

Equality Impact Assessment (EIA) form: evidencing paying due regard to protected characteristics

(Form updated April 2019)

North Yorkshire Stop Smoking Services Living Well Smokefree, GP and Pharmacies APL

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যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھیے۔

Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people to find completed EIAs we also publish them in the Equality and Diversity section of our website. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.

Name of Directorate and Service Area	Health and Adult Services, Targeted Prevention, Care and Support and Public Health
Lead Officer and contact details	Cath Simms – Head of Targeted Prevention Phillippa Sellstrom – Health Improvement Manager
Names and roles of other people involved in carrying out the EIA	Sally Anderson – Business Development Officer

	Phillippa Sellstrom – Health Improvement Manager
How will you pay due regard? e.g. working group, individual officer	Project Task Group – Stop Smoking Service Re-procurement, this included members from HAS, Public Health, T&C Due regard will be paid in the performance reporting process.
When did the due regard process start?	The original EIA was completed in April 2014 – this is a refresh and review for the re-procurement of the Stop Smoking Services in 2018/19. It has been updated in May 2019 to take account of the new service model operating from 1 April 2019.

Section 1. Please describe briefly what this EIA is about. (e.g. are you starting a new service, changing how you do something, stopping doing something?)

The NYCC Public Health team has re-procured the North Yorkshire Stop Smoking Services, following the end of a 3 year contract with provider Solutions4health Ltd.

A new service model has been put in place from the 1st April 2019 which comprises of the following elements:

- The Living Well Smokefree Service which is provided by NYCC HAS Targeted Prevention Service – hereafter known as the provider.
- Public Health Primary Care Approved Provider List (APL) Contracts
 - GP – Smoking Cessation service
 - Pharmacy – smoking cessation service
 - Nicotine Replacement Therapy (NRT) Voucher Scheme
 - Patient Group Direction for Varenicline (PGD)

The service continues to offer open access with a particular focus on the county's priority groups as identified in the tobacco control needs assessment refresh 2018. The service will follow national, evidence based standards for service provision (Local Stop Smoking Services: Service and delivery guidance 2014).

Section 2. Why is this being proposed? What are the aims? What does the authority hope to achieve by it? (e.g. to save money, meet increased demand, do things in a better way.)

As detailed above, the previous contract for the stop smoking service provided by Solutions4Health Ltd expired on 31 March 2019 after a 3 year period. The Local Authority was legally required to re-procure these services. The new service model hopes to provide the same level of service with improved connectivity to the council's targeted prevention offer.

Smoking remains the leading cause of preventable death and disease in North Yorkshire, and is one of the most significant factors that impact upon health inequalities and ill health, particularly cancer, coronary heart disease and respiratory disease. Reducing smoking prevalence therefore remains a key local public health priority and a national focus.

An effective way of reducing the rate of children and young people taking up smoking is to support adult smokers to stop, and therefore high-quality, evidence-based services will also contribute to preventing the initiation of smoking.

While smoking prevalence has been in overall decline, this has not been the case amongst the most vulnerable population groups of North Yorkshire. The Local Authority will continue to focus on these populations, however identifies this as an opportunity to review and develop a model which supports better outcomes for those North Yorkshire's residents.

Section 3. What will change? What will be different for customers and/or staff?

The new Stop Smoking Services is a county-wide service overseen by the local authority responsible for co-ordinating delivery across all service levels. The service will deliver high quality, evidenced-based, value for money Stop Smoking Services which meet the needs of the North Yorkshire population.

Prior to the 2016 contract, the Authority had contracted with GP's and Pharmacies directly with some success and the new model allows this to happen again.

It is envisaged that contracting directly with GP's and Pharmacies will re-engage the primary care element to the Stop Smoking Services and thus provide a more effective service overall. This will take place via the existing Primary Care Approved Provider List.

The aim of the service will be to *contribute* to the three key public health tobacco outcomes:

- To reduce smoking prevalence among adults
- To reduce smoking prevalence among routine and manual occupations
- To reduce smoking prevalence at 15 years
- To reduce smoking prevalence in pregnancy (measured at time of delivery)

Any smoker aged 12+ can access the service but the service will be required to proactively identify and deliver their service to smokers in the following priority population groups:

- Routine and manual occupations
- Pregnant smokers and their wider family network
- People with a diagnosed mental health condition
- People with a diagnosed substance misuse problem
- People with long term conditions
- Patients who smoke who have a planned admission to hospital.

There is a single point of access for referrals and self-referrals. At this access point individuals will be provided with an initial triage assessment to establish what method of support they should receive.

The stop smoking assessments incorporate a broader, holistic public health assessment (e.g. alcohol and weight management). Where appropriate, referral to other services will be offered and documented. Every contact will be recorded. The assessment will determine the appropriate level of service for the service user.

The provider will address the range of factors which impact on access to local Stop Smoking services – including the ability to deliver the services in the best location to effectively engage with the priority population groups and ensure rapid and easy access even in rural areas.

Services will be accessible to service users including:

- Local rate or Freephone telephone
- Opening hours to accommodate working service users
- Face-to-face support provided at locations across North Yorkshire that are convenient and appropriate for the priority client groups. Clinic venues will be in a range of settings including community and non-healthcare based.
- Access for people who have a physical or mental impairment that affects their ability to do normal everyday activities
- Using a range of communication methods e.g. text, telephone, online or mobile apps

The service will provide dedicated resource to marketing and communicating messages using innovative approaches based on customer insights and user experience from priority population groups.

Section 4. Involvement and consultation (What involvement and consultation has been done regarding the proposal and what are the results? What consultation will be needed and how will it be done?)

A full engagement and consultation exercise was undertaken in 2015, interviews, questionnaires and meetings were held with a large number of partners, this included the general public. The activity was recorded and summarised to shape and inform commissioning arrangements for a North Yorkshire Stop Smoking Service and the development of the county wide partnership Tobacco Control Strategy. A Tobacco Control Needs Assessment was conducted and a full review of the evidence base.

Throughout March and April 2018 a refresh of the Tobacco Control Needs Assessment was completed, a review of the evidence namely Models of delivery for stop smoking services: options and evidence, PHE 2017 and a regional look at stop smoking service provision. In addition to this, engagement activity with key stakeholders took place via telephone or face to face interviews, informal conversations and presented at meetings for discussion and feedback. An online SNAP survey was created for GP practices and Community Pharmacies.

The combination of information provided from all of the stakeholders, the needs

assessment, regional benchmarking and evidence review informed and shaped the requirements for the service model refresh.

The key results are as follows:

- Smoking still kills and is preventable
- Evidence remains for a standalone stop smoking service
- Stop smoking services are highly cost effective
- Open access service, 12+ with particular focus on local priority groups (where smoking rates are higher)
- Whole system approach to tackle tobacco
- Primary care provision should be arranged differently
- Financially viable for GP and Pharmacies
- Training requirement – capacity building

Consultation was undertaken to ask key partners about the new service requirements, in particular with Primary Care (GP and Pharmacies) and the GP Federations as the service model is different to the last 3 years.

Section 5. What impact will this proposal have on council budgets? Will it be cost neutral, have increased cost or reduce costs? Please explain briefly why this will be the result.

The budget for the North Yorkshire Stop Smoking Services is funded from the Public Health Grant. The budget allocation in 2016-18 was an annual allocation of £1.7 m - £2.6 m, the range available was due to a mix of block contract and tariff payments.

The annual allocation for the new service model is £1.2 m – a significant reduction to the public health grant. This is in part due to the current provider under performing and therefore not achieving high tariff payments and the decline in overall smoking prevalence.

Section 6. How will this proposal affect people with protected characteristics?	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
Age		x		The Stop Smoking Services are for any persons aged 12 and over, there is little evidence for a stop smoking service for young people, however respondents to the 2015 consultation and 2018 engagement felt it was still important to have a service available for young people if they required one, however recognising the numbers accessing support would be minimal. The age was therefore lowered from 16 to 12 and this will remain. Nationally, those aged 18-24 experienced the largest decline in

			<p>smoking of around 6% since 2010, however still remained the second most likely age group to smoke at (19.3%) and 25-34 year olds (20.8%); but lowest amongst those aged 65 and over (8.3%).</p> <p>Conversely, quit success rates increase with age across England, from 42% in under 18s to 57% for the 60 and over age group. Locally, under 18s had a 4-week quit success rate of around 22% in 2016-17 compared to 54% for all ages and 61% for over 60s. We need to ensure the new service targets the age groups with the highest smoking prevalence in North Yorkshire.</p> <p>Women who are still smoking after confirmation of pregnancy tend to be young, have more psychological, emotional and family problems, have less support and financial resources, less residential stability, live in smoke filled home environments and with partners who smoke. The new service provider will need to consider how to engage with young pregnant mums and the wider family network.</p>
Disability		x	<p>We currently have no evidence of an impact in relation to disability. The provider(s) will be expected to meet all requirements around the Equality Act 2010 to ensure their services are accessible to people with a disability. This was built into the 2015 service specification and remains in the 2019 specification update.</p> <p>People's disabilities are not specifically monitored in the DH returns, but we are extending local monitoring to capture long term conditions. Many of the issues discussed for smokers with long term conditions will also be relevant to people with disabilities. Offering more telephone support or home visits may also be of benefit to those who find it difficult to get to services, including people with caring</p>

				responsibilities.
Sex		x		<p>Client gender is recorded and in 2016/17, males made 45.6% of the quit attempts compared to 54.4% from females.</p> <p>The percentage of 4 week quits is higher for males (58.05%) compared to females (51.5%), by 6.55%. The percentage of not known/lost to follow-up is 5% higher in females (22.4%) compared to males (17.4%).</p> <p>Nationally, men (17.7%) currently smoke which is significantly higher than women (14.1%) therefore we need to continually ensure services are accessible and appealing to both men and women but particularly men, especially those from routine and manual backgrounds.</p>
Race		x		<p>White British represents 94.4% of the NY population; 95.98% of quit attempts and 94.57% of 4-week quits. This data therefore reflects the NY population.</p> <p>Nationally, in 2015, rates of smoking were highest in the Mixed and White ethnic groups and lowest in the Asian, Black and Chinese ethnic groups. Between 2012 and 2015 smoking rates fell significantly in the White ethnic group.</p> <p>The Stop Smoking Services will be open access to all.</p>
Gender reassignment	x			We do not monitor gender reassignment locally, and it is not part of the DH minimum dataset.
Sexual orientation	x			We do not monitor sexual identity locally, and it is not part of the DH minimum dataset. Research suggests that gay, lesbian, bisexual and transgender people have a higher smoking prevalence than heterosexual people. We need to be aware of these population groups as likely to have higher smoking rates locally, although this has not been researched, and

				provider(s) need to consider accessibility and marketing of services.
Religion or belief	x			We currently have no evidence of an impact in relation to religion or belief. Open access services will be available in each North Yorkshire district. The successful provider(s) will be expected to meet all service user needs relating to religion or belief.
Pregnancy or maternity		x		<p>Smoking in pregnancy rates continue to be a major concern, especially in Scarborough. The prevalence of smoking in pregnancy (measured at time of delivery) in NY in 2016-17 was 12.9%.</p> <p>This ranges from 9.2% for women in Hambleton, Richmondshire and Whitby to 18.7% for women in Scarborough and Ryedale. This can be compared with the national prevalence of 10.7% in 2016-17.</p> <p>Smoking during pregnancy can cause serious pregnancy-related health problems, such as complications during labour, increased risk of miscarriage, premature birth, still birth, low birth-weight and sudden unexpected death in infancy. Smoking during pregnancy also increases the risk of infant mortality by an estimated 40%.</p> <p>Pregnant smokers and wider family network remains as a priority group and the provider is required to work across the system to achieve 4 week quits. The service level agreement has been strengthened to pay due regard to this significant area of work and the related harm.</p>
Marriage or civil partnership	x			We currently have no evidence of an impact in relation to marriage or civil partnership.

Section 7. How will this proposal affect	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic
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people who...			information etc.
..live in a rural area?		x	<p>The provider will need to address the range of factors which impact on access to local Stop Smoking services – including the ability to deliver the services in the best location to effectively engage with the priority population groups and ensure rapid and easy access even in rural areas.</p> <p>Services will be accessible to service users including:</p> <ul style="list-style-type: none"> • Local rate or Freephone telephone • Opening hours to accommodate working service users • Face-to-face support provided at locations across North Yorkshire that are convenient and appropriate for the priority client groups. Clinic venues will be in a range of settings including community and non-healthcare based. • Access for people who have a physical or mental impairment that affects their ability to do normal everyday activities • Using a range of communication methods e.g. text, telephone, online or mobile apps
...have a low income?		x	<p>People on low incomes are twice as likely to smoke as the more affluent, to have started younger and to be more heavily addicted. 24.5% of North Yorkshire's routine and manual population are smokers, compared to 26.5% nationally.</p> <p>The cost of smoking will affect these individuals and their families disproportionately as they are from lower income groups. This group of smokers find it harder to quit, because they are more heavily addicted, and also because their friends and family are more likely to smoke. People on the lowest incomes who smoke, spend up to 15% of their total weekly income on tobacco. The service remains free at the point of access and this includes associated medicine costs.</p>

				The new provider has specific targets for routine and manual workers.
...are carers (unpaid family or friend)?	x			<p>We currently have no evidence of an impact in relation to carers. Open access services will be available in each North Yorkshire district and carers are able to access the service in their own right</p> <p>Carers of smokers in the priority population groups will benefit from a reduction in the effects of passive smoking.</p>

Section 8. Geographic impact – Please detail where the impact will be (please tick all that apply)

North Yorkshire wide	x
Craven district	
Hambleton district	
Harrogate district	
Richmondshire district	
Ryedale district	
Scarborough district	
Selby district	

If you have ticked one or more districts, will specific town(s)/village(s) be particularly impacted? If so, please specify below.

Section 9. Will the proposal affect anyone more because of a combination of protected characteristics? (e.g. older women or young gay men) State what you think the effect may be and why, providing evidence from engagement, consultation and/or service user data or demographic information etc.

The North Yorkshire Stop Smoking Services will retain open access for all people aged 12 and over for those who live or work in North Yorkshire or are registered with a North Yorkshire GP practice. The service will have a focus on those priority groups who have higher smoking rates (pregnancy, routine and manual, mental health, drug and alcohol, long term conditions and planned admissions). The service is offered free of charge at point of access, this includes associated medicines. All these factors ensure that all regardless of age, gender, and income will be able to access the service.

The service will be delivered in line with the service level agreement and performance will be monitored on a quarterly basis to ensure the key performance indicators are being met, where performance is below threshold exception reporting and remedial action will need to be under taken to ensure standards are upheld.

The service will be insight led and this should be a continuous process throughout the contract, to ensure the service is working hard for the population it serves. The service will be expected to monitor its population and be led by need, this means the service will target age groups with highest smoking prevalence, maintain focus on routine and manual occupations and men. The service provider will be expected to meet all requirements of Equality Act 2010.

The rural nature of North Yorkshire can sometimes adversely impact on populations in terms of access to services, to mitigate against this potential impact the service level agreement details what the provider must put in place such as telephone support and minimum travel times for face to face appointments.

Section 10. Next steps to address the anticipated impact. Select one of the following options and explain why this has been chosen. (Remember: we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us)	Tick option chosen
1. No adverse impact - no major change needed to the proposal. There is no potential for discrimination or adverse impact identified.	x
2. Adverse impact - adjust the proposal - The EIA identifies potential problems or missed opportunities. We will change our proposal to reduce or remove these adverse impacts, or we will achieve our aim in another way which will not make things worse for people.	
3. Adverse impact - continue the proposal - The EIA identifies potential problems or missed opportunities. We cannot change our proposal to reduce or remove these adverse impacts, nor can we achieve our aim in another way which will not make things worse for people. (There must be compelling reasons for continuing with proposals which will have the most adverse impacts. Get advice from Legal Services)	
4. Actual or potential unlawful discrimination - stop and remove the proposal – The EIA identifies actual or potential unlawful discrimination. It must be stopped.	
Explanation of why option has been chosen. (Include any advice given by Legal Services.)	
There is no anticipated adverse impact based on the evidence refresh of the EIA from 2015 to 2019.	

Section 11. If the proposal is to be implemented how will you find out how it is really affecting people? (How will you monitor and review the changes?)

We undertake quarterly performance reporting to ensure the provider is delivering to the service level agreement and performance and outcome framework.

Annual SLA reviews will be a further opportunity to explore service impact on our population.

The service will provide a quarterly monitoring form to the DH.
The service will be insight led, will collect feedback from its service users and make improvements based on the feedback.

Section 12. Action plan. List any actions you need to take which have been identified in this EIA, including post implementation review to find out how the outcomes have been achieved in practice and what impacts there have actually been on people with protected characteristics.

Action	Lead	By when	Progress	Monitoring arrangements
Quarterly reporting	Provider	Quarterly		Performance report
Annual reviews SLA	Public Health	Annually		SLA review
Service insight	Provider	Quarterly		Performance report
Service user feedback	Provider	Quarterly		Performance report

Section 13. Summary Summarise the findings of your EIA, including impacts, recommendation in relation to addressing impacts, including any legal advice, and next steps. This summary should be used as part of the report to the decision maker.

The North Yorkshire Stop Smoking Services will retain open access for all people aged 12 and over for those who live or work in North Yorkshire or are registered with a North Yorkshire GP practice. The service will have a focus on those priority groups who have higher smoking rates (pregnancy, routine and manual, mental health, drug and alcohol, long term conditions and planned admissions). The service is offered free of charge at point of access, this includes associated medicines.

The service will be delivered in line with the service level agreement and performance will be monitored on a quarterly basis to ensure the key performance indicators are being met, where performance is below threshold exception reporting and remedial action will need to be under taken to ensure standards are upheld.

The provider will be expected to deliver a consistent and equitable service across the whole county to ensure access even in rural areas, with minimum travel times set at 20 minutes.

The service will be insight led and this will be a continuous process throughout the contract.

Section 14. Sign off section

This full EIA was completed by:

Name: Sally Anderson and Phillippa Sellstrom
Job title: Business Development Officer and Health Improvement Manager
Directorate: Health and Adult Services /Targeted Prevention/Public Health

Signature: Sally Anderson and Phillippa Sellstrom

Completion date: 31/05/19

Authorised by relevant Assistant Director (signature): Louise Wallace

Date: 6th June 2019

ⁱ NHS Digital (2017) Statistics on NHS Stop Smoking Services: England, April 2016-March 2017