

Your reference number is EIA341132932.

Thank you for submitting EIA - Co-ordinator stage

**Name of project or proposal (required):** T21 PH5 - Healthy Lifestyles – Stop Smoking

**Is this project a Transformation project? (required):** T21

**Opportunity Reference (optional):**

**Name of accountable officer (required):** Lynn Butler

**Email (required):** Rachael.Dalby-Hopkins@hants.gov.uk

**Department (required):** Adults' Health and Care

**Date of assessment (required):** 11/06/2021

**Is this a detailed or overview EIA? (required):** Overview

**Describe the current service or policy. This question has a limit of 700 characters; approximately 100 words (required):** Smoking Cessation Service

The current specialist stop smoking service, Smokefree Hampshire, is commissioned by Hampshire County Council and provided by Solutions4Health. It is available to all smokers in Hampshire. One-to-one support is provided in person, over the telephone and by video call. The service provides behavioural support and licensed medications or nicotine replacement therapy (NRT ) that can make it easier to stop smoking (also known as pharmacotherapy). Currently, residents can access these on prescription from their GP or through the Smokefree Hampshire service. When prescribed by GPs, patients receive the medication/NRT but do not receive behavioural support.

**Geographical impact (required):** All Hampshire

**Describe the proposed change. This question has a limit of 700 characters; approximately 100 words (required):** The current budget is capped at £2.2m per annum; a 13% reduction is proposed. This would be achieved by reducing the number of venues offering face-to-face support. 15 venue hire contracts from the current 33 will be ended, reducing the availability of face-to-face support in some locations, and restricting face-to-face access for some people. Proposal to also limit GP prescription of pharmacotherapy and encourage GPs to refer patients to the Smokefree Hampshire service. Evidence suggests pharmacotherapy is most effective for helping people to stop smoking when prescribed in tandem with behavioural support.

**Who does this impact assessment cover? (required):** Service users

**Has engagement or consultation been carried out? (required):** Planned

**Describe the consultation or engagement you have performed or are intending to perform. This question has a limit of 700 characters; approximately 100 words (required):** The options within this consultation are proposed within the context of the County Council's financial strategy to 2021.

The County Council's Serving Hampshire Balancing the Budget 2019 consultation sought residents' and stakeholders' views on strategic options for funding the Authority's budget gap. In addition, an 8-week consultation on these proposals is taking place from 14 June to 9 August 2021. The findings from this consultation will be published and presented to the Executive Lead Member for Adult Services and Public Health in late 2021.

**Age (required):** Neutral

**Disability (required):** Medium

**Impact (required):** Under these proposals, some residents may have to travel further to attend a face-to-face appointment. This could disproportionately impact people with disabilities, people with mental and long-term illness and unpaid carers, who may already face additional barriers related to access to services. Residents would also have to access the service in order to receive NRT or stop smoking medications, instead of

requesting these via their GP. This could disproportionately impact people with disabilities, including people with learning disabilities and sensory impairment, who are familiar with accessing primary care but unfamiliar with accessing the stop smoking service.

**Mitigation (required):** The service would provide alternatives to face-to-face support, including telephone appointments, video appointments and online support. Assistive technology would be used to support people with sensory impairment to access telephone or video appointments. Face-to-face appointments would still be available from the 18 remaining venues and in some community pharmacies and GP practices, under sub-contractual arrangements. The service provider would seek to engage additional pharmacies and/or GP practices to deliver support in local communities affected by the proposals. The service provider would also work with partner organisations, including primary care and other organisations that support people with disabilities, to provide information on self-referral and support to access to the service.

**Sexual orientation (required):** Neutral

**Race (required):** Neutral

**Religion or belief (required):** Neutral

**Gender reassignment (required):** Neutral

**Gender (required):** Neutral

**Marriage or civil partnership (required):** Neutral

**Pregnancy and maternity (required):** Medium

**Impact (required):** Pregnant women are a priority group for the service and changes to the way the service is delivered may impact this group. Under the proposed changes, some residents would have to travel further to access face-to-face support. Residents would also have to access the service in order to receive NRT or stop smoking medications, instead of requesting these via their GP. This could make it more difficult for pregnant women and women in the maternity period to access the service and receive pharmacotherapy.

**Mitigation (required):** The service would continue to offer alternatives to face-to-face support, such as telephone, video and online support. The service provider would seek to engage additional pharmacies and/or GP practices to deliver support in local communities affected by the proposals. The provider would also work with local maternity services to ensure referral pathways into the service are effective and that pregnant women receive information on how to self-refer.

**Poverty (required):** Medium

**Impact (required):** Communities considered to be more deprived have greater levels of poverty and smokers from these areas are a priority group for the service. People living in greater deprivation may face more challenges in accessing affordable transport and in accessing online and telephone services. A potential reduction in face-to-face services could make it harder for residents from these areas to access local stop smoking interventions. Residents would also have to access the service in order to receive NRT or stop smoking medications, instead of requesting these via their GP.

**Mitigation (required):** The service would continue to target this client group to reduce smoking rates and would continue to offer alternatives to face-to-face support. The service provider would seek to engage additional pharmacies and/or GP practices to deliver support in local communities affected by the proposals and would continue to provide targeted outreach programmes in deprived communities.

**Rurality (required):** Medium

**Impact (required):** People affected by rurality can face more challenges associated with social and service connectivity and transport. Under the proposals, people living in rural communities may have to travel further than they currently do to access face-to-face services, which may exacerbate the inequalities already experienced. Residents would also have to access the service in order to receive NRT or stop smoking medications, instead of requesting these via their GP.

**Mitigation (required):** The service would continue to offer alternatives to face-to-face support, such as telephone, video and online support. The service provider would seek to engage additional pharmacies and/or GP practices to deliver support in local communities affected by the proposals.

**Any other brief information which you feel is pertinent to this assessment (optional):** The service has been running since October 2019. It is important to note that there is an opportunity for the service provider to receive additional incentivisation payments if 60% of 4-week quitters are from priority groups. The priority groups for the service are:

Sociodemographic groups:

- o People living in the most deprived Hampshire Lower Level Super Output Area (LLSOA) and/or
- o People who fall into the following socio-economic classifications: Routine and manual workers / never worked or unemployed for >1 year / sick/disabled and unable to return to work / carers

Clinical groups (self-reported)

- o People with a diagnosed mental health condition
- o People with a chronic respiratory condition such as asthma or Chronic Obstructive Pulmonary Disease (COPD)
- o People with a diagnosis of circulatory disease, metabolic disease or active cancer
- o Pregnant women who smoke

This Key Performance Indicator aims to reduce health inequalities. Smokers from these groups would benefit most from stopping smoking. This aims to ensure continued focus on delivering quits from priority groups even with a reduction in the budget from 2022/23.

The provider successfully met the key performance indications required to receive the incentivisation payment at the end of the first contract year. This means that the services was succeeding in reaching the priority groups listed above. This was achieved in the context of COVID-19 and the suspension of all face-to-face support .

Please see the below link for information on the Tobacco Control Profile of Hampshire:

<https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132885/ati/302/cid/4/tbm/1>

**Please confirm that the accountable officer has agreed the contents of this form (required):** Yes

**More information required? (required):** No - complete this EIA

**Comments (required):** This is a clear account of the impacts