

## Section A - EQUALITY ANALYSIS TEMPLATE

You must complete this in conjunction with reading Equality Analysis Guidance

**Name of Policy/Decision/Project/Activity:**

Proposal to extend the Council's participation in the regional contracting arrangements for Public Relations, Marketing and Policy in relation to Tobacco and Alcohol (known as FRESH and BALANCE) for the period 01 April 2022 to 30 September 2024.

**Date:** 13/09/2021

**Version Number:** 1

**Equality Analysis completed by:**

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**Job title:** Consultant in Public Health

**Responsible Officer or Group:**

**Name:** Gerry Taylor

**Job title:** Executive Director of Public Health and Integrated Commissioning

**Is the Activity:**

**New/Proposed** ( )

**Changing/Being Reviewed** ( X )

**Other** ( )

## Part 1. Purpose and Scope

### Purpose

In this section outline briefly:

- what the policy, decision or activity is and what the intended outcomes/benefits are (linked to the Corporate Outcomes Framework)
- over what period of time the outcomes will be achieved
- why it needs to be implemented or revised
- what populations are affected by the proposal
- who is expected to benefit and how, i.e. young people, older people, carers, BME groups, ward areas/communities, etc
- whether there are any overlaps with regional, sub-regional, national priorities.

### Further Guidance

#### Proposed Decision

Currently, contracting arrangements for the Council's participation in the regional contracting arrangements for Public Relations, Marketing and Policy in relation to Tobacco and Alcohol (known as FRESH and BALANCE) are due to come to an end on 31 March 2022.

It is intended to continue with the regional approach to ensure that the delivery of a comprehensive, evidence-based approach at a regional and local level can be maintained into the future. To enable this, a proposal is being made to extend the Council's participation in the regional contracting arrangements for Public Relations, Marketing and Policy in relation to Tobacco and Alcohol (known as FRESH and BALANCE) for the period 01 April 2022 to 30 September 2024.

#### Policy and Guidance

To deliver a comprehensive, evidence-based approach around tobacco and alcohol at both a regional and local level FRESH and BALANCE provide the following functions:

- (i) Media and communications
- (ii) Advocacy and policy evidence base
- (iii) Data, research and intelligence
- (iv) Forums and locality support
- (v) System wide change
- (vi) Policy guidance and licensing
- (vii) Reducing demand and supply of illicit tobacco

This decision is predominantly concerned with provision of supporting the evidenced based approach to reducing harms associated with both tobacco and alcohol but will also contribute positively to each of these areas. FRESH and BALANCE continue to have an important role in

de-normalising use of tobacco and alcohol; this contributes to the core Public Health responsibility of improving the health of the population, as laid out in the Health and Social Care Act 2012. Additionally, rates of alcohol and tobacco related harm in Sunderland are significantly higher than most other areas in England.

In July 2017, the Government published the Tobacco Control Plan for England, “Towards a Smokefree Generation”. The plan has a number of ambitious goals to be delivered locally over the next five years, these include:

- a) Reduce smoking prevalence in adults smoking rate to 12% (from 15%)
- b) Reduce the proportion of 15 years olds smoking rate reduced to 3% (from 8%)
- c) Reduce smoking prevalence in pregnancy reduced to 6% (from 10.7%)
- d) Mental health inpatient units and prisons to be smokefree
- e) Narrow smoking gap between more and less affluent regions
- f) Support use of new technologies to help people quit (e-cigs)

In June 2018, the Government published the new Tobacco Control Delivery Plan for 2017 – 2022, which set out actions for partners for meeting the aims of the tobacco control plan for England and how progress will be monitored. The Delivery Plan includes actions for national agencies as well areas for collaborative working locally to address smoking.

Public Health England Evidence Review 2016 provides an overview of alcohol-related harm in England and possible policy solutions. The document provides a broad and rigorous summary of the types and prevalence of alcohol-related harm, as well as presenting evidence for the effectiveness and cost-effectiveness of alcohol control policies. The review evaluates the effectiveness and cost-effectiveness of each of these policy approaches below:

- Taxation and price regulation
- Regulating marketing
- Regulating availability
- Providing information and education
- Managing the drinking environment
- Reducing drink-driving
- Brief interventions and treatment
- The policy mix stronger overall policy environments are associated with lower levels of binge drinking and alcohol-related cirrhosis mortality.

Alongside the obvious prevailing need in the local population, it aims to support the Sunderland Health and Wellbeing priorities and the City Plan, both of which support partnership working to address the main causes of premature mortality across the City.

## Intelligence and Analysis

Please describe:

- What sources of information have been used to inform this assessment/analysis (this should include but is not limited to consultations, resident/service user feedback and statistical data and intelligence)
- **What the information is telling you** – this should be broken down by each of the protected characteristics or other identified groups which could be disadvantaged. Each of the aims of the equality act should be considered in relation to each of the protected characteristics.

[Further Guidance](#)

## Local Needs Assessment

A detailed needs assessment has been carried out in relation to tobacco and alcohol in Sunderland. This includes analysis of:

- Review of the current Joint Strategy Needs Assessment around tobacco and alcohol in Sunderland
- Relevant data national data relating to tobacco and alcohol and levels of need in Sunderland

## Key Findings

### **TOBACCO**

Each year a local Tobacco Profile is published [www.tobaccoprofiles.info/tobacco-control](http://www.tobaccoprofiles.info/tobacco-control) for Sunderland.

**Adult smoking rates** - Sunderland has made considerable progress over the last six years down from 24.6% in 2010 to 16% in 2019 which equated to 35,699 smokers, the sixth worst in the North East and thirty sixth worst in England.

According to the Sunderland Adult Lifestyle Survey (ALS) carried out in 2017, smoking prevalence is higher in adult males and in the younger age groups. The highest smoking prevalence is seen in males aged 25-34 (33.3%) and females aged 25-34 (25.7%), with the highest prevalence seen in young people renting flats in high density social housing (Mosaic® groups). The ALS also highlighted adults with a learning disability (26.7%) reported significantly higher smoking prevalence than the Sunderland average.

**Routine and manual workers** – Over the past 5 years smoking prevalence in routine and manual occupations has decreased from 33% to 25.7% in 2019, however this is still higher than the England average which is 23.3%.

**Young people** – 11.6% of 15 years olds in Sunderland say that they smoke compared to 8.7% nationally. Of these, 8.9% say they smoke regularly and 2.7% smoke occasionally. Among 16 to 17year olds this rises to 18.7% in Sunderland and 14.7% across England.

**Smoking at time of delivery** - Smoking during pregnancy remains high. In 2019/20, 18.3% of women were recorded as smoking at the time they gave birth; this compares to the England average of 10.3%. This represents a 0.8% increase over the previous year when the rate was reported at 17.5%. As such, there remains a considerable inequality between Sunderland and the rest of England.

**Household poverty** – In Sunderland 23% of households are classified as in poverty compared to the official Households Below Average Income Figures. When the cost of smoking is considered, 34% of households fall below the poverty threshold which shows tobacco imposes a real and substantial cost on many low-income households.

**The cost of smoking in social housing** - Sunderland manages 33,730 social houses of which 8212 (24.3%) are estimated to be smoking households. Each week the city earns £2,683,931 in rental receipts for this however around £153,778 (5.7%) is left unpaid in rental arrears. For each smoking household in Sunderland, cigarettes and tobacco will cost tenants £45.11 per week on average. Helping social housing tenants

to quit smoking could return around £370,447 of disposable income to the community each week. If these savings were paid towards rent instead of Tobacco products, social tenant arrears could be wiped out. <http://ash2.lelan.co.uk/>

**The cost of smoking to social care system** - The estimated cost from increased social care needs due to smoking for Sunderland based on the size of our over 50's smoking population is over £9 million, this equates to 651 individuals receiveing state funded home based care and 134 individuals receiving state funded residential care. A further 8,386 people are receiving care from a relative or friend. The estimated cost from increased social care needs due to smoking for Sunderland based on the size of our over 50's smoking population is over £9 million. <http://ash.org.uk/uncategorized/cost-of-social-care/cost-of-social-care/>

**Inequalities of smoking prevalence at ward level** – According to the ASH (2019) the highest smoking prevalence are within the wards of Redhill, Pallion, Castle, Hendon, Washington North, Sandhill, Southwick, Millfield, St Annes and Hetton. These wards are the 10 with the highest adult smoking prevalence in Sunderland.

## ALCOHOL

**The Local Alcohol Profiles for England from the Public Health Outcome Framework** <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>

The aim of the Local Alcohol Profiles for England (LAPE) is to provide information for local government, health organisations, commissioners and other agencies to monitor the impact of alcohol on local communities and to monitor the services and initiatives that have been put in place to prevent and reduce the harmful impact of alcohol.

The indicators contained within the web-tool were selected following consultation with stakeholders and a review of the availability of routine data. LAPE are part of a series of products by Public Health England that provide local data alongside national comparisons to support local health improvement. In addition to the indicators, LAPE contain quarterly data for hospital admissions with alcohol-related conditions.

**Admission episodes for alcohol-related conditions (narrow):** Over the previous four years alcohol episodes have risen from 883 to 993 per 100,000. Sunderland has the fourth highest rate in the North East and is the eighth highest in England.

**Admission episodes for alcohol-specific conditions:** Over the previous five years alcohol episodes have risen from 752 to 1171 per 100,000. Sunderland has the fourth highest rate in the North East and is thirteen highest in England.

**Alcohol-specific mortality:** Last year deaths from alcohol-specific conditions based on underlying cause of death registered relating to alcohol have risen, with Sunderland the ninth highest in England.

**Admission episodes for alcohol specific conditions – under 18s:** Sunderland has the second highest in the North East and the fourth highest alcohol admissions rate for under 18s in England.

**Sunderland Adult Lifestyle Survey 2017 - Drinking Alcohol Profile** [www.sunderland.gov.uk/article/15186/Adults](http://www.sunderland.gov.uk/article/15186/Adults)

During 2016/17, the public health team commissioned an external provider to undertake a health and lifestyle survey of a representative 2.5% sample (5,571 people) from the Sunderland population aged 18 years or over. The survey asked participants the following questions:

- Do you ever drink alcohol nowadays?
- In a typical week, on how many days of the week do you drink alcohol?
- What types of alcoholic drinks do you drink?
- How much do you drink?

#### Prevalence of drinking alcohol

When measured via national surveys prevalence of drinking alcohol in Sunderland has decreased over a number of years and currently stands at 63% amongst adults. This compares to 80% across England as a whole. The local survey found similar results with 66% of participating adults reporting drinking at least some alcohol and the remaining 34% stating they do not drink alcohol at all.

Prevalence was found to be significantly higher in the following groups:

- Men.
- Those in the highest socio-economic group.
- People aged between 35 and 64.
- People that are married.
- Residents in less disadvantaged areas.
- Residents of St Chads, Fulwell, Washington Central and Washington East wards as shown on map five.

Men reported being most likely to drink beer, lager, stout or cider whilst women were most likely to drink wine.

#### Prevalence of drinking more than the recommended limit of 14 units of alcohol in a typical week

Over 1 in 5 adults are drinking over 14 units a week. Based on 2016 mid-year population estimates this would mean that in Sunderland we have around 48,600 drinkers aged 18 and over who drink more than the recommended weekly levels of alcohol consumption.

This was significantly higher the least disadvantaged areas as shown in map six and is significantly higher for men than for women. Highest prevalence was seen in men aged 55-64 and women aged 45-54. It is also significantly higher in the following groups:

- Men.
- Those aged 35-64.
- Those who are married or in a civil partnership.

#### Prevalence of drinking more than the recommended limit of 35 units of alcohol in a typical week

In Sunderland 5% of adults aged 18 reported drinking more than 35 units of alcohol in a typical week. Based on 2016 mid-year population estimates this would mean that in Sunderland we have around 11,200 drinkers aged 18 and over who are at higher risk. This was significantly higher for men than for women.

Highest prevalence was seen in men aged 35-44, routine and manual occupations and in the following wards; Silksworth, Pallion, St Peter's, Ryhope, and Shiney Row.

#### Prevalence of binge drinking (drinking more than 6 units on a single occasion)

26% of participants reported binge drinking (drinking more than 6 units on a single occasion). Drinking too much, too quickly on a single occasion (binge drinking) can lead to health risks, even for people who are drinking within weekly guideline amounts. It was found to be significantly higher in men and in those aged 35-64.

#### **Young People**

In Sunderland young people under the age of 18 years admitted to hospital for alcohol specific conditions is the third highest in England

#### **Health Related Behaviour Questionnaire**

The Health-Related Behaviour Survey carried out in 2017 showed the self-reported rates of alcohol use in young people across Sunderland. The survey showed that in secondary school children (12 to 15 years):

- 6% of boys and 8% of girls in year 8 had drunk one or more units of alcohol in the last 7 days.
- 18% of boys and 24% of girls in year 10 had drunk one or more units of alcohol in the last 7 days
- 44% of pupils in 2017 said that they did not drink alcohol which is higher than 2008, which was 21%.

Of those young people who did drink alcohol, 26% of 13-year olds and 24% of 15-year olds drank alcohol with their parents.

#### **Balance Perception Survey 2015**

Balance, the regional Alcohol office for the North East, conducted the North East Alcohol Behaviour and Perceptions Survey in 2015. This was carried out across the North East, including Sunderland. The survey provided a detailed snapshot of local residents' behaviours and attitudes in relation to alcohol. It also included a section on the availability of alcohol, to gather information on how North East residents perceive the acceptability and ease of buying alcohol.

Analysis of the responses from Sunderland residents found that:

- They are likely to feel that alcohol prices in supermarkets are too cheap compared to other areas in the North East.
- 49% support establishing a minimum unit price for alcohol.
- They are more likely than the rest of the region to say there are too many places that sell alcohol (40%)
- Just one in twenty residents of the region perceived themselves to be a heavy drinker, despite 40% of the sample being identified as engaging in increasing and high risk.

Foetal Alcohol Syndrome was cited by only 36% of respondents from Sunderland. This indicates a clear need to educate expecting (and potential) mothers, the earliest (in terms of age) this education is delivered the most likely will be the benefits to the unborn child

Users views:



### **NHS Stop Smoking Service Public survey, May-July 2018**

As part of the commissioning of the Sunderland Specialist NHS Stop Smoking Service, Sunderland City Council consulted with members of the public to understand what was required.

#### **Key Recommendations:**

- Clinic offers within community settings
- Workplace offer with the option for out of hours and weekend services
- Promotion of services to the correct target audience, with engaging ways to keep people focused and motivated
- Better health education to priority wards and target groups
- Pregnant women should be provided the full details of risk and harms caused to unborn child.
- Joined up working between health and social care providers so service user with complex needs find support from organisations that they are already with
- Better use of social media and apps
- Better consultation when developing communications

### **Public Knowledge Engagement**

In March 2013 the Sunderland tPCT Public Health team commissioned a social marketing exercise in the form of qualitative research from an independent organisation to deliver a detailed understanding of levels of awareness, barriers to accessing services and motivational factors in reference to making healthy lifestyle changes. There was a general feeling that health professionals and health service providers were detached from community organisations, a sentiment that was shared by some of the community support workers interviewed. While not the case for everyone, a high proportion of respondents were interested in attending community groups, particularly those which were inclusive of the whole family and which support multiple lifestyle changes such as offering nutritional information alongside exercise classes.

In the case of smoking, excessive alcohol consumption and drug abuse, there was a worrying sense that many people won't change their behaviours until they are personally affected by the consequences. For that reason, a CAT scan or other method to show internal damage was suggested by some as the most effective way of encouraging people to change their behaviour.

For those who had already quit smoking, reduced their alcohol consumption or stopped using drugs, the support and encouragement of friends and family proved critical. For many, just having children or committing to a new relationship was enough to initiate a change. There was a consensus between those who were still engaging in these behaviours, those who had already made changes and those who offered community support that it is particularly important for smoking, alcohol and drug services to be delivered by 'normal' laid-back people who have had their own personal experience of overcoming an addiction.

While some suggested that the cost of buying tools to support them through the quitting process was the reason for continuing to smoke, there was a sense that these were just excuses to cover either not having the motivation or the support to quit.

#### **Key recommendations:**

- NHS services and community organisations should take a more united approach in offering support for lifestyle changes, although community activities and sessions must be better advertised in order for this to be successful
- To target those who are not accessing services, a wide variety of communication channels should be utilised and a central directory of local services should be compiled. To target those who have accessed services in the past, gentle reminders and follow-ups could promote re-engagement
- Information needs to be advisory in tone, rather than dictatorial, be suitable for all educational abilities and address any questions and issues that people might have
- Family, friends and people who have been through the same experiences need to be encouraged to take a more active role in supporting a person to overcome an addiction as this type of support is pivotal to success
- As many still won't make changes until they are personally affected by the consequences of their actions, there is need for the NHS to think of an incentive
- There is a need for a new method of showing the risks of alcohol, cigarettes and drugs
- There is a requirement for more advice and education around 'binge drinking' as many do not think the term applies to them despite their reported behaviours suggesting otherwise

#### **Users views:**

The Alcohol Health Alliance polled 2,000 people in the UK. Key headline statistics of the 2016 survey are below.

#### **Theme: Awareness of harms and of new alcohol guidelines from the UK's Chief Medical Officers**

- Worryingly low levels of awareness of the guidelines and risks:
- **82%** of people are unaware of the new guidelines
- **60%** believe that 'alcohol – if drunk in moderation – poses no risk to health'
- **82%** are unaware of the alcohol/cancer link (cf. CRUK 1 in 10 statistic)

#### **Lowering the drink drive limit**

- **74%** support reducing the limit

#### **Licensing and availability**

Most people agree that local authorities should have powers around the total availability of alcohol in their area, and we found a majority are put off going into town because of alcohol:

- **69%** agree LAs should consider overall number of premises when deciding on licensing applications

#### **Advertising**

They found majority support for limits on cinema advertising, a TV watershed and alcohol sports sponsorship.

- **76%** agree advertising in cinemas should only take place before 18-certificate films
- **62%** agree sports sponsorship sends a message to children that alcohol is a normal part of enjoying sport
- **72%** agree with a 9pm TV watershed

**Public Knowledge Engagement** - In March 2013 the Sunderland tPCT Public Health team commissioned a social marketing exercise in the form of qualitative research from an independent organisation to deliver a detailed understanding of levels of awareness, barriers to accessing services and motivational factors in reference to making healthy lifestyle changes.

They found that in the case of excessive alcohol consumption, there was a worrying sense that many people won't change their behaviours until they are personally affected by the consequences. For that reason, a CAT scan or other method to show internal damage was suggested by some as the most effective way of encouraging people to change their behaviour.

For those who had already reduced their alcohol consumption, the support and encouragement of friends and family proved critical. For many, just having children or committing to a new relationship was enough to initiate a change. There was an overall consensus between those who were still engaging in these behaviours, those who had already made changes and those who offered community support that it is particularly important for alcohol services to be delivered by 'normal' laid-back people who have had their own personal experience of overcoming an addiction.

**Key recommendations:**

- Family, friends and people who have been through the same experiences need to be encouraged to take a more active role in supporting a person to overcome an addiction as this type of support is pivotal to success
- As many still won't make changes until they are personally affected by the consequences of their actions, there is need for the NHS to think of an inventive, new method of showing the risks of alcohol
- There is a requirement for more advice and education around 'binge drinking' as many do not think the term applies to them despite their reported behaviours suggesting otherwise

**Gaps in intelligence and information**

Having analysed the information available to you:

- are there any gaps in intelligence or areas where understanding needs to be improved? Please describe what these are and what actions you intend to take to obtain/improve the information. These actions should be covered in the action plan.
- are there any groups who should be expected to benefit who do not? Please describe why not and whether you will amend the decision to change this outcome. This should also be covered in the action plan.

[Further Guidance](#)

Not applicable.

**Additional Impacts**

The policy or action may also have an impact on other groups or individuals which are not covered by statutory requirements. Please outline any additional individuals or groups which have not already been covered. This could include socio-economic groups, voluntary and community sector, carers or specific communities which face additional challenges (such as former coal mining areas or areas of high deprivation)

[Further Guidance](#)

Not applicable.

## Part 2. Analysis of Impact on People

In this section you must **review the intelligence described above and summarise the intended and potential impact of the policy, decision or activity** on the people of Sunderland. This includes specific consideration of the impact on individuals, groups with protected characteristics and communities of interest within the city. Please briefly outline any positive, neutral or negative impacts on the specific groups below. Please note that any negative impacts should have a corresponding action in the action plan in the page below.

In this assessment it is important to remember the **Council is required to give due regard to:**

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

**Each of these aims must be summarised in turn in relation to the groups outlined below.**

### [Further Guidance](#)

Characteristic	List of Impacts		
	Positive	Neutral	Negative
Age	Services within the scope of the proposal are for both adults and young people. It is anticipated they will have a positive impact on children and young people as they will provide focused programmes around Alcohol Free Childhood and support adults to stop smoking (which is the best approach to stop children from starting to smoke).		
Disability		Services within the scope of the proposal will not discriminate based on disability.	
Gender/Sex		Services within the scope of the proposal are provided for all residents, irrespective of gender/sex.	
Marriage & Civil Partnership		Services within the scope of the proposal are will ensure that messages use are suitable for people who are married or in a civil partnership.	
Pregnancy and maternity	Services within the scope of the proposal ill focus on pregnancy and		

	maternity and promote messages to support a healthy pregnancy – in particular around abstinence from smoking and alcohol during pregnancy.		
Race/Ethnicity		Services within the scope of the proposal will be required to be compliant with the Equality Act 2010 and ensure effective access for people of all racial and ethnic backgrounds.	
Religion/belief		Services within the scope of the proposal will be required to be compliant with the Equality Act 2010 and ensure effective access for people of all religions and beliefs.	
Sexual Orientation		Services within the scope of the proposal will be required to be compliant with the Equality Act 2010 and ensure effective access for people of all sexual orientations.	
Gender identity		Services within the scope of the proposal will be required to be compliant with the Equality Act 2010 and ensure effective access for people of all gender identities.	

**Please add any additional groups mentioned in the “additional impacts” section above.**

### Part 3. Response to Analysis, Action Plan and Monitoring

In this section please outline what actions you propose to take to minimise the negative, and maximise the positive, impacts that have been identified through the analysis. By considering and implementing these actions the policy or action can be refined to make sure that the greatest benefits are achieved for the people of Sunderland. The performance monitoring process should also be set out to explain how ongoing progress is going to be followed to make sure that the aims are met.

From the analysis four broad approaches can be taken, (No major change; continue with the policy/action despite negative implications; adjust the policy/decision/action; or stop the policy/action). Please indicate, using the list below, which is proposed.

No Major Change ( ☒ )

Continue Despite Negative Implications ( ☐ )

Adjust the Policy/Decision/Project/Activity ( ☐ )

Stop ( ☐ )

#### Action Plan

[Further Guidance](#)

ACTION	WHO	WHEN	MONITORING ARRANGEMENTS

**PLEASE ENSURE THAT THIS TEMPLATE IS PUBLISHED ON <http://citypoint/equalityanalysis/default.aspx>, WITH THE RELEVANT ACCOMPANYING DOCUMENTATION APPENDED, i.e. POLICY/STRATEGY. THE EQUALITY ANALYSIS MUST BE PRESENTED AT ANY DECISION POINT.**

