

Report Title:	Procurement of the Stop Smoking Service
Contains Confidential or Exempt Information	No - Part I
Cabinet Member:	Councillor del Campo, Cabinet Member for Adults, Health, and Housing Services
Meeting and Date:	Cabinet – 13 <sup>th</sup> December 2023
Responsible Officer(s):	Tessa Lindfield, Director of Public Health for Berkshire East Kevin McDaniel, Executive Director of Adult Services and Health (DASS) Dr Jonas Thompson-McCormick, Deputy Director of Public Health Charlotte Littlemore, Service Lead – Public Health Programmes
Wards affected:	All

## **REPORT SUMMARY**

The contract for the Royal Borough of Windsor and Maidenhead’s (RBWM) current Stop Smoking Service ends on 31<sup>st</sup> March 2024. This report aims to:

- Brief Cabinet of the work undertaken so far to secure a new provider to deliver the Stop Smoking Service from the 1<sup>st</sup> April 2024
- Seek approval from Cabinet to grant delegated decision-making authority to Kevin McDaniel (Executive Director of Adult Services and Health (DASS)) and Cllr del Campo (Lead member for Adults Services, Health and Housing Services), to approve the outcome of the current Stop Smoking Procurement exercise.

This is important to the RBWM’s vision “Creating a sustainable borough of opportunity and innovation” and objective 1 of the [Corporate Plan \(2021-26\)](#) to create thriving communities. The statutory RBWM [Health and Wellbeing Strategy \(2021-2025\)](#) includes four key priorities, including targeting prevention and early intervention to improve wellbeing, and investing in the borough as a place to live in order to reduce inequalities.

The RBWM Stop Smoking service provides intensive evidence-based specialist stop smoking support for all smokers aged 12+ who want to stop smoking, these services play a key role in supporting resident’s mental and physical wellbeing as well as life opportunities.

### **1. DETAILS OF RECOMMENDATION(S)**

**RECOMMENDATION:** That Cabinet notes the report and:

- Delegates authority to Kevin McDaniel (Executive Director of Adult Services and Health (DASS)) in consultation with Cllr del Campo**

**(Lead Member for Adult Services, Health and Housing Services) to approve the outcome of the current Stop Smoking Procurement exercise.**

## 2. REASON(S) FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED

### Options

**Table 1: Options arising from this report.**

Option	Comments
<p>Grant delegated authority to Kevin McDaniel (Executive Director of Adult Services and Health (DASS)) in consultation with Cllr del Campo (Lead Member for Adult Services, Health, and Housing Services) to approve the outcome of the current Stop Smoking Procurement exercise.</p> <p><b>This is the recommended option.</b></p>	<p>It is important to grant delegated authority to Kevin McDaniel in consultation with Cllr del Campo to ensure that a new Stop Smoking Service can be in place by 1<sup>st</sup> April 2024.</p>
<p>Do not grant delegated authority to Kevin McDaniel (Executive Director of Adult Services and Health (DASS)) in consultation with Cllr del Campo (Lead Member for Adult Services, Health, and Housing Services) to approve the outcome of the current Stop Smoking Procurement exercise.</p> <p><b>This is not recommended.</b></p>	<p>Not granting delegated authority to Kevin McDaniel in consultation with Cllr del Campo will delay the new Stop Smoking Service being in place by 1<sup>st</sup> April 2024.</p>

### Background

2.1 Smoking is the leading cause of preventable illness and premature death in England. In 2022, approximately 8.6% of the adult population were estimated to be smoking in the RBWM ([Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](https://phe.org.uk/local-tobacco-control-profiles-data)).

To meet the Government's ambition for England to be 'smokefree' by 2030 (smoking prevalence ≤5%), this means reducing smoking prevalence in adults in the RBWM from 8.6% to 5% in the next 7 years.

2.2 Stop smoking services and interventions are non-mandated functions but are conditions of the public health grant.

2.3 The decision was made to recommission the RBWM's current Stop Smoking Service, provided by Solutions4Health, as the contract expires on 31<sup>st</sup> March 2024, there are no viable extension options available.

2.4 Approval to go out to tender was sought via Head of Service Consultation in May 2023. Procurement was consulted throughout the commissioning process to ensure compliance with the Council's Contract and Tendering Rules. Cllr del

Campo (Lead Member for Adult Services, Health, and Housing Services) was also briefed at this time.

2.5 The original proposal was to award a contract for an initial two-year term, with an option to extend by two separate one-year terms, with an annual contract value of £0.120m, with the contract starting 1<sup>st</sup> April 2024.

2.6 Following procurement advice, and because the requirement was above the Services Threshold, a full tender process was required. A Contracts Finder Notice was published on 15/09/23 inviting interested parties to access the tender documents on RBWMs e-Procurement Portal.

2.7 On the 4<sup>th</sup> of October 2023, the Government announced that it is investing an additional £70 million per year to support local authority-led stop smoking services. Due to the additional indicative funding that is likely to become available, it is likely that the financial envelope for the RBWM Stop Smoking Service will exceed £0.120m per annum between 2024/25 – 2028/29. At the time of writing this report, the exact amount of funding that RBWM may receive has not been confirmed, but it could substantively increase our annual spend.

2.8 The potential increase and the relative confidence of receiving additional funds ([Local stop smoking services: methodology for allocating indicative funding to local authorities](#)) means that the overall Contracts Value will now exceed £0.500m, therefore Cabinet approval is required.

2.9 Delegated Approval is sought as prior to the Government announcement of additional funding the contract value was below £0.500m and did not require Cabinet approval, a procurement project timeline was agreed and was progressing on this basis.

2.10 The increased value and the need for Cabinet approval means that to maintain the procurement project timeline and have sufficient time to mobilise a new contract we do not have sufficient time to seek Cabinet approval once the submissions have been submitted and evaluated.

2.11 The increased funding will be in place for an additional year past the term that we had indicated in our tender documentation. Therefore, it has been decided to extend the duration of the contract by a further year to be in line with the proposed additional indicative funding. The confirmed contract term will now be two years plus three optional one-year terms, a maximum contract length of five years.

2.12 Bidders were notified of the changes in potential value and duration, and an amended notice published to alert the market. Bidders have been made aware that any additional funding is not contracted and will be subject to the values that RBWM is awarded.

2.13 Bidders were also made aware that outcomes and KPIs would be amended pro rata to the increase in value.

2.14 A full report with the outcome of the procurement exercise will be produced for the delegated approvers and an Officer Decision Notice published confirming the outcome.

### 3. KEY IMPLICATIONS

3.1 The successful outcome of the procurement is to appoint a provider to deliver the Stop Smoking Service starting 1<sup>st</sup> April 2024.

3.2 To appoint a provider to deliver this service, delegated authority to Kevin McDaniel (Executive Director of Adult Services and Health (DASS)) in consultation with Cllr del Campo (Lead Member for Adult Services, Health, and Housing) is sought. This will prevent any delay in appointing a new provider to deliver this service from 1<sup>st</sup> April 2024.

3.3 Any delay at this stage of the procurement process caused by not granting delegated authority to Kevin McDaniel in consultation with Cllr del Campo, will likely result in:

1. Delay in appointing a provider to deliver the Stop Smoking Service from 1<sup>st</sup> April 2024.
2. Shorten the mobilisation period for a new provider to establish the service, putting the beginning of the contract at risk.
3. Potential gap in service provision between the current service, which will end on 31<sup>st</sup> March 2024, and the new service.

A gap in provision of stop smoking services would be expected to have a detrimental impact on the health of the local population, increase health inequalities and slow progress towards a smoke free borough. In addition, non-provision of the existing service would make the council ineligible for the additional DHSC grant smoking cessation funds.

**Table 2: Key Implications**

<b>Outcome</b>	<b>Unmet</b>	<b>Met</b>	<b>Exceeded</b>	<b>Significantly Exceeded</b>	<b>Date of delivery</b>
Residents have access to local stop smoking support, including behavioural support and pharmacotherapies	New Stop Smoking Service is not in place and not delivering by 1 <sup>st</sup> April 2024	New Stop Smoking Service is in place and delivering by 1 <sup>st</sup> April 2024	N/A	N/A	1 <sup>st</sup> April 2024

## **4. FINANCIAL DETAILS / VALUE FOR MONEY**

- 4.1 The RBWM's Stop Smoking Service will be funded through RBWM's ringfenced Public Health Grant, and any additional indicative funding received from government. There are no financial implications associated with this recommendation.
- 4.2 The minimum contract value per annum will be £0.120m for the duration of this contract, which is within the allocation set aside in the Public Health grant. This is an appropriate and necessary use of the Public Health Grant, as Stop Smoking Services and interventions are one of the non-prescribed functions for local authority public health spend ([Public health ring-fenced grant 2023 to 2024: local authority circular - GOV.UK](#)).
- 4.3 Any additional indicative funding that is received from the Government to support local authority stop smoking services will be delivered through the new Section 31 grant. This funding will be ring-fenced for the purposes of local authority-led stop smoking services. At the time of drafting this report, Public Health are still awaiting confirmation of the exact funding allocation for RBWM
- 4.4 To receive this funding each year, RBWM must maintain its existing spend on Stop Smoking Services throughout the entire grant period. There is sufficient allocation set aside in the Public Health Grant to maintain its existing spend to ensure RBWM can meet the grant funding criteria.

## **5. LEGAL IMPLICATIONS**

- 5.1 The procurement of RBWM's Stop Smoking Service meets the requirements of a local authority's duty to improve public health under the Health and Social Care Act 2012, section 12, subject to complying with the Council's Contract and Financial Procedure Rules as set out in the Council's Constitution.

## **6. RISK MANAGEMENT**

- 6.1 There are no potential risks identified with granting delegated authority to Kevin McDaniel in consultation with Cllr del Campo.

## **7. POTENTIAL IMPACTS**

- 7.1 Equalities. An Equality Impact Assessment for the Stop Smoking Service is available in Appendix A.
- 7.2 Climate change/sustainability. There are no direct climate change / sustainability implications related to this recommended option.
- 7.3 Data Protection/GDPR. The provider of the Stop Smoking Service will process personal data for service delivery.

## 8. CONSULTATION

8.1 Approval to go out to tender was sought via Head of Service Consultation in May 2023, when the initial contract value (£0.480m) was below the Procurement threshold and was not considered a key decision. Cllr del Campo (Lead Member for Adult Services, Health, and Housing Services) was also briefed at this time.

8.2 Procurement was consulted throughout the commissioning process to ensure compliance with the Council's Contract and Tendering Rules.

8.3 Following the announcement of additional funding for local authority led stop smoking services on the 4<sup>th</sup> October, Public Health and Procurement agreed that it would be useful to align the contract term to the duration of grant funding period. Therefore, the contract term is 2+1+1+1 with a minimum contract value of £0.600m, meeting the threshold to now be considered as a key decision.

## 9. TIMETABLE FOR IMPLEMENTATION

9.1 Implementation date if not called in: Immediately. The full implementation stages are set out in table 3.

**Table 3: Implementation timetable**

Date	Details
13 <sup>th</sup> December 2023	Delegated Authority granted to Kevin McDaniel in consultation with Cllr del Campo by Cabinet to determine the outcome of the Stop Smoking procurement.
27 <sup>th</sup> December 2023	Award Contract.
8 <sup>th</sup> January 2024	New service mobilisation commences.
31 <sup>st</sup> March 2024	Service mobilisation complete.
1 <sup>st</sup> April 2024	New contracts start date.

## 10. APPENDICES

10.1 This report is supported by 1 appendix:

- Appendix A – Equality Impact Assessment

## 11. BACKGROUND DOCUMENTS

11.1 This report is supported by 2 background documents:

- [RBWM Smoking Cessation Health Needs Assessment 2022](#)
- [Local Stop smoking service: methodology for allocating indicative funding to local authorities](#)

## 12. CONSULTATION

Name of consultee	Post held	Date sent	Date returned
<i>Mandatory:</i>		<i>Statutory Officer (or deputy)</i>	
Elizabeth Griffiths	Executive Director of Resources & S151 Officer	7 <sup>th</sup> November 2023	
Elaine Browne	Deputy Director of Law & Governance & Monitoring Officer	7 <sup>th</sup> November 2023	7/11/2023
<i>Deputies:</i>			
Andrew Vallance	Deputy Director of Finance & Deputy S151 Officer	7 <sup>th</sup> November 2023	01/12/2023
Jane Cryer	Principal Lawyer & Deputy Monitoring Officer	7 <sup>th</sup> November 2023	
<i>Mandatory:</i>		<i>Procurement Manager (or deputy) - if report requests approval to go to tender or award a contract</i>	
Lyn Hitchinson	Procurement Manager	7 <sup>th</sup> November 2023	7/11/2023
<i>Mandatory:</i>		<i>Data Protection Officer (or deputy) - if decision will result in processing of personal data; to advise on DPIA</i>	
Samantha Wootton	Data Protection Officer	7 <sup>th</sup> November 2023	7/11/2023
<i>Mandatory:</i>		<i>Equalities Officer – to advise on EQiA, or agree an EQiA is not required</i>	
Ellen McManus-Fry	Equalities & Engagement Officer	7 <sup>th</sup> November 2023	7/11/2023
<i>Other consultees:</i>			
<i>Directors (where relevant)</i>			
<i>Assistant Directors (where relevant)</i>			
<i>External (where relevant)</i>			

Confirmation relevant Cabinet	Cabinet Member for Adults, Health and Housing Services	Yes
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Member(s) consulted		
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## REPORT HISTORY

<b>Decision type:</b>	<b>Urgency item?</b>	<b>To follow item?</b>
Key decision First entered into the Cabinet Forward Plan: Monday 16 <sup>th</sup> October	No	No

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# Appendix A - Equality Impact Assessment

For support in completing this EQIA, please consult the EQIA Guidance Document or contact [equality@rbwm.gov.uk](mailto:equality@rbwm.gov.uk)

## 1. Background Information

Title of policy/strategy/plan:	Stop Smoking Service
Service area:	Public Health
Directorate:	Adult Social Care, Health and Communities

### **Provide a brief explanation of the proposal:**

- What are its intended outcomes?
- Who will deliver it?
- Is it a new proposal or a change to an existing one?

Smoking is the leading cause of preventable illness and premature death in England, as well as one of the main causes of health inequalities, with the harm concentrated in disadvantaged communities and groups ([Public Health England \(PHE\), 2019](#)).

RBWM's current stop smoking service is contracted until 31<sup>st</sup> March 2024 and is provided by Solutions 4 Health. Therefore, the service is being recommissioned, with a new service starting on 1<sup>st</sup> April 2024. The tender process will determine who the successful bidder is who will provide the new service.

#### The service aim:

- To provide a comprehensive RBWM Stop Smoking Service that reduces inequalities in the prevalence of tobacco use, particularly among identified priority groups, and its associated health impact.

#### The service objectives:

- To provide an accessible, innovative, and cost-effective stop smoking service for the RBWM residents, ensuring all smokers aged 12 years and older who want to stop smoking are offered stop smoking support.
- To target intensive evidence-based specialist stop smoking support to residents where there is greatest need to address inequalities in smoking rates and/or health impacts.
- To provide universal stop smoking support, offering residents informed choice so that they can decide the intensity of support most appropriate and sufficient to address their needs.
- To deliver a reliable, efficient, and responsive Service to residents, referrers, and other stakeholders.

## 2. Relevance Check

**Is this proposal likely to directly impact people, communities or RBWM employees?**

- If No, please explain why not, including how you've considered equality issues.
- Will this proposal need a EQIA at a later stage? (for example, for a forthcoming action plan)

Yes

If 'No', proceed to 'Sign off'. If unsure, please contact [equality@rbwm.gov.uk](mailto:equality@rbwm.gov.uk)

### 3. Evidence Gathering and Stakeholder Engagement

**Who will be affected by this proposal?**

For example, users of a particular service, residents of a geographical area, staff

RBWM residents aged 12+ who smoke will be able to access the service.

**Among those affected by the proposal, are protected characteristics (age, sex, disability, race, religion, sexual orientation, gender reassignment, pregnancy/maternity, marriage/civil partnership) disproportionately represented?**

For example, compared to the general population do a higher proportion have disabilities?

No.

The service is universal and accessible to all residents aged 12+ who smoke. The service has priority groups which define people prioritised for support as they are at high risk of tobacco-related harm, or from groups with a higher prevalence of smoking compared to the general population. As outlined in Action on Smoking and Health's (ASH) briefing on Health Inequalities and Smoking ([ASH, 2019](#)) higher smoking prevalence is associated with indicators of deprivation and marginalisation.

The service priority groups are.

**Sociodemographic groups:**

- People living in a Lower Super Output Area (LSOA) that falls within the lowest deciles of deprivation in the borough (decile 3-5 inclusive), as defined by the Index of Multiple Deprivation, 2019.
- Adults in routine and manual occupations.
- Adults never worked or long-term unemployed (over one year).
- Social housing tenant.
- Individuals who are experiencing homelessness (as defined by the Housing Act 1996 Part VII).

**Clinical groups:**

- Pregnant women who smoke.
- Individuals diagnosed with a mental health condition.
- Individuals receiving treatment from drug and alcohol services (or have received within the previous 12 months).
- Individuals living with long-term health conditions caused or made worse by smoking. This includes, but is not limited to, diagnosis with a respiratory condition (asthma or COPD), a circulatory disease, a metabolic disease (e.g., diabetes), or cancer.

**Other groups:**

- Individuals who identify as LGBTQ+ (national data shows particularly high smoking prevalence in LGBTQ+ community).
- Individuals from ethnic minority backgrounds.
- Individuals with a learning disability (or disabilities).

**What engagement/consultation has been undertaken or planned?**

- How has/will equality considerations be taken into account?
- Where known, what were the outcomes of this engagement?

No engagement has been undertaken with residents/community groups.

Service user feedback from the current service has been very positive.

- 126 gave consent for feedback (99%)
- 84 feedback forms received (66%)
- 80 clients returned a feedback score of good or excellent.
- 95% of a client returning a feedback form gave a score of good or excellent.

Discussion with current service provider:

- Very pleased with how the service has been going and supporting priority groups.
- Highlighted that perhaps more work could be done to target pregnant women and those with mental health conditions.

Discussion with other local authority leads:

- Routine and manual workers, pregnant women, and those with a mental health condition are key priority groups for a stop smoking service. All of these cohorts are listed as priority service users in the new service specification.

The service specification's equalities and social value section, outlines the following:

The Contractor will:

- Work in line with RBWM's Equality Policy.
- Be expected to pay due and positive consideration to the employment needs within the local community when recruiting, selecting, and training staff.
- Comply with the Equality Act 2010, delivering stop smoking support in a non-discriminatory way that advances equality of opportunity for people with protected characteristics. This applies to both staff and Service Users. The Contractor will ensure that the Service is culturally sensitive, non-discriminatory, and promotes social inclusion, dignity, and respect.

The Contractor will work in line with the RBWM's approach and values, as stated in the [Corporate Plan 2021-2026](#):

- Empower and enable residents, communities, and businesses to maximise their potential.
- Invest in prevention and intervene early to address problems before they escalate.
- Shape our service-delivery around our communities' diverse needs and put customers at the heart of what we do.
- Make the most of effective use of resources – delivering the best value for money.
- Promoting awareness of a sustainable and biodiverse environment across all our decision-making.
- Promote health and wellbeing, and focus on reducing inequalities, across all ages.

#### **What sources of data and evidence have been used in this assessment?**

Please consult the Equalities Evidence Grid for relevant data. Examples of other possible sources of information are in the Guidance document.

- RBWM population demographic data (census data) [Berkshire Observatory – The Royal Borough of Windsor and Maidenhead – Welcome to the Royal Borough of Windsor and Maidenhead Observatory](#)
- Public Health Outcomes Framework data – local tobacco control profile for RBWM [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](#)
- Current service performance data
- National ambitions and guidance



## 4. Equality Analysis

Please detail, **using supporting evidence**:

- How the protected characteristics below might influence the needs and experiences of individuals, in relation to this proposal.
- How these characteristics might affect the impact of this proposal.

Tick positive/negative impact as appropriate. If there is no impact, or a neutral impact, state 'Not Applicable'.

More information on each protected characteristic is provided in the Guidance document.

	Details and supporting evidence	Potential positive impact	Potential negative impact
Age	<p>Individuals of different ages might have different needs in order to access the service, in terms of marketing and venue location.</p> <p>One of the service objectives is: To provide an accessible, innovative, and cost-effective stop smoking service for the RBWM residents, ensuring all smokers aged 12 years and older who want to stop smoking are offered stop smoking support.</p> <ul style="list-style-type: none"> <li>• The service will be marketed and accessed through a variety of routes to meet the needs of residents who might have different digital skills:</li> <li>• Develop, implement, and manage a digital central access point that is easily accessible to all residents and professionals (clinical and non-clinical). Whilst also ensuring that other non-digital forms of access are available (text messages, call-back facilities, dedicated helpline, and hard copies of information).</li> <li>• Publicise contact details for the service (SMS, telephone number, and email address) widely using a range of methods (online/digital, distributed printed marketing material local publications and communications channels).</li> </ul> <p>The service will be offered in accessible community venues and remotely:</p> <ul style="list-style-type: none"> <li>• The service should provide face-to-face appointments at a range of venues, times and days including evenings and weekends to offer a flexible approach to residents accessing the service.</li> </ul> <p>The service should also provide</p>	N/A	N/A

	<p>remote support through a range of methods.</p> <ul style="list-style-type: none"> <li>The service will be available and easily accessible in a variety of settings and venues across the RBWM (ensuring that services are available in Windsor, Ascot, and Maidenhead), particularly venues that target priority groups.</li> </ul>		
Disability	<p>The service will ensure individuals with a disability (physical, mental, learning disabilities, illness that impact on daily life, and cancer) can access and use the service.</p> <p>Meet all setting costs of using venues and facilities required for delivery ensuring they are fit for purpose and have inadequate insurance, liability cover and are compliant with the Disability Discrimination Act.</p> <p>To target intensive evidence-based specialist stop smoking support to residents where there is greatest need to address inequalities in smoking rates and/or health impacts. Priority groups for the service include:</p> <ul style="list-style-type: none"> <li>Individuals diagnosed with a mental health condition.</li> <li>Individuals living with long-term health conditions caused or made worse by smoking. This includes, but is not limited to, diagnosis with a respiratory condition (asthma or COPD), a circulatory disease, a metabolic disease (e.g., diabetes), or cancer.</li> <li>Individuals with a learning disability (or disabilities).</li> </ul> <p>The service will make information available in various formats and languages and must consider those with additional or specific needs.</p> <p>The service specification also states:</p> <ul style="list-style-type: none"> <li>As per RBWM's <a href="#">Equality Policy</a>, the Contractor must ensure that the service itself, and all digital communications and hard-copy information is suitable and complies with the Accessible Information Standard, (<a href="#">NHS, 2016</a>) for those with additional needs, such as but not limited to those with:</li> </ul>	Positive	

	<ul style="list-style-type: none"> <li>• Impaired vision.</li> <li>• Motor difficulties.</li> <li>• Cognitive impairments or learning disabilities.</li> <li>• Deafness or impaired hearing.</li> <li>• English as a second language.</li> </ul>		
Sex	<p>The service specification does not make specific reference to the sex of individuals accessing the service.</p> <p>The service will work in line with RBWM's Equality Policy and will comply the Equality Act 2010, delivering stop smoking support in a non-discriminatory way that advances equality of opportunity for people with protected characteristics. This applies to both staff and Service Users. The Contractor will ensure that the Service is culturally sensitive, non-discriminatory, and promotes social inclusion, dignity, and respect.</p>	N/A	N/A
Race, ethnicity, and religion	<p>The service specification does make specific reference to the race, ethnicity, or religion of service users.</p> <p>The service will make information available in various formats and languages and must consider those with additional or specific needs.</p> <p>The service will work in line with RBWM's Equality Policy and will comply the Equality Act 2010, delivering stop smoking support in a non-discriminatory way that advances equality of opportunity for people with protected characteristics. This applies to both staff and Service Users. The Contractor will ensure that the Service is culturally sensitive, non-discriminatory, and promotes social inclusion, dignity, and respect.</p>	N/A	N/A
Sexual orientation and gender reassignment	<p>An objective of the service is to target intensive evidence-based specialist stop smoking support to residents where there is greatest need to address inequalities in smoking rates and/or health impacts.</p> <p>Individuals who identify as LGBTQ+ are a priority group for the service as national data shows higher smoking prevalence in this cohort.</p> <p>The service will work in line with RBWM's Equality Policy and will comply the Equality Act 2010, delivering stop smoking support in a non-discriminatory way that advances equality of opportunity for people with protected characteristics. This applies to both staff and Service Users. The Contractor will ensure that the</p>	Positive	



	Service is culturally sensitive, non-discriminatory, and promotes social inclusion, dignity, and respect.		
Pregnancy and maternity	<p>An objective of the service is to target intensive evidence-based specialist stop smoking support to residents where there is greatest need to address inequalities in smoking rates and/or health impacts.</p> <p>Pregnant women who smoke are a priority group for the service.</p>	Positive	
Marriage and civil partnership	<p>The service specification does not make reference to marital status of individuals accessing the service.</p> <p>The service will work in line with RBWM's Equality Policy and will comply the Equality Act 2010, delivering stop smoking support in a non-discriminatory way that advances equality of opportunity for people with protected characteristics. This applies to both staff and Service Users. The Contractor will ensure that the Service is culturally sensitive, non-discriminatory, and promotes social inclusion, dignity, and respect.</p>	N/A	N/A
Armed forces community	<p>The service specification does not make specific reference to the armed forces community.</p> <p>The service will work in line with RBWM's Equality Policy and will comply the Equality Act 2010, delivering stop smoking support in a non-discriminatory way that advances equality of opportunity for people with protected characteristics. This applies to both staff and Service Users. The Contractor will ensure that the Service is culturally sensitive, non-discriminatory, and promotes social inclusion, dignity, and respect.</p>	N/A	N/A
Socio-economic considerations e.g. low income, poverty	<p>An objective of the service is to target intensive evidence-based specialist stop smoking support to residents where there is greatest need to address inequalities in smoking rates and/or health impacts.</p> <p>Amongst the service priority groups are:</p> <ul style="list-style-type: none"> <li>• People living in a Lower Super Output Area (LSOA) that falls within the lowest deciles of deprivation in the borough (decile 3-5 inclusive), as defined by the Index of Multiple Deprivation, 2019.</li> <li>• Adults in routine and manual occupations.</li> <li>• Adults never worked or long-term unemployed (over one year).</li> </ul>	Positive	

	<ul style="list-style-type: none"> <li>• Social housing tenant.</li> <li>• Individuals who are experiencing homelessness (as defined by the Housing Act 1996 Part VII).</li> </ul>		
Children in care/Care leavers	<p>The service specification does not make specific reference to children in care / care leavers.</p> <p>The service will work in line with RBWM's Equality Policy and will comply the Equality Act 2010, delivering stop smoking support in a non-discriminatory way that advances equality of opportunity for people with protected characteristics. This applies to both staff and Service Users. The Contractor will ensure that the Service is culturally sensitive, non-discriminatory, and promotes social inclusion, dignity, and respect.</p>	N/A	N/A

## 5. Impact Assessment and Monitoring

*If you have not identified any disproportionate impacts and the questions below are not applicable, leave them blank and proceed to Sign Off.*

### **What measures have been taken to ensure that groups with protected characteristics are able to benefit from this change, or are not disadvantaged by it?**

For example, adjustments needed to accommodate the needs of a particular group

The service provider in conjunction with the council will undertake targeted comms with priority groups. The service will be marketed and accessed through a variety of routes to meet the needs of residents who might have different digital skills:

- Develop, implement, and manage a digital central access point that is easily accessible to all residents and professionals (clinical and non-clinical). Whilst also ensuring that other non-digital forms of access are available (text messages, call-back facilities, dedicated helpline, and hard copies of information).
- Publicise contact details for the service (SMS, telephone number, and email address) widely using a range of methods (online/digital, distributed printed marketing material local publications and communications channels).
- The service will make information available in various formats and languages and must consider those with additional or specific needs.
- The service provider will ensure accessible community venues are used for service provision:
  - The service should provide face-to-face appointments at a range of venues, times and days including evenings and weekends to offer a flexible approach to residents accessing the service. The service should also provide remote support through a range of methods.
  - The service will be available and easily accessible in a variety of settings and venues across the RBWM (ensuring that services are available in Windsor, Ascot, and Maidenhead), particularly venues that target priority groups.

**Where a potential negative impact cannot be avoided, what measures have been put in place to mitigate or minimise this?**

- For planned future actions, provide the name of the responsible individual and the target date for implementation.

N/A

**How will the equality impacts identified here be monitored and reviewed in the future?**

See guidance document for examples of appropriate stages to review an EQIA.

The service provider will be monitored against KPIs on an annual basis and reviewed quarterly at contract management meetings.

The service provider is also required to submit the following on an annual basis:

- Health equity audit
- Service improvement plan
- Marketing and communications plan
- Staff training plan

## 6. Sign Off

<b>Completed by:</b> Charlotte Fox, Public Health Programme Officer	<b>Date:</b> 04/08/2023
<b>Approved by:</b> Jonas Thompson-McCormick, Deputy Director of Public Health	<b>Date:</b> 23/08/2023

If this version of the EQIA has been reviewed and/or updated:

<b>Reviewed by:</b> Charlotte Littlemore, Service Lead - Public Health Programmes	<b>Date:</b> 18/10/2023
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