



# Equality Impact Assessment Record Form 2012-16

## Section 1: Service Details and Summary of EIA Activity

<b>Title of activity:</b>	Stop Smoking Service
<b>Lead Officer for EIA:</b>	Ken Ross, Public Health Principal
<b>Telephone:</b>	01325 406200
<b>Service Group:</b>	People
<b>Service or Team:</b>	Public Health
<b>Assistant Director accountable for this EIA</b>	Miriam Davidson, Director of Public Health
<b>Who else is involved in carrying out the EIA:</b>	Zoe Foster, Public Health Analyst Abbie Metcalfe, Public Health Business Officer Judith Stonebridge, Specialty Registrar, Public Health

**What stage has the EIA reached?** Provide date and a brief note of where you're up to. List any consultation or engagement. Facts, figures and findings go elsewhere.

Stage	Date	Summary of position
<b>Stage 1: Initial officer assessment to identify whole population likely to be affected</b>	December 2016	Whole population Darlington 105,367 (ONS mid-year statistics 2014).  Of this population only those who smoke will be directly affected.
<b>Stage 2: Further assessment to identify target population</b>	December 2016	Smoking prevalence in Darlington of those aged 18 or over is 17.9. Smoking prevalence in Darlington among routine and manual workers is 24.5. Percentage of women who smoke at time of delivery is 14.8% ( <i>Data taken from Local Tobacco Control Profile</i> )
<b>Stage 3: Further assessment to identify individuals</b>	December 2016	Performance of the current stop smoking service in 2014/15 shows that 1,012 people set a quit date. Of these 400 people successfully quit. This equates to 40% success rate, however this is all persons successfully quitting and the number who have successfully quit that have been validated by a CO2 monitor are less.  When segmenting the numbers setting a quit date by socio-economic classification, the highest numbers feature in " <i>those who have never worked or been unemployed for over a year</i> ", " <i>retirees</i> ", and those in " <i>routine and manual occupations</i> ". In terms of numbers successfully quitting, over half those retired managed to successfully quit. Full-time students were the least likely to succeed with just 18%.

<b>Stage 4: Analysis of Findings</b>	December 2016	Analyses of the evidence base shows that providing a stop smoking service with two elements; the universal service targeted at all smokers in Darlington and a specialist service targeted at those with more specific criteria, ensures that Darlington has a service in place that supports all those wishing to stop smoking. By using the specialist element of the service to target those groups (as set out in the criteria) who have worse smoking prevalence and who would benefit the most from quitting, the new service will aim to reduce health inequalities within the town. Consultation findings analysis shows that there is a need for a stop smoking service tailored to set groups, and both positive and negative impacts identified within this consultation will be monitored by the new service.
<b>Stage 5: Sign-Off</b>	December 2016	Signed off at the Stop Smoking Procurement Group meeting December 2016.
<b>Stage 6: Reporting and Action Planning</b>	December 2016	The EIA will be reviewed in December 2017.

## Section 2: The Activity and Supporting Information

### Details of the activity (main purpose and aims)

The current stop smoking service provides a programme of stop smoking support and treatment by appropriately trained staff (Primarily GPs and Pharmacists) identifying smokers, carrying out a baseline assessment, setting a quit date and offering weekly support for at least the first four weeks of a person's (on average 12-week) quit journey.

This service is being re-procured with the aim of creating a more targeted service to those vulnerable groups who have been identified via an evidence base. This is because:

- Smoking trends for the area show in recent years a reduction, with smoking prevalence now lower than the North East regional average but still higher than the England average. (PHOF data)
- The recent publication by Public Health England of their appraisal of the evidence regarding e-cigarettes to support their own quit attempts presents e-cigarettes as a viable option to reduce the harm of tobacco in the community.
- Smoking rates amongst women at time of delivery in Darlington are higher than the England rates.
- A wider factor is the reduction of the Public Health Grant by central government, which has caused a need for the review and spend of public health services.

The new provider will offer a two tier service; a universal service offering advice and resources for self-help to quit smoking. Those identified as being within the target criteria will then be referred to a specialist service which will offer a combination of behavioural and pharmacotherapy support.

The criteria for being referred to the specialist service is:

- Assessed as "ready to change"
- A commitment to abstinence from tobacco
- Pregnant woman or anyone who is the primary carer for a child under 2 years
- Diagnosed with Cardiovascular or Respiratory Disease
- Identified by a Health Professional as at significant risk of developing cardiovascular or respiratory disease from smoking through a programme such as NHS Health Checks
- Booked for elective surgery

The purpose is to review the affect changes to the service provision will have on the population of Darlington.

<b>Who will be affected by the activity? (groups and numbers)</b>
<b>Whole population</b>
Darlington population 105,367 (ONS mid-year statistics 2014).
<b>Target population</b>
Smoking figures for Darlington, taken from the Public Health Outcomes Framework website: <ul style="list-style-type: none"> <li>Smoking prevalence in Darlington of those aged 18 or over is 17.9.</li> <li>Smoking prevalence in Darlington among routine and manual workers is 24.5.</li> <li>Percentage of women who smoke at time of delivery is 14.8%.</li> </ul>
<b>Individuals</b>
Those currently accessing the stop smoking service via a GP or Pharmacy.
<b>What data, research and other evidence or information is available which is relevant to the EIA?</b>
<b>National context</b> (a) NICE guidance. (b) Public Health Outcomes Framework website.  <b>Local Strategic context</b> (a) Darlington Sustainable Community Strategy. (b) Darlington Single Needs Assessment.

### Section 3: Officer Assessment

Use this table to record officer views on potential equality impacts. As the activity and assessment develop, views may change – record them here.			
Protected Characteristic	Potential Impact: Positive Negative Mixed N/A	Potential level of impact: High Medium Low Nil	Summary of Impact
<b>Age</b>	<b>Mixed</b>	<b>Medium</b>	<b>Mixed impact:</b> When quit rates are analysed by age, certain age groups have more success from the current stop smoking service model than others. In particular, older residents and retired residents have the highest successful quit rates of those accessing this service. Students are the least successful in terms of quit rates. If the new service no longer meets the needs of certain age groups this may negatively impact those who do not meet the new criteria to use the service. However, if the service is tailored to only those of an older age (those most likely to meet the criteria), this may encourage a higher number of older people to use the service and lead to higher quit rates which would be a positive impact on the older age group whilst excluding those of a younger age.
<b>Race</b>			There will be no specific impact on this group if the service does not continue.
<b>Sex</b>			There will be no specific impact on this group if the service does not continue.
<b>Gender Reassignment</b>			There will be no specific impact on this group if the service does not continue.

<b>Disability (summary of detail on next page)</b>			There will be no specific impact on this group if the service does not continue.
<b>Religion or belief</b>			There will be no specific impact on this group if the service does not continue.
<b>Sexual Orientation</b>			There will be no specific impact on this group if the service does not continue.
<b>Pregnancy or maternity</b>	<b>Positive</b>	<b>Medium</b>	<p>Smoking rates at time of delivery amongst women in Darlington remain high and are above the regional and national rates. Smoking in pregnancy increases the risk of negative health outcomes for both the mother and baby. The current stop smoking service model does not include specific work targeted at pregnant smokers thus there is no mechanism to ensure this group are offered stop smoking support. Midwives currently provide interventions to pregnant women but these are not formally commissioned and as such are at risk of being withdrawn. In 2014/15, there were 96 pregnant women who were supported by midwives and set a quit date, of which 12 successfully quit (13%).</p> <p>Remodelling the stop smoking and NRT service will establish a more targeted approach. It is proposed that women who smoke in pregnancy or at time of delivery are one of the groups to be targeted, this will potentially facilitate a reduction in smoking rates at time of delivery and a to a positive impact on the health and well-being of pregnant women and their unborn child.</p>
<b>Marriage/Civil Partnership</b>			There will be no specific impact on this group if the service does not continue.

## Section 3: Officer Assessment – continued

<p>The Council must consider disabled peoples' impairments when making decisions about 'activities'. This list is provided only as a starting point to assist officers with the assessment process. People with similar impairments may experience completely different impacts. Consider the potential impacts and summarise in the Disability section on the previous page.</p>			
Mobility Impairment			There will be no specific impact on this group if the service does not continue.
Visual impairment			There will be no specific impact on this group if the service does not continue.
Hearing impairment			There will be no specific impact on this group if the service does not continue.
Learning Disability			There will be no specific impact on this group if the service does not continue.
Mental Health			There will be no specific impact on this group if the service does not continue.
Long Term Limiting Illness	Positive	Medium	The new service will target those who have a diagnosis of cardiovascular or respiratory disease, and those who have been identified by a health professional as at <i>significant risk</i> of developing cardiovascular or respiratory disease. Therefore the impact will be positive in that those accessing the service with this condition will be empowered to manage and reduce the effects smoking has. Those at significant risk of developing this condition may be able to reduce their likelihood of developing it.
Multiple Impairments			There will be no specific impact on this group if the service does not continue.
Other - Specify			There will be no specific impact on this group if the service does not continue.

<b>Potential Cumulative Impacts</b>
None.

## Section 4: Engagement Decision

<p>Do you need to engage now, or during the development of the activity, to better understand how the activity might affect people because of their protected characteristics?</p>	YES
<p>If YES, proceed to the next section. If NO, briefly summarise below the reasons why you have reached this conclusion.</p>	
<p>The current contract terminates on 31 March 2017 and the new service will commence on 1<sup>st</sup> April 2017. From the Officer Assessment, we believe that remodelling the service will have a negative impact on some smokers in Darlington for whom access to the specialist service will be reduced and who may choose not to utilise other methods of support to stop smoking. However, the universal aspect of the service ensures all smokers in Darlington have access to stop smoking tips and support to inform self-help to quit. The proposed targeted model also offers the potential to have a positive impact on outcomes for pregnant women and other high risk groups for whom smoking quit rates are currently poor.</p>	

As part of the re-modelling of the service, consultation was undertaken with the support of the local Healthwatch Darlington team. A short survey comprising of 11 questions was distributed through various portals and was live for over a month to allow people chance to respond. Healthwatch used the survey as a guide to conduct focus groups; one with Breath Easy (a COPD group) and Childrens' Centres in the local area.

## Section 5: Involvement and Engagement Planning

**Has the assessment shown that the activity will have a different effect on people because of their protected characteristic(s)?**

**If yes, please state which groups and how**

**Yes.**  
The focus groups in particular have reinforced the model being aimed at specific sections of the population, particularly those who are pregnant/have children under the age of 2 years. Therefore, by tailoring the service to meet the needs of this specific group this will not only have a positive effect on those that stop smoking but also on their children.

**Will the difference advance equality for people with that protected characteristic?**

**If yes, please state which groups and how**

**Yes.**  
Targeting future provision to higher risk groups and specifically pregnant women is likely to improve their access to stop smoking support and subsequently improve quit rates and reduce overall smoking prevalence amongst this group. In particular services will be encouraged to target those in the most deprived areas of the town to reduce the inequality between the most and least deprived.

**Will the difference cause or increase disadvantage for people with that protected characteristic?**

**If yes, please state which groups and how**

Targeting future provision to specific groups e.g. pregnant women may limit access to others.

### **Involvement and Engagement Plan**

Which organisations, groups and individuals do you need to involve or engage and how?

<b>Date of plan entry</b>	<b>Organisation, Group or Individuals</b>	<b>Date of event or activity</b>	<b>Type of activity – venue, channels, method and staffing</b>
October 2016	Smoking population	Dec 2016	Online survey
October 2016	Smoking population	Dec 2016	Focus groups led by Healthwatch Darlington

## Section 6: Engagement Findings

	<b>Date/summary of engagement carried out</b>	<b>Summary of impacts identified</b>
<b>Age</b>		n/a
<b>Disability</b>		n/a
<b>Mobility Impairment</b>		n/a
<b>Visual impairment</b>		n/a



<b>Hearing impairment</b>		n/a
<b>Learning Disability</b>		n/a
<b>Mental Health</b>		n/a
<b>Long Term Limiting Illness</b>		Those present at the focus group with Breath Easy indicated that their diagnoses was the catalyst for them to want to stop smoking, but a negative impact was being able to access the service whilst working full time. This reinforces that by targeting this group with COPD, the majority of respondents would be ready to change which is a positive impact. As part of the survey, respondents were asked to indicate what time and day would be best for them to access the service so this impact should be mitigated and kept in mind in the new service.
<b>Multiple Impairments</b>		n/a
<b>Other - Specify</b>		n/a
<b>Race</b>		n/a
<b>Sex</b>		n/a
<b>Gender Reassignment</b>		n/a
<b>Religion or belief</b>		n/a
<b>Sexual Orientation</b>		n/a
<b>Pregnancy or maternity</b>		The focus groups highlighted that having a stop smoking services that offers both resources to help users stop smoking themselves or have the ability to use one to one appointments would have positive impacts. Access to the service such as the times the service would be available were highlighted as a possible barrier as mothers indicated they would not want to take their children to appointments. This was reflected in survey responses, with a specific question asking what time and day would be best for the respondent to visit a service.
<b>Marriage / Civil Partnership</b>		n/a

## Section 6: Engagement Findings – Continued

Please explain your findings for each area of the Public Sector Equality Duty.

<b>a) Does the activity help to eliminate discrimination, harassment and victimisation?</b>
Not applicable.
<b>b) Does the proposal help to advance equality of opportunity?</b>
Not Applicable.
<b>c) Does the proposal help to foster good relations?</b>
Not applicable.
<b>During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.</b>
No.

## Section 7 - Sign-off when assessment is complete

Officer Completing the Form:		
Signed 	<b>Name:</b>	Zoe Foster
	<b>Date:</b>	December 2016
	<b>Job Title:</b>	Public Health Analyst
Assistant Director:		
Signed 	<b>Name:</b>	Ken Ross
	<b>Date:</b>	December 2016
	<b>Service:</b>	People, Public Health

## Section 8: Report Findings to Decision Makers

Any report to decision makers should clearly identify impacts, options and reasons. What does the EIA show? More than one may apply:

a) No negative impact. All opportunities to advance equality have been taken. Monitor progress on implementation.
b) Negative impacts identified. Adjustments to remove barriers or to better advance equality have been proposed.
c) Negative impacts or missed opportunities to advance equality have been identified. If the proposal is for the activity to continue unchanged, justification or compelling reasons have been given.
d) Unlawful discrimination identified. Stop and rethink activity.

## Section 9: Action Plan and Performance Management

Not required

What is the negative impact?	Actions required to reduce/eliminate the negative impact (if applicable)	Who will lead on action	Target completion date

Performance Management	
<b>Date of the next EIA review</b>	December 2017
<b>Further review dates</b>	
<b>Who will lead the review?</b>	Ken Ross, Public Health Principle



