

- Note:
- 1) Proposals cannot be implemented until an Equality Screening or EQIA has been completed
 - 2) This template should be completed in conjunction with the accompanying Guidance Notes
 - 3) Completed Screening Templates are public documents and will be posted on the Trust's website

Section 1: INFORMATION ABOUT THE POLICY/PROPOSAL							
(1.1) Name of the policy/proposal	BHSCT Smoke Free Policy						
(1.2) Status of policy/proposal <i>(please underline)</i>	New		Existing			<u>Revised</u>	
(1.3) Department/Service Group: <i>(please underline)</i>	<u>Corporate Services Group</u> <i>(Please specify)</i>	<u>Nursing and User Experience</u>	<u>Un-scheduled and Acute Care</u>	<u>Surgery & Specialist Services</u>	<u>Specialist Hospitals & Women's Health</u>	<u>Children's Community Services</u>	<u>Adult Social & Primary Care</u>
(1.4) Description of the policy including intended aims/outcomes	<p>1.1 Background/ Rationale</p> <p>Smoking is a major cause of death and illness in the UK, In Northern Ireland it is estimated that 2,300 people a year die from a tobacco-related illness and nearly 16.700 people are hospitalised for a smoking –related illness. . Smoking prevalence in Northern Ireland is currently 23% however analysis shows that smoking rates in those areas of highest deprivation are greater than in the most affluent areas. A large number of Northern Ireland's most deprived Ward areas are in Belfast therefore it is imperative that we act to reduce health inequalities and potentially save lives by providing the conditions to assist people to stop smoking. The recognition that smoking and breathing other peoples' smoke (second hand smoke) presents a health hazard is now reflected in smoking legislation which came into effect in April 2007.It is incumbent on the Trust to promote a safe and healthy environment for all staff and those who come into contact with our services.</p>						

Purpose

The purpose of the Belfast Health and Social Care Trust is to “Improve health and wellbeing and reduce inequalities”. The Belfast Trust is committed to positively influencing the health and wellbeing of our staff, patients and visitors. Preventing people smoking or protecting them from passive smoking is one way we hope to positively impact health. This policy will reinforce compliance with the provisions of The Smoking (Northern Ireland) Order 2006 and develop this further to achieve a Smoke Free environment throughout all Trust sites including buildings, exits, entrances, Trust vehicles and grounds.

This policy:

- Designates all Trust workplace buildings, exits and entrances, Trust owned vehicles and grounds as Smoke Free areas from March 2016 with some very limited exemption arrangements which are consistent with current legislation and regulations, it clarifies the duties and responsibilities of all BHSCT staff including those with a managerial remit, in the implementation and operation of the policy.
- The policy applies to all employees of the Trust, also to all patients, clients, contractors, visitors, volunteers and members of the public using our facilities and services.

Exemptions

Some very limited exemptions are listed in the Smoke Free legislation. In line with the Smoking (NI) Order 2006, this Policy is not intended to prevent individuals from smoking in areas of premises, which are considered to be **‘their private residential space’**. Nevertheless, in certain types of residential accommodation balance is needed between allowing people to smoke in their own residential space, and protecting others from exposure to second-hand smoke, including those people who call the premises home, and the people who work there:

- Designated rooms in Residential and Nursing Homes solely caring for people aged 18 or above
- Private accommodation owned by the Trust – e.g. for use as live-in (as opposed to

sleep-in) accommodation by staff or students.

- Supported Living Schemes where the accommodation is rented by the service users / individual service users

1.2 Objectives

- To promote the health and wellbeing of Trust staff, patients and visitors by establishing a Smoke Free environment.
- To ensure all Trust buildings, vehicles and grounds are maintained as Smoke Free from March 2016
- To provide assistance for staff, volunteers, patients and clients who wish to stop smoking.
- To comply with the Smoking (Northern Ireland) Order 2006.
- To promote a culture of non-smoking within Belfast Trust's catchment population.
- To set a positive and responsible corporate example to the public through our actions.
- To reduce the effects of passive smoking.
- To improve the environment and reduce littering that is associated with smoking.
- To ensure that all patients, staff and visitors are informed of the Smoke Free policy and the expectation to comply.

2.0 SCOPE OF THE POLICY

1. This Policy designates all Trust workplace buildings, exits, entrances, grounds and Trust-owned vehicles as Smoke Free areas from March 2016 with some very limited exemption arrangements which are consistent with current legislation and regulation.
2. Clarifies the duties and responsibilities of all staff including those with a managerial remit, in the implementation and operation of the Policy.
3. The Policy applies to all employees of the Trust, also to all patients, clients, contractors, visitors, volunteers and members of the public using our facilities and services.

4 The Policy also prohibits the use of electronic cigarettes across Smoke Free Trust sites.

The Trust has a responsibility to protect the health and wellbeing of all those who use our services and facilities, including employees, patients, clients, carers, volunteers, visitors and contractors. Working to develop a Smoke Free environment will demonstrate the Trust's commitment to reducing the incidence of smoking related diseases. In particular, the Policy takes account of:

- The Smoking (Northern Ireland) Order 2006, which seeks to establish comprehensive control on smoking in enclosed workplaces and public places by April 2007; and
- The employer's obligations under the Health and Safety at Work (Northern Ireland) Order 1978 – Article 4 states that employers “have a duty to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all their employees”.
- **Ten-Year Tobacco Control Strategy for Northern Ireland (2012)**
http://www.dhsspsni.gov.uk/tobacco_strategy_-_final.pdf
- Ministerial Announcement March 2015 <http://www.northernireland.gov.uk/index/media-centre/news-departments/news-dhssps/news-dhssps-110315-smoke-free-policy.htm>
Making Life Better- A Whole System Strategic Framework for Public Health 2013-2023
<http://www.dhsspsni.gov.uk/index/mlb.htm>

The Belfast Trust has taken a number of steps to ensure that consultation and engagement with all stake holders has and will take place to ensure that all stakeholders are aware of the implementation of the policy. The Trust is cognisant of its legal obligations in terms, Section 75, Human Rights, Disability Discrimination Act and the Race Relations Order .The Trust will ensure that during the consultation, engagement and provision of information regarding this policy, the needs of all stakeholders regarding the communication of this policy in alternative formats, interpreting and translation will be provided when required.

(1.5) How will the policy/proposal be implemented?

The Director of Nursing and User Experience is responsible for monitoring, co-ordinating and developing the policy under the direction of the Chief Executive. Managers will ensure that staff, for whom they are responsible, are aware of and adhere to this policy. The policy will be adopted at all levels of management. All staff employed by the Trust have a responsibility to accept their personal involvement in the application of the Smoke Free Policy. The Trust will ensure that adequate resources are made available to meet

the objectives of the policy.

In addition in order to ensure a consistent application of the policy throughout the Trust an Implementation Group under the Chair of the Director of Nursing and User Experience has been established. Membership will include representatives from Directorates, Estates, Health Improvement, Communications, Health and Safety, Staff Side, Patient Representative & Human Resources.

In addition the following actions will be required to ensure successful implementation.

Human Resources

Policy included in induction for new staff.

Health Improvement

Co-ordinated provision of training and support in relation to smoking cessation.

Occupational Health

Support and assistance provided for smokers who wish to stop smoking and signpost and refer to Smoking Cessation Service.

Estates Department

Provision of legislation-compliant Signage

Designation of exempted Rooms in Residential facilities/ partially shared private accommodation is compliant with Smoking Order Regulations

Provision of bins at appropriate locations suitable for extinguishing cigarettes

Tenancy agreements for live-in accommodation

Arranging marking of exclusion zones

Corporate Communications Communication Plan

Production, distribution of leaflets

Use of Trust-wide/ Corporate media to promote awareness and compliance.

Facility Managers

Identify any signage issues and liaise with Estates to address.

Identify need for designation of smoking room(s), if permitted under legislation and liaise with Estates.

	<p>Identification of issues concerning smoking outside Trust buildings.</p> <p>Line managers Ensuring all employees are aware and comply with the Policy. Dissemination of Guidance on application of Policy during visits to patients and clients in their own homes. Document and instigate action in cases of non-compliance. Support staff in the application of the policy</p> <p>Admissions / Attendance at appointments Ensure all documentation issued to invite patients for appointment / admission, clearly advise of Smoke Free policy</p> <p>Sales of tobacco in any form will not be permitted in any Trust premises in accordance with DHSSPS instructions.</p>
<p>(1.6) Who are the internal and external stakeholders (actual or potential) that the policy/proposal could impact upon? <i>(E.g. service users/staff/ other public sector organisations/trade unions/ professional bodies/independent, voluntary or community sector)</i></p>	<ol style="list-style-type: none"> 1. Health and social care staff 2. Actual and potential service users 3. Carers 4. volunteers, 5. General public – for example visitors 6. Other public sector organisations – for example – NI Ambulance Service 7. Private Sector Organisations for example – on site contract workers 8. Volunteers 9. Voluntary & Community Groups. 10. Trade Unions
<p>Section 2: CLASSIFICATION OF POLICY <i>The purpose of this Section is to identify those policies/proposals which have no impact on equality e.g. policies of a purely clinical or technical nature.</i></p> <p><i>It should be noted however that the majority of policies /proposals will have some equality impact on staff and/or service users and will require the completion of the entire template.</i></p>	

PART A:		Yes	No
(2A.1) Is there an impact on equality of opportunity for those affected by this policy, for each of the S75* equality categories?			✓
(2A.2) Are there better opportunities to promote equality of opportunity for people within the S75 categories?			✓
(2A.3) Does the policy impact upon good relations between people of a different religious belief, political opinion or racial group?			✓
(2A.4) Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?			✓
(2A.5) Are there opportunities to encourage disabled people to participate in public life and promote positive attitudes toward disabled people?		✓	
(2A.6) Does the policy/proposal impact on Human Rights?		✓	
(2A.7) If you have answered Yes to any of the above questions proceed to Section 2B overleaf.			
If you have answered No to all of the above questions the policy may be screened out at this stage. Please give reasons supporting this decision below then sign and date below then forward to the Health & Social Inequalities Team for consideration Lesley.Jamieson@belfasttrust.hscni.net			
Approved Lead Officer:		<i>Countersigned by:</i>	
Position:		Health Inequalities Manager:	
Date:		Employment Equality Manager:	

**S75 Equality Categories: Age * Dependants * Disability * Gender * Marital - Civil Partnership Status * Political Opinion **

PART B

(2B.1)

Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/ proposal? *Financial, legislative or other constraints?*

The fact that this policy is being implemented as part of a regional approach to smoke free sites should contribute to its success.

A detracting factor could be that the successful implementation of this policy is based on compliance by all stakeholders and we will have to continually work to ensure that everyone sees the implementation as their responsibility.

(2B.2)

Other policies/strategies/information with a bearing on this policy/proposal (*for example internal or regional policies*) - What are they and who owns them?

- The Smoking (Northern Ireland) Order 2006, which seeks to establish comprehensive control on smoking in enclosed workplaces and public places by April 2007; and The employer's obligations under the Health and Safety at Work (Northern Ireland) Order 1978 The Health and Safety at Work Order (NI) 1978, requires employers to ensure the health, safety and welfare of employees – Article 4 states that employers “have a duty to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all their employees”.

- **Ten-Year Tobacco Control Strategy for Northern Ireland (2012)** aspires, by 2020, to reduce the proportion of adults smoking to 15% and ultimately to create a tobacco - free society. http://www.dhsspsni.gov.uk/tobacco_strategy_-_final.pdf
- Ministerial Announcement March 2015 <http://www.northernireland.gov.uk/index/media-centre/news-departments/news-dhssps/news-dhssps-110315-smoke-free-policy.htm> Making Life Better- A Whole System Strategic Framework for Public Health 2013-2023 <http://www.dhsspsni.gov.uk/index/mlb.htm>
 - The Human Rights Act
 - Disability Discrimination Act
 -

Tobacco addiction is noted as a disease by the World Health Organisation (WHO), therefore the management of tobacco addiction is an important care issue not only for our current service users / patients but also is integral to the prevention of chronic disease. It is an essential part of Investing for Health Strategy (DHSSPSNI, 2002), and stop smoking services are also integral to Transforming Your Care (DHSSPSNI, 2012).

(2B.3)

Provide details of how you have or how you intend to involve stakeholders (refer 1.6 above) when screening this policy/proposal

Meetings

A Trust Smoke Free Grounds Implementation Group was established which consists of representatives from all Directorates and Staff side under the Chair of the Director of Nursing to develop an action plan to address:

- Consultation process, staff, visitors and service users
- Communication plan, internal and external- preparation on-going, 3 Consultant Medical staff to Champion the initiative with TV / Radio inputs.
- Training plan for staff –plan in place to roll out training
- Smoking cessation support – additional staff are being trained in specialist support

The Trust is represented on the Regional Smoke Free Grounds Group under the Chair of the Regional Tobacco lead PHA and works in partnership with other Health and Social Care Trusts. The Trust, together with other HSC Trust and public agencies were involved in the regional seminar held in March 2015.

Smoke Free Grounds Survey

Trust Joint Negotiating and Consultative Forum- a presentation was made to the Forum in Jan 2015 and following a full discussion there was an agreement to jointly work on ensuring a workable policy that could be supported by all staff within the Trust.

During December 2014 the Belfast HSC Trust conducted a survey to ascertain staff, visitors and service users' views on the proposal to move to smoke free grounds. The survey was advertised on the Trusts Internet, Intranet and Trust Facebook page and Twitter account. In addition site surveys were carried out at the Trusts 4 main sites, RVH, BCH, Musgrave Park Hospital, and MIH. The Trust received 1162 responses with 74 % agreeing that we should move to Smoke Free Grounds.

Corporate Communications - Communication Plan:

- Production, distribution of leaflets
- Smoke Free section on Trust website
- Smoke free features on Trust intranet and internet sites
- Use of Trust-wide/ Corporate media to promote awareness and compliance.
- A range of publicity, signage and information leaflets including initial banners for the 6 main hospital sites (BCH, RVH, MIH, GPK, Knockbracken and MAH) have been used and will continue to be used. The publicity campaign Banners include: , Initial Countdown Banners for all 6 Trust sites, Post Implementation Banners for all 6 sites along with information leaflets, media campaigns
- There will be a countdown to smoke free grounds followed by signage detailing that the sites are now smoke free, with both banners detailing support available for people to stop smoking.
- The smoke free policy will be included in induction for new staff.
- Line managers will ensure all employees are aware and comply with the Policy.
- 28 day work place challenge October 2015
- Dissemination of Guidance on application of Policy during visits to patients and clients in their own homes.
- The smoke free policy will be clearly marked on information provided to patients on Admissions / Attendance at appointments.

Assistance for people who wish to give up smoking

The Trust will offer a wide range of help and support to those who wish to give up smoking, including to BHSC staff. This will be co-ordinated through the Health Improvement Department. Staff who experience difficulty in adjusting to the Smoke Free policy can;

- Discuss the issue with their immediate line manager

-Access support through the BHSCT Smoking Cessation Service

There will be co-ordinated provision of training and support in relation to smoking cessation.

The Trust has also been working with the Public Health Agency and the other Health & Social Service Trusts in the development of the policy and the implementation of a regional approach to involve stakeholders and publicise the smoke free policy.

Section 3: AVAILABLE EVIDENCE , CONSIDERATION OF IMPACTS AND MITIGATION

You will need to collect quantitative and qualitative equality data for those service users and staff affected using the templates provided in Tables 1 & 2 at the end of this document.

Taking into account this data and the information gathered in Sections 1&2 you should now identify, for each of the nine Section 75 categories, the level of impact, mitigation measures and opportunities to better promote equality of opportunity.

NB: Where both staff and service users are impacted, a separate table for each is required.

3A) SERVICE USERS

Equality Category	Level of Impact			Mitigation Measures and consideration of alternative policies or actions that might lessen the severity of the equality impact (where Major or Minor Impact identified)
	Major	Minor	None	
Age		✓		The original policy referred to 'designated rooms in residential and nursing homes solely caring for people aged 16 or over'. "The Smoke Free Amendment (Regulations) 2008 increased this age limit from 16 to 18 years, when the age of sale of tobacco products was raised from 16 to 18 years in NI. The Smoke Free Policy document has been amended accordingly.
Dependant Status			✓	
Disability		✓		This policy may impact on service users that reside in accommodation that is regarded as <i>their private residential space</i> , which may include people with a

				disability however, exemptions have been incorporated.
Gender			✓	
Marital Status			✓	
Race (Ethnicity)			✓	
Religion			✓	
Political Opinion			✓	
Sexual Orientation			✓	
Multiple Identity e.g. disabled minority ethnic people or young Protestant men.			✓	

3B) STAFF

Equality Category	Level of Impact			Mitigation Measures and consideration of alternative policies or actions that might lessen the severity of the equality impact (where Major or Minor Impact identified)
	Major	Minor	None	
Age			✓	
Dependant Status			✓	
Disability			✓	
Gender			✓	
Marital Status			✓	

Race	Ethnicity			✓	
	Nationality			✓	
Religion	Community Background			✓	
	Religious Belief			✓	
Political Opinion				✓	
Sexual Orientation				✓	
Multiple Identity e.g. female staff with caring responsibilities				✓	

Section 4: GOOD RELATIONS

To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group?

Good relations category	Level of impact			Mitigation Measures and consideration of alternative policies or actions that might lessen the severity of the equality impact (where Major or Minor Impact identified)
	Major	Minor	None	
Religious belief			✓	Belfast Trust does not envisage any impact in terms of good relations. All Trust staff attend mandatory Equality, Human Rights and Good Relations training which includes reference to the Good Relations duty. The Trust has a clear and well defined Good Relations strategy ' Healthy Relations for A Healthy Future 2 ' whereby the corporate commitment to Good Relations is underlined.
Political opinion			✓	
Racial group			✓	

				<p>The Trust will ensure that all services and all facilities are welcoming to all patients their carers and advocates regardless of their religious affiliation, political opinion and racial group.</p> <p>Materials will be provided in different languages for those who are not proficient in English as a first and second competent language.</p>
--	--	--	--	--

Section 5: DISABILITY DUTIES

How does the policy/proposal or decision currently encourage disabled people to participate in public life and promote positive attitudes towards disabled people? Consider what other measures you could take.

For example, have staff received disability equality training or training on the Trust's Patient and Client Experience Standards?

The Trust is committed to ensuring equality of opportunity for all service users and staff in terms of disability and complies with the Disability Discrimination Act 1995, the United Nations Convention on the Rights of people with disabilities. The Human Rights Act 1998 and Section 75 of the Northern Ireland act 1998. The Trust has a number of policies/strategies in place including the Disability Action Plan, aimed at encouraging disabled people to participate in public life and promote positive attitudes towards disabled people.

All staff has access to Disability awareness training.

Section 6: HUMAN RIGHTS

Does the policy/proposal affect human rights in a positive or negative way?

NB: If you identify potential negative impact in relation to any of the Articles seek advice from your line manager and/or a representative from the Equality Team. It may also be necessary to seek legal advice.

Article	Positive impact	Negative impact *	Neutral impact
A2: Right to life	✓		
A3: Right to freedom from torture, inhuman or degrading treatment or punishment			✓
A4: Right to freedom from slavery, servitude & forced or compulsory labour			✓
A5: Right to liberty & security of person			✓
A6: Right to a fair & public trial within a reasonable time			✓
A7: Right to freedom from retrospective criminal law & no punishment without law			✓
A8: Right to respect for private & family life, home and correspondence.			✓
A9: Right to freedom of thought, conscience & religion			✓
A10: Right to freedom of expression			✓
A11: Right to freedom of assembly & association			✓
A12: Right to marry & found a family			✓
A14: Prohibition of discrimination in the enjoyment of the convention rights			✓
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			✓
1st protocol Article 2 – Right of access to education			✓

Please outline any actions you will take to promote awareness of human rights and evidence that human rights have been taken into consideration in decision making processes.

The Belfast Trust understands that equality and Human Rights are inextricably interlinked. The Trust's corporate values of respect and dignity are two of the core principles under the Human Rights Act. The principles of human rights are embedded and mainstreamed throughout Trust policies and procedures. Each member of Trust staff is obliged to attend Trust Equality, Good Relation and Human Rights training.

Belfast Trust delivers human rights training and training in regard to the United Nations Convention on Rights of Persons with Disabilities and the UN Convention on the Rights of Children. The Trust has committed to work in partnership to develop a human rights based approach to health and social care.

* A negative impact is where human rights have been interfered with or restricted

Section 7: SCREENING DECISION	Major	Minor	None
(7.1) How would you categorise the impacts of this policy/proposal?		✓	
(7.2) If you have identified any impact, what mitigation have you considered to address this?	<p>The smoke free policy may have a minor impact on staff and service users that smoke, however, the Purpose of the Belfast Health and Social Care Trust is to “Improve health and wellbeing and reduce inequalities”. The Belfast Trust is committed to positively influencing the health and wellbeing of our staff, patients and visitors. Preventing people smoking or protecting them from passive smoking is one way we hope to positively impact health. This policy will reinforce compliance with the provisions of The Smoking (Northern Ireland) Order 2006. The proposal to introduce a smoke free site policy has received overwhelming support from staff, service users and the public, (74%) . For those staff and service users that require support with this policy or stopping smoking, this will be provided.</p> <p>Limited exemptions have been made for those service users whose accommodation is considered to be ‘their private residential space’.</p> <p>The Trust has also implemented and continues to implement a comprehensive publicity campaign to ensure that all staff, service users and the public is aware of the proposal and the mechanisms in place to support staff, service users and the public.</p>		
(7.2) Do you consider the policy/proposal needs to be subjected to on-going screening?	Yes ✓	No	Reasons To ensure that monitoring of the policy takes place over a period of time.
(7.3) Do you think the policy/proposal should be subject to an Equality Impact Assessment (EQIA)? <i>NB: A full Equality Impact Assessment (EQIA) is usually confined to those policies or proposals considered to have major implications for equality of opportunity.</i>	Yes	No ✓	Reasons There is no evidence to show that the proposal will have a major adverse impact.
(7.4) Monitoring- Please detail how you will monitor the effect of the policy/proposal for equality of opportunity and	The Trust monitoring framework developed in relation to the monitoring of service change impact in relation to of Section 75 groups will be followed.		

good relations, disability duties and human rights?

Please sign and date below and forward to the Health & Social Inequalities Team Lesley.Jamieson@belfasttrust.hscni.net

Approved Lead Officer	Bryan Nelson	Countersigned by:	
Position	Co Director Public Health	Equality and Corporate Planning Lead	Orla Barron 5/1/21
Date	30/11/2020	Employment Equality Manager	

Tables 1 and 2: **Qualitative and Quantitative Data required to assess level of impact, mitigation and opportunities to better promote equality of opportunity** (As referred to in Section 3)

Table 1: SERVICE USERS *2011 Census Data unless otherwise stated

Equality Category	Service users	Quantitative Data*		Qualitative Data (Needs, Experiences, Priorities)
		Belfast / Castlereagh population	Service users affected	
1. Age	0-16 16-24 25-34 35-44 45-54 55-64 65+	22% 11% 12% 14% 14% 12% 15%	All service users	<p>NI Direct, Gov Services in Northern Ireland state that around 2,300 people die from smoking related illnesses each year. In the UK one person dies from a smoking-related disease every four minutes. Smoking causes:</p> <ul style="list-style-type: none"> lung cancer (smoking causes over 80 per cent of all lung cancer deaths), heart disease. Bronchitis, strokes, stomach ulcers, leukaemia, gangrene, other cancers, for example mouth and throat cancer <p>Children exposed to secondhand smoke are twice as likely to get chest illnesses such as: croup, pneumonia, bronchitis and bronchiolitis.</p> <p>The British Medical Association state that around 24% of people smoke and in Northern Ireland nearly 16,700 people are believed to be admitted to</p>

hospital for smoking-related illnesses each year.

Key smoking facts

- Smoking is the single greatest cause of preventable illness and premature death
- It is a major risk factor for cancers, coronary heart disease, strokes and other diseases of the circulatory system
- More than 2,300 people die in Northern Ireland each year from smoking related illnesses (this equates to more than 6 people a day, 44 individuals every week)
- Latest research puts smoking prevalence at 24% amongst people aged 16 years and over. This varies depending on the socio-economic group as shown in Table 1:
- 82% of adult smokers started smoking in their teens or younger.
- In 2010, 8% of children aged 11 to 16 in Northern Ireland were current

Smokers

As is the case with a number of public health issues, tobacco-related illness and death does not affect all sections of our society equally. It has a greater impact on people living in areas of social or economic deprivation. Overall, almost one in four adults in Northern Ireland are current smokers. In deprived areas this increases to one in three, whilst amongst the prison population, and for those with mental ill-health, smoking prevalence rates are considerably higher and one in two will die as a result of smoking.

It has been estimated that children who start smoking at age 15 are three times more likely to die of cancer due to smoking than the already high rate for a young person who becomes addicted to tobacco in their mid-twenties. The harm caused by tobacco smoke also extends to non-smokers through exposure to second-hand smoke, with children and unborn babies being particularly vulnerable. (Ten-Year Tobacco Control Strategy for Northern Ireland DHSSPSNI 2012)

The above statistics illustrate the harmful effects of smoking for all age groups in Northern Ireland. They also show inequalities in areas of social and economic deprivation. The Belfast Trust is located in and close to a

				<p>number of areas of social and economic deprivation and it is likely that a high proportion of service users and staff live in these areas. The aim of the Belfast Trust is to improve health and wellbeing and reduce health inequalities. This proposal is aimed at improving the health of all stakeholders and reducing health inequalities. There is no information to evidence that the proposal would have an adverse impact with regard to age.</p>
<p>2. Dependent Status</p>	<p>Caring for a child dependant older person/ person with a disability</p> <p>None Not known</p>	<p>12% of usually resident population provide unpaid care</p>		<p>Census statistics 2011 state that 12% of the Belfast Trust population provide unpaid care to family, friends, neighbours or others – nonetheless this figure decreases with age and increased prevalence of disability.</p> <p>This proposal will have a positive impact on all service users including carers and their dependants. There is no indication of an adverse impact in terms of dependent status.</p>
<p>3. Disability</p>	<p>Yes No Not known</p>	<p>21% 69% n/a</p>		<p>21% or 1 in 4 of the population in Northern Ireland has a disability which rises to 24% in Belfast.</p> <p>There is a strong link between smoking and mental health disorders, with smoking being responsible for a large proportion of the excess mortality of people with mental illness (.Brown S, Barraclough B, Inskip H (2000) Causes of the excess mortality of schizophrenia. <i>British Journal of Psychiatry</i>), Smoking occurs at much higher rates in this population group, with almost half of total tobacco consumption and smoking-related deaths occurring in those who suffer from a mental disorder (Royal College of Psychiatrists Position Statement PS4/2010 – No health without public mental health – the case for action.) This proposal is aimed at improving the health and wellbeing of all the population, it is therefore anticipated that it will have a positive impact with regard to disability.</p> <p>The policy has considered the needs of and made exemptions for service</p>

				<p>users that are housed in accommodation that is regarded as <i>their private residential space</i>' which may include service users with a disability.. If support is required in terms of communicating this policy with regard to disability, alternative formats will be used.</p>
4. Gender	Female Male	51% 49%		<p>In 2010/11, under a quarter of adults (24%) were smokers, a decrease from 1990/91 when almost one third (32%) were smokers. In 2010/11, smoking prevalence amongst men and women was 25% and 23% respectively. Smoking prevalence by gender 1990/91 – 2010/11 (percentages) <i>Source: Continuous Household Survey 1990/91 to 2009/10 & Health Survey Northern Ireland 2010/11</i></p> <p>Smoking-related hospital admissions The number of people admitted for smoking-related illnesses rose from 16,050 in 2006/07 to a high of 17,310 in 2008/09, then fell to 16,023 in 2009/10 before rising to 16,751 in 2010/11. Male admissions consistently accounted for almost two-thirds of all admissions (63 – 65% of admissions). (Smoke-Free Legislation in Northern Ireland, A Three Year Review, DHSPSNI 2013)</p> <p>The Infant Feeding Survey 2010 shows that 28% of mothers in Northern Ireland smoked before pregnancy while 15% continued to smoke during pregnancy, indicating that 13% managed to quit. Smoking in pregnancy increases infant mortality by about 40%</p> <p>Given the rates of smoking between men and women it is probable that this proposal will have a positive impact in terms of gender.</p>
5. Marital Status	Married/Civil P'ship Single Other/Not known	47% 36% 17%		<p>The majority of service users in Belfast and Castlereagh are married (47%) with 36% single. There is no information to indicate this proposal would have an adverse impact in terms of marital status. Due to the nature of the proposal it is likely that it will have a beneficial impact.</p>

6. Race Ethnicity	White Black/Minority Ethnic Not known	98% 2% n/a		<p>The majority of the population in the Belfast area are white. Smoking prevalence between ethnic groups varies greatly and particularly between men and women within them. In terms of UK wide statistics, according to Sporston and Mindell (2004), and Robinson and Bugler (2008), the prevalence of smoking among minority ethnic groups has failed to decrease in line with the general population. This proposal is aimed at improving health and wellbeing and having a positive impact for all the population.</p> <p>If support is required in terms of communicating this policy for people that do not speak English as a first language, interpreters and translation will be provided.</p>
7. Religion	Roman Catholic	41%		<p>Information from NISRA's Continuous Household Survey 2009/10 indicates that in Northern Ireland 28% of the Catholic religion smoke and 20% of the Protestant religion smoke. There is no information provided on other religions.</p> <p>This proposal is aimed at improving and protecting the health of the whole population. There is no information to suggest an adverse impact in terms of religion.</p>
	Presbyterian Church of Ireland Methodist Other Christian	42%		
	Buddhist Hindu Jewish Muslim Sikh Other None	17%		

<p>8. Political Opinion</p> <p><i>*2011 Assembly election</i></p>	<p>Broadly Nationalist Broadly Unionist Other Do not wish to answer/ Unknown</p>	<p>45% 48% 2% 5%</p>		<p>There is no information to suggest the proposal would have an impact in terms of political opinion.</p>
<p>9. Sexual Orientation</p> <p><i>*2012 report by Disability Action & Rainbow Project</i></p>	<p>Opposite sex Same sex Same and Opposite sex Do not wish to answer /Not known</p>	<p>Estimated 6 - 10% of persons identify as lesbian, gay, bisexual</p>		<p>The Rainbow Research (2008) which estimates that approximately 10% of the population is LGB. M According to the office for national statistics, 2010 report 'Measuring Sexual Identity: An Evaluation Report :</p> <p>Adults aged 18 and over who identified as LGB were more likely to be smokers, or to have smoked in the past, than those who identified as heterosexual or straight:</p> <p>2.6 per cent of heterosexual respondents reported to currently smoke cigarettes and 35.4 per cent as ex-smokers. In comparison, 33.6 per cent of people who identified as LGB currently smoked and 32.1 per cent were ex-smokers</p> <p>2.0 per cent of adults who identified as heterosexual have never smoked, compared with 34.4 per cent of people who identified as LGB</p> <ul style="list-style-type: none"> • Adults aged 18 and over who identified as bisexual were less likely to smoke than those who identified as gay or lesbian: 41.2 per cent of bisexual respondents had never smoked compared with 31.1 per cent of gay/lesbian respondents <p>It is anticipated that this proposal will have a positive impact on all service users and would not have an adverse impact in terms of sexual orientation.</p>

Table 2: STAFF *@January 2015

Equality Category	Groups	Quantitative Data		Qualitative Data
		Trust workforce*	Staff affected	
1. Age	<25 25-34 35-44 45-54 55-64 65+	4% 24% 26% 29% 15% 2%	The proposal will impact on all staff.	<p>The majority of the Trust workforce are aged between 25 and 29 years. The majority of staff and the public that responded to the Trust survey were aged between 30 and 59 years, 46% said that they had smoked while 17% said that they now smoked. 48% of those that smoked said they would like to stop smoking. 69% of respondees felt it would not be difficult to comply if the Trust implemented Smoke Free sites.</p> <p>This proposal is aimed at improving the health and wellbeing of staff and supporting those staff that want to stop smoking. Over all 74% of staff and the public support the Smoke Free policy. There is no evidence that this proposal would have an adverse impact on staff regarding age.</p>
2. Dependant Status	Dependants No Dependants Not known	22% 21% 57%		<p>There is no information of adverse impact on staff due to dependant status. The proposal is aimed at having a positive impact in terms of health and wellbeing.</p>
3. Disability	Yes No Not known	2% 68% 30%		<p>2% of the Trust work force stated that they have a disability. Statistics show that smoking is the cause of ill health leading to disability. The proposal is aimed at having a beneficial impact for all staff including those with a disability.</p>
4. Gender	Female	78%		<p>The majority of Trust staff are female. Smoking statistics for Northern Ireland indicate a slightly higher percentage of males than females smoke.</p> <p>This proposal is aimed at improving the health and wellbeing of all staff and</p>

	Male	22%		supporting those staff that want to stop smoking. Over all 74% of staff support the Smoke Free policy. There is no evidence that this proposal would have an adverse impact regarding gender.
5. Marital Status	Married/ Civil P'ship Single Other/Not known	55% 33% 12%		The majority of Trust staff are married. There is no information to suggest that this proposal would have an adverse impact on staff due to marital status.
6. Race				
a) Ethnicity	BME White Not Known	4% 80% 16%		The majority of staff are white. The majority of staff that took part in the Trust survey supported the smoke free policy. There is no information to indicate that the proposal would have an adverse impact on staff in terms of ethnicity.
b) Nationality	GB Irish Northern Irish Other Not known	15% 8% 2% 1% 74%		There is no information to evidence the proposal would have an adverse impact regarding nationality.
7. Religion				
a) Community Background	Protestant Roman Catholic Neither	44% 50% 6%		The majority of staff are from the Roman Catholic religion with slightly less from the Protestant religion. There is no evidence to suggest the policy would have an adverse impact regarding religion or community background.

b) Religious Belief	Christian Other No religious belief Not known	26% 1% 7% 66%		As above
8. Political Opinion <i>*2011 Assembly election</i>	Broadly Nationalist Broadly Unionist Other Do not wish to answer/ Unknown	6% 7% 8% 79%		The majority of Trust staff did not wish to reveal their political opinion. There is no information to suggest the smoke free proposal would be an adverse impact on staff in relation to political opinion.
9. Sexual Orientation	Opposite sex Same sex or both sexes Do not wish to answer /Not known	39% 1% 60%		The majority of staff has indicated they are attracted to the opposite sex. There is no evidence to suggest that the proposal would have an impact on staff in terms of sexual orientation.

