

Equality impact assessment (EIA) form: evidencing paying due regard to protected characteristics

(form updated June 2023)

Public Health Primary Care Services transformation

If you would like this information in another language or format such as Braille, large print or audio, please contact the Communications Unit on 01609 53 2013 or email communications@northyorks.gov.uk.



যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people find completed EIAs, we also publish them in our website's Equality and Diversity section. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.

Name of Directorate and Service Area	HAS: Public Health
Lead Officer and contact details	Naomi Smith Naomi.Smith@northyorks.gov.uk
Names and roles of other people involved in carrying out the EIA	Dan Atkinson – Public Health Manager (Tobacco Control portfolio) Angela Hall – Public Health Manager (Substance Use portfolio) Naomi Smith – Head of HAS Planning, Project Sponsor Katya Coldwell – Project Manager Advice sought from Equalities specialists
How will you pay due regard? for example, working group, individual officer	Continual review by project team
When did the due regard process start?	May 2023 (Screening EIA)

Section 1. Please describe briefly what this EIA is about (for example, are you starting a new service, changing how you do something, stopping doing something?)

This EIA relates to the review of services and the procurement of new contracts for the provision of a number of Public Health Primary Care Services across North Yorkshire which provide vital local access to public health services, thereby improving and protecting population health. These local services relate to Substance Use, Sexual Health, Tobacco

Control and NHS Health Checks. The current Approved Provider List arrangements with local General Practices (GPs) and Community Pharmacies expire on 31st March 2025.

Section 2. Why is this being proposed? What are the aims? What does the authority hope to achieve by it? (for example, to save money, meet increased demand, do things in a better way.)

The purpose of this project is to review the provision of Public Health Primary Care Services across North Yorkshire. The current arrangements for providing public health primary care services for substance use, sexual health, tobacco control and NHS health checks were extended under the emergency COVID-19 regulations, however a procurement exercise must now be carried out to implement new contracts from 1st April 2025 and ensure continuity of provision for local residents. The new Primary Care contracts are being procured under the new Health Care Services (Provider Selection Regime) Regulations 2023 (the 'PSR'), which came into force on 1 January 2024.

Mandated services are Sexual Health and NHS Health Checks. However, all services included in the project provide vital local access to high quality public health interventions as part of a wider system of support, thereby improving and protecting population health.

The proposals for the new contracts have been developed following an in-depth review of each service area. This was informed by a range of information including existing provision and coverage, baselining and benchmarking with other areas, national evidence and data, local performance information and feedback from the market and the wider local health system.

In the development of service specifications, consideration has been given to the quality of behaviour change interactions and its effectiveness, as well as ensuring that we reach our CORE20PLUS population groups to maximise impact on reducing health inequalities. A key priority across all service areas will be to maintain/increase coverage to ensure that residents across North Yorkshire can access provision within their local communities.

Tariffs for all services have been modelled based on previous activity, benchmarking against other areas, national requirements and feedback from the provider market. £100k savings are proposed from a total current investment of £1.8m from the Public Health Grant across a range of budget lines, based on this modelling, whilst noting that these services are demand-led. Evidence base shows that all services provide a good return on investment across the wider public sector / health and care system – and are therefore a cost-effective use of public money.

The proposal is to procure services through Direct Award Option B under the Provider Selection Regime (PSR). This option requires the Authority to direct award our requirements to all eligible providers (those who meet the qualification criteria, local requirements and satisfy the specification). Under Direct Award Option B, the pool of providers will be open for the full contract term so providers can request to join at any point.

The key changes to service specifications/provision are outlined below.

Section 3. What will change? What will be different for customers and/or staff?

Sexual Health

- No proposed changes to service delivery. Providers may change depending on the outcome of the procurement exercise

NHS Health Checks

- No proposed changes to service delivery. Providers may change depending on the outcome of the procurement exercise

Tobacco Control

- North Yorkshire Council (NYC) will no longer commission GP Practices or Community Pharmacies to provide support, advice and guidance on behalf of Living Well Smokefree (LWSF). This is due to limited take up from providers in recent years and evidence of better outcomes being achieved by the LWSF service, which will be further strengthened through forthcoming Smokefree Generation additional government funding (subject to appropriate grant decision-making). NYC's LWSF will continue to provide support for anyone wishing to stop smoking within North Yorkshire, which can be accessed directly or via a referral from a partner organisation (including primary care services). Other primary care services for Tobacco Control will still be in place, ie the customers will still be able to use their GPs as the first point of contact to be referred to the LWSF service.

Substance Use

- Proposal to stop NYC funding for the 'alcohol pharmacological abstinence therapy supervision service' ('alcohol stepdown service'). This service funds GP's to offer time limited prescribing for people on their practice register who have completed a medically assisted alcohol withdrawal (detoxification) with the separate specialist adult drug and alcohol service – North Yorkshire Horizons – following referral from one of the North Yorkshire Horizons clinicians. These medications are clinically effective in preventing relapse and promoting sustained recovery, and national guidance recommends that these are available within locally commissioned arrangements. Only a small proportion of North Yorkshire practices are currently signed up to deliver the service (20), despite significant efforts by the Public Health Team, Local Medical Committee and former NHS Clinical Commissioning Groups to promote GP engagement with the service when it was established, which was supported by a bespoke training offer delivered through GP Protected Learning Time arrangements by the clinical provider within North Yorkshire Horizons. his proposal is contingent on NYC maturing a discussion with NHS Integrated Care Board (ICB) colleagues on the overall alcohol care offer – and reviewing and agreeing respective responsibilities/ co-commissioning arrangements - as part of the delivery of the *draft* NY Substance Use Strategy. The proposal to cease funding this offer will undoubtedly have an impact if executed without an alternative agreed pathway/ arrangement. North Yorkshire Horizons will have to absorb this prescribing, and this will impact on their clinical capacity to treat people. This will also potentially impact on the experience and outcome(s) for the person, as this pathway offers an opportunity to promote their engagement with their GP for wider healthcare support.
- In mitigation of the above, we are taking forward discussions with ICB colleagues to explore options for continued provision of prescribing within primary care and will review in June 2024.

The focus of the remaining sections of this EIA is on the services where there is a proposed change in offer/specification compared to current primary care services, namely tobacco control provision of stop smoking advice and substance use alcohol step down service.

Section 4. Involvement and consultation (What involvement and consultation has been done regarding the proposal and what are the results? What consultation will be needed and how will it be done?)

A Request for Information questionnaire was published in Summer 2023 for the market to respond to. Eight responses were received, including seven from individual GP Practices

and one from a GP Federation. These were considered as part of the in-depth review of each service area along with a range of information including existing provision and coverage, baselining and benchmarking with other areas, national evidence and data, local performance information and feedback from the wider local health system.

Further communication with the market will take place as procurement proceeds.

Stop smoking advice

Managers for the Living Well Smokefree service were included in discussions for the decision-making process around the Approved Provider List. This was to ensure that the service would be able to meet the additional demand of supporting the individuals who wish to stop smoking but would no longer be able to access support or advice via their GP or local pharmacy.

This engagement has formed part of a wider programme of work with Living Well Smokefree linked to new funding that the Government have announced to create a ‘Smokefree Generation’. Over the last few months work has been underway with staff, leaders and the local wider system to understand how best to implement this new funding, initially. The intention is to then, over the first year of funding, to work with the service to gather feedback, thoughts and views from those wishing to stop smoking to ensure that the service remains as accessible as possible.

Substance Use (alcohol stepdown service)

The proposal is contingent on NYC maturing a discussion with ICB colleagues on the overall alcohol care offer – and reviewing and agreeing respective responsibilities/ co-commissioning arrangements - as part of the delivery of the *draft* NY Substance Use Strategy. A representative of the North Yorkshire ICB has now been nominated so that discussions can progress, with support from the joint North Yorkshire ICB /Public Health Head of Population Health role. Work is also underway to ensure that the needs of populations covered by West Yorkshire ICB (Craven) and Lancashire and South Cumbria ICB (Bentham and Ingleton) are considered as part of this development.

Section 5. What impact will this proposal have on council budgets? Will it be cost neutral, have increased cost or reduce costs?

In total the transformation of the Primary Care Public Health Services aims to achieve a reduction in costs to the council of circa £100,000.

Section 6. How will this proposal affect people with protected characteristics?	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
Age		x		LWSF: Make things better. Digital offer will be available for all age groups, alongside the existing offer of face-to-face appointments. This hybrid offer will ensure a choice-based service offer that empowers anyone wishing to stop smoking with the opportunity to determine how they wish to engage with support.
		x	x	Alcohol stepdown service: Make things worse if the pathway was no longer delivered in primary care - it could then impact on the experience and outcome(s) for older people as primary care pathway offers an opportunity to

				<p>promote their engagement with their GP for wider healthcare support as older people are more likely to have other conditions and require holistic care. 44% of adults engaged with North Yorkshire Horizons for support with alcohol only in 2022-23 were over 50 (source: NDTMS.net - View It).</p> <p>Make things better if we are able to develop agreed pathways delivered by a greater number of primary care providers in discussion with the ICBs.</p>
Disability		x		<p>LWSF:</p> <p>Make things better. Full hybrid offer (both digital and face-to-face appointments) of service delivery means that individuals can determine how they wish to access support to stop smoking from Living Well Smokefree. This digital offer for groups with disability issues may support where accessibility might be a challenge. Work is being done to enhance the range of community venues available to provide in-person clinics across North Yorkshire to mitigate any travel issues.</p>
		x	x	<p>Alcohol stepdown service:</p> <p>Make things worse if the pathway was no longer delivered in primary care - it could then impact on the experience and outcome(s) for disabled people as primary care pathway offers an opportunity to promote their engagement with their GP for wider healthcare support as disabled people are more likely to have other conditions and require holistic care. In England, among people aged 15 to 49 years, alcohol is the leading cause of ill-health, disability, and death (source). Local people entering alcohol treatment in 21-22 were recorded as being more likely to be disabled (45% vs 29%. Source: NDTMS.net - Commissioning Support Packs – restricted access).</p> <p>Make things better if we are able to develop agreed pathways delivered by a greater number of primary care providers in discussion with the ICBs</p>
Sex	x			<p>LWSF:</p> <p>No impact. Full hybrid offer (both digital and face-to-face appointments) of service deliver means that individuals can determine how they wish to access support to stop smoking from Living Well Smokefree. A range of community settings are utilised to provide accessible interventions across communities in North Yorkshire. Settings are chosen to be safe spaces. Priority population groups will be targeted as prevalence can be higher within these groups and can contributed to poorer health outcomes as a result.</p>
	x			<p>Alcohol stepdown service:</p> <p>No impact. Other than the general impacts of the proposal which are outlined in section 3 above, there are no specific impacts identified for this group of the population based on protected characteristic. More men than women were engaged with North Yorkshire Horizons for support with alcohol only in 2022-23 (source: NDTMS.net - View It), however this does not necessarily mean that need is greater in men than women's are typically under-represented in treatment service statistics nationally.</p>

Race	x			LWSF: No impact. Full hybrid offer (both digital and face-to-face appointments) of service deliver means that individuals can determine how they wish to access support to stop smoking from Living Well Smokefree. A range of community settings are utilised to provide accessible interventions across communities in North Yorkshire. Settings are chosen to be safe spaces. Priority population groups will be targeted as prevalence can be higher within these groups and can contributed to poorer health outcomes as a result.
	x			<u>Alcohol stepdown service:</u> No impact. Other than the general impacts of the proposal which are outlined in section 3 above, there are no specific impacts identified for this group of the population based on protected characteristic. More local people entering alcohol treatment in 21-22 were recorded as White British (95% vs 82%. Source: NDTMS.net - Commissioning Support Packs – restricted access).
Gender reassignment	x			LWSF: No impact. Full hybrid offer (both digital and face-to-face appointments) of service deliver means that individuals can determine how they wish to access support to stop smoking from Living Well Smokefree. A range of community settings are utilised to provide accessible interventions across communities in North Yorkshire. Settings are chosen to be safe spaces. Priority population groups will be targeted as prevalence can be higher within these groups and can contributed to poorer health outcomes as a result.
			x	<u>Alcohol stepdown service:</u> Make things worse if the added vulnerability relates to the need for holistic care for people who are more likely to have other healthcare needs (eg some Trans people who may be on hormone treatment)
Sexual orientation	x			LWSF: No impact. Full hybrid offer (both digital and face-to-face appointments) of service deliver means that individuals can determine how they wish to access support to stop smoking from Living Well Smokefree. A range of community settings are utilised to provide accessible interventions across communities in North Yorkshire. Settings are chosen to be safe spaces. Priority population groups will be targeted as prevalence can be higher within these groups and can contributed to poorer health outcomes as a result.
	x			<u>Alcohol stepdown service:</u> No impact. Other than the general impacts of the proposal which are outlined in section 3 above, there are no specific impacts identified for this group of the population based on protected characteristic
Religion or belief	x			LWSF: No impact. Full hybrid offer (both digital and face-to-face appointments) of service deliver means that individuals can determine how they wish to access support to stop smoking from Living Well Smokefree. A range of community settings are

				utilised to provide accessible interventions across communities in North Yorkshire. Settings are chosen to be safe spaces. Priority population groups will be targeted as prevalence can be higher within these groups and can contribute to poorer health outcomes as a result.
	x			<u>Alcohol stepdown service:</u> No impact. Other than the general impacts of the proposal which are outlined in section 3 above, there are no specific impacts identified for this group of the population based on protected characteristic
Pregnancy or maternity		x		LWSF: Make things better. Working across Humber and North Yorkshire within the Centre for Excellence, there are stronger links being forged between Living Well Smokefree and local NHS trusts. These local NHS trusts lead on the delivery of the long-term plan, which includes the development of the maternity offer. Living Well Smokefree will be one of the community delivery partners of this maternity offer moving forward.
		x	x	<u>Alcohol stepdown service:</u> Make things worse if the pathway was no longer delivered in primary care - it could then impact on the experience and outcome(s) for the pregnancy/maternity category as primary care pathway offers an opportunity to promote their engagement with their GP for wider healthcare support. Make things better if we are able to develop agreed pathways delivered by a greater number of primary care providers in discussion with the ICBs.
Marriage or civil partnership	x			LWSF: No impact. Full hybrid offer (both digital and face-to-face appointments) of service delivery means that individuals can determine how they wish to access support to stop smoking from Living Well Smokefree. A range of community settings are utilised to provide accessible interventions across communities in North Yorkshire. Settings are chosen to be safe spaces. Priority population groups will be targeted as prevalence can be higher within these groups and can contribute to poorer health outcomes as a result.
	x			<u>Alcohol stepdown service:</u> No impact. Other than the general impacts of the proposal which are outlined in section 3 above, there are no specific impacts identified for this group of the population based on protected characteristic

Section 7. How will this proposal affect people who...	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
..live in a rural area?		x		LWSF: Make things better. The expansion of the LWSF offer will include extra availability for remote sessions as well as in-person so providing more

				options for those living in rural areas to access the services.
			X	Alcohol stepdown service: Make things worse if we can't secure ongoing primary care offer, this may impact people living in rural areas more, who would need to continue to travel to a North Yorkshire Horizons service location for this intervention
...have a low income?		X		LWSF: Make things better. The expansion of the LWSF offer will include extra availability for remote sessions as well as in-person so providing more options for those living on low income to access the services. Potential for telephone appointments rather than having to travel into GP surgeries, reducing travel costs. Potential for use of Council buildings which may be closer to home for some users.
			X	Alcohol stepdown service: Make things worse if we can't secure ongoing primary care offer, this may impact people on a low income more, who would need to continue to travel to a North Yorkshire Horizons service location for this intervention
...are carers (unpaid family or friend)?		X		LWSF: Make things better. The expansion of the LWSF offer will include extra availability for remote sessions as well as in-person so providing more options for those with caring responsibilities to access the services, eg potential for telephone appointments rather than having to travel into GP surgeries.
			X	Alcohol stepdown service: Make things worse if we can't secure ongoing primary care offer, this may impact people in the caring role if they or their loved one needs to travel (eg if they needed to find alternative support for their loved one, or if the loved one needed support from the carer to access a North Yorkshire Horizons service location for this intervention)
..... are from the Armed Forces Community	X			LWSF: No impact. The service will be delivered via a hybrid model offering both digital and f2f interventions. A range of community settings are utilised to provide accessible interventions across communities in North Yorkshire. Settings are chosen to be safe spaces. Priority population groups will be targeted as prevalence can be higher within these groups and leads to poorer health outcomes as a result
	X			Alcohol stepdown service: No impact. Other than the general impacts of the proposal which are outlined in section 3 above, there are no specific impacts identified for this group of the population based on protected characteristic

Section 8. Geographic impact – Please detail where the impact will be (please tick all that apply)	
North Yorkshire wide	LWSF: Better reach through a combination of continuing with the F2F offer and developing a new digital offer Alcohol stepdown service: currently there is coverage (albeit low – 20 practices across the county are contracted to deliver this offer). We (NYC) are taking forward discussions with ICB colleagues to explore options for continued provision of this service within primary care across North Yorkshire.
Craven district	LWSF: n/a Alcohol stepdown service: n/a
Hambleton district	LWSF: n/a Alcohol stepdown service: n/a
Harrogate district	LWSF: n/a Alcohol stepdown service: n/a
Richmondshire district	LWSF: n/a Alcohol stepdown service: n/a
Ryedale district	LWSF: n/a Alcohol stepdown service: n/a
Scarborough district	LWSF: n/a Alcohol stepdown service: n/a
Selby district	LWSF: No GPs delivering in Selby, so expansion of LWSF will be a positive for these residents. Alcohol stepdown service: n/a
If you have ticked one or more districts, will specific town(s)/village(s) be particularly impacted? If so, please specify below.	
LWSF: Residents living in Selby district currently have no offer of smoking cessation from a GP service, so this proposal will particularly benefit this group of residents.	
Alcohol stepdown service: no specific impacts for one or more individual districts	

Section 9. Will the proposal affect anyone more because of a combination of protected characteristics? (for example, older women or young gay men) State what you think the effect may be and why, providing evidence from engagement, consultation and/or service user data or demographic information etc.
<p>LWSF: No groups with a combination of protected characteristics will be affected. By offering more venues to access the service and a combination of fully accessible F2F and digital access, we will be enhancing the existing service, which will be more accessible to all groups regardless of their protected characteristics.</p> <p>Substance Use: If we can't secure an ongoing primary care offer, this may impact on the experience and outcome(s) for people with a combination of protected characteristics, as primary care pathway offers an opportunity to promote their engagement with their GP for wider healthcare support (see section 6). We (NYC) are taking forward discussions with NHS ICB colleagues to explore options for continued provision of prescribing within primary care and will review in June 2024.</p>

Section 10. Next steps to address the anticipated impact. Select one of the following options and explain why this has been chosen. (Remember: we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us)	Tick option chosen
1. No adverse impact - no major change is needed to the proposal. There is no potential for discrimination or adverse impact identified.	x
2. Adverse impact - adjust the proposal - The EIA identifies potential problems or missed opportunities. We will change our proposal to reduce or remove these	x

adverse impacts, or we will achieve our aim in another way which will not make things worse for people.	
3. Adverse impact - continue the proposal - The EIA identifies potential problems or missed opportunities. We cannot change our proposal to reduce or remove these adverse impacts, nor can we achieve our aim in another way which will not make things worse for people. (There must be compelling reasons for continuing with proposals which will have the most adverse impacts. Get advice from Legal Services)	
4. Actual or potential unlawful discrimination - stop and remove the proposal – The EIA identifies actual or potential unlawful discrimination. It must be stopped.	
Explanation of why the option has been chosen (include any advice given by Legal Services.)	
LWSF: Option 1. No potential for adverse impact; the service will be more accessible to all groups, including those with protected characteristics and the priority populations as has been outlined by the government.	
Substance Use: Option 2. Potential challenges identified but working with ICB partners to mitigate the impact and re-evaluate in June 2024.	

Section 11. If the proposal is to be implemented, how will you find out how it is really affecting people? (How will you monitor and review the changes?)
LWSF: <ul style="list-style-type: none"> • Regular project board meetings • Regular review meetings between LWSF team and PH lead. • Service review meetings each quarter with LWSF • Service user feedback / evaluation following engagement with LWSF • GP and Pharmacy referral data.
Substance use: <ul style="list-style-type: none"> • Regular project board meetings • Regular briefings with DPH • Service and performance data

Section 12. Action plan. List any actions you need to take which have been identified in this EIA, including post implementation review to find out how the outcomes have been achieved in practice and what impacts there have actually been on people with protected characteristics.				
Action	Lead	By when	Progress	Monitoring arrangements
Work with ICBs to establish alternative pathways/funding for primary care alcohol stepdown service to mitigate impact of proposed changes and review progress to confirm any further mitigations required	PH lead (Substance Use) Joint Strategic Lead for Health Inequalities	June 2024	Colleagues within HNY ICB have been identified to begin discussions. Working to identify leads from other ICB areas.	Project board and DPH
Ensure specifications and performance monitoring arrangements include relevant	PH leads	Legal review of specifications to be completed by 30/04/24	Finalised specifications reviewed by Procurement and sent to Legal 21/03/24.	Procurement processes

data to monitor impact				
Review geographical coverage of providers under the new arrangement and identify targeted action to address any issues with level of provision in particular geographical areas	PH leads, procurement	Summer / autumn 2024		Procurement processes and via project board
Ongoing monitoring of service performance data to review impact, and update EIA as required	PH leads	From April 2025		Performance reporting process

Section 13. Summary Summarise the findings of your EIA, including impacts, recommendation in relation to addressing impacts, including any legal advice, and next steps. This summary should be used as part of the report to the decision maker.

LWSF

There is no potential for adverse impact; the service will be more accessible to all groups, including those with protected characteristics and the priority populations as has been outlined by the government. We will monitor the service delivery as outlined in section 11 and ensure we capture and mitigate any variation to this assessment.

Substance Use

The proposal to stop NYC funding for the 'alcohol pharmacological abstinence therapy supervision service' ('alcohol stepdown service') is contingent on NYC maturing a discussion with ICB colleagues on the overall alcohol care offer. This is being addressed by PH Lead (Substance Use) and Strategic Lead Population Health and Inequalities, ICB. The mitigations outlined in section 3 will be reviewed in June 2024 and, if required, alternative arrangements will be considered.

Section 14. Sign off section

This full EIA was completed by:

Name:

Dan Atkinson – Public Health Manager (Tobacco Control portfolio)

Angela Hall – Public Health Manager (Substance Use portfolio)

Naomi Smith – Head of HAS Planning, Project Sponsor

Katya Coldwell – Project Manager

Advice sought from Equalities specialists

Completion date: 11 April 2024

Authorised by relevant Assistant Director (signature):



Date: 1 May 2024