

## Appendix 3

### PART B – Equality Analysis Form

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

This form:

- Can be used to prompt discussions, ensure that due regard has been given and remove or minimise disadvantage for an individual or group with a protected characteristic.
- Involves looking at what steps can be taken to advance and maximise equality as well as eliminate discrimination and negative consequences.
- Should be completed before decisions are made, this will remove the need for remedial actions.

Note – An Initial Equality Screening Assessment (Part A) should be completed prior to this form.

When completing this form consider the Equality Act 2010 protected characteristics Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc. – see page 11 of Equality Screening and Analysis Guidance.

<b>1. Title</b>	
<b>Equality Analysis title:</b> Tobacco Control Review	
<b>Date of Equality Analysis (EA):</b> 23/08/2023	
<b>Directorate:</b> Adult Care, Housing and Public Health	<b>Service area:</b> Public Health
<b>Lead Manager:</b> Gilly Brenner	<b>Contact number:</b> 01709 254116
<b>Is this a:</b>	
<input type="checkbox"/> <b>Strategy / Policy</b>	<input checked="" type="checkbox"/> <b>Service / Function</b>
	<input type="checkbox"/> <b>Other</b>
<b>If other, please specify</b>	

**2. Names of those involved in the Equality Analysis (Should include minimum of three people) - see page 7 of Equality Screening and Analysis Guidance**

Name	Organisation	Role (eg service user, managers, service specialist)
Gilly Brenner	RMBC	Consultant in Public Health
Amelia Thorp	RMBC	Public Health Specialist

**3. What is already known? - see page 10 of Equality Screening and Analysis Guidance**

**Aim/Scope (who the Policy/Service affects and intended outcomes if known)**

This may include a group/s identified by a protected characteristic, others groups or stakeholder/s e.g. service users, employees, partners, members, suppliers etc.)

The Tobacco Control Steering Group have developed a Tobacco Control Work Plan (2022/23 – 2024/25) that aims to meet the nationally set Smokefree (defined as <5% smoking prevalence) by 2030. Before developing the Plan, a Tobacco Control Health Needs Assessment was conducted. This identified several key groups for whom smoking is a key factor in exacerbation of health inequalities. The Plan outlines actions to target interventions to the populations with the highest prevalence.

**What equality information is available? (Include any engagement undertaken)**

The key sources of information used were:

- Office for National Statistics: Adult smoking habits in the UK
- Office for Health Improvement & Disparities Fingertips profiles
- Information from the Tobacco Control Health Needs Assessment (undertaken in April 2022) and associated consultation and engagement.

Age

The 2021 Census showed that there are 265,807 people living in Rotherham, which is a 3.3% increase from the previous Census in 2011. Rotherham has a similar age structure to England. In the UK those aged 25 to 34 years had the highest proportion of current smokers (15.8%), compared with those aged 65 years and over who had the lowest (8.0%).

Sex

In 2021 Rotherham displayed a similar proportion of male and female residents across all age groups. National data shows that a higher proportion of men smoke (15.1%) than women (11.5%).

Disability

The 2021 census showed that 9.9% of Rotherham’s population are disabled and day-to-day activities were limited a lot by long term conditions (when compared to 7.5% in England). A further 11.4% of Rotherham’s population are disabled and day-to-day activities are limited a limited a little (when compared to 10.45% in England). The proportion of Rotherham residents who were not disabled was 78.7%, a 1.0% increase when compared to the 2011 Census.

It is estimated that 18.6% of residents aged 16 and over have a common mental health disorder. In Rotherham, 30% of adults with long term mental illness and 25% of adults with anxiety or depression smoke.

Race/Ethnicity

In the 2021 Census 88.3% of residents in Rotherham identified their ethnic group as “White: English, Welsh, Scottish, Northern Irish or British,” a decrease from 91.9% in 2011. The next most common ethnic group was “Asian, Asian British or Asian Welsh” accounting for 5.3% of the population. National data shows that 20% of people who are from a Mixed ethnic group smoke, followed by Other ethnicities (16%); White (14%); Black (10%) Asian (8%) and Chinese (7%) groups.

Families and people on low incomes

In Rotherham, 21% of LSOAs are in the 10% most deprived LSOAs in England. Employment in Rotherham has risen to 73.4% in 2021/22, which is lower than the England average (75.7%). In Rotherham, average weekly full-time earnings are 89% of the national average.

The odds of smoking amongst adults (aged 18-64) with a routine and manual occupation in Rotherham are 2.45 times the odds of smoking amongst people in other occupations. Nationally, 26% of unemployed people smoke compared to 13 % of employed people.

Sexual orientation

Census data from 2021 shows that 91.6% of Rotherham residents are heterosexual, 2.4% of Rotherham residents were gay or lesbian, bisexual, pansexual asexual, queer, or other. The remaining 6.0% did not respond to the question on sexual orientation. Nationally 22% of people who identify as gay or lesbian smoke compared to 16% of heterosexual people.

Gender reassignment

Census data from 2021 shows that 94.6% of Rotherham residents’ gender identity was the same as their sex assigned at birth, 0.5% of residents’ gender identity was different from their sex assigned at birth. The remaining 4.9% did not respond to the question on gender identity.

**Are there any gaps in the information that you are aware of?**

There is a wealth of information regarding smoking trends nationally, however detailed smoking prevalence data which outlines the demographic groups most likely to smoke is not available at a local level. The Tobacco Control Steering group are currently working in partnership to build local intelligence to mitigate these gaps in the data.

**What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?**

The Tobacco Control Steering Group meet quarterly to monitor the progress of actions outlined in the Tobacco Control Work Plan (2022/23 – 2024/25). Additionally, a Tobacco Control Dashboard has been developed. The Dashboard is reported through the Tobacco Control Steering Group on a quarterly basis.

<p><b>Engagement undertaken with customers. (date and group(s) consulted and key findings)</b></p>	<p>Engagement was conducted as part of the procurement of the Better Health Service in August – September 2022 which included tobacco control as a key topic. This included:</p> <ul style="list-style-type: none"> <li>• Consultation using ‘Textocracy’ (a texting service, aimed at anyone who lives in Rotherham.) – August-September 2022</li> <li>• Three facilitated in-person workshops with underserved communities within: <ul style="list-style-type: none"> <li>○ Rawmarsh (23<sup>rd</sup> September)</li> <li>○ Maltby with an older people’s group (27<sup>th</sup> September); and</li> <li>○ Ferham with an ethnic minority women’s group (28th September.)</li> </ul> </li> </ul> <p>These workshops were targeted at those living in the 20% most deprived communities but aimed to reach diverse groups within this population segment, acknowledging the heterogeneity of socioeconomic deprivation.</p> <ul style="list-style-type: none"> <li>• Engagement with community groups including: <ul style="list-style-type: none"> <li>○ Social supermarket cooking class – 16th September.</li> <li>○ Crossroads Care – 21st September.</li> <li>○ Rotherham RISE Mums and Toddlers Group – 22nd September.</li> </ul> </li> </ul> <p>Key findings from these include:</p> <ul style="list-style-type: none"> <li>• Taking a compassionate approach – multiple groups mentioned themes that link with services offering a compassionate approach</li> <li>• Sustainability – both in terms of favouring sustainable approaches to staying healthy and sustainable support in communities</li> <li>• Communication – Social media was important but alternative communication methods should also be utilised</li> <li>• Tackling wider determinants – issues relating to cost-of-living crisis etc.</li> <li>• Motivation – potential for incentives to be utilised</li> </ul>
<p><b>Engagement undertaken with staff (date and group(s) consulted and key findings)</b></p>	<p>The Tobacco Control Work Plan (2022/23 – 2024/25) was produced by the Tobacco Control Steering Group, a multi-agency group that aims to achieve the Smokefree (defined as smoking prevalence &lt;5%) by</p>

	<p>2030 target for Rotherham. The Group meets quarterly to monitor progress of actions of the Plan.</p> <p>The Terms of Reference for the group state that representatives should include (but are not limited to) senior representatives from the following:</p> <ul style="list-style-type: none"> <li>• RMBC – public health</li> <li>• RMBC – Trading Standards and environmental health</li> <li>• RMBC – housing</li> <li>• RMBC – children’s services</li> <li>• RMBC – school improvement service</li> <li>• South Yorkshire Fire and Rescue</li> <li>• ASH</li> <li>• QUIT</li> <li>• REMA</li> <li>• SATOD (Stop Smoking at Time of Delivery)</li> <li>• South Yorkshire ICB – respiratory leads</li> <li>• PCN clinical lead/manager</li> <li>• Pharmacy representative</li> <li>• Dental representative</li> <li>• Breathing Space (community respiration team)</li> <li>• RDASH</li> <li>• ROADS</li> <li>• Healthy Hospital Lead TRFT</li> <li>• Respiratory Consultant/Lead TRFT</li> </ul>
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**4. The Analysis - of the actual or likely effect of the Policy or Service (Identify by protected characteristics)**

**How does the Policy/Service meet the needs of different communities and groups? (Protected characteristics of Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity) - see glossary on page 14 of the Equality Screening and Analysis Guidance)**

The services, through regular commissioned services, are available to everyone in Rotherham that has would like support to quit smoking. The proposals will have no impact on the current offer of Community Smoking Stop Smoking Service or the QUIT programme, therefore will continue to meet the needs of all regardless of individual protected characteristics.

Pregnancy and Maternity

The proposal calls for the managed withdrawal of the Public Health Grant contribution to the Smoking at Time of Delivery (SATOD) service. This will see commissioning responsibilities transfer to the NHS as outlined in the NHS Long Term Plan. As the NHS

are the current provider of the SATOD service it is expected the NHS will continue to meet the needs of people seeking support to quit in pregnancy.

Gender Reassignment, Sexual Orientation and Race

Findings from the tobacco control health needs assessment identified that LGBTQIA+ people and particular ethnic groups have high prevalence of smoking. The reallocation of Tobacco Control spending will enable the exploration of opportunities to improve reach to these communities as outlined in the Tobacco Control Work Plan (2022/23 – 2024/25).

**Does your Policy/Service present any problems or barriers to communities or Groups?**

The options proposed have no impact on the Community Stop Smoking Service and therefore there are no foreseen problems with access to this service from any communities or groups.

The proposal includes the managed withdrawal of the Public Health contribution to the Smoking at Time of Delivery (SATOD) service as NHS partners progress delivery of the smokefree pregnancy pathway. As the NHS are the current providers of the SATOD service there are no expected changes to the delivery of this service, therefore no barriers are expected.

**Does the Service/Policy provide any positive impact/s including improvements or remove barriers?**

The proposal to withdraw the Public Health Grant contribution to the SATOD service is to enable funding to be reallocated to other areas of the Tobacco Control Work Plan which would improve provision of smoking-related support to groups with the highest smoking prevalence. For example, spending can be reallocated to further explore opportunities to reach populations with highest smoking prevalence including manual workers, ethnic groups with highest prevalence and LGBTQIA+ people.

**What affect will the Policy/Service have on community relations? (may also need to consider activity which may be perceived as benefiting one group at the expense of another)**

It is not expected that the proposal will have a significant effect on community relations. However, as it is proposed that the commissioning responsibility of the SATOD service will transfer from Rotherham Metropolitan Borough Council to the NHS the uncertainty has to be acknowledged. A managed withdrawal of the Public Health Grant contribution will be adopted to mitigate any risk of disruption to the service.

The managed withdrawal of the Public Health Grant contribution will enable the funding of broader tobacco control activity which would benefit the wider community. For example, increased spend on Enforcement activity would tackle suppliers of illicit tobacco, enforce underage sales legislation, and disrupt organised crime. This will result in health benefits for children and vulnerable adults. It is expected that this will have a positive impact on community relations.

Please list any **actions and targets** that need to be taken as a consequence of this assessment on the action plan below and ensure that they are added into your service plan for monitoring purposes – see page 12 of the Equality Screening and Analysis Guidance.

## **5. Summary of findings and Equality Analysis Action Plan**

If the analysis is done at the right time, i.e. early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the impact of the policy/service/change on communities or groups according to their protected characteristic - See page 11 of the Equality Screening and Analysis guidance

<b>Title of analysis: Tobacco Control Review</b>
<b>Directorate and service area: Adult Care, Housing and Public Health – Public Health</b>
<b>Lead Manager: Gilly Brenner</b>
<b>Summary of findings:</b>
A tobacco control health needs assessment was conducted in 2022 and outlined the communities that have high smoking prevalence in Rotherham. These findings informed the development of the Tobacco Control Work Plan (2022/23 – 2024/25).

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
Monitor the impact of the proposed reallocation of Tobacco Control spending on users of the SATOD service	<b>PM</b>	<b>Ongoing</b>



\*A = Age, D= Disability, S = Sex, GR Gender Reassignment, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage. C= Carers, O= other groups

6. Governance, ownership and approval		
Please state those that have approved the Equality Analysis. Approval should be obtained by the Director and approval sought from DLT and the relevant Cabinet Member.		
Name	Job title	Date
Ben Anderson	Director of Public Health	24 <sup>th</sup> August 2023
Councillor David Roche	Cabinet Member, Adult Social Care and Public Health	20 <sup>th</sup> September 2023

7. Publishing	
The Equality Analysis will act as evidence that due regard to equality and diversity has been given.	
If this Equality Analysis relates to a <b>Cabinet, key delegated officer decision, Council, other committee or a significant operational decision</b> a copy of the completed document should be attached as an appendix and published alongside the relevant report.	
A copy should also be sent to <a href="mailto:equality@rotherham.gov.uk">equality@rotherham.gov.uk</a> For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.	
<b>Date Equality Analysis completed</b>	24 <sup>th</sup> August 2023
<b>Report title and date</b>	Tobacco Control Review – October 2023
<b>Date report sent for publication</b>	20 <sup>th</sup> September 2023
<b>Date Equality Analysis sent to Performance, Intelligence and Improvement</b> <a href="mailto:equality@rotherham.gov.uk">equality@rotherham.gov.uk</a>	24 <sup>th</sup> August 2023