

Equality and Safety Impact Assessment

The **public sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with section 17 of the Crime and Disorder Act and will enable the council to better understand the potential impact of the budget proposals and consider mitigating action.

<p>Name or Brief Description of Proposal</p>	<p align="center"><u>Implementation of a Tobacco Control Strategy for Southampton City Council</u></p>
<p>Brief Service Profile (including number of customers)</p>	<p>The purpose of this strategy is to develop a strategic approach at a local level to implement successful tobacco controls across the city of Southampton to minimise the ongoing harmful effects of tobacco. The strategy outlines the multi-agency approach, based on evidence based interventions, which is required for effective tobacco control within the city. The health benefits will potentially improve the lives of the 22.6% of Southampton’s population who smoke, and their families.</p>
<p>Summary of Impact and Issues</p>	<p>Evidence from Southampton’s Joint Strategic Needs Assessmentⁱ shows the estimated number of adults who smoke in Southampton has increased from 22.2% in 2009 to 22.6% in 2012. Rates are also higher than the national average of 20%. Southampton’s Health and Wellbeing Strategy has identified an increase in unhealthy lifestyles, and included smoking as one of the key challenges that needs to be addressed to improve health in the city. For these reasons there needs to be continued effort and investment to tackle the core strands of tobacco control. These include helping smokers to quit, educating young people about the dangers of smoking to reduce uptake, and implementing regulatory measures to ensure compliance with legislation in local businesses and effective controls of smuggled and counterfeit tobacco. A detailed action plan outlines a multi-pronged approach to deliver key services to assist people in quitting, protecting families from the dangers of second hand smoke and stopping children and young people from becoming</p>

	smokers.
Potential Positive Impacts	A reduction in the smoking rates in the city will improve the health of the population, resulting in lower death rates, lower incidence of cancer and pulmonary disease, reduction in hospital admissions due to smoking related illnesses, and a reduction in smoking in pregnancy resulting in an improvement in birth outcomes.
Responsible Service Manager	Ginny Cranshaw
Date	12 th March 2014

Approved by Senior Manager	Noreen Kickham
Signature	
Date	12 th March 2014

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	<p><u>Children and Young people</u></p> <p>It is illegal to sell tobacco products to anyone under 18 in the UK. Despite this, about one in eight children have become regular smokers by the age of 15. Research from Cancer Research UK has shown that trying just one cigarette can make children more likely to start smoking later in life. Their research also shows that children who smoke often become regular smokers when they are adults. Children smoking are more likely to suffer immediate health consequences such as coughs, increased phlegm, wheezing and shortness of breath and also to take more time off school.</p> <p>Evidence shows that if a child's parents smoke, they are then three</p>	<p>Ensure that schools are compliant with the Council's smoking policy and are delivering high quality education about smoking, and offering initiatives to support this work.</p> <p>Regulatory services will ensure compliance with the sales of tobacco, including underage spot checks.</p> <p>Initiatives aimed at families to promote awareness of the risks of smoking and the importance of smoke free homes and play areas, alongside proactive smoking cessation support.</p>

	<p>times more likely to smoke themselves. Truancy and exclusion are also risk factors for smoking and evidence shows that young people who had been excluded or truanted from school in the previous 12 months were almost twice as likely to smoke regularly compared to those who had never been truant or excluded.</p> <p>Data from the 2012/13 Southampton Pupil Attitude Survey estimates that only 53.4% of children live in a house where neither parent smokes. This survey was completed by over 2,000 pupils from Year 4, Year 6, Year 9 & Year 11 in 26 out of 79 Southampton schools (overall response rate of 24.3%)ⁱⁱ. Estimates show that 870 children start smoking each year in Southampton.</p>	
Disability	There is evidence of increased smoking in people with mental health problems.	Working with mental health services to ensure clients are offered access, and ensuring that smoking cessation services are accessible
Gender Reassignment	No evidence of increased impact	
Marriage and Civil Partnership	No evidence of increased impact	
Pregnancy and Maternity	Smoking in pregnancy rates are higher than the national average.	Working closely with maternity services to achieve a reduction in smoking in pregnancy rates
Race	Smoking rates vary considerably between ethnic groups. In men, compared to the general population, rates are particularly high in the Black Caribbean (37%) and Bangladeshi (36%) populations but these differences are explained by socioeconomic differences between the groups. Among women, smoking rates are low (at	Ensure that smoking cessation services are accessible and provide information on quitting in a range of languages and formats

	<p>8% or below) with the exception of Black Caribbean (24%) and Irish (26%) compared with the general population.</p> <p>Overall, smoking rates among ethnic minority groups are lower than the UK population as a whole</p>	
Religion or Belief	No evidence of increased impact according to religious beliefs	
Sex		Ensure that smoking cessation services target both men and women
Sexual Orientation	There is evidence of increased smoking rates amongst the gay community.	Ensure that smoking cessation services are accessible
Community Safety	<p>Evidence of link to fires in the home due to smoking. Also evidence of risk of fires from electronic cigarettes. Fires caused by smoking materials result in more deaths than any other type of fire. Local data shows that cigarette fires are more dangerous than other fires, known risk factors include smoking in bed and smoking whilst drinking alcohol. Data from Hampshire Fire Service shows there were 890 accidental dwelling fires in Hampshire during 2012-2013, of which 206 (23%) occurred in the Southampton group. Of these, 45 (5%) were caused by smoking materials and 17 (38%) of those were in the Southampton group. The service estimates the cost of these to be £20,930. In 2012-2013 there were three fatalities in dwelling fires in Hampshire due to smoking materials; the cost to society for the three fatalities was £5,262,498. One of these three fatalities occurred in the Southampton group</p>	Working with Hampshire fire safety team to include information on the risks of smoking when attending fires and information and training to fire officers to provide interventions to encourage people to quit.

	<p>with a cost to society of £1,754,166. During April – October 2013 there were 477 accidental dwelling fires in Hampshire, of which 133 (28%) occurred in the Southampton group. Of the 477 accidental dwelling fires, 28 (6%) were due to smoking materials of which 12 (43%) occurred in the Southampton group. The cost to the service for attending these 12 accidental dwelling fires caused by smoking material was £13,755.</p>	
Poverty	<p>Smoking is the biggest cause of health inequalities and the impact of smoking falls mostly on the disadvantaged and vulnerable people in society. Tobacco control was identified in the Marmot Review as a central platform in any strategy to tackle health inequalities. Half of the difference in life expectancy between the highest and lowest income groups can be attributed directly to smoking and smoking-related death rates are two to three times higher in more disadvantaged social groups than in wealthier social groups. In Southampton more people smoke in routine and manual classes than in other social classes (36.8% compared to the national average of 30.3%). This rate has in fact increased, and data from the Integrated Household Survey, analysed by the Department of Health and published by Public Health England, shows this rate has increased from 35.4% in 2009 (IHS 2009). Within the city smoking prevalence rates are significantly higher in those areas with the greatest deprivation.</p>	<p>Provide a multi agency approach to work with agencies such as Sure Start to increase promotion of smoking cessation services</p>
Other Significant	<p>None identified</p>	

Impacts		
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ⁱ Joint Strategic Needs Assessment (2012) Southampton City Council