

City of York Council
Equalities Impact Assessment

Who is submitting the proposal?

Directorate:	Public Health		
Service Area:	Health Trainer's		
Name of the proposal :	Smokefree generation – expansion of the Health Trainer smoking cessation service offer		
Lead officer:	Phil Truby		
Date assessment completed:	03/04/2024		
Names of those who contributed to the assessment :			
Name	Job title	Organisation	Area of expertise
Phil Truby	Public Health Specialist Practitioner Advanced	CYC	Public Health
Glyn Newberry	Health Trainer Programme Manager	CYC	Stop smoking services
Anna Basilico	Head of Population Health and Partnerships	Humber and North Yorkshire ICB	Health inequalities, population health groups

Step 1 – Aims and intended outcomes

1.1	What is the purpose of the proposal? Please explain your proposal in Plain English avoiding acronyms and jargon.
	<p>The Health Trainer service sits as part of the council's Public Health team. It is well established and offers free, 1-1 support to residents of York on Stopping Smoking, being a Healthy Weight, being Physically Active, eating Healthily, drinking less Alcohol and being less Isolated.</p> <p>The proposal is to use a government grant that is specifically for stop smoking services, to expand the current Stop Smoking element of the service by increasing the number of health trainers, changing the service structure, extending the duration of support offered and increasing the marketing activity of the service.</p>
1.2	Are there any external considerations? (Legislation/government directive/codes of practice etc.)
	<p>The grant is being provided to the local authority, from the Department of Health and Social Care, via a section 31 grant. There are specific grant conditions that state the current activity relating to stop smoking support needs to be continued and this this grant funding must be used to increase the availability of stop smoking support.</p> <p>Further information on the grant conditions can be found here: https://www.gov.uk/government/publications/local-stop-smoking-services-and-support-additional-funding/local-stop-smoking-services-and-support-guidance-for-local-authorities</p>

1.3	Who are the stakeholders and what are their interests?
	<p>Residents – users of the service, will likely see an improvement in service offer</p> <p>Health trainer staff – providers of the service, will see a change to how service is delivered and duration of support that is offered to residents.</p> <p>Professionals / referral sources in to the service – will need to be updated on changes to the service and the benefits for service users.</p>
1.4	What results/outcomes do we want to achieve and for whom? This section should explain what outcomes you want to achieve for service users, staff and/or the wider community. Demonstrate how the proposal links to the Council Plan (2019- 2023) and other corporate strategies and plans.
	<p>The grant funding provides an opportunity to enhance the local approach to tobacco control, including the current service offer provided by the City of York Council Health Trainer service, reaching into communities where smoking rates consistently above the York average. To do this, the service will have to adapt some ways in which it operates, to become more embedded within communities across York. The proposal will reach underserved communities and support the to quit smoking.</p> <p>The council plan 2023-27 commits to ‘Support more people on their journey of recovery from addiction, including through smoking cessation services and our recovery-based drug and alcohol model.’</p>

Step 2 – Gathering the information and feedback

2.1	What sources of data, evidence and consultation feedback do we have to help us understand the impact of the proposal on equality rights and human rights? Please consider a range of sources, including: consultation exercises, surveys, feedback from staff, stakeholders, participants, research reports, the views of equality groups, as well your own experience of working in this area etc.
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Source of data/supporting evidence	Reason for using
OHID Fingertips - https://fingertips.phe.org.uk/profile/tobacco-control	Latest data on smoking trends, including local and national inequalities.
NICE guidance on treating tobacco dependence - https://www.nice.org.uk/guidance/ng209	Best practice guidance on how to treat tobacco dependence, including in different population groups.
NCSCT guidance on delivering and monitoring local stop smoking services - https://www.ncsct.co.uk/publications/commissioning-delivery-monitoring	This document provides clear steps for commissioning, delivering and monitoring effective, evidence-based stop smoking support.
York Council - Health Needs Assessments - https://www.healthyyork.org/	Health needs assessments on specific population groups, including those with disabilities, gypsy and travellers etc.

Step 3 – Gaps in data and knowledge

3.1	What are the main gaps in information and understanding of the impact of your proposal? Please indicate how any gaps will be dealt with.	
	Gaps in data or knowledge	Action to deal with this
	The view of different people with different protected characteristics.	Feedback will continue to be collated and inform the regular review of the contract and advertising policy.
	The views of residents in the development of this proposal.	Feedback will continue to be collated and inform the regular review of the contract and advertising policy.

Step 4 – Analysing the impacts or effects.

4.1	<p>Please consider what the evidence tells you about the likely impact (positive or negative) on people sharing a protected characteristic, i.e. how significant could the impacts be if we did not make any adjustments? Remember the duty is also positive – so please identify where the proposal offers opportunities to promote equality and/or foster good relations.</p>		
Equality Groups and Human Rights.	Key Findings/Impacts	Positive (+) Negative (-) Neutral (0)	High (H) Medium (M) Low (L)
Age	Smoking has negative impacts upon people of all ages, however across England, smoking prevalence is higher among young age groups. The service already has a specific offer targeted at people aged 12-17, however the new offer will also look at how to better engage people aged 18-35. The current average age of people accessing the service is in the 50-55 age group.	+	M
Disability	Smoking prevalence is higher in those with a lower self-reported health status, however this could be in part due to the causal effects of smoking on physical and mental health.	0	L
Gender	Both nationally and locally, smoking prevalence is higher in males, although the difference is not statistically significant locally. The service will take opportunities to work with specific gendered groups, if it aligns well with other known groups where smoking prevalence is higher (i.e. occupation type etc.)	0	L
Gender Reassignment	No impact	-	-

Marriage and civil partnership	No impact	-	-
Pregnancy and maternity	Supporting pregnant women is a core objective of all stop smoking services. At present all pregnant women are asked at their booking appointment for smoking status and offered an opt out referral to stop smoking support. Pregnant women have been, and will continue to be, offered priority appointments given the impact it has for both mother and baby.	+	H
Race	Smoking prevalence does vary by race, and specific cultural beliefs impact upon views towards smoking. Those with a mixed ethnicity often have a higher smoking prevalence.	0	L
Religion and belief	No impact	-	-
Sexual orientation	Gay/lesbian people have a higher smoking prevalence, than other sexual orientations. The service will look at how it can better meet the needs of gay/lesbian residents.	0	L
Other Socio-economic groups including :	Could other socio-economic groups be affected e.g. carers, ex-offenders, low incomes?		
Carer	No impact		
Low income groups	Smoking prevalence is higher among those living in the more deprived deciles, both nationally and locally. The service will be positioned in community locations where it is known that smoking rates are higher. Additionally, those in routine and manual occupations are twice as likely to be smoking as those in managerial	+	H

	professions. The service will target specific employers to support people working in these roles.		
Veterans, Armed Forces Community	Smoking prevalence is higher in the armed forces community than the England average, although there are distinct variations between branches of the armed forces. Rates have been declining over the last 10 years, but still remain above England average.	+	L
Other	Gypsy and traveller – a recent Health Needs Assessment identified high smoking rates in this community. A specific, targeted provision will be developed through this proposal.	+	M
	Social rented housing – those living in social rented housing in York are more than 7 times more likely to be smoking than someone who owns their house with a mortgage. The service will work with Council housing and external housing providers to offer a bespoke offer.	+	H
Impact on human rights:			
List any human rights impacted.	No impact on human rights		

Use the following guidance to inform your responses:

Indicate:

- Where you think that the proposal could have a POSITIVE impact on any of the equality groups like promoting equality and equal opportunities or improving relations within equality groups

- Where you think that the proposal could have a NEGATIVE impact on any of the equality groups, i.e. it could disadvantage them
- Where you think that this proposal has a NEUTRAL effect on any of the equality groups listed below i.e. it has no effect currently on equality groups.

It is important to remember that a proposal may be highly relevant to one aspect of equality and not relevant to another.

<p>High impact (The proposal or process is very equality relevant)</p>	<p>There is significant potential for or evidence of adverse impact The proposal is institution wide or public facing The proposal has consequences for or affects significant numbers of people The proposal has the potential to make a significant contribution to promoting equality and the exercise of human rights.</p>
<p>Medium impact (The proposal or process is somewhat equality relevant)</p>	<p>There is some evidence to suggest potential for or evidence of adverse impact The proposal is institution wide or across services, but mainly internal The proposal has consequences for or affects some people The proposal has the potential to make a contribution to promoting equality and the exercise of human rights</p>
<p>Low impact (The proposal or process might be equality relevant)</p>	<p>There is little evidence to suggest that the proposal could result in adverse impact The proposal operates in a limited way The proposal has consequences for or affects few people The proposal may have the potential to contribute to promoting equality and the exercise of human rights</p>

Step 5 - Mitigating adverse impacts and maximising positive impacts

5.1	Based on your findings, explain ways you plan to mitigate any unlawful prohibited conduct or unwanted adverse impact. Where positive impacts have been identified, what is been done to optimise opportunities to advance equality or foster good relations?
We plan to work with service users to make the service as accessible and inviting to all sections of our community. We will listen to the needs of different population groups and adapt the service to meet their needs, be that through the physical location of the service, the days/times the service operates, or the way in which we involve people with the service (e.g. our marketing, referral or contact methods).	

Step 6 – Recommendations and conclusions of the assessment

6.1	Having considered the potential or actual impacts you should be in a position to make an informed judgement on what should be done. In all cases, document your reasoning that justifies your decision. There are four main options you can take:	
Option selected		Conclusions/justification
No major change to the proposal		The EIA demonstrates the proposal is robust. There is no potential for unlawful discrimination or adverse impact and we have taken all opportunities to advance equality and foster good relations, subject to continuing monitor and review.

Step 7 – Summary of agreed actions resulting from the assessment

7.1 What action, by whom, will be undertaken as a result of the impact assessment.			
Impact/issue	Action to be taken	Person responsible	Timescale
Resident feedback	While feedback is regularly sought from service users, it is not routinely collected from those who can't/don't access the service. We want to seek their views on how we can make the service more accessible to them.	Glyn Newberry	July 2024

Step 8 - Monitor, review and improve

8. 1	How will the impact of your proposal be monitored and improved upon going forward? Consider how will you identify the impact of activities on protected characteristics and other marginalised groups going forward? How will any learning and enhancements be capitalised on and embedded?
	As part of the ongoing service delivery, annual evaluations are undertaken to ensure that the service is reaching communities with highest smoking rates. Additionally, there is annual reporting back to government as part of the grant conditions, which includes the demographics of who is being supported to quit smoking. Service user feedback is continually sought, with recommendations acted upon where possible.