

## Equality Impact Assessment Form

### [screentip-sectionA](#)

### 1. Document Control

#### Control Details:

Title:	Smoking cessation service
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Department:	Strategy and Resources
Service Area:	Insight and Analysis, Commissioning, Procurement, Contracts Team and Public Health
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Strategic Budget EIA: Y/N (Does this EIA have an impact on the budget)	Y ( no impact on budget)
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### 2. Document Amendment Record:

Version	Author	Date	Approved
1.0	Claire Novak	17/11/2020	
2.0	Claire Novak	30/11/2020	

### 3. Contributors/Reviewers (Anyone who has contributed to this document will need to be named):

Name	Position	Date
Nasreen Miah	Equality & Employability Consultant	27.11.2020


#### 4. Glossary of Terms

Term	Description
NICE	National Institute for Health and Care Excellence.

### [screentip-sectionB](#)

#### 5. Summary

(Please provide a brief description of proposal / policy / service being assessed)

Under the provisions of the Health and Social Care Act (2012), Nottingham City Council (NCC) has a statutory responsibility to improve the health and wellbeing of citizens and reduce health inequalities. As part of this duty, NCC commissions adult smoking cessation services. The adult smoking cessation on referral service will enable citizens to get free access to up to six sessions with a trained adviser, which deliver targeted behavioural support and pharmacological interventions such as nicotine replacement therapy (NRT) and other stop smoking medicines. Referral is via health care professional and also self-referral. The provider will work with partner organisations which support individuals from priority groups to promote access to the service.

The service will prioritise the following identified at-risk groups by ensuring that 100% of service users meet at least one of the criteria:

- people with mental health problems, including mental health disorders
- people who misuse substances
- people with health conditions caused or made worse by smoking

- people with a smoking-related illness
- populations with a high prevalence of smoking-related morbidity or a particularly high susceptibility to harm
- communities or groups with particularly high smoking prevalence including manual workers, travellers, and lesbian, gay, bisexual and trans people
- people living in disadvantaged circumstances, such as people who are unemployed, homeless, or on a low or fragile income
- pregnant and postnatal women who smoke and their partners (as well as others in the household who smoke)

### screeintip-sectionC

#### **6. Information used to analyse the effects on equality:**

(Please include information about how you have consulted/ have data from the impacted groups)

Happier Healthier Lives, Nottingham City's Joint Health and Wellbeing Strategy 2016-2020, sets out joint ambition to achieve four outcomes, one of which is healthy lifestyles. Within this outcome, the Strategy commits to priority actions including reducing smoking prevalence.

The two prevalence estimates available suggest between 21% and 25% of the adult population in Nottingham City smokes. This proportion is significantly higher than England and has remained relatively unchanged over time.

There is strong evidence that smoking cessation services providing targeted behavioural support and pharmacological interventions are effective and cost effective. NICE analysis suggests that every £1 spent on an intervention combining bupropion with a nicotine lozenge would save £9.10 in costs and improve health by 0.003 quality adjusted life years.

A 2016 study reported that current estimates that it requires six attempts to quit smoking grossly underestimate the number of quit attempts actually required. On average, it may be as high as 30 attempts required before cessation is successful. This is more pronounced in lower socio-economic groups where smoking often starts at a younger age and consumption is higher. Effective smoking cessation services have been shown to reduce the number of quit attempts needed to successfully stop smoking.

Smoking disproportionately affects socially disadvantaged communities within Nottingham City. For example, people living in the most deprived wards have smoking rates of 33% compared to the least deprived wards at 16%. These groups are at increased risk of tobacco related harm, thereby widening the inequalities gap ([Citizens' Survey \(2019\)](#); [Smoking and Tobacco Control JSNA \(2019\)](#)).

Therefore targeting the above at-risk groups, advised by [NICE guidance](#), will help to redress inequalities in health outcomes. Through reduction in the impact of smoking-related illness, the smoking cessation service should improve the economic and social wellbeing of citizens by keeping people healthier for longer, thereby reducing illness-related absence from the workplace and decreasing demand on health and social care services.

## 7. Impacts and Actions:

<a href="#">screentip-sectionD</a>	Could particularly benefit X	May adversely impact X
<u>People from different ethnic groups, specifically travellers who have particularly high smoking rates</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Men	<input type="checkbox"/>	<input type="checkbox"/>
Women	<input type="checkbox"/>	<input type="checkbox"/>
Trans	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disabled people or carers.	<input type="checkbox"/>	<input type="checkbox"/>
<u>Pregnancy/ Maternity, including partners and household members</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People of different faiths/ beliefs and those with none.	<input type="checkbox"/>	<input type="checkbox"/>
<u>Lesbian, gay or bisexual people.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Older	<input type="checkbox"/>	<input type="checkbox"/>
Younger	<input type="checkbox"/>	<input type="checkbox"/>

<p>Other (e.g. marriage/ civil partnership, looked after children, cohesion/ good relations, vulnerable children/ adults). <u>People with mental health problems.</u>  <u>People who misuse drugs and alcohol</u>  <u>People with health conditions caused or made worse by smoking</u>  <u>People living in disadvantaged circumstances</u></p> <p><b><i>Please underline the group(s) /issue more adversely affected or which benefits.</i></b></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<p><b>How different groups could be affected</b>                      (Summary of impacts)</p> <p style="text-align: right;"><a href="#"><u>screeintip-sectionE</u></a></p>	<p><b>Details of actions to mitigate, remove or justify negative impact or increase positive impact</b>                      (or why action isn't possible)</p> <p style="text-align: left;"><a href="#"><u>screeintip-sectionF</u></a></p>
<p>NICE guidance advises that stop smoking services prioritise specific groups who are at high risk of tobacco related harm. These include:</p> <ul style="list-style-type: none"> <li>•people with mental health problems, including mental health disorders</li> <li>•people who misuse substances</li> <li>•people with health conditions caused or made worse by smoking eg asthma and chronic obstructive pulmonary disease</li> </ul>	<p>The service specification specifically targets access and stop smoking support to these groups who may face additional barriers to quitting alone, such as stress, stigma, complex medication or low income which limits ability to buy over-the-counter stop smoking medicines. The provider will work with partner organisations which support individuals from priority groups to advertise and promote access to the service.</p>

- communities or groups with particularly high smoking prevalence (such as manual workers, travellers, and lesbian, gay, bisexual and trans people)
- people living in disadvantaged circumstances, such as people who are unemployed, homeless or have a low or fragile income
- pregnant women who smoke

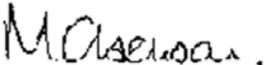
**8. Arrangements for future monitoring of equality impact of this proposal / policy / service:**

Quarterly performance monitoring of the service will examine accessibility for all users, particularly priority groups at the point of access and 4 week quit rates (a nationally mandated target). It will also capture wider outcomes such as service user reported changes in confidence, health problems, medication usage or other behaviour change and customer satisfaction.

**9. Outcome(s) of equality impact assessment:**

<input checked="" type="checkbox"/>	No major change needed	<input type="checkbox"/>	Adjust the policy/proposal
<input type="checkbox"/>	Adverse impact but continue	<input type="checkbox"/>	Stop and remove the policy/proposal

**10. Approved by (manager signature) and Date sent to equality team for publishing:**

<p><b>Approving Manager:</b> The assessment must be approved by the manager responsible for the service/proposal. Include a contact tel &amp; email to allow citizen/stakeholder feedback on proposals.</p>	<p><b>Date sent for advice:</b> Send document or Link to: <a href="mailto:equalities@nottinghamcity.gov.uk">equalities@nottinghamcity.gov.uk</a></p>
<p><b>Approving Manager Signature:</b> </p>	<p><b>Date of final approval:</b> <b>30th November 2020</b></p>

<p><b>Before you send your EIA to the Equality and Employability Team for advice, have you:</b></p> <ol style="list-style-type: none"> <li>1. Read the guidance and good practice EIA's <a href="http://intranet.nottinghamcity.gov.uk/media/1924/simple-guide-to-eia.doc">http://intranet.nottinghamcity.gov.uk/media/1924/simple-guide-to-eia.doc</a></li> <li>2. Clearly summarised your proposal/ policy/ service to be assessed.</li> <li>3. Hyperlinked to the appropriate documents.</li> <li>4. Written in clear user-friendly language, free from all jargon (spelling out acronyms).</li> <li>5. Included appropriate data.</li> <li>6. Consulted the relevant groups or citizens or stated clearly, when this is going to happen.</li> <li>7. Clearly cross-referenced your impacts with SMART actions.</li> </ol>
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**PLEASE NOTE: FINAL VERSION MUST BE SENT TO EQUALITIES OTHERWISE RECORDS WILL REMAIN INCOMPLETE.**