



## Equality Impact Assessment Record Form 2012-16

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

<b>Title of activity:</b>	Review and target provision of Nicotine Replacement Therapy (NRT) to the most vulnerable groups
<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 affected directly.
<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	Those who are currently using the NRT Voucher Scheme. Changes to this service may also affect those currently using the Stop Smoking Service in Darlington.
<b>Stage 4: Analysis of Findings</b>	October 2015	The remodel and review of this service will sit in conjunction with the review to target provision of the Stop Smoking support service provided by GPs and community pharmacists. It is proposed that future provision be targeted to the most vulnerable groups of Darlington population thus ensuring those in greatest need of the service continue to receive it, including

		<p>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 the NRT scheme. Current data suggests that specifically older people who currently have better quit rates than the rest of the population may be affected by any changes 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

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

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.

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

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.

One of the areas being considered for inclusion in the costs savings is a review and remodel of the current community stop smoking services including access to Nicotine Replacement Therapy (NRT).

Current provision is focused around pharmacy-based dispensing points for NRT products which are issued to those patients presenting with an NRT voucher. Vouchers can only be obtained through accredited advisors. The NRT Voucher Scheme allows the patient the choice at dispensing of the correct nicotine replacement product for their health needs. The NRT Voucher Scheme currently runs in correlation with the Stop Smoking Service.

The purpose of reviewing this is to provide a more targeted service to the most vulnerable groups in Darlington. This is for several reasons:

- a) 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.
- b) NRT is available through other forms already in the community, such as over the counter in local pharmacies and a range of other outlets such as supermarkets.
- c) 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.

d) Smoking rates amongst women at time of delivery in Darlington are much higher than the regional and England rates.
<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). Of this population only those that smoke will be affected directly.
<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 19.1.</li> <li>Smoking prevalence in Darlington among routine and manual workers is 31.5.</li> <li>Percentage of women who smoke at time of delivery is 20.4%.</li> </ul>
<b>Individuals</b>
Those currently accessing the NRT Voucher Scheme.
<b>What data, research and other evidence or information is available which is relevant to the EIA?</b>
<b>National context</b> <ul style="list-style-type: none"> <li>(a) Public Health England “E-cigarettes: an evidence update” published August 2015.</li> <li>(b) NICE Smoking: Supporting people to stop Quality Standard 43.</li> <li>(c) Public Health Outcomes Framework website.</li> </ul>
<b>Local strategic context</b> <ul style="list-style-type: none"> <li>(a) Darlington Sustainable Community Strategy.</li> <li>(b) Darlington Single Needs Assessment.</li> </ul>

### 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:	Potential level of impact:	Summary of Impact
	Positive Negative Mixed N/A	High Medium Low Nil	
<b>Age</b>	<b>Mixed</b>	<b>Medium</b>	<b>Negative impact:</b> NRT Voucher Scheme currently runs on a fee-per-product basis with the price equivalent to a prescription fee. People who are eligible for free prescriptions currently do not have to pay a fee for NRT products if they have an NRT voucher. If these people no longer qualified for the NRT voucher due to the service being more targeted and they are e.g. over-65, under-18s, they would have to pay full price for over the counter products at the pharmacy, supermarket etc., which may cost more at retail price than on prescription. An alternative may be to acquire an NRT prescription through their

			GP, but those affected may choose not to access this service from their GP. <b>Positive Impact:</b> Those who are currently accessing the NRT Voucher Scheme who do not qualify for free prescriptions may no longer qualify for the NRT Voucher Scheme if it becomes more targeted to vulnerable groups. This may mean they seek out alternative methods to help them stop smoking such as other NRT products. Some of which may be cheaper than paying for products on prescription. People under 65 have the lowest success rates for stopping smoking with the existing model. If they choose to utilise alternative methods they may have better outcomes.
<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>	<b>Mixed</b>	<b>Medium</b>	<b>Negative impact:</b> If those with a disability are no longer in the “targeted group” of the reviewed service then those who receive a free prescription due to their disability may have to pay to access NRT products elsewhere. <b>Positive impact:</b> If targeting the service to more vulnerable groups includes those with mental health issues or long term limiting illness such as diabetes, then this could have a positive impact on their health as well as helping them to quit smoking. This is discussed in the table in section three.
<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>	Medium	<b>Positive impact:</b> Midwives in Darlington distribute NRT vouchers to pregnant smokers which are redeemed at the local pharmacy. Voucher distribution by midwives is not formally commissioned and therefore at risk of being withdrawn. Smoking in pregnancy is associated with a wide range of negative impacts to health for both mother and child. If this group were to be focused on and targeted more using the future scheme, it will have a positive impact on both mother and child outcomes.
<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’.</b> 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>Mobility Impairment</b>			There will be no specific impact on this group if the service does not continue.
<b>Visual</b>			There will be no specific impact on this group if the service

<b>impairment</b>			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>	<b>Positive</b>	<b>Medium</b>	<b>Positive impact:</b> West Park hospital is currently running stop smoking with its patients. If the new targeted NRT service creates a pathway for this vulnerable group once they leave the hospital (and are still in the process of quitting smoking) then this will have a positive impact.
<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>			None.

<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>Yes / No</b>
If YES, proceed to the next section. If NO, briefly summarise below the reasons why you have reached this conclusion.	

## 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)? Yes/No</b>
If yes, please state which groups and how
<b>Will the difference advance equality for people with that protected characteristic? Yes/No</b>
If yes, please state which groups and how
<b>Will the difference cause or increase disadvantage for people with that protected characteristic? Yes/No</b>
If yes, please state which groups and how

Involvement and Engagement Plan			
Which organisations, groups and individuals do you need to involve or engage and how?			
Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing

## Section 6: Engagement Findings

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

	Date/summary of engagement carried out	Summary of impacts identified
Age		
Disability		
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.

During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.

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

Officer Completing the Form:		
Signed 	<b>Name:</b>	Judith Stonebridge
	<b>Date:</b>	02.11.15
	<b>Job Title:</b>	Specialty Registrar, Public Health
Assistant Director:		
Signed 	<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	
<b>Date of the next EIA review</b>	December 2015

<b>Further review dates</b>	January 2016
<b>Who will lead the review?</b>	Judith Stonebridge, Specialty Registrar, Public Health



