Haringey LONDON

EQUALITY IMPACT ASSESSMENT

The **Equality Act 2010** places a '**General Duty'** on all public bodies to have '**due regard'** to the need to:

- Eliminating discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advancing equality of opportunity between those with a 'relevant protected characteristic' and those without one;
- Fostering good relations between those with a 'relevant protected characteristic' and those without one.

In addition, the Council complies with the Marriage (same sex couples) Act 2013.

Stage 1 – Screening

Please complete the equalities screening form. If screening identifies that your proposal is likely to impact on protect characteristics, please proceed to stage 2 and complete a full Equality Impact Assessment (EqIA).

Stage 2 – Full Equality Impact Assessment

An EqIA provides evidence for meeting the Council's commitment to equality and the responsibilities under the Public Sector Equality Duty.

When an EqIA has been undertaken, it should be submitted as an attachment/appendix to the final decision-making report. This is so the decision maker (e.g. Cabinet, Committee, senior leader) can use the EqIA to help inform their final decision. The EqIA once submitted will become a public document, published alongside the minutes and record of the decision.

Please read the Council's Equality Impact Assessment Guidance before beginning the EqIA process.

1. Responsibility for the Equality Impact Assessment	
Name of proposal	Removal of NHS Health Checks and smoking cessation services delivered in GP surgeries and smoking cessation services in local pharmacies
Service area	Public Health
Officer completing assessment	Sarah Hart
Equalities/ HR Advisor	Hugh Smith
Cabinet meeting date (if applicable)	
Director/Assistant Director	Will Maimaris

2. Summary of the proposal

Please outline in no more than 3 paragraphs

- *The proposal which is being assessed*
- *The key stakeholders who may be affected by the policy or proposal*
- *The decision-making route being taken*

- NHS Health Checks and smoking cessation services are currently delivered in a variety of venues across the borough. The proposal reduces the options for residents to receive an NHS Heath Check or smoking cessation service to the Integrated Lifestyles community service. There will be no services delivered via GP surgeries (NHS Health Checks and smoking cessation) or pharmacies (smoking cessation). The Integrated Lifestyles service is delivered flexibly within a variety of community settings with high footfall or to targeted settings accessing specific groups i.e. homeless people, those living in areas of deprivation, black and ethnic minority groups.
- Key stakeholders affected includes the residents who access NHS Health Checks and smoking cession services via their GP surgeries or a local pharmacy, the Clinical Commissioning Group (CCG) whose strategy to reduce ill-health these services deliver into, the Local Pharmacy Committee (LPC) (the professional body which coordinates pharmacy activity). Public Health England (PHE) would also have to be informed of the decision in respect of the NHS Health Checks as this is a mandated public health service.
- This is part of the MTFS which will be presented to Cabinet.

3. What data will you use to inform your assessment of the impact of the proposal on protected groups of service users and/or staff?

Identify the main sources of evidence, both quantitative and qualitative, that supports your analysis. Please include any gaps and how you will address these

This could include, for example, data on the Council's workforce, equalities profile of service users, recent surveys, research, results of relevant consultations, Haringey Borough Profile, Haringey Joint Strategic Needs Assessment and any other sources of relevant information, local, regional or national. For restructures, please complete the restructure EqIA which is available on the HR pages.

Protected group	Service users	Staff
Sex	PHE Fingertips, local Haringey service data and the recent STARS review of NHS Health checks	NA
Gender Reassignment	No data source available	NA
Age	PHE Fingertips, local Haringey service data	NA
Disability	Improving Health and Lives – Learning disabilities observatory -	NA

	Health Inequalities & People with Learning Disabilities in the UK: 2010	
Race & Ethnicity	PHE Fingertips, Haringey JSNA, Haringey population data (ONS),	NA
Sexual Orientation	ASH data on smoking in the LGBT community Integrated Household Survey	NA
Religion or Belief (or No Belief)	Census 2011	NA
Pregnancy & Maternity	PHE Fingertips, local service performance data, ASH data from the smoking in pregnancy challenge group	NA
Marriage and Civil Partnership	Census 2011	NA

Smoking cessation service - Nationally smoking rates in the UK are at their lowest ever with 14.9% of the population smoking, yet Public Health England (PHE) figures indicate that within Haringey the rate is 16%, however GP patient registration data shows a prevalence of 21%

NHS Health Checks – This is a universal service for all residents between the ages of 40 and 74 years with no pre-existing conditions. A letter is automatically generated and send to all of those fitting the criteria.

Given these profiles, and our intention to continue with the Integrated Lifestyles community delivery of NHS Health Checks, we consequently, do not envisage that any protected characteristic group will be disproportionately affected by the proposal.

Sex
Smoking – Nationally more males (20.0%) than females (19.0%) smoke. The prevalence of smoking is 4% higher for men than women in Haringey, with more women accessing stop smoking services than men. Males and females have similar success rates at stopping smoking, although fewer male smokers than expected may access the service.

Female and male smokers aged 45-49 and female smokers aged 60+ are over-represented in Stop Smoking service.

Health Checks
Slightly more females (54%) than males (46%) have an NHS Health check in the community. According to the 2011 census, 49.5% of the Haringey population is male and 50.5% is female.

Gender Reassignment

We do not hold data on the number of people who are seeking, receiving or have received gender reassignment surgery, and there is not national data collected for this characteristic. The Equality and Human Rights Commission estimate that there are between 300,000-500,000 transgender people in the UK. We will need to consider the inequalities and discrimination experienced for this protected group. For the purposes of this EqIA, we will use the inclusive term Trans* in order to represent the spectrum of transgender and gender variance.

We do not hold ward or borough level data on gender reassignment, it is likely that the population is reflected in those invited to use the service by GPs.

Age

Smoking - The highest prevalence of smoking in adults is in the 25-34 year age group (20%) and the lowest in those over 65 years. Young people are more likely to smoke regularly if they live with other people who smoke and this increases the greater the number of smokers in the household. Smoking before the age of 18 is a key risk factor. The lowest rates of smoking were seen in those over 65 years of age. Uptake of Stop Smoking Service by 16-34 year olds is significantly lower than the proportion of GP registered smokers from the same age group in Haringey.

Health Checks – Health checks are a universal service for those 40 and 74 years with no pre-existing conditions. The 2011 ONS Interim Sub National Population Projections predict that the 18-64 population in 2021 will account for 69.5% of the Haringey population, and that the 65+ population in 2021 will account for 9.4% of the Haringey population

The 51-55 and 56-60 age groups are over-represented, in contrast to the older end of the spectrum (61-70 and 71-74) which are under-represented. This discrepancy could be due to wider issues around mobility, transport and confidence. Also, patients in older age groups more likely to be ineligible due to having a long-term condition

Disability

Smoking – there is insufficient data available in regard to uptake and delivery of service among cohort of patients with disability. Smoking is also more than twice, and up to three times as prevalent among people with mental disorders than in the general population, and this has changed little over the past 20 years. Fewer adults with learning disabilities who use learning disability services smoke tobacco or drink alcohol compared to the general population, but rates of smoking among adolescents with mild learning disability are higher than among their peers. Around 14,000 smokers live with a long term condition, in particular Chronic Obstructive Pulmonary Disorder (COPD), Serious Mental Illness, and Chronic Liver Disease.

Health Checks – Coronary heart disease is a leading cause of death amongst people with learning disabilities (14%-20%) and the prevalence of dementia is higher amongst older adults with learning disabilities compared to the general population (22% vs 6% aged 65+).

Race and Ethnicity

Smoking – The prevalence of smoking is highest amongst white, and mixed ethnic groups. In Haringey, smokers from White and Asian ethnicities are most likely to access the service; smokers from Mixed, Black, or Chinese ethnicities are significantly less likely to use services

In Haringey as of December 2018, among the male GP registered population aged 16+, smoking prevalence is highest among patients from the following ethnic groups:

− Traveller (41%)
− Turkish (39%)
− White – Other (38%)
− Kurdish (37%)

Among the female GP registered population aged 16+, smoking prevalence is highest among patients from the following ethnic

− Traveller (31%)
− Eastern European (28%)
− White - Other (28%)

NICE guidance recommends targeting of NHS Stop Smoking Services toward minority ethnic and socioeconomically disadvantaged communities in the local population.

Health Checks Health checks are a universal service for those 40 and 74 years with no pre-existing conditions. GP Data shows most ethnicities are accurately represented. This pattern is reflected in the Integrated Lifestyles service, community NHS Health Checks service, where in-fact a higher percentage of the checked population came from the Black African communities.

Sexual Orientation

Smoking – Data from the Integrated Household Survey shows that lesbian and gay people are much more likely to smoke than the general population and are more likely to experience health inequalities. Young lesbian, gay and bisexual (LGB) people are more likely to smoke, start at a younger age and smoke more heavily

Health Checks - N/A

We do not hold ward or borough level data on sexual orientation, and it is not collected nationally through the Census. However, the ONS estimates that 3.7% of Haringey's population are lesbian, gay or bisexual (LGB), which is the 15th largest LGB community in the country. It is likely that the population is reflected in those invited to use the service by GPs.

Religion or Belief

Haringey is one of the most religiously diverse places in the UK. In the 2011 census the most common religion was Christianity, accounting for 45% of residents, less than London (48.4) and less than England (59.4%). The next most common religions were Muslim (14.3%) – higher than London (12.3%) - and Jewish (3%). Haringey had a lower percentage of residents who were Hindu (1.8%) and Sikh (0.3%) than London (5.0% and 1.5%, respectively). A quarter of Haringey residents stated that they did not have a religion, higher than London (20.7%).

Smoking and health checks

We do not hold ward or borough level data on religion or belief it is likely that the population is reflected in those invited to use the service by GPs.

Pregnancy/Maternity

Smoking – Smoking remains one of the few modifiable risk factors in pregnancy. It can cause a range of serious health problems, including lower birth weight, preterm birth, placental complications and perinatal mortality. In 2017/18, 6% of pregnant women in Haringey were smokers at time of delivery which is significantly higher than the London average (5%) but significantly lower than the England average (11%).

• **Health Checks** – N/A

Marriage/Civil Partnership

	Married (heterosexual couples)	Civil Partnership
Haringey	32.2%	0.6%
London	40%	0.4%
England and Wales	47%	0.2%

The number of married people (only available to heterosexual couples at the time of the 2011

Census) is significantly lower than in London and England. However, the proportion of people in civil partnerships is higher in the area compared to the London and England and Wales average. Decisions will need to ensure all couples in a civil partnership are treated exactly the same as couples in a marriage.

We do not hold ward or borough level data on marriage and civil partnership it is likely that the population is reflected in those invited to use the service by GPs.

4. a) How will consultation and/or engagement inform your assessment of the impact of the proposal on protected groups of residents, service users and/or staff?

Please outline which groups you may target and how you will have targeted them

Further information on consultation is contained within accompanying EqIA guidance

As this is a direct access service, we would not be able to identify groups to target for consultation. GPs will be in a position to keep us informed if they become aware that this is adversely impacting any group with a protective characteristic. We will also make Healthwatch aware of these changes

4. b) Outline the key findings of your consultation / engagement activities once completed, particularly in terms of how this relates to groups that share the protected characteristics

Explain how will the consultation's findings will shape and inform your proposal and the decision-making process, and any modifications made?

We have not undertaken consultation/engagement activities.

5. What is the likely impact of the proposal on groups of service users and/or staff that share the protected characteristics?

Please explain the likely differential impact on each of the 9 equality strands, whether positive or negative. Where it is anticipated there will be no impact from the proposal, please outline the evidence that supports this conclusion.

Further information on assessing impact on different groups is contained within accompanying EqIA guidance

1. **Sex**

The Integrated Lifestyles service community team will continue to offer smoking cessation and NHS Heath Checks. Whilst there are more male than female smokers the community team can address this by accessing males through targeted local campaigns.

NHS Health Checks data shows that men participate at a lower rate in GP settings, however they are already well represented in the Integrated Lifestyles service NHS Health Checks delivered by Tottenham Hotspurs Foundation.

We therefore anticipate a neutral impact of removing the GP and pharmacy delivery.

Positive		Negative		Neutral impact	X	Unknown Impact	

2. Gender reassignment

No discriminating factors are anticipated based on gender reassignment in terms of service access for either service. Once again having a flexible community service allows us to provide tailored services/events for this community.

Positive		Negative		Neutral impact	X	Unknown Impact	

3. Age

Most smoking cessation clinics are currently offered through the community-based service which is accessible to all ages above 12 years – consequently we do not expect the withdrawal of GP or pharmacy appointments to have any impact on our service delivery.

Nationally NHS Health Checks are only available to adults between the ages of 40 and 74 years with no pre-existing conditions. However, as the service will continue to be offered via community outreach settings there is the potential to increase access for older people who are underrepresented in GP health checks.

Positive		Negative		Neutral impact	X	Unknown Impact	

4. Disability

Patients with disabilities already have personal care plans in place and receive regular reviews from their GP's who will continue to conduct a form of health check, therefore these individuals will not be affected.

Those with mobility issues may be impacted by accessibility issues and therefore we will ensure that community delivery of stop smoking services are available in accessible venues.

Those with mental health issues will continue to be offered smoking cessation through the local NHS mental health trust and the community service.

Positive		Negative		Neutral impact	X	Unknown Impact	

5. Race and ethnicity

GP smoking cessation services are not targeted. The Integrated Lifestyles service is able to target BME communities via both the localities where the service is offered and directed campaigns. The service has materials in multiple languages and has a workforce reflective of the borough.

NHS Health Checks will continue to be offered to adults based on PHE guidelines which do not exclude any individual based on protected characteristic. As the community delivery has traditionally focussed in the east of the borough where a significant number of ethnic minority groups are represented, we do not therefore anticipate any adverse impact on these groups.

Positive		Negative		Neutral impact	X	Unknown Impact	

6. Sexual orientation

We do not currently hold data on the sexual orientation of participants accessing either NHS health checks or the smoking cessation services. However, the community schemes which will continue are accessible to all residents irrespective of them identifying with this protective characteristic.

Positive		Negative		Neutral impact	X	Unknown Impact	

7. Religion or belief (or no belief)

We do not currently hold data on the religious beliefs of participants accessing either NHS health checks or the smoking cessation services delivered via GP's. However, the Integrated Lifestyles service will continue to be accessible to all residents irrespective of them identifying with this protective characteristic. The Integrated lifestyles provider and the public health team regularly work with faith leaders to arrange special health events.

Positive		Negative		Neutral impact	X	Unknown Impact	

8. Pregnancy and maternity

NHS Health Checks to this group is not applicable

Smoking is a serious issue and there is the potential for the removal of the GP delivered service to impact negatively on some pregnant women. However, this is more than mitigated by the retention of the community smoking cessation offer and a new service commissioned across North Central London (NCL) offering all pregnant women services via their midwife.

Positive		Negative		Neutral impact	X	Unknown Impact	

9. Marriage and Civil Partnership

No discriminating factors are anticipated based on a person's marital or civil partnership status.

Positive		Negative		Neutral impact	X	Unknown Impact	

10. Groups that cross two or more equality strands e.g. young black women

Pregnant women
Smoking within this group is a serious issue which could impact the health of the unborn child. Whilst there is the potential for the removal of the GP delivered service to impact negatively on some pregnant women, this is more than mitigated by the retention of the community smoking cessation offer and in particular the NCL wide roll out of BabyClear within every Acute Trust maternity department.

Outline the overall impact of the policy for the Public Sector Equality Duty:

- **Could the proposal result in any direct/indirect discrimination for any group that shares the relevant protected characteristics?**
- **Will the proposal help to advance equality of opportunity between groups who share a relevant protected characteristic and those who do not?**
  This includes:
  a) **Remove or minimise disadvantage suffered by persons protected under the Equality Act**
  b) **Take steps to meet the needs of persons protected under the Equality Act that are different from the needs of other groups**
  c) **Encourage persons protected under the Equality Act to participate in public life or in any other activity in which participation by such persons is disproportionately low**
- **Will the proposal help to foster good relations between groups who share a relevant protected characteristic and those who do not?**

- The proposal does not result in any direct/indirect discrimination because the flexible delivery model of the remaining services allows adaptation to ensure that those with protective characteristics have equality of access.
- The disadvantage which pregnant women could experience by the removal of GP/Pharmacy smoking cessation services is mitigated by the NCL wide roll out of BabyClear services within each Acute Trust's maternity department. The midwives will discuss the impact of smoking on their clients and their unborn child's health and arrange a referral to the local Haringey smoking cessation service.
- The proposal will not help to advance equality of opportunity. However, alternatives will continue to be available to ensure that the needs of individuals and groups with the protected characteristics with regard to smoking cessation services can be met.

The proposal will have no impact on relations between groups

6. a) What changes if any do you plan to make to your proposal as a result of the Equality Impact Assessment?

Further information on responding to identified impacts is contained within accompanying EqIA guidance

Outcome	Y/N
No major change to the proposal: the EqIA demonstrates the proposal is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken. If you have found any inequalities or negative impacts that you are unable to mitigate, please provide a compelling reason below why you are unable to mitigate them.	Y
Adjust the proposal: the EqIA identifies potential problems or missed opportunities. Adjust the proposal to remove barriers or better promote equality. Clearly set out below the key adjustments you plan to make to the policy. If there are any adverse impacts you cannot mitigate, please provide a compelling reason below	No
Stop and remove the proposal: the proposal shows actual or potential avoidable adverse impacts on different protected characteristics. The decision maker must not make this decision.	No

6 b) Summarise the specific actions you plan to take to remove or mitigate any actual or potential negative impact and to further the aims of the Equality Duty

Impact and which relevant protected characteristics are impacted?	Action	Lead officer	Timescale
All protected characteristic groups	As far as data collection allows, we will continue to ensure that those representing different protected characteristic groups are well represented within the lifestyle services.	Sarah Hart	Ongoing throughout life of contract

Please outline any areas you have identified where negative impacts will happen as a result of the proposal, but it is not possible to mitigate them. Please provide a complete and honest justification on why it is not possible to mitigate them.

Not applicable

6 c) Summarise the measures you intend to put in place to monitor the equalities impact of the proposal as it is implemented:

We will continue to monitor the demographic breakdown of all service users accessing the Integrated Lifestyle Service. Data is provided and reviewed at the monthly monitoring meetings.

7. Authorisation	
EqIA approved by .... (Assistant Director/ Director)	Date ....

8. Publication *Please ensure the completed EqIA is published in accordance with the Council's policy.*

Please contact the Policy & Strategy Team for any feedback on the EqIA process.