North Yorkshire County Council

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

Tobacco Control

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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 پوچھئے۔

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, Public Health
Lead Officer and contact details	Katie Needham
Names and roles of other people involved in carrying out the EIA	Emma Davis – Health Improvement Manager
How will you pay due regard? e.g. working group, individual officer	North Yorkshire Tobacco Control Steering group and working group
When did the due regard process start?	01 April 2014 The draft equality impact assessment was made available on the North Yorkshire County Council website at the beginning of the stop smoking service redesign and re-provision consultation and the draft tobacco control strategy consultation (which took place between November 2014 – February 2015). Feedback from both consultations was used to develop the final assessment.
Sign off by Assistant Director (or equivalent) and date. **Friday 21 August 2015**	Dr Lincoln Sargeant (Director of Public Health for North Yorkshire). 

Section 1. Please describe briefly what this EIA is about.

Upon the transfer of the public health budget, responsibilities and functions from the Primary Care Trust to Local Authorities, the contracts for smoking cessation services were transferred as a joint arrangement between North Yorkshire County Council (NYCC) and City of York Council (CYC). The current contracts for the specialist stop smoking service provided by Harrogate District Foundation Trust (HDFT) is due to expire on 31 December 2015. Other stop smoking services provided by individual GP's and pharmacies across the county are also under review.

The review and re-tendering of these services provided an opportunity for the Local Authority to consider the interventions it wishes to commission in future in relation to tobacco control. In order to inform this process, the North Yorkshire Tobacco Control Steering Group was established with representatives from NYCC Public Health, NYCC Trading Standards, NYCC Children and Young People's Services, NYCC Communications, Public Health England, Clinical Commissioning Groups and District Council Environmental Health Teams. This group has supported the refresh of the Tobacco Control Needs Assessment for North Yorkshire and the development of a draft Tobacco Control Strategy and proposed Tobacco Control Model.

The first section of the Tobacco Control Strategy for North Yorkshire details the statistical evidence for the widespread harm caused by tobacco in North Yorkshire, identified in the refreshed Needs Assessment. The second section of the strategy

outlines the proposed approach to reduce smoking prevalence in North Yorkshire following extensive engagement and a review of the evidence. The five identified priorities to achieve this are; prevention for children, normalise a smoke-free lifestyle, reduce illegal tobacco in the community, supporting smokers to quit and reducing smoking in pregnancy and carry out marketing and communication programmes.

Consultation:

An 8 week consultation was undertaken 24 November 2014 – 26 January 2015 and was designed to seek views and feedback on the draft tobacco control strategy. The following provides a summary of the feedback:

- There is overall strong support for the draft North Yorkshire Tobacco Control Strategy, its vision, aims, priorities and principles.
- Further exploration with key partners around the sign up to the Local Authority and NHS Tobacco Control Declarations is required.
- Prevention and protection for children and young people featured as a top priority amongst respondents.
- Peer support programmes for children in line with the evidence base should be considered.
- There is strong support for smoke free environments and actions to tackle this will be contained within the action plan.
- New local services should be promoted in a positive, holistic way that are friendly, approachable and non-judgemental, more could be done to promote what happens to an individual once they access a stop smoking service.
- To communicate clearly that the Local Authority does have a public health responsibility to all residents especially children of North Yorkshire to reduce the harm caused by smoking alongside partners such as the NHS.

A partnership approach to deliver this strategy will be required and will be led by the multi-agency North Yorkshire Tobacco Control Steering Group. The feedback has been used to inform the final strategy that went for final comment on 4 June to the Health and Wellbeing Board. The strategy is to be signed off in October 2015 alongside the action plan.

As part of the strategy priority ‘to support smokers to quit’ a new Stop Smoking service was to be reconfigured and re commissioned. The proposals for this service were available for consultation; NYCC looked for support from partner organisations, the public and potential providers to develop this service further.

Consultation:

A 10 week consultation stage was undertaken 24 November 2014 - 11 February 2015 and was designed to seek views and feedback on the proposed commissioning model and further define what the new stop smoking service should offer. The consultation was an online questionnaire. A consultation event was also held on 15 January 2015 for interested parties to come along and shape the proposals.

The following key issues were identified from all the consultation feedback:

- Strong support for a centralised service with one provider who may choose to

sub contract, with a single point of contact;

- Significant agreement on the model for delivery and the different levels of support;
- Strong agreement for the priority groups identified for targeted work.
- The piloting of harm reduction approaches;
- The focus of the service specification and delivery model to remain on quitting;
- The issue of ensuring access to services if services are no longer to be available from GPs and Pharmacies was highlighted;
- Pathways of care were highlighted as another area of importance;
- The need for a robust IT referral and monitoring system to ensure ease of use for referrers and ease of use for providers to evaluate and monitor and therefore report on performance.

Overall, consultation respondents were supportive of the new proposals for delivery of stop smoking services in North Yorkshire.

The above issues were incorporated and addressed within the service specification.

The new service will be implemented through a procurement process to identify suitable providers to deliver the new services.

Section 2. Why is this being proposed? (E.g. to save money, meet increased demand, do things in a better way.)

As detailed above, the current contract for the specialist stop smoking service provided by Harrogate District Foundation Trust (HDFT) is due to expire on 31 December 2015. Other stop smoking services provided by GPs and pharmacies across the county are also under review, and the Local Authority is legally required to re-procure these services.

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 has therefore identified this as an opportunity to review and develop a new commissioning 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?

Strategy and Tobacco Control

The draft strategy outline's the council's vision to 'inspire a smoke-free generation', improve the health of the population in North Yorkshire and reduce health inequalities in North Yorkshire.

The tobacco control model, strategy implementation plan and performance framework will be finalised following final comment from the Health and Wellbeing Board. Once final versions have been signed off, the strategy will be launched.

Stop Smoking Services

Stop Smoking services are currently delivered by a specialist provider supplemented by level 2 services delivered by GP practices and pharmacies. The needs assessment found that this arrangement did not allow effective targeting to priority groups and there is scope to improve the efficiency of services to increase the number of people who successfully quit.

The Local Authority will commission a county-wide service overseen by a single organisation 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.

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 at 15 years.
- To reduce smoking prevalence in pregnancy (measured at time of delivery).

The service will manage and lead delivery in a variety of settings which should include GP practices, pharmacies, dental practices, hospital settings, community, mental health services and workplaces. A wide range of service delivery settings are required to facilitate easy access and reach to the priority population groups as well as delivering the overarching outcomes of the service.

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:

- Residents in deprived areas of the county.
- Routine and manual workers.
- Pregnant smokers and their wider family network.
- Parents or carers who smoke with children under 16 years of age.

- 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 will be 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 will incorporate a broader, holistic public health assessment (e.g. Oral health 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 new provider will be asked to pilot a harm reduction approach in line with NICE guidance and locally determined guidelines.

The service will be expected to develop strong, clear and operational care pathways across the system for identifying and treating smokers effectively and efficiently. Effective partnership working across the health and social care community will be essential.

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.

Services should 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. Providers are expected to organise their own clinic venues, which should 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, mobile apps

It is proposed that the service will have non-medical prescribers who will be able to prescribe pharmacotherapy to clients without the need for a further appointment. Face-to-face intensive behavioural support and written prescriptions will be available from one source to improve the client journey. The non-medical prescribers will hold the relevant qualifications to undertake this role.

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. What impact will this proposal have on council resources (budgets)?

Cost neutral? Yes
Increased cost? No
Reduced cost? No

There are no plans to derive savings from this project and any incidental savings may be re-invested.

Section 5. Will this proposal affect people with protected characteristics?	**No impact**	**Make things better**	**Make things worse**	**Why will it have this effect? State any evidence you have for your thinking.**
Age		X		The proposed Stop Smoking service is for any persons aged 12 and over, there is little evidence for a stop smoking service for young people, however respondents to the consultation felt it was still important to have a service available for young people if they required one. The age has therefore been lowered from 16 to 12. Nationally, smoking prevalence is highest amongst 20-24 year olds (28%) and 25-34 year olds (26%); but lowest amongst those aged 60 and over (13%)[i]. Conversely, quit success rates increase with age across England, from 34% in under-18s to 59% in over 60s[ii]. Locally, under-18s had a 4-week quit success rate of around 18% in 2013-14 compared to 52% for all ages and 61% for over 60's. We need to ensure the new service targets the age groups with the highest smoking prevalence in North Yorkshire. 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.
Disability		X		We currently have no evidence of an impact in relation to disability. The successful 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 has been built into the new contract. People's disabilities are not specifically monitored in the DH returns, but we are extending local monitoring to capture long term conditions, so we could consider wider categories as well. Many of the issues discussed for smokers with long term conditions will also be relevant to people with disabilities. Offering more telephone support may also be of benefit to those who find it difficult to get to services, including people with caring responsibilities.
Sex (Gender)		X		Stop smoking clients' gender is recorded and in 2013-14 males made 45.95% of the quit attempts compared to 54.05% from females. Women were slightly more successful with 53.51% of 4-week quits compared to 46.49% for men. Male and female smoking prevalence is not dissimilar nationally (20% and 19% respectively) but we need to continually ensure services are accessible and appealing to men, especially those from R&M backgrounds.
Race		X		White British represents 94.4% of the NY population; 95.98% of quit attempts and 95.98% of 4-week quits. Nationally, smoking prevalence varies greatly between ethnic groups and between men and women within these groups. Whilst smoking prevalence amongst minority ethnic groups is generally lower than that of the general population, some have higher rates, most notably amongst black

				Caribbean, Bangladeshi and Chinese men. North Yorkshire have very small numbers amongst the population. Smokeless tobacco is not considered to be a big issue for NY because of the small numbers of South Asian residents. However, we have not researched levels of use. This is an area where we could usefully work with neighbouring local authorities as part of the wider tobacco commissioner's network. Services will be open access to all.
Gender reassignment	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 therefore provider(s) need to consider accessibility and marketing of services.
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 therefore 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		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 2012-13 was 13.7%. This ranges from 10.8% for women giving birth at Harrogate hospital to 21.4% for women giving birth at Scarborough and NE Yorkshire Hospital. This can be compared with the national prevalence of 12.7% in 2012. 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%.
Marriage or civil partnership	X			We currently have no evidence of an impact in relation to marriage or civil partnership.
Section 6. Would this proposal affect people for the following reasons?	**No impact**	**Make things better**	**Make things worse**	**Why will it have this effect? Give any evidence you have.**
Live in a rural area		X		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. Services will be accessible to service users including: • Single point of contact. • Local rate or Freephone telephone triage and support. • 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. • Providers are expected to organise their own clinic venues, which 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, mobile apps.
Have a low income		X		People on low incomes are twice as likely to smoke as the more affluent, to have started younger and to be more heavily addicted. 32.9% of North Yorkshire's routine and manual population are smokers, compared to 29.7% nationally. 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 new provider have specific targets for routine and manual workers.

Section 7. Will the proposal affect anyone more because of a combination of protected characteristics? (e.g. older women or young gay men?) **State where this is likely to happen and explain what you think the effect will be and why giving any evidence you have.**

No known impacts at this time.

Section 8. Only complete this section if the proposal will make things worse for some people. Remember that we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us.

Can we change our proposal to reduce or remove these adverse impacts?

Can we achieve our aim in another way which will not make things worse for people?
If we need to achieve our aim and can't remove or reduce the adverse impacts get advice from legal services. Summarise the advice here. Make sure the advice is passed on to decision makers if the proposal proceeds.

Section 9. If the proposal is implemented how will you find out how it is really affecting people? (How will you monitor and review the changes?) The new service will be expected to meet a number of performance and monitoring requirements which will be set out in the detailed specification and the performance and monitoring framework.

Section 10. List any actions you need to take which have been identified in this EIA

Action	Lead	By when	Progress
Service specifications will clearly state requirements of providers to ensure they address rurality to allow for equal access to services.	KN/ED	04/06/15	complete
Service specifications – will include the requirement to address diversity and be non-judgemental.	KN/ED	04/06/15	complete
Ensure that staff receive adequate training on equality and diversity issues.	KN/ED	04/06/15	Included in contract
Include in the service specification to undertake regular insight work priority groups identified such as pregnancy, routine and manual, substance misuse and mental health.	KN/ED	04/06/15	complete

[i] Health and Social Care Information Centre (2013) Statistics on Smoking: England, 2013

[ii] Health and Social Care Information Centre (2013) Statistics on NHS Stop Smoking Services: England, April 2012- March 2013