Developing strategies, policies, plans, procedures and services that reflect our Mission of 'Caring for People, Keeping People Well'

Cardiff and Vale University Health Board (UHB) No Smoking and Smoke Free Environment Policy Integrated Screening Tool

Please answer all questions:-

1.	Title of strategy/ policy/ plan/ procedure/ service	Cardiff and Vale University Health Board (UHB) No Smoking and Smoke Free Environment Policy
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Director of Public Health, Cardiff and Vale University Health Board
3.	Objectives of strategy/ policy/ plan/ procedure/ service	The aim of the policy is to protect and improve the health of smokers and non-smokers by promoting action to limit smoking on all Cardiff and Vale UHB hospital sites. The policy outlines the implementation and monitoring of the complete ban on smoking across Cardiff and Vale UHB grounds. The ban, which was introduced on the 1st October 2013, prohibits smoking by patients, staff, contractors and visitors throughout the UHB workplace, grounds and vehicles. The policy details the implementation of the policy including: • Provision of effective communication processes to ensure compliance and adherence to the policy • Provision of adequate smoking cessation support and encouragement for those smokers who wish to stop smoking via smoking cessation services such as the UHB's in-house smoking cessation service, Stop Smoking Wales and the Level 3 Pharmacy Service. • Enforcement and monitoring of the policy by the No Smoking Enforcement Officer

		• Commitment and reinforcement of support from all UHB independent members, executive directors, senior clinicians and managers • Provision of appropriate no smoking signage and awareness of the permitted smoking areas.
4.	Evidence and background information considered. For example • population data • staff and service users data, as applicable • needs assessment • consultation and involvement findings • research • good practice guidelines • participant knowledge The UHB's 'Shaping Our Future Wellbeing' Strategy and needs assessment provides good background data[1].	The 2011 Census indicates that the population of Cardiff is 346,090, with 169,893 men and 176,197 women resident in the city[2]. 17.1% of the population is 0-14 years old, 69.8% of the population is 15-64 years old and 13.2% is 65+ years[2]. In terms of ethnicity, 84.7% of the population report being White, 2.9% of mixed ethnicity, 8% Asian, 2.4% Black, and 2% 'other' ethnic group[2]. The majority of the population report having a religious faith with 51.4% of the population Christian, 31.8% of no religion, 6.8% Muslim, 1.4% Hindu, 0.5% Buddhist, 0.4% Sikh, 0.4% other religion[2]. The largest proportion of the population report being single (45%), followed by married (38.5%), divorced (8.2%), widowed (6%), separated (2.1%) and in a civil partnership (0.2%)[2]. Currently, 20% of the population in Cardiff and the Vale of Glamorgan smoke[4] and smoking is the main cause of preventable disease and premature death in Wales. Smoking cost NHS Wales £386 million in 2007/08, representing seven per cent of our total healthcare expenditure. Smoking accounts overall for an estimated 22 per cent of all adult hospital admission costs, 14 per cent of all prescription costs, 13 per cent of all GP consultant costs and six per cent of outpatient costs[3].

[1] http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face

[2] Cardiff Council (2015). Ask Cardiff: Cardiff and Vale profile. Available at: http://formerly.cardiff.gov.uk/content.asp?nav=2872,3257,6571,6572&parent_directory_id=2865&id=13784 [Accessed on 24th May 2016]

[3] Phillips, C. J., and Bloodworth, A. (2009). Cost of smoking in Wales: Report presented by Action on Smoking and Health, British Heart Foundation at the Smoking Conference Wales 2009. Swansea: Swansea University.

		Smoking prevalence in Wales is highest in the 25-34 age group (33%) and the 35-44 age group (27%) but thereafter the prevalence of smokers declines to 7% by 75+ years[4]. The prevalence of smoking in males 16+ in Wales is 22% compared to 19% in females[4]. There is currently no data collected on smoking prevalence in the transgender community. Smoking rates vary considerably between ethnic groups. A report from ASH Wales in 2011 using combined data from Health Surveys in England in 2006, 2007 and 2008 shows that in men, rates are particularly high in the Bangladeshi (40%), Irish (30%) and Pakistani (29%) populations compared White English (27%). Among women, smoking rates are highest in White English (26%), Black Caribbean (24%) and Irish (26%) and less than 8% in other ethnic groups (Chinese, Black Other, Pakistani, Bangladeshi, and Indian). Overall, smokers from minority ethnic groups smoke fewer cigarettes than the UK population as a whole[5] [6]. Smokers from minority ethnic groups are as ready to quit smoking as their counterparts in the UK population as a whole, though proportionally fewer make a quit attempt [5]. UK evidence shows that, a quarter of lesbian and bisexual women currently smoke. It also shows that 21% of lesbian and bisexual women who smoke, smoke more than 20 cigarettes per day compared to 28% of women in general who smoke[7].

[4] Welsh Government (2015). Statistics and Research: Welsh Health Survey: Tables – Health related lifestyle 2014. Available at: http://gov.wales/statistics-and-research/welsh-health-survey/?lang=en [Accessed 20th May 2016]
[5] ASH (2011). ASH Factsheet: Tobacco and ethnic minorities. Available at: http://www.ash.org.uk/files/documents/ASH_131.pdf [Accessed 20th May 2016]
[6] Race Equality Foundation (2011). Better Health Briefing 22: Tobacco use among ethnic minority populations. Available at: http://raceequalityfoundation.org.uk/sites/default/files/publications/downloads/health-brief22%20final.pdf [Accessed 24th May 2016]
[7] Stonewall (2008) Prescription for change. Available at: http://www.stonewall.org.uk/sites/default/files/Prescription_for_Change__2008_.pdf [Accessed 20th May 2016]

		Smoking rates are higher amongst lower socio-economic groups. Smoking rates increase with deprivation, with rates of those living in the most deprived fifth of areas more than twice that of the least deprived (29% compared with 13%)[8].
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The stakeholders include:- • In-patients, outpatients, staff, contractors and visitors. • Any referrer e.g. General Practitioners, Surgeons, Physiotherapists, Outpatient Nurses etc. • Primary Care – General Practices, Community Directors, Local Medical Committee (LMC) • CVUHB, Clinical Boards • CVUHB IT Department • Cardiff and Vale Public Health Team • Community Health Council (CHC) • Stop Smoking Wales (Public Health Wales) • Hospital in-house Smoking Cessation Service • Level 3 Pharmacy.

6. **EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?**

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**

[8] Welsh Government (2015). Statistical Bulletin: Welsh Health Survey 2014: Health-related lifestyle results. http://gov.wales/docs/statistics/2015/150603-welsh-health-survey-2014-health-related-lifestyle-en.pdf [Accessed 20th May 2016]

6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	The policy has a positive impact on children and young people as the policy contributes to a smoke free environment thereby reducing their exposure to second hand smoke. The policy also means children are less likely to see adults smoking in public places influencing their social norms so they perceive smoking as less common and less acceptable. This helps to prevent initiation of smoking as children are less likely to take up smoking when older. In terms of supporting children and young people to give up smoking, the UHB's in-house smoking cessation service is able to provide 1-2-1 support to those under 16 years old. However, the in-house service can only prescribe to those 12+ years. Stop Smoking Wales are able to provide support to under 16s in a 1-2-1 context or by telephone. It would not be appropriate for under 16s to access a support group of mixed ages. ASH Wales are able to provide specific support tailored to young people. In terms of older people, older people can choose to access any of the in-house, SSW or Level 3 pharmacy services face to face. The SSW service is also accessible by telephone or online. Transport can be arranged to ensure older people are able to access the in-house service. Accessibility for older people with a disability is detailed under 'disability'. Overall, a positive impact was identified.	No recommendations.
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning	Smoking cessation services are provided in easily accessible venues enabling access for those with physical impairments.	Visual impairment – There is a need to develop supporting resources for people with sensory

disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	SSW conduct an accessibility assessment of each of the venues they use. SSW cessation support can also be accessed via telephone and online. Those with learning disabilities would need to access 1-2-1 provision. Carers are invited to attend appointments. For those with hearing impairments, SSW are able to provide the hearing loop system and a BSL interpreter. For those with visual impairments, no specific adaptations are provided by any of the services. SSW does not offer 1:1 support for community based mental health patients. A programme of work has been initiated to improve the provision of services for mental health patients in the community. Services targeting mental health in-patients are improving. Smoking cessation champions have been identified in every ward. With regard to access for those with a learning disability, there may be a gap in provision. SSW may not offer a service. Any support would need to be 1-2-1. Overall, a negative impact was identified for those with visual impairments, mental health patients in the community and those with a learning disability.	impairments e.g. audio books. Learning disability – a gap has been identified and further consideration of mitigation is required. Mental health – a programme of work has already been initiated.

6.3 People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	There is currently no service data available to assess whether males and females are accessing smoking cessation services in a way which is proportional to the prevalence of smokers who are male or female smokers in the local population. No positive or negative impact was identified.	Review the data collected and recorded on the UHB systems with a view to better understanding access to services by gender and to determine if any mitigation is required.
6.4 People who are married or who have a civil partner.	Data on access to services by marriage and civil partnership is not collected. Therefore, no positive or negative impact was identified.	Review the data collected and recorded on the UHB systems with a view to better understanding access to services by marriage and civil partnership and to determine if mitigation is required.
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	A question about pregnancy is asked in the assessment telephone call at the start of the SSW 6 week programme to enable tailored support. A SSW service is provided specifically targeting pregnant women.	No recommendations.
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	SSW and in-house services can be provided in other languages through the use of an interpretation service and language line. SSW have employed a member of staff who is able to conduct groups in Hindu, Urdu and Bengali. There are no written materials promoting the SSW or the in-house service available in languages other than	SSW and in-house smoking cessation written materials could be developed in different languages.

	English and Welsh. Overall, no negative impact was identified.	
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	Stigma may be experienced by individuals whose religion discourages smoking. Access to in-house and SSW services is confidential and can be done on a 1-2-1 basis to reduce stigma. SSW offer telephone and online support also which may help reduce stigma. No culturally specific adaptations to the smoking cessation advice are necessary as a result of differences in an individual's religion and belief. No positive or negative impact was identified.	No recommendations.
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual).	No positive or negative impact was identified.	No recommendations.
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design	Patient information for SSW is available in both Welsh and English. SSW can provide consultations in Welsh. The in-house service does not provide any patient information currently. Consultations can be provided in Welsh via language line. A negative impact was identified in terms of the in-house service.	The in-house service could develop resources including a Welsh version.

6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	All smoking cessation services are free to access and prescriptions for Nicotine Replacement Therapy are free.	No recommendations.
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	The smoking cessation services (SSW, Level 3 pharmacy, Weight Management Service) are aligned with areas of deprivation where there is a higher smoking prevalence. Therefore there are more services in these areas of deprivation. For example, all 15 Level 3 pharmacies are situated in Communities First areas i.e. the areas of highest deprivation. Overall, a positive impact was identified.	No recommendations.
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	Nothing identified.	

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities; the availability of health and social care services, transport, housing, education, cultural and leisure services; the ability to access and navigate these services; the quality of services provided and received; access to education and training and information technology	The policy promotes access to smoking cessation services in the community at venues across Cardiff and Vale. If choosing to access SSW, there is the flexibility for individuals to choose to access a group that is convenient for them, for example, they could access a group near to work or home. The in-house smoking cessation service offers ambulances for those patients who are unable to access the in-house service. Smoking cessation services are available face to face, online, via app and Nudjed. Individuals can self-refer to smoking cessation services. The quality of services is monitored and reported on regularly i.e. by the number of individuals accessing each service and the number of smokers quitting at 4 weeks. Building knowledge, skills and confidence to help	**Smoking cessation** No recommendations.

	individuals change their behaviour is a key component of the support provided by the smoking cessation services. Overall, a positive impact on access to services.	
7.2 People being able to improve /maintain healthy lifestyles: Consider decisions that support healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs; access to services that support disease prevention, including immunisation and vaccination, falls prevention	The purpose of this policy and the smoking cessation services promoted within it are to empower individuals to make decisions that support healthy lifestyles. Overall, a positive impact on access to lifestyles.	No recommendations.
7.3 People in terms of their income and employment status: Consider the availability and accessibility of work, paid/ unpaid employment, wage levels, job security; cost/price controls: housing, fuel, energy, food, clothes, alcohol, tobacco; working conditions	The policy may help support individuals to reduce their level of absenteeism, as the evidence suggests smokers have a higher level of absenteeism compared to non-smokers and this may have an impact on their employment, income and job security. Therefore, quitting smoking is likely to have a positive impact on an individual's income, employment and work. Overall, a positive impact.	No recommendations.
7.4 People in terms of their use of the physical environment: Consider the availability and accessibility of transport, healthy food, leisure activities, green spaces; the Impact of the design of the built environment on the physical and	The policy aims to produce smoke free UHB hospital sites enabling universal access to an environment which is free from second hand smoke. This improves the air quality and reduces the exposure of all individuals using the site to harmful pollutants. It can also contribute to improved open spaces for use by all.	No recommendations.

mental health of patients, staff and visitors; air quality and housing/living conditions, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces	The design of the UHB environment has been considered in that smoking shelters have been removed to discourage smoking and signage has been erected ubiquitously. A key element of the policy is to support individuals to give up smoking. Individuals who stop smoking will experience an improvement in the quality of the air in their living environment. There may also be a reduction in passive smoking by other individuals living in that environment and therefore their exposure to pollutants will be reduced also. Overall, the policy has a positive impact.	
7.5 People in terms of social and community influences on their health: Consider family organisation and roles; social support and social networks; neighborliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos	The smoking cessation services empower individuals to manage the social and community influences on their health. The SSW group sessions may help to build social networks and social support through shared behaviour change of the individuals attending the groups. Overall, a positive impact.	No recommendations.
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider government policies; gross domestic product; economic development; biological diversity; climate	The policy contributes to Welsh Government's Tier 1 target for Tobacco Control which includes the target of 40% of smokers setting a firm quit date and 5% of those quitting at 4 weeks.	No recommendations.

8. Please answer questions 8.1 to 8.4 following the completion of the Integrated Screening Tool and complete the action plan

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	The overall impact was determined to be a positive one.

Action Plan

	Action	**Lead**	**Timescale**
8.2 What are the key actions identified as a result of using the Integrated Screening Tool?	**Smoking Cessation actions** There is a need to develop supporting resources for people with visual impairments e.g. audio books.	Trina Nealon	May 2017
	Consider any barriers and necessary mitigation for individuals with a learning disability accessing smoking cessation services.	Trina Nealon	May 2017
	Review the service data collected and recorded on the UHB systems with a view to better understanding access to services by the protected characteristics to determine if any mitigation is required.	Sian Griffiths	May 2017
	Explore the option to develop SSW and in-house smoking cessation written materials in different languages.	Trina Nealon	May 2017

	Action	Lead	Timescale
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: Is the impact significant enough that a full consultation will be required? Is the impact important enough that you need to do a full consultation?	Not required.		
8.4 What are the next steps? Some suggestions:- 1**.** Decide whether the strategy, policy, pla procedure and/or service proposal: - continues unchanged as there are no significant negative impacts; -adjusts to account for the negative impacts; -continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so); or -stops. 2. Get your strategy, policy, plan,	The policy will continue to the Q&S Committee on 29th June 2016 to seek approval in its current format as no significant negative impacts were identified. Action will be implemented to address the negative impacts identified above. The impact assessment will be published on the intranet and internet of the UHB.		

	Action	Lead	Timescale
procedure and/or service proposal approved 3. Publish your report of this impact assessment 4. Monitor and review			