

# Swindon Borough Council Diversity Impact Assessment Swindon Stop Smoking and NHS Health Checks Service

## 1 What's it about?

Refer to equality duties

What is the proposal?

What outcomes/benefits are you hoping to achieve?

Who is it for?

How will this proposal meet the equality duties?

What are the barriers to meeting this potential?

### Background – What is the proposal

The Swindon Stop Smoking (SS) and Health Checks (HC) Team transferred from SEQOL to Swindon Borough Council (SBC) with effect from 01 October 2015. It was noted that at the time of transfer a review and redesign of the service provision was required.

### What outcomes/benefits are we hoping to achieve?

The review and redesign of the services was deemed necessary to achieve the following outcomes:

- Reflect the opportunities of linking with the Localities Community Health and Wellbeing Team to deliver a holistic healthy lifestyle service
- To bring service delivery in line with SBC's priority of – Helping people to help themselves while always protecting our most vulnerable children and adults.
- To improve update of health checks for the most vulnerable groups
- Acknowledge and address the fall in clients accessing the stop smoking service, and
- Manage the national 2015/16 in-year Public Health budget cuts with £100,000 savings contribution from the stop smoking service provision from the £279,000 budget allocation.

### Who is it for?

#### Stop Smoking (SS) Service

Supporting people to stop smoking still remains a high priority. Smoking is still the single largest cause of health inequalities and responsible for around half the difference in life expectancy between the richest and poorest.<sup>1</sup> Comprehensive tobacco control interventions including the provision of stop smoking support, implemented at local level and part of a strategic partnership approach, reduces smoking prevalence and the use of tobacco.

#### *Cut costs to public services*

In England each year it is estimated that smoking costs the public £13.1bn in terms of the output lost from early deaths, smoking breaks, NHS care, sick days, the impact of passive smoking, household fires, and smoking litter.<sup>2</sup>

#### *Protect children from harm*

Two thirds of smokers say they began smoking before the age of 18 and nine out of ten before the age of 19.<sup>3</sup> Children exposed to tobacco smoke are at much greater risk of cot death, meningitis, lung infections and ear disease.<sup>4</sup>

#### *Boost the disposable income of the poorest people in your local area*

Two adult smokers with a 20-a-day habit are likely to spend more than £5000 per year on cigarettes. Workers in routine and manual jobs are twice as likely to smoke as those in managerial and professional roles. Poorer smokers spend five times as much of their weekly household budget on smoking than richer smokers.<sup>5</sup>

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### *Drive improvement across key measures of population health*

Reducing smoking rates will impact on core indicators included in three out of the four public health domains identified in 'Improving outcomes and supporting transparency: a public health outcomes framework for England'.<sup>6</sup> Examples of indicators which would be positively affected include:

- sickness absence
- the number of children in poverty
- numbers of low-birth-weight babies
- pregnant women smoking at time of delivery
- smoking prevalence rates in adults and children
- infant mortality and all cause
- preventable mortality
- mortality from cardiovascular disease
- mortality from cancer
- mortality from respiratory disease

For stop smoking services the priority vulnerable groups are:

- Areas of deprivation
- Pregnant women
- Routine and manual workers
- Children and young people
- Black and ethnic minority groups
- Mental health service users
- Unemployed

There is also new research which shows that young people who identify as lesbian, gay or bisexual are twice as likely to have smoked than their heterosexual peers and this group should also be targeted as a priority for smoking cessation services.

### **Health Checks (HC)**

NHS Health Checks are available to all residents of Swindon aged 40 – 74 years who do not have a pre-existing cardiovascular condition such as:

- Coronary heart disease
- Chronic kidney disease
- Diabetes
- Stroke/TIA
- Hypertension
- Atrial Fibrillation
- Hypercholesterolemia
- Heart failure
- Peripheral Arterial Disease (PAD)

Patients should also not be taking statins or had a health check in the last five years

Health improvement advice or signposting to GP services is also part of the NHS Health Check which aims to reduce the risk of people developing cardiovascular disease as above.

For NHS Health Checks the priority vulnerable groups are:

- Areas of deprivation
- Routine and manual workers
- Black and ethnic minority groups – particularly Asians
- Mental health service users
- Unemployed

### **Introduction**

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The vision for the SS and HC Service is to:

- Offer a range of evidence based methods to quit smoking and receive a NHS Health Check in a timely and efficient way
- To address inequalities in smoking prevalence and NHS Health Checks accessibility
- To work towards an integrated lifestyle/behaviour change model that considers a range of healthy lifestyle behaviours that include smoking, healthy eating, physical activity and wellbeing.
- Have a robust quality assurance of stop smoking and health check provision across providers
- Achieve the maximum value for money whilst delivering a quality, effective and accessible service

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What potential is there to meet the equality duties?

Development of this service will support delivery of the Public Sector Equality Duty to advance equality of opportunity.

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What equality benefits does it create? (for people, organisation etc...)

For the residents of Swindon who are smoking:

- Universal provision of accessible stop smoking services with a particular focus on those more vulnerable members of our community
- Increased life expectancy for those who quit
- Removal from poverty for those in lower socio-economic groups who quit

For the residents of Swindon who are eligible for a NHS Health Check:

- Universal provision of HC
- Provision of HC for patients of GP surgeries who have not signed up to deliver health checks
- Targeted work will be undertaken to identify and work with those individuals who choose not to access the HC service through their GP

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What are the barriers to meeting this potential?

Barriers to meeting the full potential are associated with people not accessing the services. The SS service has experienced a 40% drop in the number of clients accessing the service. The Community Health and Wellbeing Team, based within localities, particularly focuses on providing support to individuals from disadvantaged and hard to reach communities.

To overcome these barriers equalities monitoring will be included in the service specification. This will show accessibility of the service.

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## 2 Who's using it?

Refer to equality groups

Who is expected to benefit or use the service (internal/external)?

What data/evidence do you have about who is or could be affected (e.g. quality monitoring, customer feedback, current service use, national/regional/local trends)

How can you involve your customers in developing the proposal?

Who is missing?

Do you need to fill any gaps in your data?

## Smoking Prevalence in Swindon

The latest data (2014) shows smoking prevalence in Swindon at 17.8% similar to the England average of 18% however the rate increase to over 24% for routine and manual workers. We know that in our more deprived communities the smoking rate is even higher.

In Swindon people living in the most deprived areas were almost four times more likely to be admitted to hospital for smoking related conditions than those living in the least deprived areas.

A 'Local Poverty Calculator' published by Action on Smoking and Health (ASH) shows local councils how many people in their area are in poverty because of smoking and what an impact services to help people quit smoking can have to reduce rates of poverty. This tool indicates that there are over 21,000 households in Swindon Unitary Authority with at least one smoker. When net income and smoking expenditure is taken into account over 4,110 or 20% of households with a smoker fall below the poverty line. If these smokers were to quit it is estimated that 963 households in Swindon would be lifted out of poverty.

## Defined target population for smoking cessation services

According to the Nice Guidance the target population for smoking cessation services is everyone who smokes (NICE Guidance PH10). Smoking prevalence remains higher in certain groups and to reduce inequalities and improve health outcomes there is a more defined target population. These are:

- Women who are or have been pregnant and their partners and family members
- Young people and especially those in care
- People in routine and manual occupations
- People with mental health problems
- Socioeconomically disadvantaged communities in the local population
- Minority ethnic groups

There is a national target to reduce smoking prevalence at the time of delivery for pregnant women to 11%. We are currently not achieving the target with 12.7% of pregnant women continuing to smoke at time of delivery in Swindon.

## Defined target population for Health Check services

- People who are accessing secondary care services
- People in routine and manual occupations
- People with mental health problems
- Socioeconomically disadvantaged communities in the local population
- Minority ethnic groups

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## 3 Impact

Refer to dimensions of equality and equality groups  
Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation  
and if appropriate: financial economic status, homelessness, political view

**Dose the proposal create an adverse impact which may affect some groups or individuals?**

**Is it clear what this is?**

**How can this be mitigated or justified?**

**What can be done to change this impact?**

**Does the proposal create benefit for a particular group? Is it clear what this is? Can you maximise the benefits for other groups?**

The reason for reviewing the service and embedding it into the Community Health and Wellbeing service area is to enhance our ability to engage with a wider audience and target those most in need. We believe that we will be in a better position to have a positive and lasting impact on local people.

In the implementation of this service:

We do not believe that there is evidence to suggest a real or potential adverse impact for young people. We do, however recognise that there may be implications for families where there are dependent children, we need to ensure that any service provider is able to successfully take into account and respond to for example, children in care/transition, children who take on caring responsibilities for their alcohol misusing parent, children in chaotic family environments.

Local data has identified current usage of the stop smoking has decreased by 40% and we do not believe there is an adverse impact on this basis. Smoking cessation is part of a wider tobacco control strategy and is one strand of the Tobacco Control agenda that contributes to reducing smoking prevalence within our population.

**What consultation has taken place?**  
**Does further consultation need to be done?**  
**How will assumptions that are made be tested?**

A SWOT analysis has taken place with the SS and HC team members

The Swindon Smokefree Alliance has the key task of overseeing the Tobacco Control Plan for Swindon.

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#### **4 So what?**

[Link to business planning process](#)

**What changes have you identified?**  
**What will you do now and what will be included in future planning?**  
**When will this be reviewed?**  
**How will success be measured?**

- A service specification will be developed to ensure the Localities Community Health and Wellbeing teams establish equality monitoring and will be used to assess future service developments. This will be reported bi-annually and will include a full equality monitoring data set.
- The equalities monitoring will take place at the Performance Management and Monitoring of Services, which will be held in accordance with the specification. The Community Health and Wellbeing team will establish ways of identifying and offering stop smoking support and health checks to high risk and underrepresented groups.
- Success will be measured by a variety of tools, including Health Equity Audits and the Pharm Outcomes monitoring tool
- An implementation plan has been agreed to commence with effect from 01 April 2016
- The SS and HC services will align to the existing Community Health and Wellbeing service and details of the individuals accessing the services will be gathered and monitored.

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#### **For the record**

Name of person leading this DIA	Date completed 25/11/2015
Names of people involved in consideration of impact	
• Helena Robinson	

- Chris Woodward
- Penny Marno
- Frances Mayes

Name of director signing DIA: Cherry Jones

*Cherry JRC Jones*

Date signed:

21<sup>st</sup> Dec 2015

## References:

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