

DRAFT Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please refer to EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust		Worcestershire County Council	X	Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Rosie Winyard
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Rosie Winyard	Senior Public Health Practitioner	rwinyard@worcestershire.gov.uk
	Andy Boote	Advanced Public Health Practitioner	aboote@worcestershire.gov.uk
	Polly Lowe	Associate Public Health Practitioner	plowe@worcestershire.gov.uk
Date assessment completed	September 2019		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: The recommissioning of a Drug and Alcohol service in Worcestershire.
What is the aim, purpose and/or intended outcomes of this Activity?	<p>Worcestershire County Council is commissioning an integrated Drug and Alcohol specialist treatment service for young people and adults living in Worcestershire, in partnership with West Mercia Police and Crime Commissioner.</p> <p>Drug and alcohol misuse have the potential to cause increased risk of harm to individuals, those closest to them and wider society. The primary purpose of the drug and alcohol service is to reduce drug and alcohol related harm and promote recovery. This will be achieved by working together in partnership with service users and stakeholders in the wider health and care system.</p> <p>A tender process will be undertaken to appoint a new provider to deliver the drug and alcohol service across Worcestershire.</p>

Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Carers <input checked="" type="checkbox"/> Visitors	<input type="checkbox"/> Staff <input checked="" type="checkbox"/> Communities <input type="checkbox"/> Other _____						
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?							
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	<p>A full needs assessment has been completed which contains the following:</p> <ul style="list-style-type: none"> • A review of the published literature surrounding drug and alcohol services (national drug strategy, PHE developed Drug and alcohol commissioning support packs) • Review of quantitative service data (including demographic data, estimates of need (both met and unmet), hospital admissions, proportion of service users successfully completing treatment) • Stakeholder, service user and staff engagement <p>All sources of information and data are detailed in the full drug and alcohol needs assessment.</p>							
Summary of engagement or consultation undertaken (e.g. who and how have you engaged, or why do you believe engagement is not required)	<table border="1"> <tr> <td>Stakeholder Survey (Online)</td> <td> The survey was hosted on 'snap surveys' and circulated widely to services broadly associated with drug and alcohol 163 stakeholders responded to the survey, which was advertised for 4 weeks. </td> </tr> <tr> <td>Drug and Alcohol Staff Focus Groups</td> <td> Focus groups were held with staff working at each of the 3 community bases for drug and alcohol services. These sessions were attended by staff working across the organisation </td> </tr> <tr> <td>Stakeholder engagement (face to face)</td> <td> A stakeholder engagement session was held to: <ul style="list-style-type: none"> • highlight the key findings from the drug and alcohol needs assessment • explore the themes raised in the stakeholder survey • capture further feedback regarding stakeholders' experience of service delivery </td> </tr> </table>		Stakeholder Survey (Online)	The survey was hosted on 'snap surveys' and circulated widely to services broadly associated with drug and alcohol 163 stakeholders responded to the survey, which was advertised for 4 weeks.	Drug and Alcohol Staff Focus Groups	Focus groups were held with staff working at each of the 3 community bases for drug and alcohol services. These sessions were attended by staff working across the organisation	Stakeholder engagement (face to face)	A stakeholder engagement session was held to: <ul style="list-style-type: none"> • highlight the key findings from the drug and alcohol needs assessment • explore the themes raised in the stakeholder survey • capture further feedback regarding stakeholders' experience of service delivery
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	<p>Focus groups with drug and alcohol and probation service users</p>	<p>A number of focus groups were held with service users who were accessing various elements of the drug and alcohol service.</p> <p>These discussions explored service users' reflections of engaging with the service, including what had worked well and how the service might be improved</p> <p>In addition, further discussions were held with service users of the national probation service. This included individuals who were accessing or had previously accessed services. Feedback was also gathered regarding what barriers might be in place to prevent individuals from accessing services</p>
Summary of relevant findings	<p>The key findings from the engagement outlined above were:</p> <ul style="list-style-type: none"> • Assertive Outreach – <i>This was raised almost universally across a range of stakeholders. The impact of multi-agency work, alongside outreach (as utilised in the blue light initiative) was highlighted as being particularly effective. Stakeholders felt this work should be targeted at the most chaotic, 'hard to reach' individuals and that provision should be 'joined-up' with other services.</i> • Young peoples' service – <i>The quality of provision provided by the YP service was noted as being good, however it was noticeable that awareness of and access to the service was lower than might be expected.</i> • Co-occurring conditions – <i>Despite the acknowledgment that there had been developments in this area, which have improved the support provided to individuals living with co-occurring drug/alcohol and mental health conditions, this remained an area where provision could be improved.</i> • GP shared care – <i>Broadly positive feedback regarding GP shared care, both from a D+A service perspective and from health professionals. In particular the management of referrals and communications between services was highlighted as good practice.</i> 	

	<ul style="list-style-type: none"> • Training for professionals – <i>Perception that the D+A service could systematically co-ordinate and deliver training to professionals working across the 'system'. This would enable professionals to have informed conversations with service users and deliver brief interventions/harm reduction advice where/when applicable</i> • Recovery community / volunteering – <i>This was acknowledged as an area of strength. However it could be enhanced through further integration/alignment with service users as they enter treatment. Consideration should also be paid as to how a recovery community can be developed to work alongside increasing GP shared care provision</i> <p>The comments received throughout the engagement process have been fully reflected in the development of the service specification</p>
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Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative for the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. who are part of these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons where you have identified any potential positive, neutral or negative impact.
Age		X		The service in its current structure is accessible by all ages through multiple access routes including GP shared care, community treatment and a targeted young persons service. Each of these elements is included in the new service specification so accessibility should not be compromised for adults of any age, young people and families with children.
Disability		X		Current service data records access for people with protected characteristics. Going forward we will ensure there are robust key performance indicators which will include equality of outcome for Protected Groups.
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		There are various methods of accessing the drug and alcohol service, as detailed above. Each of these routes in to service are included in the new service specification

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons where you have identified any potential positive, neutral or negative impact.
Race including Traveling Communities		x		Current service data records equality of access and outcomes for all clients including race and minority status. This will continue to be monitored in the new service
Religion & Belief		x		Current service data records equality of access and outcomes for all clients including gender and sexual orientation. These indicators will continue to be monitored which will include equality of outcome for Protected Groups. The Commissioners will require an implementation plan from the new Provider which will take into account risks around service continuity for vulnerable groups.
Sex		x		
Sexual Orientation		x		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		x		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	x			<p>A key aspect of service delivery is to identify individuals living with drug and/or alcohol use often associated with associated risks linked to poor physical and mental health and to provide them with appropriate behavioural and/or pharmacological support as required.</p> <p>In addition, individuals will be supported to help sustain recovery including improving access to stable housing, employment and healthcare. This has been reemphasised in the service specification</p>
Social and economic e.g. culture, social support (neighbourliness, social networks / isolation), spiritual participation, employment opportunities.		x		As above. The service is required to develop a recovery community, supported by peer mentors and volunteers who are able to provide positive social support. This will continue in the new service.
Physical health e.g. physical activity is expected to increase, influenza vaccination uptake increase.		x		The drug and alcohol service currently provides access to further physical health improvement opportunities, such as COPD screening and blood borne virus testing and treatment (Hep-B, Hep-C). This will continue in the new service which will be closely linked to health providers in primary and secondary care
Mental health & wellbeing e.g. benefits to children's	X			The new service will provide dedicated provision for adults, families and young people who may

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mental health, benefits to adult carer wellbeing.				<p>have associated mental health problems in addition to dependence on drugs and or alcohol.</p> <p>In Worcestershire, an MOU is in place between the current provider of drug and alcohol services and mental health services which has led to improvements in joint working and outcomes for service users</p> <p>This provision is included in the new service model and KPIs</p>
Access to services e.g. access to (location / disabled access / costs) and quality of primary / community / secondary health care, child care, social services, housing / leisure / social security services; public transport, policing, other health relevant public services, non-statutory agencies and services.		x		<p>Service users are able to access a range of drug and alcohol services through their GP in a range of practices across Worcestershire in addition to other locations. The new service will ensure equality of access to provision for adults, young people and families including home visits if required. The service also links closely with benefits advice and access to wrap around support including housing and employment</p>

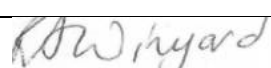
Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	<i>No negative impacts identified</i>	.		
How will you monitor these actions?	N/A			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	Quarterly monitoring will be put in place following contract award. Commissioners will request a dashboard, quality report and risk register to provide assurance around key performance indicators, service quality and outcomes.			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

- 1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation
- 1.2. Our Organisation will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.
- 1.3. All staff are expected to deliver and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Andy Boote
Date signed	03/09/2019
Comments:	
Signature of the Lead Person for this activity	
Date signed	05.11.2019
Comments:	

Herefordshire and Worcestershire CCGs Addendum to the Equality Impact Analysis

Human Rights Consideration:

NHS organisations must ensure that none of their services, policies, strategies or procedures infringes on the human rights of patients or staff. You should analyse your document using the questions provided to determine the impact on human rights. Using human rights principles of fairness, respect, equality, dignity and autonomy as flags or areas to consider is often useful in identifying whether human rights are a concern.

Can you please answer the following Human Rights screening questions:

	Human Rights	Yes/No	Please explain
1	Will the policy/decision or refusal to treat result in the death of a person?	No	
2	Will the policy/decision lead to degrading or inhuman treatment?	No	
3	Will the policy/decision limit a person's liberty?	No	
4	Will the policy/decision interfere with a person's right to respect for private and family life?	No	
5	Will the policy/decision result in unlawful discrimination?	No	
6	Will the policy/decision limit a person's right to security?	No	
7	Will the policy/decision breach the positive obligation to protect human rights?	No	
8	Will the policy/decision limit a person's right to a fair trial (assessment, interview or investigation)?	No	
9	Will the policy/decision interfere with a person's right to participate in life?	No	

If any Human Rights issues have been identified in this section please get in touch with your Equality and Inclusion lead who will advise further and a full Human Rights Impact Assessment maybe required to be completed.