

## Equality Impact Assessment Form (Page 1 of 2)

**Title of EIA/ DDM:** Tobacco Control Strategy  
Coordinator & John Wilcox, Insight Specialist, Public Health.

**Name of Author:** Kate Thompson, Smokefree Nottingham

**Department:** Commercial and Environmental Health, Children and Adults, Strategy and Commissioning

**Director:** Alison Challenger

**Service Area:** Environmental Health, Strategic Insight, Public Health

**Strategic Budget EIA Y/N** (please underline)

**Author (assigned to Covalent):**

### **Brief description of proposal / policy / service being assessed:**

This tobacco control strategy sets out four priorities on which the City Council and its partners will focus efforts to reduce smoking prevalence, the uptake of smoking and exposure to second hand smoke. The priorities in this strategy have clear, ambitious aims to improve citizens' health wellbeing. Achieving the targets will be challenging and even more so, given the current financial pressures we all face. They also build on the needs of citizens, set out in our Joint Strategic Needs Assessment. For each priority the strategy sets out a headline target, key actions and outcomes.

The 4 priority themes are:

- **Protecting children from the harmful effects of smoking**
- **Motivate and assist every smoker to quit**
- **Reduce the supply and demand of illegal tobacco**
- **Multi-agency partnership working and leadership**

Intended outcomes of the strategy include:

- **Reduce adult smoking prevalence**
- **Reduce smoking in pregnancy**
- **Reduce smoking in mental health patients**

The strategy enables the efforts of the Nottingham Strategic Tobacco Control Group to be coordinated and effective in tackling tobacco related harm.

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

Information in the related Nottingham City Joint Strategic Needs Assessment chapters was referred to, to identify any differential impact in relation to the protected characteristics. In addition, a public consultation on the Tobacco Control Strategy was carried out between 1<sup>st</sup> July and 31<sup>st</sup> July 2015. Groups representing the interests of diverse sectors of the community were proactively informed about the consultation and invited to comment.

This equality impact assessment relates to the Tobacco Control Strategy. The assessment was drafted by the officers responsible for the project management of the Tobacco Control Strategy (Kate Thompson, Smokefree Nottingham Coordinator and John Wilcox, Insight Specialist Public Health), based on evidence in the strategy document, the Joint Strategic Needs Assessment (JSNA) and the consultation to the draft strategy.

The JSNA can be accessed [here](#)

	Could particularly benefit X	May adversely impact X
<u>People from different ethnic groups.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Men	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Women	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Trans	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Disabled people or carers.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Pregnancy/ Maternity</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
People of different faiths/ beliefs and those with none.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Lesbian, gay or bisexual people.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Older	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Younger</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (e.g. marriage/ civil partnership, looked after children, cohesion/ good relations, vulnerable children/ adults).  <b><i>Please underline the group(s) /issue more adversely affected or which benefits.</i></b>	<input type="checkbox"/>	<input type="checkbox"/>

How different groups could be affected (Summary of impacts)	Details of actions to reduce negative or increase positive impact (or why action isn't possible)
<p><b>People from different ethnic groups</b> Analysis of smoking prevalence in Nottingham City using the 2012-2014 Citizen Survey data (JSNA, 2015) by ethnicity, shows that there is variation in smoking prevalence by ethnic group, but that the issues are different to the UK in general (Millward &amp; Karlsen, 2011) due to the differences in population make-up. Mixed dual heritage people, White British and White (not British) people, have smoking prevalence above the city prevalence. The White (not British) group has the highest smoking prevalence in the city. National research (Aspinal &amp; Mitton, 2014) found that smoking prevalence was substantially higher amongst migrants from East European countries which may explain this higher prevalence.</p> <p>The Strategy identifies the White, not British group as a particular high smoking group in the section on health inequalities that need to be addressed. It also addresses ethnicity and smoking as part of Strategy Priority two: Motivating and Assisting Every Smoker to Quit. This includes sourcing ethnicity evidence/data to influence local plans and this is ongoing.</p> <p>Use of different forms of tobacco can be an issue in different communities. A UK cross sectional study in 2012/13 found that 1% of the adult population used shisha regularly (at least once or twice a month) and that use was more common amongst adults of Asian (7%),</p>	<p><b>People from different ethnic groups</b> A health equity audit of the Nottingham Stop Smoking Service is being conducted by the council Public Health function in 2015. This will determine if people from different ethnic groups are accessing the service and quit smoking relative to the need in the population.</p> <p>Commissioners will work with the current Stop Smoking Service Provider in 2015/16-2015/16 to improve access and outcomes to the service by ethnicity where this is required based on the findings of the health equity audit.</p> <p>The Stop Smoking Service will continue to provide training to the wider health and social care sector in 2015/16-2015/16 to improve knowledge and skills in relation to the cultural context of tobacco use and the provision of stop smoking brief intervention. This will be reviewed in light of the findings of the EIA.</p> <p>The Stop Smoking Service will continue to employ staff who can offer appropriate support to people from different ethnic groups who want to quit including staff who speak different languages. Commissioners will engage people from different ethnic groups in 2015 and 2016 in developing a new model of stop smoking service from April 2017. Environmental health will continue to monitor the establishment selling Shisha smoking. The dangers of Shisha use will be communicated to the groups who are</p>

			<p>Mixed (5%), and Black (4%) ethnicity than amongst white adults (0.5%) (Grant, 2014). Factors which increased usage were being male, being from a higher social grade and being younger. The prevalence of shisha and smokeless tobacco use across the City is not known. The City has a relatively small number of shisha establishments and we can assume that shisha is also smoked in the home (JSNA, 2015).</p> <p><b>Men</b> In the 2014 Citizen's Survey smoking was higher amongst males aged 16 years and over compared to females (31.1% and 23.7% respectively) (JSNA, 2015). This is consistent with national data which also shows higher rates of smoking amongst men.</p> <p>Routine and manual workers are disproportionately affected as they are more likely to smoke and smoke heavily (Health and Social Care Information Centre, 2014). Smoking rates amongst routine and manual workers in the City (33.3%) are significantly higher than the City prevalence (24%) (Health and Social Care Information Centre, 2014).</p> <p>The tobacco control strategy aims for all actions to have an overall positive effect in reducing gender differences in smoking.</p> <p>Support services will target routine and manual workers with the aim of reducing health inequalities. A harm reduction approach will also enable support to be given to those who find it difficult to stop smoking abruptly.</p>	<p>the highest users from 2017.</p> <p><b>Men</b> A health equity audit of the Nottingham Stop Smoking Service is being conducted by the council Public Health function in 2015. This will determine if women are accessing the service and quit smoking relative to the need in the population.</p> <p>Commissioners will work with the current Stop Smoking Service Provider in 2015/16-2015/16 to improve access and outcomes to the service by gender if required.</p>
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			<p><b>Women</b> Fewer women than men smoke. Data from the 2014 Nottingham Insight Survey shows that 23.7% of women smoke compared to 31.1% of men. However smoking in pregnancy is an issue (below).</p> <p>The Strategy takes account of both male and female gender issues throughout and refers to smoking patterns for men and women. The strategy has a specific aim to reduce smoking in pregnancy which will improve the health of mothers and their babies.</p> <p><b>Trans</b> There is some evidence from research that people from lesbian, gay, bisexual and trans (LGBT) groups smoke at higher rates than the general population ( National Centre for Smoking Cessation and Training and Public Health England, 2014), which is also suggested by research identified by the LGBT Foundation (LGBT Foundation, 2013). The higher prevalence of smoking amongst LGBT groups is set out under Strategy Priority 4: Motivate and assist every smoker to quit. It states that there will be engagement with LGBT groups to improve smoking prevalence.</p> <p><b>Disabled people or carers</b> Analysis of the pooled 2012-2014 Citizen's Survey data (JSNA, 2015) shows that the proportion of adults who smoke who have poor mental wellbeing (41.8%) is significantly higher than amongst those with average (25.2%) and above average mental wellbeing</p>	<p><b>Women</b> A health equity audit of the Nottingham Stop Smoking Service is being conducted by the council Public Health function in 2015. This will determine if women are accessing the service and quit smoking relative to the need in the population.</p> <p>Commissioners will work with the current Stop Smoking Service Provider in 2015/16-2015/16 to improve access and outcomes to the service by gender if required.</p> <p><b>Trans</b> The Nottingham Stop Smoking Service will collect information on sexual orientation from 2015 so that service access can be monitored.</p> <p>Commissioners will engage people from the trans community in 2015 and 2016 in developing a new model of stop smoking service from April 2017.</p> <p>Commissioners will determine how the New model of stop smoking service from April 2017 can best support people from trans communities to quit smoking.</p> <p><b>Disabled people or carers</b> The Nottingham Stop Smoking Service will have target to engage people with mental health and substance misuse problems from 2015. Commissioners will engage people from mental health and substance misuse problems in developing a new model of stop smoking service from April 2017.</p>
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			<p>(24.5%).</p> <p>It is estimated that 51,000 adults in the city experience mental health problems (Nottingham City Clinical Commissioning Group; Nottingham City Council, 2014). It is estimated that there could be at least 16,000 adults with mental health problems who smoke in the city which suggests 25% of adult smokers in the city could have a mental health problem. This proportion could be higher if adjusted for deprivation.</p> <p>Smoking rates are reported to be even higher amongst inpatients of Nottinghamshire Healthcare Trust, the NHS secondary mental health service provider, where it is reported 80% of inpatients smoke and that 57% of patients with enduring serious mental illness smoke (Nottinghamshire Healthcare Trust unpublished data).</p> <p>This strategy aims to go one step further to provide guidance and support to the stop smoking service and key partners to develop services and policies which will achieve long term cessation amongst high prevalence groups including people with mental health problems. Specific actions include developing specific pathways and treatment models for people with differing levels of mental health problems under Priority 2: Motivating and Assisting Every Smoker to Quit.</p> <p>The Strategy identifies people with mental health problems as a particular high smoking group in the section on health inequalities. A key indicator for the strategy is to reduce smoking prevalence amongst mental health patients.</p> <p>People with learning disabilities (LD)</p>	<p>Commissioners will determine how the New model of stop smoking service from April 2017 can best support people mental health and substance misuse problems to quit smoking.</p> <p>Tobacco Control Officers and the Strategic Tobacco Control Group will work with the Nottinghamshire Healthcare Trust in implementing its smokefree policy in 2015 and 2016.</p> <p>Tobacco Control Officers and the Strategic Tobacco Control Group will work with the Nottinghamshire University Hospitals Trust (NUH) in implementing its smokefree policy in 2015 and 2016.</p> <p>The whole system approach to very brief advice for stop smoking amongst health and social care colleagues will be reviewed and developed from 2016.</p>
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are reported to have lower levels of smoking than the general population (Emerson & Baines, 2010); however this is reported to be variable depending on level of LD. In Nottingham City, local analysis of an audit of primary care data in 2014 showed the proportion of smokers was similar to the general population (JSNA, 2015).

Locally, levels of smoking are particularly high amongst people living in social housing (38.7%), unemployed (49.4%) and amongst people with a long term illness or disability (31.8%) (JSNA, 2015).

#### **Pregnancy/Maternity**

Women who smoke are at 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% (National Institute of Clinical Excellence, 2010).

Smoking prevalence is measured by Smoking at Time of Delivery (SATOD) rates, recorded at the time of giving birth. In England, SATOD rates have steadily been declining from 17% in 2005 to 12% in 2013/ (Health and Social Care Information Centre, 2014).

Nottingham has a higher rate of smoking in pregnancy (18.5%) compared to the national average (12.5%)

#### **People of different faiths/beliefs and those with none**

There is no evidence to suggest that faith per se is a contributing factor to higher or lower rates of smoking amongst differing faiths/beliefs and

#### **Pregnancy/Maternity**

A health equity audit of the Nottingham Stop Smoking Service is being conducted by the council Public Health function in 2015. This will determine if pregnant women are accessing the service and quit smoking relative to the need in the population. Also, which age and ethnic group of pregnant women are accessing and quitting smoking relative to need.

Commissioners at the City Council and the Clinical Commissioning Group will work with the current Stop Smoking Service Provider and the NUH maternity services and in 2015/16-2015/16 to improve access and outcomes to the service by gender if required.

#### **People of different faiths/beliefs and those with none**

Tobacco Control Officers will consider how work can be conducted with faith groups and leaders to reduce smoking in 2016.

those with none. However, people's beliefs such as their religion can affect their attitude to risk taking behaviour such as smoking.

**Lesbian, gay or bisexual people**

There is some evidence that people from lesbian, gay, bisexual and transsexual (LGBT) communities smoke at higher rates than the general population (National Centre for Smoking Cessation and Training, 2014). Analysis of smoking in Nottingham by sexual orientation follows a similar pattern to national data with smoking prevalence being significantly higher amongst gay and lesbian groups compared to heterosexual groups and the City average (JSNA, 2015). The higher prevalence of smoking amongst LGBT groups is set out under Strategy Priority 4: Motivate and assist every smoker to quit. It states that there will be engagement with LGBT groups to improve smoking prevalence. It states that there will be engagement with LGBT groups to improve smoking prevalence.

**Older**

Nationally and locally smoking prevalence is lowest amongst those over 60 (JSNA, 2015). Quit rates also increase with age. Local prevalence data shows that smoking rates amongst older smokers are slightly higher than the national average. Smoking has a negative impact on the morbidity and mortality of older people. The evidence that shows that the harms caused by smoking can be significantly reduced by quitting at any age is not a belief commonly held by older smokers.

**Younger**

**Lesbian, gay or bisexual people**

The Nottingham Stop Smoking Service will collect information on sexual orientation from 2015 so that service access can be monitored.

Commissioners will engage people from the LGBT community in in 2015 and 2016 developing a new model of stop smoking service from April 2017.

Commissioners will determine how the New model of stop smoking service from April 2017 can best support people from LGBT communities to quit smoking.

**Older**

A health equity audit of the Nottingham Stop Smoking Service is being conducted by the council Public Health function in 2015. This will determine if older people are accessing the service and quit smoking relative to the need in the population.

Commissioners will work with the current Stop Smoking Service Provider in 2015/16-2015/16 to improve access and outcomes to the service by different age groups if required.

**Younger**

A health equity audit of the Nottingham

			<p>Smoking prevalence amongst young people in England has decreased significantly over the last decade with only 8% of 15 year olds smoking regularly (Health and Social Care Information Centre, 2014). Model based estimates, local survey data and the strong correlation between child and adult smoking suggests that smoking prevalence amongst young people in Nottingham, particularly in the most deprived areas, is likely to be higher than the national average (JSNA, 2015).</p> <p>Over a fifth of households with children in the City allow smoking in the home increasing exposure to secondhand smoke and initiation of smoking amongst children and young people (JSNA, 2015).</p> <p>The reducing prevalence of smoking amongst young people presents an opportunity to have a “Smokefree Generation” this is a national priority for Public Health England and is the vision for this strategy. Priority Action One of the Strategy is to Protect children from the harmful effects of smoking. Targeting young people alone is not sufficient to reduce the uptake of smoking amongst children and young people.</p> <p>Reducing smoking in adults will benefit the health of children by reducing their exposure to second hand smoke and de-normalising smoking.</p> <p>Priority Action 4 of Leadership, Innovation and Partnership working will ensure that Nottingham continues to support lobbying activity to introduce legislation aimed at protecting children</p>	<p>Stop Smoking Service is being conducted by the council Public Health function in 2015. This will determine if younger people are accessing the service and quit smoking relative to the need in the population.</p> <p>Commissioners will work with the current Stop Smoking Service Provider in 2015/16-2015/16 to improve access and outcomes to the service by different age groups if required.</p> <p>Across the lifetime of the strategy, tobacco control officers and the Strategic Tobacco Control Group will consult with citizens and introduce smokefree outdoor areas where children and young people are present.</p> <p>This will include building on the progress in smokefree city council events such as the Beach in the Market Square which was smokefree in 2015.</p> <p>Tobacco Control Officers will work with Environmental Health and Nottingham City Homes in 2016 to determine opportunities for reducing children’s exposure to smoke in the home.</p>
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from the harmful effects of smoking.

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

- No major change needed  •Adjust the policy/proposal  •Adverse impact but continue
- Stop and remove the policy/proposal

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

A Delivery Plan will be developed for the strategy. This will be reviewed on an annual basis

**Approved by (manager signature):**

Lorraine Raynor, Chief Environmental Health and Safety Officer,  
Nottingham City Council.

**Date sent to equality team for publishing:**

17.9.15

Send document or link to:  
equalityanddiversityteam@nottinghamcity.gov.uk

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