

Solihull Metropolitan Borough Council

FAIR TREATMENT ASSESSMENT FORM

1. FTA Lead & Team	
P	Public Health
Team	Substance misuse and lifestyles
Name of Officer completing the FTA	Caroline Murray
Role of person completing the FTA	Head of commissioning
Contributors to the FTA	Suzie Thomas -Substance misuse and Lifestyles Senior Manager Kim Westman -Commissioning Support Officer
Equalities Team Lead Support for this FTA	Niku Mawby – Equality and Diversity Officer
2. FTA Timescales	
Key dates	Start date: 24 th July 2023 Target date for FTA sign off: 30 th September 2023
3. Context	
Name of function/strategy/policy /procedures	Smoking Cessation Commissioned Service

Purpose and intended aim of the function, strategy, policy, procedures	<p>The National tobacco control Plan for England (2017)¹ sets out a vision to create a smoke free generation and the provision of high-quality local stop smoking services are considered a key enabling factor for reducing health inequalities and improving the health of the local population. This is supported in the NHS Long Term Plan, where from 2023/24 all people admitted to hospital will be offered NHS funded tobacco treatment services, pregnant mothers and their partners will be provided with a smoke free pregnancy pathway, and a universal smoking cessation offer will be incorporated into specialist mental health and disability services.</p> <p>The service is being formally withdrawn from the wider Community Wellbeing Service contract to allow it to be re-commissioned in 2023/24, with a new comprehensive smoking cessation service commencing on 1st April 2024.</p> <p>The purpose for re-commissioning is to permit us the opportunity to expand the current delivery model so it reflects changes such as the use of technology to increase reach and choice to users and the use of vapes as a quit tool. In the new service there will be a greater emphasis on reducing inequalities caused by smoking for strategic alignment with our prevention and health inequalities objectives. The new proposed local smoking cessation service will continue to support the national vision and complement the NHS offer through providing local and continued access.</p>				
Is this a new function/strategy/policy/procedure?	<p>No</p> <p>Smoking cessation is currently provided as part of a wider commissioned Community Wellbeing Service, with a separate short-term contract for Quit with Bella, an artificial intelligence (AI) digital service).</p>				
For whom is the policy or process intended? Tick all that apply.	Borough residents & public	Specific service users	Employees	Elected members	Others
	All				
Consultation and stakeholder engagement	<p>Is consultation required? YES</p> <p>If YES, say how the consultation has informed this FTA</p> <p>Survey questionnaires for key stakeholders and the public have been developed and scheduled to be issued August 2023. The responses will be used to inform the specification of the new service.</p>				
Business risks from proposals	<p>Yes</p>				

¹ 2017, Tobacco Control Plan delivery plan 2017-2022, department of Health & Social Care accessed July 23 [Tobacco control plan: delivery plan 2017 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/612522/tobacco-control-plan-delivery-plan-2017-to-2022.pdf)

Soft marketing testing indicates we can expect to receive responses. However, there are risks associated with mobilisation if an award is made to a new provider. Situation will be monitored and logged on Jcad where appropriate.

4. Equalities data

What equalities data is available to inform this FTA?

Solihull: Our Residents

Population and Household Statistics. The Office for National Statistics is beginning to release high-level results from the 2021 Census with more detailed statistics to be published in 2023. Census data adds considerably to our understanding of the Solihull resident population. Early findings show Solihull to be an increasingly ethnically diverse borough with a large and growing older age population.

The Census 2021 found that Solihull's population is 216,245. The number of residents grew by 4.6% between 2011 and 2021, compared with increases of 6.6% in England and 6.2% in the West Midlands.

In 2021 around 50% of Solihull people aged 16+ said they were married or in a registered civil partnership. 33% said that they have never been married or in a civil partnership, up from 30% in 2011.

In 2021 there were 142,000 employee jobs located in Solihull. The Solihull job density is 39% higher than the England average and 50% greater than the West Midlands. A Solihull Chamber of Commerce report shows employment rates for Ethnic Minorities has grown by nearly 7% to 79% between 2018 and 2022. The corresponding figure for the West Midlands is 62%.

At £23,600 per head, disposable income in Solihull is 7% higher than the England average, the highest in the West Midlands.

Average full-time resident wages are 12% above the England average and the highest among upper tier local authorities in the West Midlands. Average full-time resident wages in Solihull have increased in Solihull for each of the last five years. However, adjusted for inflation average Solihull wages have been stagnant for the last 10 years and are 7% lower than they were in 2009. This is consistent with the pattern across England.

The average house price in Solihull is £325,000, 14% higher than the England average and 44% higher than the West Midlands. Lower quartile prices are even higher – 30% above the England average and 46% above that for the West Midlands.

The 2021 Census identifies 89,486 Solihull households, a 4% increase since 2011, compared to a 6% increase for England.

At 72% of households, home ownership in Solihull is high, but has fallen slightly since 2011. The proportion of socially rented households also edged down to 14% offset by an increase in private renting (from 14% in 2011 to 18% in 2021).

The Solihull household profile is similar to England, albeit with a slightly higher proportion of older single households (15% single aged 66+ vs 13%) and more households with dependent children (30% vs 28%).

There are significant differences within Solihull with north Solihull having a higher proportion of single young adult households than the rest of the borough (17% vs 13%) and households with dependent children (32% vs 29%) and the rest of the borough having more households of just older people (28% vs 22%).

Of particular note, is the fact that north Solihull accounts for 49% of all Solihull households of lone parents with dependent children with this group making up 13% of all households in north Solihull compared to just 5% across the rest of the borough.

Between the 2011 and 2021 Census, the number of older households in Solihull increased by 12%, comprising a rise of 9% in the number of single older people and a 15% increase in households of older couples. This is broadly in-line with England. At 4% the number of households with dependent children increased in-line with England, but the increase in households of single people was much lower (3% vs 6%).

Age

The age profile of Solihull's residents is shown below. Solihull has an older population than the England average. In the 2021 Census, 21% of the Solihull population were aged 65 and over (England 18%) including 10% aged 75+ (England 9%). Between 2011 and 2021, the number of Solihull residents aged 65+ increased by +15% (18%, age 75+) whereas those aged 16-64 increased by just 1% and those aged 0-15 by 7%.

Age			
Age	Solihull	England	West Midlands
0-15	19.3%	18.6%	19.3%
16-64	59.6%	63.0%	61.9%
65+	21.1%	18.4%	18.8%
Source ONS Census 2021			

Detailed statistics about the age profile of Solihull's population in 2021 compared with the 2011 Census show a sharp reduction in younger adults aged 18-22, most likely to be caused by students leaving to go to university, substantial increases in the number of people in their late 40s to mid-50s and increases in residents who are in their early 70s.

Sex

The 2021 census found that 51% of residents were female and 49% were male, in line with the England average and stable since 2001. The 2021 census also found that single parent, women-headed households are more prevalent in North Solihull than elsewhere in the Borough.

Sex				
Sex	Solihull count	Solihull %	England %	West Midlands %
Male	104,966	48.5%	49.0%	49.2%
Female	111,279	51.5%	51.0%	50.8%
All people	217,487			
Source ONS Census 2021				

Health, Disability and Unpaid Care

In the 2021 Census, 83% of the Solihull population described their health as good or very good and just 5% said that their general health was bad or very bad. This is in-line with the England average. People in North Solihull were less likely to say that their health is good or very good than people living elsewhere in the Borough (78% vs 85%).

General health				
General health	Solihull count	Solihull %	England %	West Midlands %
Very good health	106,508	49%	48%	46%
Good health	72,192	33%	34%	34%
Fair health	26,816	12%	13%	14%

Bad health	8,293	4%	4%	4%
Very bad health	2,432	1%	1%	1%
Total Population	216,240			
<i>Source ONS Census 2021</i>				

76% of the Solihull population have no long term physical or mental health conditions, with a further 7% saying that they have a long-term condition but that their activities are not limited. The remaining 17% are in some way disabled. Of these 15,700 people (7%) say that say that their daily activities are limited a lot and represent those most likely to require care.

Disability				
Disability	Solihull count	Solihull	England	West Midlands
No long term physical or mental health conditions	164,103	76%	76%	75%
Has long term physical or mental health condition but day-to-day activities are not limited	14,903	7%	7%	6%
Day-to-day activities limited a little	21,535	10%	10%	10%
Day-to-day activities limited a lot	15,699	7%	7%	8%
Total Population	216,240			
<i>Source ONS Census 2021</i>				

10% of the Solihull population over 5 years old provide at least some unpaid care for family member or friend. This is in-line with the England average and varies little across the borough. Of the nearly 20,000 Solihull residents who do provide some care, 30% do so for at least 50 hours per week.

Unpaid Care				
Unpaid Care	Solihull count	Solihull	England	West Midlands
No unpaid care	184,606	90%	91%	91%
19 hrs or less unpaid care	10,051	5%	4%	4%
20-49 hrs unpaid care	3,926	2%	2%	2%
50+ hrs unpaid care	5,963	3%	3%	3%
Population Age 5+	204,546			
Source ONS Census 2021				

Ethnicity

Solihull continues to become more ethnically diverse with net migration from neighbouring Birmingham being a significant influence. People from ethnic minority backgrounds accounted for 18% of the Solihull population in 2021, compared with 12% in 2011. This includes an increase from 6.6% to 11% in the category of Asian, Asian British and Asian Welsh.

Ethnicity				
	Solihull count	Solihull %	England %	West Midlands %
White	177,668	82.2%	81.0%	77.0%
Mixed Race/Ethnicity	7,496	3.5%	3.0%	3.0%

Asian/Asian British	23,845	11.0%	9.6%	13.3%
Black/Black British	3,955	1.8%	4.2%	4.5%
Any Other Ethnic Group	3,276	1.5%	2.2%	2.1%
White	177,668	82.2%	81.0%	77.0%
Minority Ethnic backgrounds	38,572	17.8%	19.0%	23.0%
Total Population	216,240			
<i>Source: ONS Census 2021</i>				

People from ethnic minority backgrounds account for a substantially lower proportion of the population than in neighbouring West Midlands metropolitan boroughs such as Birmingham (51%), Coventry (34%) and Wolverhampton (39%).

Age group differences in the 2021 Solihull ethnicity profile were not available at time of writing, although the 2011 Census shows the extent to which younger age groups are more ethnically diverse. For instance, 17% of Solihull children aged 0-15 were from ethnic minority backgrounds in 2011, compared 11% of those aged 16-64 and just 3% of those aged 65 and over. The latest school Census data shows that 28% of Solihull school age children are from ethnic minority backgrounds so the ethnic diversity of the borough will continue to grow.

A significant majority of residents from ethnic minority backgrounds live in the urban west of the Borough. Most are Asian and Asian British. The rural wards of Dorridge, Hockley Heath, Knowle and Meriden have the smallest concentrations of people from ethnic minority backgrounds.

In 2021, 190k Solihull residents (88%) were born in the UK, compared with 90% in 2011.

Religion

Response rates for the question about religion are varied and there are differences in the way people choose to self-identify their religious affiliation. In 2021, 53% of Solihull residents answering the Census question described themselves as Christian, a fall from 70% in 2011. Those with no religion increased from 23% to 35%. Other religions found in Solihull include Muslims (5.3%), Hindu (2.8%), Sikh (2.3%), Jewish (0.1%), Buddhist (0.3%) and other religions

(0.4%). The highest numbers of people without a religion are found in North Solihull. Many people belonging to religious groups other than Christians, are found in the urban west.

Religion (% responding to question)		
	Solihull %	England %
Christian	53.5%	49.3%
No religion	34.7%	39.0%
Buddhist	0.3%	0.5%
Hindu	2.9%	1.9%
Jewish	0.1%	0.5%
Muslim	5.6%	7.2%
Sikh	2.5%	1.0%
Other religion	0.4%	0.6%
Source: ONS Census 2021		

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Does the data show positive or negative impact on any specific groups?

Public Health fingertips data (2021/22) shows our local smoking prevalence in those aged 15+ is 10.8%, which is lower than the regional (13.8%) and national (13%) average.

There has been a national downtrend in smoking rates since 2011. The decrease in smoking rates across the UK from 14% in 2020, to 13% in 2021, may be partly attributed to the increase in vaping and e-cigarette use. For adults the swap to vaping and e-cigarettes is viewed as positive, however the highest usage of these devices is amongst those aged 16-24 years.

Surveys² show that 69% of adult smokers in England want to quit and an even bigger proportion, 75% regret ever having started smoking, but it takes on average thirty attempts before a smoker successfully quits³.

² National sample of 3,717 adult smokers in England (18+ years) who participated in a web-conducted survey undertaken between March and June 2018. International tobacco control (ITC) Project: 29 countries accessed through ASH data dashboard July 2023.

³ Chaiton M, Diemart L, Cohen E et al. Estimating the number of quit attempts it takes to quit smoking successfully in a longitudinal cohort of smokers accessed via ASH dashboard July 2023

The average smoker spends just under £2,000 a year on tobacco. This has a financial impact on all smokers in the current climate, but specifically on those households on the edge of or living in poverty.

Smokers are much more likely than non-smokers to get a wide range of disease including respiratory disease, cardiovascular disease, and a wide range of cancers. Around 76,000 people in the UK die from smoking every year, with many more living with debilitating smoking related illness. Smoking related ill health results in many being unable to maintain full employment to state pension age, which has a negative impact on individuals employment chances and average earnings, and to society.

However, smoking and the harm it causes aren't evenly distributed. People in more deprived areas are more likely to smoke, and smoking is increasingly concentrated in more disadvantaged groups and therefore is a contributor to health inequalities. In line with national trends there are significantly increased rates of smoking prevalence across priority populations in Solihull as demonstrated below.

Some of our rates are below benchmarking levels but will benefit from a targeted approach as they are above population rate.

Smoking prevalence in priority population			
	Solihull rates	England rates	Regional rate
Smoking in early pregnancy (2018/19)	14.7%	12.3%	14.5%
Smoking prevalence in adults with anxiety or depression (2016/17)	17.4%	25.8%	24.6%
Smoking prevalence in adults with a long-term mental health condition (2021/22)	28.1%	25.2%	27.3%
Smoking prevalence in adults in routine and manual occupations (2020/21)	21.2%	24.5%	24.8%

	<p>In addition to the above, gender, age and educational attainment are statistically significant factors to a person’s likelihood to smoke.</p> <p>Studies show that engaging with specialist smoking cessation services can increase chances of quitting by 3 times⁴. Local smoking cessation services providing an evidence-based combination of behavioral support and NRT are a cost-effective health care intervention, providing saving across the system and to individuals.</p> <p>The new smoking cessation service will have a focus on providing awareness of the harms of smoking and the provision of tobacco and nicotine treatment. The core service offer will be universal and provide open access to all residents of Solihull. The proposed design of the service will deliver a multi-faceted offer comprising of a range of options to engage in which will include face2face at accessible locations across the borough and a digital service. Individuals who are interested in stopping smoking will be provided with information, advice and support tailored to meet their specific goals, with an offer of a range of nicotine replacement therapies (NRT). NRT’s are safe and evidenced as effective with studies showing they can double the chances of quitting smoking for good.</p> <p>The successful provider will be required to implement a service delivery model which meets national guidance and is responsive to the needs of priority groups who are identified as most at risk of the impact of smoking through this assessment.</p> <p>A 2023/24 Tobacco Control Needs Assessment is currently in development, which will provide additional data to support the specification and accompanying KPI’s for the new service contract.</p> <p>The service will compliment NHS funded tobacco treatment services, which are being implanted as part of the NHS Long Term Plan.</p>	
5. Analysis		
Protected characteristics.	<p>Please include below the identified impact positive, neutral, or negative, and what has informed the assessment (eg consultation, service user statistics, research, etc. from the above question</p> <p>Please contact relevant teams such as Public Health, Adult Social Care, HR, Children’s Services, etc. for relevant policies, strategies, and general information as necessary</p>	<p>Please say what actions you intend to take to eliminate any negative impact or make other improvements and include how the actions will be tracked/monitored.</p>

⁴ [Quit smoking - Better Health - NHS \(www.nhs.uk\)](https://www.nhs.uk)

Age	<p><u>Children and young people</u></p> <p>The service will be available to those aged 12 years and over. Until recently young people were not identified as a priority group, however the national increase in young people using vapes may begin to change this.</p> <p>In 2014, 80% of young people who regularly smoke said they had family members who also smoked. It is estimated that 8,838 children in Solihull live in smoking households. Children in a home with a parent who smokes are 4 times more likely to become a smoker themselves. Two thirds of those who try smoking go on to become daily smokers.</p> <p>As children are influenced by adult role models, encouraging adult smokers to quit will remain an important part of reducing prevalence amongst the young and achieving a smokefree generation.</p> <p><u>Adults</u></p> <p>Those aged 25 to 34 years have the highest proportion of current smokers, compared to other age groups, and those aged 65+ have the lowest proportion of smokers.</p> <p>The core service will be universal and therefore available to all adults. The delivery model will include face2face, group work and a digital offer, thereby providing an increased choice to suit individual needs.</p> <p>The Service is expected to have a positive impact on both adults and children, as it will support dissemination of the harms of smoking and vaping to young people. Similarly, adults will have access to specialist support to help them to choose to quit, which will have a positive impact on</p>	<p>Birmingham and Solihull Tobacco Control Alliance (TCA) to maintain oversight of the use of vapes amongst young people aged under 18 years.</p> <p>TCA to lead on a dedicated comms on the use of vapes by those under 18 years.</p> <p>Trading standards to continue to support activity to reduce sales of vapes to those aged under 18 years, and to monitor the type of vapes being sold.</p> <p>Promote smoke-free homes.</p> <p>Provide information to parents who smoke, of the impact on their children.</p> <p>Monitor age demographics of those engaging in service to assess how representative it is of expected prevalence rates across the population.</p> <p>Campaigns to increase public education on the harms of smoking aimed at adults and children to be included within the service specification.</p>
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	their own health & wellbeing, and a long-term positive impact on adults who are parents.	
Disability	<p>People with limited physical activity or who would consider themselves to be in bad health are twice as likely to smoke as those with no limits to physical activity or in good health⁵</p> <p>36.5% of adults with serious mental health issues are smokers in Solihull. It is estimated that a quarter of people with long term mental health conditions smoke. Among those with a diagnosed serious mental health condition, rates are estimated to be around 40.5% in England.</p> <p>Potential barriers to access are physical accessibility and communication with people with sensory impairments and learning disabilities. The service will be delivered through a range of formats, including telephone, online and a digital app for those who may prefer or are unable to access in person.</p> <p>A targeted approach to individuals with a disability will have a positive impact, which will be strengthened by the NHS funded tobacco treatment dedicated offer to individuals in acute and mental health settings, and high-risk mental health outpatients.</p>	<p>The invitation to tender specification will require interested parties to outline how they intend to address physical and communication accessibility issues and their approach to engaging with residents who have a disability.</p> <p>Paper and online resources provided as part of the service delivery will be required to meet the Accessible Information Standards.</p> <p>Smoking clinics will be available at a variety of locations across the borough, and the Provider will be required to provide information on physical access.</p> <p>Progress on implementation and performance on the NHS long term plan smoking strand to be monitored via the TBC. The new service will be required to have pathways connecting from NHS funded tobacco treatments to provide continuity of provision.</p> <p>Equality data from the smoking cessation service will be collated and assessed as part of contract compliance.</p>

⁵ [Health matters: smoking and quitting in England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/health-matters-smoking-and-quitting-in-england)

Sex	<p>In 2021, 15.1% of men smoked compared to 11.5% of women in the UK.</p> <p>The Service will have a neutral impact on sex or gender, as it will not vary, providing open access. There is no available evidence to suggest a need for separate men and women groups.</p>	
Gender identity	<p>No data is available on smoking prevalence for those who have undergone gender reassignment.</p> <p>The service will have a neutral impact on gender identity as it will not vary, providing open access.</p>	<p>The new service will ensure that service users are provided with options on how they self-identify their gender, including if their gender is the same as the sex assigned at birth and options to 'prefer not to say'.</p>
Race	<p>Smoking prevalence varies greatly between ethnic groups and between men and women within these groups. Whilst smoking prevalence is generally lower than that of the general population, some have higher rates, most notably black Caribbean, Bangladeshi and Chinese Men. The use of niche tobacco products (such as shisha and smokeless tobacco) is also higher in certain ethnic groups.</p> <p>The Service is expected to have a positive impact on race through implementing a culturally sensitive targeted approach.</p>	<p>The new service will be expected to deliver a model that encourages engagement from individuals from minority groups. Information will be required to be accessible and access to interpretation services if required.</p> <p>Smoking 'bidis or beedis' is popular amongst Asian communities. Bidis are smaller than cigarettes and they contain a higher concentration of nicotine. As bidis have no lining or filter, they are more harmful as smoke penetrates the body more readily. Beedis are easily available in and around the West Midlands and via the internet.</p> <p>The new service will be expected to explain the dangers of using Shisha or Hookah Lounges which are seen as a social activity that brings people together for cultural reasons and to smoke via 'hookahs'. Although shisha or hookah lounges or bars attract people from middle eastern backgrounds there is some evidence that people from wider cultures, especially males, use the facilities.</p>

		There is evidence that chewing tobacco is more popular in the UK amongst Bangladeshi and Indian women and Pakistani men. Tobacco products are often found in 'pan', a green leaf that is prepared for chewing. There is significant evidence that chewing pan is a major cause of mouth cancer.
Religion or belief	<p>There is no relevant data to inform specific needs linked to religion or belief.</p> <p>The service will have a neutral impact on religion and belief identity, as it will not vary, providing open access.</p>	The service will be promoted to local faith-based groups.
Sexual orientation	<p>Analysis shows that lesbian, gay and bisexual people are more likely to be current cigarette smokers, when compared to heterosexual/straight people. The gap in smoking prevalence was more pronounced for women⁶.</p> <p>The service will have a neutral impact on sexual orientation, as it will not vary by sexual orientation, providing open access to Solihull residents.</p>	LGBTQ is recognised as a hard-to-reach group within Solihull. The Service will be promoted with Birmingham LGBTQ Service to raise awareness of local provision.
Marriage or civil partnership	<p>There is no relevant data to inform specific needs linked to marriage or civil partnership.</p> <p>There is a neutral impact as the service will not vary by marital status, providing open access to all Solihull residents.</p>	
Pregnancy and maternity	Smoking in pregnancy is the single biggest modifiable risk factor for miscarriages, stillbirths, premature birth, and birth defects. Women in the most deprived group are 5	The new service will be required to have pathways connecting from NHS funded tobacco treatments to provide continuity of provision.

⁶ ⁶ [The odds of smoking by sexual orientation in England, 2016 - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/smokinganddrinkinginpregnancy/2016)

	<p>times more likely to smoke in pregnancy than those in the least deprived group.</p> <p>9.3% of women in Solihull smoke at the time of delivery, below the regional rate of 10.1%.</p> <p>The NHS Long Term Plan providing NH funded tobacco treatment services to pregnant women and their partners will have a positive impact.</p> <p>The targeted NHS funded smoking treatment service, combined with a link to the service will have a positive impact on pregnancy and maternity.</p>	
Socio economic factors.	<p>When income and smoking expenditure are taken into account each year in Solihull it is estimated that 4,765 households with a smoker fall below the poverty line.</p> <p>The concentration of smoking and higher levels of tobacco dependency in those already living in hardship compounds inequality and increases in poverty.</p> <p>Smoking has a significant negative effect on individual earnings and employment prospects. Current smokers are 5% less likely to be employed than non-smokers and long-term smokers are 7.5% less likely to be employed. It is estimated that there are 477 people out of work in Solihull due to smoking.</p> <p>In Solihull 24.4% of adults in routine and manual occupations are smokers, which is above the England rate of 23.2% and the regional rate of 22.3%. This is 2.5 times higher than those in professional and managerial work.</p> <p>People living with social and economic hardship find stopping smoking far more difficult. Smoking is more common in the communities they live in, they tend to have started younger and have higher levels of</p>	<p>The service will be required to make connections with the employment and skills hub as a tactic to increase engagement with individuals who are unemployed.</p> <p>The service will provide awareness material and information on local provision to large employers across the borough. Provision of workplace smoking cessation sessions to be considered as part of development.</p> <p>The service will have an enhanced visibility in our areas of deprivation and consider providing a tailored offer which reflects the additional challenges people who smoke and are living with social and economic hardship face when trying to quit.</p>

	<p>dependency on tobacco, all of which make it harder to quit successfully.</p> <p>Targeted provision to individuals who are employed, or with low income is expected to have a positive impact.</p>	
Care leavers	<p>Smoking rates among looked after children (LAC) are significantly higher than in the wider population. Studies show that 27% of LAC are smokers, which is 4.5 times higher than rates for 11–15-year-olds in the wider population. The rate increases to 69% for children living in residential care.</p> <p>There is a negative impact as although the service will provide open access, we recognise that many of our LAC are accommodated in residential settings outside of the borough, so access to the service will be a barrier.</p>	The service will be supported to make connections with our local LAC team.
Carers	<p>The impact of smoking on health shows that current smokers are 2.5 times more likely to require care and support at home and need care on average 10 years earlier than non-smokers. It is estimated that 3,998 people receive informal care from family and friends in Solihull due to a smoking related condition.</p> <p>There is no data available on smoking prevalence for carers, but reducing smoking rates in the population will have a positive impact as it will contribute to reducing the number of people who will require care and support in the future.</p>	
Groups covered under Safeguarding arrangements	Covered in other sections.	
Human Rights	Not identified	

Military status	Not identified		
Health inequalities	Detailed throughout the assessment		
6. Decision making			
Evidence used to support the decision-making process and final decision	A range of sources have been used to complete this assessment. Which include Public Health fingertips, reports and a data dashboard provided by ASH (Action on Smoking) and data provide by ONS (office of national statistics).		
Final decision & Summary of outcome	The FTA has identified the continued need for a local smoking cessation service and has provided a body of evidence to inform how the service needs to be delivered to positively reduce health inequalities in our borough caused by smoking.		
Key actions		Due by	Lead officer
	Conduct stakeholder and public consultations and incorporate relevant feedback into this assessment	September 2023	Kim Westman
	Develop a service specification which reflects the evidence captured in this assessment.	October 2023	Suzanne Thomas
	Include methodology to address inequalities in the ITT document as a scored question.	November 2023	Suzanne Thomas
	Incorporate KPI's linked to priority groups identified in this assessment in the contract and manage through contract review.	April 3023	Suzanne Thomas
	Ensure the new local service is connected to NHS funded tobacco treatment services	July 2023	Suzanne Thomas
7. Communication			
Arrangements for communicating the outcome of the FTA	The outcome will be shared with Public Health leadership, the nominated Provider and the regional Tobacco Control Alliance.		

8. FTA Sign-off			
FTA Lead	Niku Mawby	Date	Signature
Directorate E&D Group or E&D Lead	Leanne Parker	Date	Signature
DLT/Head of Service/ Assistant Director/Director	Public Health DLT	Date	Signature

If you have any queries about completing FTAs that are not contained in the FTA Guidance Note or with completing the FTA, please contact the Equalities Team (phone x6442 or email (equalities@solihull.gov.uk)). Please email the final signed copy of this FTA to the Equalities Team for SMBC's records.

For data protection reasons please do not share the signed copy of the completed FTA with anyone outside of SMBC as signatures could be forged.