the Clinical Commissioning Group (CCG) was needed, especially in the commissioning of services, and that this would serve to further strengthen an already strong and active Alliance.

There are officers working in the varying areas of tobacco control and smoking cessation across Coventry. This work has been co-ordinated by a dedicated
Tobacco Control Lead who clearly has the respect of his colleagues and senior managers.

Tobacco control work has a high profile in Coventry and work in some areas, most particularly, shisha use, has national recognition.

There is recognition that the present economic climate will have some impact on tobacco control work in Coventry. The challenge will be to find ways of working which respond to the challenge.

A number of participants mentioned that “tobacco fatigue” was an issue amongst health care professionals who work with the more vulnerable groups. It was acknowledged that innovative ways of reaching these smokers needs to be developed and stronger support offered to those staff working with them.

**Your strengths:**

It was evident to the team that the knowledge, skills and drive of the Tobacco Control Coordinator had been key in delivering the tobacco control plan for Coventry.

There is a strong Tobacco Control Alliance with a broad membership which supports a comprehensive approach to tobacco control. The Coventry Tobacco Control Alliance are fortunate to have two elected Members championing tobacco control issues.

Senior managers and elected members have a clear vision and understanding of what needs to be done to decrease the harm of tobacco to residents of Coventry.

There is excellent work being undertaken on enforcement and compliance. This is particularly evident in their approach to dealing with shisha and illicit tobacco.

Coventry has a solid understanding of the importance of insight research and understanding the needs of the local community when commissioning services and designing interventions. A forward thinking “whole person” approach to behaviour change is being adopted across the Public Health Department.

**Opportunities for development**

The Tobacco Control Co-ordinator was identified as a key factor in the success of the Tobacco Control programme in Coventry. A concern was raised that the reduction of this formerly full-time position to part-time combined with the re-organisation of public health could result in momentum for tobacco control being lost. A strategy to ensure this does not occur could be developed.
The Tobacco Control Strategy has now expired which presents an opportunity to re-assess current provision, map future need and use this information to create a new strategy to take Coventry through the remainder of the decade.

There is currently no formal Tobacco Control Communications Plan for Coventry, although a considerable amount of media work is being carried out. A formal plan would ensure that tobacco control messages can be built into the Council’s communication calendar. This plan should explore avenues of communication beyond traditional forms of media as well as including communications within the Council and Tobacco Control Alliance.

Smoking prevalence in Coventry has fallen substantially over the last decade; however smoking rates remains high amongst the more deprived socio-economic groups. Specific interventions targeting this group will be needed in order to reduce smoking prevalence amongst routine and manual smokers.

There is virtually no engagement with clinical leaders in Coventry, including the CCG. A stronger relationship could be developed with this group including the identification of Smokefree Clinical Champions. This would ensure that reducing smoking prevalence continues to be a high priority for clinical staff.

There is an innovative and comprehensive smoking cessation service at the University Hospital Coventry and Warwickshire (UHCW). However there are opportunities to enhance this work with the use of Clinical Champions, particularly at a senior level in UHCW. Further actions could be taken to ensure they are an exemplar organisation by further implementing NICE PH48 Guidance on Smoking cessation - acute, maternity and mental health services.

It is evident that there is some excellent work being done across a variety of areas. However, it is difficult to assess the quality and impact of some of the work due to a lack of evaluation. For example, there is a significant work programme to promote smokefree homes but no information was available regarding impact.
CLeaR Results

The chart below shows (in blue) Coventry’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, with the peer assessment identifying some additional areas for improvement.

There were some areas within both Leadership and Challenging our Services where the team considered Coventry had additional challenges and some additional strengths. These areas will hopefully be evident in the Peer Assessors comments.
Detailed comments on your assessment are as follows

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<tbody>
<tr>
<td>Leadership</td>
<td>13</td>
<td>13</td>
<td>20</td>
<td>It is evident that Coventry has strong leadership and vision in the area of tobacco control. Clear procedures are in place enabling the Health and Wellbeing Board to maintain strong oversight of tobacco control activities.</td>
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<td>Vision and leadership (including WHO FCTC)</td>
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<td>There are opportunities to further strengthen the leadership by greater engagement from some local organisations for example by identifying and engaging Clinical Champions in local activity. The Assessment Team are aware that there is work planned in this area for 2014/15.</td>
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<td>There is excellent work being undertaken in Coventry but there is a need to ensure that this work is built around structures, systems and processes and not solely around individuals.</td>
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<td>There is a good understanding that a reduction in smoking prevalence is central to achieving the Council’s priority of reducing health inequalities in the city. This ambition was clearly stated by a number of participants, along with an acknowledgement that tackling the high smoking rates amongst the most disadvantaged members of the community would have the biggest impact on health outcomes.</td>
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<td>A formal corporate policy on not engaging with the tobacco industry, beyond the signing of the Local Government Declaration on Tobacco Control, should be adopted and communicated to all Departments in the Council.</td>
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<tr>
<td>Planning and commissioning</td>
<td>5</td>
<td>5</td>
<td>12</td>
<td>There is strong support from senior managers across the Council indicated by broad sign-off of the Tobacco Control Strategy beyond Public Health.</td>
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<td>The most recent Tobacco Control Plan does not contain SMART targets. As a result several strands of work have been difficult to quantify due to the lack of evaluation. Commissioners should ensure that there is a formal process of evaluation for future work programmes.</td>
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<td>It was identified that greater engagement with (and from) the CCG was needed, especially in the commissioning of services, and that this would serve to further strengthen an already strong and active Alliance.</td>
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<td>There are also opportunities to work with the Clinical Commissioning Groups to strengthen joined up commissioning particularly in relation to mental health, smoking in pregnancy and secondary care.</td>
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<tr>
<td>Partnership, cross-agency and supra-local working.</td>
<td>17</td>
<td><strong>17</strong></td>
<td><strong>28</strong></td>
<td>The inclusion of an objective to make ‘Tobacco Control the Business of Every Organisation’ has led to the building of good relationships and partnerships with a broad range of organisations across Coventry.</td>
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<td>There is an active Alliance in Coventry with a broad membership and excellent attendance. Meetings are held quarterly with task and finish groups utilised for specific projects which makes good use of member’s time and expertise.</td>
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<td>The Alliance could be strengthened if the forthcoming Tobacco Control Strategy included formal oversight of all tobacco control activities and budgets, and encouraged Alliance members to take a more active role in scrutinising the work of other Alliance members.</td>
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<td>The Team heard about several excellent examples of partnership working. Two which stood out were the Shisha Project and Smokefree School Gates.</td>
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<td>One strength of the current system within Coventry is that the Tobacco Control Coordinator works alongside his Environmental Health and Trading Standards colleagues one day each week. It is evident that this link has real value and it would be ideal to maintain this arrangement.</td>
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<td>There is some engagement with and contribution to supra local and regional initiatives, however there was a recognition that these partnerships could be further strengthened.</td>
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## Challenging Your Services

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<tr>
<td>Innovation and learning</td>
<td>2</td>
<td>4</td>
<td>8</td>
<td>It is evident that there is a substantial amount of innovative work being undertaken in Coventry across a variety of areas. There is the Smoking Cessation Services embedded in UHCW, the Shisha Project, Smokefree Homes and Cars, Smokefree School Gates, Coventry Healthy Early Years Setting Award and more. Coventry are committed to undertaking insights research and sharing their work more widely. The systems for learning from local innovation could be further strengthened by ensuring that a formal process of evaluation is built in to all future initiatives.</td>
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</table>
| Prevention                 | 10         | 8         | 12        | There has been a significant amount of activity to reduce the risks from secondhand smoke and reduce uptake by young people. However, the Peer Assessment Team felt that there was insufficient evidence to show that all programmes were based on insights research with the targeted audience or that there was a robust evaluation of impact. Going forward there is an opportunity to further embrace the evidence based recommendations in the NICE Guidance PH23 – ‘School based intervention to prevent smoking among children’.

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CLeaR Assessment Report

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<tr>
<td>Compliance</td>
<td>12</td>
<td>11</td>
<td>16</td>
<td>There is excellent work being undertaken to address compliance in shisha cafes, with age of sales legislation and tobacco display legislation. There is good partnership working between Environmental Health and their Trading Standards colleagues. This good partnership working is also mirrored with colleagues in other organisations including the police. A good example of this is the recently set up Automatic Number Plate Recognition (ANPR) system. One strength of the current system within Coventry is that the Tobacco Control Coordinator works alongside his Environmental Health and Trading Standards colleagues one day each week. It is evident that this link has real value and it would be ideal to maintain this arrangement. There is some engagement with and contribution to supra local and regional initiatives. There is some good evidence of Coventry regulatory services engaging with Scambusters Team and also regional networks such as CENTSA, and of reporting illicit tobacco issues to the Tobacco Advisory Group (TAG). There is insufficient evidence in the current self-assessment to demonstrate strong evidence at this stage and there is recognition that these partnerships could be further strengthened. More could be done through increased supra-local collaboration as evidenced through the UKCTAS report on enhanced partnership working over a larger geographical footprint to demonstrate and justify ‘strong evidence’. Also whilst there is outstanding intelligence and practice regarding shisha on products, there is further work which could be done with regard to other niche products.</td>
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<tr>
<td>Communications and denormalisation</td>
<td>13</td>
<td><strong>13</strong></td>
<td>14</td>
<td>The inclusion of an objective to make ‘Tobacco Control the Business of Every Organisation’ has led to the building of good relationships and partnerships with a broad range of organisations across Coventry. The Peer Assessment Team felt there was strong evidence of engagement with voluntary and community organisations. There is currently no formal Tobacco Control Communications Plan for Coventry, although a considerable amount of media work is being carried out. A formal plan would ensure that tobacco control messages can be built into the Council’s communication calendar. This plan could explore avenues of communication beyond traditional forms of media, as well as including communications within the Council and Tobacco Control Alliance. Given the concentration of radio and newspaper ownership, consideration could be given to brokering the co-commissioning and procuring of media with other regional localities to benefit from economies of scale up to 40% off the standard rate card.</td>
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<tr>
<td>Cessation</td>
<td>23</td>
<td><strong>21</strong></td>
<td>28</td>
<td>There is excellent work being undertaken to reduce the prevalence of smoking in pregnancy across organisations. The specialist team has ensured that the pathway reflects NICE Guidance and goes further in introducing innovative practice. It is important that this service is supported with good data and evaluation. In line with recommendations in the Challenge Report the Smoking in Pregnancy Specialists saw a value in re-screening for CO at 36 weeks of pregnancy.</td>
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### CLeaR Assessment Report

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<tr>
<td>Cessation contd</td>
<td></td>
<td></td>
<td></td>
<td>This may be a more accurate measure than SATOD and provide a further opportunity for engagement.</td>
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<td></td>
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<td>There is an innovative and comprehensive smoking cessation service at the University Hospital Coventry and Warwickshire (UHCW). However there are opportunities to enhance this work with the use of Clinical Champions, particularly at a senior level in Clinical Commissioning Groups at UHCW. Actions could be taken to ensure they are an exemplar organisation by further implementing NICE PH48 Guidance.</td>
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<td>There were concerns expressed about the impact of e-cigarettes on engagement with the Stop Smoking Services. There are documents which have been produced by ASH and the West Midlands Tobacco Control Network which may be useful.</td>
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<td>It is expected that some guidance will be available from Public Health England late in May 2014.</td>
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<td>A substantial number of people have been trained in Very Brief Advice (VBA) and Make Every Contact Count (MECC). There was acknowledgement that the effectiveness of this training had not been measured. There are plans for future training programmes to be tailored to those in the best position to use it but this will require an evaluation of the work to date.</td>
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<td>More use could be made of stop smoking service data beyond the setting of targets. Service design and provision would also benefit from analysing quit data.</td>
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### Results

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<tr>
<td>Prevalence</td>
<td>10</td>
<td>10</td>
<td>12</td>
<td>Coventry’s target to reduce prevalence to 22% by 2012 has been achieved. Prevalence of smoking during pregnancy has shown a significant decline. They have worked at ensuring there is accurate data. Carbon monoxide screening is undertaken routinely at booking and helps affirm the accuracy of the Smoking at Time of Delivery data. A question measuring smoking prevalence amongst routine and manual workers should be included in the Coventry local survey to set a baseline for measuring efficacy of work with this group.</td>
</tr>
<tr>
<td>Quit data</td>
<td>7</td>
<td>7</td>
<td>10</td>
<td>Coventry’s data shows an improving trend and compares well with regional and national data. It would be helpful to have better data about the pregnant women who do / don’t access the Stop Smoking Service following an opt-out referral at time of booking. This type of intelligence may support services to further improve an already excellent service.</td>
</tr>
<tr>
<td>Local Priorities</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>Coventry showed excellent progress towards objectives one and two. Prevalence has fallen significantly and the number of quits has risen. Stop Smoking Services are easily accessible and widely advertised. There is a real push across the City to make smoking less of a normal everyday activity in the eyes of children.</td>
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It is recognised that more progress could be made in addressing objective three. There is an intention to do further work using Make Every Contact Count (MECC), to strengthen partnerships with local businesses and to strengthen and evaluate the work being undertaken in schools.

The Four Key Challenges the Peer Assessment Team Identified for Coventry are:

- Part of the success for Coventry has been having a dedicated Tobacco Control Coordinator. The key in the future will be to finding new ways of working to ensure that the partnerships and momentum are maintained.

- The Tobacco Control Strategy has expired and the challenge is to reassess current provision, map future need and use information to create a new strategy to take Coventry through the remainder of the decade.

- Although prevalence has fallen substantially smoking rates remain high amongst the most deprived. Specific interventions targeting these groups will be needed.

- There is some excellent and innovative work in Coventry. However more evaluation needs to undertaken to enable their impact cost and effectiveness to be understood.
**CLeaR Opportunities**

Coventry’s estimated smoking population is **44,777** people.

If the wider impacts of tobacco-related harm are taken into account, it is estimated that each year smoking costs society in Coventry **£73.9m**. In addition the local population in Coventry spend approximately **£79.2m** on tobacco related products.

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

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

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**Estimated cost of smoking in Coventry (£millions)**

- Output lost from early death: £22 million
- Smoking breaks: £15.6 million
- NHS care: £14.5 million
- Sick days: £13.4 million
- Passive smoking*: £3.8 million
- Domestic fires: £2.7 million
- Smoking litter: £1.6 million

*Passive smoking: lost productivity from early death (not including NHS costs and absenteeism)

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**Estimated cost to smokers and society in your area (£millions)**

- Smokers’ spending on tobacco: £79.2m
- Total costs to society: £78.9m

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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](http://www.ash.org.uk/localtoolkit)
Further local information on the business case for tobacco can be found at http://www.nice.org.uk/usingguidance/implementationtools/returnoninvesment/TobaccoROITool.jsp

Information on the North of England Tackling Illicit Tobacco for Better Health Programme can be found at www.illlicitobacconorth.org.uk

A helpful toolkit for conducting effective overview and scrutiny reviews can be found at http://politiquessociales.net/IMG/pdf/CfPPeelingonionfin_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

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

A copy of the tobacco advocacy toolkit can be obtained from Ian Gray – email I.Gray@cieh.org


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

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/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

NCSCT Streamlined Secondary Care System (cost available on request) a whole hospital approach to stop smoking support for patients
NC SCT 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 existing internal quality assurance processes whilst its independent nature provides external assurance of quality and performance.

(Clear - More information - http://www.ncsct.co.uk/delivery/projects/secondary-care - contact Liz.hughes@ncsct.co.uk)

(Clear - More information - http://www.ncsct.co.uk/delivery/projects/audit-of-local-stop-smoking-services - contact Isobel.williams@ncsct.co.uk)

**Clear next steps**

Thank you for using CLeaR.

Having completed your self-assessment and CLeaR assessment, you will now be awarded CLeaR accreditation until March 2015. This gives you the right to use the CLeaR logo and automatic entry to the 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 month’s time to track how your score improves; and
- consider commissioning a CLeaR re-assessment in 2014.

CLeaR Clear@ash.org.uk