Equality Impact Assessment

Service Name:	Alcohol Plan (Public Health)
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Assessment Date:	23/01/2019
Date of EIA Review:	

This EIA will tell you about the following changes we are making (please provide some background/context):

The alcohol CLeaR self-assessment tool has been produced by Public Health England (PHE) to support an evidence-based response to preventing and reducing alcohol-related harm at local level. CLeaR helps place-based alcohol partnerships to assess local arrangements and delivery plans providing assurance that resources are being invested in a range of services and interventions that meet local need and which, the evidence indicates, support the most positive outcomes.

The CLeaR self-assessment has been completed in Barnsley and the results, along with a recently completed health needs assessment, now allows an approach to forming an alcohol partnership with a remit to: challenge services; provide leadership; develop and review pathways; establish information sharing protocols; and examine results all with a view to reducing the availability, affordability and acceptability of alcohol misuse across the population.

An Alcohol plan has been developed that sets out the priorities and suggested outcomes for addressing alcohol related harm in Barnsley. We have identified six priorities;

- Night Time Economy
- Availability
- Affordability
- Acceptability
- Young People
- Industry

A high level detailed action plan has been developed to ensure we are working towards each priority area and our progress is measured.

We are making these changes because:

Alcohol plays a significant role in our social lives and in our economy: it provides employment, generates tax revenue and stimulates the night-time economy.

Although the majority of people who drink do so moderately, alcohol consumption has doubled over the past 40 years. As a result, alcohol is the leading risk factor for deaths among men and women aged 15–49 years in the UK (PHE, 2018), and there are more than one million alcohol-related hospital admissions every year. The harm from alcohol goes far beyond individual health affecting families, friends and communities; it contributes to violent crime, domestic violence and absence from work.

The impact of alcohol harm falls disproportionately on the more vulnerable people in society. Those in the lowest socioeconomic groups are more likely to be admitted to hospital or die from an alcohol-related condition compared to those in higher socioeconomic groups, so action that supports local work to prevent or reduce alcohol-related harm can also help reduce health inequality.

However, it is important that we do not neglect our efforts to those in the higher socioeconomic status groups. A study released by the Office for National Statistics (ONS) has found that the most regular drinkers are those in professional jobs, with 69.5% of professionals reported having drunk in the last week, compared with 51.2% of people in routine or manual occupations.

Although the relationship between alcohol consumption and socioeconomic status is complex there is a need to dismantle the stereotype around those who are problem drinkers

As part of this process, we will ask the following equality, diversity and inclusion questions to help us better understand the impact of the changes:

1. Who are the groups of people at the highest risk of alcohol related harm?

2. What groups within the community will struggle to understand our communications and promotion work?

3. How can we ensure that we target resources to the sections of the community who need it the most?

4. Thinking about the protected characteristics groups, what is missing from the alcohol and action plan?

To answer these questions we will do the following things (e.g. service user or staff consultation, data analysis, research etc):

1. Reviewed local and national evidence about those most at risk from alcohol related harm. Also worked with BMBC internal colleagues to understand what the impact of alcohol related harm is, or could be, with our priority groups such as low income groups, children & young people, disabled people.

2. Conversations with partners and stakeholders who work with people who may fall in to protected characteristic groups.

3. Reviewed the content and outcome of other EIA's e.g. Healthy Lifestyles, Physical Activity Plan and the Food Strategy Action Plan for similarities / overlap.

4. Conversations with BMBC equality and Inclusion colleagues and the points made within the EIA.

From this engagement/research/analysis we have learnt the following things:

1. Alcohol related harm is diverse across all groups in society and not one group can be excluded from the work we do in this area

2. Partners are willing to work with Public Health on our ambitions to make changes and new processes to achieve our outcomes will be introduced in their work areas.

3. Communication may not be suitable for all groups and there is a need to develop resources for a number of different audiences

Which groups will be most affected by the change? (Please delete rows that are not applicable):

Protected characteristic	**Details of group affected e.g. Learning Disability,**	**How will they will be affected by your change (please give details):**	**Degree of impact**
Disability	Deaf, learning disability, physical disability, sensory impairment	Considerations for the alcohol plan and alcohol action plan will include how to remain flexible to the needs of disabled people. Whilst some disabled people may find reducing alcohol related harm communications online more accessible for them, there are some disabled people who may face additional barriers to accessing online resources because of a lack of confidence, a lack of skills, or because of other barriers that they face to accessing services online. Consideration will also be needed for any face to face alternatives. For example, meetings and forums; in which case considerations should be given for an interpreter of signer. There are also some individuals who face barriers to accessing primary, secondary and tertiary services in the more traditional ways as these are also not suitable for their access needs. For example; People with communication support needs or people whose first language isn't English i.e. Deaf BSL users. This will be considered in the	Positive

		alcohol action plan and data monitoring processes.	
Ethnicity	People whose first language isn't English.	Cultural barriers to engagement with services will be covered in Alcohol Action Plan. Considerations for the project will include how to remain flexible to the needs of our BME, Polish and Romanian residents, as evidence suggests there could be problematic drinking behaviours among the latter two. Whilst some ethnic groups may find online communications and services more accessible for them, there are some people who may face additional barriers to accessing services and communications online because of a lack of confidence, a lack of understanding of our offer, a lack of skills, or because of language barriers.	Positive
Age	Young People and Older people	Challenging social norms and perceptions of alcohol use among all young people. Overrepresentation of under 18s (female) hospital admissions. Older People – awareness of alcohol related harms, challenging social norms and ingrained perceptions Considerations for the Alcohol Plan and Alcohol Action Plan will include how to remain flexible to the needs of our younger population; the under 25s: Whilst some older people may find accessing services and communications online more accessible for them, there are some older people who may face additional barriers to accessing services in this way because of a lack of confidence, a lack of skills, or because of a lack of access to equipment or the internet. Tertiary services may be inappropriate for some older people with regards to the environment of these services.	Positive

What practical steps will you take to make sure that the above changes are as fair and equal as possible? (e.g. will you monitor outcomes for diverse groups, will you include equality actions in your plan, will you change an approach to make it more inclusive etc):

		Please tick					
Action	**Who?**	Not due	Not started	Underway	Behind	Complete	Date updated
Communications Develop a communication plan to better engage those protected characteristic group highlighted above. Particularly those who are at high risk and underrepresented. Provide content and information in accessible formats, using different mediums - suitable for the audience and based on our knowledge of who we need to target/engage. E.G Easy Read, Large Print, BSL, different spoken languages, online, leaflets etc. Undertake evaluation exercise. Gathering feedback on experiences in accessing or engaging with the work we are completing in order to review our approach and tailor or target further.			X				
Events, Meetings and Forums Ensuring we engage a more diverse range of people in our events and activities. We will target promotion to those groups of people underrepresented in services and communication networks. Ensuring the right access and communication support is provided. Ensuring Colleagues from the Equality and Inclusion Team are represented in meetings.			X				
Primary, Secondary and Tertiary prevention We will work with our partners and providers to develop monitoring and data mechanisms to enable us to understand who is accessing services, using this information to identify barriers to access and engagement – and to monitor outcomes for diverse groups.			X				