



Derby City Council

# **Equality impact assessment form**

**Directorate: Public Health**

**Service area: Lifestyle & Smoking Cessation**

**Name of policy, strategy, review or function  
being assessed:**

**Sexual health services previously known as  
Locally Enhanced Services**

**Date of assessment: 11.12.13**

**Signed off by: Derek Ward, Director of Public  
Health**

**Cabinet or Personnel Committee's decision**

## Equality impact assessment

This is our equality impact assessment form to help you equality check what you are doing when you are about to produce a new policy, review an older one, write a strategy or plan or review your services and functions. In fact you need to do an equality impact assessment whenever a decision is needed that affects people. This completed form should be attached to any Cabinet or Personnel Committee report to help elected members make their decisions by taking the equality implications into account. Equality impact assessments **must be done before** decisions are made. Include the Cabinet or Personnel Committee's decision on the front sheet when you know it.

You'll find that doing these assessments will help you to:

- understand your customers' and communities needs
- develop service improvements
- improve service satisfaction
- demonstrate that you have been fair and open and considered equality when working on re-structuring.

Don't do the form by yourself, get a small team together and make sure you include key people in the team such as representatives from our Diversity Forums and employee networks and you could invite trade union representatives too – the more knowledge around the table the better. Ask our Lead on Equality and Diversity for help with useful contacts – we have a team of people who are used to doing these assessments.

You'll need to pull together all the information you can about how what you are assessing affects different groups of people and then examine this information to check whether some people will be negatively or positively affected. Then you'll need to look at ways of lessening any negative effects or making the service more accessible – this is where your assessment team is very useful and you can also use the wider community.

Agree an equality action plan with your assessment team, setting targets for dealing with any negative effects or gaps in information you may have found. Set up a way of monitoring these actions to make sure they are done and include them in your service business plans.

When you have completed the assessment, get it signed by your Head of Service or Service Director and send it to our Lead on Equality and Diversity to publish on our website.

By the way, we need to do these assessments as part of our everyday business, so we get our equality responsibilities right and stay within the law – Equality Act 2010.

## **Equality groups**

These are the equality groups of people we need to think about when we are doing equality impact assessments and these people can be our customers or our employees...

- Age equality – the effects on young and older people
- Disability equality – the effects on the whole range of disabled people, including Deaf people, hearing impaired people, visually impaired people, people with mental health issues, people with learning difficulties and people with physical impairments
- Gender equality – the effects on both men and women and boys and girls
- Marriage and civil partnership equality
- Pregnancy and maternity equality - women who are pregnant or who have recently had a baby, including breast feeding mothers
- Race equality – the effects on minority ethnic communities, including newer communities, gypsies and travellers and the Roma community
- Religion and belief or non- belief equality – the effects on religious and cultural communities, customers and employees
- Sexuality equality – the effects on lesbians, gay men and bisexual people
- Trans gender – the effects on trans people

In addition, we have decided to look at the effects on people on low incomes too as we feel this is very important.

**Contacts for help**

Ann Webster – Lead on Equality and Diversity  
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Tel 01332 643722  
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Maggie Fennell – 01332 643731 Minicom 01332 242133

**The form**

We use the term ‘policy’ as shorthand on this form for the full range of policies, practices, plans, reviews, activities and procedures.

Policies will usually fall into three main categories...

- Organisational policies and functions, such as recruitment, complaints procedures, re-structures
- Key decisions such as allocating funding to voluntary organisations, budget setting
- Policies that set criteria or guidelines for others to use, such as criteria about school admissions

**1 What’s the name of the policy you are assessing?**

Proposed changes to lifestyle and smoking cessation services previously known as Locally Enhanced Services

**2 The assessment team**

Team leader’s name and job title – Zara Hammond  
Public Health Management Associate

Other team members

Name	Job title	Organisation	Area of
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			<b>expertise</b>
Bernadette Brown	Sexual Health Commissioner/Public Health Manager	Public Health	Public Health
Andy Cave	Chief Executive	Derbyshire Friend	LGBT
Keith Venables	Educational Psychologist	Derby City Council	
Angela Odell	Public Health Lead Commissioning Manager	Public Health	Public Health

**3 What are the main aims, objectives and purpose of the policy? How does it fit in with the wider aims of the Council? Include here any links to the Council Plan or your Directorate Service Plan.**

This Equality Impact Assessment forms part of the decision making process for implementing proposed changes to those sexual health services previously known as locally enhanced services.

The decision to review and re-commission these services has been precipitated by the transition of Public Health into local authority following the dissolution of Primary Care Trusts on the 1<sup>st</sup> April 2013. This meant that the responsibility for local commissioning of Public Health Locally Enhanced Services (LES) provided by General Practitioners and Pharmacies moved to Derby City Council.

Existing LES contracts continued for the financial year 2013/14 but local authorities are not able to issue future LES contracts. Derby City Council is therefore now required to develop new contracts in relation to these services for the financial year 2014/15.

This also coincided with increased financial pressures and the requirement to make reductions to current spending. Like many other public sector organisations, Derby City Council has needed to consider new ways of providing these services in order to meet the economic challenges ahead. Part of the budget proposals put forward to achieve these savings include a reduction in spending on existing public health commissioned services, including those sexual health services previously known as locally enhanced services.

The purpose of the proposed changes is therefore to:

- Ensure that future commissioning of services previously known as Locally Enhanced Services is consistent with Derby City Council contracting procedures.

- Ensure that commissioning of future services previously known as locally enhanced services provides the highest quality services within the available funding.

Appendix A. provides a summary of the existing lifestyle behaviour change and smoking cessation services previously known as locally enhanced services, as well as a short description of the proposed changes to these services.

All services previously commissioned under the locally enhanced services contracting arrangements are non-statutory.

### **Who delivers the policy, including any outside organisations who deliver under procurement arrangements?**

Responsibility for commissioning the services listed in Appendix A. is held by the Derby City Council Public Health Directorate (Please note: this commissioning responsibility moved to Derby City Council on 1<sup>st</sup> April 2013. The services had previously been commissioned by Derby City NHS Primary Care Trust). See Appendix A for details of current service providers.

Proposed changes to contracting of these services are based on a mixture of the 'Any Qualified Provider' model supplemented by additional contracting arrangements. As part of the any qualified provider model, providers meeting relevant quality criteria are eligible to tender for providing services in line with the agreed service specification. Service users will then be able to access these services from any qualified provider and payment for services will therefore be based on provider demand.

#### **4 Who are the main customers, users, partners, employees or groups affected by this proposal?**

Please see table 'Summary of Proposed Changes' in Appendix A for further information on main service users/customers. .

#### **6 Who have you consulted and engaged with so far about this policy and what did they tell you? Who else do you plan to consult with? – tell us here how you did this consultation and how you made it accessible for the equality groups**

- A process of expert and provider stakeholder consultation regarding the future of existing locally enhanced service contracts was undertaken in October/November 2013. The results of this consultation can be found in Appendix B.
- Consultation with current service users and non-service users of lifestyle and smoking cessations services took place in 2012. The results of this consultation can be found in Appendix C.

**7 Using the skills and knowledge in your assessment team, what do you already know about the equality impact of the policy on particular groups? Also, use any other information you know about such as any customer feedback, surveys, national research or data. Indicate by a tick for each equality group whether this is a negative impact, a positive one or if you are not sure**

<b>Equality groups</b>	<b>What do you know?</b>	<b>Positive impact</b>	<b>Negative impact</b>	<b>Not sure</b>
<b>Age</b>	<p><b>Smoking Cessation Services &amp; Health Checks:</b></p> <p>The EIA team felt that older people were more likely to access both lifestyle and smoking cessation services at their GP surgery because of the familiarity of health services within GP surgeries and convenience related to attending for other health conditions. Movement to an alternative location may create a barrier for older people accessing services.</p> <p>The EIA team recognised that the increased use and range of community based locations for lifestyle and smoking cessation services may provide greater flexibility in accessing services, especially those people of working age who are more likely to access services close to a place of work or other convenient location.</p>	X	X	
<b>Disability</b>	<p><b>Smoking Cessation Services &amp; Health Checks:</b></p> <p>The EIA team recognised that greater service flexibility and range of locations created more opportunities for those people with a disability to access services. It was also felt that locations outside of the normal health setting were potentially beneficial for those people with a disability as it gives greater opportunity not be placed within the context of a medical condition or impairment.</p>	X		
<b>Gender</b>	<p><b>Smoking Cessation Services &amp; Health Checks:</b></p>			

	Proposed changes are potentially beneficial for men, who tend not to access primary care services and are more likely to access services in non-medical settings.	X		
<b>Marriage and civil partnership</b>	<p><b>Smoking Cessation Services &amp; Health Checks:</b></p> <p>The ability to invite friends, family and partners when accessing services was seen by the EIA team as being beneficial to those people who are married or in a civil partnership as it offers the potential for greater support and increased likelihood of making changes and improvements to health.</p>	X		
<b>Pregnancy and maternity</b>	<p><b>Smoking Cessation Services &amp; Health Checks:</b></p> <p>As the services will have a dedicated midwife to support those people who are pregnant or on maternity, this was seen as a positive impact as it means that specialist support will be available.</p>	X		
<b>Race</b>	<p><b>Smoking Cessation Services &amp; Health Checks:</b></p> <p>The EIA felt that the focus on including family members and friends, use of community settings, creation of Health Champions and availability of an interpreters were a positive impact those people from a particular race or ethnicity accessing services.</p>	X		
<b>Religion or belief or none</b>	<p><b>Smoking Cessation Services &amp; Health Checks:</b></p> <p>The flexibility to offer services in community settings, including church based community centres, was seen as a positive impact for those people with a particular belief or non-belief accessing services.</p>	X		
<b>Sexuality</b>	<p><b>Smoking Cessation Services &amp; Health Checks:</b></p> <p>According to the local Derbyshire Friend</p>			



	<p>Lesbian, Gay, Bisexual and Trans (LGBT) community Health Needs Assessment, approximately 30-50% of the LGBT community are smokers. The EIA felt that people from the LGBT community were more likely access services available in the community and this would be beneficial.</p> <p>The EIA team acknowledged that previous smoking cessation services had worked with the LGBT community to provide specialist outreach services. Loss of this may have a negative impact on the LGBT community as it would potentially decrease access to services.</p>	X		
<b>Trans gender</b>	<p><b>Smoking Cessation Services &amp; Health Checks:</b></p> <p>Gender transition surgery can often require individuals to give up smoking. As there had previously been a specialist outreach service for the LGBT community, loss of this specialist service may have a negative impact on the transgender community, who often seek specialist support and understanding of their needs to give up smoking.</p>		X	
<b>People on low income</b>	<p><b>Smoking Cessation Services &amp; Health Checks:</b></p> <p>Potentially positive impact for people on a low income because of the improved access through community locations and targeting of services in the most deprived areas.</p>	X		

**Important** - For any of the equality groups you don't have any information about, then make it an equality action at the end of this assessment to find out. This doesn't mean that you can't complete the assessment without the information, but you need to follow up the action and if necessary, review the assessment later.

**8 From the information you have collected, how are you going to lesson any negative impact on any of the equality groups?**

## How are you going to fill any gaps in information you have discovered?

**Mitigation actions applicable across all services where a negative impact has been identified include:**

- Maintaining GP relationships and referral to GP surgeries
- Exploring how sexual orientation can be included as part of equality monitoring information
- Explore options for delivering smoking cessation services in a community setting that encourage access from the LGBT community
- Consider ways of creating links with gender clinics based in Sheffield/Nottingham to improve referral to local smoking cessations services for trans community
- Look into the option of specialist trans community awareness training for smoking cessation advisors.

## 9 What outcome does this assessment suggest you take? – you might find more than one applies. Please also tell us why you have come to this decision?

<b>Outcome 1</b>		<b>No major change needed</b> – the EIA hasn't identified any potential for discrimination or negative impact and all opportunities to promote equality have been taken
<b>Outcome 2</b>		<b>Adjust the policy</b> to remove barriers identified by the EIA or better promote equality. Are you satisfied that the proposed adjustments will remove the barriers you identified?
<b>Outcome 3</b>	X	<b>Continue the policy</b> despite potential for negative impact or missed opportunities to promote equality identified. You will need to make sure the EIA clearly sets out the justifications for continuing with it. You need to consider whether there are sufficient plans to reduce the negative impact and plans to monitor the actual impact
<b>Outcome 4</b>		<b>Stop and rethink</b> the policy when the EIA shows actual or potential unlawful discrimination

**Our Assessment team has agreed Outcome Number 3**

Why did you come to this decision?

The EIA team recognised that while there is potential for negative impact on the sexuality and transgender Equality Groups for some of the proposed changes, there are sufficient options to mitigate the negative impact on these Equality Groups.

The EIA team recognised that overall, the proposed changes to lifestyle and smoking cessation services offered the potential for a positive impact on a majority of the Equality Groups.

Under Section 149 of the Equality Act (2010) decision makers have the responsibility to give due regard to:

- Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the act.
- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it.
- Foster good relations between people who share a relevant protected characteristic and those who do not share it.

The Equality Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics
- Taking steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people
- Encouraging people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low

If you have decided on **Outcome 3**, then please tell us here the justification for continuing with the policy. You also need to make sure that there are actions in the Equality action plan to lesson the effect of the negative impact. This is really important and may face a legal challenge in the future.

## **9 How do you plan to monitor the equality impact of the proposals, once they have been implemented?**

Monitoring of the impact on equality groups will be carried out through arrangements in place with providers contracted by Derby City Council to provide equality monitoring, performance data and service user feedback. Derby City Council also welcomes additional feedback and information from voluntary organisations in order to assist monitoring arrangements.



## Equality action plan – setting targets and monitoring

<b>What are we going to do to improve equality?</b>	<b>How are we going to do it?</b>	<b>When will we do it?</b>	<b>What difference will this make?</b>	<b>Lead officer</b>	<b>Monitoring arrangements</b>
Maintaining GP relationships and referral to GP surgeries	Work with GPs and primary care to maintain access to GP based locations	On-going	Ensuring access to GP surgery based facilities for those	Public Health Commissioning Team	Service User feedback arrangements
Exploring how sexual orientation can be included as part of equality monitoring information	Work with service providers to explore ways of incorporating sexual orientation in equality monitoring information	By April 2015	Improve capturing of equality data and monitoring of services access	Public Health Commissioning Team	Provider feedback/data capture arrangements
Explore options for delivering smoking cessations services in community settings that encourage access from the LGBT community	Encourage providers to work with LGBT community and voluntary organisations	By April 2015	Improve access to service for people in LGBT community	Public Health Commissioning Team	Provider feedback and feedback from diversity forums
Consider ways of creating links with gender clinics based in Sheffield/Nottingham to improve referral to smoking local smoking cessations services for trans community	Encourage providers to work with NHS gender clinics to improve referral to local smoking cessation services	By April 2015	Improve access to services for trans community	Public Health Commissioning Team	Provider feedback
Look into the option of specialist trans community awareness training for smoking cessation	Encourage providers to work with LGBT voluntary organisations re: trans awareness	By April 2015	Improve access to services for trans community and raise awareness around particular needs of trans community	Public Health Commissioning Team	Diversity forum and voluntary organisation feedback. Equality monitoring arrangements.

advisors.	and education		accessing smoking cessation		
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**Make sure you include these actions in your service business plans**