Bath & North East Somerset Council

NHS
Bath and North East Somerset

Working together for health & wellbeing

Equality Impact Assessment / Equality Analysis

(updated May 2021)

Title of service or policy	B&NES drug and alcohol strategy 2022-2027
Name of directorate and service	People and Communities
Name and role of officers completing the EIA	Kathryn Hamilton, Public Health Registrar, Public Health & Preventative Services, Bath and North East Somerset Council Celia Lasheras, Public Health Development and Commissioning Manager, Public Health & Preventative Services, Bath and North East Somerset Council
Date of assessment	September 2022

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 main aim is to identify any discriminatory or negative consequences for a particular group or sector of the community, and also to identify areas where equality can be better promoted. Equality impact Assessments (EIAs) can be carried out in relation to services provided to customers and residents as well as employment policies/strategies that relate to staffing matters.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EIA) or Equality Analysis. **Not all sections will be relevant – so leave blank any that are not applicable**. It is intended that this is used as a working document throughout the process, and a final version will be published on the Council's website.

*There is no requirement within the public sector duty of the Equality Act to consider groups who may be disadvantaged due to socio economic status, or because of living in a rural area. However, these are significant issues within B&NES and have therefore been included here.

** The Equality Act does not cover armed forces community. However, when the Armed Forces Bill becomes law there will be a requirement to pay 'due regard' to make sure the Armed Forces Community are not disadvantaged when accessing public services.

1	**Identify the aims of the policy or service and how it is implemented.**	
	Key questions	**Answers/ notes**
1.1	Briefly describe purpose of the service/policy e.g. • How the service/policy is delivered and by whom • If responsibility for its implementation is shared with other departments or organisations • Intended outcomes	Strategy development has been under the drug and alcohol partnership group; a multiagency group co-chaired by Public Health B&NES and Avon and Somerset Police Constabulary. This group will take responsibility for implementation, reporting into the B&NES Community Safety and Safeguarding Partnership. The purpose of the strategy is to enable delivery of co-ordinated action across B&NES to reduce the harm that drugs and alcohol cause across our population. Stated in the strategy is a core vision: "To work together to enable people from B&NES to grow up and live free from the harms of substance use". The core aims in the strategy are: "To focus on prevention alongside early intervention, and support those that experience difficulties with substance use by having an effective treatment and recovery support system." Further detail of the local priorities and commitments can be found below
1.2	Provide brief details of the scope of the policy or service being reviewed, for example: • Is it a new service/policy or review of an existing one? • Is it a national requirement?). • How much room for review is there?	This will be the first joint Drugs and Alcohol strategy for B&NES population. This strategy builds on refresh of the existing B&NES alcohol harm reduction strategy 2014 – 2019. It is a national requirement and identified in several national strategic reports including the government's Drug Strategy 2021and the NHS Long Term Plan. The strategy will be reviewed in 2027.

		The action plan is a living document and will be reviewed by the strategic group with review of identified actions taking place on a quarterly basis.
1.3	Do the aims of this policy link to or conflict with any other policies of the Council?	The strategy aligns with the key principles in public health of focussing on prevention and addressing inequality. To support giving residents a bigger say, we have and are continuing to engage with the community to develop and implement the strategy and action plan. Other council policies that this aligns with are: • Bath and North East Somerset Early Help and Intervention Strategy 2021-2025 • Suicide Prevention Strategy for B&NES 2020-2023 and BSW 2019-2023 • Bath and North East Somerset Youth@Risk Strategy 2019-2022 (refresh taking place 2022) • Integrated Strategy for Physical Activity, Healthy Weight, Food (including drug and alcohol harm prevention and tobacco**,** in development 2022) Other national and local policy and strategy links include: • Avon and Somerset Constabulary's (ASC) Drug Strategy • Bath Swindon and Wiltshire (BSW) Health Inequalities Strategy 2022-2027 • Bath Swindon and Wiltshire (BSW) Health and Care Model • NHS Long Term Plan o Chapter 2: More NHS action on prevention and inequalities – Alcohol o Chapter 3: Adult mental health services – community-based offer including support for coexisting substance use o NHS Mental Health Implementation Plan 2019/20-2023/24 • The Community Mental Health Framework for Adults and Older Adults • Commissioning quality standard: alcohol and drug treatment and recovery guidance, Office for Health Improvement and Disparities • Avon & Wiltshire Mental Health Partnership NHS Trust Dual Diagnosis Strategy (in development 2022) • Integrated Offender Management Neighbourhood Crime Strategy • People with co-occurring conditions: commission and provide services. PHE Guidance on Commissioning and providing better care for people with co-occurring mental health, and alcohol and drug use conditions We are not aware of any conflicts raised by this strategy

2	**Identify the aims of the policy or service and how it is implemented.** **Key questions**	A baseline needs assessment was undertaken to inform the work and identify local priorities using routine data, service data, local surveys and review of local cases of drug-related deaths. Below are the core vision, aims, priorities and commitments in the strategy. They are aligned with the national 10 year Drugs Plan "From Harm to Hope" and have been developed through partnership work with stakeholders from across the B&NES drug and alcohol treatment, and wider health and social care and public sector landscape as well as businesses and education. The strategy was also informed through consultation with drug and alcohol treatment service users (both adults and young people). Please see the strategy for a full list of stakeholders and strategic forums involved in production, and for results of the service user engagement. An evidence-based approach is emphasised, and evidence-based interventions are prioritised in the strategy. **Core Vision** **To work together to enable people from B&NES to grow up and live free from the harms of substance use.** **Core Aims** **To focus on prevention alongside early intervention, and support those that experience difficulties with substance use by having an effective treatment and recovery support system.** **Priorities and Commitments** **Priority 1: Reduce demand for substances in the B&NES population** To achieve this priority, we commit to: a. Create a change in culture around drugs and alcohol, including raising awareness and educating children, parents, and young adults. We want to empower them to make informed choices when it comes to substances, and reduce the use of alcohol and other drugs b. Focus on Early Intervention through a Whole Family approach, including work with children and young people with vulnerabilities, and with families affected by parental substance use c. Reduce crime that leads to the supply of illegal drugs, including work to combat Serious Organised Crime and County Lines d. Increase and improve our service user representation and feedback into decision making and service review e. Embed substance use recognition, early intervention and referral to treatment across

		the B&NES health and care system, and in partnership with other sectors including housing, probation, prisons, businesses, schools and universities, using evidence-based approaches and tools f. Work closely with licensing and businesses, particularly the Night Time Economy to understand issues in B&NES and support collaborative action where needed, promoting a safe, thriving economy **Priority 2: Support more adults and young people to access and benefit from treatment and recovery services** To achieve this priority, we commit to: a. Increase the number of people going through treatment for substance use, (including residential rehabilitation), with the aim that more people will achieve recovery and/or their treatment goals. This will include a focus on longer term recovery and integration into the community b. Continually review our approach to build in best practice and respond to local data, so we can support more people to recover and/or achieve their treatment goals. This includes reviewing our treatment service capacity and workforce requirements for adults and young people in relation to local need c. Support transition between settings and services for individuals with substance use, with a focus on continuity of care for secure settings and mental health services, as well as for young people moving into adult services d. Build engagement with underrepresented communities and underserved groups adversely affected by substance use and/or the COVID-19 pandemic. This includes ensuring services are accessible to all, using Assertive Outreach or unstructured interventions to build trust and engagement where needed **Priority 3: Prevent and reduce harms from drugs and alcohol, including preventing drug and alcohol-related deaths** To achieve this priority, we commit to: a. Embed harm reduction including prescribing best-practice, Opioid Substitution Therapy, naloxone availability and training in our adult services, and in treatment pathways b. Continue to learn from people who experience harms, building a B&NES non-fatal overdose notification system and drug alert system, and embedding our learning from drug-related deaths c. Work collaboratively across our system to identify and support high risk individuals or

groups, including work with the Acute Trust to understand and prevent hospital admissions for alcohol in young people

d. Strengthen our harm reduction approach, including improving needle exchange programmes and continuing to review national guidance and legislative frameworks

e. Address the indirect and long-term health impacts of drugs and alcohol, using new tools such as fibroscanning, and improving pathways for diagnosis and treatment of physical conditions in an ageing treatment population. This includes chronic respiratory disease, cognitive impairment, Blood Borne Viruses and liver disease

f. Reduce substance-use related crime, and break the cycle between substance use and illegal activity. We will use opportunities to engage with people in contact with the criminal justice system and support them to access treatment services

g. Build on our outreach offer to bring treatment and other forms of unstructured support to individuals who are less engaged with services

Priority 4: Support the health and social needs of adults and young people with complex lives

To achieve this priority, we commit to:

a. Develop our pathways and links between services for adults and young people with complexities (including dual diagnosis) for early identification and referral from substance use treatment services to the right support service, including primary care, secondary care and specialist services

b. Build capacity and expertise in our treatment system and wider healthcare system for working with adults and young people with complexities, including dual diagnosis clients, to provide holistic trauma-informed care

c. Take a holistic approach to the physical, mental health and social needs of adults and young people in specialist substance use treatment, including their potential to do voluntary or paid work

d. Develop our pathways to identify and engage with people with substance use in contact with the criminal justice system, including on release from prison, on arrest and on probation

e. Develop our pathways to identify and engage with people substance use who are at risk of, or experiencing, homelessness, supporting more into treatment as part of their recovery

		f. Work across healthcare to address physical health needs of people who use substances, including meeting additional training needs in our wider healthcare system, and considering pathways and interventions for chronic respiratory disease, cognitive impairment and liver disease
2.1	What equalities training have staff received to enable them to understand the needs of our diverse community?	This work was led by public health with input from partners across the system. All people taking part have undertaken mandatory training in their own organisations on equality and diversity**.**
2.2	What is the equalities profile of service users?	Drug and alcohol treatment service users were included in the development of the strategy. It is known that certain groups in the population are more affected by substance use disorders and particular types of substance use. This is highlighted in the needs assessment section of the strategy and incorporated into how partners will work to deliver on the strategy.
2.4	Are there any recent customer satisfaction surveys to refer to? What were the results? Are there any gaps? Or differences in experience/outcomes?	Online consultation and focus groups were conducted as part of the strategy development to engage service users. Routine surveys e.g. on drug use in young people were also included in this work
2.5	What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?	Consultation with drug and alcohol treatment service users & professionals has taken place extensively as part of the strategy process, including attendance at strategic forums, focus groups, open invite stakeholder events and online consultation. It is identified in the strategy that further understanding and work around under-represented groups is needed to reduce health inequalities and support groups disproportionately affected by substance use
2.6	If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this?	We will seek to continue to build consultation with drug and alcohol treatment service users, who are an under-represented group. Accessibility of consultation methods will be considered, as well as how we consult specifically with groups disproportionately affected by substance use or who experience other health inequalities.

3	Assessment of impact: 'Equality analysis' When developing has been given to the impact on different population groups. In implementing the strategy, actions will be targeted, where needed, to reduce health inequalities caused by drugs and alcohol. Not every population subgroup or community could be explicitly referenced in the strategy, and work to identify and take action around the needs of specific groups will be ongoing work in developing and implementing the accompanying live action plan.			
	Issues relating to all groups and protected characteristics	Examples of what the service has done to promote equality	Supporting links / data	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
3.2	Sex – identify the impact/potential	Patterns of substance use vary by sex. This is identified in the strategy, and	Data on the profile of people accessing drug and alcohol	Work is continuing to understand the evolving profile of people affected by substance use,

	impact of the policy on women and men.	priorities, commitments and actions will benefit both men and women through focussing on the areas of greatest need.	treatment services is available at NDTMS, the national monitoring system: https://www.ndtms.net/	including by sex or gender. There is a focus on improving provision for families affected by parental substance use.
3.3	Pregnancy and maternity	National evidence suggests 41.3% of pregnant women are estimated to drink alcohol in pregnancy (PHE, 2020). Reducing the incidence of harms caused by alcohol in pregnancy is a high impact priority for the local maternity system and other commissioned providers. This is reflected in the strategy as we aim to reduce demand for substances and prioritise early intervention and a whole family approach	Public Health England Resource on Reducing the incidence of harms caused by alcohol in pregnancy: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942477/Maternity_high_impact_area_4_Reducing_the_incidence_of_harms_caused_by_alcohol_in_pregnancy.pdf	Local healthcare and maternity providers were involved in producing the strategy. Early identification of substance use, including in pregnancy, is a priority.
3.4	Gender reassignment – identify the impact/potential impact of the policy on transgender people	Gender reassignment is not currently captured in local drug and alcohol treatment data, but it is recognised that national evidence shows risk factors for substance use are higher for people with gender dysphoria .	Links to research: https://radar.brookes.ac.uk/radar/file/8df0401a-3ffe-40b9-8256-24970c6fee11/1/Reducing%20substance%20use%20among%20transgender%20and%20cisgender%20GDS%20participants%20-%202020%20-%20Connolly%20et%20al.pdf https://www.sfad.org.uk/what-the-research-says-about-lgbtq-people-and-substance-use	Gender reassignment will be considered in the work to identify under-represented groups for further prioritisation and tailored approaches in strategy implementation.
3.5	Disability – identify the impact/potential impact of the policy on disabled people (ensure consideration both physical, sensory and mental impairments and	National evidence suggests people with learning disabilities and other disabilities may be more likely to experience substance use disorders. In the strategy we identify physical and mental health needs as a priority area for people in B&NES accessing substance	Data on the profile of people accessing drug and alcohol treatment services is available at NDTMS, the national monitoring system: https://www.ndtms.net/	It is a priority to improve our dual diagnosis pathways and provision in implementation of the strategy. There is also a focus on holistic provision of care for mental and physical health needs alongside substance use, and working across our system to provide that. This includes cognitive impairment, recognised as an increasing issue, particularly with alcohol use

	mental health)	use treatment services, and those with unmet needs for substance use treatment. Dual diagnosis (co-existent mental health and substance use issues) is a particular priority area in the B&NES Drug and Alcohol Strategy. This is also the case nationally.		disorders.
3.6	Age – identify the impact/potential impact of the policy on different age groups	Our substance use treatment population is ageing with the 40 – 59 years being the largest group age group starting and receiving treatment. Nationally, patterns of substance use vary by age groups and this impacts on the preventative, early intervention and treatment approaches needed.	Data on the profile of people accessing drug and alcohol treatment services is available at NDTMS, the national monitoring system: https://www.ndtms.net/	Within our drug and alcohol treatment services we recognise that B&NES has an ageing treatment population. There is a focus in the strategy on meeting physical health needs and improving health for this group. There is also an emphasis on early intervention for young people, working to reducing demand for substances and early intervention. We identify the need for a whole-family approach, working with families with vulnerabilities to reduce the likelihood of substance use issues and other harms for children and young people, as well as supporting parents affected by substance use.
3.7	Race – identify the impact/potential impact on across different ethnic groups	Patterns of substance use and engagement with treatment services vary by ethnic group. Broadly, national evidence suggests white British adults and Black adults were more likely to have used illicit drugs in 2020 than Asian adults. Currently our ethnicity profile of drug and alcohol treatment service users aligns broadly with the ethnicity profile of the B&NES population.	Data on the profile of people accessing drug and alcohol treatment services is available at NDTMS, the national monitoring system: https://www.ndtms.net/	Ethnicity of service users continues to be monitored for drug and alcohol treatment services. Data will be used to monitor the impact and outcomes of substance use for people from an ethnic minority background.
3.8	Sexual orientation – identify the impact/potential	Patterns in alcohol use vary among different orientations and gender identities, but overall, there is a higher	Links to research: https://www.ukdpc.org.uk/wp-content/uploads/Policy%20rep	The impact of drugs and alcohol by sexual orientation will be considered in the work to identify under-represented groups for further

	impact of the policy on lesbian, gay, bisexual, heterosexual people	prevalence of hazardous drinking among the LGBTQ+ population compared to the general population, particularly among women (IAS, 2020).	ort%20-%20Drugs%20and%20diversity_%20LGBT%20groups%20(policy%20briefing).pdf https://www.ias.org.uk/wp-content/uploads/2021/07/LGBTQ-Briefing-Final.pdf https://www.sfad.org.uk/what-the-research-says-about-lgbtq-people-and-substance-use	prioritisation and tailored approaches in strategy implementation.
3.9	Marriage and civil partnership – does the policy/strategy treat married and civil partnered people equally?	National evidence suggests single people were more likely to have used a drug in the last year than those who are married or in a civil partnership (ONS, 2020). Drug and alcohol treatment service data does not currently capture this attribute.	National data on patterns of drug use: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingmarch2020	This strategy treats marriage and civil partnership equally, but recognises additional needs and vulnerabilities in some groups such as people affected by parental substance use.
3.10	Religion/belief – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.	In B&NES, data is collected on religion of those entering substance use treatment services alongside other characteristics. Religious groups are not considered separately in the strategy, though it is recognised needs and approaches may vary according to religion or belief.	Data on the profile of people accessing drug and alcohol treatment services is available at NDTMS, the national monitoring system: https://www.ndtms.net/	Religious institutions are part of our communities, and may be involved in delivering the strategy. Treatment and other support services are provided equally regardless of region or belief.
3.11	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	Nationally, deprived communities are more likely to experience the harms of drugs and alcohol. Within B&NES there is variation according to socio-economic disadvantage. For instance, Twerton (one of our more deprived communities) has higher rates of hospital admissions due to alcohol.	Local variation in health outcomes and risk factor exposure: https://www.localhealth.org.uk/#bbox=367739,167252,8799,5181&c=indicator&i=t3.alc_harm&selcodgeo=E02002995&view=map7)	The development and implementation of the strategy will contribute to reducing health inequalities by reducing harms caused by drugs and alcohol. This is based on the evidence substance use is more likely to affect our more deprived communities. It will be particularly important to target our prevention and early intervention to our more deprived communities.

	chances (this is not a legal requirement but is a local priority).			
3.12	Rural communities* identify the impact / potential impact on people living in rural communities	The current substance use treatment services have a good footprint across B&NES with treatment sites across the area. Outreach work is also undertaken in specific communities. Virtual working has broadened treatment access for some rural community members. Nationally, drug use is generally higher in urban areas.	National data on patterns of drug use, including rural vs urban: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingmarch2020#:~:text=use%20of%20any%20drug%20was,in%20rural%20areas%20(8%25)	In implementing the strategy it will continue to be a priority to support people living in both urban and rural communities.
3.13	Armed Forces Community ** serving members; reservists; veterans and their families, including the bereaved. Public services will soon be required by law to pay due regard to the Armed Forces Community when developing policy, procedures and making decisions, particularly in the areas of public housing, education and healthcare (to remove disadvantage and consider special provision).	Research has shown veterans face challenges around substance use, often linked to mental health problems. This group is not considered separately in the strategy, but there is ongoing work to focus on the needs of veterans within our substance use treatment services.	Links to research: https://www.kcl.ac.uk/kcmhr/publications/assetfiles/2018/Murphy2018d.pdf https://s31949.pcdn.co/wp-content/uploads/20201019-FVSU-Report-as-submitted-19.10.20-FINAL.pdf	The impact of drugs and alcohol for veterans and their families will be considered in the work to identify under-represented groups for further prioritisation and tailored approaches in strategy implementation.

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/analysis. 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
The B&NES Drug and Alcohol Strategy 2022 – 2027 is linked to a live action plan, still in the process of development, which will be overseen by the Drug and Alcohol Partnership group. Actions will be identified and owned for delivery by partners, with identified progress milestones and timelines. We will incorporate the issues identified in this Equality Impact Assessment into this action plan.				

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: Paul Scott, Associate Director of Public Health, Public Health and Prevention Services, B&NES Council
Date: 18 November 2022