



## Equality Impact Assessment Record Form 2012-16

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

<b>Title of activity:</b>	Review and remodel community stop smoking services (GP and Pharmacies)
<b>Lead Officer for EIA:</b>	Judith Stonebridge, Specialty Registrar, Public Health
<b>Telephone:</b>	01325 406205
<b>Service Group:</b>	People
<b>Service or Team:</b>	Public Health
<b>Assistant Director accountable for this EIA</b>	Ken Ross, Public Health Principal
<b>Who else is involved in carrying out the EIA:</b>	Zoe Foster, Interim DAAT Performance Support Kate Jeffels, DAAT Joint Commissioning Unit Manager Abbie Metcalfe, Business Officer, Public Health Rachel Osbaldeston, Public Health Portfolio Lead

**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>	October 2015	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>	October 2015	Smoking prevalence in Darlington of those aged 18 or over is 19.1. Smoking prevalence in Darlington among routine and manual workers is 31.5. Percentage of women who smoke at time of delivery is 20.4%.
<b>Stage 3: Further assessment to identify individuals</b>	October 2015	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 "those

		<i>who have never worked or been unemployed for over a year”, “retirees”, and those in “routine and manual occupations”. 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%.</i>
<b>Stage 4: Analysis of Findings</b>	October 2015	<p>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. The remodel and review of this service will sit in conjunction with the review to target provision of the Nicotine Replacement Service (NRT) to the most vulnerable groups of Darlington population thus ensuring those in greatest need of the service continue to receive it, including pregnant women and those from more deprived communities.</p> <p>The impact of the funding reduction and subsequent review of the service model is likely to be mixed. The proposed more targeted model is likely to address existing inequalities in relation to smoking during pregnancy. However, this may result in reduced capacity and resource to support others who currently smoke and wish to access support. Current data suggests that specifically older people who currently have better quit rates than the rest of the population may be affected by any reductions in service provision.</p>
<b>Stage 5: Sign-Off</b>	November 2015	Public Health SMT November 2015.
<b>Stage 6: Reporting and Action Planning</b>	January 2016	The EIA will be reviewed in January 2016.

## Section 2: The Activity and Supporting Information

<b>Details of the activity (main purpose and aims)</b>
<p>Following the Health and Social Care Act 2012, responsibility for protecting and improving the health and wellbeing of local populations transferred to Local Authorities. A Public Health Grant was provided to enable local areas to deliver this responsibility, which includes services to help people stop smoking, reduce their alcohol and drug use and achieve and maintain a healthy weight, work to prevent cancer and protect people from accidents and other risks.</p> <p>Darlington Borough Council uses the grant in two ways which are to employ a core team of public health staff to deliver the work and mainly to commission services and programmes</p> <p>In July 2015, the Chancellor of the Exchequer announced that there was to be an across the board 6.2% reduction to the Public Health Grant which will take effect from January 2016. For Darlington, this means a reduction of approximately £0.521 million. This reduction means that changes to the level and types of services that are currently commissioned and provided are unavoidable.</p> <p>One of the areas being considered for inclusion in the costs savings is a review and remodel of the current community stop smoking services offered by GPs and Pharmacies. This will take place alongside a review of the existing Nicotine Replacement Therapy scheme.</p> <p>The current stop smoking service provides a programme of stop smoking support and treatment by</p>

appropriately trained staff 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.

The purpose of reviewing this current service is to understand current need, supply and demand in relation to stop smoking support across Darlington with a view to providing a reduced level of provision, which offers a more targeted programme in Darlington. Other underpinning factors include:

- a) 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)
- b) 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.
- c) Smoking rates amongst women at time of delivery in Darlington are higher than the regional and England rates.
- d) 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.

**Alternative & mitigation**

The remodel and review of this service will sit in conjunction with the review to target provision of the Nicotine Replacement Service (NRT) to the most vulnerable groups of Darlington population. A reduced envelope of funding is likely to reduce access to the service overall and those for whom access may be reduced may choose not to utilise alternative approaches to help them stop smoking. This may result in an overall increase in smoking prevalence. The proposed future targeted approach will help ensure high risk groups such as pregnant women support have better access to stop smoking services and support thus potentially facilitating reductions improvements in smoking prevalence among these groups.

**Who will be affected by the activity? (groups and numbers)**

**Whole population**

Darlington population 105,367 (ONS mid-year statistics 2014).

**Target population**

Smoking figures for Darlington, taken from the Public Health Outcomes Framework website:

- Smoking prevalence in Darlington of those aged 18 or over is 19.1.
- Smoking prevalence in Darlington among routine and manual workers is 31.5.
- Percentage of women who smoke at time of delivery is 20.4%.
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**Individuals**

Those currently accessing the stop smoking service via a GP or Pharmacy.

**What data, research and other evidence or information is available which is relevant to the EIA?**

**National context**

- (a) NICE guidance.
- (b) Public Health Outcomes Framework website.

**Local Strategic context**

- (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
Age	Mixed	Medium	<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, 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.
Race			There will be no specific impact on this group if the service does not continue.
Sex			There will be no specific impact on this group if the service does not continue.
Gender Reassignment			There will be no specific impact on this group if the service does not continue.
Disability (summary of detail on next page)			There will be no specific impact on this group if the service does not continue.
Religion or belief			There will be no specific impact on this group if the service does not continue.
Sexual Orientation			There will be no specific impact on this group if the service does not continue.
Pregnancy or maternity	Positive	Medium	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%).  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.
<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

<b>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.</b>			
<b>Mobility Impairment</b>			There will be no specific impact on this group if the service does not continue.
<b>Visual impairment</b>			There will be no specific impact on this group if the service does not continue.
<b>Hearing impairment</b>			There will be no specific impact on this group if the service does not continue.
<b>Learning Disability</b>			There will be no specific impact on this group if the service does not continue.
<b>Mental Health</b>			There will be no specific impact on this group if the service does not continue.
<b>Long Term Limiting Illness</b>			There will be no specific impact on this group if the service does not continue.
<b>Multiple Impairments</b>			There will be no specific impact on this group if the service does not continue.
<b>Other - Specify</b>			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

<b>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?</b>	<b>No</b>
<b>If YES, proceed to the next section.</b>	
<b>If NO, briefly summarise below the reasons why you have reached this conclusion.</b>	
The contract comes to an end on 31 March 2016 and a decision is yet to be taken about whether to renew this contract. 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 service will be reduced and who may choose not to utilise other methods of support to stop smoking. The proposed targeted model 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.	

There is a wealth of national evidence in relation to models of stop smoking support and their effectiveness and impact. This information along with local service uptake data has been used to provide the information set out in this EIA.

## Section 5: Involvement and Engagement Planning

<b>Has the assessment shown that the activity will have a different effect on people because of their protected characteristic(s)?</b>			
<b>If yes, please state which groups and how</b>			
<b>Yes.</b> Older people appear to have better outcomes from the existing model of provision. Changes to the model that facilitate targeting higher risk groups such as pregnant women may mean that older people's access to the service is reduced, they may choose not to utilise other methods to support them to stop smoking and as such quit rates amongst this group may decline.			
<b>Will the difference advance equality for people with that protected characteristic?</b>			
<b>If yes, please state which groups and how</b>			
<b>Yes.</b> 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.			
<b>Will the difference cause or increase disadvantage for people with that protected characteristic?</b>			
<b>If yes, please state which groups and how</b>			
The current model appears to offer better outcomes for older people with this being the group with the best quit rates. Targeting future provision to specific groups such as pregnant women may limit access to others and therefore affect quit rates amongst older people.			
<b>Involvement and Engagement Plan</b>			
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>

## Section 6: Engagement Findings

**This section is not relevant, as engagement was not carried out.**

	<b>Date/summary of engagement carried out</b>	<b>Summary of impacts identified</b>
<b>Age</b>		
<b>Disability</b>		

Mobility Impairment		
Visual impairment		
Hearing impairment		
Learning Disability		
Mental Health		
Long Term Limiting Illness		
Multiple Impairments		
Other - Specify		
Race		
Sex		
Gender Reassignment		
Religion or belief		
Sexual Orientation		
Pregnancy or maternity		
Marriage / Civil Partnership		



## 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>
Analysis of data has shown that smoking rates amongst pregnant women in Darlington are very high suggesting that the needs of this group may not be being met by the existing model. Remodelling the service to target this group specifically may help redress this.

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

<b>Officer Completing the Form:</b>		
<b>Signed</b> 	<b>Name:</b>	Judith Stonebridge
	<b>Date:</b>	02.11.15
	<b>Job Title:</b>	Specialty Registrar, Public Health
<b>Assistant Director:</b>		
<b>Signed</b> 	<b>Name:</b>	Ken Ross
	<b>Date:</b>	02.11.15
	<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	
Date of the next EIA review	December 2015
Further review dates	January 2016
Who will lead the review?	Judith Stonebridge, Specialty Registrar, Public Health



