



Derby City Council

Equality impact assessment form

Directorate: Public Health

Service area: Substance Misuse

**Name of policy, strategy, review or function
being assessed: Integrated Drug and Alcohol
Service Specifications**

Date of assessment: 3 November 2014

Signed off by

**Cabinet, Personnel Committee or Chief Officer
Group's decision**

Date published on website

Derby... *Achieving*

Equality impact assessment – please read this section first before you do the assessment

This is our equality impact assessment form to help you equality check what you are doing when you are about to produce a new policy, review an older one, write a strategy or plan or review your services and functions. In fact you need to do an equality impact assessment whenever a decision is needed that affects people and **before** that decision is made.

So why do we need to do equality impact assessments? Although the law does not require us to do them now, the courts still place significant weight on the existence of some form of documentary evidence of compliance with the **Public Sector Equality Duty** when determining judicial review cases. This method helps us to make our decisions fairly, taking into account any equality implications, so yes we still need to do them.

The Public Sector Equality Duty is part of the Equality Act 2010 and this Duty requires us as a public body to have '**due regard**' to eliminating discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act. It requires us to advance equality of opportunity and foster good relations between people who share a '**relevant protected characteristic**' and people who don't.

Having 'due regard' means:

- removing or minimising disadvantages suffered by people due to their protected characteristics
- taking steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people
- encouraging people with certain protected characteristics to participate in public life or in other activities where the participation is disproportionately low.

The protected characteristics are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

This completed form should be attached to any Chief Officer Group, Cabinet or Personnel Committee report to help elected members make their decisions by taking the equality implications into account. Equality impact assessments **must be done before** decisions are made. Include the Cabinet or Personnel Committee's decision on the front sheet when you know it.

You'll find that doing these assessments will help you to:

- understand your customers' and communities needs
- develop service improvements
- improve service satisfaction
- demonstrate that you have been fair and open and considered equality when working on re-structuring
- make sure you pay due regard to the requirements of the Public Sector Equality Duty.

Don't do the form by yourself, get a small team together and make sure you include key people in the team such as representatives from our Diversity Forums and employee networks and you could invite trade union representatives too – the more knowledge around the table the better. You also need to decide how and who you will consult with to help inform the equality impact assessment. Our Lead on Equality and Diversity can help with useful contacts – we have a team of people who are used to doing these assessments and can help with information on barriers facing particular groups and remedies to overcome these barriers.

You'll need to pull together all the information you can about how what you are assessing affects different groups of people and then examine this information to check whether some people will be negatively or positively affected. Then you'll need to look at ways of lessening any negative effects or making the service more accessible – this is where your assessment team is very useful and you can also use the wider community.

Agree an equality action plan with your assessment team, setting targets for dealing with any negative effects or gaps in information you may have found. Set up a way of monitoring these actions to make sure they are done and include them in your service business plans.

When you have completed the assessment, get it signed by your Head of Service or Service Director and send it to our Lead on Equality and Diversity for checking and to publish on our website. It is a public document so must not contain any jargon and be easy to understand.

Remember, we need to do these assessments as part of our everyday business, so we get our equality responsibilities right and stay within the law – Equality Act 2010.

Equality groups and protected characteristics

These are the equality groups of people we need to think about when we are doing equality impact assessments and these people can be our customers or our employees and job applicants...

- Age equality – the effects on younger and older people
- Disability equality – the effects on the whole range of disabled people, including Deaf people, hearing impaired people, visually impaired people, people with mental health issues, people with learning difficulties and people with physical impairments
- Gender reassignment – the effects on trans people
- Marriage and civil partnership equality
- Pregnancy and maternity equality - women who are pregnant or who have recently had a baby, including breast feeding mothers
- Race equality – the effects on minority ethnic communities, including newer communities, gypsies and travellers and the Roma community
- Religion and belief or non-belief equality – the effects on religious and cultural communities, customers and employees
- Sex equality – the effects on both men and women and boys and girls
- Sexual Orientation equality – the effects on lesbians, gay men and bisexual people

In addition, we have decided to look at the effects on families and people on low incomes too as we feel this is very important.

Contact for help

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The form

We use the term ‘policy’ as shorthand on this form for the full range of policies, practices, plans, reviews, activities and procedures.

Policies will usually fall into three main categories...

- Organisational policies and functions, such as recruitment, complaints procedures, re-structures
- Key decisions such as allocating funding to voluntary organisations, budget setting
- Policies that set criteria or guidelines for others to use, such as criteria about school admissions, procurement methods, disabled facilities grants, on street parking bays

If in doubt - do one! You never know when we may get a legal challenge and someone applies for Judicial Review.

What’s the name of the policy you are assessing?

Integrated Drug and Alcohol Service Specifications:

Lot 1: Community Substance Misuse Service Specification

Lot 2: Specialist Substance Misuse Service Specification

The assessment team

Name	Job title	Organisation	Area of expertise
Richard Mullings	Senior Public Health Manager	Derby City Council	Health Improvement
Steve Barr	Board member – Derbyshire Friend & Community engagement	Derbyshire Friend Health watch	LGBT
Christopher Tagne	Community Worker		BME community
Dionne Reid	CEO	Women's Work	Vulnerable women and families
Alison Hicking	Deaf People`s Forum	Deaf Forum	Deaf Community
Deborah Gray	Partnerships Manager	Derbyshire CRC	Criminal Justice
Jo Seekings	Substance Misuse Commissioner	Derby City Council	Substance Misuse
Angela Clift	Substance Misuse Commissioner	Derby City Council	Substance Misuse
Nicola Jordan	Substance Misuse	Derby City Council	Substance Misuse

	Commissioner		
Adrian Thorpe	Administrator	Derby City Council	Minute taker

Step 1 – setting the scene

Make sure you have clear aims and objectives on what you are impact assessing – this way you keep to the purpose of the assessment and are less likely to get side tracked.

1 What are the main aims, objectives and purpose of the policy? How does it fit in with the wider aims of the Council and wider Derby Plan? Include here any links to the Council Plan, Derby Plan or your Directorate Service Plan.

Public Health has the lead responsibility for the commissioning of drug and alcohol treatment services. A tender exercise was undertaken in 2014 to procure services to deliver a new integrated drug and alcohol treatment system from April 2015.

The treatment system will contribute to the specific outcomes in the Derby plan of:

- Being safe and feeling safe
- Good health and well being.

The overarching aims of the integrated drug and alcohol treatment system are to:

- Reduce the level of harm caused to individuals, families and the wider community as a result of drug and alcohol misuse.
- Deliver high quality and safe care which is client centred, offering personalised opportunities for those using drugs and/or alcohol to move towards sustained recovery.
- Deliver a recovery focused service which assists clients to attain a good standard of health and well being and achieve a drug free life and/or achieve abstinence from alcohol or controlled drinking.
- Provide non-judgmental services that are fair and equitable providing good access to all and delivering a range of interventions which are evidence based, cost - effective and are responsive to client need.

2 Who delivers/will deliver the policy, including any consultation on it and any outside organisations who deliver under procurement arrangements?

At the time of completing this assessment the integrated drug and alcohol treatment services are out to tender and it is unknown who the successful bidder(s) will be.

3 Who are the main customers, users, partners, employees or groups affected by this proposal?

The services are for residents of Derby city who are 18 years or older and require interventions around their drug and alcohol use. This may range from information and advice about responsible drinking to structured pharmacological and psychosocial interventions for problematic drug and alcohol use.

Step 2 – collecting information and assessing impact

4 Who have you consulted and engaged with so far about this policy, and what did they tell you? Who else do you plan to consult with? – tell us here how you did this consultation and how you made it accessible for the equality groups, such as accessible locations, interpreters and translations, accessible documents.

From June to September 2014 a public consultation was undertaken to inform the design of the drug and alcohol treatment system and development of service specifications. Postal and online questionnaires were distributed to a range of stakeholders including; healthcare professionals, service providers and service users. To complement the questionnaire a series of focus groups were held with service users, substance misuse staff and provider organisations.

Key points from the consultation feedback included:

- A positive response to the integration of drug and alcohol interventions.
- The need for services to be responsive to changing trends in drug and alcohol use.
- A need for services to be discrete yet accessible.
- A strong ethos of multi-agency working to address complex and multiple needs and deliver holistic packages of care.

5 Using the skills and knowledge in your assessment team, and from any consultation you have done, what do you already know about the equality impact of the policy on particular groups? Also, use any other information you know about such as any customer feedback, surveys, national research or data. Indicate by a tick for each equality group whether this is a negative impact, a positive one or if you are not sure

Equality groups	What do you already know?	No impact	Positive impact	Negative impact	Not sure
Age	<p>There is an aging population of opiate users in treatment coupled with an emerging younger population who are using new psychoactive substances.</p> <p>Alcohol misuse occurs at any age. The physical health problems caused by life long alcohol misuse may not be realised until later in life.</p>		<p>X</p> <p>X</p>		
Disability	<p>Premises and consultation rooms need to be accessible for disabled people and signage of buildings needs to be clear.</p> <p>'Easy read' and visual information need to be provided to help and encourage people with low levels of literacy to access preventative information</p> <p>Issues around the use of non accredited British Sign Language (BSL) interpreters increase the risk of miscommunication. Extended appointments may be needed if using an interpreter.</p>		<p>X</p> <p>X</p> <p>X</p>		
Gender reassignment	<p>Staff need to communicate appropriately with people</p>		X		

<p>- trans</p>	<p>undergoing gender reassignment e.g. sensitive use of titles Mr/Mrs/Miss.</p> <p>People need to feel safe and not intimidated within waiting areas.</p>		<p>X</p>		
<p>Marriage and civil partnership</p>	<p>No specific issues were identified, other than to treat people with respect and involve partners in care if appropriate.</p> <p>If both parties are known to treatment services confidentiality needs to be adhered to but clients should be offered joint appointments if they want to support each other.</p>		<p>X</p> <p>X</p>		
<p>Pregnancy and maternity</p>	<p>Assumptions should not be made about the parenting capacity of those in substance misuse treatment. Safeguarding assessments are essential but should not be a barrier for people to engage with substance misuse services.</p> <p>Additional family support, a substance misuse midwifery model and pregnancy keyworker is available to provide additional support.</p>		<p>X</p> <p>X</p>		
<p>Race</p>	<p>Language barriers may be an issue.</p> <p>Cultural differences in understanding what constitutes as problematic alcohol consumption may prevent people from presenting to treatment.</p> <p>Service access points need to be available in different communities and service promotion should be tailored for differing needs.</p>		<p>X</p> <p>X</p> <p>X</p>		

	There is added difficulty when one individual spans two separate protected characteristics e.g. is non English speaking and has a sensory disability		X		
Religion or belief or none	No issues were identified, other than to treat people appropriately.	X			
Sex	Vulnerable women need to feel safe and not intimidated within waiting areas. Gender specific group work programmes and the flexibility to offer same sex keyworkers may facilitate improved therapeutic relationships.		X X		
Sexual Orientation	No specific issues were identified. Staff need to work with people sensitively.		X		
Families and people on low income	Families and those on low incomes may have difficulty accessing services due to transport links and/or affordability. Childcare issues may be a barrier for some people to engage with treatment interventions May not be appropriate for children to attend with parents receiving treatment		X	X X	

Important - For any of the equality groups you don't have any information about, then make it an equality action at the end of this assessment to find out. This doesn't mean that you can't complete the assessment without the information, but you need to follow up the action and if necessary, review the assessment later. You can get lots of information on reports done from organisations' websites such as the Equality and Human Rights Commission, Stonewall, Press for Change, Joseph Rowntree Trust and so on. Please don't put down that the impact affects 'everyone the same' – it never does!

6 From the information you have collected, how are you going to lesson any negative impact on any of the equality groups? How are you going to fill any gaps in information you have discovered?

The successful service provider(s) must ensure that:

- treatment is provided according to individual needs and that all staff are respectful and sensitive to the needs of all regardless of any protected characteristics and in accordance with legislation and local and national good practice.
- all staff are trained in equality and diversity and competent to work with people who have protected characteristics.
- staff have access to and know how to effectively use interpretation and translation services to enable equity of access and understanding.
- all premises used for service delivery are accessible to disabled people and are well signposted.
- when planning locality working a range of community settings and venues are considered to maximise engagement from a range of communities.
- waiting areas are made as client friendly as possible to prevent these being a barrier to access.
- service promotion and information leaflets are available in plain English/ easy read versions.
- it collects appropriate data, conducts regular equity audits and has provision to monitor their equality performance and agree actions plans to improve this where necessary.

Step 3 – deciding on the outcome

7 What outcome does this assessment suggest you take? – You might find more than one applies. Please also tell us why you have come to this decision?

Outcome 1		No major change needed – the EIA hasn't identified any potential for discrimination or negative impact and all opportunities to advance equality have been taken
Outcome 2		Adjust the policy to remove barriers identified by the EIA or better advance equality. Are you satisfied that the proposed adjustments will remove the barriers you identified?
Outcome 3	x	Continue the policy despite potential for negative impact or missed opportunities to advance equality identified. You will need to make sure the EIA clearly sets out the justifications for continuing with it. You need to consider whether there are: <ul style="list-style-type: none"> • sufficient plans to stop or minimise the negative impact • mitigating actions for any remaining negative impacts

		<ul style="list-style-type: none"> plans to monitor the actual impact.
Outcome 4		Stop and rethink the policy when the EIA shows actual or potential unlawful discrimination

Our Assessment team has agreed Outcome number(s)

Outcome three was agreed.

Why did you come to this decision?

Participants in the assessment team were assured that commissioners and the successful provider(s) would be able to mitigate against the concerns raised.

If you have decided on **Outcome 3**, then please tell us here the justification for continuing with the policy. You also need to make sure that there are actions in the Equality Action Plan to lessen the effect of the negative impact. This is really important and may face a legal challenge in the future.

If you have decided on **Outcome 4** then if the proposal continues, without any mitigating actions, it may be likely that we will face a legal challenge and possibly a Judicial Review on the process - it is really important that the equality impact assessment is done thoroughly, as this is what the Judge will consider.

Step 4 – equality action plan – setting targets and monitoring

8 Fill in the table (on the next page) with the equality actions you have come up with during the assessment. Indicate how you plan to monitor the equality impact of the proposals, once they have been implemented.

Equality action plan – setting targets and monitoring

What are we going to do to advance equality?	How are we going to do it?	When will we do it?	What difference will this make?	Lead officer	Monitoring arrangements
Deliver a service which is sensitive to the needs of all regardless of any protected characteristics.	<p>Undertake Equity Audits including service user questionnaires/user experience feedback.</p> <p>Monitor and review equality performance of services.</p> <p>Undertake staff training in equality and diversity and working with people with protected characteristics.</p>	Annually	It will help to identify areas where further improvements are required and can inform the formulation of action plans.	Service manager/ Substance Misuse commissioner	Discuss during contract monitoring meetings.
The service will ensure access to appropriate translation and interpretation services.	<p>Allocate a budget and source appropriately qualified translation/interpretation services.</p> <p>Train staff so they know how to access and use translation/interpretation services.</p>	On going from service implementation	It will facilitate access and meet the needs of those with language barriers and sensory impairments	Provider(s) organisation.	Discuss during contract monitoring meetings.
The service will ensure that interventions are	Identify community venues and establish	On going from service	It will facilitate equity of access and promote	Provider(s) Organisation.	Discuss during contract monitoring meetings.

accessible across a range of community venues in culturally appropriate locations.	<p>locality working.</p> <p>Target clinics to those most effected.</p> <p>Implement appropriate remote working solutions.</p>	implementation	engagement from a range of communities.		
Provide written literature which is accessible to all.	<p>Explore 'Easy Read' drug and alcohol leaflets.</p> <p>Ensure that any letters sent to clients are written in plain English.</p> <p>Pilot the development of any new literature.</p>	On going	It will ensure good communication with service users particularly those with lower literacy levels.	Provider(s) Organisation.	Discuss during contract monitoring meetings.
Ensure that the service continues to engage with marginalised and hard to reach groups.	<p>Undertake proactive outreach and service promotion amongst traditionally hard to reach groups.</p> <p>Involve community representatives in reviews and consultation processes.</p>	On going from service implementation	It will build knowledge and relationships with under represented communities and facilitate a clearer understanding of needs.	Provider(s) Organisation.	Discuss during contract monitoring meetings.

Make sure you include these actions in your Directorate service business plans.