Impact Assessment

Version 09/2013

Devon County Council

Impact Assessment completed by:	Responsible officer:
Name/Job Title(s)	Name/Job Title
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Date of sign off:	

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1. Background

1.1 Title:

The commissioning of a South West Regional Behavioural Change Programme for Reducing Harm Caused by Tobacco and Alcohol.

1.2 Description:

The Health and Social Care Act 2012 has given the Local Authorities a new duty to take steps to improve the health of their population and address health inequalities. The responsibilities also include the commissioning and provision of tobacco control and substance misuse services.

Devon County Council is the lead Commissioner acting on behalf of 12 Local Authorities in the South West (the Commissioners) for this new regional programme:

- Cornwall Council
- Council of the Isles of Scilly
- Plymouth City Council
- Torbay Council
- Devon County Council
- Swindon Borough Council
- South Gloucestershire
- Bath and North East Somerset Council (BANES)
- Gloucestershire County Council
- Bristol City Council
- Wiltshire Council

- Somerset County Council

The Provider will be required to utilise a range of skills to develop and deliver an effective multi-component Tobacco Control and Alcohol Behavioural Change Programme across the South West of England. The Provider will employ a range of communications, social marketing and interventional programmes to reduce harm caused by tobacco and alcohol.

Historically the 12 local authorities have commissioned a programme focusing solely on tobacco (Smokefree South West). The new programme, will deliver a number of outcomes and objectives in across three key elements:

1) **Tobacco control: behavioural change programme**
2) **Alcohol: behavioural change programme**
3) **Tackling illicit tobacco and alcohol**

In addition the programme will have an important role in building and/or maintaining an infrastructure to enable effective communication and networking locally and regionally with key partners, in particular PHE and organisations that deliver programmes or have a role to play in this agenda. The Provider of the programme will have a pivotal role in ensuring that partners and programmes are connected to ensure greatest impact

1.3 Service users:

The programme will raise awareness amongst the public through a number of social marketing and PR campaigns on the harmful effects of smoking and drinking alcohol at dangerous levels. The communication campaigns will seek to guide smokers to local support services (commissioned by individual Local Authorities) to support them in their desire to stop smoking. In 2010, 34,228 people in the South West quit smoking with the help of their local NHS Stop Smoking Services. A campaign to encourage smokers not to smoke in confined spaces will reduce the risk of exposure to second hand smoke. The alcohol campaigns will target increasing and higher risk drinking in middle-aged and/or older adults'. There will also be a campaign to raise awareness and increasing the reports in of illicit sales of tobacco and alcohol.

There is a strong link between smoking and socio-economic group. Smoking has been identified as the single biggest cause of inequality in death rates between rich and poor in the UK. Smoking accounts for over half of the difference in risk of premature death between social classes. Death rates from tobacco are two to three times higher among disadvantaged social groups than among the better off. Therefore the programme will target the most disadvantaged. In the South West there are roughly 900,000 smokers (General Lifestyle Survey). In addition to targeting disadvantaged social groups 15% of expectant mums smoke during pregnancy in the South West and again this group will be targeted by the programme. As well as targeting the smokers and increasing and higher risk drinkers the campaigns will also target families and love ones as the evidence demonstrates these people can have a positive impact on changing behaviour.

While for smoking there is a clear link with social-economic group for alcohol this is less apparent with evidence that the higher social economic group drinking to levels of excess more regularly than lower groups.

1.4 Describe any reasons for change and intended aims and benefits:

The programme will seek to support a change in behaviour for the target population. Supporting and encouraging smokers to quit and supporting 'increasing and high-risk drinkers' to reduce their drinking to safe limits.

Tobacco is the biggest cause of premature death in England, killing over 80,000 people per year, which translates to approximately 8,000 deaths per year in the South West. One in every two regular smokers is killed by tobacco, and half of them will die before age 70, losing an average 10 years of life. Smoking prevalence rates in the **South West** have reduced from 25% in the mid 2000's to 18.5% in 2014 according to the Integrated Household Survey (2014). With the local governments responsibility for tackling health inequalities it is recognised that smoking is the primary reason for the gap in healthy life-expectancy between rich and poor (Marmot Review 2010).

A report by the Policy Exchange in 2010 estimated the total cost to society of smoking to be £13.74 billion in England. This includes the £2.7bn cost to the NHS but also the loss in productivity from smoking breaks (£2.9bn) and increased absenteeism (£2.5bn). Other costs include: cleaning up cigarette butts (£342 million), the cost of fires (£507m), the loss of economic output from the death of smokers (£4.1bn) and passive smokers (£713m). A further £1bn in social care costs has been estimated by ASH (2014).

Alcohol remains one of the biggest behavioural risks for disease and death. In 2010–2011 there were 1.2million alcohol-related hospital admissions nationally and around 15,000 deaths caused by alcohol. 34% men and 28% of women exceed current consumption guidelines on at least one day a week (Public Health England - PHE). 83% of people who drink regularly above the guidelines don't think that their drinking is putting their long-term health at risk.

As well as increasing the health risk to individuals alcohol also impacts on the health of others, families and communities. More than two in five (44%) of violent crimes are committed under the influence of alcohol, as are 37% of domestic violence incidents. One fifth of all violent crime occurs in or near pubs and clubs and 45% of adults avoid town centres at night because of drunken behaviour. The personal, social and economic cost of alcohol has been estimated to be up to £55bn for England.

There is evidence of the impact of this programme in relation to tobacco. A recent campaign to support smokers to quit (Be There Tomorrow) delivered a significant shift in awareness of the dangers of tobacco among smokers and non-smokers in the South West. As a direct result of the campaign:

- 215,000 more people now aware that smoking kills half of all smokers early.
- 480,000 smokers recalled seeing, hearing or reading about the campaign.
- 25,000 smokers have changed their behaviour
- 1 in 3 smokers with young families took a positive step towards quitting.

Any reduction in smoking prevalence, requires current smokers making quit attempts and eventually quitting. NICE guidance states this is highly unlikely to happen in the absence of tobacco control interventions - only a small proportion of smokers are motivated enough to quit smoking without such intervention or support. Analysis undertaken by NICE has shown that tobacco control at a regional level is very cost effective. Interventions that can be best delivered at a regional level include tackling illicit tobacco and the delivery of cost effective communications and marketing campaigns. In addition to these issues, regional tobacco control has also played a vital role supporting regional and local activity, sharing good practice, encouraging the development of effective interventions and coordinating networks.

There is less evidence in relation to behavioural change for alcohol and so this is an aspect of the programme which will seek to undertake research and gain insight through adopting a social marketing approach.

1.5 Overlap with other policies, services etc:

The programme will overlap with a number of key services and programmes. These will include:

- Local stop smoking services
- Alcohol services
- Trading standards
- Licensing teams
- Environmental health teams
- National, regional and local policies on health improvement, community safety, crime reduction, reducing attendance at A&E, domestic and sexual violence, etc

1.6 The following stakeholders have been involved in this assessment:

All the participating local authorities have been consulted. These include the Directors of Public Health, Tobacco control leads, alcohol commissioner leads, Trading Standards, communication leads, social marketing leads, environmental health leads.

- Cornwall Council
- Council of the Isles of Scilly
- Plymouth City Council
- Torbay Council
- Devon County Council
- Swindon Borough Council
- South Gloucestershire
- Bath and North East Somerset Council (BANES)
- Gloucestershire County Council
- Bristol City Council
- Wiltshire Council
- Somerset County Council

In addition to the above other stakeholders who have been consulted include Public Health England and numerous (>30) potential service providers through a market-warming event.

1.7 **The following research or guidance has been referred to, or advice sought, in order to inform the assessment:**

There is extensive literature and evidence to support the commissioning of this programme. List below are some of the research and guidance used.

- PHE Marketing Strategy 2014 to 2017
- The Tobacco Control Plan for England
- The Government's Alcohol Strategy
- NICE guidance including but not limited to:
  - Tobacco: harm-reduction approaches to smoking
  - Alcohol-use disorders: preventing harmful drinking
  - Behaviour change: principles for effective interventions and individual approaches
- WHO 2010 *'Global Strategy to reduce harmful use of alcohol'*
- WHO M-Power http://www.who.int/tobacco/mpower/en/

1.8 Options Appraisal

Option	Pros	Cons	Cost/Achievability
Each local authority to commission its own behavioural change programmes	Programme is developed and delivered according to local need	No economies of scale are achieved so would prove an expensive option. Difficult to co-ordinate mass media campaigns to ensure maximum impact No evidence of local campaigns having any impact on behavioural change	This option would prove highly expensive returning no economies of scale
Adopt a joint commissioning model across the region	Economies of scale achieved Delivery of co-ordinated marketing campaign to realise maximum impact Reduces duplication Good evidence of regional programmes changing behaviour	Potential for programmes to benefit one local authority area more than another and not reflect local need	Cost effective approach Evidence of Regional programme delivering behavioural change

Recommended/preferred option(s):

To commission a Regional programme

2. Analysis

Throughout Section 2, describe why the service, policy or practice has been chosen as the most effective response to the identified need. Consider all possibilities of enhancing positive impacts further and refer to any limitations where necessary.

Show careful consideration of any potential or likely/intended or unintended negative consequences that you identified in the course of the decision making and explain what mitigations have been put in place as a result.

This analysis should be evidence based; information and data should be included in the findings below where possible. This may include customer or staff profiles, complaints data, customer or staff feedback, demographic data, research, stakeholder engagement and survey results. You should detail any methodology or criteria used (or make reference to this and provide as an appendix).

2.1 Social impacts

Giving Due Regard to Equality and Human Rights

The local authority must consider how people will be affected by the service, policy or practice. In so doing we must give due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity and
- Foster good relations.

We must take into account the protected characteristics of age, disability, gender, gender reassignment, pregnancy and maternity, marriage and civil partnership, sexual orientation, race, and religion and belief (where relevant).

This means considering how people with different needs get the different services they require and are not disadvantaged, and facilities are available to them on an equal basis in order to meet their needs; advancing equality of opportunity by recognising the disadvantages to which protected groups are subject and considering how they can be overcome.

We also need to ensure that human rights are protected. In particular, that people have:

- A reasonable level of choice in where and how they live their life and interact with others (this is an aspect of the human right to 'private and family life').
- An appropriate level of care which results in dignity and respect (the protection to a private and family life, protection from torture and the freedom of thought, belief and religion within the Human Rights Act and elimination of discrimination and the promotion of good relations under the Equality Act 2010).
- A right to life (ensuring that nothing we do results in unlawful or unnecessary/unavoidable death).

The Equality Act 2010 and other relevant legislation does not prevent the Council from taking difficult decisions which result in service reductions or closures for example, it does however require the Council to ensure that such decisions are:

- Informed and properly considered with a rigorous, conscious approach and open mind, taking due regard of the effects on the protected characteristics and the general duty to eliminate discrimination, advance equality and foster good relations.
- Proportionate (negative impacts are proportionate to the aims of the policy decision)
- Fair

- Necessary
- Reasonable, and
- Those affected have been adequately consulted.

	In what way is this characteristic relevant, or not relevant, to the service, policy or practice? Refer to the Social (Equality) Analysis guidance for further information.
Age:	N/A
Disability:	N/A
Gender/Sex (men and women):	N/A
Marriage and civil partnership:	N/A
Pregnancy and maternity:	15% of pregnant women smoke. The programme will target pregnant women who smoke.
Race/ethnicity:	N/A
Religion/belief:	N/A
Sexual orientation:	N/A
Trans-gender/gender identity:	N/A
Other (e.g. socio-economic, general health and wellbeing, human rights, safeguarding):	There is a strong link between smoking and socio-economic group. Smoking has been identified as the single biggest cause of inequality in death rates between rich and poor in the UK. Smoking accounts for over half of the difference in risk of premature death between social classes. Death rates from tobacco are two to three times higher among disadvantaged social groups than among the better off. Targeting smokers will have a positive impact in reducing inequalities in health.
Overall degree of relevance to equality:	Medium

Geographic areas affected:	• Council of the Isles of Scilly • Cornwall Council • Plymouth City Council • Torbay Council • Devon County Council • Swindon Borough Council • South Gloucestershire • Bath and North East Somerset Council (BANES) • Gloucestershire County Council • Bristol City Council • Wiltshire Council • Somerset County Council

2.1.1 Positive impacts:

In what way does/could the service, policy or practice advance equality and foster good relations across each of the protected characteristics? This requires consideration of the extent to which the service, policy or practice could: reduce or minimise disadvantage, meet people's needs, take account of disabilities, encourage participation in public life, tackle prejudice/reduce community tensions and promote understanding in relation to the protected characteristics. All these aspects must be considered and improved on where possible. To what extent does it meet the Council's Equality Policy? Describe any improvements made and any limitations:

There is a strong link between smoking and socio-economic group. Smoking has been identified as the single biggest cause of inequality in death rates between rich and poor in the UK. Smoking accounts for over half of the difference in risk of premature death between social classes. Death rates from tobacco are two to three times higher among disadvantaged social groups than among the better off. The programme will have a positive impact in reducing inequalities in health.

The programme meets the Council's Equality Policy as it is targeted at individuals and families in greatest need.

2.1.2 Negative impacts and mitigations or justification:

The commissioning of this service has no negative impact on inequalities the programme will reduce inequalities

2.3.4 Neutral impacts:

N/A it will have positive impacts.

2.2 Economic impacts

	In what way is this factor relevant, or not relevant, to the service, policy or practice? Refer to the Economic Analysis guidance for further information.
Impact on knowledge and skills:	Evidence is there is an increase in awareness among target population following campaigns
Impact on employment levels:	N/A
Impact on local business:	Positive impact on employers through increased productivity through reduction in smoking breaks and sickness days (both alcohol and smoking) and work accidents if smoking prevalence and staff drinking at harmful levels reduces.

2.2.1 Positive impacts:

A reduction in smoking prevalence has a positive impact on the economy. Smoking and alcohol has a significant impact on business and the local economy due to costs associated with smoking litter, domestic fires, sick days, smoking breaks from employees, cost to the NHS (hospital admissions and A&E) and output lose from early death.

2.2.2 Negative impacts and mitigations or justification:

No negative impacts

2.3 Environmental impacts

An impact assessment should give due regard to the following activities in order to ensure we meet a range of environmental legal duties. Refer to the Environmental Analysis guidance for further information.

2.3.1 The policy or practice does not require the identification of environmental impacts using this Impact Assessment process because it is subject to (please select and proceed to Section 2.3, otherwise complete table below):

	Devon County Council's Environmental Review Process for permitted development highway schemes.
	Planning Permission under the Town and Country Planning Act (1990).
	Strategic Environmental Assessment under European Directive 2001/42/EC "on the assessment of the effects of certain plans and programmes on the environment".

	In what way is this factor relevant, or not relevant, to the service, policy or practice?
Reduce waste, and send less waste to landfill:	Reduction in smoking litter and alcohol litter
Conserve and enhance biodiversity (the variety of living species):	NA
Safeguard the distinctive characteristics, features and special qualities of Devon's landscape:	NA
Conserve and enhance the quality and character of our built environment and public spaces:	NA
Conserve and enhance Devon's cultural and historic heritage:	NA
Minimise greenhouse gas emissions:	NA
Minimise pollution (including air, land, water, light and noise):	Reduction in pollution and exposure to second hand smoke
Contribute to reducing water consumption:	NA
Ensure resilience to the future effects of climate change (warmer, wetter winters; drier, hotter summers; more intense storms; and rising sea level):	NA
Other (please state below):	

2.3.2 Positive impacts:

Reduction in smoking litter and reduction in exposure to second hand smoke and pollution.
Reduction in alcohol related litter.

2.3.3 Negative impacts and mitigations or justification:

NA

2.4 Combined Impacts

2.4.1 Linkages or conflicts between social, environmental and economic impacts:

There is significant linkage between social, environmental and economic impact.

2.4.2 'Social Value' of planned commissioned/procured services:

How will the economic, social and environmental well-being of the relevant area be improved through what is being proposed? And how, in conducting the process of procurement, might that improvement be secured? Use the Procurement Sustainability Matrix and summarise results here:

As described above the impact of the programme will be a reduction in the prevalence of smokers which has a direct health benefit to the individual but also their family from exposure to second hand smoke. A reduction in prevalence results in a positive economic benefit with less expenditure required on health care, increased productively to local business if workforce smoking prevalence reduces. Similar a reduction in the numbers of people drinking excessively will bring about social value with less healthcare required, both in terms of A&E attendance but also responding to chronic health conditions e.g. liver disease.

2.4.3 Potential impacts on partner agencies:

Impact will occur if local partners or institutes submit a tender response. There will be an impact on local referrals and attendance at services. Future impact will be realised as public health programmes are evaluated and refined and improved to realise positive health and wellbeing outcomes.

3. Actions and risk management

3.1 Actions:

Summarise any actions that will be taken to enhance positive impacts and prevent or minimise negative impacts and remove potential for unlawful discrimination. Name the

relevant business or project plans for implementation and monitoring. Make sure actions are SMART:

Key actions is to ensure a single Regional service specification is agreed with all participating local authorities and a robust governance framework is developed to monitor and evaluate the outcomes to maximise benefits and minimise risk

3.2 **How will you monitor the actual impacts of recommendations/decisions (consider what service user monitoring and consultation is necessary)?:**

The programme impacts will be monitored through a monitoring group and Programme Board. A number of outcomes and KPI's have been developed so the impact can be carefully monitored.

3.3 **Risk assessment**

Guidance on risk assessment is available at: **staff.devon.gov.uk/risk-management**
Significant risks should be entered on to the Risk Register.

Inherent risk (mark an X in one box).

The risk **without** mitigating actions in place/prior to any changes.

Severity		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Catastrophic	5					
Major	4					
Moderate	3				x	
Minor	2					
Negligible	1					

Likelihood (in a 5 year timeframe)

Current risk (mark an **X** in one box).

The risk **with** mitigating actions/changes in place.

Severity		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Catastrophic	5					
Major	4					
Moderate	3			x		
Minor	2					
Negligible	1					

Likelihood (in a 5 year timeframe)