



Equality Impact Assessment Record Form 2012-16

Section 1 – Service Details and Summary of EIA Activity

Title of activity:	Strategic Review and procurement of Darlington Substance Misuse Services – incorporating adult and young people’s specialist drug and alcohol treatment and provision of supervised consumption; needle exchange; inpatient detoxification and substance misuse training.
Lead Officer responsible for this EIA:	Kate Jeffels
Telephone:	01325 346837
Service Group:	People
Service or Team:	DAAT, Public Health
Assistant Director accountable for this EIA	Miriam Davidson
Who else will be involved in carrying out the EIA:	<p>Kate Jeffels Helen Leake Tony Pendlebury Paul Hindle Ken Ross Abbie Metcalfe Adult Substance Misuse Strategic Review Group Expert Group: Joint Commissioning group plus key stakeholders DAAT Partnership Board Current Service Users and Carers Darlington Clinical Commissioning Group Young People’s Substance Misuse Strategic Review Group Darlington Borough Council Estates</p>

What stage has the EIA reached? Update as EIA develops.

Stage	Date	Summary of position
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Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified	02/10/2013 Integrated 19/06/2014	Whole population of Darlington due to impact of substance misuse on wider community.
Stage 2: Further Assessment. Target Population likely to be affected identified	02/10/2013 Integrated 19/06/2014	<p>Potential service users and their families and carers</p> <p>Approximately, 1,700 pupils of secondary school age would be likely to benefit from some targeted input around substance misuse (mostly alcohol). Of these, approximately 300 are estimated to be in need of structured treatment and 500 in need of priority intervention from non-specialist services. It is worth noting that this is not a measure of dependency with young people and individual assessment would be required to determine the level of response needed for individual young people.</p> <p>Estimates suggest there are between 679 and 1374 problem drug users (heroin and/or crack cocaine), with a mid-range estimate of 779 (local needs assessment). Between January and December 2013 there were 514 adult drug users in effective treatment in Darlington; of which 430 were problem drug users (www.ndtms.net).</p> <p>Alcohol remains the main problematic substance in Darlington, with an estimated 6,500 people classed as higher risk drinkers. Binge drinking is estimated to be higher than the national average, with 28.5% of adults (approximately 23,500 people) consuming at least twice the daily recommended amount of alcohol in a single drinking session (http://www.lape.org.uk/). Poly-substance misuse, including alcohol as a key factor, is also the primary cause of drug-related deaths locally, and across the North East (local needs assessment).</p>
Stage 3: Further Assessment. Individuals likely to be affected identified	02/10/2013 Integrated 19/06/2014	<p>Individuals in Darlington either currently in, or requiring, specialist treatment. In 2012/13 115 under-18s entered treatment. Over 500 over-18 individuals were in treatment for primary drug misuse, and an additional 360 individuals over-18 were in treatment for primary alcohol misuse (www.ndtms.net)</p> <p>In the adult service, the gender split for drugs is 70% male and 30% female with this being 62% male and 37% female in relation to alcohol. This increases to 78%/22% for young people (both drugs and alcohol) (local treatment case management systems).</p> <p>Ethnicity for adults in treatment is: 96% White British, 1% White Irish, 1% Other White, this rises to 99% White British for young people (www.ndtms.net).</p> <p>3% of adult service users were recorded on the local treatment service case management system as gay or bisexual</p> <p>13-18% of new treatment journeys in 2012/13 for adults had a dual diagnosis (substance misuse and mental health) (www.ndtms.net)</p>
Stage 4: Analysis of Findings	06/2014	
Stage 5: Sign-Off		

Section 2 – The Activity and Supporting Information

Details of the activity (main purpose and aims)

The main purpose, and aims, of the activity associated with this EIA is the strategic review and procurement of adult and young people's specialist substance misuse treatment services. This will incorporate reviews of the needle exchange, supervised consumption, substance misuse training and inpatient detoxification services.

The Government's review of its National Drug Strategy (2010) conducted in 2012 identified both the immediate and long-term benefits of drug and alcohol treatment. The immediate benefits being: - lower levels of drug and alcohol-related crime; - and fewer drug and alcohol-related inpatient admissions and deaths. For young people's treatment the long-term benefits of treatment were: - a lower likelihood (and therefore lower expected cost) of young people developing substance misuse problems as adults; - and improved educational attainment and employment outcomes.

Substance misuse services are important to treat as well as to help prevent and minimise the risk of harm that substance misuse can cause to individuals, their families and their communities. The earlier that we can intervene, the more likely we are to be able to support children and young people who are at risk of substance misuse to be safe, healthy and substance-free. Early intervention also reduces potential long-term costs to public services. No statutory responsibility for the provision of local substance misuse services exists, although the responsibility for commissioning of local drug and alcohol services lies with the Local Authority Public Health accountabilities, as set out in the Health & Social Care Act 2012. It is advocated as best practice to safeguard children and young people by both central government and NICE guidelines.

The Darlington Adult Integrated Drug & Alcohol Recovery Treatment Service; Substance Misuse Training Service; Needle Exchange; Supervised Consumption and Inpatient Detoxification are currently delivered via commissioned arrangements. The Darlington Young People's Specialist Substance Misuse Treatment Service is delivered via an internal service level agreement with DBC Children's Services. Up until 1st April 2013 there was an additional healthcare element to the young people's service, delivered via a commissioned arrangement with Tees, Esk and Wear Valley NHS Trust. An inability to recruit to all posts in this contract resulted in a mutual agreement to terminate the contract. These contracts are included in those transferred from NHS County Durham and Darlington to Darlington Borough Council due to the transfer of Public Health responsibilities on 1st April 2013.

At the point of transfer all contracts had an end date of 31st March 2013, congruent with the end date of the Primary Care Trust as a legal contracting entity. A procurement waiver was obtained from Council in order to ensure appropriate timescales and clinical safety for reviewing the contracts. The waiver was granted for a maximum of 24 months, to 31st March 2015, by which date all contracts must be reviewed and a procurement process undertaken.

The current key service outcomes are:

- To improve recovery treatment outcomes for drug and alcohol services in Darlington; including access, engagement and retention in client-led, recovery-focused treatment; planned exits; and sustained recovery.
- To provide effective structured treatment which works with young people to reduce alcohol, drug and volatile substance misuse in Darlington.

The aims are to deliver an inspirational service that will:

- inspire adults and young people to access treatment with sustained outcomes
- inspire Service Users, Carers, Staff, partner organisations and the wider community to become recovery champions
- inspire others to begin their journey to recovery.

- inspire partner agencies and services to ensure referrals are made and multi-agency treatment intervention is available

It is a vision for a high quality, highly effective service that will improve outcomes for Service Users in Darlington and make the community a safer, healthier place to live, work and play.

The Strategic Review is required to ascertain the most appropriate service delivery model, effective from 1st April 2015. The challenging economic climate necessitates savings across all DBC services, and efficiencies are sought to secure better value services. A Strategic Review is required as part of the natural commissioning cycle and will be undertaken taking into consideration:

- How service remodelling can be undertaken to ensure that future and changing service demands can be met through improved service targeting to meet the greatest needs.
- The current financial position of the Council and pressures on available future funding.
- The position of the contributing partner agencies.
- Value for Money.
- Service Outcomes.
- Service reconfiguration opportunities.
- Potential service duplication.
- Future commissioning priorities.

The review is required to make efficiencies to re-profile Public Health early interventions and prevention across the local authority. The annual estimated cost of non-provision of treatment to a substance misusing adult in Darlington is £44,231. The estimated annual cost of non-provision to an alcohol dependent adult is £11,767, and the annual cost of non-provision to a young person is estimated to be £4,179. There would be an estimated reduced capacity of up to 26% less than those treated in 2013-14. Based on the non-provision of treatment costs outlined above, this would equate to an estimated additional cost to the Borough in criminal justice, health & social care and economic costs, of between c£2.35-8.85m.

The Strategic Review will be followed by a procurement exercise to secure the provision of services for the next 3+1+1 years. Following consultation, the recommended option, endorsed by Public Health Senior Management Team (June 2014) is to commission a single, end-to-end substance misuse service, incorporating both the adult and young people's treatment alongside supervised consumption, needle exchange and in-patient detoxification. Alternative options have been considered, such as attempting to procure the young people's substance misuse treatment service as a stand-alone entity and retaining multiple provider arrangements for needle exchange, supervised consumption and in-patient detoxification. Following an extensive review and consultation, these options were found to be not viable, due to a lack of resilience and cost inefficiencies.

Who will be affected by the activity? (groups and numbers)

Whole population

The whole population of Darlington could be affected due to the impact substance misuse has on the wider community.

Target population

Service users, potential service users and their families and carers – i.e. all ages in Darlington who misuse drugs and / or alcohol and are in need of substance misuse treatment.

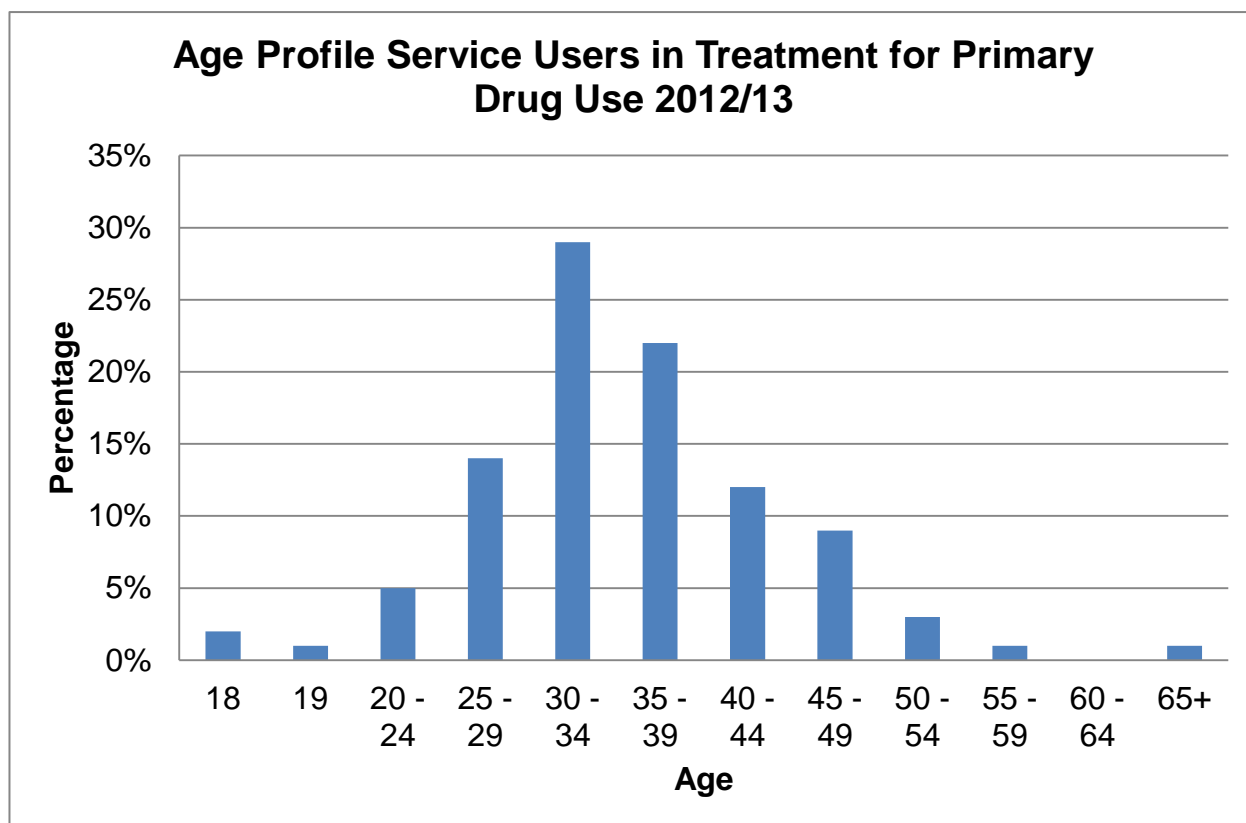
In 2012/13 115 under-18s entered treatment and there were just over 500 over-18 individuals in treatment for primary drug misuse, and an additional 360 individuals over-18 in treatment for primary alcohol misuse

Individuals

Client profile – adult primary drug misuse treatment (2012/13):

70% Male, 30% Female

96% White British, 1% White Irish, 1% Other White



3% of service users were recorded as homosexual or bisexual

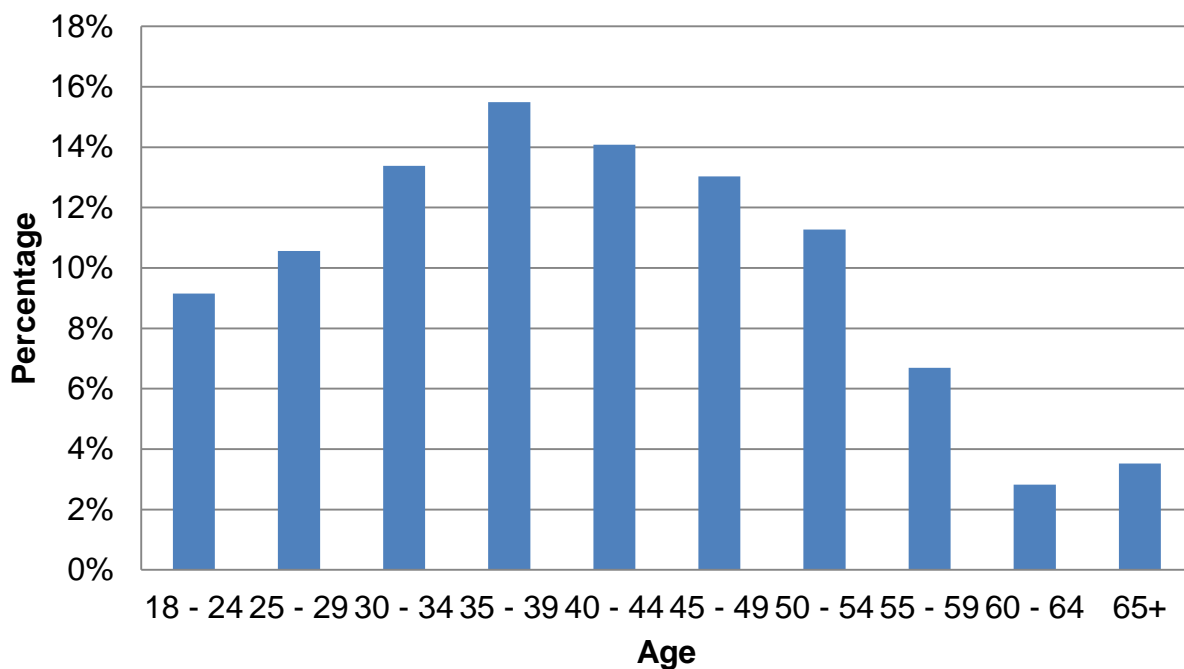
18% (n=31) of new treatment journeys in 2012/13 were service users with a dual diagnosis (substance misuse and mental health)

Client profile – adult primary alcohol misuse treatment (2012/13):

62% Male, 37% Female

98% White British, 1% White Irish, 1% Other White, 1% Indian

Age Profile Service Users in Treatment for Primary Alcohol Use 2012/13



3% of service users were recorded as homosexual or bisexual

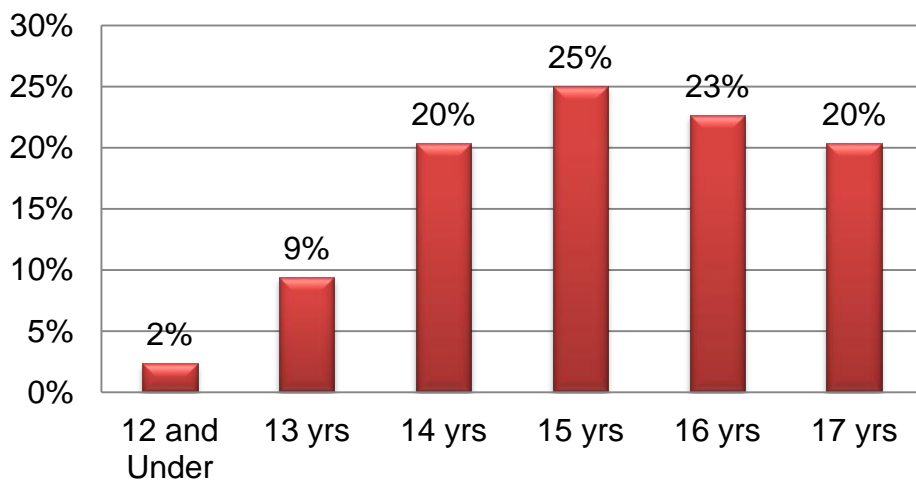
13% (n=25) of new treatment journeys in 2012/13 were service users with a dual diagnosis (substance misuse and mental health)

Client Profile – young people’s substance misuse treatment (2012/13)

78% Male, 22% Female

99% White and 1% Mixed

Age at Triage (or start of year)



What data, research and other evidence or information is available which is relevant to the EIA?

Single Needs Assessment

Annual drug treatment needs assessment

Annual alcohol treatment needs assessment

Annual young people's treatment needs assessment

Models of Care for alcohol and drug dependency – subject to current national revisions around combining approaches to drug misuse and severely dependent drinkers including; Building Recovery In Communities consultation around recovery-oriented treatment

Drug Misuse and dependence UK Guidelines on clinical management – 'The Orange Book'

NICE guidance

- Clinical guideline 51: Drug Misuse: Psychosocial Interventions
- Clinical guideline 52: Drug Misuse: Opioid Detoxification
- Clinical guideline 90: Depression in Adults
- Clinical guideline 91: Depression with a Chronic Physical Health Problem
- Clinical guideline 100: Alcohol-use disorders: physical complications
- Clinical guideline 110: Pregnancy and complex social factors
- Clinical guideline 113: Generalised Anxiety
- Clinical guideline 115: Alcohol dependence and harmful alcohol use
- Clinical guideline 120: Psychosis with coexisting substance misuse
- Evidence Update 56: Interventions to reduce substance misuse among vulnerable young people
- Public Health guidance 4: to reduce substance misuse among vulnerable young people
- Public Health guidance 7: School-based interventions on alcohol
- Public Health guidance 24: Alcohol-use disorders - preventing harmful drinking
- Public Health guidance 52: Needle and syringe programmes
- Quality standard 23: Drug use disorders
- Quality statement 1: Needle & syringe programmes
- Quality statement 2: Assessment
- Quality statement 3: Families and Carers .
- Quality statement 4: Blood-borne viruses
- Quality statement 5: Information and advice
- Quality statement 6: Keyworking – psychosocial interventions
- Quality statement 7: Recovery and reintegration
- Quality statement 8: Formal psychosocial interventions and psychological treatments
- Quality statement 9: Continued treatment and support when abstinent
- Quality statement 11: Alcohol dependence and harmful alcohol use
- Technology appraisal 114: Methadone and buprenorphine for the management of opioid dependence
- Technology appraisal 115: Naltrexone for the management of opioid dependence
- Alcohol: preventing harmful alcohol use in the community (Due Dec 2014)

- Alcohol dependence (Nalmefene) (Due Nov 2014)

Quarterly contract monitoring reports

Commissioning Guidance and quarterly diagnostic reports from Public Health England

NECA performance management software via one off requests subject to client confidentiality and consent

SWITCH database

Service User and Carer Engagement

Section 3: Officer Assessment

Use this table to record your views on potential impact on Protected Characteristics. As the activity and the assessment develop your views may change – record them here. It is important to be searching and honest about this – many Council activities are planned to be of positive benefit to identified target groups but can often have the potential for inadvertent effects on other groups.

Protected Characteristics	Potential Impact Positive/Negative/ Not Applicable			Potential level of impact				Summary of Impact
	(P)	(N)	NA	H	(M)	L	nil	
Age	(P)	(N)	NA	H	(M)	L	nil	<p>Young People – Under 18</p> <p>Evidence shows that older young people (14 – 17 years old) are more likely to misuse substances. Any changes to the service would therefore impact disproportionately on these individuals overall. However there is also potential for a loss of specialism to impact on the Under 14s who are a minority in services. Also, the gender split suggests there would be greater impact on young men as they are over-represented in the current services.</p> <p>Positive impact – the review process identified that the service for young people was not resilient and further budget cuts rendered it unsustainable. The positive impact of the proposal to integrate adult and young people’s substance misuse services is that it will ensure that young people’s specialist treatment is preserved and becomes more resilient. In particular inheriting healthcare capacity from the adult service.</p> <p>Negative impact – there is a potential negative impact due to the integration of services which may result in a loss of a specific focus on the different needs of young people. This will need to be mitigated in the service specification.</p> <p>Older People</p> <p>Evidence shows that there is a hidden population of older drinkers. The new service specification will identify this group as a priority which could have a positive impact.</p> <p>If there were a reduction in outreach / availability of appointments in alternative settings this could have a negative impact, particularly on older alcohol users who may not want to access a main building.</p>
Race	(P)	(N)	NA	H	M	(L)	nil	The revised service will be expected to deliver interventions in a way which

								<p>encourages the engagement and retention in treatment of clients from all ethnic backgrounds.</p> <p>Evidence shows that there are different levels of need in different groups e.g. drinking in traveller and Polish communities. The majority of the Darlington population is White British, and the majority of those in treatment are White British – this could mean that services are not accessible/appropriate to certain groups.</p> <p>The new service specification will identify these groups as a priority which could have a positive impact.</p> <p>A reduction in resources could reduce ability to outreach and engage with these groups</p>
Sex	P	(N)	NA	H	(M)	L	nil	<p>Evidence shows that males are more likely to misuse substances and more likely to enter treatment. Any changes to the service would therefore impact disproportionately on males. However diminishing resources may also impact on the ability to run specialist groups to engage with females who are the minority in treatment.</p>
Gender Reassignment	(P)	(N)	NA	H	(M)	L	nil	<p>Local and national needs assessment with the LGBT community shows that transgender individuals are more likely to have substance misuse issues than the general population and less likely to seek help and early intervention.</p> <p>Any reduction in resources and outreach services would impact disproportionately on this group and would need to be mitigated.</p> <p>The new service specification will identify this group as a priority which could have a positive impact.</p>
Disability (summary of detail on next page)	(P)	(N)	NA	(H)	M	L	nil	<p>Specific issues relating to mental health and substance misuse related illnesses and disabilities – see summary section</p>
Religion or belief	P	(N)	NA	H	M	(L)	nil	<p>The revised service will be expected to deliver interventions in a way which encourage the engagement and retention in treatment of clients from all religion and beliefs.</p> <p>Evidence shows that some groups e.g. Muslims are less likely to access treatment due to stigmatisation and community exclusion.</p>

								<p>A reduction in resources could reduce ability to outreach and engage with these groups</p> <p>This is low impact as the numbers affected are relatively small</p>
Sexual Orientation	(P)	(N)	NA	H	(M)	L	nil	<p>Local and national needs assessment with the LGBT community shows that lesbian, gay, bisexual and transgender individuals are more likely to have substance misuse issues than the general population and less likely to seek help and early intervention. Young people who are LGBT experience several inequalities when accessing and using public services, including: Facing barriers to accessing health care – many young people feel that health care professionals treat LGBT people differently and this poses a barrier to sustained contact/engagement between potential service users and providers, greater likelihood of being bullied at school and poorer health outcomes than their peers</p> <p>Any reduction in resources and outreach services would impact disproportionately on this group and would need to be mitigated.</p> <p>The new service specification will identify this group as a priority which could have a positive impact.</p>
Pregnancy or maternity	P	(N)	NA	(H)	M	L	nil	<p>Substance misuse can have a severe detrimental impact on unborn children. There are therefore specific pathways in place between the treatment services and other primary and secondary care providers. Different treatment regimens and interventions are necessary for pregnant service users.</p> <p>The new service specification will identify this group as a priority. Any reduction in resources and outreach services would impact disproportionately on this group and would need to be mitigated.</p> <p>Removal of the current training service will impact on this group as they are currently leading the work in Darlington around Foetal Alcohol Spectrum Disorder. This will need to be mitigated.</p>
Marriage/ Civil Partnership	P	N	(NA)	H	M	L	(nil)	<p>No potential impact from the strategic review or service re-commissioning has been identified in relation to this particular characteristic.</p>

Section 3: Officer Assessment - continued

The Council must have due regard to disabled people's impairments when making decisions about 'activities'. This list is provided only as a starting point to assist officers with the assessment process. It is important to remember that people with similar impairments may in reality experience completely different impacts. Consider the potential impacts and summarise in the Disability section on the previous page. Officers should consider how the 'activity' may affect a disabled person.

Mobility Impairment	P	N	(NA)	H	M	(L)	nil	The treatment service is available for all individuals irrespective of impairment and the current centres are accessible. Any change in premises as a result of the review will need to ensure that access remained possible. The service specification holds the provider responsible for compliance with equalities legislation and requires equitable access to all interventions.
Visual impairment	P	N	(NA)	H	M	(L)	nil	The treatment service is available for all individuals irrespective of impairment and the current centres are accessible. Any change in premises as a result of the review will need to ensure that access remained possible. The service specification holds the provider responsible for compliance with equalities legislation and requires equitable access to all interventions.
Hearing impairment	P	N	(NA)	H	M	(L)	nil	The treatment service is available for all individuals irrespective of impairment and the current centres are accessible. Any change in premises as a result of the review will need to ensure that access remained possible. The service specification holds the provider responsible for compliance with equalities legislation and requires equitable access to all interventions.
Learning Disability	P	N	(NA)	H	M	(L)	nil	The treatment service is available for all individuals irrespective of impairment and the current centres are accessible. Any change in premises as a result of the review will need to ensure that access remained possible. The service specification holds the provider responsible for compliance with equalities legislation and requires equitable access to all interventions.
Mental Health	P	(N)	NA	(H)	M	L	nil	Substance misuse has an impact on mental health and those with mental health conditions are more likely to misuse substances. The treatment service is an essential and integral part of the County Durham and Darlington Dual

								<p>Diagnosis Strategy and associated screening and treatment pathways.</p> <p>Any reduction in service could have a detrimental impact on this group. The revised service specification needs to address the requirements for this specific group.</p>
Long Term Limiting Illness	P	N	NA	H	M	L	nil	<p>The treatment service is available for all individuals irrespective of impairment and the current centres are accessible. Any change in premises as a result of the review will need to ensure that access remained possible. The service specification holds the provider responsible for compliance with equalities legislation and requires equitable access to all interventions.</p> <p>See Other for long term limiting conditions relating to substance misuse</p>
Multiple Impairments	P	N	NA	H	M	L	nil	<p>The treatment service is available for all individuals irrespective of impairment and the current centres are accessible. Any change in premises as a result of the review will need to ensure that access remained possible. The service specification holds the provider responsible for compliance with equalities legislation and requires equitable access to all interventions.</p>
Other - Specify	P	N	NA	H	M	L	nil	<p>Reduction in treatment and harm reduction services could lead to an increase in substance misuse related illnesses and disabilities e.g. Hep C, HIV, alcohol related dementia, injection site infection and / or amputations.</p> <p>Development of early intervention and prevention services, partly via the public health reinvestment process in Darlington Borough Council and also potentially in collaboration with the Clinical Commissioning Group / NHS England could reduce the number of people developing substance misuse related illnesses and disabilities.</p>

Cumulative Impacts	
Change activities	Potential cumulative impacts
	Impacts as described by protected characteristic above

Section 4: Engagement Decision

Is engagement with affected people with Protected Characteristics required, now or during the further development of the activity?	Yes
<p>If YES, proceed to the next section.</p> <p>If NO, briefly summarise below the reasons why you have reached this conclusion.</p>	

Section 5 – Involvement and Engagement Planning

Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? Yes
<p>Yes, as outlined above alterations to the service could have a differential impact on certain groups. This necessitates action to mitigate the impact.</p>
Will the differential treatment advance equality for people with Protected Characteristics? Yes
<p>Yes, those groups who have been identified as priority groups including:</p> <p>Young people</p> <p>Older people</p> <p>Ethnic minorities with a higher likelihood of substance misuse related needs</p> <p>LGBT</p> <p>Pregnancy / Maternity</p>
Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? No
<p>Whilst the activity is not intended to increase disadvantage, monitoring will aim to identify any unforeseen equality impacts.</p>

Involvement and Engagement Plan			
Which organisations, groups and individuals do you need to involve or engage and how?			
Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing
October 2013	Multiple stakeholder organisations, service users and carers	October 2013	Stakeholder engagement and pre-implementation launch of the Dual Diagnosis strategy, contributing to review of strategy

November 2013	Young People – Service Users and non – Service Users	Jan – Mar 2014	Surveys Young People’s Focus Group disseminated to schools Switch young people’s treatment service via keyworkers
March 2014	Adult service users Specific target group – Polish support group	June 2014	Survey via keyworkers and recovery coaches at treatment centre and recovery centre
March 2014	Harmonisation, Public Health Specification Event	June 2014	Advice was gained from expert representatives from Tees Valley Shared Service, Darlington Borough Councils Supporting People, Organisational Planning and Commissioning Team.
March 2014	Commissioning partners including representatives from special interest groups e.g. GADD for LGBT	June 2014	Stakeholder engagement event with table top discussions and SWOT analysis
May 2014	Partner organisations	June 2014	Meeting regarding developing strategy to tackle foetal alcohol spectrum disorder
June 2014	Age UK	July 2014	Engage with Age UK re needs of older drinkers
June 2014	Partner organisations	Mar 2015	Engagement around development of early intervention and prevention pathways and activities with partner organisations. This is outside the scope of the new commissioned service and therefore needs developing as separate activity

Section 6: Engagement Findings

	Date/summary of engagement carried out	Summary of impacts identified
Age	January – March 2014 surveys with young people (Under 18s, service users and non-service users)	<p>Respondents identified that they would like to be seen in a range of locations not at one central base.</p> <p>They would like access to clinical staff.</p> <p>They were happy with the current opening times and staff levels.</p> <p>They felt respected by current staff and would be happy to recommend the service to others.</p>
	June 2014 – Stakeholder Engagement Event	<p>A strength would be to have young people and adult specific workers.</p> <p>An integrated service could make the service more</p>

		<p>resilient would be positive.</p> <p>It could be a weakness not to have a discrete young people's service, there would be a need to ensure young people remained a focus. Young people may drop out if merged with adult services.</p> <p>It would be an advantage for the transitional age group of 18 – 24 to have an integrated service.</p> <p>Improved access to healthcare for young people in integrated service</p> <p>Potential for taking a family approach – addressing inter-generational substance misuse</p>
Disability		
Mobility Impairment	NA	
Visual impairment	NA	
Hearing impairment	NA	
Learning Disability	NA	
Mental Health	Development and feedback to the final version of the Dual Diagnosis strategy	Incorporated service user and carer comments on the Dual Diagnosis Strategy which will be an underpinning document of the new service specification
	Stakeholder Event June 2014	Importance of robust pathways between substance misuse and mental health provision
Long Term Limiting Illness	NA	
Multiple Impairments	NA	
Other – Specify Long Term Limiting Illness as a result of substance misuse	Future engagement to develop early intervention and prevention services outside the scope of the commissioned services.	
Race	NA	
Sex	Stakeholder event June 2014	Reduced resources could lead to gaps in service e.g. lower rates of females accessing treatment, lack of specialist support.
Gender Reassignment	Stakeholder event June 2014 – with GADD	<p>Consider the recommendations of Out of your mind: Improving provision of drug and alcohol treatment for lesbian, gay, bisexual and trans people</p> <p>Information on cost of substance misuse to voluntary</p>

		sector provided by GADD
Religion or belief	NA	
Sexual Orientation	Stakeholder event June 2014 – with GADD	Consider the recommendations of Out of your mind: Improving provision of drug and alcohol treatment for lesbian, gay, bisexual and trans people Information on cost of substance misuse to voluntary sector provided by GADD
Pregnancy or maternity	Foetal Alcohol Spectrum Disorder Steering Group	Pathways for dependent drinkers working quite well. Need to develop pathways for non-dependent drinkers drinking at a dangerous level for pregnancy. Need to identify leads and multi-organisational approach around prevention of FASD and working with sufferers of FASD.
Marriage / Civil Partnership	NA	

Section 6: Engagement Findings – Continued

a) How will the proposal help to eliminate discrimination, harassment and victimisation?
By nominating specific priority groups who have high levels of substance misuse related needs. By proposing mitigating activity for potential negative impacts.
b) How will the proposal help to advance equality of opportunity?
By nominating specific priority groups who have high levels of substance misuse related needs. By proposing mitigating activity for potential negative impacts.
c) How will the proposal help to foster good relations?
By nominating specific priority groups who have high levels of substance misuse related needs. By proposing mitigating activity for potential negative impacts. An integrated adult and young people's substance misuse service will create increased resilience for the young people's service.

During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.
<p>Young People</p> <p>Young people and their needs differ from adults: The majority of young people accessing specialist drug and alcohol interventions have problems with alcohol and cannabis, requiring psychosocial, harm reduction and family interventions, rather than treatment for addiction, which most adults but only a small minority of young people require; Most young people need to engage with specialist drug and alcohol interventions for a short period of time, often weeks, before continuing with further support elsewhere, within an integrated young people's care plan.</p> <p>Early interventions are proven to be effective in preventing problematic substance use/misuse. Approaches to young people need to reflect that there are intrinsic differences between adults and children and between children of different ages. Services delivered by the Provider will need to have the appropriate policies and guidelines as well as competent staff to identify the following as a part of service delivery:</p> <ul style="list-style-type: none"> • differences in legal competence • age appropriateness • parental responsibility

- confidentiality
- risk and significant harm
- Involving the family

Age appropriate services – Teenagers

The World Health Organisation has developed the concept of youth friendly services, emphasising that services that provide young people with good experiences are more likely to be effective and used.

Based upon this, clear quality criteria for adolescent friendly health services were developed, validated and published by the DoH in 2007.

Policies, guidance and protocols with other agencies should be in accordance with the Children Act 1989 and 2004 and the UN Convention on the Rights of the Child.

Local authority commissioned drug and alcohol services need to be sensitive to both the needs of young men and women. This means being confidential, located in the right place, open at accessible times and well publicised to reduce the stigma of asking for help and to encourage young people to seek early advice.

NICE Guidelines should be implemented.

All Protected Characteristics

The service will need to be accessible and attractive to all people without any discrimination. The service will need to reflect the age, culture, gender, ethnicity, sexual orientation, religious beliefs and any form of disability of the target groups.

Particular consideration should be given to the accessibility of services to people, particularly opening times, location and age appropriate publicity. The service will seek to improve the health and well-being, self-esteem and confidence of all users of the service. The service will be accessible and attractive to all people without any discrimination.

LGBT – Young People

The service will work alongside schools, youth services and other relevant organisations which have the greatest potential to impact on LGBT young peoples' lives. Young people need a learning environment which is tolerant of their sexuality and gender and does not attach a social stigma to it. Schools can support this through adopting explicit anti-homophobic bullying policy, taking action against homophobic bullying and promoting greater awareness of lesbian and gay issues. LGBT young people are more likely to be able to handle the factors associated with poor outcomes if they have a strong support network in place. Youth services can improve young people's resilience towards the unique pressures they face through supporting them in building networks of support that they can rely on. LGBT young people also have specific health needs. Health services need to be able to provide relevant information and contact details of support organisations for young LGBT people, their families and friends. Health professionals need to possess the skills to enable them to facilitate disclosure by young LGBT people, and understand the importance of confidentiality for this group. Health services also need to offer provision that reflects some of the outcomes that are more prevalent within this cohort, such as suicide and self-harm. It will be expected of the service to work to the standards set out above.

Pregnancy and Maternity

The service will need to work alongside relevant agencies to support pregnant women and mothers as part of a holistic approach to responding to their needs.

The service will need to deliver a range of interventions aimed at addressing risky behaviours. This will include access to preventative measures aimed at promoting safe sex and contraception.

Stakeholder organisations need to work together to develop pathways around support to stop drinking in pregnancy, prevention of Foetal Alcohol Spectrum Disorder and support of individuals with FASD.

Closer working with both teenage and older pregnant women with substance misuse issues is needed via DBC's Teen Parental Engagement Officer to ensure referral into CDDFT's teen mother pathway and the maternity care pathway established between treatment providers, DMH and the CCG.

Section 7 - Sign-off when assessment is completed

Officer Completing the Form:		
Signed	Name:	Tony Pendlebury
	Date:	25/06/2014
	Job Title:	DAAT Recovery & Integration Manager
Assistant Director:		
Signed	Name:	Miriam Davidson
	Date:	22/09/2014
	Service:	Public Health

Section 8 – Reporting of Findings and Recommendations to Decision Makers

Based on the EIA findings, the report may consider the options in the table below, but the report must contain a clear statement of the impacts so that decision-makers can understand the effects of the decision that is being recommended.

What does the review of the information show?	
a)	No negative impact on people because of their Protected Characteristics - continue with the activity and monitor progress on implementation
b)	Negative impact identified – recommend continuing with the activity; clearly specify the people affected and the impacts, and providing reasons and supporting evidence for the decision to continue
c)	<u>Negative impact identified - adjust the activity in light of the identified impact to avoid, minimise or mitigate the impact</u>
d)	Negative impact identified - stop activity and provide an explanation why

Section 9 – Action Plan and Performance Management

What is the negative impact?	Actions required to reduce/eliminate the negative impact (if applicable)	Who will lead on action	Target completion date
Age: Integration of services may result in a loss of a specific focus on the different needs of young people. This will need to be mitigated.	Ensure service specification gives clear guidance on meeting the needs of young people; including being seen at separate premises; and working alongside the Darlington Borough Council locality based teams. This	Kate Jeffels	August 2014

	guidance should be underpinned by a robust performance framework.		
Age, Race, Gender Reassignment, Religion or Belief, Sexual Orientation, Pregnancy or Maternity, Mental Health: Potential reduction in outreach / availability of appointments in alternative settings as a result of reducing resources could impact on all these groups.	Identifying priority groups in the service specification for those likely to be significantly impacted or who have higher levels of substance misuse. Encourage liaison between service provider and partner organisations to ensure a wide range of alternative settings are identified and utilised.	Kate Jeffels	August 2014
Pregnancy or Maternity: Removal of training service who are leading on Foetal Alcohol Spectrum Disorder awareness raising and prevention	Identify new leads / process for taking forward this work	Kate Jeffels / Helen Leake	March 2015

Performance Management	
Date of the next review of the EIA	December 2014
How often will the EIA action plan be reviewed?	The EIA will be reviewed on a quarterly basis for the first year, and on an annual basis thereafter.
Who will carry out this review?	DAAT/Public Health

