



Public Health
England

Protecting and improving the nation's health

Introducing self-assessment for NICE guidance smoking cessation in secondary care: mental health settings (PH48)

A practical guide to using the self-
assessment model

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000

www.gov.uk/phe

Twitter: [@PHE_uk](https://twitter.com/PHE_uk)

Facebook: www.facebook.com/PublicHealthEngland

Prepared by: Dave Jones

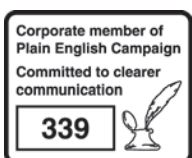
For queries relating to this document, contact: dave.jones@phe.gov.uk

© Crown copyright 2015

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit OGL or email psi@nationalarchives.gsi.gov.uk. Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published January 2015

PHE publications gateway number: 2014673



1. Introducing self-assessment

This self-assessment model provides a framework to help you to develop local action to reduce smoking prevalence and the use of tobacco within secondary care settings. The model is designed by PHE, for use by NHS mental health trusts. The self-assessment model offers a:

- free-to-access model for self-assessment that can assist in evaluating the effectiveness of action to address harm from tobacco
- suite of videos that set the scene and explain the benefits of action
- replicable workshop format that can be delivered at a local level to support local action to reduce the harm of tobacco

The self-assessment tool breaks down the NICE guidance into four areas. The:

- **systems** required to implement the guidance
- **communication** required
- **training** that will enable staff to successfully implement the recommendations
- **treatments** that should be available to support staff and service users

2. How can we use the self-assessment model?

Self-assessment

You can start using the model by completing the FREE self-assessment questionnaire available at www.gov.uk/government/publications/smoking-cessation-in-secondary-care-mental-health-settings

The self-assessment will enable you to:

- evaluate your local action on smoking in mental health;
- 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.

Improving the rigour of your self-assessment

PHE will provide support in completing your self-assessment, through a free face-to-face training event. For more information contact PHE on 020 368 20521 or CLeaRTobaccTeam@phe.gov.uk

3. Getting started – self-assessment in detail

The self-assessment model is based around a simple questionnaire, found at the link provided above. Completing the questionnaire should take no more than a day of a co-ordinating officer's time.

1) Get the right people involved

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

- an 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 mental health trusts will find it helpful to complete the questionnaire in small groups, each contributing to their part in the process. 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.

2) Set your activity in context

Before completing the first section of the questionnaire it would be helpful to put your local action on tobacco into context by identifying:

- the highest priorities for your locality. Here we are referring to the **trust's** strategic priorities, which may not necessarily be tobacco related
- the key strategies to which your tobacco control activity should link (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 around improving physical health, targets on reducing the costs of care delivery)

Try to limit your selection to the main policy and activity drivers for your locality. This will set your work in context and enable you to assess how integrated your work on tobacco is with broader local priorities.

3) Complete the questionnaire

The four areas of the model are broken down into a number of related sections. 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 recognise 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. As well as completing the self-assessment for your organisation as a whole, you may wish to use extracts from the self-assessment to work up action plans for individual treatment areas.

4) Calculate your score

Work out your score using the spreadsheet. 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.

4. Next steps

Completing the self-assessment provides time for a structured reflection on practice within your trust. As well as highlighting where there is good practice, it will also have highlighted areas where there are gaps. The conversations that you have had in completing the assessment should have introduced you to the significant others who will support the implementation of the NICE guidance.

All of these activities have now prepared you to **develop an action plan** for implementation.

There are some things that you might want to consider:

- priorities – based on your self-assessment what actions are required immediately?
- planning – what actions are required over a longer timeframe?
- audit – when and how will you assess progress against targets?
- sharing – if another trust in your area has undertaken a self-assessment then you could work with them to develop and share best practices
- case studies – PHE is very interested in receiving case studies from trusts that have undertaken the self-assessment and will work with you to produce these