

Equality Impact Assessment: Screening Tool

Summary of proposal

Name of proposal	Stop smoking government grant 2024-25
Reference number (if applicable)	
Service Area	Public Health
Date screening completed	4 April 2024
Screening author name	Marina Chrysou
Fairness and Equality team sign off	
Authorising Director/Head of Service name	Jonathan O'Sullivan

Before completing the EQIA Screening Tool please read the guidance and FAQs. For further help and advice please contact equalities@islington.gov.uk.

Please provide a summary of the proposal.

Please outline:

- What are the aims/objectives of this proposal?
- Will this deliver any savings?
- What benefits or change will we see from this proposal?
- Which key groups of people or areas of the borough are involved?

Aims and objectives of this proposal

Smoking is a significant public health issue and the leading cause of preventable premature deaths and disability nationally. As part of the government's ambition to create a smokefree generation published in October 2023, the government has announced additional ringfenced funding to all local authorities in England for local stop smoking services over the next five financial years, starting from 2024-25 and expected to run until 2028-29. The Office for Health Improvement and Disparities (OHID) confirmed the grant allocation for Islington for 2024-25 on 27 February 2024 (grant determination No 31/7043), of up to £287,152. The grant will be ring-fenced for use on local stop smoking services and support.

The purpose of this investment is to support more smokers to quit smoking, by increasing access to evidence-based behavioural support. This will include targeted support for people more likely to smoke, with the aim of reducing smoking-related inequalities. Islington Public Health has outlined planned expenditure to build capacity to deliver expanded local stop smoking services and support, and build demand for the service, in line with the grant conditions, with the aim of achieving an additional 795 people setting a quit date each year of the funding.

Will this deliver any savings?

The proposal is to accept new grant funding from central government. A condition of accepting the additional funding is that current levels of spend on smoking cessation are maintained. The proposal will not deliver any direct savings therefore. We are however confident that through this investment, we will reduce the burden of smoking in Islington which has the potential to deliver significant savings in future across departments involved in tobacco control, health and social care.

Key benefits or change we will see from this proposal

Long-term smoking is closely associated with inequality and social exclusion. Some groups have higher rates of smoking than the general population (such as Irish and Turkish ethnicities, LGBTQ+, routine and manual workers, people in treatment for substance use among others). People from lower socio-economic groups who have higher rates of smoking than the general population find it harder to quit. Increasing local capacity for stop smoking service and support will contribute to local reductions in smoking prevalence, reduce the incidence of long-term conditions associated with smoking, and reduce health inequalities. By supporting population groups with higher rates of smoking who experience a particularly high burden of smoking related harms to stop smoking, long term health and social care cost savings are likely to be achieved.

Key groups of people or areas of the borough that are involved

We will work with a number of key groups and providers of stop smoking support, and the voluntary and community sector. A significant proportion of the grant will be allocated to the current commissioned stop smoking service provider, Central and North West London NHS Foundation Trust, to increase service capacity for provision of stop smoking support and training. We are exploring working with primary care locally commissioned providers and with the voluntary sector to identify opportunities to improve access to the service for underserved groups. In Islington this is likely to include ethnic groups such as Bangladeshi men, Black Caribbean, Turkish, Romanian and Polish; people who identify as LGBTQ+; people in treatment for substance use, people experiencing homelessness. Expenditure on communications and marketing activities will aim to improve access for underserved groups and overall visibility of the service. The plans will be finalised once agreed by the Public Health department management team.

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On whom will the proposal impact? Delete as appropriate.

Group of people	Impacted?
Service users	Yes
Residents	Yes
Businesses	No
Visitors to Islington	No
Voluntary or community groups	Yes
Council staff	No
Trade unions	No
Other public sector organisations	Yes

Group of people	Impacted?
Others	Please specify:

What consultation or engagement has taken place or is planned?

Please outline:

- Which groups or communities you have consulted/plan to consult
- Methods used/will use to engage (for example, focus groups)
- How insight gained from engagement or consultation has been/will be fed into decision making or proposal design

If you have not completed any engagement activity and do not plan to, you should outline why this decision has been made.

A comprehensive review of stop smoking service provision in Islington took place in 2016/17, which informed the development of the current three-tiered commissioned service model and a complete rebrand of stop smoking services. It included significant engagement with local smokers and ex-smokers and stakeholder organisations. The current proposal is to use the new funding to expand demand and capacity to provide this service to local smokers.

We will work with the local voluntary sector to engage residents and co-produce materials suitable to reach smokers from communities with higher smoking rates and improve their access of the service.

We will aim to engage local smokers from target populations in light-touch engagement activities to review service delivery. Our commissioned stop smoking service provider, Central and North West London NHS Foundation Trust, have service user representatives who will be involved in decisions on how to expand the service. The ambition is to avoid engagement fatigue while actively involving local smokers in a meaningful way.

What impact will this change have on people with protected characteristics and/or from disadvantaged groups?

Of the groups you have identified above, please now indicate the likely impact on people with protected characteristics within these groups by checking the relevant box below. Use the following definitions as a guide:

Neutral – The proposal has no impact on people with the identified protected characteristics

Positive – The proposal has a beneficial and desirable impact on people with the identified protected characteristics

Negative – The proposal has a negative and undesirable impact on people with the identified protected characteristics

You should then assess whether the negative impact has a low impact, medium impact or high impact. Consider the level and likelihood of impact. Please also think about whether the proposal is likely to be contentious or perceived as a negative change by certain groups, as this could justify the completion of a full EQIA. See the guidance for help.

Protected characteristic	Positive impact	Neutral impact	Negative impact	Description of the impact (if applicable)
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Choose an item.	
Disability (include carers)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	We will use this investment to improve the reach and or accessibility of smoking cessation support to groups that are currently underserved, which includes people with disabilities and carers.
Race or ethnicity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	We will use this investment to improve the reach and or accessibility of smoking cessation support to groups that experience health inequalities due to smoking, which includes people of minoritized ethnicity.

Protected characteristic	Positive impact	Neutral impact	Negative impact	Description of the impact (if applicable)
Religion or belief (include no faith)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Choose an item.	
Gender and gender reassignment (male, female or non-binary)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	We will use this investment to improve the reach and or accessibility of smoking cessation support to groups that are currently underserved, which includes people who identify as non-binary.
Maternity or pregnancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	We will use this investment to improve the reach and or accessibility of smoking cessation support to groups experiencing higher levels of smoking-related harm, which includes pregnant women.
Sex and Sexual Orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	We will use this investment to improve the reach and or accessibility of smoking cessation support to groups that are currently underserved, which includes people who identify as LGBTQ+.
Marriage or Civil Partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Choose an item.	
Other (e.g. people living in poverty, looked after)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	We will use this investment to improve the reach and or accessibility of smoking cessation support

Protected characteristic	Positive impact	Neutral impact	Negative impact	Description of the impact (if applicable)
children, people who are homeless or refugees)				to groups that are currently underserved, which includes people who experience homelessness.

How do you plan to mitigate negative impacts?

Where there are disproportionate impacts on groups with protected characteristics, please outline:

- The other options that were explored before deciding on this proposal and why they were not pursued
- Action that is being taken to mitigate the negative impacts

Action	Lead	Deadline	Comments

Screening Decision	Outcome
Neutral or Positive – no full EQIA needed*.	Yes/No
Negative – Low Impact – full EQIA at the service director’s discretion*.	Yes/No
Negative – Medium or High Impact – must complete a full EQIA.	Yes/No
Is a full EQIA required? Service decision:	No
Is a full EQIA required? Fairness and Equality recommendation:	Yes/No

* If a full EQIA is not required, you are still legally required to monitor and review the proposed changes after implementation to check they work as planned and to screen for unexpected equality impacts.

Please send this completed EQIA Screening Tool to equalities@islington.gov.uk for quality checking by the Fairness and Equality Team.

i. Staff Member completing this form:

Name: Marina Chrysou

Signed:

Date: xx/xx/2024

ii. Strategy, Equalities and Communities service:

Name: Max Edgington

Signed: MAX EDGINGTON

Date: xx/xx/2024

iii. Director or Head of Service:

Name: Jonathan O'Sullivan

Signed:

Date: xx/xx/2024