Equality Impact Assessment (EqIA) Template							
Type of Decision: Tick ✓	✓	Cabinet		Portfolio Holder		Other (explain)	
Date decision to be taken:	16 February 2017						
Value of savings to be made (if applicable):	£200k (2017-8)						
Title of Project:	**Tobacco Control & Smoking Cessation - cessation of service**						
Directorate / Service responsible:	Public Health						
Name and job title of Lead Officer:	Andrew Howe, Director of Public Health						
Name & contact details of the other persons involved in the assessment:	Carole Furlong, Consultant in Public Health						
Date of assessment (including review dates):	31.1.2017						

Stage 1: Overview	
1. What are you trying to do? (Explain your proposals here e.g. introduction of a new service or policy, policy review, changing criteria, reduction / removal of service, restructure, deletion of posts etc)	The reduction in budget of Harrow Stop Smoking Service of £20,000 has been identified through efficiency savings within the budget. This has been achieved through a combination of negotiated savings on consumables, a small reduction in promotional material costs, and through a reduction in the expected number of smoking quitters in line with a reduction in smoking prevalence in Harrow. A further reduction of another £20,000 has been made by reducing promotion of the service further and a cut in the tobacco control budge which will prevent the continued delivery of the young people's smoking cessation project (Cut Films). In 2016-7, the budget will be reduced to zero and the stop smoking service will be removed with the deletion of three posts. The smoking prevalence in Harrow is one of the lowest in the country and has been decreasing year on year. The 2014-5 budget was based on a smoking prevalence of 14% and the 2015-6 budget on a smoking prevalence of 12.8%. Nationally, Harrow already has one of the smallest budgets for smoking cessation and tobacco control.

2. Who are the main people / Protected Characteristics that may be affected by your proposals? (✓ all that apply)	Residents / Service Users	x	Partners	x	Stakeholders	x
	Staff	x	Age	x	Disability	x
	Gender Reassignment	x	Marriage and Civil Partnership		Pregnancy and Maternity	x

	Race	x	Religion or Belief	x	Sex	x
	Sexual Orientation	x	Other			

3. Is the responsibility shared with another directorate, authority or organisation? If so: • Who are the partners? • Who has the overall responsibility? • How have they been involved in the assessment?	Service delivery is shared between the Stop Smoking Team in Public Health and Pharmacies and GP practices. The council has the overall responsibility and partners have not been involved in this assessment.

Stage 2: Evidence & Data Analysis

4. What evidence is available to assess the potential impact of your proposals? This can include census data, borough profile, profile of service users, workforce profiles, results from consultations and the involvement tracker, customer satisfaction surveys, focus groups, research interviews, staff surveys, press reports, letters from residents and complaints etc. Where possible include data on the nine Protected Characteristics.

(Where you have gaps (data is not available/being collated for any Protected Characteristic), you may need to include this as an action to address in your Improvement Action Plan at Stage 6)

Protected Characteristic	Evidence	Analysis & Impact
Age (including carers of young/older people)	Smoking rates vary with age. Over 80% of smokers begin when they are under 18. The rate of smoking drops in the oldest age groups due to the impact of smoking related diseases. Smokers die earlier than non-smokers on average. Smoking in parents increases the likelihood of young people starting to smoke.	Closing the stop smoking service will • increase the risk of potential impact of smoking on children of smokers; • increase the risk of numbers of low birth weight babies and associated disability; • increase the risk of number of still born babies • Increase the risk of number of babies that die in their first year of life • increase risk of respiratory illness and asthma in children • increase the risk of the likelihood of children

		becoming smokers.
Disability (including carers of disabled people)	Smoking causes a wide range of diseases. Some of these long term conditions lead to disability e.g. loss of limbs due to peripheral vascular disease; diminished lung capacity due to COPD; Low birth weight due to smoking is linked to both learning disability and physical disability. People with mild to moderate learning disability and low risk perception who smoke are less likely to quit without support. This is one of the reasons way people with learning disability do not have as long a life expectancy as people without a disability People with mental health problems especially those with drug and alcohol problems are more likely to smoke than general population and less likely to quit without support. This is one of the reasons way people with a mental health disability do not have as long a life expectancy as people without a disability Smoking rates in people with HIV reported higher than average. Smoking further depresses immune system of people with HIV.	Closing the stop smoking service will • Increase the number of people with smoking-related long term conditions and the disabilities associated with them. • Increase the need for both health and social care due to disability • increase the inequalities in health experienced by people with a disability. • Increase the number of people with a disability dying due to a smoking related disease
Gender Reassignment	Evidence that smoking rates are higher in LGBT than average rates (Cancer research UK policy statement)	Closure of the smoking cessation service will increase inequalities in health experienced by LGBT people and will increase the number of LGBT people dying from a smoking related disease.
Marriage / Civil Partnership	No evidence available	

Pregnancy and Maternity	Smoking reduces the likelihood of a woman getting pregnant. It also reduces her partner's sperm count. Women who smoke are more likely to • Suffer complications during pregnancy • Suffer from stillbirth • Have a more difficult labour • Have their baby prematurely – which is associated with increased risk of learning and physical disability • Have a baby with breathing, feeding and other health problems • Have a baby that is of low birthweight and therefore more likely to suffer from problems in regulating their temperature and be more prone to infection • Suffer from a sudden infant death (cot death)	Closure of the smoking cessation service will • increase numbers of low birth weight babies and associated disability; • increase the number of still born babies • Increase the number of babies that die in their first year of life
Race	Some BME groups have higher smoking rates than average (e.g. Bangladeshi, Arab, Turkish and some Eastern Europeans). Some groups such as Gujaratis have lower smoking rates although the rate in second and subsequent generations is higher than the original migrant population.	Closure of the stop smoking service may have a disproportionate impact on the health of people in some ethnic groups and increase the number of people from some BME groups dying due to a smoking related disease
Religion and Belief	No evidence available	

Sex / Gender	Smoking rates are higher in men than in women in general although smoking rates in young women are as high and in some cases higher than in young men.	Closure of the stop smoking service may have a disproportionate impact on the health of older men and younger women.
Sexual Orientation	Evidence that smoking rates are higher in LGBT than average rates. (Cancer research UK policy statement)	Closure of the smoking cessation service will increase inequalities in health experienced by LGBT people and will increase the number of LGBT people dying from a smoking related disease..

Stage 3: Assessing Potential Disproportionate Impact									
5. Based on the evidence you have considered so far, is there a risk that your proposals could potentially have a disproportionate adverse impact on any of the Protected Characteristics?									
	Age (including carers)	Disability (including carers)	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
Yes	x	x	x		x	x			x
No				x			x	x	

YES - If there is a risk of disproportionate adverse Impact on any **ONE** of the Protected Characteristics, continue with the rest of the template.

- **Best Practice:** You may want to consider setting up a Working Group (including colleagues, partners, stakeholders, voluntary community sector organisations, service users and Unions) to develop the rest of the EqIA
- It will be useful to also collate further evidence (additional data, consultation with the relevant communities, stakeholder groups and service users directly affected by your proposals) to further assess the potential disproportionate impact identified and how this can be mitigated.

NO - If you have ticked 'No' to all of the above, then go to **Stage 6**

- Although the assessment may not have identified potential disproportionate impact, you may have identified actions which can be taken to advance equality of opportunity to make your proposals more inclusive. These actions should form your Improvement Action Plan at Stage 6

Stage 4: Further Consultation / Additional Evidence		
6. What further consultation have you undertaken on your proposals as a result of your analysis at **Stage 3**?		
Who was consulted? What consultation methods were used?	What do the results show about the impact on different groups / Protected Characteristics?	What actions have you taken to address the findings of the consultation? E.g. revising your proposals
The consultation ran from the 7 Sept 16 until the 3 Nov 3. A range of consultation methods were used to ensure that residents and key stake holders were able to respond to the consultation in a way that suited their needs. A consultation survey was made available on line and in hard copy. A	Please see stage 2	Consultation results have been included in the cabinet report for members to consider when making a decision.

direct mail out to current and previous services users also took place.		

Stage 5: Assessing Impact					
7. What does your evidence tell you about the impact on the different Protected Characteristics? Consider whether the evidence shows potential for differential impact, if so state whether this is a positive or an adverse impact? If adverse, is it a minor or major impact?					
Protected Characteristic	Positive Impact ✓	Adverse Impact		Explain what this impact is, how likely it is to happen and the extent of impact if it was to occur. Note – Positive impact can also be used to demonstrate how your proposals meet the aims of the PSED Stage 7	What measures can you take to mitigate the impact or advance equality of opportunity? E.g. further consultation, research, implement equality monitoring etc (Also Include these in the Improvement Action Plan at Stage 6)
		Minor ✓	Major ✓		
Age (including carers of young/older people)			✓	Impact of smoking on children of smokers; low birth weight; infant mortality; respiratory illness and asthma; increased likelihood of children becoming smokers Increase in deaths from smoking related disease	None
Disability (including carers of disabled people)			✓	Low birth weight due to smoking is linked to learning disability People with mild to moderate learning disability and low risk perception who smoke are less likely to quit without support People with mental health problems especially those with drug and alcohol problems are more likely to smoke than general population and less likely to quit without support. Smoking rates in people with HIV reported higher than average. Smoking further depresses immune system of people with HIV. Increase in deaths from smoking related disease	None
Gender Reassignment			✓	Evidence that smoking rates are higher in LGBT than average rates. (Cancer research UK policy statement) Increase in deaths from smoking related disease	None
Marriage and			✓	Although not affected disproportionately, the health of smokers in this group would be	None

Civil Partnership				affected. Increase in deaths from smoking related disease	
Pregnancy and Maternity			✓	Low birthweight babies Increased risk of infant mortality Increase in deaths from smoking related disease	None
Race			✓	Some BME groups have higher smoking rates than average (e.g. Bangladeshi, Turkish and some Eastern Europeans) Increase in deaths from smoking related disease	None
Religion or Belief			✓	Although not affected disproportionately, the health of smokers in this group would be affected. Increase in deaths from smoking related disease	None
Sex			✓	Although not affected disproportionately, the health of smokers in this group would be affected. Increase in deaths from smoking related disease	None
Sexual orientation			✓	Evidence that smoking rates are higher in LGBT than average rates. (Cancer research UK policy statement) Increase in deaths from smoking related disease	None

8. Cumulative Impact – Considering what else is happening within the	Yes	x	No	

<table>
<tr><td>Council and Harrow as a whole, could your proposals have a cumulative impact on a particular Protected Characteristic?

If yes, which Protected Characteristics could be affected and what is the potential impact?</td><td colspan="4">Smoking causes a wide range of diseases including cardiovascular disease. The reduction in the health checks programme would reduce the likelihood of smokers being picked up in the early stages of their disease.

Although the rates of smoking are lower than average in Harrow, smoking has a major impact on those who continue to smoke and half of all smokers will die of a smoking related disease.

Due to other savings proposals across the council, there are potentially fewer redeployment opportunities for those staff at risk of redundancy.</td></tr>
<tr><td rowspan="3">9. Any Other Impact – Considering what else is happening within the Council and Harrow as a whole (for example national/local policy, austerity, welfare reform, unemployment levels, community tensions, levels of crime) could your proposals have an impact on individuals/service users socio economic, health or an impact on community cohesion?

If yes, what is the potential impact and how likely is it to happen?</td><td>Yes</td><td>x</td><td>No</td><td></td></tr>
<tr><td colspan="4">Impact of budget cut in 2017-8
Access to the stop smoking services will not be affected by the budget reduction in 2015-6. There will be no reduction in the number of pharmacies that deliver the stop smoking services and will be an additional two pharmacies brought into the scheme to target areas where service coverage is low. A reduction in advertising may impact on some groups disproportionally. The reduction in the expected number of quitters may also affect some groups more than others if they are less likely to access the services.</td></tr>
<tr><td colspan="4">Although smoking rates are decreasing, changes in income due to welfare reform or increases in council tax are likely to increase stress within the population. It is likely that people in routine and manual groups will be affected by these changes more than others.
Smoking reduces the disposable income of the poorest people - workers in routine and manual professions are twice as likely to smoke as those in managerial and professional roles. Although it seems counterintuitive, times of financial hardship often show an increase in smoking rates.</td></tr>
</table>

	Smoking disproportionately affects certain groups. These include babies, children and young people, pregnant women, people with a disability, the LBGT community, some BAME groups and people in routine and manual social groups where smoking rates are higher. This would increase health inequalities within the borough.
	Environmental impact • Annually, the council must also dispose of the 111 million non-biodegradable cigarette filters – approximately 19 tonnes of waste. 4 tonnes of this is street litter that must be collected by street cleaning teams[1] Impact on businesses and productivity Reduce productivity of local businesses due to staff smoking breaks and additional sick days taken by smokers. • The annual cost of 439 years of lost productivity from early smoking related deaths=£24 million2 • The annual cost to Harrow businesses from smoking breaks=£18 million • The annual cost of 39,606 days of lost productivity from smoking-related sick days: £4 million • The annual cost to the local economy of smoking related fires in homes £2 million3

[1] Reducing Smoking Related Litter, a guide for businesses. Keep Britain Tidy 2008
[2] Featherstone H and Nash R. Cough up. The Policy Exchange, 2010.
[3] Office of the Deputy Prime Minister: The Economic Cost of Fire: Estimates for 2004. 2006.

Stage 6 – Improvement Action Plan				
List below any actions you plan to take as a result of this Impact Assessment. These should include: • Proposals to mitigate any adverse impact identified • Positive action to advance equality of opportunity • Monitoring the impact of the proposals/changes once they have been implemented • Any monitoring measures which need to be introduced to ensure effective monitoring of your proposals? How often will you do this?				
Area of potential adverse impact e.g. Race, Disability	Proposal to mitigate adverse impact	How will you know this has been achieved? E.g. Performance Measure / Target	Lead Officer/Team	Target Date
Age, Disability, Pregnancy and Maternity, Race and Sexual Ordination	With no budget, it will be difficult to mitigate the impact of the cancellation of the service. We will reprioritise the work to the remainder of the public health team to ensure that promotion of the national campaigns to stop smoking is maximised including the on-line quit services.	No performance measures possible	Carole Furlong	To be agreed

Stage 7: Public Sector Equality Duty	
10. How do your proposals meet the Public Sector Equality Duty (PSED) which requires the Council to: 1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010 2. Advance equality of opportunity between people from different groups 3. Foster good relations between people from different groups	As above

Stage 8: Recommendation	
11. Please indicate which of the following statements best describes the outcome of your EqIA (✓ tick one box only)	
Outcome 1 – No change required: the EqIA has not identified any potential for unlawful conduct or disproportionate impact and all opportunities to advance equality of opportunity are being addressed.	

Outcome 2 – Minor Impact: Minor adjustments to remove / mitigate adverse impact or advance equality of opportunity have been identified by the EqIA and these are listed in the Action Plan above.	✓
Outcome 3 – Major Impact: Continue with proposals despite having identified potential for adverse impact or missed opportunities to advance equality of opportunity. In this case, the justification needs to be included in the EqIA and should be in line with the PSED to have 'due regard'. In some cases, compelling reasons will be needed. You should also consider whether there are sufficient plans to reduce the adverse impact and/or plans to monitor the impact. **(Explain this in Q12 below)**	

12. If your EqIA is assessed as **outcome 3** explain your justification with full reasoning to continue with your proposals.	

Stage 9 - Organisational sign Off			
13. Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?			
Signed: (Lead officer completing EqIA)	Carole Furlong and Carol Yarde	Signed: (Chair of DETG)	
Date:	31.1.2017	Date:	
Date EqIA presented at the EqIA Quality Assurance Group (if required)		Signature of DETG Chair	