Appendix 5b: Equality Analysis (EA) Record Form
Formerly Equality Impact Assessment

Blackpool Council

Revised February 2015

Department: Public Health

Team or Service Area Leading Assessment: **Public Health**

Title of Policy/ Service or Function: **Tobacco Free Lancashire and South Cumbria Strategy 2023-2028**

Proposals to introduce/ alter/ delete policy, service, expenditure etc:

Date of proposals: 13/06/ 2023 Committee/Team: **Public Health**

Lead Officer: **Sarah Kipps/Liz Petch**

STEP 1 - IDENTIFYING THE PURPOSE OR AIMS

1. What type of policy, service or function is this?

Existing ☐ New/ proposed ☐ Changing/ updated ☒

2. What is the aim and purpose of the policy, service or function?

To reduce tobacco related harm across Lancashire and South Cumbria and work towards the Smokefree 2030 agenda.

3. Please outline any proposals being considered.

Tobacco Free Lancashire and South Cumbria is a multi-agency alliance working together towards the smokefree agenda across Lancashire and South Cumbria and includes representatives from local authority public health, NHS, providers, Office for Health Improvement and Disparities (OHID) and Trading Standards. This group was previously known as Tobacco Free Lancashire however since the implementation of Integrated Care Systems (ICSs), the footprint of the group has been expanded to match that of the ICS.

The purpose of this strategy is to provide clear direction for commissioners, strategic leads and policymakers across Lancashire and South Cumbria around how we can together make Smokefree a reality for Lancashire and South Cumbria and reduce the harm to our population from smoking and tobacco.

The strategy has been built around 4 key priorities for tobacco control:

1. Working together as a system for a smoke free tomorrow
2. Action to address health inequalities
3. Making Smoke Free the new normal
4. Lancashire and South Cumbria - A United Voice against tobacco harm

An additional separate priority was also identified around vaping and the need for consensus and clarity on the Lancashire and South Cumbria position on nicotine vapes.

4. What outcomes do we want to achieve?

Reduce the prevalence of smoking in every neighbourhood to below 5% by 2030.
Improve equity in stop smoking service provision

5. Who is the policy, service or function intended to help/ benefit?

All users of tobacco across Lancashire and South Cumbria, families of smokers, children and young people

6. Who are the main stakeholders/ customers/ communities of interest?

The strategy is universal aiming to benefit all in the population by reducing tobacco related harm. Key groups requiring support are:

- Smokers,
- Families of smokers
- Children and young people
- Pregnant smokers,
- Smokers with mental illness,
- Users of niche tobacco products
- Smokers with multiple addictions
- Smokers in routine and manual occupation

Stakeholder organisations include:

- Blackpool Council
- Lancashire and South Cumbria ICB
- Lancashire and South Cumbria NHS Foundation Trust
- Acute NHS trusts
- Lancashire County Council
- Blackburn with Darwen Council
- Westmorland and Furness Council
- Addiction services

- Primary care
- Community, acute and maternity stop smoking services
- Trading standards
- Schools

7. Does the policy, service or function have any existing aims in relation to Equality/ Diversity or community cohesion?

Previous strategy had focus on managing inequities in smoking in pregnancy, mental health and smoking and long term conditions. This is built on in the new strategy with additional foci on niche tobacco, multiple addictions and routine and manual occupations.

STEP 2 - CONSIDERING EXISTING INFORMATION AND WHAT THIS TELLS YOU

8. Please summarise the main data/ research and performance management information in the box below.

Data/ information

Key resources include:

- Smoking prevalence data – Local Tobacco Control Profiles https://fingertips.phe.org.uk/profile/tobacco-control/data#page/0
- NHS Digital. Statistics on Smoking, England 2020. Statistics on Smoking, England 2020 - NDRS (digital.nhs.uk)
- Action on Smoking and Health (ASH), 2022. ASH Ready Reckoner. https://ash.org.uk/resources/view/ash-ready-reckoner
- Stakeholder engagement

Research or comparative information

The strategy is informed by evidence based practice, guidelines and policy, most notably:

- Department of Health and Social Care, 2017. Towards a Smokefree Generation, A Tobacco Control Plan for England
- Khan, J, 2022. Making smoking obsolete.
- National Institute for Helath and Care Excellence, 2021.Tobacco: preventing

uptake, promoting quitting and treating dependence.

- Public Health England, 2017. Models of delivery for treating tobacco dependence services: options and evidence

Key findings of consultation and feedback

Stakeholder engagement gave rise to the below themes:

1. Communication/ campaign as one voice
2. Voice as a region to lobby National Government – Khan Report
3. Targeted approach for health inequality e.g pregnancy, mental health
4. Agreed shared vision on e-cigarettes and vaping

Enablers
Shared Resources/ shift resources*
Shared data – systems talk *

This was used to develop and build strategy priorities collaboratively with multiple oppurtunities for input by tobacco leads and commissioners.

9. What are the impacts or effects for Key Protected Characteristics?

Age

We do not anticipate that this strategy will adversely impact individuals according to their age.

The strategy incorporates elements to ensure accessibility of services to individuals of all ages.
Children and young people are an important age group to incorporate as it is in teenage years that most individuals begin smoking and therefore the strategy includes ambitions and recommendations around educating children and young people, ensuring support for children and young people and denormalising smoking and tobacco use to reduce the uptake of tobacco.

Disability

We do not anticipate that this strategy will adversely impact individuals according

to whether or not they have a disability.

The implementation of secondary care stop smoking services will ensure that stop smoking support is avaialbe at all touch points for individuals accessing secondary care and accessibility of services is considered throughout. Special consideration is given to groups with mental health conditions as there are considerable inequities in smoking prevalence and tobacco related harm for these groups. Support should be specialised to meet the additional needs of this group and a section of the strategy focusses on addressing this,

Gender Reassignment

We do not anticipate that this strategy will adversely impact individuals according to their gender reassignment status.

Marriage and Civil partnership

We do not anticipate that this strategy will adversely impact individuals according to their marriage or civil partnership status.

Living in a household where others smoke not only increases the likelihood that family members may take up smoking but risks are also accrued from second hand smoke. Smokefree environments is a key component of the strategy, as is ensuring support for the supporting others of pregnant women.

Pregnancy and Maternity

We do not anticipate that this strategy will adversely impact individuals according to their pregnancy/maternity status.

Smoking in pregnancy is extremely important to tackle, and smoking in pregnancy is especially prevalent in Blackpool's population. A core part of the strategy discusses support of and services for pregnant women to stop smoking and for their families to stop smoking. The speicialist maternity stop smoking service is also already operating for Blackpool.

Race

We do not anticipate that this strategy will adversely impact individuals according to their ethnicity.

It is noted that certain methods of consuming tobacco are more prevalent in minority ethnic groups such as chewing tobacco, tobacco pouches and shisha. The strategy has a a dedicated section to address this.
Religion and Belief
We do not anticipate that this strategy will adversely impact individuals according to their religion and/or beliefs. We recognise that religious belief can impact decisions made around smoking and tobacco and the importance of appropriate support being available for indivudal of all backgrounds. Services are available to support those with all religious beliefs and strategy considers use of community and faith leaders in signposting support to stop smoking.
Sex
We do not anticipate that this strategy will adversely impact individuals according to their sex.
Sexual Orientation
We do not anticipate that this strategy will adversely impact individuals according to their sexual orientation.

10. What do you know about how the proposals could affect community cohesion?

By ensuring equitable and accessible services across the patch we hope to increase community cohesion. Increased prominence of campaigns and education can help promote a joint vision with our communities towards the Smokefree agenda.

11. What do you know about how the proposals could impact on levels of socio –economic inequality, in particular Poverty?

Many of the local authorities with the highest proportions of smokers rank among the most deprived in England. In 2016, people living in the most deprived areas of England were four times more likely to smoke than those living in the least deprived areas. This is reflected in the outcomes for diseases such as lung cancer and chronic obstructive pulmonary disease (COPD) where smoking is the biggest risk factor. Deaths from respiratory diseases are more than twice as common in the most deprived places in England as in the least deprived places. In addition to this, smoking also accrues wider costs due to its impact on productivity, healthcare, social care and costs of managing smoking related fires. .

STEP 3 - ANALYSISING THE IMPACT

12. Is there any evidence of higher or lower take-up by any group or community, and if so, how is this explained?

Epidemiology of smoking, inequities and strategy to combat inequities is considered for each of the following groups in which smoking prevalence is higher: Routine and manual occupations Smoking in pregnancy Smoking in those with mental health conditions Smoking in those with multiple addicitions Shisha and smokeless tobacco

13. Do any rules or requirements prevent any groups or communities from using or accessing the service?

There are inequities in the service provision between different local authority areas in the ICS. This strategy works towards addressing these with more equitable services and sharing of resources.

14. Does the way a service is delivered/ or the policy create any additional barriers for any groups of disabled people?

No specific barriers have been identified.

15. Are any of these limitations or differences "substantial" and likely to amount to unlawful discrimination?

Yes ☐ No x

If yes, please explain (referring to relevant legislation) in the box below

NA

16. If No, do they amount to a differential impact, which should be addressed?

Yes ☐ No x

If yes, please give details below.

STEP 4 - DEALING WITH ADVERSE OR UNLAWFUL IMPACT

17. What can be done to improve the policy, service, function or any proposals in order to reduce or remove any adverse impact or effects identified?

It is not felt that the strategy will adversely impact any particular groups.

A key theme within the Tobacco Free Lancashire and South Cumbria strategy is around reducing pre-existing inequities in tobacco related harm. This can be actioned through implementation of strategy recommendations

18. What would be needed to be able to do this? Are the resources likely to be available?

> To achieve the ambitions in this strategy, a systems approach across the ICS should be used with sharing and pooling of resource to provide an equitable service for all. To achieve this, the ICB have been engaged throughout development and will also be signing off on the strategy

19. What other support or changes would be necessary to carry out these actions?

> Collobaration across local authority areas, servies and stakeholders through the TFLSC group with each area developing their own action plan for strategy implementation.

STEP 5 - CONSULTING THOSE AFFECTED FOR THEIR VIEWS

20. What feedback or responses have you received to the findings and possible courses of action? Please give details below.

> Stakeholder engagement carried out throughout development process with feedback incorporated. There was key ffedback noted around pre-existing inequities for those with multiple addictions and those using niche tobacco and therefore specific sections to address these issues were developed.

21. If you have not been able to carry out any consultation, please indicate below how you intend to test out your findings and recommended actions.

NA

STEP 6 - ACTION PLANNING

Please outline your proposed action plan below.

Issues/ adverse impact identified	Proposed action/ objectives to deal with adverse impact	Targets/Measure	Timeframe	Responsibility	Indicate whether agreed

STEP 7 - ARRANGEMENTS FOR MONITORING AND REVIEW

Please outline your arrangements for future monitoring and review below.

Agreed action	Monitoring arrangements	Timeframe	Responsibility	Added to Service Plan etc.

Date completed: 13/06/2023 Signed:

Name: Sarah Kipps Position: Public health registrar