

Associated guidance for this document can be found [here](#). Each section has a link to the relevant section within the guidance document.

1 Details of the activity (i.e. the policy, strategy, service, project or function)

1.1 Directorate	Health, Housing and Communities
1.2 Service	Public Health and Integrated Commissioning

1.3 Title of the activity (i.e. the policy, strategy, service, project or function):
Contract variation to the Council's existing Specialist Stop Smoking Service with ABL Health Ltd to:
<ol style="list-style-type: none"> 1. Enhance the existing service offer through Sunderland's allocation of the 'Local Stop Smoking Services and Support Grant'. 2. Implement the direct supply of Nicotine Replacement Therapy (NRT) to people who are setting a quit date to stop smoking.

1.4 Brief description of the activity:
In October 2023 the government published the policy paper 'Stopping the Start: our plan to create a smokefree generation'. This included a commitment of additional ring-fenced funding for local stop smoking services to support current smokers to quit smoking. The purpose of the grant is to enhance local authority commissioned stop smoking services and support, building capacity and demand for services, with an aim to increase the number of smokers engaging with effective interventions to quit smoking.
A variation to the existing Specialist Stop Smoking Service contract with ABL Health Ltd is proposed to include an allocation of the Local Stop Smoking Service and Support Grant to increase stop smoking provision across Sunderland. The contract variation will also implement the direct supply of Nicotine Replacement Therapy (NRT) to service users setting a quit date to stop smoking.

1.5 If the activity involves working with other directorates, partners or joint commissioning please state who is involved:
Sunderland City Council (Corporate Procurement, Legal Services, Adult Social Care, Housing, Welfare Rights) Together for Children Sunderland Smokefree Partnership Sunderland Stop Smoking Service (delivered by ABL Health)

1.6 Will all or part of the activity be delivered through a provider external to the Council? If Yes, please refer to the Corporate Procurement Processes
Yes

1.7 If Yes, please explain what element(s) of the activity will be delivered through an external provider:
Funding will be integrated into the Council's existing Specialist Stop Smoking Service contract with ABL Health Ltd

1.8 Which areas of the city will be impacted?	
Whole City	<input checked="" type="checkbox"/>
Coalfield	<input type="checkbox"/>
East	<input type="checkbox"/>
North	<input type="checkbox"/>
Washington	<input type="checkbox"/>
West	<input type="checkbox"/>
Internal Council Activity – Impact on employees	<input type="checkbox"/>

1.9 Is the activity targeted at protected characteristics or any other key groups?	
All of the below	<input type="checkbox"/>
Age (e.g. older people, younger people/children, a specific age group)	<input checked="" type="checkbox"/>
Disability (e.g. mobility, long term health conditions, sensory impairment or loss, learning disability, neurological diversity or mental health)	<input checked="" type="checkbox"/>
Marriage and civil partnership	<input type="checkbox"/>
Pregnancy and maternity (including breastfeeding)	<input checked="" type="checkbox"/>
Race	<input checked="" type="checkbox"/>
Religion or belief (including no belief)	<input type="checkbox"/>
Sex	<input type="checkbox"/>
Gender reassignment	<input type="checkbox"/>
Sexual orientation	<input checked="" type="checkbox"/>
Human Rights	<input checked="" type="checkbox"/>
Care Experienced People	<input type="checkbox"/>
Other vulnerable groups and people with complex needs (e.g. veterans, children and young people who are cared for or care experienced, carers, domestic abuse victims and survivors, ex-offenders etc.)	<input checked="" type="checkbox"/>
People vulnerable to socio-economic deprivation (e.g. unemployed, low income, living in deprived areas, poor/no accommodation, low skills, low literacy etc.)	<input checked="" type="checkbox"/>

Please complete the Completed By and Version Table below

Completed by:	
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Version	Status	Author	Comments	Date Issued
v1	Draft	Joanne Hunt / Natalie Hewison		07/05/2024

2 Data and Intelligence

[Guidance for this section](#)

2.1 What data and intelligence has informed the activity?
DHSC Stopping the start: our new plan to create a smokefree generation Policy Paper, October 2023 Local Stop Smoking Services and Support Guidance for Local Authorities, November 2023 The Khan Review: Making Smoking Obsolete OHID Local Tobacco Control Profiles Sunderland's Joint Strategic Needs Assessment Sunderland Smoking Health Equity Audit ASH Up in Smoke report for Sunderland

2.2 Summary of data / intelligence / consultation outcomes to inform understanding of differences in:

- the way people use, access or experience your activity;
- how the activity may impact; and/or
- outcomes for different groups?

Tobacco is the single most important entirely preventable cause of ill health, disability and death in this country and is a key driver of health inequalities within Sunderland. Smokers lose an average of ten years of life expectancy, or around one year for every 4 smoking years.

Smoking causes around 1 in 4 of all UK cancer deaths and is responsible for the great majority of lung cancer cases. Smoking is also a major cause of premature heart disease, stroke and heart failure and increases the risk of dementia in the elderly. Non-smokers are exposed to second-hand smoke (passive smoking) which means that through no choice of their own many come to harm - in particular children, pregnant women, and their babies.

Tobacco continues to have a significant impact on Sunderland, with over 500 deaths a year caused by smoking. Sunderland has significantly higher levels of smoking-attributable mortality and smoking-attributable hospital admissions than the England average. Sunderland also has some of the highest rates for deaths from lung cancer and COPD. There are still approximately 29,000 smokers in Sunderland, whose quality of life and life expectancy are at risk of being cut short by smoking. This equates to a smoking rate of 13.2% which is higher than the England average of 12.7%.

Those who are unemployed, on low incomes or living in areas of deprivation are far more likely to smoke than the general population. Smoking attributable mortality rates are 2.1 times higher in the most deprived local authorities than in the least deprived, and they find it harder to quit. In Sunderland there are nine wards where smoking prevalence is above the Sunderland average, of which seven are within the 20% most deprived areas of England.

The cost of smoking is significant, costing the average smoker in Sunderland spending around £2,451 a year and a total of £82.2m by the population of Sunderland as a whole. The financial impact on individuals and households can be detrimental with widening health inequalities, particularly to those living in more deprived areas of the city. People living in more deprived areas are more likely to smoke and less likely to quit.

The employment chances and average earnings of a smoker are also damaged by negatively affecting both earnings and employment prospects. The estimated costs to productivity in Sunderland is £78.4m:

- £27.2m in smoking related lost earnings
- £43.7m in smoking related unemployment
- £7.4 in smoking related early deaths

Smoking rates amongst adults with mental health conditions are significantly higher than the general population, with this likelihood increasing with the severity of the condition. The latest data shows that smoking rates for those with a long-term mental health condition in Sunderland are 30% higher than the overall rate and the rate for those with a Serious Mental Illness (SMI) is over 3 times as high. High smoking rates among people with mental health problems are the single largest contributor to their 10 to 20-year reduced life expectancy.

A Health Equity Audit (HEA) was undertaken in 2023 which identified a number of key population groups and geographical localities with either higher than average smoking rates or evidence that they are underrepresented in those accessing stop smoking services in Sunderland.

These are as follows:

- Men are less likely to access services but have higher smoking rates than women.
- Those from ethnic groups other than those identifying as 'white' are underrepresented in accessing services.
- Those in routine and manual occupations – although the most recent data indicates smoking prevalence has significantly decreased in this population, it is still higher than the Sunderland average and is still the highest rate amongst all socio-economic groups.
- Smoking at time of delivery is still higher than the national average, and although it is a declining trend,

some areas of the city have higher rates than others, with some wards in the north having rates of nearly 30%.

- Those with mental health conditions have a far higher rate of smoking than the Sunderland average, with the latest OHID figures from 2022/23 showing smoking prevalence in adults with a long-term mental health condition as 20.2%. Smoking prevalence increases with the severity of the condition, with those with serious mental health conditions with an average of 45% smoking rate at the last count. This population are also more likely to have difficulty quitting and often need additional specialist support.
- The LGBTQ+ population are more likely to have higher rates of smoking and are underrepresented in stop smoking services.

Smokers who use a specialist stop smoking service are three times more likely to succeed than if they try quitting unaided, therefore increasing the numbers of smokers into this service will increase smokers' chances of quitting for good.

3 Equality and Human Rights

[Guidance for this section](#)

3.1 Eliminate discrimination, harassment and victimisation

What impact will the activity have?

Not Applicable

Explain how/why:

3.2 Advance equality of opportunity between people who share a protected characteristic and those who do not

What impact will the activity have?

Positive

Explain how/why:

Enhancement of existing evidence-based stop smoking service provision through the expansion of specialist staff to provide smoking cessation interventions, co-locating services within community settings and increased referral pathways to targeted priority groups, including those with complex needs. Enhanced support available for up to 16 weeks and beyond for key groups based on identified need.

Targeted priority groups and those with complex needs include:

- Adults in routine and manual occupations
- Pregnant women and partners
- Children and young people
- Geographical inequity and vulnerable communities
- Adults with serious mental illness
- People with learning disabilities
- Those who live in social housing/ rented accommodation
- Minority ethnic communities and persons seeking asylum
- Lesbian gay bi-sexual and transgender (LGBTQ+)
- Those affected by substance misuse
- Those with long term conditions where smoking has a significant impact on their health outcomes

3.3 Foster good relations between people who share a protected characteristic and those who do not
What impact will the activity have?
Not Applicable
Explain how/why:

3.4 Age (older ages, children and young people, middle ages, an age range or a specific age)
What impact will the activity have?
Positive
Explain how/why:
The service offer will be enhanced, providing additional capacity to support all smokers aged 12 and over. Outcomes will also positively impact pregnancy, children and young people by reducing the harms of secondhand smoke through smoke free homes and environments.

3.5 Disability (mobility, long-term health conditions, sensory, learning disability, neurological diversity or mental health)
What impact will the activity have?
Positive
Explain how/why:
Supporting smokers to successfully quit smoking will improve long term outcomes for the population of Sunderland, specifically in relation to long-term health conditions, mental health and learning disabilities through targeted work (see section 3.2). It will also impact upon life expectancy rates and healthy life expectancy rates. Furthermore the direct supply of NRT will improve accessibility for those with long term health conditions as they will not be required to obtain these through separate pharmacies.

3.6 Gender reassignment (the process of transitioning from one sex to another)
What impact will the activity have?
Not Applicable
Explain how/why:

3.7 Marriage and Civil Partnership
What impact will the activity have?
Not Applicable
Explain how/why:

3.8 Pregnancy and maternity (including breastfeeding)
What impact will the activity have?
Positive
Explain how/why:
Smoking during pregnancy poses significant health harms to both an expectant mother and their baby and is the leading modifiable risk factor for poor birth outcomes. Supporting smokers to successfully quit smoking will reduce all smoking related health harms for those smokers who go on to become pregnant / have children. This increases the outcomes for both mother and baby.
Support to partners and household members who smoke will also reduce the harms of secondhand smoke both during pregnancy and postnatal. Post natal support to new mothers will reduce the potential for relapse.

3.9 Race (colour, ethnicity, country of origin, culture, etc.)
What impact will the activity have?
Positive
Explain how/why:
National data tells us that smoking prevalence is highest from those in mixed ethnic groups. The majority of those accessing stop smoking services state their ethnicity as 'white' and the numbers from other ethnic groups being underrepresented (see section 2.2).
The service will actively seek opportunities to engage with smokers from minority ethnic groups and persons seeking asylum through targeted work.

3.10 Religion / Belief (including no belief)
What impact will the activity have?
Not Applicable
Explain how/why:

3.11 Sex (male or female)
What impact will the activity have?
Not Applicable
Explain how/why:

3.12 Sexual orientation
What impact will the activity have?
Positive
Explain how/why:
The LGBTQ+ population are more likely to have higher rates of smoking and are underrepresented in stop smoking services (see section 2.2). The service will actively seek opportunities to engage with smokers from the LGBTQ+ community through targeted work with VCS organisations and through sponsoring Pride in Sunderland 2024.

3.13 Will the activity impact on an individual's Human Rights as enshrined in UK law?
What impact will the activity have?
Positive
Explain how/why:
Supporting smokers to successfully quit smoking will free individuals of their addiction and lead to more improved health outcomes, reduced demand on health and social care and allow individuals to reach their full potential.

3.14 Other vulnerable groups and people with complex needs (e.g. veterans, children and young people cared for and care experienced, carers, domestic abuse victims and survivors, ex-offenders, homeless or multiple complexities/characteristics)

What impact will the activity have?

Positive

Explain how/why:

The following groups are identified as being smokers with complex needs and are provided with additional support where needed, including the option of longer term support and a more flexible approach:

- Those in or leaving care
- Those in or leaving custodial settings
- Those living in disadvantage or social landlord housing often experiencing complex living situations
- Those who may be homeless
- Those with a diagnosed mental health condition
- Those with affected by substance misuse

Additional resources into the service will increase capacity to support those requiring additional and tailored support.

Please also see reference to socio-economic deprivation below.

4 Reducing socio-economic and digital inequalities

[Guidance for this section](#)

Will the activity:

4.1 Impact on residents' financial circumstances	Positive
4.2 Impact on housing, including type, range, affordability, quality and/or condition	Not Applicable
4.3 Impact on digital inclusion or access	Not Applicable
4.4 Impact on education, skills and lifelong learning	Not Applicable
4.5 Impact on employment, including quality and access	Positive

4.6 Outline the impact your activity will have, including how you propose to mitigate any negative impacts and maximise positive outcomes

4.1 – The average smoker in Sunderland spends around £2,451 a year, a total of £82.2m is spent by the population of Sunderland as a whole annually. Poverty pressures continue to be a major issue with many households struggling with the effects of the cost of living. The increase in capacity in the service will lead to more smokers quitting. Those who stop smoking will save thousands of pounds a year from no longer purchasing tobacco products. This will lead to improved financial circumstances, particularly low-income households struggling to manage the cost of living (refer to section 2.2).

4.5 – The increase in capacity in the service will lead to more smokers quitting, reducing the risk of smoking related illnesses and therefore increasing workplace productivity and reducing sick leave and the loss of employment (refer to section 2.2)

4.7 Outline how you will measure the anticipated impact(s)

Reporting on financial impacts of smoking is undertaken at national and regional levels, for example through Action on Smoking and Health (ASH) and Fresh with estimates at a local level.

5 Improving population health and reducing health inequalities

[Guidance for this section](#)

Will the activity:

5.1 Help promote healthy living	Positive
5.2 Help promote safe and inclusive environments	Positive
5.3 Impact on children, young people and families	Positive
5.4 Impact on natural and built surroundings	Positive
5.5 Impact on accessibility and active travel encouraging active behaviours	Not Applicable
5.6 Impact on living independently	Positive

5.7 Outline the impact your activity will have, including how you propose to mitigate any negative impacts and maximise positive outcomes
<p>5.1 - Supporting smokers to successfully quit smoking will lead to more improved health outcomes by significantly reducing the risk of tobacco related illnesses and diseases, years spent in ill-health as a result of smoking and premature death. It will also have an impact on the health of non-smokers by reducing or eliminating the exposure to secondhand smoke and its subsequent harms. Targeted work will focus on priority groups and communities with higher smoking prevalence rates.</p> <p>5.2 – The number of smokefree homes and other private settings will increase, creating safer and healthier environments for all. The risk of cigarette related house fires will also significantly reduce.</p> <p>5.3 – Secondhand smoke increases the risk of asthma, respiratory infections, Sudden Infant Death Syndrome and meningitis in babies, children and young people. As above, supporting smokers to successfully quit can significantly reduce or entirely eradicate the health harms related to secondhand smoke.</p> <p>5.4 – See section 6.2 and 6.8</p> <p>5.6 – More years spent in good health as a result of not smoking can increase a person’s potential to live independently for longer, free from tobacco related illnesses and disease which can prohibit a person’s ability to live without support and assistance.</p>
5.8 Outline how you will measure the anticipated impact(s)
The impact will be measured through nationally collected data through the Public Health Smoking Profile and NHS Digital. Local service reach and outcomes will be collected through contract management arrangements and national submissions.

6 Carbon reduction and sustainability

[Guidance for this section](#)

Will the activity:

6.1 Adapting our behaviour (environmentally significant)	Not Applicable
6.2 Impact on biodiversity and natural environment	Positive
6.3 Impact on energy efficient built environment	Not Applicable
6.4 Impact on renewable energy generation and storage	Not Applicable
6.5 Impact on travel and active transport	Not Applicable
6.6 Impact on the green economy	Not Applicable
6.7 Impact on waste, recycling and consumption	Not Applicable

6.8 Outline the impact your activity will have, including how you propose to mitigate any negative impacts and maximise positive outcomes

Findings from a Department for Environment, Food and Rural Affairs commissioned survey conducted by Keep Britain Tidy reported that cigarette butts make up the vast majority of litter items (66%) when examining litter in terms of their numbers. It is not just the volume of this waste that is a problem they have been shown to be an environmental hazard. Reducing the number of smokers should subsequently reduce tobacco related litter, therefore reducing the potential toxic harms to natural wildlife and the local environment.

6.9 Outline how you will measure the anticipated impact(s)

This outcome cannot be measured.

7 Community wealth building

[Guidance for this section](#)

Will the activity:

7.1 Impact on community wealth and social value	Positive
7.2 Impact on social inclusion, integration, and fostering good relations	Not Applicable
7.3 Impact on crime reduction, anti-social behaviour and community safety	Not Applicable
7.4 Impact on access to services	Positive

7.5 Outline the impact your activity will have, including how you propose to mitigate any negative impacts and maximise positive outcomes

7.1 - The enhanced service activity will include additional posts within the service. The service through its contractual arrangements is committed to employing a proportion of local residents, those from long term unemployment and ensure the real living wage is met.

Small grants will be made available to grassroot organisations and community organisations for bespoke activities to raise smoking awareness within their communities and may also include the development of community champions.

7.4 - Access to services will be increased by co-locating services in locations where residents routinely attend such as mental health services, care homes, family hubs and within wards of higher smoking prevalence. Opportunities to improve and increase the number of referral routes and pathways will be explored with citywide partners and the voluntary and community sector.

7.6 Outline how you will measure the anticipated impact(s)

The above is measured via contract management arrangements.

8 Key Actions

Any key actions identified throughout the IIA should be recorded here. This will be the action plan linked to your activity and should be implemented to ensure all inequalities or negative impacts are mitigated.

Key Actions	Timescale	Responsible Officer	Review Date
Procure a contract variation to the Council's existing Specialist Stop Smoking Service contract with ABL Health Ltd	June 2024	Tammy Smith	
Monitor the outcomes of the enhanced service delivery through local contract management arrangements and via regional and national reporting.	Ongoing	Tammy Smith	
Continued monitoring of policy and legislative updates as directed by national government	Ongoing	Tammy Smith	

Please complete the Responsible Officer information below

Responsible officer sign off:	
Name	Tammy Smith
Job Title	Public Health Lead
Responsible officer for reviewing actions:	
Name	Joanne Hunt
Job Title	Public Health Practitioner - Smokefree

To support the council's reporting processes in relation to IIA, please use the following naming convention: IIA_(Name_of_activity).

Once you have completed the IIA and it is signed off, please send the final document as an **attachment** to: IIA@sunderland.gov.uk

IIAs will be stored in this central database for corporate analysis. **No feedback will be returned on an individual basis as IIAs are received.**