

## Substance Misuse Service

### Evidence based equality analysis

#### **Main aims, purpose and outcomes and how does it fit in with the wider aims of the organisation:**

Local Authority Public Health have a lead role to improve health, and to co-ordinate efforts to protect the health of its local population. Cheshire West and Chester Council's Public Health Team have the responsibility for commissioning substance misuse services. As a commissioner, we expect to build an effective and strong working relationship with the Service, with shared values and vision, which delivers excellent performance with an outcomes focus.

An Integrated Substance Misuse Recovery Service will provide recovery focused interventions from point of access to the Service and will support the social integration of recovering substance misusers, enabling them to improve their general well-being and fulfil their potential. This Service will be the cornerstone of all interventions offered by the Service and will be available to all who present with substance misuse issues. This Service will be for all Cheshire West and Chester residents of any age who require support to address the impact of substance misuse.

The Service ethos must be to intervene as soon possible, to prevent escalation of use, reduce risk and address underlying issues leading to substance misuse. Full recovery is the goal of the Service and it is vital that both the Service as a whole and individual workers understand the principles of recovery. The Service will deliver an efficient and effective integrated system that meets the needs of individuals, their families and communities, and, responds to the different needs of children, young people, adults and older people. The Service will ensure that pathways are available to cover both abstinence and non-abstinence based recovery journeys and ensure that all interventions are underpinned by harm reduction principles. The Service will work with existing Criminal Justice substance misuse schemes, including Alcohol Treatment Requirements and Drug Rehabilitation Requirements.

The range of support will allow flexibility for differing needs and approaches to match identified need; including the options of abstinence and/or non-medical/pharmacological intervention. The Service will have a range of responses developed to be appropriate to differing types of substance misuse, including alcohol, opiates, benzodiazepines, stimulants, steroids, image and performance enhancing drugs, other recreational drugs, prescribed and over the counter medicines and new psychoactive substances.

## **Consultation**

Planning, improvements and any potential or proposed changes to services must be discussed and planned for at as early a stage as possible, including assessment and mitigation of risks to other services regardless of whether they are commissioned by the Local Authority or other commissioners. Mechanisms for engagement with service users and local populations should always include consultation. Key stakeholders, service users, carers and those from under represented population groups, including a diverse range of representatives from protected characteristics under the Equality Act 2010 must have full involvement in decisions which affect their life, including the choice of a particular form of support treatment or care.

As part of the Quality Assurance Cycle, the service shall be required to provide evidence of how the views and experiences of the service users, carers, staff and referring agencies have been used to improve quality, inform decision making and actively develop the service.

## **Equality and Diversity**

The service must operate an equality and diversity policy which complies with the requirement of all current Equality legislation, and in particular, the Equality Act 2010 and any subsequent amendment of the act. The following protected characteristics are set out in the Equality Act 2010, Age, Sex, Race, Religion and Belief, Sexual Orientation, Disability, Pregnancy and Maternity, Gender Reassignment and Marriage and Civil Partnership.

The Service must operate an Equality and Diversity Policy which complies with the requirement of all current equality legislation, and in particular, the Equality Act 2010 and any subsequent amendment of the act. The following protected characteristics are set out in the Equality Act 2010, Age, Gender, Race, Religion and Belief, Sexual Orientation, Disability, Pregnancy and Maternity, Gender Re-assignment and Marriage and Civil Partnership.

The Service must issue their own written policies covering anti-discriminatory practice and harassment. All employees working with service users must receive equality and diversity training and be competent to apply the above policies.

The Service will ensure employees understand, and are sensitive to, the particular needs of minority groups. Equality training will be provided to ensure support is provided in a culturally sensitive way. All services should be able to meet special communication needs, such as, providing translators or interpreting services, where requested or necessary.

The Service will actively monitor the implementation and impact of its Equality and Diversity policies and provide the Commissioner with reports when requested.

## Digital

There is an increased focus on digital offer opportunities being made available across the Public Health agenda. Digital is best seen as a way of doing things rather than just a list of technologies and tools. Above all digital refers to working in a different way and putting users and people in the middle of what we do. It is about an open, faster culture and it is about learning by doing.

Digital services and products include (but are not restricted to):

- maintaining or redeveloping existing websites and content
- the new PHE intranet
- digital ways of engaging
- mobile applications
- collaboration tools
- social media channels
- the databases that support and connect all of these.

### **The service will help ensure delivery of the three key themes of the Council Plan.**

The first key theme of the Council's Corporate Plan 2016 – 2020 "Helping the Borough Thrive" is ***Thriving Residents***. The new service will enable residents of the Borough to continue to access preventative services, supporting them to improve their health and wellbeing, and providing specialist treatment and advice when required. This in turn will support families to provide an environment that enables children to get the best possible start in life, and the service will have a particular focus on seldom heard groups.

The second key theme is ***Thriving Communities***. The service will be required to deliver benefits to communities by engaging with local networks and third sector providers, in order to bring services to areas with most need. It will focus on prevention of ill-health and supporting self-sustained well-being.

The third key theme is ***Thriving Economy***. The success of this service will improve the health of the workforce overall and reduce the burden of ill-health, particularly long-term, on the local economy.

Lead officer: Rachel Zammit, Public Health Programme Lead

Stakeholders: New provider organisation, service users, potential service users, Clinical Commissioning Groups, NHS England, Public Health England, Childrens and Adults Commissioners, Police, Probation Services, Safeguarding, Elected Members, Housing Providers, Education, Substance Misuse Support Services, respective Council services (internal procurement, legal, finance), Hospital Trust, Mental Health Trust, Voluntary, Community and Faith Sector.

Equality analysis is a valuable tool to help embed equality into everything we do

While process is important, equality analysis is essentially about outcomes

Lack of evidence of discrimination is not evidence of a lack of discrimination

It is not acceptable to say that a policy is applied uniformly to all groups and is therefore fair and equal. Applying a policy or procedure consistently may result in differential outcomes for different groups.

For each of the areas below, an assessment needs to be made on whether the policy has a positive, negative or neutral impact, and brief details of why this decision was made and notes of any mitigation should be included. Where the impact is negative, this needs to be given a high, medium or low assessment.

It is important to rate the impact of the policy based on the current situation (i.e. disregarding any actions planned to be carried out in future).

High impact – a significant potential impact, risk of exposure, history of complaints, no mitigating measures in place etc.

Medium impact –some potential impact exists, some mitigating measures are in place, poor evidence

Low impact – almost no relevancy to the process, e.g. an area that is very much legislation led and where the Council has very little discretion

	<b>Neutral</b>	<b>Positive</b>	<b>Negative</b>
Target group / area			
<b>Race and ethnicity</b> (including Gypsies and Travellers; migrant workers, asylum seekers etc.)	Language barriers can be addressed through ensuring that professionals (provider) are able to access interpreter	The service will be open to all members of the community and the provider will be asked to provide outreach services	If the interpreter is not physically present, therefore not having face-to-face contact with the individual, all issues

	<p>services and language telephone lines, when required.</p>	<p>to 'seldom seen' groups in the borough and to ensure equality and diversity characteristics of service users are monitored to assess service accessibility.</p> <p>There will be development of outreach support services and additional targeted point of care capacity in community settings.</p> <p>Resources are available in a number of different languages and there will be a range of translation methods made available for face to face and via the telephone.</p>	<p>may not be expressed.</p> <p>Low – resources available in a number of different languages; appointments can be arranged for convenience.</p> <p>Use of an interpreter could result in miscommunication or understanding.</p> <p>Low – appropriate governance/compliance and quality assurances processes in place.</p>
<p><b>Disability</b> (as defined by the Equality Act - a person has a disability if they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities)</p>	<p>The new service will be required to maintain compliance with disability access requirements as per the service specification.</p>	<p>An increased focus on digital access self-serve processes may improve access for some groups with disabilities where fewer attendances at service centres may be required.</p> <p>Accessibility is a core aspect of the service specification including in relation to physical access to premises. All premises will be fit for purpose for the services</p>	<p>Literacy levels or the disability prevents the use of the digital provision.</p> <p>Low – resources and access available in a range of accessible formats (i.e. Braille, Easy read) and locations.</p>

		delivered in that particular location, be well maintained and compliant with the Equality Act.	
<b>Sex</b>	<p>The service is characterised by being available to anyone requiring care, irrespective of their age, gender and without referral</p> <p>The service will be required to demonstrate their ability to offer services equally to all genders.</p>	<p>The service offers a Women's Support Group and also a Women's Space (a dedicated afternoon for women). Often a high percentage of service users are/ have experienced Domestic Abuse and/ or Sexual Abuse by male perpetrators. The service offers this option for women who wish to access support via this mechanism.</p> <p>The service are also planning to review dedicated service provision for men, in consultation with service users.</p>	
<b>Gender identity</b> (gender reassignment)	The new service will be required to maintain equality of access as required in the specification.	Due to the nature of the service, there will be staff who are able to ensure a positive service is delivered.	
<b>Religion and belief</b>	The new service will be required to maintain equality of access as required in the specification.		The majority of respondents to the Public Health Services consultation identified as 'no religion' or as 'Christian',

	The service is required to demonstrate awareness and sensitivity to religious and cultural beliefs.		suggesting that further outreach to people of other faiths, by the new service, may be of benefit.
<b>Sexual orientation</b> (including heterosexual, lesbian, gay, bisexual)	The service will be required to demonstrate their ability to offer services to people of any sexual orientation.	<p>Any potential or proposed changes to services must be discussed and planned for at as early a stage as possible, including assessment and mitigation of risks to other services regardless of whether they are commissioned by the Local Authority or other commissioners.</p> <p>Stakeholders will include: LGBT community, MSM, WSW, gay and bi-sexual men and women, trans and on-binary community.</p> <p>Sub-contractors are skilled to provide services to these groups.</p> <p>The service is also to establish an LGBT+ Support Group to provide service users the option of accessing support via this mechanism, if they wish to.</p>	Very low numbers of respondents to the Public Health Services consultation identified as being LGBT, suggesting that the new service should ensure they continue to seek views from this population to ensure the service meets needs.

<p><b>Age</b> (children and young people aged 0 – 24, adults aged 25 – 50, younger older people aged 51 – 75/80; older older people 81+. The age categories are for illustration only as overriding consideration should be given to needs)</p>	<p>The service is required to develop a service model that is conducive to a life-course approach and have clear care pathways in place with the full range of service providers for children, young people, adults and older people.</p>	<p>Services are required to take a Team around the Family approach and in particular to consider the needs of children of service users</p> <p>Compliance with the Local Safeguarding Children’s Board’s and Local Safeguarding Adults Board’s policy, procedures and protocols must be regularly audited (including case note audit) and the service will be required to demonstrate their procedures on the safe recruitment and selection of staff and volunteers accord with any guidance issued by the Local Safeguarding Children Board and Local Safeguarding Adults Board. The service shall ensure all staff are trained to a level appropriate to their role.</p>	<p>People may not be able to access or have the skills to utilise the digital provision, however, the increase in digital services should be seen to complement rather than replace physical services which will still be available.</p> <p>Low – access available in a range of locations, and appointments can be arranged for convenience.</p>
<p><b>Carers</b></p>	<p>The service will be offered to all individuals irrespective of their caring status. If a service user wishes their carer to be involved to support them, this will be accommodated.</p>	<p>An increased digital offer may increase service accessibility for those with caring responsibilities. The service will be asked to consider service location and accessibility, and in particular</p>	



		to ensure that the service is available out of normal working hours including evenings and weekends.	
<b>Rural communities</b>	The service will be required to maintain equality of access as required in the current specification.	<p>An increased digital offer will support some people living in rural areas to access the services they need without the need to travel</p> <p>The service will implement the principles of Asset Based Community Development to identify the skills and strengths of each individual and encourage community engagement to utilise those skills, and, facilitate self-care and peer support for service users</p>	<p>For some elements of service, individuals may be required to access via more centralised hubs if they are unable to utilise digital provision</p> <p>LOW – a person centred approach allows for a range of options available and preferences to be selected as appropriate</p>
<b>Areas of deprivation</b>	The service is designed to have targeted interventions and levels of support aligned to levels of need and to take account of additional needs associated with social deprivation.	<p>The service will take into account the potential barriers to accessing support faced by individuals who live in more deprived communities.</p> <p>Some aspects of the service will be specifically required to target areas of deprivation e.g. sexual health outreach screening and promotion.</p> <p>Digital provision can help to</p>	<p>For some elements of service, individuals will be required to access via more centralised hubs if they are unable to utilise digital provision.</p> <p>LOW – a person centred approach allows for a range of options available and preferences to be selected as appropriate.</p>

		keep transport costs down	
<b>Human rights</b>	The service is required to demonstrate compliance with the Human Rights Act as it applies to young people and adults.	This forms an integral part of the principles and approach the service is taking. In addition service users will be encouraged to take an active part in the development and delivery of services. Safeguarding for both adults and young people will form a core element of the service delivery model.	
<b>Health and wellbeing</b> (consider both the wider determinants of health such as education, housing, employment, environment, crime and transport, as well as the possible impacts on lifestyles and the effect there may be on health and care services)	The service aims to have a positive impact on the lifestyles of service users, their families and their communities.  The impact of the services provided will reduce demand on health and care systems.	The service is designed to improve the health and wellbeing of residents. Health and wellbeing outcomes will be monitored throughout the contracts	
<b>Procurement/partnership</b> (if project due to be carried out by contractors/partners etc, identify steps taken to ensure equality compliance)	The service will be obliged through contracts to ensure equality compliance and actively review and address equality issues on a regular basis.	Equality compliance should be improved through embedding equality in the service contract and raising awareness across service provision.	

**Evidence:**

- Substance Misuse Service Specification 2019-2024
- Business case

- Consultation response

**Action plan:**

<b>Actions required</b>	<b>Key activity</b>	<b>Priority</b>	<b>Outcomes required</b>	<b>Officer responsible</b>	<b>Review date</b>
Consultation	Must engage with population groups as part of consultation for any amendments/ changes/ planning or developments within the service	Medium	Consultation response	Rachel Zammit	September 2020
Equality Analysis	Requirement for the service to complete an equality analysis (EA). Note. Any change warrants a review of the EA.	Low	Completed equality analysis report from the Service	Rachel Zammit	October 2020
Contract meeting reviews	Quarterly review meetings to ensure compliance and quality assurance	Medium	Quarterly monitoring reports from service and meeting minutes	Rachel Zammit	April 2020

<b>Sign off</b>	
Lead officer:	
Approved by Tier 4 Manager:	Donald Read

<b>Moderation and/or Scrutiny – virtual moderation by People Directorate Equality Group</b>	
Date: 10 May 2019	
<b>Date analysis to be reviewed based on rating</b> (high impact – review in one year, medium impact - review in two years, low impact in three years)	Three years