# Equality Impact Assessment



## 1. Topic of assessment

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| **EIA title:** | Tobacco Control Programme |

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| **EIA author:** | Helen Harrison and Chantal Edge |

## 2. Approval

| | Name | Date approved |
|---|---|---|
| **Approved by**[1] | | |

## 3. Quality control

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|---|---|---|---|
| **Version number** | 1 | **EIA completed** | |
| **Date saved** | | **EIA published** | |

## 4. EIA team

| Name | Job title (if applicable) | Organisation | Role |
|---|---|---|---|
| Chantal Edge | Public Health Trainee | Surrey CC | Project Manager |
| Helen Harrison | Public Health Principal | Surrey CC | Lead |
| Jon Walker | Public Health Analyst | Surrey CC | Analyst |

[1] Refer to earlier guidance for details on getting approval for your EIA.

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## 5. Explaining the matter being assessed

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| **What policy, function or service is being introduced or reviewed?** | The Joint Strategic Needs Assessment (hereafter called JSNA) for Smoking sets out; the current needs surrounding smoking in Surrey (including priority groups and areas that show high tobacco usage); current services available to cease tobacco use and implement wider elements of tobacco control (such as those surrounding illicit tobacco and tobacco legislation); the evidence base for actions and services to address the identified needs, the service gaps in Surrey and the recommended services to commission.<br>This document aims to inform local commissioners so they can commission appropriate services to address tobacco usage and tobacco control within Surrey. Overall this should reduce the prevalence of tobacco use and address wider tobacco control in Surrey, therefore increasing the health and wellbeing of the Surrey population. |
| **What proposals are you assessing?** | The Surrey Tobacco Control Programme has 6 internationally recognised key strands:<br>1. Stopping the Promotion of Tobacco<br>2. Making Tobacco Less Affordable<br>3. Effective Regulation of Tobacco Products<br>4. Helping Tobacco Users to Quit<br>5. Reducing Exposure to Secondhand Smoke<br>6. Effective Communication for Tobacco Control |
| **Who is affected by the proposals outlined above?** | The Tobacco Control programme impacts on many groups within Surrey, these being:<br>• Unborn children at risk of cigarette smoke exposure from women who smoke in pregnancy<br>• Young people (both those who smoke and those exposed to secondhand smoke)<br>• Pregnant women who smoke<br>• Smokers of all ages<br>• Routine and manual workers who smoke<br>• Mental health service users who smoke<br>• People living with chronic illnesses who smoke<br>• Hospital patients who smoke<br>• People who use tobacco in other ways e.g. nicotine vaporisers, chewing tobacco or shisha |

## 6. Sources of information

| **Engagement carried out** |
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| Public Health Tobacco Control Team members were involved in the JSNA development. The service review of the stop smoking service provided user feedback remarks. |
| **Data used** |

- Health data information sources such as; Local Tobacco Profiles, Health and Social Care Information Centre, Mosaic mapping, QOF data, Surrey Stop Smoking Service database
- Surrey i
- Stop Smoking Service Review report which includes user feedback data
- Numerous national data sources on smoking such as ASH (Action on Smoking and Health) and NICE guidance (National Institute of Clinical Excellence). A full list is available in the JSNA itself.

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## 7. Impact of the new/amended policy, service or function

### 7a. Impact of the proposals on residents and service users with protected characteristics

| Protected characteristic[2] | Potential positive impacts | Potential negative impacts | Evidence |
|---|---|---|---|
| **Age** | A targeted approach that focuses on the most vulnerable age groups will help to drive down smoking prevalence among these groups.<br><br>**Children and Young People**<br>Comprehensive, well-funded, sustained and tailored prevention process addressing three levels of influence (societal, social and community and individual) are effective in preventing smoking among young people. Locally, reducing adult smoking prevalence through increased cessation will impact positively on youth smoking and exposure to second hand smoke.<br><br>**Adults**<br>Universal smoking cessation support as part of a wider tobacco control programme will support people of all ages not to smoke and will protect them from the harms of illicit tobacco and secondhand smoke. Targeted support for 17-34 year olds will increase smoking cessation in these groups. | Targeting young people alone is not sufficient to reduce smoking related harm. The TC programme needs to ensure it works with families and communities to promote positive role modelling and to protect young people from second hand smoke. | **Young People**<br>33% of 11-15 year olds nationally are regular smokers. Prevalence increases after 15. YP from less affluent families are more likely to smoke. YP more likely to smoke if parents smoke.<br>Smoking, Drinking and Drug Use surveys (SDD)<br>Health Survey for England<br>General Household Survey<br>Smoking Toolkit Study<br>Health Survey for England<br>Stop Smoking Service statistics<br><br>**Adults**<br>17-34 year olds in Surrey are the age group most likely to smoke. |
| **Disability** | People with mental health issues will display better current and long term health due to increased cessation in this group via targeted | | Royal College of Physicians (2013). A thirds of all cigarettes are smoked by mental health service users. Inpatients of |

[2] More information on the definitions of these groups can be found here.

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| | support.<br><br>People with long term conditions will be targeted for cessation services. | | mental health units – up to 70% smoke. CDC – 36% of adults with a mental health illness smoke.<br><br>People with long term conditions such as respiratory, lung cancer and heart disease are more likely to smoke. |
| **Gender reassignment** | No known impact | No known impact | |
| **Pregnancy and maternity** | Targeted support for pregnant women will increase smoking cessation in these groups.<br><br>Mothers and babies will enjoy health benefits as smoking rates are reduced amongst pregnant women | Mothers may feel they are being 'judged' by midwives screening mothers for smoking which may harm relationships between these mothers and maternity staff | Smoking in pregnancy cases 2200 premature births and 5000 miscarriages every year in the UK (ASH 2013) |
| **Race** | BME groups, including those that use shisha and smokeless tobacco will be supported through the specialist stop smoking service.<br><br>GRT will be able to access appropriate cessation support. | Services have typically found GRT and some minority groups difficult to engage with. | National data indicates that 51% of GRT community smoke. |
| **Religion and belief** | Those with religious beliefs, in general, are less likely to smoke.<br>Some religious leaders also believe that smoking and the sale of tobacco is prohibited by Islam. | Chewing tobacco is embedded in many aspects of South Asian culture with symbolic implications at religious and cultural ceremonies. | Khayat MH (Ed). Islamic ruling on smoking. World Health Organization Regional Office for the Eastern Mediterranean, Alexandria, 2000. |
| **Sex** | Targeted support aimed at men, will support greater cessation among these groups | | Smoking prevalence is higher among men than women.<br>Men less likely to access stop smoking support |
| **Sexual orientation** | There is an opportunity for the stop smoking specialist provider to work alongside relevant organisations to target the LGBT community. | As sexual orientation is not recorded by stop smoking services, there | Anecdotal evidence that there are higher rates of smoking among the LGBT community, however, data is limited |

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| | There are also links with supported targeted at people with mild to moderate Mental Health issues. | is a risk that the needs of this group are not being met. | |
| **Marriage and civil partnerships** | No known impact | No known impact | |
| **Carers**[3] | | | No evidence of smoking prevalence among carers |

## 7b. Impact of the proposals on staff with protected characteristics

| Protected characteristic | Potential positive impacts | Potential negative impacts | Evidence |
|---|---|---|---|
| **Age** | Staff of all ages will have an increased awareness of the harms of smoking, ways to quit smoking and legislation surrounding tobacco control | | |
| **Disability** | As for residents and service users | | |
| **Gender reassignment** | No known impact | | |
| **Pregnancy and maternity** | As for residents and service users | | |
| **Race** | As for residents and service users | | |
| **Religion and belief** | As for residents and service users | | |



[3] Carers are not a protected characteristic under the Public Sector Equality Duty, however we need to consider the potential impact on this group to ensure that there is no associative discrimination (i.e. discrimination against them because they are associated with people with protected characteristics). The definition of carers developed by Carers UK is that 'carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age.'

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|---|---|---|---|
| **Sex** | As for residents and service users | | |
| **Sexual orientation** | As for residents and service users | | |
| **Marriage and civil partnerships** | No known impact | | |
| **Carers** | No known impact | | |

## 8. Amendments to the proposals

| Change | Reason for change |
|---|---|
| No amendments required, the EQIA has been considered in the development of the specification to ensure all protected characteristics are appropriately represented | |
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## 9. Action plan

| Potential impact (positive or negative) | Action needed to maximise positive impact or mitigate negative impact | By when | Owner |
|---|---|---|---|
| Reduced smoking prevalence among young people | Commissioning of a specialised service using contractual levers to target vulnerable young people and parents of young children, particularly those in less affluent areas. | July 15 | Service commissioner |
| Increased engagement in services for 17-34 years olds, male routine and manual smokers and BME | Commissioning of a specialised service using contractual levers to target these priority groups | July 15 | Service commissioner |
| Increased engagement in stop smoking services among people with mental illness | Commissioning of a specialised service using contractual levers to target people accessing mental health services | July 15 | Service commissioner |
| Increased engagement in stop smoking services among people with long term conditions | Use levers via QOF and Public Health agreements with GPs to support referral and delivery of stop smoking support.<br><br>Explore smoking CQUIN in secondary care | Jan 16 | Service commissioner and specialist provider |
| Increased engagement in stop smoking service by pregnant women | Explore levers to encourage baby clear initiative<br>Commissioning of a specialised service using contractual levers to target pregnant smokers<br>Training for midwives | Jan 16 | Service commissioner and specialist provider |

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## 10. Potential negative impacts that cannot be mitigated

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| Potential negative impact | Protected characteristic(s) that could be affected |
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| Engagement of GRT groups – As the evidence is unclear regarding the prevalence of smoking and uptake to services, more local research is required with this group. However, the provider will need to demonstrate how they ensure their service targets and is accessible to groups with high smoking prevalence. | Race |
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## 11. Summary of key impacts and actions

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| **Information and engagement underpinning equalities analysis** | Health data sources and engagement with public health smoking team |
| **Key impacts (positive and/or negative) on people with protected characteristics** | Smoking/tobacco cessation rates will be increased, especially in priority groups with high prevalence, thus tackling health inequalities.<br>Wider tobacco control through the combined efforts of the Tobacco Control Alliance will make tobacco less affordable, accessible and attractive along with raising awareness of tobacco harms locally. |
| **Changes you have made to the proposal as a result of the EIA** | This EIA will inform the development of the specification for the commissioning of specialist stop smoking support; the public health agreements with GPs and Pharmacies and the Surrey Tobacco Control strategy. |
| **Key mitigating actions planned to address any outstanding negative impacts** | Outcome based commissioning of specialist service to ensure priority groups needs are met |
| **Potential negative impacts that cannot be mitigated** | Some priority groups are particularly difficult to engage in smoking cessation services and have poorer results |

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