

Equality Impact Assessments Toolkit

EqlA Template



You must consider the [Equality Impact Assessment Guidance](#) when completing this template.

The EDI team can provide help and advice on undertaking an EqIA and also provide overview quality assurance checks on completed EqIA documents.

EDI team contact email: edi_team@sandwell.gov.uk

Quality Control	
Title of proposal	Re-commissioning Sandwell Smoking Cessation Services
Directorate and Service Area	Public Health
Officer completing EqIA	Mary Bailey, Addictive Behaviours Programme Manager
Contact Details	Mary_Bailey@Sandwell.gov.uk
Other officers involved in completing this EqIA	N/A
Date EqIA completed	07 th May 2024
Date EqIA signed off or agreed by Director or Executive Director	
Name of Director or Executive Director signing off EqIA	Liann Brookes Smith, Director of Public Health
Date EqIA considered by Cabinet	EqIA linked to Cabinet report (scheduled at July 2024 Cabinet)
Where the EqIA is Published (please include a link to the EqIA and send a copy of the final EqIA to the EDI team)	Cabinet report is not private -will therefore be published via Democratic services once Cabinet approval secured and post cabinet standstill period expired

Section 1.

The purpose of the project, proposal or decision required

Smoking is uniquely harmful, causing damage not only to smokers themselves but also to the people around them. The government's new 'Stopping the Start: our new plan to create a Smokefree Generation' plan was published in October 2023 states that tobacco use remains one of our most significant public health challenges and that smoking is the single biggest cause of inequalities in death rates between the richest and poorest in our communities.

According to the latest estimates, Sandwell has one of the worst smoking prevalence rates in the country (21% versus 13.4% regionally and 12.7% nationally)

The national strategy ambition is to achieve Smokefree status by 2030 ('Smokefree' is defined as having a smoking prevalence of 5% or less).

Current smoking cessation support is delivered by ABL Health Ltd. The service is now delivering into its permissible one-year extension period which ends 31st March 2025.

We therefore propose to secure approval to re-commission local smoking cessation services ensuring future delivery of support for Sandwell residents from 1st April 2025 for a period of 2 years with the option to extend for up to a further 2 years until 31st March 2029.

The proposed future service model will therefore deliver the following elements:

- a specialist engagement and treatment service focussing on harder to reach high-prevalence populations who face substantial barriers to quitting. This will entail more extensive face to face delivery and outreach support options. The focus is to initially reduce harm and build motivation over the longer term to eventually quit leading to reduced health inequalities across our local population
- a universally available support offer focussing on those already inclined to quit and with the necessary access/ resource to do so. This will entail less intensive delivery utilising self-help digital support options alongside nicotine replacement products. This service element will only succeed by its ability to connect with, and market the offer to the relevant audience -as such excellent communications and marketing will be a vital service requirement.
- a support offer for those who have initiated onto vapes and require support in relation to their vaping behaviour

More specifically, in terms of health inequalities, the specialist engagement and treatment service element will ensure support for Sandwell residents who are at the highest risk of ill health, disability, and poverty caused by smoking. This will ensure equity of access for those populations who face substantial barriers to health services and hence quitting smoking. The specific populations evidenced to have a higher rate of smoking, and higher rates of smoking health harm impacts than the general population include:

- pregnant women and those with young families,
- people from Black, Asian and Minority Ethnic communities,
- people with long term /complex health conditions
- people with serious mental illness,
- people with alcohol or drug dependency support needs

- people who are homeless or in temporary accommodation
- routine and manual workers

The budget to be funded from the Public Health Grant for the proposed model will be £450,000 maximum per annum. In addition to Public Health Grant funding, the national 2030 Smokefree Generation ambition also comes with additional grant funding covering the financial years 2024/25 to 2028/29. The Smokefree Generation grant awarded for 2024/25 was £548,413. Should the current level of Smokefree Generation grant be maintained over the remaining grant period, the total possible maximum annual contract value would be £998,413 (£548,413 plus the maximum Public Health Grant funded amount of £450,000). Over the course of the contract (should all 4 years of potential Smokefree Generation grant monies be confirmed) that would mean a total maximum contract value of £3,993,652

The proposal seeks to secure approval to re-commission local smoking cessation services ensuring future delivery of support for Sandwell residents from 1st April 2025 for a period of 2 years with the option to extend for up to a further 2 years until 31st March 2029.

Please see Cabinet report for further details

Section 2.

Evidence used and considered. Include analysis of any missing data

The proposals aim to reduce smoking prevalence and smoking related harms. The following evidence was used to research and understand smoking related inequalities. The evidence includes general population where appropriate -and local data where available, and information about people who will be affected with particular reference to protected and other relevant characteristics:

https://assets.publishing.service.gov.uk/media/5ee761fce90e070435f5a9dd/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

Summary/analysis: COVID-19 did not create health inequalities, but rather the pandemic exposed and exacerbated longstanding inequalities affecting Black, Asian and Minoritised Ethnic groups in the UK. Smoking is associated with economic disadvantage, as well as Covid 19 incidence and severity.

<https://ash.org.uk/resources/view/tobacco-and-ethnic-minorities>

Summary/analysis: Nationally, there is a higher smoking prevalence amongst men of mixed ethnicity (22%) than men of white ethnicity (17%). Men are overall more likely to smoke than women, but there is also a higher prevalence of smoking among women of mixed ethnicity (19%) compared to white women (14%).

<https://ash.org.uk/resources/view/health-inequalities-and-smoking>

Summary/analysis: Smoking is the single largest driver of health inequalities in England. Smoking is far more common among people with lower incomes. The more disadvantaged someone is, the more likely they are to smoke and to suffer from smoking-related disease and premature death.

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/bulletins/deprivationandtheimpactonsmokingprevalenceenglandandwales/2017to2021>

Summary/analysis: Smoking is far more common amongst people from more deprived communities, with 33% of all smoking adults belonging to the two most deprived population deciles in 2021; compared to 10% belonging to the least deprived population deciles

<https://ash.org.uk/resources/view/young-people-and-smoking>

Summary/analysis: The proportion of children who have ever smoked continues to decline. School based education interventions and taxation remain the most popular methods of preventing initiation of smoking.

Sandwell SHAPE local young person's survey 2023 and Sandwell Lifestyle Survey 2021:

Summary/analysis:

- Of the 456 young people surveyed via the SHAPE secondary school survey, 16 young people had used an e-cigarette/vape.
- From a total of 1430 response to the Sandwell adult Lifestyle survey, 23% of respondents said they had ever smoked or vaped (this includes ex-smokers as well as current smokers)

<https://ash.org.uk/resources/smokefree-nhs/nhs-tobacco-dependence-treatment-services-resource-hub/overview-nhs-long-term-plan-tobacco-commitments#:~:text=The%20NHS%20Long%20Term%20Plan%20%28LTP%29%20states%20that,household%20Long-term%20users%20of%20specialist%20mental%20health%20services>

Summary/analysis: outlines the NHS ambitions to deliver NHS smoking cessation interventions within maternity, inpatient and mental health settings.

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

- Smoking prevalence in adults -current smokers at 21% -above the England average of 12.7%
- Smoking at Time of Delivery at 9.8% - above the England average of 9.1%.
- Smoking prevalence in adults in routine and manual occupations at 35.6% -above the England average of 22.5%
- Smoking prevalence in adults with a long term mental health conditions at 25.1% - in line with the England average
- Smoking prevalence in adults with serious mental illness at 41.3% -above the England average of 40.5%

<https://www.healthysandwell.co.uk/annual-report/>

Summary/analysis: Gender impact on premature death from cardiovascular disease.

<https://ash.org.uk/resources/view/smoking-pregnancy-and-fertility>

Summary/analysis: Smoking during pregnancy is a health inequality associated with complications in pregnancy, stillbirths, neonatal death and serious long-term health implications for both mothers and their babies. There are big variations in maternal smoking rates, depending on age, geography, socio-economic status, and ethnicity.

<https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-nhs-stop-smoking-services-in-england/april-2023-to-september-2023-q2>

Age: Quitting success (self-reported) increased with age - 47.8% of those aged under 18 were successful, compared to 56.1% of those aged 60 and over

Gender: Quitting success slightly higher for males (55%) compared to females (52%)

Ethnicity: Mixed ethnicity (45%) and Asian (48%) had the lowest quit rates of all ethnicities (45%) compared to an average of 53%.

Socio-economic status: those unemployed had the lowest quit rate (48%) compared to an average overall quit rate of 53%

Pregnancy: 50% of the pregnant women who set a quit date successfully quit

Summary: the proposal has a focus on reducing tobacco related inequalities. National evidence (links above) show that rates of smoking and use of other tobacco products vary between different groups of people. There is evidence that smoking rates are higher in certain groups, including people living in socio-economically deprived areas, people in routine and manual occupations, people who are unemployed, people with mental health conditions, people from some ethnic minority backgrounds and people from the LGBTQ+ community.

These disparities in smoking rates are causing a greater burden of smoking related diseases in these groups and in turn, contributing to inequalities and health inequalities. The proposal ensures support to quit with a particularly targeted specialist engagement and treatment element for populations who face additional barriers to accessing support. This will help smokers to quit – furthermore with the service model focus on health inequalities -the aim is not just about number of quitters but more importantly, who those quitters are in relation to identified target groups (see section 1 for details on the current health inequalities focussed cessation approach).

Missing data:

Our understanding of the evidence base is restricted on both a national and local level by the quality of the equalities data available. For example, only recent changes to the national NHS core data set have included fields related to sexual orientation and gender identify – it will take time for us to build a picture both locally and nationally in terms of access and outcomes for some protected characteristic groups such as these:

https://www.datadictionary.nhs.uk/data_sets/central_return_data_sets/stop_smoking_services_quarterly_data_set.html

Furthermore, within the data already collected there are additional gaps, for example – most but not all ethnicities are listed within tick box methods of data collection. Both providers and commissioners must maintain an awareness of the limitations of the data collection methods in use and continue to make the service as accessible and equitable as possible as well as being led by ongoing feedback from service users and stakeholders.

Section 3.

Consultation

During February and March 2024, consultation was conducted with residents and partners. Respondents felt there is still a high level of need in relation to smoking cessation support. Respondents felt support is best delivered in a variety of mediums including face to face as well as digital access options. Respondents felt that a vaping cessation offer should also be made available, and that support should be made available from a range of community and primary care venues.

Further to the partner and resident consultation, a market engagement consultation was also undertaken to inform commissioning, budget and model delivery options.

The Cabinet report itself is subject to corporate internal consultation requirements including legal, Finance, risk, HR, Equalities and procurement and the Cabinet member for Public Health.

Section 4.

Summary assessment of the analysis at section 4a and the likely impact on each of the protected characteristics (if any)

The proposed service provision will further advance equality of opportunity between people who share a protected characteristic and those who don't, as it will work to remove the single largest determinant of health inequalities – smoking. Improved health outcomes are associated with improved quality of life, educational attainment, employment etc.

It is assessed that the proposals in the report will not have an adverse impact on groups or individuals with protected characteristics.

The service to be delivered will not discriminate against individuals or groups with protected characteristics.

Section 4a - What are the potential/actual impacts of the proposal on the protected characteristics?

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
Age	P	<p>Younger smokers: Service will be available to anyone aged 12+ however current service provision rarely sees anyone under 18 present for treatment. It is unlikely that a young person will want to reach out to a smoking cessation service.</p> <p>Older smokers: Older smokers may feel less confident/ comfortable to use remote means of support e.g. phone or digital, or may be less likely to be aware of the support available when it is advertised through digital/social media mechanisms</p>	<p>Continue existing work delivered through our young person's service (prevention and education throughout schools and other youth settings). Ensure the new service spec requires continuation of the current existing training offer to other relevant professionals (current smoking service delivers training with a range of professionals across relevant settings to support young people who want to stop smoking, such as Healthy Schools, training and education for Health Visitors and School Nurses etc.) The future service model includes a digital support offer -this will allow another way we can support young people who want a more anonymised/ non face to face support options</p>	<p>Ensure tender bids address service delivery requirements and continue to manage delivery throughout regular review meetings</p>

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
			The future service model ensures a range of service provision options: in person face to face delivery options remain available and medium preference is considered at initial triage. Service spec requirements will ensure a service offer that uses communication methods and settings relevant to differing age cohorts, and targeted outreach clinics in relevant settings e.g. primary care clinics.	
Disability	P	People with mental health conditions will remain a priority target population for the future service –provision will ensure targeted support for this key group resulting in increased access to service. Service delivery will be required to ensure it is entirely accessible to people with disabilities and that reasonable adjustments are made in line with minimum contract and legislative conditions.	Spend interventions, delivery and outcomes will be managed and monitored within the Sandwell Public Health commissioning team.	Ensure tender bids address service delivery requirements and continue to manage delivery throughout regular review meetings

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
Gender Reassignment	Ne	Surveys show that transgender people are more likely to smoke. No local service usage data exists on gender reassignment access.	<p>Communications plan: ensure service promotion and engagement is undertaken in a sensitive non-judgmental manner and will remain entirely optional.</p> <p>Data: continue to monitor the newly introduced national dataset field which captures an expanded set of gender data field options to monitor presentations/usage for this group.</p> <p>Continue to ensure the range of service delivery mediums is advertised to meet personal preference (e.g. phone based/ digital/ in person options).</p>	Ensure tender bids address service delivery requirements and continue to manage delivery throughout regular review meetings
Marriage and civil partnership		We do not collect or have any data on the relationship between marriage/partnership status and smoking.	The service remains available to all in a range of delivery mediums	
Pregnancy and maternity	P	Pregnant women will remain an existing priority target population for the new service. Women will be receiving an intervention as part of their medical care	Spend interventions, delivery and outcomes will be managed and monitored within the Sandwell Public Health commissioning team.	Ensure tender bids address service

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
		<p>within NHS maternity services or they can be referred or self-refer to the service. The service will be required to work closely with maternity services to ensure that all interventions are delivered in a sensitive and compassionate, non-judgmental manner.</p>		<p>delivery requirements and continue to manage delivery throughout regular review meetings</p>
Race	P	<p>People of BAME ethnicity will remain a priority target population for the new service. Service delivery requirements will require provision towards locations and settings frequented by those from BAME communities.</p>	<p>Deliver and build upon existing faith and community-based partnership work to engage with people in a positive, respectful and culturally sensitive manner. Engagement and feedback consultation will continue to ensure the service understands the best way to continue its efforts in engagement key groups as part of ongoing service delivery</p>	<p>Ensure tender bids address service delivery requirements and continue to manage delivery throughout regular review meetings</p>

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
Religion or belief		We do not collect or have any data on the relationship between religion and smoking. The service will ensure it is available to all in a range of delivery mediums.		
Sex	P	The 2021 Census estimates Sandwell residents as being 49% male and 51% female. Previous smoking service quits were roughly in line at 51% female and 49% males. Prevalence wise there is a generally higher smoking prevalence amongst men than women, which is one of the key risk factors for cardiovascular disease disproportionality affecting men.	All promotion and engagement will be undertaken in a sensitive non-judgmental manner and will remain entirely optional.	
Sexual Orientation	Ne	People who identify as lesbian, gay, bisexual or other non-heterosexual sexualities are statistically more likely to smoke compared to heterosexual people. No previous local service usage data exists on sexual orientation access.	Communications plan: ensure service promotion and engagement is undertaken in a sensitive non-judgmental manner and will remain entirely optional. Data: monitor the newly introduced national dataset field which captures an expanded set of sexual orientation field options to monitor presentations/usage for this group.	Ensure tender bids address service delivery requirements and continue to manage

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
			New service spec requirements will ensure the range of service delivery mediums is advertised to meet personal preference (e.g. phone based/ digital/ in person options).	delivery throughout regular review meetings
Could other socio-economic groups be affected?				
Carer Low income groups Veterans/Armed Forces Community Other	P	People who work in routine/manual /low income jobs will remain a priority target population for the new service – ensuring smoking cessation support into the future will help deliver positive benefits for this population not only health but also financial gains from money saved from cigarettes. Other priority groups will include those who are homeless /at risk of homelessness, those with drug or alcohol support needs, and those with chronic/complex health conditions. Therefore, the proposal will ensure support for these key groups and reduce health inequalities across the population.	Spend interventions, delivery and outcomes will be managed and monitored within the Sandwell Public Health commissioning team.	

If there are no adverse impacts or any issues of concern or you can adequately explain or justify them, then please move to Sections 6.

5. What actions can be taken to mitigate any adverse impacts?

N/A

6. Section 6: Decision or actions proposed

N/A

7. Monitoring arrangements

Tendered bids will be evaluated against a 60/40 quality/cost ratio. Contract mobilisation meetings will ensure service requirements are implemented in an expedient manner to ensure no/minimal break in service from old to new provider.

On-going monitoring and management spend shall take place through quarterly contract review meetings, alongside quarterly activity reporting against any additionally received Smokefree Generation grant monies (numbers accessing cessation support, numbers quitting etc).

The future service will be managed within the Public Health commissioning team and any Smokefree Generation grant monies will be managed in accordance with OHID grant conditions and in line with internal Council processes

Section 8 Action planning (if required)

Question no. (ref)	Action required	Lead officer/ person responsible	Target date	Progress
All	<p>Service specification will outline requirements related to equalities including but not limited to:</p> <ul style="list-style-type: none">• A range of delivery mediums to support service user preference including face to face, digital etc• Close working with partners and delivery across settings that support/encounter priority smoking populations who often face additional barriers to accessing support• A workforce development offer to train a range of partner wide staff to deliver screening, brief intervention and supported referral to the cessation service (NCSCT package)• Service to work in a community asset-based manner, focussing on collaboration with community groups and organisations who represent our priority populations	Tobacco Project Manager, Public Health	August 2024 (when tender documents including service spec goes out to market)	

All	<p>Communications plan:</p> <p>Successful provider and Public Health Comms teams to work together to continue to ensure service promotion and engagement is undertaken in a sensitive non-judgmental manner and will remain entirely optional.</p>	<p>Successful service provider and Public Health Communication Managers</p>	<p>During service mobilisation period and by end of the first quarter of contract year one</p>	
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If you have any suggestions for improving this process, please contact EDI_Team@Sandwell.gov.uk