

Equality Analysis Form

The following questions will document the effect of your service or proposed policy, procedure, working practice, strategy or decision (hereafter referred to as 'policy') on equality, and demonstrate that you have paid due regard to the Public Sector Equality Duty.

1. RESPONSIBILITY

Department	Public Health		
Service	Adult Care Services		
Proposed policy	Tobacco Control Str	Tobacco Control Strategy for Bury	
Date	April 2013		
Officer responsible	Name	Frances Carbery	
for the 'policy' and	Post Title Health Improvement Specialist		
for completing the	Contact Number 0161 253 6879		
equality analysis	Signature	Frances Carbery	
	Date	August 2013	
Equality officer	Name	Mary Wood	
consulted	Post Title	Principal Officer - Equalities	
	Contact Number	0161 253 6795	
	Signature	31/2013	
	Date	13 th August 2013	

2. AIMS

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What is the purpose of the policy/service and what is it intended to achieve?	delivery of local programmes of work to address the aims of the national strategy for Tobacco Control- <i>A Smokefree Future</i> (Department of Health, 2010). It aims to:		
	Reduce prevalence of smoking year on year and		
	according to national guidance;		
	 Enable smokers in Bury who want to quit, to be able to quit with the right support; 		
	 Tackle the accessibility of tobacco products for young people, particularly in relation to illegal and 		
	 illicit tobacco, underage sales and niche products; Protect children, families and communities from the effects of secondhand smoke. 		
	In Bury, target groups have been identified in the strategy which will see the greatest reduction in health inequalities		
	when tobacco control measures are applied. Campaigns and interventions will be targeted towards these groups in		
	order that the aims of the local strategy can be met. The		
	groups have been identified according to levels of		

deprivation, using the Indices of Multiple Deprivation, and township profiles created by Public Health Intelligence. Smoking prevalence is generally higher in more deprived areas and therefore resources will be targeted towards these areas. Pregnant women are a target group because we not only want them to have healthy pregnancies with few complications, but we also want to help them to protect their unborn children, and any other children they have from the harms of secondhand smoke. We want to reduce the uptake of smoking amongst children and young people to give them the best start they can possibly have and to reduce prevalence in future years. Full details of the target groups can be found in the strategy. The deliverable outcomes will be the responsibility of the Tobacco Alliance. **Bury residents** The Bury Tobacco Alliance Public health department/ Adult Care Services/ Bury Council/ Children's Services Trading Standards and Environmental Health Pennine Care Foundation Trust (Stop smoking service, health visitors, school nurses, health trainers, Oral Health

Who are the main stakeholders?

Promotion)
Pharmacies

Greater Manchester Probation Trust

Greater Manchester Police

Greater Manchester Fire and Rescue Service

Bury Healthwatch Six Town Housing

B3DSA and the voluntary and community sector

3. ESTABLISHING RELEVANCE TO EQUALITY

3a. Using the drop down lists below, please advise whether the policy/service has either a positive or negative effect on any groups of people with protected equality characteristics. If you answer yes to any question, please also explain why and how that group of people will be affected.

Protected equality characteristic	Positive effect (Yes/No)	Negative effect (Yes/No)	Explanation
Race	Yes	No	The government has identified priority target groups for smoking cessation services. We aim to target groups with higher prevalence of tobacco users e.g. oral tobacco products (e.g. chewing/paan) and shisha are likely to be used more in BME communities.
Disability	Yes	No	People with mental health problems are more likely to be smokers. People who smoke are more likely to experience mental health problems. The strategy targets people with mental health problems in order to reduce smoking prevalence and the health inequalities experienced by this group.
Gender	No	No	
Gender reassignment	No	No	
Age	Yes	No	One of the Government's aims is to reduce the uptake of smoking in children and young people. The strategy will deliver activities that target children and young people.
Sexual orientation	No	No	
Religion or belief	No	No	
Caring responsibilities	Yes	No	Delivery of stop smoking services in particular is meant to be accessible and therefore services are delivered at a wide variety of venues and through different media e.g. telephone, face to face enabling those with caring responsibilities to have easier access.

Pregnancy or maternity	Yes	No	There are government targets to reduce smoking at time of delivery and therefore there are specific services and media campaigns that will encourage pregnant women to quit smoking.
Marriage or civil partnership	No	No	

3b. Using the drop down lists below, please advise whether or not our policy/service has relevance to the Public Sector Equality Duty. If you answer yes to any question, please explain why.

General Public Sector Equality Duties	Relevance (Yes/No)	Reason for the relevance
Need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010	No	
Need to advance equality of opportunity between people who share a protected characteristic and those who do not (eg. by removing or minimising disadvantages or meeting needs)	Yes	Tobacco use is more prevalent in deprived sectors of the community and its harms more often experienced by people who live in more deprived areas. The tobacco strategy aims to reduce health inequalities by applying targeted tobacco control activities to those groups who experience the greatest inequalities due to tobacco use. Resources and campaigns will be targeted towards those groups with higher prevalence of smoking (some of our target groups) and those who are traditionally difficult for services to access or have difficulty accessing services, such as offenders.
Need to foster good relations between people who share a protected characteristic and those who do not (eg. by tackling prejudice or promoting understanding)	No	

If you answered 'YES' to any of the questions in 3a and 3b

Go straight to Question 4

If you answered 'NO' to all of the questions in 3a and 3b

Go to Question 3c and do not answer questions 4-6

3c. If you have answered 'No' to all the questions in 3a and 3b please explain why you feel that your policy/service has no relevance to equality.			

4. EQUALITY INFORMATION AND ENGAGEMENT

4a. For a <u>service plan</u>, please list what equality information you currently have available, <u>**OR**</u> for a <u>new/changed policy or practice</u> please list what equality information you considered and engagement you have carried out in relation to it.

Please provide a link if the information is published on the web and advise when it was last updated?

(NB. Equality information can be both qualitative and quantitative. It includes knowledge of service users, satisfaction rates, compliments and complaints, the results of surveys or other engagement activities and should be broken down by equality characteristics where relevant.)

Details of the equality information or engagement	Internet link if published	Date last updated
Prevalence rates for smoking by area code/ward.		Annually updated and most recent public health data from January 2013
Department of health returns co-ordinated by		Quarterly returns, most recent April

Stop Smoking Service showing demographics of service users.		2013
Bury Joint Strategic Needs Assessment	http://www.bury.gov.uk/index.asp x?articleid=7262	Currently being updated- last available is November 2010
There is a range of guidance around tobacco control measures available on the National Institute for Health and Care Excellence website (NICE)	http://www.nice.org.uk/guidance/index.jsp?action=bypublichealth&PUBLICHEALTH=Smoking+and+tobacco#/search/?reload	
Consultation for the Bury Tobacco Control Strategy has been conducted with the Tobacco Alliance through Tobacco Alliance meetings and smaller working groups.		
The 2011 census data shows that the 'White British' population has decreased to 85.3% with the remaining 14.7% made up of a number of different ethnic groups, the largest of which is Pakistani at 4.9% (9,002 people). Another significant population group is 'Other White' at 2.5% (4,706 people). This would include people who are from Eastern European countries. (Figures from ONS, 2013)	http://www.ons.gov.uk/ons/datase ts-and- tables/index.html?pageSize=50&so rtBy=none&sortDirection=none≠ wquery=census+2011+ethnicity&c ontent- type=Reference+table&content- type=Dataset	2011
National Tobacco Control Strategy- A Tobacco Free Future	http://webarchive.nationalarchives. gov.uk/20130107105354/http://w ww.dh.gov.uk/en/Publicationsandst atistics/Publications/PublicationsPoli cyAndGuidance/DH 111749	2010

4b. Are there any information gaps, and if so how do you plan to tackle them?

Yes- we currently have no input from the newly formed 'Healthwatch'. Formerly there was some input at meetings and via e-mail from Bury LINk. The new Healthwatch has been added to the distribution list for the Tobacco Alliance and will be invited to all future meetings and involved in future consultation and decision-making for the delivery of the Tobacco Strategy outcomes.

There may be more gaps that the Tobacco Alliance is unaware of. The delivery of the strategy will be monitored throughout the year and updated accordingly. It is expected that gaps in information will be identified as the strategy is implemented and as such, the strategy and its action plans will be updated accordingly.

5. CONCLUSIONS OF THE EQUALITY ANALYSIS

What will the likely overall effect of your	The strategy will target the population of Bury, and will focus to a larger extent on those target population
policy/service plan be on equality?	groups who are likely to have a higher prevalence of smoking and therefore be disproportionately affected by the harms caused by tobacco. This in essence means that there is likely to be a positive effect on the characteristics identified in 3a of this document (race, disability, age, caring responsibilities, pregnancy or maternity).
If you identified any negative effects (see questions 3a) or discrimination what measures have you put in place to remove or mitigate them?	
Have you identified any further ways that you can advance equality of opportunity and/or foster good relations? If so, please give details.	
What steps do you intend to take now in respect of the implementation of your policy/service plan?	The Tobacco Strategy will be presented to Adult Care Services SMT and will seek ratification through this channel and through the Tobacco Alliance. It is likely to be ratified by Scrutiny, the Health and Wellbeing Board and Cabinet. The strategy will be delivered by the Tobacco Alliance.

6. MONITORING AND REVIEW

If you intend to proceed with your policy/service plan, please detail what monitoring arrangements (if appropriate) you will put in place to monitor the ongoing effects. Please also state when the policy/service plan will be reviewed.

The action plans will be monitored on a quarterly basis by the Tobacco Alliance and updated accordingly. It is expected that they will be amended as necessary and in line with any major policy changes. An annual report of the strategy will be provided reviewing its progress against targets. The strategy will run for five years but will be refreshed annually to ensure that action plans remain appropriate and delivering the aims of the strategy.

Bury Council has a responsibility to deliver outcomes for tobacco control as listed in the Public Health Outcomes Framework. The strategy will be monitored against these outcomes using the council's performance management software, PIMS.

COPIES OF THIS EQUALITY ANALYSIS FORM SHOULD BE ATTACHED TO ANY REPORTS/SERVICE PLANS AND ALSO SENT TO THE EQUALITY INBOX (equality@bury.qov.uk) FOR PUBLICATION.