INITIAL EQUALITY IMPACT ASSESSMENT

Name of the activity being assessed	Stop Smoking Service				
Directorate / Department	Public Health	**Service**	Public Health	**Assessment Author**	Colin Hughes
Is this a new or existing activity?	☐ New ☒ Existing	**Responsible manager / director for the assessment**		Abdul Razaq	
Date EIA started	03/01/2024	**Implementation date of the activity**		01/04/2024	

SECTION 1 - ABOUT YOUR ACTIVITY

How was the need for this activity identified? i.e. Why are we doing this activity?	The Government's ambition is for England to be Smokefree by 2030 and to increase healthy life expectancy by five years by 2035, while reducing inequalities and levelling up the nation. Smoking is linked to almost every indicator of disadvantage and there is a clear gradient, the more disadvantaged you are the more likely you are to smoke. In June 2021, The All-Party Parliamentary Group on Smoking and Health's noted 12 recommendations for the Tobacco Control Plan to deliver a Smokefree 2030 including a set of milestones: • Smoking in adults to fall from 13.9% in 2019 to 9.1% by 2025. • Smoking among routine and manual workers to fall from 23.2% in 2019 to 13.3% by 2025. • Smoking in social housing to fall from 29.8% in 2019 to 16% by 2025. • Smoking in those with a long-term mental health condition to fall from 25.8% in 2020 to 15.4% in 2025. • Reduce smoking in pregnancy from 12.7% in 2020 at time of maternity booking to 8.9% by 2025 to 5% or less by 2030. • From 10.4% in 2020 at time of delivery to 5% or less by 2025 to be on track to deliver a Smokefree start for every child by 2030 • Reduce smoking among 15-year-olds from 11.4% in 2018 to 7.7% by 2025 on track to be less than 5% by 2030. • Reduce the proportion of children with one or both parents who are smokers from one in four (25.2%) in 2018 to 11.8% by 2025 and 5% or less by 2030. • Increase the percentage of households with smoking parents that have no smoking in the home from three quarters (75.9%) in 2018 to 87% by 2025 on track to be 95% or more by 2030. On 4 October 2023, the government published Stopping the Start: our new plan to create a smokefree generation. This included a programme of funding to support current smokers to quit smoking with additional funding provided to local authorities with the highest smoking rates to level up the communities who need the support the most and to address health disparities. The aim is achieve this by: • stimulating more quit attempts by providing more smokers with advice and swift support. • linking smokers to the most effective interventions to quit. • boosting existing behavioural support schemes designed to encourage smokers to quit (for example the 'swap to stop' scheme). • building capacity in local areas to respond to increased demand. • strengthening partnerships in local healthcare systems.

	To ensure we reach the wider and priority populations within Blackburn with Darwen and deliver an effective Stop Smoking Service there needs to be acknowledgement & consideration for the following as a minimum: • Recommendations from the Healthwatch BwD Smoking Cessation Report 2023 • Priorities of the Tobacco Free Lancashire & South Cumbria Strategy • Health Equity Audit findings • NHS Long Term Plan - Treating Tobacco Dependency Programme • Core 20 Plus 5 Priorities • DHSC Grant Funding Criteria & Criteria • Pharmacy related pressures • Asset based model (stop smoking champions, commissioned services, place-based approach) Data drawn from the Local Tobacco Control Profiles (POF) notes that smoking prevalence in Blackburn with Darwen rose to 19.4% in 2022 from 15.5% in 2021, the highest level since 2016 (19.5%). Smoking rates for smoking status at time of delivery, smoking attributable mortality and smoking attributable hospital admissions are above the North West and England values. Although current rates for 4 Week quits are on par with both North West and England values, the number accessing the stop smoking service have continued to decline since 2015 in Blackburn with Darwen.
What is the activity looking to achieve? **What are the aims and objectives?**	NICE guidance (NG92) recommends that local services should aim to treat around 5% of their smoking population each year with a success rate of at least 35%, any less instigating exception reporting and investigation into the quality of interventions provided. Based on LSOA data drawn from GP surgeries, the health equity audit undertaken in 2023 suggested that there are 20,374 smokers in Blackburn with Darwen which equates to 12.8% of the population. ASH (Action on Smoking & Health) suggest the figure is 22,298 based on published 2022 Annual Population Survey and Local Tobacco profile data. If we are to achieve the recommended 5% of the smoking population, we would have to engage and treat in circa of 1,108 to 1,114 residents as a minimum. 478 patients set a quit date in 2022 / 2023 through the existing pharmacy led model. Of those patients who set a quit date, 267 (56%) achieved a successful quit whereas 96 patients (20%) were lost to service. The preferred approach / model will ensure that those referenced in the priority populations are offered, and can easily access, effective support (ie behavioural support and medication) to: • Reduce smoking prevalence • Address health inequalities • Increase the chance of achieving and sustaining a successful quit status Priority populations identified include but is not limited to: • Men aged 30 – 49 • Women aged 15 – 29

	• Those in 'Routine and Manual' occupations • Pregnant women and partners / significant others • Recorded current smokers aged 18 and over with GP recorded CVD or CVD risk factors • People with an 'SMI or depression' diagnosis • Smokers with multiple addictions • Communities who use niche / smokeless tobacco • Primary Care • Large and medium sized employers With increasing capacity and financial pressures on pharmacies there is a risk that pharmacies do not continue to deliver the Stop Smoking Service via the LIS agreements. This would leave the borough with no Stop Smoking Service for a period of time until a Community Stop Smoking Service was in place. Following a procurement exercise a new community stop smoking service will compliment the pharmacy model.
Services currently provided (if applicable)	The current delivery of the Stop Smoking Service in undertaken with community pharmacies via a Local Improvement Service (LIS) Agreement. This constitutes an agreement between the Provider and Blackburn with Darwen Council in regard to the delivery of the Stop Smoking Service and NRT Dispensing Service. The role of the stop smoking specialist is to provide one to one behaviour change support alongside access to Nicotine Replacement Therapies. The number of pharmacies delivering the service has declined over the years with 13 pharmacies actively delivering the service at time of writing.
Type of activity	☒ Budget changes ☐ Decommissioning ☒ New activity ☒ Change to existing activity ☒ Commissioning ☐ Other [**please state here**]

SECTION 2 - UNDERSTANDING YOUR CUSTOMER

What resources will support in undertaking the equality analysis and impact assessment?
Please identify additional sources of information you have used to complete the EIA, e.g. reports; journals; legislation etc.

To ensure we reach the wider and priority populations within Blackburn with Darwen and deliver an effective Stop Smoking Service we have taken into account the following strategies/insights within development of this service offer as a minimum:

- Recommendations from the Healthwatch BwD Smoking Cessation Report 2023
- Priorities of the Tobacco Free Lancashire & South Cumbria Strategy
- Health Equity Audit findings
- NHS Long Term Plan - Treating Tobacco Dependency Programme NHS England » Guide for NHS trust tobacco dependence teams and NHS trust pharmacy teams
- Core 20 Plus 5 Priorities NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities
- DHSC Grant Funding Criteria & Criteria Local stop smoking services and support: guidance for local authorities - GOV.UK (www.gov.uk)

In Autumn 2023 ASH (Action on Smoking & Health) updated the Ready Reckoner Tool that references published 2022 Annual Population Survey and Local Tobacco profile data where possible. This tool provides the cost of smoking at a national, regional, local, constituency, combined LA and ward level. ASH Ready Reckoner - ASH

Local authorities have a duty to take necessary steps to reduce inequalities and improve the health of their local populations.
This process will be aligned to both national & local recommendations, strategies & policies (Health and Wellbeing Strategy, Joint Strategic Needs Assessment, Corporate Plan, Early Help Strategy), and will also consider implications with regards to a number of other developing strategic agendas.

As a member of the Tobacco Free Lancashire & South Cumbria Strategic Group we are embedded in the local and regional infrastructure with representation at the following groups:
ICS Tobacco Dependence Leads
Smoking in Pregnancy Group
OHID NW Tobacco Control Network

Who are you consulting with? How are you consulting with them? (*Please insert any information around surveys and consultations undertaken)*

In 2023 Healthwatch Blackburn with Darwen undertook a number of lines of enquiry as part of the engagement to gain as full a picture of the current smoking cessation provision in the borough.
This included: -

- Desktop reviews of local GP and dentist practice websites for evidence of signposting of residents to the local smoking cessation provision
- Mystery shopping in the pharmacies offering the smoking cessation provision
- Face to face surveys with residents
- Online survey of the 16 participating pharmacies

Please see attached paper

There is a provider event planned to take place shortly before the commencement of the tender process to allow the market place the opportunity to better understand the local need and the proposed process. This will also allow opportunities for them to raise significant queries via the CHEST procurement system.

Locally public health chair the tobacco control alliance which is a multi-agency forum with membership formed from public health, ELHT, public protection, well – being service and community services. It is here that consultations will develop should we consider the inclusion of e-cigarette provision in the future stop smoking services for those aged 18 yrs and above, in accordance with NICE (2021), OHID, NCSCT recommendations.

Who does the activity impact upon?*	Service users	☒ Yes	☐ No	☐ Indirectly			
	Members of staff	☐ Yes	☐ No	☒ Indirectly			
	General public	☒ Yes	☐ No	☐ Indirectly			
	Carers or families	☒ Yes	☐ No	☐ Indirectly			
	Partner organisations	☒ Yes	☐ No	☐ Indirectly			
Does the activity impact positively or negatively on any of the protected characteristics as stated within the Equality Act (2010)?* **The groups in blue are not protected characteristics** *(please refer to p. 3 of the guidance notes)*	Positive impact	☒ Age	☒ Disability	☒ Gender reassignment	☐ Marriage & Civil Partnership	☒ Pregnancy & maternity	☒ Vulnerable groups
		☒ Race	☒ Religion or belief	☒ Sex	☒ Sexual orientation	☒ Deprived communities	☒ Carers
	Negative impact	☐ Age	☐ Disability	☐ Gender reassignment	☐ Marriage & Civil Partnership	☐ Pregnancy & maternity	☐ Vulnerable groups
		☐ Race	☐ Religion or belief	☐ Sex	☐ Sexual orientation	☐ Deprived communities	☐ Carers
	No impact	☐ Age	☐ Disability	☐ Gender reassignment	☒ Marriage & Civil Partnership	☐ Pregnancy & maternity	☐ Vulnerable groups
		☐ Race	☐ Religion or belief	☐ Sex	☐ Sexual orientation	☐ Deprived communities	☐ Carers

***If no impact is identified on any of the protected characteristics a full EIA may not be required. Please contact your departmental Corporate Equality & Diversity representative for further information.**

Does the activity contribute towards meeting the Equality Act's general Public Sector Equality Duty? *Refer to p.3 of the guidance for more information* ***A public authority must have 'due regard' (i.e. consciously consider) to the following:***	
DUTY	**DOES THE ACTIVITY MEET THIS DUTY? EXPLAIN**
Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act *(i.e. the activity removes or minimises disadvantages suffered by people due to their protected characteristic)*	Yes. The needs assessment has demonstrated the inequalities faced by certain groups which will in turn inform the service specification documents to mitigate and address inequalities faced by residents. Stop Smoking Services are a necessary resource for people who seek to access support to stop smoking. There are many factors in addition to someone's protected characteristics that may require the need for specialist support to address an individual's behaviour to smoking such as social, economic, environmental, and structural that affect health, well-being, and health inequalities.
Advance equality of opportunity between those who share a protected characteristic and those who do not *(i.e. the activity takes steps to meet the needs of people from protected groups where these are different from the needs of other people)*	Yes. The needs assessment has demonstrated the inequalities faced by certain groups which will in turn inform the service specification documents to mitigate and address inequalities faced by residents. Stop Smoking Services are a necessary resource for people who seek to access support to stop smoking. There are many factors in addition to someone's protected characteristics that may require the need for specialist support to address an individual's behaviour to smoking such as social, economic, environmental, and structural that affect health, well-being, and health inequalities.
Foster good relations between people who share a protected characteristic and those who do not *(i.e. the function encourages people from protected groups to participate in public life or in other activities where their participation is disproportionately low)*	Yes. The needs assessment has demonstrated the inequalities faced by certain groups which will in turn inform the service specification documents to mitigate and address inequalities faced by residents. Stop Smoking Services are a necessary resource for people who seek to access support to stop smoking. There are many factors in addition to someone's protected characteristics that may require the need for specialist support to address an individual's behaviour to smoking such as social, economic, environmental, and structural that affect health, well-being, and health inequalities.

ASSESSMENT	**Is a full EIA required?**	☒ Yes ☐ No
Please explain how you have reached your conclusion *(A lack of negative impacts must be justified with evidence and clear reasons, highlight how the activity negates or mitigates any possible negative impacts)*		
Smoking is the biggest single modifiable cause of health inequalities. The service is based on the need to address this inequality and the contract will require that the service is made proactively available to all protected groups. A range of evidence has been used, including: i) Local smoking data and data of statistical neighbours ii) Research about best practice iii) Consultation with service users and stakeholders regarding the wider programme of smoking cessation and tobacco control Smoking has higher prevalence amongst certain population groups, including:		

- people experiencing socioeconomic disadvantage
- people who identify as LGBT+
- people with a mental health condition
- people in contact with the criminal justice system
- looked after children
- people experiencing homelessness.

The ASH briefing on health inequalities and smoking from 2019 shows:

- socioeconomic disadvantage is associated with higher prevalence of smoking
- cumulative disadvantage increases the likelihood of smoking
- children who grow up around people who smoke are more likely to smoke
- links between socioeconomic status and smoking and regional and local variations in smoking prevalence and health outcomes.

Some groups may not be well-served by existing stop-smoking provision, such as people experiencing socioeconomic disadvantage, those with a mental health condition, people who identify as LGBT+. Although these groups may be motivated to stop smoking, they may experience additional challenges to successfully stop. The ASH briefing on health inequalities and smoking from 2019 gives examples of factors that may influence whether people experiencing socioeconomic disadvantage successfully stop smoking, such as dependence on nicotine, lack of social support and stress.

People with mental health conditions have a higher prevalence of smoking and are less likely to access standard smoking cessation services and have lower quit rates. People with severe mental illness may have a life expectancy 20 years lower than the general population, part of which is attributable to smoking. Although smoking rates have substantially decreased in the general population, for those with mental health conditions rates have remained. The Department of Health's Towards a Smoke free Generation: a tobacco control plan for England references studies that show 40.5% of adults with serious mental health conditions smoke. The report notes that some health professionals can be reluctant to offer people with mental health conditions support to quit smoking. This is because of beliefs that the medicines might lead to adverse outcomes in this group, or that the mental health condition should be addressed before attempting smoking cessation.

Specific consideration should be given to pregnant women because of the impact of smoking on the health of the baby and the woman. Some stop-smoking interventions such as varenicline and bupropion are not suitable for young people or pregnant or breastfeeding women.

People from South Asian communities are the predominant users of smokeless tobacco products in England.

Author Signature	Colin Hughes	**Date**	**09/01/2024**
Head of Service/Director Signature		**Date**	Click here to enter a date.
The above signatures signify acceptance of the ownership of the Initial EIA and the responsibility to publish the completed Initial EIA as per the requirements of the Equality Act 2010.			
Departmental E&D Lead Signature		**Date**	Click here to enter a date.

FULL EQUALITY IMPACT ASSESSMENT

SECTION 3 – ANALYSIS OF IMPACT

Does the activity have the **potential** to:
- **positively** impact (benefit) any of the groups?
- **negatively** impact/exclude/discriminate against any group?
- **disproportionately** impact any of the groups?

Explain how this was identified – through evidence/consultation.
Any negative impacts that are identified within the analysis need to be captured within the action plan in **Section 4**

N.B. Marriage & Civil Partnership is only a protected characteristic in terms of work-related activities and NOT service provision

Characteristic	Positive	Negative	Don't know	Reasons for positive and/or negative impact Please include all the evidence you have considered as part of your analysis	Action No.
Age	☒	☐	☐	Smoking affects people of all ages, both directly and indirectly, through passive smoking. Smoking continues to be lowest among people aged 60 and over. Although they are more likely than younger people to have ever been smokers, they are also more likely to have stopped smoking. Cigarette smoking prevalence among adults in the UK overall is highest in those aged 25-34, then decreases with age.	

Disability	☒	☐	☐	Whilst smoking rates amongst adults with disabilities varies, smoking rates are higher amongst those with mental health problems than the general population People with poor mental health die on average 10 to 20 years earlier than the general population, and smoking is the biggest cause of this life expectancy gap. A third of cigarettes smoked in England are smoked by people with a mental health condition. Research has found that having a mental health condition is associated with: • current smoking. • heavy smoking and high levels of tobacco dependence. • desire to quit. • difficulty remaining abstinent. • perceived difficulty remaining abstinent.	
Gender reassignment	☒	☐	☐	Some people may decide to have surgery to permanently alter body parts associated with their biological sex. Based on the recommendations of doctors at the gender dysphoria clinic it is also advisable to not smoke & any long-term conditions, such as diabetes or high blood pressure, are well controlled.	
Marriage & Civil Partnership	☐	☐	☒	It is unlikely that the service will impact on anyone either positively or negatively because they either are or are not married; or are or are not in a civil partnership.	
Pregnancy & Maternity	☒	☐	☐	Smoking in pregnancy is associated with low-birthweight, miscarriage, stillbirth, and postnatal deaths. These adverse outcomes mean it is essential to support women to quit during pregnancy, to increase their chances of remaining smokefree and reduce relapse to smoking after birth. As well as improving health outcomes for mother and baby targeting smoking in pregnancy is also an opportunity to prevent future uptake in children by increasing number of smokefree homes for children.	
Race	☒	☐	☐	The quality standards advisory committee (QSAC) advises that people who use smokeless tobacco should also be included in statements on identifying people who smoke. People from a South Asian background are the predominant users of smokeless tobacco with recognised considerable health inequalities in this area including for people from black and minority ethnic groups. Smokeless tobacco of the types used by South Asian groups in the UK have been shown to cause oral cancers. Anecdotal evidence suggests that it is the older generation who are much more likely to use smokeless tobacco such as paan and Zarda (chaat). The service does not exclude any population groups and aim to reduce health inequalities in these areas.	
Religion or Belief	☒	☐	☐	There is some evidence to suggest religion can influence smoking behaviour. For example, smoking prevalence is high among Muslim communities globally. However, a number of other factors including culture, traditions, attitude, family environment and socio economic status are likely to be more important. Most Abrahamic religions are either against smoking (Islam, Mormonism, Jehovah's Witnesses etc.) or somehow frown on it as a vice. Eastern Orthodox Christians forbid their priests from smoking. Sikhism is opposed but Hinduism and Buddhism generally tolerate it.	
Sex	☒	☐	☐	In general, men are more likely to smoke than women. Since 2010, smoking has become less common across all age groups.	

Sexual orientation	☒	☐	☐	Compared to the heterosexual population, smoking rates are significantly higher among gay, lesbian and bisexual adults. There are currently no national data available on smoking prevalence among transgender people. Higher smoking prevalence among LGBT adults may be linked to higher stress levels and poorer mental health in this population.	
Vulnerable Groups	☒	☐	☐	People with mental health problems are almost 2.5 times as likely to smoke as the general population. Smoking rates increase with the severity of mental illness. Among adults with a serious mental illness, 40.5% smoke. The high smoking rate among people with mental health conditions is the largest contributor to their 10-to-20-year reduced life expectancy. Tobacco smoking is a leading cause of premature death and disease and is strongly associated with deprivation and health inequalities. Homelessness and housing shortages are growing problems in the UK, leading to exacerbated poverty and poor health Smoking rates are exceptionally high amongst adults accessing homeless support services, with rate up to four times higher than the national UK average. The harms caused by tobacco smoking are likely to be exacerbated in this group due to higher prevalence of chronic obstructive pulmonary disease (COPD), heart problems and respiratory viral illnesses. This may be linked to frequent engagement in risky smoking practices, i.e., puffing harder and longer, smoking unfiltered cigarettes, smoking discarded cigarettes and sharing cigarettes as well as concurrent use of illicit substances (e.g., heroin, crack) which also negatively impacts lung function.	
Deprived Communities	☒	☐	☐	Smoking is far more common among people with lower incomes. The more disadvantaged someone is, the more likely they are to smoke and to suffer from smoking-related disease and premature death.	
Carers	☒	☐	☐	The Department of Health & Social Care noted in 2021 that teens whose parents or caregivers smoked are 4 times as likely to take up smoking. Analysis also showed that early teens whose main caregiver smoked were more than twice as likely to have tried cigarettes (26% versus 11%) and 4 times as likely to be a regular smoker (4.9% versus 1.2%).	
Other [please state]	☐	☐	☒		

Does the activity raise any issues for community cohesion? **Does the activity contribute positively towards community cohesion?**	None noted

Does the activity raise any issues in relation to human rights as set out in the Human Rights Act 1998? Details of which can be found here	None noted
Does the activity support / aggravate existing departmental and/or corporate risk?	*Is the activity on the departmental risk register? If it is not, should it be?* None noted

CONCLUSIONS OF THE ANALYSIS

Action following completion of the impact assessment			
It is important that the correct option is chosen depending on the findings of the analysis. *The action plan must be completed as required.*			
☐ No major change in the activity	☐ Adjust activity	☒ Continue with activity	☐ Stop and reconsider activity
Please explain how you have reached your conclusion			

SECTION 4

ACTION PLAN

Action No.	What is the negative / adverse impact identified?	Actions required to reduce / mitigate / eliminate the negative impact	Resources required	Responsible officer(s)	Target completion date

MONITORING AND REVIEW

The responsibility for establishing and maintaining the monitoring arrangements of the EIA action plan lies with the service completing the EIA. These arrangements should be built into the performance management framework. Monitoring arrangements for the completion of EIAs will be undertaken by the Corporate Equality & Diversity Group and the oversight of the action plans will be undertaken by the Management Accountability Framework.	
If applicable, where will the EIA Action Plan be monitored?	*e.g. via Service Management Team; Service Leadership Team; Programme Area Meetings* There will be an annual review undertaken within Public Health to monitor all activity associated with the stop smoking service.
How often will the EIA Action Plan be reviewed?	*e.g. quarterly as part of the MAF process* There will be an annual review undertaken within Public Health to monitor all activity associated with the stop smoking service.
When will the EIA be reviewed?	*It should be reviewed at least every 3 years to meet legislative requirements* There will be an annual review undertaken within Public Health to monitor all activity associated with the stop smoking service.
Who is responsible for carrying out this review?	Public Health

SIGN-OFF

Author Signature	Colin Hughes	**Date**	**09/01/2024**
Head of Service/Director Signature		**Date**	Click here to enter a date.
The above signatures signify acceptance of the ownership of the full EIA, the responsibility for the associated Action Plan (if applicable) and the responsibility to publish the completed full EIA as per the requirements of the Equality Act 2010.			
Departmental E&D Lead Signature		**Date**	Click here to enter a date.