Equality & Health Impact Assessment (EqHIA)

Document control

Title of activity:	Extension of the Stop Smoking Service for Pregnant Women
Lead officer:	*Paul Burgin, Senior Commissioner and Project Manager, Joint Commissioning Unit, Chief Operating Officer*
Approved by:	Vernal Scott, Corporate Diversity Advisor
Date completed:	*11th October 2019*
Scheduled date for review:	*November 2020*

Did you seek advice from the Corporate Policy & Diversity team?	No
Did you seek advice from the Public Health team?	Yes
Does the EqHIA contain any confidential or exempt information that would prevent you publishing it on the Council's website?	No

1. Equality & Health Impact Assessment Checklist

Please complete the following checklist to determine whether or not you will need to complete an EqHIA and ensure you keep this section for your audit trail. If you have any questions, please contact EqHIA@havering.gov.uk for advice from either the Corporate Diversity or Public Health teams. Please refer to the Guidance in Appendix 1 on how to complete this form.

About your activity

1	**Title of activity**	Extension of the Stop Smoking Service for Pregnant Women		
2	**Type of activity**	Contract extension		
3	**Scope of activity**	Through this contract the Authority is contributing towards Havering's Health and Wellbeing Board priorities to stop smoking in pregnancy and contribute to giving children the best start in life. This is further outlined in the Board's Strategy 2015-19 which sets out the needs of the local population and other priorities. This is a targeted service that supports all pregnant women who smoke. They are referred for help to quit smoking. Guidance includes advice on how NHS professionals and others working in the public, community and voluntary sectors can identify women who smoke with a CO test when attending an appointment. A referral pathway is recommended from maternity to ensure all pregnant smokers are provided with advice on the harms of smoking and nicotine replacement therapy, and offered a referral to specialist stop smoking advice delivered by the London Borough of Barking and Dagenham in Havering.		
4a	**Are you changing, introducing a new, or removing a service, policy, strategy or function?**	No	If the answer to <u>any</u> of these questions is **'YES'**, please continue to question **5**.	If the answer to <u>all</u> of the questions (4a, 4b & 4c) is **'NO'**, please go to question **6**.
4b	**Does this activity have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?**	Yes		
4c	**Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?**	Yes		

5	**If you answered YES:**	The service will have an impact on individuals and groups
6	**If you answered NO:**	N/a

Completed by:	Paul Burgin, Senior Commissioner & Project Manager, Joint Commissioning Unit
Date:	11th October 2019

2. The EqHIA – How will the strategy, policy, plan, procedure and/or service impact on people?

Background/context:

The Smoking Cessation of Service delivered in Havering is based on NICE Guidance, the Provider is expected to;

a) Telephone all women who have been referred for help – recommendations for referral are made where a pregnant woman has a CO reading of 5ppm or higher. Any woman who signs up for help with the service before they are 42 weeks pregnant will be eligible for support by the service, even after their baby is born. Discuss smoking and pregnancy and the issues they face, using an impartial, client-centred approach. Invite them to use the service. If necessary (and resources permitting), ring them twice and follow-up with a letter. Advise the maternity booking midwife of the outcome.

b) Attempt to see those who cannot be contacted by telephone within 3 working days. This could happen during a routine antenatal care visit (for example, when they attend for a scan).

c) Address any factors which prevent the women from using smoking cessation services. This could include a lack of confidence in their ability to quit, lack of knowledge about the services on offer, difficulty accessing them or lack of suitable childcare. It could also include a fear of failure and concerns about being stigmatised.

d) If women are reluctant to attend the clinic, consider providing structured self-help materials or support via the telephone helpline. Also consider offering to visit them at home, or at another venue, if it is difficult for them to attend specialist services.

e) Send information on smoking and pregnancy to those who opt out during the initial

telephone call. This should include details on how to get help to quit at a later date. Such information should be easily accessible and available in a variety of formats.

f) Provide initial and ongoing support with cognitive behaviour therapy, motivational interviewing and structured self-help and support.

g) During the first face-to-face meeting, discuss how many cigarettes the woman smokes and how frequently. Ask if anyone else in the household smokes (this includes her partner if she has one).

h) Provide the woman with intensive and ongoing support (brief interventions alone are unlikely to be sufficient) throughout pregnancy and beyond. This includes regularly monitoring her smoking status using CO tests. The latter may encourage her to try to quit – and can also be a useful way of providing positive feedback once a quit attempt has been made.

i) Biochemically validate that the woman has quit on the date she set and 4 weeks after. Where possible, use urine or saliva cotinine tests, as these are more accurate than CO tests and can detect exposure over the past few days rather than hours. When carrying out these tests, check whether the woman is using nicotine replacement therapy (NRT) as this may raise her cotinine levels. Note: no measure can be 100% accurate. Some people may smoke so infrequently – or inhale so little – that their intakes cannot reliably be distinguished from that due to passive smoking.

j) If the woman says that she has stopped smoking, but the CO test reading is higher than 10 ppm, advise her about possible CO poisoning and ask her to call the free Health and Safety Executive gas safety advice line on: 0800 300 363. However, it is more likely that she is still smoking and any further questions must be phrased sensitively to encourage a frank discussion. If she stopped smoking in the 2 weeks prior to her maternity booking appointment, continue to provide support, in line with the recommendations above and NHS Stop Smoking Services practice protocols.

k) Record the method used to quit smoking, including whether or not she received help and support. Follow up 12 months after the date she set to quit**.**

l) Establish links with contraceptive services, fertility clinics and ante- and postnatal services so that everyone working in those organisations knows about local NHS Stop Smoking Services. Ensure they understand what these services offer and how to refer people to them.

m) Where appropriate, for each of the stages above record smoking status, CO level, whether a referral is accepted or declined and any feedback given. This should be recorded in the woman's hand-held record. If a hand-held record is not available locally, use local protocols to record this information.

n) Discuss the risks and benefits of NRT with pregnant women who smoke, particularly those who do not wish to accept other help from NHS Stop Smoking Services. Use only if smoking cessation without NRT fails. If they express a clear wish to receive NRT, use professional judgement when deciding whether to offer a prescription.

o) Only prescribe NRT for use once they have stopped smoking (they may set a particular

date for this). Only prescribe 2 weeks of NRT for use from the day they agreed to stop. Only give subsequent prescriptions to women who have demonstrated, on re-assessment that they are still not smoking.

p) Advise pregnant women who are using nicotine patches to remove them before going to bed.
q) Neither varenicline or bupropion should be offered to pregnant or breastfeeding women.
r) Ensure services are delivered in an impartial, client-centred manner. They should be sensitive to the difficult circumstances many women who smoke find themselves in. They should also take into account other sociodemographic factors such as age and ethnicity and ensure provision is culturally relevant. This includes making it clear how women who are non-English speakers can access and use interpreting services.
s) Involve these women in the planning and development of services.
t) Ensure services are flexible and coordinated. They should take place in locations – and at times – that make them easily accessible and should be tailored to meet individual needs.
u) Collaborate with the family nurse partnership pilot and other outreach schemes to identify additional opportunities for providing intensive and ongoing support. (Note: family nurses make frequent home visits.)
v) Work in partnership with agencies that support women who have complex social and emotional needs. This includes substance misuse services, youth and teenage pregnancy support and mental health services.
w) Provide clear advice to partners about the danger that other people's tobacco smoke poses to the pregnant woman and to the baby – before and after birth.
x) Recommend not smoking around the pregnant woman, mother or baby. This includes not smoking in the house or car.
y) Offer partners who smoke help to stop using a multi-component intervention that comprises three or more elements and multiple contacts.

Babyclear Pathway

The Provider will adopt the Babyclear pathway to ensure all pregnant smokers are offered effective support which includes:

a) CO screening for all pregnant women
b) An opt out referral system
c) Briefing sessions for midwifery staff and other relevant health professionals
d) Protocols and care pathways reflecting the evidence base and NICE guidance
e) Advanced skills training to support Stop Smoking Advisors to work effectively with pregnant women
f) Ways to reach out to those pregnant smokers who currently do not engage with the Stop Smoking Services (risk perception)
g) Administrative / call centre staff training to increase the number of women accepting

appointments

h) Awareness raising and engagement with all health professionals involved with pregnant smokers

i) A performance management system

j) Monitoring and evaluation of effectiveness

Who will be affected by the activity?

All pregnant women who smoke and reside in Havering.

Protected Characteristic - Age: Consider the full range of age groups

Please tick (✓) the relevant box:	
Positive	✓
Neutral	
Negative	

Overall impact:

- The Service is accessible to all pregnant age women.
- The current service has supported pregnant women to quit smoking in the following age ranges: under 18 to 60 and over. *

Evidence:

Contract Monitoring Data for 2017-18 & 2018-19

Age of Client at the time of referral 2017 & 2018	
Under 18	0
18-34	33
34-44	8
44-59	2
60 and over	0

Table 1: NHS Digital data submission from LBBD on behalf of Havering

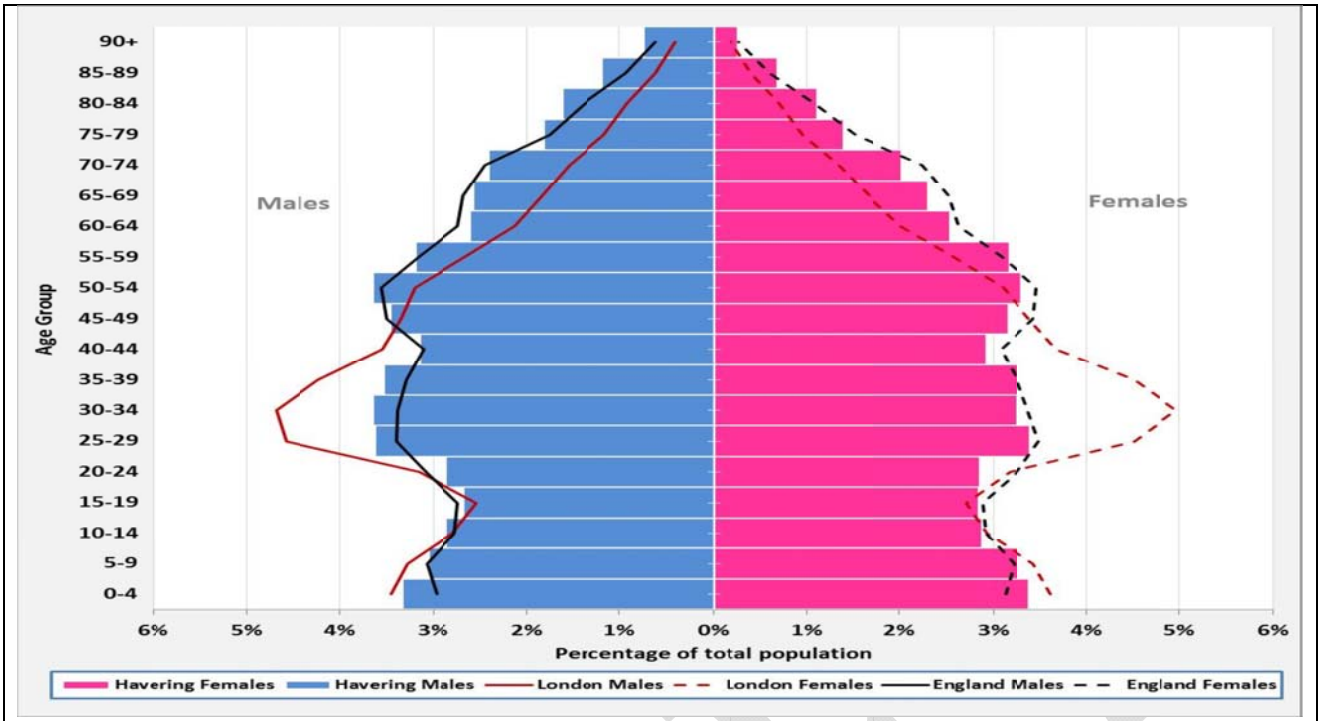

Table 2: Data source: Mid-year population estimates 2017, Office for National Statistics (ONS); Produced by Public Health Intelligence

Sources used:

Table 1: Havering's Stop Smoking Service for Pregnant Women contract monitoring for 2017-18 and 2018-19, provided by LBBD

Table 2: Havering JSNA Profile 2017 population estimates

Protected Characteristic - Disability: Consider the full range of disabilities; including physical mental, sensory and progressive conditions

Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	This service will have a neutral impact on this protected characteristic - disabilities. The service will be contracted to meet all requirements around the Equality Act 210 to ensure their services are accessible to disabled people. The agreement outlines that the service will be operated in a manner consistent with all legislation relevant to equal opportunities.
Neutral		
Negative		

Evidence: At present there is a lack of specific data on those women who may have had a disability. As the service is open access there are no obvious barriers for people with a disability accessing this service. The service contracts states the following, which the Provider will comply with:

> **11. EQUAL OPPORTUNITIES**
>
> The Project, including recruitment and employment of staff and volunteers, will be operated in a manner consistent with all legislation relevant to equal opportunities, and with both the Provider's and [customer's] commitments to equal opportunities.

Table 3 Equalities Statement

Sources used:

Table3: Service Level Agreement for the Maternity Smoking Cessation Project between, The Mayor and Burgesses of London Borough of Barking and Dagenham and The Mayor and Burgesses of the London Borough of Havering 2016

Protected Characteristic - Sex/gender: Consider both men and women

Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	The primary focus of the contract is the support of pregnant women who are smoking during pregnancy and has had a positive impact in reducing the levels of smoking in pregnancy. The Service also supports male partners to quit smoking and to reduce levels of secondary smoking In Havering.
Neutral		
Negative		

Evidence:

The number of females and males supported to quit smoking in the period 2017-18 and 2018-19.

Gender	Number
Female	43
Males	6

Table 4:

Sources used:

Table 4 : Havering's Stop Smoking for Pregnant Women contract monitoring for 2017-18 and 2018-19, provided by the LBBD and NHS Digital

Protected Characteristic - Ethnicity/race: Consider the impact on different ethnic groups and nationalities		
Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	The Stop Smoking Service for Pregnant Women will have a positive impact on the protected characteristics. It will provide a service to all those regardless of ethnicity or race across Havering. Through contract monitoring there is empirical evidence to demonstrate that the service is inclusive.
Neutral		
Negative		

Evidence:

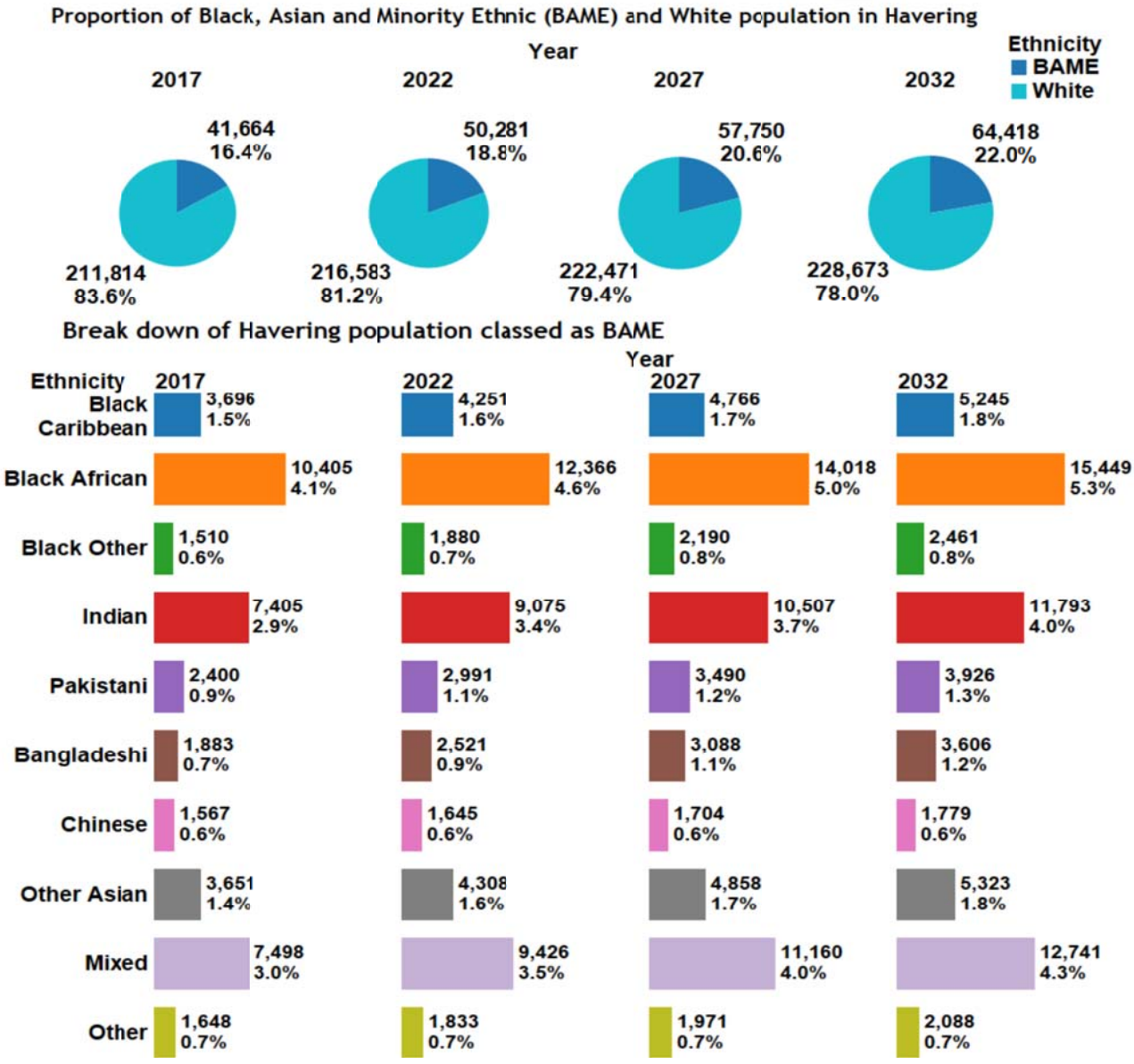

Table 5: The projected proportion of BAME and White population 2017-2032.

The number of those who have successfully quit by Ethnic category.

Contract Monitoring Data 2017-18 & 2018-19		
Ethnicity	Females	Males
White British	29	5
White Irish	1	0
White Other	7	0
Mixed: White + Black Caribbean	0	0
Mixed: White + Black African	0	0
Mixed: White + Asian	0	0
Mixed: Other	0	1
Asian or Asian British: Indian	1	0
Asian or Asian British: Pakistani	2	0
Asian or Asian British: Bangladeshi	0	0
Asian or Asian British: Other	0	0
Black or Black British: Caribbean	0	0
Black or Black British: African	0	0
Black or Black British: Other	2	0
Chinese	0	0
Any other Ethnic Group	0	0
Not Stated	1	0

Table 6: Contract monitoring data of those supported through the current HIV support service 2017 and 2018.

Sources used:

Table 5: Data source: GLA 2015 Round Trend-based ethnic group projections, long-term migration scenario; Greater London Authority (GLA); Produced by Public Health Intelligence

Table 6: Stop Smoking Service for Pregnant Women contract monitoring for the period 2017-18 and 2018-19, provided by LBBD & NHS Digital

Protected Characteristic - Religion/faith: Consider people from different religions or beliefs including those with no religion or belief

Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	There is an expectation that the service will have a positive impact in supporting all those who access this service regardless of religion or faith.
Neutral		We do not hold data based on upon faith or religion in regards to this service. The service will adapt if there is an identified need or focus that the service needs to take to be more effective in relation to someone's faith or religion.
Negative		Until this information is available the Provider will provide the service in line with the duties and requirements under the Equality Act 2010 and the Public Sector Equality Duty.

Evidence:

At present there is a lack of data on how religious belief and faith have an impact of providing services. We have an expectation that everyone accessing this service will be treated with respect and that the staff delivering this service have the skills, experience and knowledge to deliver this service competently.

The extract below outlines our contractual expectations of the provider:

11. EQUAL OPPORTUNITIES

a) The Project, including recruitment and employment of staff and volunteers, will be operated in a manner consistent with all legislation relevant to equal opportunities, and with both the Provider's and [customer's] commitments to equal opportunities

Table 7. Equalities statement

Havering Religious/ faith breakdown Havering 2011

2011	Number	Percentage of population (%)
All religions	237,232	100.0
Christian	155,597	65.6
Muslim	4,829	2.0
Hindu	2,963	1.2
Sikh	1,928	0.8
Jewish	1,159	0.5
Buddhist	760	0.3
Other religion	648	0.3
No religion	53,549	22.6
Religion not stated	15,799	6.7

Table 8:

Sources used:

Table 7: Stop Smoking Service for Pregnant Women contract monitoring for the period 2017-18 and 2018-19, provided by LBBD & NHS Digital

Table 8: Religion/ faith data: *Census, Office of National Statistics, 2011*

Protected Characteristic - Sexual orientation: Consider people who are heterosexual, lesbian, gay or bisexual

Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	There is an expectation that the service will have a positive impact is supporting all those who access this service regardless of sexual orientation. We do not hold data based on sexual orientation. The service will adapt if there is an identified need or focus that the service needs to take to be more effective in relation to someone's orientation. In line with the provider's contractual obligation under equal opportunities. Until this information is available the Provider will provide the service in line with the duties and requirements under the Equality Act 2010 and the Public Sector Equality Duty.
Neutral		
Negative		

Evidence:

The extract below outlines our contractual expectations of the provider:

> **11. EQUAL OPPORTUNITIES**
>
> The Project, including recruitment and employment of staff and volunteers, will be operated in a manner consistent with all legislation relevant to equal opportunities, and with both the Provider's and [customer's] commitments to equal opportunities.

Table 9 Equalities extract

Sources used:

Table 9: Service Level Agreement for the Maternity Smoking Cessation Project between, The Mayor and Burgesses of London Borough of Barking and Dagenham and The Mayor and Burgesses of the London Borough of Havering 2016.

Protected Characteristic - Gender reassignment: Consider people who are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth

Please tick (✓) the relevant box:		**Overall impact:**
Positive		The service is likely to have a neutral impact on this protected characteristic. The Provider will provide an open access service that will be made available to the population of Havering including this protected group. The Provider will be expected to meet all the requirements set out below and included in the service contract,
Neutral	✓	
Negative		

Evidence:

11. EQUAL OPPORTUNITIES

The Project, including recruitment and employment of staff and volunteers, will be operated in a manner consistent with all legislation relevant to equal opportunities, and with both the Provider's and [customer's] commitments to equal opportunities

Table 10. Equalities statement

Sources used:
Table 10: Service Level Agreement for the Maternity Smoking Cessation Project between, The Mayor and Burgesses of London Borough of Barking and Dagenham and The Mayor and Burgesses of the London Borough of Havering 2016

Protected Characteristic - Marriage/civil partnership: Consider people in a marriage or civil partnership

Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	The service is likely to have a positive impact on this protected characteristic. The Provider will provide an open access service that will be made available to the population of Havering including this protected group. The Provider will be expected to meet all the requirements set out below and included in the service contract of equal access.
Neutral		
Negative		

Evidence:

More females than males married a partner of the same sex. A total of 6,493 marriages were formed between same-sex couples in 2015. Of these, 44% (2,860) were between male couples and 56% (3,633) were between female couples (Figure 2). In contrast, our latest statistics on civil partnerships show that in 2016, 68% of same-sex couples forming a civil partnership were male. Marriages of same-sex couples have only been possible since 29 March 2014 and consequently, 2015 represents the first full year of data.
Figure 2: Number of marriages of same-sex couples 2014 to 2015 and civil partnerships, 2006 to 2016

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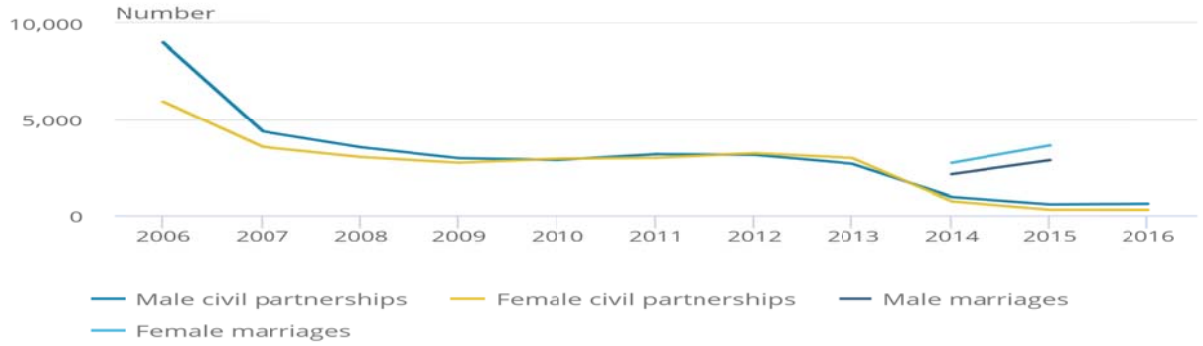
England and Wales



"Divorce rates for opposite-sex couples in England and Wales are at their lowest level since 1973, which is
around forty per cent lower than their peak in 1993. However, among older people rates are actually higher in
2017 than in 1993 – perhaps due to the fact we have an increasingly ageing population and people are getting married later in life[1]"

"The number of divorces among same-sex couples more than trebled between 2016 and 2017 - although this is not surprising since marriages of same-sex couples have only been possible in England and Wales since March 2014[2]".

Table 11

11. EQUAL OPPORTUNITIES

The Project, including recruitment and employment of staff and volunteers, will be operated in a manner consistent with all legislation relevant to equal opportunities, and with both the Provider's and [customer's] commitments to equal opportunities

Table 12 Equalities statement

Sources used:

Table 11:
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/marriagecohabitationandcivilpartnerships/bulletins/marriagesinenglandandwalesprovisional/2015[1]

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/divorce/bulletins/divorcesinenglandandwales/20172 [2].

Table 12: Service Level Agreement for the Maternity Smoking Cessation Project between, The Mayor and Burgesses of London Borough of Barking and Dagenham and The Mayor and Burgesses of the London Borough of Havering 2016

Protected Characteristic - Pregnancy, maternity and paternity: Consider those who are pregnant and those who are undertaking maternity or paternity leave		
Please tick (✓) the relevant box:		**Overall impact:** The service has a focus around supporting pregnant women and their unborn child/ children by supporting women to stop smoking so has a positive impact on this protected characteristics. Smoking is the single largest cause of preventable morbidity and premature death. Smoking during pregnancy is estimated to increase the risk of infant mortality by 40%. In the UK each year smoking in pregnancy is responsible for: • as many as 5,000 miscarriages • approximately 2,200 premature births • 300 perinatal deaths Smoking in pregnancy is also associated with important consequences for the future health of the child, in addition to the woman's own health. Immediate consequences include increased risk of: • Miscarriage and stillbirth • Complications during labour • Premature birth, with the associated costs in care for the infant and emotional costs to the family • Low birth weight • Dramatically increased risk of death from Sudden Infant Death Syndrome (SIDS/cot death) Longer term consequences of smoking in pregnancy include among other outcomes increased risk of: • Type 2 diabetes • Obesity • High blood pressure • Hyperactivity disorders • Asthma and other respiratory problems • Impaired fertility The current rate of women smoking during pregnancy in Havering is 7.4% which is below the National figure of 11%. NICE recommends that all pregnant women who smoke should be referred for help to quit smoking. Guidance includes advice on how NHS professionals and others working in the public, community and voluntary sectors can identify women who smoke with a CO test when attending an appointment. A referral pathway is recommended from maternity to ensure all pregnant smokers are provided with advice on the harms of smoking and nicotine replacement therapy, and offered a referral to specialist stop smoking advice. As outlined above this service has supported over 40 pregnant women who smoked to stop.
Positive	✓	
Neutral		
Negative		

Sources used:

https://www.nice.org.uk/guidance/ph26/chapter/Introduction

Health & Wellbeing Impact: Consider both short and long-term impacts of the activity on a person's physical and mental health, particularly for disadvantaged, vulnerable or at-risk groups. Can health and wellbeing be positively promoted through this activity? Please use the Health and Wellbeing Impact Tool in Appendix 2 to help you answer this question.

Please tick (✓) all the relevant boxes that apply:		**Overall impact:** The service has a focus around supporting pregnant women and their unborn child/ children by supporting women to stop smoking this has a positive impact on the health and wellbeing of mothers and their unborn child.
Positive	✓	
Neutral		
Negative		

Evidence:

Smoking is the single largest cause of preventable morbidity and premature death. Smoking during pregnancy is estimated to increase the risk of infant mortality by 40%.

In the UK each year smoking in pregnancy is responsible for:

- as many as 5,000 miscarriages
- approximately 2,200 premature births
- 300 perinatal deaths

Smoking in pregnancy is also associated with important consequences for the future health of the child, in addition to the woman's own health.

Immediate consequences include increased risk of:

- Miscarriage and stillbirth
- Complications during labour
- Premature birth, with the associated costs in care for the infant and emotional costs to the family
- Low birth weight
- Dramatically increased risk of death from Sudden Infant Death Syndrome (SIDS/cot death)

Longer term consequences of smoking in pregnancy include among other outcomes increased risk of:

- Type 2 diabetes
- Obesity
- High blood pressure
- Hyperactivity disorders
- Asthma and other respiratory problems

- Impaired fertility

The current rate of women smoking during pregnancy in Havering is 7.4% which is below the National figure of 11%.

NICE recommends that all pregnant women who smoke should be referred for help to quit smoking. Guidance includes advice on how NHS professionals and others working in the public, community and voluntary sectors can identify women who smoke with a CO test when attending an appointment. A referral pathway is recommended from maternity to ensure all pregnant smokers are provided with advice on the harms of smoking and nicotine replacement therapy, and offered a referral to specialist stop smoking advice.

As outlined above this service has supported over 40 pregnant women who smoked to stop.

Sources used:

https://www.nice.org.uk/guidance/ph26/chapter/Introduction

3. Outcome of the Assessment

The EqHIA assessment is intended to be used as an improvement tool to make sure the activity maximises the positive impacts and eliminates or minimises the negative impacts. The possible outcomes of the assessment are listed below and what the next steps to take are:

Please tick (✓) what the overall outcome of your assessment was:

	1. The EqHIA identified no significant concerns OR the identified negative concerns have already been addressed	→	**Proceed with implementation** of your activity
	2. The EqHIA identified some negative impact which still needs to be addressed	→	**COMPLETE SECTION 4:** **Complete action plan** and finalise the EqHIA
	3. The EqHIA identified some major concerns and showed that it is impossible to diminish negative impacts from the activity to an acceptable or even lawful level	→	**Stop and remove** the activity or **revise** the activity **thoroughly.** **Complete an EqHIA on the revised proposal.**

4. Action Plan

The real value of completing an EqHIA comes from the identifying the actions that can be taken to eliminate/minimise negative impacts and enhance/optimise positive impacts. In this section you should list the specific actions that set out how you will address any negative equality and health & wellbeing impacts you have identified in this assessment. Please ensure that your action plan is: more than just a list of proposals and good intentions; sets ambitious yet achievable outcomes and timescales; and is clear about resource implications.

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
Disability	Positive	We request that LBBD collects stats on disability.	The service impact will be measured and captured through contract monitoring.	Quarterly	Paul Burgin

Add further rows as necessary

***** You should include details of any future consultations and any actions to be undertaken to mitigate negative impacts

** Monitoring: You should state how the impact (positive or negative) will be monitored; what outcome measures will be used; the known (or likely) data source for outcome measurements; how regularly it will be monitored; and who will be monitoring it (if this is different from the lead officer).

5. Review

In this section you should identify how frequently the EqHIA will be reviewed; the date for next review; and who will be reviewing it.

Review:

The EqHiA will be reviewed annually as part of contract monitoring covering the key characteristics.

Scheduled date of review: November 2020.

Lead Officer conducting the review: Paul Burgin

Please submit the completed form via e-mail to EqHIA@havering.gov.uk thank you.