



# Equality Impact Assessment Toolkit (March 2017)

## Section 1: Your details

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**Head of Section:** Elspeth Anwar

**Chief Officer:** Julie Webster

**Directorate:** Public Health

**Date:**

## Section 2: What Council proposal is being assessed?

**Re-commissioning of the Integrated Drug and Alcohol Treatment and Recovery Service for Adults**

## Section 2a: Will this EIA be submitted to a Cabinet or Committee meeting?

**Yes / No**

**If 'yes' please state which meeting and what date**

.....

**Please select hyperlink to where your EIA is/will be published on the Council's website (please select appropriate link & delete those not relevant)**

**Strategy** (Health & Care, Intelligence, Communications, Growth, Health & Wellbeing, Strategy, Environment, Schools Commission, Housing Commission)

<https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-2017-0>

**Section 3:** Does the proposal have the potential to affect..... (please tick relevant boxes)

- Services**
- The workforce**
- Communities**
- Other** (please state eg: Partners, Private Sector, Voluntary & Community Sector)  
Has relevance for other health, social care, community safety, criminal justice and Children and Young People partners.

If you have ticked one or more of above, please go to section 4.

- None** (please stop here and email this form to your Chief Officer who needs to email it to [engage@wirral.gov.uk](mailto:engage@wirral.gov.uk) for publishing)

**Section 4:**

Could the proposal have a positive or negative impact on any protected groups (age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation)?

You may also want to consider socio-economic status of individuals.

Please list in the table below and include actions required to mitigate any potential negative impact.

Which group(s) of people could be affected	Potential positive or negative impact	Action required to mitigate any potential negative impact	Lead person	Timescale	Resource implications
People with both acute and long term problems arising from drug and alcohol harmful use and/or dependency, many of these are from the more deprived areas of Wirral. harmful and can be disengaged from mainstream services.	The service being re-tendered provides valuable, often essential, treatment and recovery support to people with drug/alcohol use and dependencies. If the contract is awarded to a new provider then there will be a period of transition from one service delivery system to another, involving the TUPE of staff to a new organisation and re-aligning them to a new delivery model. This process carries with it at least some level of service disruption and can create insecurity and anxiety among the service user population. On the other hand, the process of re-tendering has also been found to refresh and uplift the service delivery and open up the opportunity to implement new	Once the decision is made as to who will be delivering the new contract then a strong and comprehensive communication plan will be activated to explain the outcome, re-assure service users that the service they receive is not at any risk, make them aware of what the plans are for implementing the new contract and explain what, if anything, they need to do as part of the process of moving to this new contract. To further ensure service users experience the	Provider Service Manager/ provider lead/Public Health senior manager	September until January 31st	Lead person's time. Comms time.

	ideas, approaches and practices.	minimum of disruption, clear communication about the delivery of the new contract will also be provided to the key partner services and organisations so that this partnership element of the service delivery is also sustained.			
<b>Age</b>	It is becoming increasingly recognised that drug users are getting older, and that many older people have significant issues with alcohol. This service the access points to this service need to be accessible to older people, both in terms of physical access, and with regard to the public facing front/image they present needs. It is important that they do not present as being only services that are used by younger people, with atmospheres and/or reputations that that deter older potential service users.	This aging population has been acknowledged in the new service specification and the service provider is required to ensure that the venues from which they deliver their services are accessible to all. They are also required to provide their services from venues in the communities that service users live (e.g. through GP practices) which makes physical access easier and overcomes barriers from the point of view of service image and stigma. The provider will address the transition phase for younger drug and alcohol users by supporting the continuum of services, offering a specific service for 18-24 year olds that is designed, structured and	Provider Service Manager/ provider lead/Public Health senior manager	Ongoing	Met within contract value

		<p>delivered to be more attractive, accessible and appropriate to the specific lifestyle and needs of these younger users.</p> <p>The service will also establish and maintain strong links with other organisations working with younger people (e.g. Forum Housing)</p>			
<b>Disability</b>	<p>Problematic drug and alcohol misuse that is occurring over long time periods has a significant negative impact on health, leading in many cases to reduced physical and mental capacity. The service is focused on addressing the behaviours that can lead to these disabilities and reducing the impact that they have on the service users' health and quality of life.</p>	<p>The service is contractually required to comply with Equality Act (2010) and to ensure that it does not discriminate against any protected groups, including those with disability.</p> <p>The service provider will ensure that all staff participate in an annual continuing professional development programme that includes training in line with Drug and Alcohol National Occupational Standards (DANOS). This involves training in 5 specified areas and competencies, including Equality and Diversity.</p> <p>The service provider will ensure that its premises are designed to facilitate access for all service users with</p>	<p>Provider Service Manager/ provider lead/Public Health senior manager</p>	<p>Ongoing</p>	<p>Met within contract value</p>

		disability, and also that it provides these services from locations closer to where service users live, making physical access easier.			
<b>Pregnancy and maternity</b>	Drug and alcohol misuse are significant risk factors during pregnancy, and if these behaviours continue they pose the potential for harm to both the child and the mother. The service has a specific focus on identifying and working with pregnant women to support them to manage and minimise this risk.	The service will work with key partners (e.g. the drug and alcohol liaison mid-wife) to identify any pregnant women who are drinking alcohol/using drugs. Co-produced care plans will then be supported, with care co-ordinated across the involved services. The service will also support national and local campaigns aimed at raising the awareness of the risks associated with drinking alcohol/using drugs during pregnancy.	Provider Service Manager/ provider lead/Public Health senior manager	Ongoing	Met within contract value
<b>Race Religion or belief</b>	Drug and/or alcohol use have different status in different cultures and religious beliefs. This can create barriers to accessing services for members of particular cultural communities, especially with respect to accessing a service that is strongly associated with substance misuse.	The service is contractually required to comply with the Equality Act (2010) and to ensure that it does not discriminate against any protected groups, including those from different cultural backgrounds, or with different racial beliefs. The service provider will ensure that all staff	Provider Service Manager/ provider lead/Public Health senior manager	Ongoing	Met within contract value

		<p>participate in an annual continuing professional development programme, that includes training in line with Drug and Alcohol National Occupational Standards (DANOS). This involves training in 5 specified areas and competencies, including Equality and Diversity.</p> <p>The Service provider will also ensure that strong links are established and maintained with services and organisations working directly with population groups from different cultural backgrounds (e.g. Wirral Change, Irish Community Care)</p>			
<b>Sex</b>	<p>Generally there are significantly more men than women using Drug and Alcohol services (usually a split of approximately 65/35%). This presents the risk of services becoming male dominated environments which could feel intimidating, unsafe and therefore off putting to some/many women.</p>	<p>The service provider will ensure that there is a suitable balance between male and female members of staff.</p> <p>The reception and communal areas will be well presented and well managed so that they are safe, relevant and respectful for both women and men.</p> <p>The service will, where appropriate. offer gender</p>	<p>Provider Service Manager/ provider lead/Public Health senior manager</p>	<p>Ongoing</p>	<p>Met within contract value</p>

		specific points of access, groups, activities, that provide space for women to be without a male presence (and vice versa). This will be through it's own programme or through close working liaison with partners (e.g. through supporting women only N.A. groups, close links with Tomorrows Women Wirral, Silver Backs group for men).			
<b>Sexual Orientation</b>	Drug and alcohol services can feel like a difficult service to access because of the degree of stigma perceived to be associated with the behaviour. This can be compounded if the potential service user feels unsafe because of their sexual orientation.	The service is contractually required to comply with Equality Act (2010) and to ensure that it does not discriminate against any protected groups, including those protected because of their sexual orientation. This will be supported by ensuring that all staff participate in an annual continuing professional development programme (see above) that will include understanding sexual orientation as part of understanding of the how to deliver a service that meets the requirements of equality and diversity. The service provider will also establish and maintain	Provider Service Manager/ provider lead/Public Health senior manager	Ongoing	Met within contract value

		strong, mutually supportive links with other services working with this group.			
<b>Areas of deprivation</b>	The harms arising from drug and alcohol misuse, although not limited to these areas, does tend to be significantly more prevalent in areas of deprivation and be a factor in the continuation of that status. The service will be focused on supporting people adversely affected by their drug and alcohol use to achieve and sustain some level of recovery and by doing so support recovery in their communities.	The service will ensure that it has accessible points of entry to the service that are located in these areas of deprivation. It will reduce any stigma associated with this by creating these access points in ways that minimises this potential e.g. through working closely and/or being co-located with GP practices and other partners.	Provider Service Manager/ provider lead/Public Health senior manager	Ongoing	Met within contract value

**Section 4a: Where and how will the above actions be monitored?**

Quarterly contract monitoring meetings, themed meetings around pre-identified areas and regular 'catch-up' meetings.

**Section 4b: If you think there is no negative impact, what is your reasoning behind this?**

**Section 5: What research / data / information have you used in support of this process?**

- Current contract monitoring data evidencing uptake/reach of the service
- Extensive use of JSNA
- Extensive consideration of guidance from PHE, NHS and other bodies and organisations.
- Monitoring academic evidence of developing trends and treatment options and psycho-social interventions.
- Extensive Service user feedback.
- Consultation with key stakeholders.

**Section 6: Are you intending to carry out any consultation with regard to this Council proposal?**

Yes

If 'yes' please continue to section 7.

If 'no' please state your reason(s) why:

(please stop here and email this form to your Chief Officer who needs to email it to [engage@wirral.gov.uk](mailto:engage@wirral.gov.uk) for publishing)

**Section 7: How will consultation take place and by when?**

Focus groups, on-line consultation and one-to-one interviews with past and present service users, key partners and stakeholders, and the general public.

Before you complete your consultation, please email your preliminary EIA to [engage@wirral.gov.uk](mailto:engage@wirral.gov.uk) via your Chief Officer in order for the Council to ensure it is meeting it's legal publishing requirements. The EIA will need to be published with a note saying we are awaiting outcomes from a consultation exercise.

Once you have completed your consultation, please review your actions in section 4. Then email this form to your Chief Officer who needs to email it to [engage@wirral.gov.uk](mailto:engage@wirral.gov.uk) for publishing.

**Section 8: Have you remembered to:**

- a) **Select appropriate directorate hyperlink to where your EIA is/will be published** (section 2a)
- b) **Include any potential positive impacts as well as negative impacts?** (section 4)
- c) **Send this EIA to [engage@wirral.gov.uk](mailto:engage@wirral.gov.uk) via your Chief Officer?**
- d) **Review section 4 once consultation has taken place and sent your updated EIA to [engage@wirral.gov.uk](mailto:engage@wirral.gov.uk) via your Chief Officer for re-publishing?**