Equality Impact Assessment	Please enter responses below in the right hand columns
TEMPLATE UPDATED SEPT 2015 **Date**	21 June 2016
Sign-off path for EIA (please add/delete as applicable) If you are conducting an EIA on a Cabinet decision, it should come to Corporate EIA panel for sign off. **There is no corporately set sign off path for EIAs. It is up to you to decide the level of risk (legal, community, political, equalities) and to think about the appropriate level of scrutiny and challenge. If you are not sure email equalities@lambeth.gov.uk Places where an EIA can be signed off are listed.**	Corporate EIA Panel
Title of Project, business area, policy/strategy	Commissioning intentions for Staying Healthy, Public Health Services 2016/17 relating to the re-design of Stop Smoking Services
Author	Sarah McCulloch
Job title, directorate	Senior Commissioning Officer Public Health Commissioning Team, Children, Adults and Health.
Contact email and telephone	SMcCulloch@lambeth.gov.uk 020 7926 5137
Strategic Director Sponsor	Helen Charlesworth-May

London Borough of Lambeth Equality Impact Assessment	Please enter responses below in the right hand columns.
1.0 Introduction	
1.1 Business activity aims and intentions *In brief explain the aims of your proposal/project/service, why is it needed? Who is it aimed at? What is the intended outcome? What are the links to the political vision, and outcomes?*	This EIA assesses the impact of planned changes to the funding and delivery of Stop Smoking Services in Lambeth. In summary: 1. The overall proposals to Stop Smoking Services do not involve any removal of frontline service offer/ support to individuals who are most in need 2. There are no planned reductions in stop smoking services in primary care. Any resident or person who is registered at a Lambeth based GP may continue to access a stop smoking service via their GP or local community pharmacy. 3. We propose a reduction in the primary care facilitation role – this will see the direct 1:1 support which Primary Care providers of stop smoking services (GPs and Pharmacies) be removed. With a retention (however reduced) of the training and data validation function – the Specialist service will still offer some form of training to frontline Primary Care staff. 4. Reductions in admin costs as far as is possible in the specialist service in order to release some savings, ensure the service is operating efficiently and focus resources on delivery of frontline services. Lambeth has a diverse population which has seen vast improvements in overall health over the last 10 years however we know that unfortunately health inequalities still exist and we still have much work to do in order to reduce and eliminate these.

	Smoking is the greatest single cause of preventable ill health and premature death. It remains an important contributor to the burden of ill health – a person is more likely to have a multi-morbidity (more than one long term condition) if they smoke compared to non-smokers. Inequalities in smoking also remains a key issue locally. Data shows us that there is a direct correlation between smoking behaviour and socioeconomic deprivation; with higher numbers of smokers living in the highest areas of deprivation. Out of 111,787 registered patients in Lambeth in 2013/14, approx. 20% of current smokers were within the most deprived decile compared to around 13% living in the least deprived decile. (Lambeth Datanet Long Term Conditions Multi-morbidity analysis, 2013/14 data) Prevalence data on smoking in Lambeth (2014) shows that 18.1% of people smoke, this is comparable to the England average of 18%. Smoking prevalence in Routine and Manuel occupations is by contrast 23.4%, compared to an England average of 28% (Local Tobacco Control Profiles). Smoking prevalence rates are reducing on average, both nationally and locally. The main causes of premature death in Lambeth are cancer, cardiovascular disease and respiratory disease. A large proportion of these are avoidable. Evidence suggests that lifestyle factors are strongly associated with developing preventable illnesses and diseases such as obesity, CVD, diabetes and cancers – in this tobacco use, poor diet and lack of physical exercise. Smoking cessation therefore still remains a priority for Lambeth Council and it is believed should be part of a range of evidence based tobacco control measures to effectively address smoking. The aims of Staying Healthy Public Health services are to address health inequalities and reduce/ eliminate the development of preventable illnesses through the commissioning of effective lifestyle intervention and early identification services.

	Current existing smoking services commissioned locally are: **Primary Care Stop Smoking Services** **Target:** This is a universal offer to all smokers in the borough **Current Service:** We currently commission approx. 100 individual primary care providers (GPs and Pharmacies) to deliver evidence based 1:1 stop smoking services The service aims to support the patient to achieve a 4 week successful quit. A minimum 35% quit rate is expected. The budget allocation for this element of the Lambeth stop smoking service remains the same for 2016-17, with no reductions proposed. **Specialist Stop Smoking Service – Guys and St Thomas (GSTT)** **Target:** An adult (16+) service offer with more targeted support for highly addicted smokers , pregnant mothers and mothers/ families who smoke with children in their household, those with mental health needs and those from deprived backgrounds. **Current Service:** We currently commission Guys and St Thomas (GSTT) to deliver a specialist stop smoking service which provides evidence based group and 1:1 smoking interventions and support to our priority groups and those who are classed as 'complex smokers'. The service also currently provides support and training to primary care providers of stop smoking services. The reduction in the Public Health grant (which is used to pay for Stop Smoking services) has seen cuts having to be made to budgets across Public Health and therefore these services are no exception to that. The Public Health allocation was cut in year in 2015/16 by 1.9m and by c.£3m in 2016/17. It will be subject, on average, to a year on year 3.9% cut until 2020. This has meant we have had to thoroughly examine every element of our service offer to create efficiencies, reduce waste and get better value for money with a reduced spend. We continue to work closely with the Public Health Specialist Team, Lead Clinicians and the General Manager & Head of Health, Inclusion and Preventative Services at GSTT to identify how potential savings can be leveraged whilst maintaining access especially for the most in need populations. The following principles have been agreed for making savings within the Specialist SSS.

	- Ensure patient safety and protect the most in need; - Retain services which deliver the greatest public health impact; - Consultation with service users; - Focus on back office and fixed costs first, then reconfiguration or redesign, and lastly service and staff cuts. **Redesign Proposals** The current service re-design proposals which have been arrived at through a series of discussions and negotiations with GSTT will subsequently be consulted upon with Stakeholders, including members of the general public, CCG and Primary Care representatives. The current service re-design and re-commissioning proposals are set out as the following (at the time of writing): **Specialist Stop Smoking Services** The Specialist service will focus on frontline delivery of targeted interventions and 1:1 support to our most in need populations. The Specialist service will see the reduction of the scope of the Primary Care Facilitation role and also reductions administration costs which will allow for resources to be focussed where they deliver biggest impact (e.g. the delivery of interventions). **Stop Smoking Services Primary Care** There are no planned reductions in budget to the stop smoking services commissioned in Primary Care however it is important that the future commissioning of stop smoking services will need to consider the role of primary care in the delivery of an evidence based service. As stated above, we propose for the Specialist Stop Smoking Service to continue to provide targeted support to those most in need. From the data provided locally, we know that smoking prevalence is higher in people from more deprived socioeconomic groups. We also can see that people with mental health needs also have higher rates of smoking

	prevalence and that smokers are more likely to have a multi- morbidity (more than one long term condition). In terms of age, we see that there are higher proportions of younger populations who smoke (aged between 25 – 34) than older populations and also that in terms of ethnic groups, Irish, Other white background, White and Black Caribbean and Caribbean are the populations with the highest smoking rates. We also want to target those who smoke heavily and those who are pregnant, in light of the health risks posed to both mother and baby. Therefore, these are the groups where we want the Specialist Stop Smoking Service to be targeted towards and who it is meant when we refer to 'those in need / priority groups'.

2.0 Analysing your equalities evidence

2.1 Evidence

Any proposed business activity, new policy or strategy, service change, or procurement must be informed by carrying out an assessment of the likely impact that it may have. In this section please include both data and analysis which shows that you understand how this decision is likely to affect residents that fall under the protected characteristics enshrined in law and the local characteristics which we consider to be important in Lambeth (language, health and socio-economic factors).

IF YOUR PROPOSAL ALSO IMPACTS ON LAMBETH COUNCIL STAFF YOU NEED TO COMPLETE A STAFFING EIA.

Protected characteristics and local equality characteristics	**Impact analysis** **For each characteristic please indicate the type of impact (i.e. positive, negative, positive and negative, none, or unknown), and:** *Please explain how you justify your claims around impacts.* *Please include any data and evidence that you have collected including from surveys, performance data or complaints to support your proposed changes.* *Please indicate sources of data and the date it relates to/was produced (e.g. 'Residents Survey, wave 10, April 12' or 'Lambeth Business Survey 2012' etc)*

Race	**None** Data on usage of the Specialist Stop Smoking Service shows that the majority of service users who accessed the service (during Q1-3 2015/16) were of White British, Irish and Other (64%). This was followed by Black British/Caribbean/ African / Other (19%) and then Mixed White and Black at 8%. There is a relatively large number of people with ethnicity unknown/ not recorded (15%), therefore this presents difficulties in being able to make complete evaluations on any potential impact. The above service usage data indicates that the specialist service may not be fully reaching those who data shows us are the most in need and therefore seems to support our proposal to develop the service in order to ensure that it is a better targeted service offer at those groups. The proposals for this service are not considered to make any impact upon this protected characteristic as it is proposed that the service retains it's delivery of evidence based stop smoking interventions and to re-design the service to ensure that it is effectively targeted at those most in need, including those from certain ethnicities.
Gender	**None** Data from the specialist service (collected from Q1-3 2015/16) show that there is a slightly higher number of females accessing the service than men (female, 53% males, 47%) out of a total of 311 service users. The proposals for this service are not considered to make any impact upon this protected characteristic as it is proposed that the service retains it's delivery of evidence based stop smoking interventions and to re-design the service to ensure that it is effectively targeted.

Gender re-assignment	**None** There are neither data, nor any identified reasons to suggest that the proposals for this service will disproportionately affect a single group under this equalities characteristic.
Disability	**None** Using Long Term Conditions (LTCs) as a proxy indicator for disability, data collected by the specialist service during Q1-3 2015/16 shows there were a total of 118 service users (38% of total service users) who stated that they had one or more pre-existing medical condition; the most common being Mental Illness, COPD, Diabetes and Asthma respectively. Data on the prevalence of LTCs locally shows us that in Lambeth we have increasing numbers of older people and adults living with LTCs and high numbers of avoidable admissions for people with certain LTCs particularly: Diabetes, Cardio Vascular Disease (CVD), asthma, and epilepsy (Taken from NHS Lambeth CCG Healthier Together Strategy). We also know from looking at data available that those who are smokers are more likely to have a multi-morbidity compared to non-smokers (Lambeth DataNet). The proposals for this service are not considered to make any impact upon this protected characteristic as it is proposed that the service retains it's delivery of evidence based stop smoking interventions and to re-design the service to ensure that it is effectively targeted at those most in need.
Age	**None** Data collected by the specialist service during Q1-3 2015/16 shows the age breakdown of those who accessed the specialist service during this period. The age group who accessed this service the most was 50-59 (31%), followed by 40-49 (25%) and 30-39 (17%). Local evidence suggests that smokers aged 20 to 39 are potentially not accessing the local service in line with need and are less likely to quit successfully. Evidence on service usage

	reflects that younger smokers are less likely to access the service in line with need and so this is in line with our proposal to develop the service to ensure that it is better targeted at those priority groups and those identified as being as most in need. The proposals for this service therefore are not considered to make any impact upon this protected characteristic as it is proposed that the service retains it's delivery of evidence based stop smoking interventions and to re-design the service to ensure that it is effectively targeted at those most in need.
Sexual orientation	**None** There are neither data, nor any identified reasons to suggest that the proposals for this service will disproportionately affect a single group under this equalities characteristic.
Religion and belief	**None** There are neither data, nor any identified reasons to suggest that the proposals for this service will disproportionately affect a single group under this equalities characteristic.
Pregnancy and maternity	**None** Data recorded during Q1-3 15/16 by the specialist service shows that a total of 14% of total female service users were pregnant and 86% not pregnant. No data is collected in terms of service users who also have children/ maternity. The above data on service usage indicates that the service can improve to be better targeted at those identified as being in need, in this case pregnant mothers, where we have identified this group as being a priority group for this service. This is in line with our proposals to ensure the service is better targeted. The proposals for this service are not considered to make any impact upon this protected characteristic as it is proposed that the service retains it's delivery of

	evidence based stop smoking interventions and to re-design the service to ensure that it is effectively targeted at those most in need.
Marriage and civil partnership	**None** There are neither data, nor any identified reasons to suggest that the proposals for this service will disproportionately affect a single group under this equalities characteristic.
Socio-economic factors	**None** Information on socio-economic factors can be taken from reviewing the occupation data collected by the specialist service. This shows that that long term unemployed made up 14% of total service users for the specialist service during Q1-3 15/16. Routine and manual workers made up 15%, and 'sick/ unable to work made up 18% of total service users during this time period. Local needs data shows us that smoking rates tends to be higher in these population group (e.g. routine and manuel workers and those from more deprived areas). Therefore the service usage data indicates that the specialist service may not be effectively targeting our most at risk populations thus supporting our proposals to redesign a more targeted service offer at those most in need groups. The proposals for this service are not considered to make any impact upon this protected characteristic as it is proposed that the service retains it's delivery of evidence based stop smoking interventions, which are effectively targeted at our most in need.
Language	**None** There are neither data, nor any identified reasons to suggest that the proposals for this service will disproportionately affect a single group under this equalities characteristic.
Health	**None**

	NHS stop smoking services are evidence based and cost effective in terms of the positive health outcomes it leads to and the money then prevented from being spent should someone continue to smoke and then develop smoking related ill health and multi morbidities. Those from lower socio-economic groups, with mental health issues are more likely to be smokers compared to the general population. They are also more likely to suffer smoking related ill health and premature death. Smokers from these groups as well as pregnant smokers and those with long term conditions are more likely to be highly addicted hence would require more support to quit. Through the reduction of the Primary Care Facilitation role there may be a negative impact upon the quality of data validation and wealth of health intelligence around smoking behaviours. There may also be an indirect negative impact upon the quality of the service provided by primary care providers. However, these impacts will be mitigated against by continuing to work with providers to ensure accurate data capture and monitoring. We will work directly with our GP Federations around their development of and assuming responsibility for effective and robust quality and performance monitoring systems for primary care services, including stop smoking services. It is therefore considered unlikely that there will be any impact from the proposed changes as frontline support/ intervention remains unchanged to this service. It is proposed that the service retains it's delivery of evidence based stop smoking interventions, which are effectively targeted at our most in need.
2.2 Gaps in evidence base *What gaps in information have you identified from your analysis? In your response please identify areas where more information is required and how you intend to fill in the gaps. If you are*	There are gaps in evidence in relation to needs of smokers from transgender, marriage and civil partnership, religion and belief and different language groups. These gaps are not just at local level but also at national and international level. We will work with providers to ensure accurate data capture and monitoring as far as possible and we are currently in discussions with our GP Federations as to their ability to

unable to fill in the gaps please state this clearly with justification.	assume responsibility for the data capture and analysis function, which would allow for an efficient data and quality management system to be implemented.
3.0 Consultation, Involvement and Coproduction	
3.1 Coproduction, involvement and consultation *Who are your key stakeholders and how have you consulted, coproduced or involved them? What difference did this make?*	Key Stakeholders for consultation include the following: • Service users • Healthwatch • Patient Participation Group • Providers • GF Federations • Local Pharmacy Committee • CCG • Commissioning colleagues from within LBL Council To date one co-production workshop was held with Stakeholders (Stakeholders from across the above list were invited) on the 4th Feb 2016. The aim of this initial workshop event was to inform and update our Stakeholders on the financial position of the Council and current commissioning thinking in terms of a more focussed service offer and to discuss across the group and agree what Staying Healthy's service priorities and outcomes should be. As part of a formal Public Health consultation period covering 6-8 weeks from April to the end of May 2016, Public Health (including Staying Healthy services) held a series and of the following events where Stakeholders, including members of the general public and service users were consulted upon our service re-design proposals: • Public event hosted by Healthwatch • Attendance at Local Care Network meetings • Public drop in sessions (e.g. Olive Morris House) • Online questionnaire • Workshop with a sample of LEIPS service users

	The timescales for this consultation were from 8th April – 25th May. In specific to the proposals for Stop Smoking Services, we consulted directly with Primary Care through attending the Local Care Network meetings and also each locality's GP meetings, as the proposals designed centre around/ impact upon Primary Care. At each meeting the general context of these cuts was given and then specific proposals and implications of these. There was consensus from the general public that the need to make the changes to service was accepted and the continued focus on frontline interventions was supported, with 27% of those who responded to the general questionnaire strongly supporting, 28% tending to support, 16% strongly opposing and 10% tending to oppose. There were however concerns raised around the indirect impact of the removal of the Primary Care facilitation role, particularly on the quality of the health intelligence data collected, which we will seek to mitigate through the regular and ongoing review of stop smoking services' quality and performance in Primary Care. We will work directly with our GP Federations around their development of and assuming responsibility for effective and robust quality and performance monitoring systems for primary care services, including stop smoking services.
3.2 Gaps in coproduction, consultation and involvement *What gaps in consultation and involvement and coproduction have you identified (set out any gaps as they relate to specific equality groups)? Please describe where more consultation, involvement and/or coproduction is required and set out how you intend to undertake it. If you do not intend to undertake it, please set out your justification.*	The current proposals will be enacted by October 2016 and in line with contract notice requirements. In spite of the relatively tight timelines available for undertaking consultation with Stakeholders, it is considered that a comprehensive and robust consultation was achieved satisfactorily. We undertook a mixture of drop in sessions in the in the community in order to get a representative sample of the general public's views on these proposals and we also spoke with our stakeholders in the CCG and Primary Care (GPs and Pharmacists) and held a public facing event. The online survey was also used in order to get people's views where they could not attend an event in the community. In addition, there will be continued and ongoing consultation and co-production undertaken with Stakeholders throughout Summer 2016, which will direct and inform our further commissioning plans for 2017/18 onwards.

4.0 Conclusions, justification and action	
4.1 Conclusions and justification *What are the main conclusions of this EIA? What, if any, disproportionate negative or positive equality impacts did you identify at 2.1? On what grounds do you justify them and how will they be mitigated?*	We conclude that the impacts associated with the changes will not have any significant impact on any groups listed above. Whilst it could be said that there may be indirect negative impacts on the quality of service and data recording across Primary Care Stop Smoking Services associated with the changes to the Primary Care Facilitation role, this will be mitigated as far as possible through ongoing service development work with Primary Care providers and monitoring of data. We will work directly with our GP Federations around their development of and assuming responsibility for effective and robust quality and performance monitoring systems for primary care services, including stop smoking services. The overall changes to the Specialist Stop Smoking Service (as set out above) do not involve any removal of frontline service offer/ support to individuals who are most in need. Any resident or person who is registered at a Lambeth based GP may also continue to access a Stop Smoking Service via their GP or local community pharmacy.
4.2 Equality Action plan *Please list the equality issue/s identified through the evidence and the mitigating action to be taken. Please also detail the date when the action will be taken and the name and job title of the responsible officer.*	
Equality Issue	**Mitigating actions**
Unitended Consquences	We will work directly with our GP Federations around their development of and assuming responsibility for effective and robust quality and performance monitoring systems for primary care services, including stop smoking services.
5.0 Publishing your results	
The results of your EIA must be published. Once the business activity has been implemented the EIA must be periodically reviewed to ensure your decision/change had the anticipated impact and the actions set out at 4.2 are still appropriate.	
EIA publishing date	

EIA review date	
Assessment sign off (name/job title):	

All completed and signed-off EIAs must be submitted to equalities@lambeth.gov.uk for publication on Lambeth's website. Where possible, please anonymise your EIAs prior to submission (i.e. please remove any references to an officers' name, email and phone number).