Equality & Health Impact Assessment (EHIA)

Document

Title of activity:	Commissioning a new Integrated Community Smoke Free Support Service
Lead officer:	Alain Rosenberg - Commissioner, Live Well
Approved by:	Tom Fowler Assistant Director- Live Well
Version Number	**V0.1**
Date and Key Changes Made	22nd October 2025
Scheduled date for next review:	1st October 2026 to enable the new service to mobilise and provide services for 6 months.

Did you seek advice from the Corporate Policy & Legal? Please note that the Corporate Policy & Legal and Public Health teams require at least **5 working days** to provide advice on EHIAs.	Yes
Did you seek advice from the Public Health team?	Yes
Does the EHIA contain any confidential or exempt information that would prevent you publishing it on the Council's website? See Publishing Checklist.	No

1. Equality Health Impact Assessment Checklist

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

About your activity

<table>
<tr><td>1</td><td>Title of activity</td><td colspan="4">Commissioning a new Integrated Community Smoke Free Support Service</td></tr>
<tr><td>2</td><td>Type of activity</td><td colspan="4">Change in service provision and design</td></tr>
<tr><td>3</td><td>Scope of activity</td><td colspan="4">This EQHIA has been carried out to gather a detailed understanding of the potential effects on our population through the introduction of a new Integrated Community Smoke Free Support Service.</td></tr>
<tr><td>4a</td><td>Are you changing, introducing a new, or removing a service, policy, strategy or function?</td><td>Yes</td><td rowspan="2">If the answer to <u>either</u> of these questions is ‘YES’ Continue to question 5.</td><td rowspan="3" colspan="2">If the answer to <u>all</u> of the questions (4a, 4b & 4c) is ‘NO’ Go to question 6.</td></tr>
<tr><td>4b</td><td>Does this activity have the potential to impact (either positively or negatively) upon people from different backgrounds?</td><td>Yes</td></tr>
<tr><td>4c</td><td>Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people’s health and wellbeing?</td><td>Yes</td><td>Use the <u>Screening tool</u> before you answer this question.</td><td>If you answer ‘YES’ Continue to question 5.</td></tr>
<tr><td>5</td><td>If you answered YES:</td><td colspan="4">Please complete the EHIA in Section 2 of this document. Please see Appendix 1 for Guidance.</td></tr>
<tr><td>6</td><td>If you answered NO:</td><td colspan="4">N/A</td></tr>
</table>

Completed by:	Alain Rosenberg Commissioner, Live Well
Date:	22nd October 2025

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

Background/context:

Background

Havering has a population of 262,000, as recorded in the 2021 census, with a notable proportion of older residents 18% are aged 65 and over. The area is predominantly white British (75%), mirroring demographics found across much of England. Life expectancy at birth stands at 78.1 years for men and 82.5 years for women, although the pandemic saw a significant decline, with life expectancy dropping by 2.5 years for men and 1.6 years for women.

While health outcomes in Havering generally surpass the national average, the borough faces ongoing challenges with cancer, heart and respiratory diseases, and dementia. Smoking remains a considerable concern, with a prevalence rate of 15.9% in 2022 higher than both London and England averages. The 3-year average for Havering is 12.4% as 2023 was 10.9%, which is approximately 25,500 adult smoker's particularly high smoking rates are observed among men, those with mental illness (including severe conditions such as schizophrenia and bipolar disorder), individuals with substance misuse issues, residents in social housing, and manual workers.

Reducing tobacco harm is a key priority within Havering's Health and Wellbeing Strategy and Joint Strategic Needs Assessment. Notably, over 29% of people with long-term mental health conditions smoke, and rates are even higher among those with severe mental illness. Smoking is a major contributor to reduced life expectancy in this group, accounting for a 10–20 year gap and representing the leading cause of death. Tailored cessation support is shown to improve quit rates and tackle multiple risk behaviours.

This service adopts a tiered model of smoking cessation support, closely aligned with the strategic aims of the 'Havering Tobacco Harm Reduction Strategy 2024–2029'. The service specification places strong emphasis on the creation of smoke-free environments, reducing the visibility of smoking, and addressing the growing concern of youth vaping. These elements reflect the strategy's prevention priorities, which seek to discourage uptake among young people and encourage the normalisation of smoke-free lifestyles across the borough.

Among those with substance use disorders, smoking prevalence is especially high, fueling premature mortality. In 2022, more than half of individuals undergoing treatment for substance misuse in Havering were smokers, with prevalence ranging from 33.7% to 69.7% depending on the substance involved. Targeted support for quitting tobacco is therefore vital for improving health outcomes in this population.

Strategic Overview

Smoking remains the foremost cause of preventable illness and premature mortality in England, driving the prevalence of cancer, cardiovascular disease, and respiratory ailments. Annually, smoking results in over half a million-hospital admissions, with smokers facing a 36% higher risk of hospitalisation. In 2019 alone, smoking was responsible for 74,600 deaths, underscoring its significant public health impact.

The burden of smoking is not distributed evenly across the population. Men, individuals residing in deprived areas, manual workers, those experiencing substance misuse, and people with mental health conditions bear a disproportionate share of the harm. Targeted efforts to reduce smoking prevalence among these groups are vital for improving health outcomes and addressing health inequalities. Furthermore, supporting people to quit smoking delivers financial benefits, particularly important in the context of ongoing economic pressures.

To drive progress towards a smoke-free society, a combination of national and local initiatives has been established. Notable strategies include the Swap to Stop Scheme, proposed legislation for cigarette pack inserts, and the Tobacco Control Plan, which prioritises reducing smoking rates and supporting individuals with mental health conditions. The NHS Long Term Plan further reinforces this approach by investing in the Tobacco Dependency Treatment Programme across both acute and mental health services.

Local smoking cessation services are integral to achieving these ambitions, particularly in reducing health inequalities. The provision of evidence-based support combining behavioural interventions and pharmacotherapy has demonstrated effectiveness and cost-efficiency. To maximise impact, services must be readily available, accessible, and specifically tailored to reach priority groups as outlined in Section 5.1. The overarching goal is to treat at least 5% of the local smoking population annually, supporting the transition to a smoke-free future.

Service Scope
The service will deliver comprehensive, accessible, and equitable smoking cessation support to all residents, including those with complex health needs such as substance misuse and severe mental illness. It will offer a range of evidence-based interventions, from brief advice to intensive 12-week programmes, ensuring provision is flexible and available through community venues, digital channels, outreach, and clinical settings, particularly within areas of highest deprivation within the borough. The service is committed to upholding equalities legislation and will actively consult with local organisations to address the needs of priority groups, as set out in section 5.

A core element is the integration of tailored support for individuals with serious mental health conditions, with seamless referral pathways from NHS acute mental health services to ensure continuity of care post-discharge. Trauma-informed, personalised interventions will be delivered by practitioners with expertise in mental health and smoking cessation, working alongside community mental health teams.

The service model prioritises partnership working, including collaboration with local alcohol and drug services, to coordinate care for individuals with substance misuse disorders. Through robust referral pathways and joint initiatives, eligible service users will benefit from vaping support, access to starter kits, behavioural advice, and ongoing pharmacotherapy, with progress monitored and recorded for quality assurance.

The service will focus on reducing health inequalities, improving quit rates among high-risk groups, and supporting the aims of the borough's Tobacco Harm Reduction Strategy. This includes making smoking less visible, creating smoke-free environments, and addressing vaping among young people. The provider must ensure all activities are coordinated, evidence-based, and responsive to local health needs, working collaboratively with partner agencies to deliver joined-up, efficient, and high-impact support for a smoke-free community.

Who will be affected by the activity?

The Integrated Community Smoke Free Support Service is open to individuals aged 12 and over who either reside in the London Borough of Havering or are registered with a local Havering GP. Applicants should demonstrate a clear intention to quit within four weeks, pursue harm reduction, or use non-licensed nicotine products (such as e-cigarettes), and require behavioural support to remain tobacco free. The service is inclusive of all backgrounds, considering age, disability, ethnicity, gender, religion/belief, and sexual orientation. Specialist, intensive support is available for residents aged 18 and over with a confirmed diagnosis of Serious Mental Illness (SMI), offering tailored interventions and pharmacotherapy.
In addition to universal eligibility, the service will focus on supporting the following priority groups who experience higher smoking prevalence and face greater barriers to quitting:

- *Men*

- *People in routine and manual occupations*
- *Social housing and private renters*
- *People with long-term mental illness*
- *People with Severe Mental Illness (SMI)*
- *People who are homeless*
- *Residents living in the most deprived areas*
- *People misusing substances (drugs & alcohol)*
- *Young people living in care*
- *Those from Eastern European Roma, Gypsy, or Traveller backgrounds*
- *People living with obesity*
- *Ethnic minorities and those with complex needs*

By prioritising these groups, the service aims to reduce health inequalities and deliver tailored, evidence-based support to those most at risk, ensuring equitable access and improved quit outcomes across Havering.

All eligible individuals must be offered behavioural support and guidance as part of their cessation journey. Pharmacotherapy for young people aged 12–17 and those with unstable cardiovascular conditions must adhere to NICE guidelines and the service's competence, with NRT considered only alongside behavioural support.

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

If there is an impact on under 18s, how have you / will you ensure their views are gained to inform decision making?

Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	*The new service will deliver a positive impact on Havering's population by expanding the reach of smoking cessation services to our population regardless of age.*
Neutral		
Negative		

Evidence:

Analysis of contract monitoring data reveals notable age-related disparities in access to the smoking cessation service. The majority of those accessing the service were older adults, with individuals aged 60 and over representing approximately 41% of service users, and those aged 45–59 making up around 29%. In contrast, younger age groups, particularly those under 35, accounted for a much smaller proportion of service users. Notably, there was no recorded participation among under-18s, highlighting an unmet need in this cohort.

The introduction of the new integrated community Smoke Free service aims to reduce these age-related inequalities by improving outreach and accessibility for younger adults and under-represented age groups. By embedding cessation support in a wider range of community settings and adopting targeted engagement strategies, the service is expected to address barriers previously faced by younger people, thereby promoting more equitable health outcomes across all age groups.

Sources used:

- *Pharmoutcomes system*
- *Quit manager system*

Protected Characteristic - Disability: Consider the full range of disabilities; including physical, mental, sensory, progressive conditions and learning difficulties. Also consider neurodivergent conditions e.g. dyslexia and autism.

Please tick (✓) the relevant box:		**Overall impact:** *There is no information available to make an assessment on the impact of the new Integrated Community Smoke Free Service on this protected characteristic.*
Positive		
Neutral		
Negative		

Evidence:
Data on disability is not available through our current commissioned smoking cessation services.

Sources used:
- *Not Applicable*

Protected Characteristic – Sex / gender: Consider both men and women		
Please tick (✓) the relevant box:		**Overall i**mpact: *The new service will deliver a neutral impact on Havering's population by continuing to deliver smoking cessation services to our population regardless of sex or gender.*
Positive		
Neutral	✓	
Negative		

Evidence:
During the first quarter of 2025, Havering Smoking Cessation services tracked service access by sex and gender. Of those who accessed the service, approximately 49% were male and 51% were female. No individuals identifying as non-binary, other, or not stated accessed the service in this period, indicating that all recorded service users identified as either male or female.

The gender distribution of service users reveals that both males and females are accessing the service in almost equal proportions, suggesting that the offer is reaching both groups effectively.

The newly introduced integrated community smoke free service is designed to further increase accessibility for all gender groups. By providing more tailored support and targeted outreach, the service aims to ensure equitable access and engagement, so that individuals of all genders have the opportunity to benefit from smoking cessation programmes. This approach is expected to help reduce inequalities and promote better health outcomes across the entire community.

Sources used:
- *Pharmoutcomes system*
- *Quit manager system*

Protected Characteristic – Ethnicity / race / nationalities: Consider the impact on different minority ethnic groups and nationalities		
Please tick (✓) the relevant box:		**Overall i**mpact: *The new service will deliver a neutral impact on Havering's population by continuing to deliver smoking cessation services to our population regardless of ethnicity and race.*
Positive		

Neutral	✓	
Negative		

Evidence:
During the first quarter, the service was accessed by individuals from a variety of ethnic backgrounds. The largest group was White British, representing approximately 76% of those accessing the service. Other White ethnicities accounted for around 6%, Asian or Asian British groups made up 7%, Black or Black British groups represented 2%, mixed backgrounds comprised 2%, Chinese less than 1%, and other ethnic groups were also less than 1%. All these groups made quit attempts and achieved successes to varying degrees.

The introduction of the new integrated community Smoke Free service is expected to further support these diverse groups by offering tailored interventions and resources. By bringing services closer to communities, it aims to increase accessibility, address specific needs across ethnic backgrounds, and promote greater equity in quit outcomes.

Sources used:
- *Pharmoutcomes system*
- *Quit manager system*

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:** *There is no information available to make an assessment on the impact of the new Integrated Community Smoke Free Service on this protected characteristic.*
Positive		
Neutral		
Negative		

Evidence:
Data on religion / faith is not available through our current commissioned smoking cessation services.

Sources used:
- *Not Applicable*

Protected Characteristic - Sexual orientation: Consider people who are heterosexual, lesbian, gay or bisexual		
Please tick (✓) the relevant box:		**Overall i**mpact: *The new service will deliver a positive impact on Havering's population by expanding the reach of smoking cessation services to our population regardless of sexual orientation.*
Positive	✓	
Neutral		
Negative		

Evidence:
The data indicates that 62% of those engaging with the service identified as heterosexual or straight (181 out of 290 total recorded attempts), while bisexual individuals accounted for just under 1.4% of quit attempts (4 individuals). Notably, there were no quit attempts recorded from people identifying as gay or lesbian, other sexual orientations, or those unsure of their orientation. A significant proportion—over 36% (105 individuals)—declined to state their sexual orientation, which could mask the true representation of minoritised groups within the service.

These figures suggest that, while the service is primarily accessed by heterosexual or straight individuals, there remain considerable gaps in engagement from other sexual orientation groups. This raises concerns around equitable access and potential barriers for LGBTQ+ communities, which may include stigma, lack of tailored support, or under-reporting. The higher quit rate among those who declined to state their orientation (47%) compared to heterosexual or straight (35%) and bisexual individuals (25%) further underlines the need for more inclusive and responsive services.

With the introduction of the new integrated community smoke free service, there is an opportunity to address these disparities. By adopting more inclusive outreach strategies, ensuring staff are trained in cultural competence, and improving data collection practices, the service can better reflect and support the diverse needs of all sexual orientation groups. Ongoing monitoring will be essential to assess progress and drive improvements in equity of access and outcomes.

Sources used:
- *Pharmoutcomes system*
- *Quit manager system*

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:** *There is no information available to make an assessment on the impact of the new Integrated Community Smoke Free Service on this protected characteristic.*
Positive		
Neutral		
Negative		

Evidence:
Data on gender reassignment is not available through our current commissioned smoking cessation services.

Sources used:
- *Not Applicable*

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

Please tick (✓) the relevant box:		**Overall impact:** *There is no information available to make an assessment on the impact of the new Integrated Community Smoke Free Service on this protected characteristic.*
Positive		
Neutral		

Negative		
Evidence: *Data on marriage / civil partnership is not available through our current commissioned smoking cessation services.*		
Sources used: • *Not Applicable*		

Protected Characteristic - Pregnancy, maternity and paternity: Consider those who are pregnant and those who are taking maternity or paternity leave		
Please tick (✓) the relevant box:		**Overall impact:** *There is no information available to make an assessment on the impact of the new Integrated Community Smoke Free Service on this protected characteristic.*
Positive		
Neutral		
Negative		
Evidence: *Data on pregnancy, maternity and paternity is not available through our current commissioned smoking cessation services.*		
Sources used: • *Not Applicable*		

Socio-economic status: Consider those who are from low income or financially excluded backgrounds		
Please tick (✓) the relevant box:		**Overall impact:** *There is no information available to make an assessment on the impact of the new Integrated Community Smoke Free Service on this protected characteristic.*
Positive		
Neutral		
Negative		
Evidence: *Data on socio-economic status is not available through our current commissioned smoking cessation services.*		
Sources used: • *Not Applicable*		

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 tick (✓) all the relevant	**Overall impact:**

<table>
<tr><td colspan="2">boxes that apply:</td><td rowspan="4">The Integrated Community Smoke Free Support Service is expected to deliver significant health and wellbeing benefits. In the short term, individuals will experience improvements to both physical and mental health, such as better respiratory and cardiovascular function, and enhanced emotional wellbeing through reduced nicotine dependence. These services are particularly valuable for disadvantaged, vulnerable, or at-risk groups including people with severe mental illness, those experiencing homelessness, and individuals living in deprived communities who are often disproportionately affected by smoking-related harm.

By providing accessible support through a network of community hubs and outreach sites, the service actively addresses health inequalities and promotes positive wellbeing. The integration of the stop smoking service with mental health, pharmacy, and neighbourhood health teams ensures that participants receive comprehensive and continuous care, making it easier for harder-to-reach groups to access help. In the longer term, this approach is anticipated to reduce rates of chronic disease, enhance quality of life, and ease pressures on health and social care systems, thereby fostering healthier communities and promoting wellbeing for all residents.

Do you consider that a more in-depth HIA is required as a result of this brief assessment? Please tick (✓) the relevant box
Yes ☐ No ✓</td></tr>
<tr><td>Positive</td><td>✓</td></tr>
<tr><td>Neutral</td><td></td></tr>
<tr><td>Negative</td><td></td></tr>
<tr><td colspan="3">Evidence:
The Integrated Community Smoke Free Support Service:

• Promotes sustained smoking cessation and lifelong abstinence, leading to improved overall wellbeing and a lower risk of smoking-related illnesses.
• Enhances wellbeing by providing tailored interventions that respect cultural and individual needs, increasing engagement and the effectiveness of care.
• Fosters a cohesive support network for wellbeing by strengthening local NHS and community partnerships across health and social care.
• Advances wellbeing and health equity by reaching underserved populations and working to reduce health disparities within the community.
• Supports long-term wellbeing through peer support and ongoing follow-up, promoting resilience and community-driven recovery.</td></tr>
<tr><td colspan="3">Sources used:
• Integrated Community Smoke Free Support service specification</td></tr>
</table>

3. Health & Wellbeing Screening Tool

Will the activity / service / policy / procedure affect any of the following characteristics? Please tick/check the boxes below

The following are a range of considerations that might help you to complete the assessment.

Lifestyle YES ☒ NO ☐	**Personal circumstances** YES ☐ NO ☒	**Access to services/facilities/amenities** YES ☒ NO ☐
☐ Diet	☐ Structure and cohesion of family unit	☐ to Employment opportunities
☐ Exercise and physical activity	☐ Parenting	☐ to Workplaces
☒ Smoking	☐ Childhood development	☐ to Housing
☒ Exposure to passive smoking	☐ Life skills	☐ to Shops (to supply basic needs)
☐ Alcohol intake	☐ Personal safety	☒ to Community facilities
☐ Dependency on prescription drugs	☐ Employment status	☐ to Public transport
☐ Illicit drug and substance use	☐ Working conditions	☐ to Education
☐ Risky Sexual behaviour	☐ Level of income, including benefits	☐ to Training and skills development
☐ Other health-related behaviours, such as tooth-brushing, bathing, and wound care	☐ Level of disposable income	to Healthcare
	☐ Housing tenure	☐ to Social services
	☐ Housing conditions	☐ to Childcare
	☐ Educational attainment	☐ to Respite care
	☐ Skills levels including literacy and numeracy	☐ to Leisure and recreation services and facilities
Social Factors YES ☐ NO ☒	**Economic Factors** YES ☐ NO ☒	**Environmental Factors** YES ☐ NO ☒
☐ Social contact	☐ Creation of wealth	☐ Air quality
☐ Social support	☐ Distribution of wealth	☐ Water quality
☐ Neighbourliness	☐ Retention of wealth in local area/economy	☐ Soil quality/Level of contamination/Odour
☐ Participation in the community	☐ Distribution of income	☐ Noise levels
☐ Membership of community groups	☐ Business activity	☐ Vibration
☐ Reputation of community/area	☐ Job creation	☐ Hazards
☐ Participation in public affairs	☐ Availability of employment opportunities	☐ Land use
☐ Level of crime and disorder	☐ Quality of employment opportunities	☐ Natural habitats
☐ Fear of crime and disorder	☐ Availability of education opportunities	☐ Biodiversity
☐ Level of antisocial behaviour	☐ Quality of education opportunities	☐ Landscape, including green and open spaces
☐ Fear of antisocial behaviour	☐ Availability of training and skills development opportunities	☐ Townscape, including civic areas and public realm
☐ Discrimination	☐ Quality of training and skills development opportunities	☐ Use/consumption of natural resources
☐ Fear of discrimination	☐ Technological development	☐ Energy use: CO2/other greenhouse gas emissions
☐ Public safety measures	☐ Amount of traffic congestion	☐ Solid waste management
☐ Road safety measures		☐ Public transport infrastructure

4. Outcome of the Assessment

The EHIA 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 initial screening exercise showed a strong indication that there will be no impacts on people and need to carry out an EHIA. 2. The EHIA identified **no significant concerns** OR the identified **negative concerns** have already been **addressed**	→	**Proceed with implementation** of your activity
	3. The EHIA identified some **negative impact** which still needs **to be addressed**	→	**COMPLETE SECTION 5:** **Complete action plan** with measures to mitigate the and finalise the EHIA
	4. The EHIA 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 EHIA on the revised proposal.**

5. Action Plan

The real value of completing an EHIA comes from 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 mitigate or reduce any **negative** equality and/or health & wellbeing impacts, identified in this assessment. Please ensure that your action plan is: more than just a list of proposals and good intentions; if required, will amend the scope and direction of the change; 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
N/A	N/A	N/A	N/A	N/A	N/A

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).

6. Review

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

Review:
This EqHIA will be updated 6 months after the service launches to allow the service model to develop and integrate into the community.

Scheduled date of review: October 2026

Lead Officer conducting the review: Alain Rosenberg (Commissioner Live Well)