

Equality and Safety Impact

The **public sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with section 17 of the Crime and Disorder Act and will enable the council to better understand the potential impact of the budget proposals and consider mitigating action.

<p>Name or Brief Description of Proposal</p>	<p>Adult Health Improvement Specialist Smoking Cessation Service</p>
<p>Brief Service Profile (including number of customers)</p>	<p>Local Authorities have a duty to promote the health of their populations. The NHS has a duty to reduce health inequalities and promote the health of their patients. Historically, Southampton had a specialist stop smoking service, Southampton Quitters, which was funded by the public health grant and was commissioned to deliver a universal specialist stop smoking service. The replacement integrated service, Southampton Healthy Living, addressed weight, physical activity and alcohol too. While effective in some lifestyle behaviour change, it did not achieve the smoking cessation targets set.</p> <p>Southampton Healthy Living ended in March 2019. In the interim, while a service review and needs assessment were carried out, the following services were established and are currently running locally.</p> <ul style="list-style-type: none"> • Stop smoking support, including free pharmacotherapy and behavioural support, for pregnant women provided by the maternity services. • Universal stop smoking support, including free pharmacotherapy and behavioural support provided by local pharmacies • Ongoing campaigns including Stoptober and the promotion of the NHS smoke free website and helpline <p>There is also planned stop smoking provision by UHS through Southampton Public Health to support the nationally funded Lung Health Checks Programme during 2020/21.</p> <p>There is a strong evidence base for a specialist stop smoking service and the value that expert skill and knowledge brings.</p>

	<p>Following the outcome from the service review, the rationale is to commission a small, core team who can offer the expertise, training and quality assurance to the wider workforce in order to support the aspirations of embedding stop smoking support in services such as specialist mental health and in learning disability services. This is also in line with NHS Long Term Plan.</p> <p>In addition, this specialist service would be well placed to coordinate the wider public health campaigns across the city, in a comprehensive way, promoting the aspirations of a smoke free city, which is a vision held by many.</p> <p>The overall aim of the service is to support the reduction of smoking by individuals in Southampton. The service will offer training, quality assurance, advice and support to providers with a particular emphasis on the more vulnerable groups. This will be achieved through the 5 service elements:</p> <ul style="list-style-type: none"> • Providing training, advice and peer support to front line professionals • Providing a quality assurance role for providers offering smoking cessation services across the City • Providing an operational service to a small number of more complex individuals • Coordination and collection of national data • Delivering campaigns
<p>Summary of Impact and Issues</p>	<p>As a result of training and support offered by this provider there will be</p> <ul style="list-style-type: none"> • An increasing number of professionally led targeted stop smoking sessions and support services will be available in Southampton. • Stop smoking support delivered by providers in line with national guidance and standards (NCSCT/NICE), achieved as a result of training and support to targeted providers adhering to national standards and guidance • An increasing range of providers engaged in training and the delivery of smoking cessation support.
<p>Potential Positive Impacts</p>	<ul style="list-style-type: none"> • Covid19. Smoking is a risk factor for being seriously unwell with covid19. This service will help health and care settings to support their staff and clients to stop smoking. This will strengthen workforce health and reduce covid19-related serious ill-health • Reduced health inequalities for targeted groups including vulnerable adults with mental health, learning disability or drug and alcohol issues. More people stopping smoking, in these settings, including staff, with associated health and quality and quantity of life benefits. This will require collaboration with frontline services.

	<ul style="list-style-type: none"> Monitoring diversity, equality and inclusion. The service provider will need to oversee monitoring of smoking cessation services across the city for accessibility in the widest sense, outputs and outcomes across protected characteristics and also by level of poverty. They will be required to review and improve equity. The service provider will also be asked to monitor and, if necessary, improve their own workforce diversity and to collaborate with other agencies for good equality, diversity and inclusion and ensure the best outcomes for the city. Contribution towards a reduction in smoking prevalence. This will require system-wide work. Increased opportunity for individuals to stop smoking and access the support they need. Safe, high quality support available, in line with NICE requirements / standards. Coordinated and Improved city wide campaigns Environmental – smoking is a significant cause of litter, including plastic filters, and house fires. Having the service will contribute to a reduction in litter and the risk of house fires. The service is expected to have a low environmental impact. Much of the work can be completed virtually.
Responsible Service Manager	<u>Sandra Jerrim with Charlotte Matthews</u>
Date	<u>July 2020</u>

Approved by Senior Manager	
Signature	
Date	

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	<p>Not having the service will mean that younger and older adults might be adversely affected. Current provision tends to focus on adults. Some older people in the population think it is not worth stopping smoking in older age.</p> <p>Having the service will enable:</p> <ul style="list-style-type: none"> more service providers to be confident and able to talk to their 	<p>There will be no upper or lower age limit for their small direct service provision to complex patients referred to them, although anyone under 18 will need to be Gillick competent to participate. The service can work with settings who support young people in care and care leavers.</p>

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	<p>clients about stopping smoking, and over time, provide specialist support to help them stop.</p> <ul style="list-style-type: none"> • Better monitoring of need, uptake and outcomes to inform action 	<p>Under 18 year olds can also access stop smoking support from other services in the city such as No Limits, School Nursing Service and Primary Care. National websites and digital support are available for all age groups.</p> <p>Local campaigns will continue, targeting different people of different life stages as applicable.</p>
Disability	<p>Not having the service will exacerbate smoking-related health inequalities experienced by people with disabilities.</p> <p>Having the service will enable improve access to smoking cessation support for people with many disabilities. It will also enable better monitoring of need, uptake and outcomes to inform action</p>	<p>The service will be asked to prioritise supporting settings where there are higher rates of smoking and people have disabilities or other needs that make it harder for them to stop smoking, particularly mental health, learning disability and drug & alcohol settings.</p> <p>The service will monitor smoking cessation outcomes of providers across the city, to understand need, uptake and success rates for people with disabilities, to inform action.</p> <p>The service will be expected to make good provision for everyone they work with, including the people they directly support to stop smoking. This means understanding and meeting their sensory, physical and/or cognitive needs.</p> <p>e.g. provision will be run from accessible locations where possible, with an expectation that providers are respectful and work well with people with any type of disability.</p>
Gender Reassignment	<p>Not having a service may exacerbate health inequalities. People who identify as LGBTQ+ are more likely to smoke</p>	<p>The service is going to support mental health and drug and alcohol settings in the first</p>

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	<p>than people who don't and people who are transgender experience worse health than people who are not.</p> <p>Having a service may help to reach people who smoke and who are transgender by working through services they trust. The service can also monitor and understand need, uptake and outcomes to inform action.</p>	<p>instance. This may also help to reach transgender people who may be most likely to experience worse health. Nationally, people who are transgender experience more mental health and/or drug and alcohol issues than people who are not transgender, in coping with the difficulties of gender dysphoria, transitioning and living as a trans man, woman or person who is nonbinary.</p> <p>Direct provision to patients will be available to all, with an expectation that providers are respectful and welcoming of everyone and all that that means.</p>
Marriage and Civil Partnership	No identified negative impacts.	Provision will continue to be available to all, with an expectation that providers are respectful of anyone's marital or partnership status and will proactively seek to work with partners.
Pregnancy and Maternity	<p>Not having a service will mean we will continue to have only the support provided by the maternity service. There will not be expertise within Southampton to support them. The Maternity service can only support women while they are pregnant; they cannot support the families of pregnant women or the women once they are no longer pregnant.</p> <p>Having a service will hopefully mean the maternity service and others can support more pregnant women (and their families) to stop smoking.</p>	<p>The maternity service already supports pregnant women under their care to stop smoking.</p> <p>The specialist service will additionally be able to provide behind-the-scenes expertise to the maternity service and settings which can support others in the family to stop smoking. They are also likely to work with early years settings, such as the Family Nurse Partnership and Health Visiting, so that families with young children are supported to stop smoking before they have further pregnancies and can stay smoke-free once they have quit.</p>
Race	Not having a service - there is no specific impact for people of a particular race.	The service can support frontline services to understand

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	<p>However, there is under representation of BME communities in many services in the city and adults from these communities may be more disadvantaged if they do not feel comfortable accessing treatment for cultural or community reasons.</p> <p>Having a service will enable:</p> <ul style="list-style-type: none"> • the local system to be more culturally-competent in terms of smoking and smoking cessation. • Mental health settings, and other settings with a higher proportion of both smokers and people who are BAME, to embed smoking cessation. • Other providers to support more people who are BAME to stop smoking and thereby reduce their risk of serious illness from covid19. • Better monitoring to understand need, uptake and outcomes, to inform action. 	<p>smoking and smoking cessation for different ethnicities and cultures. For example including the use of shisha and chewing tobacco in their training.</p> <p>People from BAME are often over-represented in mental health settings in particular. By working with mental health settings, among other settings, this service will thereby help to reduce health inequalities experienced by people who are BAME.</p> <p>Local campaigns will continue to be inclusive.</p>
Religion or Belief	No identified negative impacts.	<p>The provider will be expected to provide a service that is respectful of anyone's religion or belief and engage well with all groups. Local campaigns will aim to be inclusive with the aim of reaching different populations.</p> <p>The provider will incorporate elements of faith and culture into their training and monitoring as applicable.</p>
Sex	<p>No identified negative impacts.</p> <p>Smoking rates are higher among men than women. Being male and being a smoker are both risk factors for being seriously unwell with covid19.</p> <p>Women are often more likely to be in the health system and receptive to the advice of health care professionals, but may face difficulties accessing support amid paid</p>	<p>The provider will be expected to provide a service that respect and work well with all genders.</p> <p>Local campaigns will aim to be inclusive with the aim of reaching different populations.</p> <p>Men are often over-represented in mental health inpatient and drug and alcohol settings. The</p>

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	<p>and unpaid labour.</p> <p>Having a service will enable health care providers to work more successfully with men, who are also more at risk of being seriously unwell with covid19. It will also facilitate better monitoring of need, uptake and outcomes to inform action.</p>	<p>service is due to work with these settings and will thereby help to reach men who otherwise often experience social exclusion.</p> <p>The service will also work with maternity services which may be more likely to reach women at a time when they feel able to stop smoking. The service will also support all health providers across the city to feel confident to raise smoking with their service users, so that people of any gender receive support whenever they are in contact with a health service.</p>
Sexual Orientation	<p>Not having a service may exacerbate health inequalities. People who identify as LGBQ+ are more likely to smoke than people who don't.</p> <p>Having a service may help to reach people who smoke and who are LGBQ+ by working through services they trust. The service can also monitor and understand need, uptake and outcomes to inform action.</p>	<p>Nationally, people who are LGBQ+ experience more mental health and/or drug and alcohol issues than people who identify as heterosexual. The service is going to support mental health and drug and alcohol settings in the first instance. This may also help to reach people who are LGBQ+ who may be most likely to experience worse health.</p> <p>The provider will be expected to provide a service that respects and works well with all groups. Local campaigns will aim to be inclusive with the aim of reaching different populations</p>
Community Safety	No identified negative impacts.	N/A
Poverty	<p>Poverty is a key risk factor for smoking. Not having a service means that we will not do any better than we currently are at reducing smoking-related health inequalities, experienced most heavily by people in poverty.</p> <p>Having the service will mean that we improve the health of the poorest, fastest, given smokers are more likely to live in</p>	<p>The service will focus on settings with highest smoking needs. These are most likely to be people who live in poverty. Settings are also likely to have lower-paid staff who will benefit from more smoking cessation support for staff.</p> <p>The provider will be expected to</p>

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	<p>poverty and that stopping smoking is one of the beneficial actions to improve health. The service will support the health and care system to help people to stop smoking. In doing so, ex-smokers will save money for themselves. The service will monitor need, uptake and outcomes to inform action.</p>	<p>provide a service that respect and work well with all groups.</p> <p>Local campaigns will aim to be inclusive with the aim of reaching different populations</p>
Other Significant Impacts		