

Name of proposal/policy	Reduction in Stop Smoking Budget from £1,228,325 to £710,782	Budget number (if applicable)	
Service area responsible	Area Delivery Service (Stop Smoking Service) – First for Wellbeing	Cabinet meeting date	8 th January 2018
Name of completing officer	Esther Bushell/Raj Gangotra/ Chloe Gay	Date EqIA created	14 th August 2017 Updated 21 st December 2019
Approved by Director / Assistant Director	Lucy Wightman	Date of approval	29 th December 2017

The Equality Act 2010 places a ‘General Duty’ on all public bodies to have ‘Due regard’ to:

- Eliminating discrimination, harassment and victimisation
- Advancing equality of opportunity
- Fostering good relations

We do this by undertaking equality impact assessments (EqIAs) to help us understand the implications of policies and decisions on people with protected characteristics – EqIAs are our way of evidencing this.

All assessments must be published on the NCC equalities web pages. All Cabinet papers where an EqIA is relevant **MUST** include a link to the web page where this assessment will be published. If you require assistance in getting your EqIA published, please contact equalities@northamptonshire.gov.uk

PART 1

Description of current provision/policy and main beneficiaries/stakeholders

Since April 2016, First for Wellbeing has delivered Northamptonshire's Stop Smoking Service. The service is comprised of two components – a core specialist team and a network of Level 2 providers.

The core specialist team comprises Stop Smoking Specialists and Stop Smoking Advisers. Stop Smoking Specialists undertake developmental work in targeted areas such as vulnerable people, pregnancy, hospitals and workplaces to encourage and support customers to becoming smoke free. This part of the service is targeted in line with priorities directed by Public Health colleagues. Stop Smoking Advisers undertake direct clinic-based stop smoking face to face interventions with customers to support their quit attempt. This is a universal provision and the service accepts referrals from a number of providers in the health and community sectors.

The Level 2 network comprises principally pharmacies and GP surgeries with a broad geographical spread across the county although latterly other community providers have joined the network. These providers offer a universal stop smoking service to customers. Stop Smoking Specialists work to support, develop and monitor the Level 2 network.

Both components of the service are supported by the pharmacotherapy element of the Stop Smoking Service. Here customers can be prescribed Nicotine Replacement Therapies to support their quit attempt. Dispensing pharmacies are reimbursed the costs of these NRT products.

Description of proposal under consideration/development

The current budget allocated to this work is £1,278,325 with £773,000 allocated to the core specialist team and service infrastructure (c£520k) and the Level 2 network (c£250k), and £500,000 allocated to NRT reimbursement.

The proposal under consideration is to reduce the budget by a sum of £517,543 to leave a budget of £710,782. This allows the retention of a supported Level 2 network preserving a county wide universal provision. The core specialist team will be reduced and their focus will be targeted development (reducing smoking in pregnancy, in patients undergoing surgery and patients in receipt of respiratory and cardiology secondary care services), delivery work and supporting the level 2 network.

Data used in this Equality Impact Assessment (general population data where appropriate but each EqIA should contain information on people who use the service under consideration – if this is not applicable to your proposal then you probably do not need to do an EqIA)

Data Source (include link where published)	Please summarise what the data tells us – for example “X number of people use this service, X are male, Y are female etc.”
Demographic data collected by the Stop Smoking Service	In 2016/2017 4621 people used the service. This can be further broken down as follows: Sex: Male 50.2% Female 49.8%

Gender reassignment: No data collected

Age:

16 and under	0.4%
16-20	2.8%
21-40	36.8%
41-80	59.5%
80 and over	0.5%

Disability: Self-report sick or disabled 10.5%

Race and Ethnicity:

White/ White British	86.2%
White Other	6.4%
Black/ Black British	1.8%
Black Other	0%
Asian/ Asian British	2.0%
Other	3.6%
Prefer not to say	<0.1%

Sexual Orientation: No data collected

Religion or Belief: No data collected

Pregnancy and maternity:

4.0% customers were pregnant at the time of accessing the Stop Smoking Service

Human Rights: No additional data collected

Rural Isolation:

Northampton

35.6%

	Daventry & South Northamptonshire	22.4%
	Kettering	8.9%
	Corby	13.2%
	Wellingborough	9.9%
	East Northamptonshire	9.0%
	Unknown / Other	0.5%
	Socio-economic exclusion:	
	Full time Student	2.0%
	Home carer	3.9%
	In prison	7.1%
	Routine and Manual worker	24.5%
	Intermediate profession	6.5%
	Managerial/ professional	10.9%
	Never worked/ Long term unemployed	9.9%
	Retired	12.8%
	Sick/ disabled	10.5%
	Unable to code	11.9%

Tick the relevant box for each line by using a capital 'P' to make a <input type="checkbox"/>	Based on the above information, what impact will this proposal have on the following groups?			
	Positive	Negative	Neutral	Unsure
Sex			√	
Gender Reassignment			√	
Age			√	
Disability			√	
Race & Ethnicity			√	
Sexual Orientation			√	
Religion or Belief (or No Belief)			√	
Pregnancy & Maternity			√	
Human Rights			√	

Rural isolation			√	
Socio-economic exclusion		√		

Initial impact	
Explain your findings above	Actions identified to mitigate, advance equality or fill gaps in information
<p>The impact of the proposals have mostly been evaluated as neutral. This is due to the proposed retention of the county-wide Level 2 network and associated NRT provision which preserves universal access for all to Stop Smoking Services at no cost to the individual.</p> <p>There would however be a detrimental impact to Socio-economic exclusion: The current service provides specialist support to workplaces with high levels of manual workers who smoke, working with these businesses to identify, engage and support their lowest paid workers to quit smoking.</p>	

Do you need to undertake further work (e.g. consultation, further equality analysis) based on the impact and actions identified above? If yes, set this out below and then carry out the work and complete Part 2
This proposal forms part of wider budget proposals for which a formal consultation will be undertaken.

PART 2 – if required

Consultation, follow up data and information gathered from actions identified above	
	What does this information tell us?
Proposals that formed part of the Phase 1 budget consultation (including this one) were subject to a period of six weeks consultation between 20th October and 1st December. People were able to give their views via a questionnaire (online and in paper format), via email, writing in to the Council and by attending public events.	<ul style="list-style-type: none"> • Almost half of respondents (49.68%) agreed with the proposal (combining the ‘strongly agree’ and ‘tend to agree’ responses), while just over a quarter (28.03%) disagreed (combining the ‘tend to disagree’ and ‘strongly disagree’ responses). • By far the most frequent reason respondents gave as to why they agreed to this proposal was because they felt smoking was a life choice, with the risks attached to it well publicised and common knowledge. • The respondents who told us why they disagreed with the proposal mostly said that they felt it would be a false economy to reduce the funding as they believe it would have further, more expensive, cost

	<p>implications in the future, with earlier intervention being preferable to putting demand on NHS budgets.</p> <ul style="list-style-type: none"> • Only two respondents explained why they said 'Don't know' and that was because they felt it would have little to no impact upon them and/or their local area. • Using a scale of 1 to 10, with 1 being 'No impact' and 10 being 'Significant impact', respondents were asked to tell us how much of an impact this proposal would have on them if implemented. The average weighted impact for all respondents to this question was 3.95. • When asked how to mitigate the impact of the proposal, many of the respondents to this question said the Council should work in partnership to help share the responsibility. Suggestions included closer working with the NHS, other councils, and the third sector to help develop outreach programmes. • Comments received in relation to people with protected characteristics related to a small number of respondents saying they thought this proposal would be likely to impact disproportionately on the more vulnerable
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Final impact analysis (taking the findings from Part 2 into account) – including review date if required

Based on the evaluation and the findings from the consultation, the impact of reducing the specialist function of the stop smoking service on those with protected characteristics is thought to be neutral. There will be continued access to Level 2 stop smoking services across the county, and we will ensure that these services are accessible to everyone.