

Equality Impact Assessment / Equality Analysis

Title of service or policy	B&NES Tobacco Control Strategy 2013 - 2018
Name of directorate and service	Public Health
Name and role of officers completing the EIA	Cathy McMahon, Public Health Development and Commissioning Manager
Date of assessment	30 th August 2013

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	<p>Briefly describe purpose of the service/policy including</p> <ul style="list-style-type: none"> ● How the service/policy is delivered and by whom ● If responsibility for its implementation is shared with other departments or organisations ● Intended outcomes 	<p>The B&NES Tobacco Control Strategy will be overseen by the Tobacco Action Network, a multi-agency alliance of local stakeholders including commissioners and providers of tobacco control activity. Responsibility for its delivery is shared across a range of stakeholders however overall responsibility for delivery of public health outcomes in relation to smoking will move to the local authority from April 2013.</p> <p>Intended outcomes of the Strategy are: Reduction in smoking prevalence amongst adults Reduction in smoking prevalence amongst young people Reduction in smoking prevalence amongst pregnant women</p>
1.2	<p>Provide brief details of the scope of the policy or service being reviewed, for example:</p> <ul style="list-style-type: none"> ● Is it a new service/policy or review of an existing one? ● Is it a national requirement?). ● How much room for review is there? 	<p>The existing B&NES Tobacco Control Strategy <i>Breathing Free</i> was written in 2006. Significant progress has been made nationally, regionally and locally since then and it is appropriate now to review local strategy in the light of this and set priorities which are in line with the new opportunities for public health and the changing local landscape within public services.</p> <p>This Strategy is a refresh of the 2006 B&NES Tobacco Control Strategy <i>Breathing Free</i> and has been written in response to the Governments Tobacco Control Plan 2011.</p>

<p>1.3</p>	<p>Do the aims of this policy link to or conflict with any other policies of the Council?</p>	<p>This Strategy supports and contributes to the overarching aims within the following B&NES Strategies:</p> <p>B&NES Corporate Plan & Sustainable Communities Plan (2011- 2026)</p> <p>Health and Wellbeing;</p> <ul style="list-style-type: none"> • To help individuals achieve their potential by improving health and wellbeing and reducing inequalities within our communities <p>Stronger communities</p> <ul style="list-style-type: none"> • Creating communities where everyone contributes and everyone takes responsibility <p>Safer Communities</p> <ul style="list-style-type: none"> • Building communities where people feel confident about carrying out their daily activities, inside and outside the home <p>Children and young people</p> <ul style="list-style-type: none"> • All children and young people will do better in life than they thought they could <p>B&NES Community Safety Plan (2009-2012)</p> <ul style="list-style-type: none"> • through reduction in criminal activity and cleaner streets. <p>B&NES Children and Young People’s Plan (2011 – 2014)</p> <ul style="list-style-type: none"> • Providing children and young people with a safe environment, including empowering children and young people to recognise and manage risks • Reducing health, education and social inequalities in specific groups of children and young people and specific geographical areas.
-------------------	---	--

		<ul style="list-style-type: none"> • Promoting healthy lifestyles for children and young people. <p>B&NES Health and Wellbeing Board Strategy (2013)</p> <p>The Board aims to:</p> <ul style="list-style-type: none"> • Reduce health inequalities and improve health and wellbeing in Bath and North East Somerset <p>Theme areas:</p> <ul style="list-style-type: none"> • Helping people to stay healthy (prevention) • Improving the quality of people's lives (quality of life) • Fairer life chances (health inequality/Life expectancy)
--	--	---

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?	Consideration of equalities issues and addressing health inequalities form part of the Contracts of all service providers delivering services related to Tobacco Control.
2.2	What equalities training have staff received?	Staff are required to have generic equalities training as part of their mandatory induction training and to supplement this with additional training in specialist areas where appropriate.
2.3	What is the equalities profile of service users?	<p>Overall smoking prevalence amongst adults in B&NES is 16.4%, this equates to 23,300 smokers 18 years and over.</p> <p>Smoking amongst pregnant women in B&NES is 12.3% compared to a national level of 13.2%. There are marked differences in levels of smoking amongst younger women who are pregnant and those who live in different areas of B&NES. For example, 35% of under 18's who are pregnant in B&NES smoke and there are much higher rates of smoking amongst pregnant women in the Radstock (32%) Twerton (22%) and Keynsham (15.4%) children centre catchment areas compared to other areas of B&NES.</p> <p>Smoking prevalence increases with age and more girls are smoking than boys. 12% of year 10 boys and 21% of year 10 girls said that they smoke 'occasionally' or 'regularly'.</p> <p>33% of B&NES 11 – 15 year olds say at least one person regularly smokes indoors in their home¹. This is lower than the national comparator (40%) but still a significant number exposed to second hand smoke and smoking behaviours.</p>

¹ NHS B&NES (2011) Primary and Secondary Health Related Behaviour Survey: Bath & North East Somerset

		<p>The percentage of people in routine and manual jobs who smoke in B&NES is 26% (2011) compared to 29% regionally and nationally.</p> <p>Smoking rates are much higher amongst people with mental health problems than the general population.</p> <p>Whilst the black and minority ethnic population in B&NES is 7.66% only 2.8% of people accessing cessation support services during 2011/12 were from these groups. Those from BME groups setting a quit date were also less likely to successfully quit (36% quit rate) compared to the other groups (52%). This is an area for improvement in the strategy.</p>
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?	The Specialist Stop Smoking Service collect on-going feedback from clients using the service. There are high levels of satisfaction with the service from users. Lost to follow up client feedback is also being sought in an attempt to understand more about why people leave the service. Work is underway to better understand the needs of BME groups in terms of service delivery. Satisfaction with the Young People's Programme (ASSIST) is collected from schools who participate.
2.5	What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?	An extensive consultation has been carried out amongst professional and interest groups locally on the Strategy. We have talked directly to Young People via the DAFBY Group to better understand their perspective on issues such as plain packaging. We have made a recommendation in the Strategy to improve the engagement of young people in the delivery of the Strategy as a result.
2.6	If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this?	Ensure that specific strategies are used to engage effectively with minority groups and vulnerable clients.

3. Assessment of impact: 'Equality analysis'			
	<p>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:</p> <ul style="list-style-type: none"> • 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 actual or potential negative or adverse impact and what steps have been or could be taken to address this
3.1	Gender – identify the impact/potential impact of the policy on women and men. (Are there any issues regarding pregnancy and maternity?)	<p>Specialist support is commissioned to help pregnant women to stop smoking.</p> <p>The DPH Award for Schools and colleges offers evidence based support to tackle smoking amongst young people including data on smoking levels amongst boys and girls specific to the school setting.</p> <p>All Schools are offered the Assist Programme every year – an evidence based peer support programme to prevent uptake of smoking.</p>	<p>Targeting pregnant women who smoke will have a positive effect on the health of the baby and the woman.</p> <p>Reducing smoking in young people should benefit girls more than boys as more girls smoke than boys</p> <p>Potential for work targeting girls specifically to reduce prevalence in this group.</p>
3.2	Transgender – – identify the impact/potential impact of the policy on transgender people		Reducing smoking prevalence will benefit the whole community in terms of reducing exposure to second hand smoke in homes and in public spaces
3.3	Disability - identify the impact/potential impact of the policy on disabled people (ensure consideration of a range of impairments including both physical and mental		Reducing smoking prevalence will benefit the whole community in terms of reducing exposure to second hand smoke in homes and in public spaces

	impairments)		
3.4	Age – identify the impact/potential impact of the policy on different age groups	<p>Specialist support is commissioned to help pregnant women to stop smoking.</p> <p>The DPH Award for Schools and colleges offers evidence based support to tackle smoking amongst young people including data on smoking levels amongst boys and girls specific to the school setting.</p> <p>All Schools are offered the Assist Programme every year – an evidence based peer support programme to prevent uptake of smoking.</p>	<p>Reducing smoking in young people will have a positive impact on their long term health in later life.</p> <p>Reducing smoking amongst adults will have a positive impact on their life expectancy and quality of life. Equally reducing smoking in adults will benefit the health of children by reducing exposure to second hand smoke in the environment.</p> <p>Reducing smoking in pregnancy will have a positive impact on the health of babies and mothers</p>
3.5	Race – identify the impact/potential impact on different black and minority ethnic groups	<p>Healthy Lifestyle services are looking at ways of engaging more effectively with BME groups, including developing specific marketing materials and links to local groups.</p>	<p>Making smoking cessation services more accessible to ethnic minority groups will help to reduce health inequalities in these groups.</p>
3.6	Sexual orientation - identify the impact/potential impact of the policy on lesbians, gay, bisexual & heterosexual people		<p>Reducing smoking amongst adults will have a positive impact on their life expectancy and quality of life. Young people and adults who are lesbian, gay, bisexual or heterosexual are more likely to suffer from mental health issues and more likely to smoke heavily.</p>
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.		<p>The policy will not have any negative impact on people of different religious/faith groups as it will have a positive impact on adults and children regardless of religion or belief.</p>

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	Support services are offered in workplaces that employ higher proportion of routine and manual workers. Equally clinics are offered in a range of community centres to enable access to all. Specialist services work with Big Issue and DHI to support those with complex needs.	Targeting routine and manual workers with support services will help to reduce the health inequalities experienced disproportionately by this group as they are more likely to smoke and smoke heavily. A harm reduction approach will also enable support to be given to those who find it difficult to give up smoking abruptly.
3.9	Rural communities – identify the impact / potential impact on people living in rural communities		Looking at options to increase the accessibility of support services including text/telephone support and online support will enable more people from rural areas to access the services.

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
A range of equalities issues have been identified through the consultation process of developing the Strategy - these include gender issues, working with BME groups, supporting people with mental	The Tobacco Action Network will form an Action Plan based on the recommendations within the Strategy	A range of indicators including those relating to narrowing the gap re; inequalities have been identified within the Strategy and will be monitored by the TAN	Cathy McMahon	On going

health problems and targeting areas of deprivation.				

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: Bruce Laurence (Divisional Director or nominated senior officer)

Date: 10/09/2013