

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):

Public Health Transformation – Stop Smoking Service

2. Directorate

Adult Social Care and Health

3. Responsible Service/Division

Integrated Commissioning

Public Health

Accountability and Responsibility

4. Officer completing EQIA

Note: This should be the name of the officer who will be submitting the EQIA onto the App.

Luke Edwards and Chris Beale

5. Head of Service

Note: This should be the Head of Service who will be approving your submitted EQIA.

Vicky Tovey

6. Director of Service

Note: This should be the name of your responsible director.

Anjan Ghosh

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Service Change – *operational changes in the way we deliver the service to people.* Answer Yes/No

No

Service Redesign – *restructure, new operating model or changes to ways of working.* Answer Yes/No

No

Project/Programme – *includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.* Answer Yes/No

Yes

Commissioning/Procurement – *means commissioning activity which requires commercial judgement.* Answer Yes/No

Yes

Strategy /Policy – *includes review, refresh or creating a new document.* Answer Yes/No

No

Other – Please add details of any other activity type here.

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

In July 2023, KCC commenced the Public Health Service Transformation Programme (PHSTP). The programme responded to a series of strategic developments, challenges, and opportunities in the commissioning landscape, and is underpinned by an evidence-based review of all internal and external Public Health funded services and grants. The core principles are:

- Placing prevention and tackling health inequalities at the centre of all services and ensure that services are person centres
- Working collaboratively and transparently across other KCC directorates, considering opportunities to align with other services and to avoid duplication
- Consider alignments in commissioning across the system, and taking into account the impact of other commissioned services and cycles
- Working closer with NHS providers including the Integrated Care Board (ICB), Primary Care, Health and Care Partnerships (HaCPs), in addition to District Councils, Voluntary and Community Sector Enterprises (VCSE), and other partners
- Value for money.

The Public Health Service Transformation Programme aims to:

- Improve services for our communities; targeting those who need them most; informed by evidence and ensuring join up and alignment internally as well as with other related services
- Maximise impact of investment; spending where it can have the biggest impact. This will ensure Public Health Services are efficient and reprofile funding into a new prevention proposition
- Quality assure services against best practice; ensuring they are safe and effective
- Ensure services are fit for the future, sustainable and responsive to need (political, economic, social, technological, legal, international and environmental) and continue to be affordable. This will include managing changes in demand, ensuring provider capacity and capability, insights-led changing trends in society and utilising new technology.

The Programme has included the evaluation of existing service models and collaboration with key stakeholders to identify recommendations for future service delivery.

This EqIA is intended to assess the potential impact of the public health service Transformation in relation to the Stop Smoking Service.

The preferred option is to Commission the current service model (with adaptations) and new service offers.

- The service will continue to support residents 12+ and provide weekly behavioural support alongside nicotine replacement therapy (NRT) and other smoking cessation aids over a 7 week period. The service will also continue to offer adult smokers access to vapes as a way to support a quit attempt. Support will be delivered face to face, in a group, via telephone, or through other digital solutions.

Service adaptations include:

- Creation of dedicated advisor posts to support people referred from Health settings
- Increasing the availability of peer support and self-directed support
- Changes linked to Long Term Plan (Smoking in Pregnancy Service)
- Improved links with Family Hubs.

New Service Offers include (these are being funded by the new Local Stop Smoking Service Support Grant):

- Alternative support models
- Digital Offer
- Services tailored to supporting targeted groups

- Services tailored to support specific age ranges (YP Support)
- Workplace offer
- Peer Support
- Training for other commissioned services and inhouse support to deliver brief stop smoking advice

A separate EqIA has been completed for these new service offers.

Further Description:

- Service specifications will be outcome focused
- Services will be commissioned so they are able to innovate and change. It will be a requirement that the provider(s) collaborate with local communities to further enhance understanding on how people would like to be supported and how services should be delivered. This intelligence will be used to innovate and enhance the service offer
- The provider(s) will be responsible for marketing the Service, utilising a variety of communication methods, which best increases the exposure of the Service. The Council will continue to support in promoting services through social media and other forms of communication
- The provider(s) will ensure services are fully accessible to people residing in Kent and therefore should make sure there is no barrier to accessing services due to language, culture or the geographical location they reside. This will also include making reasonable adjustments to make services accessible and tailored to meet different needs
- The provider will deliver services in suitable venues and consider the client group attending, recognising culturally sensitive locations and approaches. This will include distance, accessibility by public transport, parking costs and disability access requirements. This will be subject to the availability of location and venues that are able to provide a safe environment. Some venues may require adaptations in order to deliver face to face interventions. Broader digital solutions will also be available as an alternative to locations and venues as long as this does not impact upon engagement.

Approach of the Service:

- **Person centred, holistic and non-stigmatising:** The approach will be strength based, focusing on assets, independence, recovery, and social inclusion. The Service should use “I” Statements as set out in Think Local Act Personal (TLAP) to develop personalised strategies to support people
- **Maximise Service Impact:** The Service should maximise the impact by working with a range of other commissioned/community services and encourage activities that promote a healthy lifestyle. The Service will follow the philosophy of ‘Making Every Contact Count’
- **Trauma Informed Approach:** The Service should adopt a trauma informed approach. This will include:
 - Recognising signs and symptoms of trauma in people accessing the Service, families, staff and others
 - Integrating knowledge about trauma into policies, procedures and practices
 - Seeking to actively resist re-traumatisation

The provider will need to design their delivery model around trauma informed care approaches and apply the principles set out in the RELATE framework

- **Targeted and Focused on Health Inequalities (Population Health):** Health inequalities are avoidable variations in health status of groups and individuals. This service should aim to contribute towards the reduction of health inequalities and take a targeted approach to work with vulnerable, at-risk groups including people with co-occurring conditions and those identified in the Tobacco Control Needs Assessment
- **Evidence Based:** The Service should deliver interventions that have an evidence-based approach demonstrating good practice. This should not stop innovation and creativity to meet the specified outcomes. It would be expected that robust evidence is collected so that evaluation forms part of this process
- **Maximise Social Value:** Kent County Council services have a social purpose and therefore the Council requires

that services become smarter at determining social value working within the commissioning process. This will be through improving the economic, social and environmental wellbeing of Kent

- **Co-production Approach:** Co-production should underpin all elements of the Service and operate with people who access the Service.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity? Answer: Yes/No

Yes

10. Is it possible to get the data in a timely and cost effective way? Answer: Yes/No

Yes

11. Is there national evidence/data that you can use? Answer: Yes/No

Yes

12. Have you consulted with Stakeholders?

Answer: Yes/No

Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.

Yes

13. Who have you involved, consulted and engaged with?

Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.

- Providers
- KCC Internal Departments
- People accessing the service
- Kent residents
- Kent Local Pharmaceutical Committee
- Kent Local Medical Committee
- Department of Health and Social Care
- Kent and Medway ICB
- Other commissioned services (Live Well Kent & Medway and Drug and Alcohol services)

14. Has there been a previous equality analysis (EQIA) in the last 3 years? Answer: Yes/No

Yes

15. Do you have evidence/data that can help you understand the potential impact of your activity?

Answer: Yes/No

Yes

Section C – Impact

16. Who may be impacted by the activity? Select all that apply.

Service users/clients - *Answer: Yes/No*

Yes

Residents/Communities/Citizens - *Answer: Yes/No*

Yes

Staff/Volunteers - *Answer: Yes/No*

Yes

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? Answer: Yes/No

Yes

18. Please give details of Positive Impacts

- Improved service offer and accessibility
- Increase the number of people supported to quit smoking and improve targeting of priority groups
- Decrease prevalence in health conditions linked to smoking
- Reduce health inequalities and improve the health of the Kent population
- Prevent costs to the wider Health and Social Care system - Smoking causes an estimated £1.17 Billion cost to society in Kent. This is made up of £678m in productivity losses, £427m in social care costs, £52.2m in healthcare costs and £8.84m in costs due to fires (ASH).

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for Age? Answer: Yes/No

(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Age

N/A

c) Mitigating Actions for Age

N/A

d) Responsible Officer for Mitigating Actions - Age

N/A

20. Negative Impacts and Mitigating actions for Disability

a) Are there negative impacts for Disability? Answer: Yes/No

(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Disability

N/A

c) Mitigating Actions for Disability

N/A

d) Responsible Officer for Mitigating Actions - Disability

N/A

21. Negative Impacts and Mitigating actions for Sex

a) Are there negative impacts for Sex? Answer: Yes/No

(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Sex

N/A

c) Mitigating Actions for Sex

N/A

d) Responsible Officer for Mitigating Actions - Sex

N/A

22. Negative Impacts and Mitigating actions for Gender identity/transgender

a) Are there negative impacts for Gender identity/transgender? Answer: Yes/No

(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Gender identity/transgender

N/A

c) Mitigating actions for Gender identity/transgender

N/A

d) Responsible Officer for Mitigating Actions - Gender identity/transgender

N/A

23. Negative Impacts and Mitigating actions for Race
a) Are there negative impacts for Race? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Race
N/A
c) Mitigating Actions for Race
N/A
d) Responsible Officer for Mitigating Actions – Race
N/A
24. Negative Impacts and Mitigating actions for Religion and belief
a) Are there negative impacts for Religion and Belief? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Religion and belief
N/A
c) Mitigating Actions for Religion and belief
N/A
d) Responsible Officer for Mitigating Actions - Religion and belief
N/A
25. Negative Impacts and Mitigating actions for Sexual Orientation
a) Are there negative impacts for sexual orientation. Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Sexual Orientation
N/A
c) Mitigating Actions for Sexual Orientation
N/A
d) Responsible Officer for Mitigating Actions - Sexual Orientation
N/A
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity
a) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Pregnancy and Maternity
N/A
c) Mitigating Actions for Pregnancy and Maternity
N/A
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity
N/A
27. Negative Impacts and Mitigating actions for marriage and civil partnerships
a) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Marriage and Civil Partnerships
N/A
c) Mitigating Actions for Marriage and Civil Partnerships
N/A
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships
N/A
28. Negative Impacts and Mitigating actions for Carer’s responsibilities

a) Are there negative impacts for Carer's responsibilities? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Carer's Responsibilities

N/A

c) Mitigating Actions for Carer's responsibilities

N/A

d) Responsible Officer for Mitigating Actions - Carer's Responsibilities

N/A