**About the service**

1. **Brief description of the service covered by this assessment.**

   Stop Smoking support

2. **Please list the main partners, council departments, organisations and service user or target groups for this service.**

   Smokers

3. **If the service is provided by another organisation or agency please give their names and how you ensure they comply with the Council’s Equal Opportunities and Valuing Diversity policy**

   Monitoring of data on performance outcome data - 4 week quitters.

4. **Please list any performance objectives / targets relating to equality that your service has / uses.**

   If as a result of this assessment you are going to introduce new targets, please detail these in your action plan at the end of this form

   Targeting Turkish community, people with long-term conditions, pregnant women, post-natal women and schoolchildren.
### Equalities data collection and monitoring

5. Does your service collect data from service users/applicants for equalities monitoring purposes?  **YES / NO**
   
   If **YES** please detail below how and when this data is collected and where it is stored e.g. *equalities data is collected at application stage and entered into the SAP database.*

   Data collected and stored by provider, collated and sent to Public Health.

6. Does your service carry out equalities monitoring to review the take up/accessibility of your service?  **YES / NO**
   
   If **YES** please detail which aspects of your service are monitored and how frequently, then proceed to Q8. If **NO** please complete Q7.

   Monitored in relation to update of service and quit-rates.

7. If your service does **NOT** monitor equalities, please detail how you comply with the Council’s Equal Opportunities and Valuing Diversity policy and how you achieve the council’s aim of ‘Fairness for all’ - serving the whole borough fairly and tackle inequality

### Monitoring information:

Indicate **YES, NO** or **NA** (Not Applicable) for each characteristic

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Disability</th>
<th>Gender</th>
<th>Age</th>
<th>Race</th>
<th>Religion &amp; Belief</th>
<th>Sexual Orientation</th>
<th>Gender reassignment</th>
<th>Pregnancy &amp; Maternity</th>
<th>Marriages &amp; Civil Partnerships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does monitoring enable you to <strong>profile</strong> service users/applicants by the following characteristics?*</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does monitoring enable you to <strong>profile</strong> the <strong>satisfaction</strong> of service users by the following characteristics?*</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Does a comparison against baseline demographic data show that service users are representative of the local population in relation to the following characteristics?</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
Does monitoring show that there are any under-represented groups within the following characteristics?  

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>No</th>
<th>No</th>
<th>No</th>
<th>No</th>
<th>No</th>
<th>No</th>
<th>No</th>
<th>No</th>
</tr>
</thead>
</table>

**IF YES PLEASE LIST THE ACTIONS YOU ARE TAKING/WILL TAKE TO ADDRESS UNDER-REPRESENTATION OF PROTECTED GROUPS IN THE ACTION PLAN AT THE END OF THIS ASSESSMENT.**

* If you do not include all protected characteristics in your equalities monitoring please explain why below:

Monitoring is according to Department of Health guidance and intended to ensure maximal health benefit.

<table>
<thead>
<tr>
<th>Equalities impact</th>
</tr>
</thead>
</table>

**9. Protected characteristics equalities impact:**

Please indicate **YES, NO or NA** (Not Applicable) for each characteristic

<table>
<thead>
<tr>
<th>Disability</th>
<th>Gender</th>
<th>Age</th>
<th>Race</th>
<th>Religion &amp; Belief</th>
<th>Sexual Orientation</th>
<th>Gender reassignment</th>
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</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Do satisfaction levels identify any concerns arising from vulnerable groups within the following characteristics?  

No

Does your evidence show an adverse impact on any group/s within the following characteristics?  

No

Are there known or potential barriers to participation for any group/s within the following characteristics?  

No

**IF YES PLEASE LIST THE ACTIONS YOU ARE TAKING/WILL TAKE TO MITIGATE ADVERSE IMPACTS / BARRIERS / CONCERNS IN THE ACTION PLAN AT THE END OF THIS ASSESSMENT.**

**10. Could the service or policy discriminate, directly or indirectly, according to the accompanying definitions?**  

**YES or NO**

If **YES**, please set out how it is justifiable under legislation in the box below.
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Could the service or policy have an adverse impact on relations between different groups / community cohesion?</td>
<td>YES / NO</td>
<td>If YES, describe below and add any actions to mitigate this impact in your action plan.</td>
</tr>
<tr>
<td>12. Have you received any complaints about your service in respect of equality issues?</td>
<td>YES / NO</td>
<td>If YES, please give a brief description and what action has been taken as a result.</td>
</tr>
<tr>
<td>13. How does the service contribute to eliminating discrimination, advancing equality of opportunity and fostering good relations between different groups in the community?</td>
<td></td>
<td>Offering stop smoking services to areas of deprivation and by targeting high risk groups.</td>
</tr>
<tr>
<td>14. Please give specific examples of success / best practice your service can evidence in terms of ‘narrowing’ the gap through improved outcomes / reduced inequality for service users</td>
<td></td>
<td>Success is people stopping smoking. As smoking is more common in areas of deprivation and both a cause and effect of inequalities the service will reduce the gap between smokers and non-smokers and between areas of higher and lower deprivation.</td>
</tr>
<tr>
<td>15. Does your service or policy provide financial support for the protected groups?</td>
<td>YES / NO</td>
<td>If YES, please list below and the value of the financial support.</td>
</tr>
</tbody>
</table>
16. Socio-economic equalities impact:
Indicate YES, NO or NA (Not Applicable) for each characteristic

<table>
<thead>
<tr>
<th>Communities living in deprived wards/areas</th>
<th>People in employment or education or training</th>
<th>People with low academic qualifications</th>
<th>People living in social housing</th>
<th>Lone parents</th>
<th>People on low incomes</th>
<th>People in poor health</th>
<th>Any other socio-economic factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Does the service or policy specifically impact on people / communities disadvantaged through the following socio-economic factors? Yes Yes Yes Yes No Yes Yes No

Does the service / policy contribute to promoting equality of opportunity for the following groups? Yes Yes Yes Yes No Yes Yes No

17. If YES answered above – please describe the impact (including any positive impact on social economic inequality) and any mitigation if applicable

Reduces smoking which has both health and financial implications.

Consultation and engagement

18. Please list any recent consultation activity on your service, any specific equalities groups that were targeted, how the results have been publicised and what action has been taken in response to the results. (Please state the source of data)
(If more information is needed to understand the views of disadvantaged groups please add this to your action plan)

Consultation with GPs as GPs will have most contact with smokers and can have a significant at a population level. GPs happy with stop smoking model.

Staff training and development

19. Please set out below the staff training undertaken on equalities.
(If there is a need for additional staff training please detail this in your action plan)

Evidence of staff training:
Staff trained in behaviour change
Outcomes from such training:
Improved support to stop smoking.

Review and publicity

20. Please set out in your action plan when you will review this assessment and how it will be publicised
   (Note: all EQIAs sent to the Performance Management Team are published on the Council’s website)

When data from 2016-17 becomes available.
Action plan template for existing services

Name of service/policy: Stop Smoking Service

Team: Public Health
Department: Public Health

Service manager: Glenn Stewart

<table>
<thead>
<tr>
<th>Identified Issue</th>
<th>Action Required</th>
<th>Lead Officer</th>
<th>Timescale/ By When</th>
<th>Costs</th>
<th>Review Date/ Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publicity of this assessment and when it will be reviewed</td>
<td>Assessment of impact of SSS</td>
<td>Glenn Stewart</td>
<td>When 2016 / 17 data becomes available</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

Please insert additional rows if needed

Date to be reviewed: July 2017

APPROVAL BY THE RELEVANT ASSISTANT DIRECTOR - NAME: Glenn Stewart SIGNATURE: ___________________________