

Equality Impact Assessment / Equality Analysis

Title of service or policy	B&NES Alcohol Harm Reduction Strategy (2014 – 2019)
Name of directorate and service	People and communities – Public Health
Name and role of officers completing the EIA	Cathy McMahon, Public Health Development and commissioning manager
Date of assessment	6 th November 2014

Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The primary concern is to identify any discriminatory or negative consequences for a particular group or sector of the community. Equality impact Assessments (EIAs) can be carried out in relation to service delivery as well as employment policies and strategies.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EIA) or Equality Analysis on a policy, service or function. It is intended that this is used as a working document throughout the process, with a final version including the action plan section being published on the Council's and NHS Bath and North East Somerset's websites.

1.	Identify the aims of the policy or service and how it is implemented.	
	Key questions	Answers / Notes
1.1	<p>Briefly describe purpose of the service/policy including</p> <ul style="list-style-type: none"> • How the service/policy is delivered and by whom • If responsibility for its implementation is shared with other departments or organisations • Intended outcomes 	<p>The purpose of the Strategy is to reduce alcohol related harm across Bath and North East Somerset. The Strategic vision is 'a cultural environment where everyone can have fun and enjoy themselves safely, with or without alcohol'. Its intended outcomes are:</p> <ul style="list-style-type: none"> • Children grow up free from alcohol related harm • Communities are safe from alcohol related harm • People can enjoy alcohol in a way that minimises harm to themselves • People can access support that promotes and enables sustained recovery <p>The B&NES Alcohol Harm Reduction Steering Group will co-ordinate delivery of this Strategy through a Outcomes Action Plan. Each outcome will have a lead officer who will take responsibility for driving forward the relevant actions to achieve the outcome. The Group will co-ordinate directly with key partnerships on delivery of outcome action plans including the Young People's Substance Misuse Group, Night Time Economy Group and the Responsible Authorities Group, Joint Commissioning Group for Substance Misuse.</p>
1.2	<p>Provide brief details of the scope of the policy or service being reviewed, for example:</p> <ul style="list-style-type: none"> • Is it a new service/policy or 	<p>This Strategy is a refresh of the B&NES Alcohol Harm Reduction Strategy (2012).</p>

	<p>review of an existing one?</p> <ul style="list-style-type: none"> • Is it a national requirement?). • How much room for review is there? 	
1.3	<p>Do the aims of this policy link to or conflict with any other policies of the Council?</p>	<p>Reducing alcohol-related harm, by encouraging a more sensible drinking culture, will help to the Council to achieve a range of indicators outlined in the Public Health Outcomes Framework for England 2013 – 2016. These include reducing the number of:</p> <ul style="list-style-type: none"> • people killed or seriously injured on our roads • alcohol related hospital admissions • falls and injuries among the over-65s • deaths from cardiovascular disease (including heart disease and stroke), cancer and liver disease • low birth weight babies • violent crimes (including sexual violence) and domestic abuse • pupil absences • chlamydia diagnoses among young people aged 15–24 years <p>The Strategy contributes to the delivery of the outcomes of the Joint Health and Wellbeing Strategy, in particular under the theme of ‘Helping people to stay healthy’ and the specific objective to reduce rates of alcohol misuse.</p> <p>The Strategy contributes towards the delivery of B&NES Clinical Commissioning Group Strategic plan and joint working on shared outcomes will contribute towards reduced costs across the health and</p>

		social care system.
2. Consideration of available data, research and information		
<p>Monitoring data and other information should be used to help you analyse whether you are delivering a fair and equal service. Please consider the availability of the following as potential sources:</p> <ul style="list-style-type: none"> • Demographic data and other statistics, including census findings • Recent research findings (local and national) • Results from consultation or engagement you have undertaken • Service user monitoring data (including ethnicity, gender, disability, religion/belief, sexual orientation and age) • Information from relevant groups or agencies, for example trade unions and voluntary/community organisations • Analysis of records of enquiries about your service, or complaints or compliments about them • Recommendations of external inspections or audit reports 		
	Key questions	Data, research and information that you can refer to
2.1	What is the equalities profile of the team delivering the service/policy?	Consideration of equalities issues and addressing health inequalities form part of the Contracts of all service providers delivering services related to Alcohol misuse.
2.2	What equalities training have staff received?	Staff are required to have generic equalities training as part of their mandatory induction training and to supplement this with additional training in specialist areas where appropriate.
2.3	What is the equalities profile of service users?	<p>60% of all alcohol related hospital admissions are people over 60</p> <p>People living in the most deprived areas of Bath and North East Somerset are significantly more likely to be admitted for an alcohol related condition than those living in the least deprived areas.</p>

		<p>Bath and North East Somerset has significantly higher rates of under 18's admitted to hospital for alcohol specific conditions than nationally. Approximately 45% of young people's admissions are children under 16 and the majority of admissions are girls.</p> <p>60% of adults seen by the RUH alcohol liaison service (from Dec – June 2013) were also experiencing mental health issues.</p> <p>The estimated number of people in B&NES dependent on alcohol is 6,854 of all people aged 18 - 64 years. During 12/13 there were 388 people in treatment for alcohol misuse in B&NES. This represents 5.7% of the estimated population of dependent drinkers locally. Numbers in treatment have risen significantly since 2009 and this trend has continued in 13/14.</p> <p>In 2013, 22% of B&NES secondary school pupils (Yr8 and Yr10) reported 'drinking alcohol in the last week' compared to 30% in 2011.</p>
2.4	What other data do you have in terms of service users or staff? (e.g results of customer satisfaction surveys, consultation findings). Are there any gaps?	<p>There is a significant difference in self-reported exposure to alcohol (drinking in the last week) for primary school pupils who qualify for free school meals compared to those who do not qualify for free school meals.</p> <p>Girls self-report higher levels of drinking and are over represented in treatment services for alcohol misuse and also in alcohol related hospital admissions.</p> <p>Qualitative feedback from young people using treatment services (Project 28) is consistently positive and satisfaction is high</p> <p>When asked in 2012 about drunk and rowdy behaviour in public places in their local area, 21% of voice box survey respondents believed it was either a very big problem, or a fairly big problem.</p>

2.5	<p>What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?</p>	<p>The Strategy has been developed in consultation with B&NES Alcohol Harm Reduction Steering Group and the B&NES Night Time Economy Group. Membership of these groups includes Police, Fire and Rescue Service, Royal United Hospital, University representation, resident association representation, Bath Transport Police, Bath Business Improvement District, Licensing, Community Safety, Public Health, Drug and Alcohol Service commissioners and providers, Avon and Wiltshire Mental Health Trust, children's services, housing and probation services.</p> <p>The Strategy priorities are directly informed by the Scrutiny Inquiry Day on Alcohol held in October 2013 hosted jointly by 3 B&NES Council Policy Development and Scrutiny panels representing Wellbeing, Economic and Community Development and Early years, children and youth policy in October 2013. 68 people including councillors, officers, stakeholders and residents attended.</p> <p>In November the Strategy will also be presented for consultation to the Responsible Authorities Group and Wellbeing Policy Development and Scrutiny Panel.</p>
2.6	<p>If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this?</p>	<p>There are significant inequalities in the impact of alcohol misuse across Bath and North East Somerset. The Strategy aims to address these inequalities through targeting of specific groups including children and young people, men, those with mental health problems and those living in more deprived areas.</p> <p>Ensure that specific strategies are used to engage effectively with minority groups and vulnerable clients e.g young girls, older people</p>
<p>3. Assessment of impact: 'Equality analysis'</p>		
	<p>Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:</p> <ul style="list-style-type: none"> • Meets any particular needs of equalities groups or helps promote equality in some way. • Could have a negative or adverse impact for any of the equalities groups 	

		Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
3.1	Gender – identify the impact/potential impact of the policy on women and men.	<p>High quality treatment services are available for adults and young people in B&NES.</p> <p>Treatment services have tailored support for victims (most likely to be women) and perpetrators of domestic violence (predominantly men)</p> <p>Campaigns to highlight the potential harms of alcohol misuse are relevant to both men and women but do give gender specific advice on alcohol units for men and women and young people and pregnant women.</p>	<p>Reducing alcohol misuse in young people should benefit girls more than boys as more girls are drinking than boys</p> <p>Potential for work targeting girls specifically to reduce prevalence in this group.</p> <p>The majority of adults accessing treatment services are men and more men are presenting with alcohol related conditions at hospital.</p>
3.2	Pregnancy and maternity	<p>There is a specialist midwife with a remit for substance misuse.</p> <p>The Family Nurse Partnership works intensively with young pregnant women on a range of issues including alcohol use. General awareness raising work on the impact of drinking in pregnancy.</p>	<p>Targeting pregnant women who drink alcohol will have a positive effect on the health of the baby and the woman.</p>
3.3	Transgender – identify the impact/potential impact of the policy on transgender people		<p>Reducing alcohol consumption will improve the health of all increasing or high risk drinkers</p>
3.4	Disability - identify the impact/potential impact of the policy on disabled people (ensure consideration both physical and mental impairments)	<p>Mental health service providers are being trained to effectively identify alcohol misuse amongst clients and offer tailored support and referral where</p>	<p>Reducing alcohol consumption will improve the health of all increasing or high risk drinkers. There is significant cross over between mental health</p>

		appropriate.	issues and alcohol and substance misuse.
3.5	Age – identify the impact/potential impact of the policy on different age groups	<p>PSHE leads in schools are trained to deliver high quality substance misuse lessons in schools</p> <p>A drama project has been designed to teach secondary school pupils the risks of alcohol misuse.</p> <p>Regulation of underage sales of alcohol is ongoing and is a key element of restricting supply to children.</p> <p>High quality treatment services are available for young people in B&NES.</p>	<p>Reduction of alcohol misuse amongst children and young people will ensure they grow up healthy, happy and free from alcohol related harm.</p> <p>The effects of alcohol misuse in old age are exacerbated by both physical, mental and social changes as we get older.</p>
3.6	Race – identify the impact/potential impact on different black and minority ethnic groups	All providers of services must demonstrate equality of access to all members of the community through policy and practice. Use of services is monitored by ethnic background	Reducing alcohol consumption will improve the health of all increasing or high risk drinkers
3.6	Sexual orientation - identify the impact/potential impact of the policy on lesbians, gay, bisexual & heterosexual people	All providers of services must demonstrate equality of access to all members of the community through policy and practice.	Reducing alcohol consumption will improve the health of all increasing or high risk drinkers. Reducing alcohol misuse amongst adults will have a positive impact on their life expectancy and quality of life. Young people and adults who are lesbian, gay, bisexual or heterosexual are more likely to suffer from mental health issues which can be exacerbated by alcohol misuse.
3.7	Marriage and civil partnership – does the policy/strategy treat married and civil partnered people equally?	Yes Strategy has a population approach and does not differentiate based on marital status/civil partner	Reducing alcohol consumption will improve the health of all increasing or high risk drinkers

		status.	
3.8	Religion/belief – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.		The policy will not have any negative impact on people of different religious/faith groups as it will have a positive impact on adults and children regardless of religion or belief.
3.9	Socio-economically disadvantaged – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances	<p>Specialist services work with job centre plus, housing providers and a range of other support providers to ensure the most vulnerable are supported to access the treatment they need.</p> <p>Young people's treatment services work with both the young person and the family to ensure holistic support is provided.</p>	Targeting socially and economically disadvantaged areas will support a reduction in inequalities as there are significantly more alcohol related hospital admissions for those people living in the more deprived areas.
3.10	Rural communities – identify the impact / potential impact on people living in rural communities	Treatment services operate from a Hub in Midsomer Norton to increase accessibility. Young people's treatment services also carry out outreach work in local communities.	Looking at options to increase the accessibility of support services including outreach and online support will enable more people from rural areas to access the services.

4. Bath and North East Somerset Council & NHS B&NES Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Progress milestones	Officer responsible	By when
Better understanding of the needs of young girls regarding alcohol misuse	Incorporate into the Children and Young people's substance misuse needs assessment	Agree scope and timescale for work	Cathy McMahon/Rosie Dill	March 2015
Better understanding of alcohol specific hospital admission to under 18's	Incorporate into the Children and Young people's substance misuse needs assessment	Working group set up to investigate	Cathy McMahon/Rosie Dill	March 2015
Older people's access to treatment services	Training of workforce to better understand alcohol misuse issues in old age and how to support people	Incorporated into Drug and Alcohol Training programme for 2015	Cathy McMahon	2015

5. Sign off and publishing

Once you have completed this form, it needs to be 'approved' by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equalities Team (equality@bathnes.gov.uk), who will publish it on the Council's and/or NHS B&NES' website. Keep a copy for your own records.

Signed off by: Bruce Laurence

(Divisional Director or nominated senior officer)

Date: