



North

Yorkshire County Council

Template for Equality Impact Assessment (EIA): evidencing paying due regard to protected characteristics July 2013

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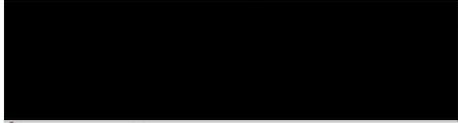
যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔



Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people to find completed EIAs we also publish them in the Equality and Diversity section of our website. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.

Name of Directorate and Service Area	Health and Adult Services
Lead Officer and contact details	Claire Robinson 01609 534919
Names and roles of other people involved in carrying out the EIA	Victoria Marshall, Projects Assistant
How will you pay due regard? e.g. working group, individual officer	Strategy Steering Group
When did the due regard process start?	08.08.2013
Sign off by Assistant Director (or equivalent) and date	 Lincoln Sargeant

Section 1. Please describe briefly what this EIA is about.

North Yorkshire County Council is working with partners including CCGs, North Yorkshire Police, Yorkshire Ambulance Service and Public Health England to develop an alcohol strategy and implementation for North Yorkshire. The strategy will set out the case for action and vision to cover the next five years. The implementation plan will take the priorities and outcomes identified within the strategy and outline in more detail the actions required to achieve them.

The vision for the North Yorkshire Alcohol Strategy is to work together 'to reduce the harm caused by alcohol to individuals, families, communities and businesses in North Yorkshire while ensuring that people are able to enjoy alcohol responsibly'. To support this vision, the strategy outlines the case and plan for action over the next five years.

An action plan to implement the final version of the strategy over the next three years will be developed, working with the City of York Council where applicable.

Implementation of the action plan will enable a coordinated partnership approach to achieving its outcomes. The top three outcomes for the strategy are:

- Establish responsible and sensible drinking as the norm
- Identify and support those who need help through recovery
- Reduce alcohol-related disorder

Section 2. Why is this being proposed

Alcohol misuse impacts on people's health, on families and communities and on the economy:

- Immediate, intoxicating effects of alcohol include reduced inhibitions and impaired judgement
- Alcohol is also one of the most well-established causes of cancer and is linked to mental health issues and an increased risk of stroke and heart disease
- Alcohol is a factor in up to 50% of cases of domestic violence
- Children of heavy drinkers are at risk of physical and emotional neglect, abuse and stress, and are more likely to have their own alcohol problems in later life.
- Data submitted to the Health Select Committee estimates the total cost to society is approximately £21 billion per year

By developing a North Yorkshire Alcohol Strategy and implementation plan we are aiming, therefore, to reduce harm caused by alcohol to people's health, society and the economy.

There are also a number of local and national drivers which include the 2012 National Alcohol Strategy, the government's Drug strategy (2010) 'Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life', the North Yorkshire Joint Health and Wellbeing Strategy and the 2012 North Yorkshire Joint Strategic Needs Assessment. Further details on how the NY Alcohol Strategy relates to the above are outlined in the strategy.

Furthermore, NYCC must consider the new responsibilities for Directors of Public Health (DsPH) under the 2012 changes to the Licensing Act 2003. DsPH are now considered a responsible authority for the purposes of the Act, which gives them a responsibility to consider responding to licensing applications made to the local authority. In addition, a clear deliverable within the North Yorkshire Police and Crime plan states that the Police and Crime Commissioner will work in partnership to: 'Develop an evidence-based, area wide alcohol strategy working with our partners including health, which leads to improved provision on the ground in local communities and clear, measurable outcomes. The expected outcomes are: reduced levels of anti-social behaviour, violent crime and domestic violence across the force area.'

Section 3. What will change? What will be different for customers and/or staff?

In order to achieve the three main outcomes outlined above, we will:

- Support schools to deliver consistent and high quality personal, social, health and economic (PSHE) education around alcohol (and other risky behaviours)
- Increase awareness of the harms of alcohol, support available, identification tools, and benefits of sensible drinking across the whole population
- Increase the capacity to prevent under-age sales (including proxy sales), sales to those who are intoxicated, non-compliance with any other alcohol licence condition, irresponsible drinks promotions and illegal imports of alcohol and ensure sanctions are fully applied to businesses that break the law
- Ensure that there is a systematic process to include 'health' as part of the consideration on licensing applications and renewals
- Explore the feasibility of local minimum pricing of alcohol
- Develop a clear pathway that specialists and non-specialists can use from identification to support and referral
- Develop the awareness, skills and capacity of professionals who come regularly into contact with people who are suffering the consequences of alcohol
- Increase awareness and the use of simple identification tools and effective advice and signposting in the wider public health workforce
- Increase the uptake and ensure the effectiveness of the GP led NHS Health Checks for the population aged 40-74 years in identifying people who are at risk, and providing appropriate support
- Pilot and evaluate innovative programmes like police Alcohol Referral Schemes and street triage
- Ensure antenatal screening, support and interventions are effective
- Explore the feasibility of increasing local availability and reducing pricing of non-alcoholic drinks in licensed premises
- Using local health, crime and related trauma data, map the extent of alcohol-related problems locally before developing or reviewing a licensing policy
- Use licensing powers effectively to limit availability of alcohol where the density of licensed premises causes disorder
- Work with the North Yorkshire Community Safety Board and Partnership to ensure a coordinated response to reduce disorder

Section 4. What impact will this proposal have on council resources (budgets)?

Public Health commitment to fund low level alcohol screening and interventions. There will be a requirement to work with both PCC office and Primary Care to ensure services are coordinated and funded pooled as required.

Cost neutral? Y / N

Increased cost? Y / N – increased cost from PH budget as this is a new service provision

Reduced cost? Y / N – As a result of low level preventative services and earlier intervention the current North Yorkshire substance misuse treatment service should see a decrease in the numbers of people entering treatment for alcohol misuse.

Please explain briefly why this will be the result.

Section 5. Will this proposal affect people with protected characteristics?	No impact	Make things better	Make things worse	Why will it have this effect? State any evidence you have for your thinking.
Age		X		Various actions will be undertaken to reduce alcohol-related harms to children and young people e.g. educational programs and reducing underage and proxy sales. Data shows that, nationally, hazardous drinking rates are highest in the 45-64 year old age band. We will therefore aim to increase the uptake and ensure the effectiveness of the GP led NHS Health Checks for the population aged 40-74 years in identifying people who are at risk, and providing appropriate support.
Disability	X			
Sex (Gender)		X		We will aim to increase awareness of the harms of alcohol across the whole population but specifically with women of child-bearing age, young mothers and middle-aged males.
Race	X			

Gender reassignment	X			
Sexual orientation	X			
Religion or belief	X			
Pregnancy or maternity		X		We will aim to increase awareness of the harms of alcohol across the whole population but specifically with women of child-bearing age and young mothers.
Marriage or civil partnership	X			The strategy has highlighted the link between alcohol misuse and domestic violence. While specific actions relating to this link haven't been outlined, we will look to align the strategy with the Domestic Abuse Strategy which is under review.
Section 6. Would this proposal affect people for the following reasons?	No impact	Make things better	Make things worse	Why will it have this effect? Give any evidence you have.
Live in a rural area		X		The NY Alcohol Strategy highlights the link between alcohol abuse and mental health issues, which can impact people living in rural areas. By reducing alcohol-related harm, we hope to have a positive impact on this population group.
Have a low income		X		As above, the NY Alcohol Strategy highlights the link between alcohol abuse and mental health issues, which can impact people with a low income. By reducing alcohol-related harm, we hope to have a positive impact on this population group.

Section 7. Will the proposal affect anyone more because of a combination of protected characteristics? (e.g. older women or young gay men?) State where this is likely to happen and explain what you think the effect will be and why giving any evidence you have.

Certain groups such as young, pregnant women may be more affected as they will be included in several groups targeted by the strategy to reduce alcohol-related harm.

Section 8. Only complete this section if the proposal will make things worse for some people. Remember that we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us.

Can we change our proposal to reduce or remove these adverse impacts?

Can we achieve our aim in another way which will not make things worse for people?

If we need to achieve our aim and can't remove or reduce the adverse impacts get advice from legal services. Summarise the advice here. Make sure the advice is passed on to decision makers if the proposal proceeds.

Section 9. If the proposal is implemented how will you find out how it is really affecting people?

The action plan will use project management systems to ensure delivery, and progress measures will be used to ensure that actions are being implemented in a timely way. Over the 5 years of this strategy, we need to demonstrate that the actions are impacting on the desired outcomes. We are developing some outcome indicators linked to the vision and each of the outcome areas which will be monitored regularly. Some outcomes (e.g. alcohol-related deaths) have a delay in them, in that it takes time for actions to affect death rates, and death rates for a particular year are normally released approximately two years later once all the data has been collated and validated. We therefore need a mix of real-time outcomes or proxy measures as well as more long term outcome measures.

The strategy outlines the following indicators to measure the extent to which outcomes are being/have been achieved:

Outcomes

Indicators

Overarching	<ul style="list-style-type: none"> Alcohol related deaths
Establish responsible and sensible drinking as the norm	<ul style="list-style-type: none"> Local prevalence of alcohol consumption (not currently available) Alcohol consumption in children (Y6, Y8 and Y10) Number of underage sales Alcohol related visits to Emergency Departments
Identify and support those who need help through recovery	<ul style="list-style-type: none"> Number of people who have been screened effectively Number of people who are in effective treatment Alcohol related admissions to hospital
Reduce alcohol-related disorder	<ul style="list-style-type: none"> Violent crime related to alcohol Hate crime related to alcohol Criminal damage related to alcohol Antisocial behaviour related to alcohol Sexual crime related to alcohol Domestic violence related to alcohol

Section 10. List any actions you need to take which have been identified in this EIA

Action	Lead	By when	Progress