



# Equality Impact Assessment (EIA)

## 1. Topic of assessment

<b>EIA title</b>	Re-commissioning of stop smoking service
<b>EIA author</b>	Rachael Davis

## 2. Approval

	<b>Name</b>	<b>Date approved</b>
<b>Approved by</b>	Ruth Hutchinson	30/10/18

## 3. Quality control

<b>Version number</b>	1	<b>EIA completed</b>	19/10/18
<b>Date saved</b>	19/10/18	<b>EIA published</b>	October 2018

<b>Version</b>	<b>EIA Completed</b>	<b>EIA Published</b>	<b>Key Changes</b>
1	19/10/18	October 2018	First version of EIA completed. This version of the EIA covers the period from development of service specification and specification going out to tender (June 2018 – September 2018).
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## 4. EIA team

<b>Name</b>	<b>Job title</b>	<b>Organisation</b>	<b>Team role</b>
Rachael Davis	Public Health Lead	Surrey County Council	
Jenn Smith	Senior Public Health Lead	Surrey County Council	

## 5. Explaining the matter being assessed

### What policy, function or service is being introduced or reviewed?

This Equality Impact Assessment relates to the provision of stop smoking services in Surrey.

### What is the function of this EIA?

Surrey County Council Public Health are commissioning a new stop smoking service with the successful provider commencing in April 2019. The stop smoking service is funded wholly by the public health grant. The tender for the new contract will go live in August 2018. Tenders will be returned in September 2018 and evaluated in October 2018. After Cabinet approval in November, mobilisation will begin from December 2018. The service will go live from April 2019.

### What period does this version of the EIA cover?

This version of the EIA covers the period from development of service specification and specification going out to tender (June 2018 – September 2018).

This EIA will continue to be updated during the award process, mobilisation period and transition phase, contract award and mobilisation. Some details, for example clinic locations and access will only be known once the provider begins mobilisation. This EIA will also be updated during business as usual.

Impact of the proposals on staff with protected characteristics will be updated during mobilisation.

### Why is a new service being commissioned?

A new service is being commissioned because the existing stop smoking contract will expire on 31<sup>st</sup> March 2019. An extension is not possible because the current provider will be closing on exit of contract.

### Why do we need a stop smoking service in Surrey?

Smoking remains the biggest cause of mortality and morbidity in Surrey costing local authorities, local businesses and the NHS an estimated £252.4 million to society in Surrey every year<sup>1</sup>. Between 2014 and 2016, there were 4,431 deaths attributable to smoking in Surrey<sup>2</sup> and in 2016/17, there were 8,044 hospital admissions due to smoking<sup>2</sup>.

The National Tobacco Control Plan for England (2017)<sup>3</sup> has a clear vision to create a smoke free generation and includes the provision of high quality local stop smoking services is a key priority for reducing health inequalities and improving the health of local populations<sup>4</sup>.

<sup>1</sup> ASH *Ready Reckoner* [www.ash.org.uk/localtoolkit/docs/Reckoner.xls](http://www.ash.org.uk/localtoolkit/docs/Reckoner.xls)

<sup>2</sup> Local Tobacco Control Profiles <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132888/pat/6/par/E12000008/ati/102/are/E10000030>

<sup>3</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/630217/Towards\\_a\\_Smoke\\_free\\_Generation\\_-\\_A\\_Tobacco\\_Control\\_Plan\\_for\\_England\\_2017-2022\\_2.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/630217/Towards_a_Smoke_free_Generation_-_A_Tobacco_Control_Plan_for_England_2017-2022_2.pdf)

<sup>4</sup> Department of Health (2008) *Excellence in Tobacco Control: 10 high impact changes to achieve tobacco control*. DH.

The Surrey Tobacco Control Strategy 2016-21<sup>5</sup> sets out why and how Surrey need to work together to reduce the harmful effects of tobacco. Delivering a high quality, specialist stop smoking service is included in one of the five local priorities (priority 1):

- Priority 1. Helping tobacco users to quit, prioritising groups who have higher rates of use
- Priority 2. Help young people to be tobacco free
- Priority 3. Establishing ‘smokefree’ as the norm in homes and across organisations and businesses
- Priority 4. Tackle illicit tobacco
- Priority 5. Raise the profile of tobacco control

It is estimated there are over 100,000 adult smokers in Surrey. Whilst Surrey has seen a reduction in the adult smoking prevalence (10.9%, 2017<sup>6</sup>), smoking remains high amongst certain priority groups, for example those in routine and manual occupations (25.7%, 2017<sup>6</sup>). Smoking is the single biggest cause of health inequalities, resulting in people who are the worst off experiencing poorer health and shorter lives.

Studies show that people are four times more likely to quit smoking if they have specialist behavioural support<sup>7</sup>. Local stop smoking services provide one of the most cost effective health care interventions available. They are highly effective and valued by smokers<sup>8</sup>. Stop smoking services make an important contribution to reducing smoking, including in less affluent groups<sup>9</sup> as poorer smokers are likely to be more highly dependent. Stop smoking services can greatly improve their chances of quitting successfully.

Stop smoking services are cost effective. The combination of medication and intensive behavioural support offered by local stop smoking services is among the most cost-effective interventions available in the health care sector. **Error! Bookmark not defined..** Services cost under £1,000 per quality adjusted life year – for comparison, statins to prevent heart disease cost £57,000 per quality adjusted life year<sup>10</sup>.

**What proposals are you assessing?**

This EIA is assessing the introduction of a new provider of stop smoking services in Surrey and a change in service model compared to what is currently delivered.

The new provider will deliver an evidence based stop smoking service that meets national guidance. It will be responsive to the needs of key priority groups that have been identified in the Surrey Stop

<sup>5</sup> Surrey Tobacco Control Strategy 2016-21 [https://www.healthysurrey.org.uk/\\_data/assets/pdf\\_file/0010/137539/tc-strategy-134382.pdf](https://www.healthysurrey.org.uk/_data/assets/pdf_file/0010/137539/tc-strategy-134382.pdf)

<sup>6</sup> Local Tobacco Control Profiles <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132885/pat/6/par/E12000008/ati/102/are/E10000030>

<sup>7</sup> National Centre for Smoking Cessation and Training, Stop smoking services: increased chances of quitting, 2012

<sup>8</sup> <https://www.nhs.uk/smokefree>

<sup>9</sup> National Centre for Smoking Cessation and Training. Smoking and Health Inequalities, 2013

<sup>10</sup> <https://www.nice.org.uk/guidance/ng92>

Smoking Service Needs Assessment<sup>11</sup> and steered by national guidance as being particularly at risk of smoking related morbidity and mortality, or in the case of pregnant women, where their smoking can cause harm to others.

The key priority groups are:

- Black and Minority ethnic groups including Gypsy, Roma and Traveller;
- Routine and manual workers;
- Residents in high smoking prevalence wards;
- Mental health service users (including those with mild to moderate mental health issues);
- Pregnant smokers and their partners;
- Patients in acute settings and those with long term conditions;
- Substance misuse service users including those in recovery;

#### **What are the key differences from the current commissioned service?**

The service remains a universal service open to everyone, providing evidence based service for all smokers, however it will focus on the smokers most in need and target interventions accordingly. The service specification has a greater emphasis on reducing inequalities caused by smoking and reducing the difference in smoking prevalence in Surrey amongst certain priority groups.

Service users will be offered three routes to quit, depending on their level of need and whether they are from a priority group.

- Route 1: support from specialist service for priority groups (clinics, groups, telephone, online support e.g. Skype, home visits)
- Route 2: support delivered via GPs and Pharmacies
- Route 3: self-management route

The new tender has the same budget as the current contract. However, the current provider has had a budget reduction of approximately 25% of the original allocated budget.

#### **Who is affected by the proposals outlined above?**

The stop smoking service will be open access for the whole population. The new service will be a universal service with targeted activity to increase access for the following priority groups:

- Black and Minority ethnic groups including Gypsy, Roma and Traveller;
- Routine and manual workers;
- Residents in high smoking prevalence wards;
- Mental health service users (including those with mild to moderate mental health issues);
- Pregnant smokers and their partners;
- Patients in acute settings and those with long term conditions;
- Substance misuse service users including those in recovery

<sup>11</sup> <https://www.surreyi.gov.uk/>

Staff from the current stop smoking provider will also be affected by the proposed change in provider because they will be TUPE into the new provider.

## 6. Sources of information

### Engagement carried out

- Discussion with current stop smoking provider on service specification development
- Provider engagement event on service specification development which included engagement with the Local Pharmacy Committee and Local Medical Committee
- A survey was undertaken with Surrey smokers on what support they would like to quit smoking. Full results can be found in the Surrey Stop Smoking Service Needs Assessment 2018, available on Surrey.

Headlines included:

- 7 in 10 respondents would like face to face support with a stop smoking advisor to help them to quit smoking
- 60% of respondents would like to access support to quit on Monday to Friday, between 5pm and 9pm
- 68% of respondents would like to access support to stop smoking at their local GP surgery. Their next preferred option (48%) was at a local meeting point, such as a local community centre or library.
- 75% of respondents said it was important stop smoking support was available at a convenient location near to their home.
- 50% of respondents said collecting stop smoking medications from the advisor in the session would influence their decision to access support with an advisor.
- Advisors knowledge on the best ways to quit, on stop smoking medication and the ability to motivate, support and encourage them to quit were the top three factors that would influence a smoker's decision to seek support from the stop smoking service.

The survey findings were fed into the service specification (for example, ensuring direct supply of medication is available in stop smoking clinics). During mobilisation, we will ensure that the new provider incorporates this feedback when planning for delivery.

- The specification and procurement process was presented at the Clinical Executive meetings for all five CCGs and views and feedback has been incorporated as appropriate.

Feedback included:

- Support for continuation of commission stop smoking support in Surrey
- Simple and easy ways for GPs to refer and signpost smokers to the service if needed
- During mobilisation, a request for the new provider for an explanation of what provision will be available in priority areas
- Assurance that the service remains a universal service open to all smokers delivering high quality stop smoking support
- Representative from a Surrey CCG will be on the tender evaluation panel

### Data used

- Surrey Stop Smoking Service Needs Assessment 2018<sup>11</sup> provides an overview of the needs of smokers in Surrey and of the current service provision. It collates evidence about the smoking population on which to plan services. It takes into account the priorities for the population and prioritises resource allocation in order to guide future commissioning and service provision.
- Feedback from stop smoking provider engagement day
- Current service performance through contract management
- Public Health Outcome Framework<sup>12</sup> and Local Tobacco Control Profiles<sup>13</sup>
- NICE guidance: Stop smoking interventions and services [NG92]<sup>14</sup>
- National guidance: Stop smoking services: Service & Delivery Guidance 2014<sup>15</sup>

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

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<sup>12</sup> <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data>

<sup>13</sup> <https://fingertips.phe.org.uk/profile/tobacco-control>

<sup>14</sup> <https://www.nice.org.uk/guidance/ng92>

<sup>15</sup> [http://www.ncsct.co.uk/usr/pub/LSSS\\_service\\_delivery\\_guidance.pdf](http://www.ncsct.co.uk/usr/pub/LSSS_service_delivery_guidance.pdf)

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

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
<b>All protected characteristics</b>	See below for more detail on specific characteristics.	As the stop smoking service will be open access for the whole population, there will be no negative impact on service users.	
<b>Age</b>	<p><b>Children and young people:</b> Access and provision will not be denied to young people aged 12 and over. Smokers aged 12 and over can access the service and can access nicotine replacement therapy.</p> <p>Young people do not feature as a priority group in the new service specification. However, the provider will be expected to engage with young people accessing the service and work with partners who deliver services to young people.</p> <p>Young people under the age of 12 should access support from their GP.</p> <p><b>Adults:</b></p>		<p>According to the Tobacco Control Plan for England <b>Error! Bookmark not defined.</b>, one of the most effective ways to reduce the number of young people smoking is to reduce the number of adults who smoke. We know that children are heavily influenced by adult role models who smoke which shows the importance of working with the whole family, for example encourage smokefree homes. Continuing to encourage adult smokers to quit must therefore remain an important part of reducing prevalence amongst the young, and achieving a smokefree generation.</p>



	<p>All age groups (over 12 years) are welcome to access the service. A range of stop smoking support will be provided across the county according to need. At this point of the procurement process, we are unable to assess clinic venues for accessibility but will review in future EIAs. Support will be available via GPs and Pharmacies delivering stop smoking under the Public Health Agreement which provides a variety of options available. The new provider will also deliver telephone and online support.</p>		
<p><b>Disability</b></p>	<p>Accessible Information Standard: From 1st August 2016 onwards, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard.</p> <p>The Standard aims to make sure that people who have a disability, impairment or sensory loss are provided</p>	<p>Potential barriers to access are physical accessibility and communication with people with sensory impairments and learning disabilities. The tender will require all potential providers to provide evidence that they can address accessibility issues.</p>	<p>People with limited physical activity or who would consider themselves to be in bad health are around twice as likely to smoke as those with no limited activity or in good health<sup>16</sup>.</p> <p>Information on disability is currently collected by the current provider. The new service will continue to capture and report this information, helping the commissioners to monitor use of the service by people with disability.</p>

<sup>16</sup> <https://publichealthmatters.blog.gov.uk/2018/05/31/progressing-a-smokefree-nhs/>

	<p>with information that they can easily read and understand and with support so they can communicate effectively with health and social care services.</p> <p>All paper and online resources will meet Accessible Information Standards.</p> <p>Stop smoking services will be available in a range of different methods. Telephone and online/skype support will be available if service users who may prefer not to attend in person. Stop smoking clinics will be located across the county in a variety of different venues that will meet accessibility standards. The range of provision will be extended with delivery via GPs and Pharmacies.</p> <p>At this point of the procurement process, we are unable to assess clinic venues for accessibility but will review in future EIAs.</p>		
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	<p>Patients in acute settings and those with long term conditions are part of the key priority groups which the new provider will have a greater emphasis on, and should increase access and provision to the service. This is a KPI in the new contract and the provider will be evaluated against how they ensure this group are targeted. There will be a handover of care into the community on discharge.</p>		
<p><b>Gender reassignment</b></p>	<p>The stop smoking service will be open access for the whole population. Service provision does not vary by gender.</p> <p>Stop smoking services will be available in a range of different methods. Telephone and online/skype support will be available if service users who may prefer not to attend in person. Stop smoking clinics will be located across the county in a variety of different venues. This provision will be extended with delivery via GPs and Pharmacies.</p>		<p>No data is available on smoking prevalence for smokers who have undergone gender reassignment.</p> <p>The new service will ensure that service users are provided with options on how they self-identify their gender, including if their gender is the same as the sex assigned at birth and options to 'prefer not to say', helping the commissioners to monitor use of the service.</p>

<p><b>Pregnancy and maternity</b></p>	<p>Pregnant smokers are part of the key priority groups which the new provider will have a greater emphasis on, and should increase access and provision to the service. This is a KPI in the new contract and the provider will be evaluated against how they ensure this group are targeted</p> <p>Stop smoking services will be available in a range of different methods. Telephone and online/skype support will be available if service users prefer not to attend in person. Stop smoking clinics will be located across the county in a variety of different venues. This provision will be extended with delivery via GPs and Pharmacies.</p> <p>The new provider will need to work closely with maternity teams to ensure pregnant women and their partners can have easy access to stop smoking support.</p>		<p>The impact of smoking during pregnancy on maternal and foetal health is significant in terms of morbidity, mortality and healthcare costs.</p> <p>The smoking status at time of delivery in 2016/17 was 5.8%. This equates to 688 women smoking at time of delivery<sup>2</sup>.</p>
<p><b>Race</b></p>	<p>Smokers from minority ethnic groups, including smokers</p>		<p>Smoking prevalence varies greatly between ethnic groups and between men and women within these</p>





	<p>from the Gypsy, Roma and Traveller community are part of the key priority groups which the new provider will have a greater emphasis on, and should increase access and provision to the service.</p> <p>Provision of interpreters and the provision of literature in different languages has been included in the service specification. The provider will be expected to provide services that encourage client engagement from these groups, e.g. women only groups, training community champions from BME communities. The service will need to work in areas of Surrey with high BME populations.</p> <p>Stop smoking services will be available in a range of different methods. Telephone and online/skype support will be available if service users who may prefer not to attend in person. Stop</p>		<p>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<sup>17</sup>. The use of niche tobacco products (such as shisha and smokeless tobacco) is also higher in certain ethnic groups. Information from the 2012 Integrated Household Survey suggests that adult smoking rates are higher among Gypsies, Roma and Travellers at around 30% although the sample size is small and may not be fully representative<sup>18</sup>.</p> <p>In 2017/18, 16% of service users seen by the current provider were from BME backgrounds.</p>
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<sup>17</sup> PHE 2017 Surrey Tobacco Control JSNA Support pack

<sup>18</sup> Improving Health Behaviours <https://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=1728&cookieCheck=true>

**Religion and belief**

	<p>smoking clinics will be located across the county in a variety of different venues. This provision will be extended with delivery via GPs and Pharmacies.</p>		
	<p>The stop smoking service will be open access for the whole population. Service provision does not vary by religion or belief.</p> <p>Services will be offered on days and times to suit service users.</p> <p>The provider is required to promote the service. The use of faith based groups may be an effective way to reach smokers from particular religions. The provider will also use male or female stop smoking advisors to run sessions where appropriate.</p> <p>Stop smoking services will be available in a range of different methods. Telephone and online/skype support will be available if service users who may prefer not to attend in person. Stop</p>		<p>Smoking prevalence by religion for Surrey (2018)<sup>19</sup>: Religion:</p> <ul style="list-style-type: none"> <li>• None – 18.7%</li> <li>• Christian – 13.1%</li> <li>• Buddhist – 13.3%</li> <li>• Hindu – 6.5%</li> <li>• Jewish – 7.7%</li> <li>• Muslim – 12.6%</li> <li>• Sikh – 5.3%</li> <li>• Other – 16.9%</li> <li>• (Surrey – 10.9%)</li> <li>• (England – 14.9%)</li> </ul>

<sup>19</sup> <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/7/gid/1938132886/pat/6/par/E12000008/ati/102/are/E10000030>



	<p>smoking clinics will be located across the county in a variety of different venues. This provision will be extended with delivery via GPs and Pharmacies.</p>		
<p><b>Sex</b></p>	<p>Service provision does not vary by sex or gender and will be open access to the whole population.</p> <p>Stop smoking services will be available in a range of different methods. Telephone and online/skype support will be available if service users who may prefer not to attend in person. Stop smoking clinics will be located across the county in a variety of different venues. This provision will be extended with delivery via GPs and Pharmacies.</p> <p>The service will also provide support in workplaces which extends provision. The provider can offer female or male only groups where appropriate. They will also work with Children’s Centres</p>		<p>Current smoking prevalence data for adults living in Surrey shows 13.5% of men and 8.5% of women are current smokers<sup>20</sup>.</p>

<sup>20</sup> <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/7/gid/1938132886/pat/6/par/E12000008/ati/102/are/E10000030>

	who run groups for parents e.g. Groups for Dads.		
<b>Sexual orientation</b>	Service provision does not vary by sexual orientation and the service will be open access to the whole population.		<p>Data from the Integrated Household Survey shows that lesbian and gay people are much more likely to smoke than the general population. Whilst there is a lack of research on smoking among bisexual and trans* people, surveys do show both bisexual and trans* people are more likely to smoke<sup>21</sup>.</p> <p>This information is not being collected by the current provider. The new service will capture and report this information, helping the commissioners to monitor use of the service.</p>
<b>Marriage and civil partnerships</b>	Service provision does not vary by marital status and will be open access to the whole population.		No data is available on smoking prevalence by marital status.
<b>Carers (protected by association)</b>	<p>Service provision does not vary by carer status and the service will be open access to the whole population.</p> <p>Stop smoking services will be available in a range of different methods. Telephone and online/skype support will be available if service users who may find it difficult to access due to caring responsibilities. Stop</p>		<p>No data is available on smoking prevalence for carers.</p> <p>This information is not being collected by the current provider. The new service will capture and report this information, helping the commissioners to monitor use of the service.</p>

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<sup>21</sup> <http://ash.org.uk/information-and-resources/health-inequalities/health-inequalities-resources/smoking-and-the-lgbt-community/>



	<p>smoking clinics will be located across the county at different times of the day and days of the week. This provision will be extended with delivery via GPs and Pharmacies. The stop smoking provider will make contact with Action for Carers Surrey.</p>		
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### 7b. Impact of the proposals on staff with protected characteristics

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<b>Protected characteristic</b>	Potential positive impacts	Potential negative impacts	Evidence
<b>Age</b>			The new provider will hold information on staff groups and individuals and will assess the impact on staff through the TUPE process.
<b>Disability</b>			
<b>Gender reassignment</b>			
<b>Pregnancy and maternity</b>			
<b>Race</b>			
<b>Religion and belief</b>			

<b>Sex</b>			
<b>Sexual orientation</b>			
<b>Marriage and civil partnerships</b>			
<b>Carers (protected by association)</b>			



## 8. Amendments to the proposals

Change	Reason for change
No amendments are proposed in response to the EIA	

## 9. Action plan

The action plan will be reviewed and updated throughout the procurement process when further information becomes available, for example, during the mobilisation process.

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
As the stop smoking service will be open access for the whole population, there will be no negative impact on service users with protected characteristics.	Any negative or positive impacts will be closely monitored during the mobilisation process.	During mobilisation and by end of Q1 of new service	Rachael Davis, contract manager and new provider
Potential barriers to access are physical accessibility and communication with people with sensory impairments and learning disabilities.	The tender will require all potential providers to provide evidence that they can address accessibility issues and provide accessible communications. The contract stipulates that services must be compliant with the Equality Act 2010.  To be reviewed through quarterly reporting and contract monitoring meetings.	Through mobilisation and by end of Q2 of new service	Rachael Davis, contract manager and new provider

## 10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
There are no potential negative impacts that cannot be mitigated	

## 11. Summary of key impacts and actions

<b>Information and engagement underpinning equalities analysis</b>	<ul style="list-style-type: none"> <li>• Survey with smokers on their views on quitting smoking</li> <li>• Provider engagement event prior to going out to tender</li> <li>• Surrey Stop Smoking Service Needs Assessment</li> <li>• Discussions with current stop smoking provider</li> <li>• Feedback from CCGs on service model</li> </ul>
<b>Key impacts (positive and/or negative) on people with protected characteristics</b>	<ul style="list-style-type: none"> <li>• Universal service available to all</li> <li>• Targeted support for smokers in priority groups</li> <li>• Increase in service users quitting smoking, especially amongst those in priority groups. Decrease in smoking prevalence, especially in routine and manual smoking prevalence and smoking at time of delivery rate.</li> </ul>
<b>Changes you have made to the proposal as a result of the EIA</b>	<ul style="list-style-type: none"> <li>• Identified key actions to take place during the mobilisation period</li> <li>• Continue to monitor and update EIA throughout procurement process</li> </ul>
<b>Key mitigating actions planned to address any outstanding negative impacts</b>	<ul style="list-style-type: none"> <li>• Maintain oversight of the implementation of the service specification and of service development to ensure identified actions are carried out</li> <li>• Continue to monitor and update EIA throughout procurement process</li> </ul>
<b>Potential negative impacts that cannot be mitigated</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>

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