



Working together for health & wellbeing

Equality Impact Assessment / Equality Analysis

Title of service or policy	Government Consultation on Standardised Packaging of Tobacco Products	
Name of directorate and service	NHS B&NES Public Health Department	
Name and role of officers completing the EIA	Cathy McMahon, Public Health Development and Commissioning Manager	
Date of assessment	11 th July 2012	

Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The primary concern is to identify any discriminatory or negative consequences for a particular group or sector of the community. Equality impact Assessments (EIAs) can be carried out in relation to service delivery as well as employment policies and strategies.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EIA) or Equality Analysis on a policy, service or function. It is intended that this is used as a working document throughout the process, with a final version including the action plan section being published on the Council's and NHS Bath and North East Somerset's websites.

1.	Identify the aims of the policy or service and how	it is implemented.		
	Key questions	Answers / Notes		
1.1	Briefly describe purpose of the service/policy including How the service/policy is delivered and by whom If responsibility for its implementation is shared with other departments or organisations Intended outcomes	Aim of the Government Consultation is to consider whether there might be public health benefits to introducing standardisation of packaging of tobacco products. The Government also want to understand what other effects there might be with introduction of this policy. Public Health supports the introduction of standardised (plain) packaging for tobacco products and is advocating that the Council, other Partnerships and the local community support the proposal and respond to the consultation. The intended outcomes of the introduction of plain packaging for tobacco products is that cigarettes and other tobacco products will be less desirable and attractive to young people and thereby contribute to a reduction in the uptake of smoking in adolescence. Also that plain packaging will support adult smokers that want to quit.		
1.2	Provide brief details of the scope of the policy or service being reviewed, for example: Is it a new service/policy or review of an existing one? Is it a national requirement?). How much room for review is there?	 This would be new legislation and would apply to all Tobacco Products on sale in the UK. The following restrictions would apply: All internal and external packaging to be in a prescribed colour/s (details would be set out by the Government in the future). All text on the pack, including brand names, to be in a standard colour and typeface (specifications including maximum size of type would be set out by the Government in the future). No branding, advertising or promotion to be permitted on the outside or inside of packs, or attached to the package, or on individual tobacco products themselves. For this purpose 'branding' includes logos, colours or other features associated with a tobacco brand. Any foils within a pack to be of a standard format and colour with no text permitted (specifications would be set out by the Government in the future). 		

		 Packs to be of a standard shape and opening, and possibly manufactured with particular materials (specifications would be set out by the Government in the future). Only the following information or markings to be permitted on packs (specifications would be set out by the Government in the future):
		 a brand name; a product name; the quantity of product in the packaging; the name and contact details of the manufacturer; one barcode to facilitate sale and stock control; health warnings as currently required; tar, nicotine and carbon monoxide (TNCO) yield information as currently required; product identification marking as currently required; fiscal mark requirements as currently required; and markings not visible to the naked eye to assist with the identification of genuine, duty paid products, or other features to prevent fraud (details would be set out by the Government in the future). Any wrapper around the pack to be transparent and colourless, without any other markings visible to the naked eye.
1.3	Do the aims of this policy link to or conflict with any other policies of the Council?	The aims of this proposal support the aims within the Draft B&NES Tobacco Control Strategy 2012 and has links to the Sustainable Communities Strategy in terms of promoting health and wellbeing through addressing inequalities in health and improving the life chances of disadvantaged children.

2. Consideration of available data, research and information

Monitoring data and other information should be used to help you analyse whether you are delivering a fair and equal service. Please consider the availability of the following as potential sources:

- Demographic data and other statistics, including census findings
- Recent **research** findings (local and national)
- Results from consultation or engagement you have undertaken
- Service user **monitoring data** (including ethnicity, gender, disability, religion/belief, sexual orientation and age)
- Information from relevant groups or agencies, for example trade unions and voluntary/community organisations
- Analysis of records of enquiries about your service, or complaints or compliments about them
- Recommendations of external inspections or audit reports

	Key questions	Data, research and information that you can refer to
2.1	What is the equalities profile of the team delivering the service/policy?	The policy will not be delivered locally. If implemented it will be national legislation. The National Tobacco Policy team at DH has undertaken a Equality Impact Assessment on the proposed policy. Depending on the evidence received through the consultation, further specific consultation with stake holder groups may be needed.
2.2	What equalities training have staff received?	N/a as above
2.3	What is the equalities profile of service users?	Smoking prevalence increases with age throughout the school age years and girls are currently smoking more than boys. Regular smoking is associated with other risky behaviours such as drinking alcohol and taking drugs. Those young people who have truanted from school or been excluded at some point are more likely to be regular smokers. Children are 3 times more likely to smoke if their parents smoke. The local Secondary School age (Yr 8 and 10) survey in B&NES reported that:

		 24% of pupils said they have tried smoking in the past or are smoking now 8% said they smoke regularly or occasionally (compared to 9% in national sample) 6% smoked at least one cigarette during the last 7 days (compared with 9% of national sample) 12% of year 10 boys and 21% of year 10 girls said that they smoke 'occasionally' or 'regularly' 13% of B&NES primary school pupils think they may smoke when they are older compared to 10% of the national survey. Research has shown that the decline in smoking rates in the UK has slowed since the start of the economic recession in 2008. Prevalence has reduced across all social gradients however the gap between the socio economic groups has stayed constant. Smoking is becoming more engrained in specific communities, particularly those in routine and manual jobs, those living in disadvantaged areas and those with mental health conditions.
2.4	What other data do you have in terms of service users or staff? (e.g results of customer satisfaction surveys, consultation findings). Are there any gaps?	We do not know the specific views of local small businesses on this policy. Equally we have not consulted with disability groups or those who do not speak English who may be disadvantaged by plain packaging.
2.5	What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?	B&NES PCT commissions Smoke Free South West to undertake Tobacco Control campaigning work on its behalf. Smoke Free South West are actively campaigning for plain packaging of tobacco products with the support of the 14 PCT's in the South West and a range of national partners including the British Heart Foundation, Cancer Research UK and the Royal College of Nursing. The campaign called www.plainpacksprotect.co.uk has over 120,000 signs up of support to date across the UK. Of these 12,794 have come from the South West with 556 from B&NES residents to date. The majority of B&NES sign ups have come from 2 Roadshows held in the centre of Bath in April or via active promotion through local professional networks.

Beginning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this? Depending on the evidence received through the consultation, DH have stated that further specific consultation with stake holder groups may be needed at a national level if the policy is developed. 3. Assessment of impact: 'Equality analysis' Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy: Meets any particular needs of equalities groups or helps promote equality in some way. Could have a negative or adverse impact for any of the equalities groups Examples of what the service has done to promote equality Examples of what the service has done to promote equality or adverse impact and what steps have been or could be taken to address this Assessment of impact protectial impact of the policy on women and men. (Are there any issues regarding pregnancy and maternity?) Transgender identify the impact/potential impact of the policy on transgender people Disability - identify the impact/potential impact of the policy on disabled people (ensure consideration of a range of impairments including both physical and mental impairments) Age - identify the impact/potential impact of the policy on different age groups Disability - identify the impact/potential impact of the policy on disabled people (ensure consideration of a range of impairments including both physical and mental impairments) Age - identify the impact/potential impact of the policy on different age groups Disability - identify the impact/potential impact of the policy on different age groups Age - identify the impact/potential impact of the policy on different age groups Could have a negative or adverse impact and branching or capacity or people in the policy of pe		Total				
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		Research has shown that plain packaging is less attractive to young people, makes health warnings more visible and will reduce false and misleading messages aimed at children and young people. Young people may be more affected by plain packaging than older people.	
3.5	Race – identify the impact/potential impact on different black and minority ethnic groups		Where smaller businesses are run by ethnic minority groups there could be an impact in terms of equality (see below re; social economic impact)
		Examples of what the service has done to promote equality	Examples of potential negative or adverse impact and what steps have been or could be taken to address this
3.6	Sexual orientation - identify the impact/potential impact of the policy on lesbians, gay, bisexual & heterosexual people		
3.7	Religion/belief – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.		
3.8	Socio-economically disadvantaged – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances	Smoking is becoming more engrained in specific communities. Those from disadvantaged backgrounds are more likely to smoke, live in a household with smokers and be exposed to second hand smoke. Plain packaging will support an overall strategy to reduce smoking in these communities however it is a population approach rather than one targeted at disadvantaged communities. Therefore its likely impact	Smaller businesses could be affected by a reduction in tobacco sales. If standardised packaging had an effect of increasing illicit tobacco sales in communities this could impact on crime in poorer communities in particular. However there is not enough evidence to say that it will lead to increase in illicit trade at the moment.

		is to reduce smoking prevalence across the social gradient.	
3.9	Rural communities – identify the impact / potential impact on people living in rural communities		

4. Bath and North East Somerset Council & NHS B&NES Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Progress milestones	Officer responsible	By when
Those with reading difficulties may find it harder to distinquish their brand from written text alone.	Await the outcome of the consultation. DH has committed to undertaking further consultation if evidence becomes available on these issues.			
Smaller businesses could be affected by a reduction in tobacco sales. Where smaller businesses are run by ethnic minority groups there could be an impact in terms of equality (see below re; social economic impact	Await the outcome of the consultation. DH has committed to undertaking further consultation if evidence becomes available on these issues.			
If standardised packaging had an effect of increasing illicit tobacco sales in communities this could impact on crime in poorer communities in particular	Await the outcome of the consultation. DH has committed to undertaking further consultation if evidence becomes available on these issues.			

5. Sign off and publishing

Once you have completed this form, it needs to be 'approved' by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equalities Team (equality@bathnes.gov.uk), who will publish it on the Council's and/or NHS B&NES' website. Keep a copy for your own records.

Signed off by: Paul Scott, Acting Director of Public Health (Divisional Director or nominated senior officer)

Date: 13/7/2012