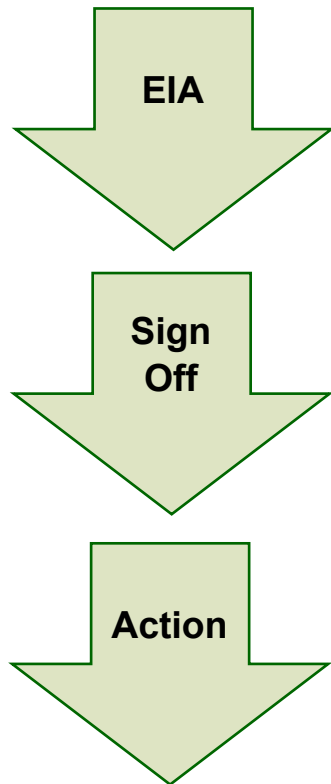


Warwickshire County Council (WCC) Equality Impact Assessment (EIA) Form

The purpose of an EIA is to ensure WCC is as inclusive as possible, both as a service deliverer and as an employer. It also demonstrates our compliance with Public Sector Equality Duty (PSED).

This document is a planning tool, designed to help you improve programmes of work by considering the implications for different groups of people. A guidance document is available [here](#).

Please note that, once approved, this document will be made public, unless you have indicated that it contains sensitive information. Please ensure that the form is clear and easy to understand. If you would like any support or advice on completing this document, please contact the Equality, Diversity and Inclusion (EDI) team via equalities@warwickshire.gov.uk, or if it's relating to health inequalities, please contact Public Health via padmin@warwickshire.gov.uk.



- Having identified an EIA is required, ensure that the EIA form is completed before any work is started. This includes gathering evidence and / or engaging the relevant stakeholders to inform your assessment.
- Brief the relevant Assistant Director for sign off and upload the completed form here: [Upload Completed Equality Impact Assessments](#). Please name it “EIA [project] [service area] [year]”
- Undertake further research / engagement to further understand impacts (if identified).
- Undertake engagement and / or consultation to understand if EIA has identified and considered impacts.
- Amend accordingly to engagement / consultation feedback and brief decision makers of any changes.
- Implement proposed activity.
- Monitor impacts and mitigations as evidence of duty of care.

Section One: Essential Information

Service / policy / strategy / practice / plan being assessed	Drug and Alcohol Services – Re-commissioning
Business Unit / Service Area	Vulnerable People – Inequalities and Public Health Commissioning
Is this a new or existing service / policy / strategy / practice / plan? If existing, please state date of last assessment.	Existing service, but new process to re-commission the service
EIA Authors N.B. It is best practice to have more than one person complete the EIA to bring different perspectives to the table.	<ul style="list-style-type: none"> • Laura Pain – Drug and Alcohol Commissioner
Do any other Business Units / Service Areas need to be included?	No
Does this EIA contain personal and / or sensitive information?	No

<p>Are any of the outcomes from this assessment likely to result in complaints from existing services users, members of the public and / or employees?</p>	<p>If yes, please let your Assistant Director and the Customer Relations Team know as soon as possible</p> <p>No</p>
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1. Please explain the background to your proposed activity and the reasons for it.

. New specifications will be developed for the service. The current contract is as follows:

Warwickshire County Council (WCC) has provided Warwickshire residents with the current Drug and Alcohol (D&A) services since 1st May 2018. The Drug and Alcohol Services are due to be re-commissioned from 1st May 2025 in line with contract standing orders.

The current system contains three core system components that include an overarching generic vision and outcome focused framework. The system is commissioned in three separate Lots, which are as follows:

- Lot 1 - Children and Young People’s Drug and Alcohol Service (Targeted and Specialist Support, Treatment & Interventions): Compass was awarded the contract with a total value of £400,000 per annum.
- Lot 2 - Adult Drug and Alcohol Service (Community & Inpatient Support, Treatment and Interventions: Change Grow Live (CGL) was awarded the contract with a total value of £2,700,000 per annum.
- Lot 3 - All Age Drug and Alcohol Recovery Network: CGL was awarded the contract with a total value of £120,000 per annum.

There are also other, key service elements:

- The Coventry and Warwickshire Detox and Rehab Framework and Panel, for Residential Rehabilitation (£170,000) and Inpatient Detoxification (£117,000)
- Supervised Consumption and Needle Exchange (£738,500)

These form an integral core component to the wider drug and alcohol service and are offered as part of the adult treatment service.

2. Please outline your proposed activity including a summary of the main actions.

To re-commission the Drug and Alcohol Services to support those affected by drug and alcohol use in Warwickshire, award a new contract and transfer to new service, the following main actions have/will take place:

- Development of a needs assessment
- Engagement activities with: service users, professionals (provider and agencies), broader stakeholders and key groups to identify what currently works, what needs to be improved, gaps and opportunities.
- Review of current and projected future costs based on demand
- A service review based on delivery from 1st May 2018 to 30th June 2023
- A review of national best practice and guidance
- Conduct the current Equality Impact Assessment, and complete a Health Equity Assessment Tool
- Development of a new service specification and potential options for delivery
- Market Testing
- Tender process – going out, reviewing and evaluating submissions and awarding the final contract
- Transition and implementation of the new service

3. Who is this going to impact and how?

Customers	Members of the Public	Employees	Job Applicants
X			
Other, please specify:	<ul style="list-style-type: none"> • Current and future service users of the D&A Services • Current providers 		

	<ul style="list-style-type: none">• Referring professionals (e.g. Health, Police, Adult Social Care, Children’s Social Care, Primary and Secondary Care)
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Section Two: Evidence

Please include any evidence or relevant information that has influenced the decisions contained in this EIA. This could include demographic profiles; audits; research; health needs assessments; national guidance or legislative requirements and how this relates to the protected characteristic groups and additional groups outlined in Section Four.

A – Quantitative Evidence

This is evidence which is numerical and should include the number people who use the service and the number of people from the protected characteristic groups who might be affected by changes to the service.

Age

Hospital admissions have increased locally for alcohol specific conditions in under 18s¹ and the rates are higher for girls than boys². Rates are higher in all Districts and Boroughs compared to the regional and national average.

The Warwickshire Drugs Needs Assessment 2022 (DNA) highlighted that reported drug use among young people has increased over recent years, but numbers in treatment are falling, which is concerning. The number of young people in treatment is low, and there has been a reduction of 64% in since 2009/10 (which is a similar trend to the national drop of 41% and drops in 83% and 72% in Worcestershire and Gloucestershire respectively)³. A reduction of 8% was recorded in quarter one of 2021/22 compared to the previous year.

Substance misuse can have a major impact on young people's health, education, families, and their long-term chances in life. There are no official data about local levels of CYP drug use. However, national trends are available from ONS 2020. Although most young people do not use drugs, young people are more likely to use drugs than other age groups. The ONS data found that 21.1% of 16 to 19-year-olds had used any drug in the previous year, much lower than the 31.8% equivalent figure in 1995, but the highest rate since 2011 (23.3%). Nationally, between April 2021-March 2022 the most common vulnerability reported by young people starting treatment was early onset of substance use (80%) meaning the young person started using substances before the age of 15⁴.

Disability

Table 1 shows that local rates for the number of clients entering treatment who have been identified as having mental health treatment needs (for opiates, non-opiates, alcohol and alcohol & non-opiates) are all above the national rates⁵. The proportion of

¹ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000042/pat/6/par/E12000005/ati/302/are/E10000031/iid/90284/age/26/sex/4/cid/4/page-options/ovw-do-0>

² In Warwickshire, measured as a crude rate per 100,000 from LAPE data for the three year aggregated period of 2018/19-2020/21, there were 49.2 alcohol-specific admissions for girls (36.1 across England) and 36.1 for boys (vs 22.8).

³ Warwickshire County Council (2019) Adult Social Care Outcomes Framework - 2017/18 outturns Insight Service Briefing Note

⁴ National Statistics - Young people's substance misuse treatment statistics 2021 to 2022: report published 2 February 2023

⁵ DOMES 2.22 (2021/22-2022/23 data)

clients entering treatment who have been identified as having mental health issues increased from 2020/21 to 2021/22 but show some reductions in Q1 of 2022/23. However, local rates are still above those nationally.

Table 1 Clients entering treatment (cumulative % year to date) identified as having a mental health treatment need (DOMES 2.22)

Clients entering treatment (cumulative % year to date) identified as having a mental health treatment need (DOMES 2.22)	2020/21 Q2	2020/21 Q3	2020/21 Q4	2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Q4	2022/23 Q1
Warwickshire: opiate	65.6	67.5	70.3	65.2	64.2	65.9	71.4	67.3
Warwickshire: non-opiate	73.6	69.3	69.8	64.5	67.9	73.8	76.1	74.4
Warwickshire: alcohol	72.3	74.8	75.6	70.3	71.7	72.6	74.8	73.6
Warwickshire: alcohol and non-opiate	68.5	78.1	80.5	80.0	81.3	82.6	83.6	92.5
England: opiate	56.4	58.2	60.2	59.8	61.7	62.7	63.5	61.5
England: non-opiate	64.4	65.9	66.3	66.0	67.7	68.6	68.5	69.2
England: alcohol	64.6	66.2	66.9	66.5	67.2	68.2	68.3	67.4
England: alcohol and non-opiate	70.6	72.2	73.2	72.2	72.9	74.0	74.3	74.7

Nationally, nearly half (46%) of young people starting treatment between April 2021-March 2022 said they had a mental health treatment need, which continues the rising trend of the last 3 years (43% in 2020 to 2021, 37% in 2019 to 2020 and 32% in 2018 to 2019). A higher proportion of girls reported a mental health treatment need than boys (60% compared to 38%). Most young people (69%) who had a mental health treatment need received some form of treatment, usually from a community mental health team⁶.

Race

The current service is not being accessed by diverse populations that are reflective of Warwickshire. In all areas the proportion of White British service users are above 83%. There are very low proportions of Black/Black British service users accessing in all areas of Warwickshire. In terms of proportions across all ethnicity categories, Rugby has the most diverse service user group of the areas, however the numbers are still very low.

Sex

In Warwickshire from January 2019 to February 2022, 69 drug related deaths were recorded, with 80% male and 20% female. Of these, 10 were drug and alcohol related.

B – Qualitative Evidence

This is data which describes the effect or impact of a change on a group of people, e.g. some information provided as part of performance reporting.

Our new service specification will be designed to ensure that all those that live in Warwickshire, that would benefit from D&A support, are able to access support and that the support meets need. Our aim is to ensure that our commissioned services support residents in Warwickshire with drug and alcohol problems and their families to achieve quality of life outcomes, motivate and support people to achieve both short and longer term goals of recovery through evidence based and innovative approaches. Our commissioning of this service will take into account the needs of vulnerable individuals in the specifications, and we will work with the providers to address any impacts on vulnerable groups.

⁶ National Statistics - Young people's substance misuse treatment statistics 2021 to 2022: report published 2 February 2023

Age

The Government drug strategy recommends specific support for families with parental substance misuse. The current model provides support through the Hidden Harm service.

For young people, approaching the age of 18 can be a time of significant change and uncertainty characterised with them starting to make key life-long decisions as they move towards an age of greater independence and responsibility including decisions about further and higher education, jobs and careers, leaving home, and starting relationships. Currently, young people can access support via Compass up until the age of 25 to help reduce the stress of transitioning to the adult service. However, the DNA identified that joint working between Compass and CGL appeared to be lacking, and CGL stated they receive minimal referrals from Compass.

For young people requiring some form of prescribing, whether that is an opioid substitution treatment or for acamprosate or other equivalent medication (to help prevent cravings and urges to drink alcohol), they have to engage with a key worker and prescriber from CGL for this, alongside their support worker with Compass, who leads the psychosocial element of their support. This was described in the DNA as an unnecessary duplication of resources and service users were not very satisfied with this set up as it did not seem to be working efficiently.

Disability

There is a documented link between LD and substance use but there is no specialist support on offer and no specific training available to workers within the Substance Misuse Services.

Pregnancy and Maternity

The DNA identified Numerous barriers for pregnant women accessing substance misuse support, including the waiting room environment being daunting and uncomfortable, and judgement and shame when walking into a Substance Misuse Service site from the public. Additional to those identified, childcare issues e.g. timings, cost, can limit access to services.

The DNA cited an apparent need to combine maternity services and D&A services to improve partnership working. Additionally, a recommendation of the Warwickshire Alcohol Needs Assessment 2022 was to “Improve maternity services, data recording systems. Developing a standardised approach to assess alcohol misuse and strengthen referral pathways from maternity services to treatment”. This shows that referral pathways are not working as well as they should be at present.

Race

The DNA highlighted a lack of specialist support for minoritised ethnic communities, and support available in languages other than English. This includes providers of detox/rehab on the Coventry and Warwickshire Detox and Rehab Framework.

Sex

There are differences between men and women in terms of alcohol consumption. For example, there is a strong association between levels of consumption and severity of dependence, but women are likely to become dependent at lower levels of consumption than men. Men are more likely to be admitted into hospital due to alcohol consumption compared to women. Males are referred more than females for rehab and detox.

There is a concerning small number of boys and young men in treatment in Warwickshire.

With CYP, there are a number of specific issues facing girls, including increased citation of alcohol as a problematic substance, involvement in self-harm, being affected by domestic abuse, and affected by sexual abuse including exploitation as can be seen in the table below. These trends can also be seen across England. Boys also experience domestic abuse, sexual exploitation and self-harm, and this should be explored by services⁷. Nationally, more boys than girls had a mental health treatment need identified but either did not receive treatment or refused treatment between April 2021-March 2022⁸.

Sexual Orientation & Gender Reassignment

The DNA found a lack of specialist support for the LGBTQ+ community. CGL does not report on LGBTQ+ demographics. Compass reports on gender (including reassignment), but not sexual orientation; this could be inapplicable for some young people so it is not appropriate to ask on service forms.

⁷ OHID – Young people substance misuse commissioning support pack 2022-23: Key data

⁸ National Statistics - Young people's substance misuse treatment statistics 2021 to 2022: report. Published 2 February 2023

At the moment there is a lack of research regarding trans and non-binary communities specifically and substance misuse. Transgender people drink more alcohol than cisgender people⁹. On a global level, trans and non-binary people report needing greater help for reducing substance use including alcohol harm than cisgender respondents.¹⁰

Chemsex - There is an association between drug use and risk-taking behaviour, and concern has been raised around the transmission of sexually transmitted infections, drug overdoses and increasing injecting behaviour. It is suggested that drug services should partner with LGBTQ+ services to promote harm reduction information and ensure awareness of how to access treatment for drug use.

Section Three: Engagement

Engagement with individuals or organisations affected by the proposed activity must take place. For further advice and support with engagement and consultations, click [here](#).

Has the proposed activity been subject to engagement or consultation with those it's going to impact, taking into account their protected characteristics and socio-economic status?

Evidence and recommendations from needs assessments, the development of which sought views of stakeholders, and the evidence and recommendations from the current contract's service review, will be used to determine the service specification and ITT questions.

⁹ Prevalence and correlates of substance use among transgender adults: A systematic review. December 2020. Available at: www.sciencedirect.com/science/article/abs/pii/S0306460320306742?via%3Dihub

¹⁰ Comparing intentions to reduce substance use and willingness to seek help among transgender and cisgender participants from the Global Drug Survey May 2020. Available at: www.sciencedirect.com/science/article/abs/pii/S0740547219306993

	Through the needs assessment and engagement work we have worked to understand need, barriers to access, experience of support / support from other agencies and that has informed the specification/s for the D&A services.	
If YES, please state who with.	Service users, current providers, stakeholders e.g. referring professionals, statutory agencies	
If NO engagement has been conducted, please state why.		
How was the engagement carried out?	Yes / No	What were the results from the engagement? Please list...
Focus Groups	Yes	Through a mixture of in person and virtual engagement, in-depth interviews, and focus groups: <ul style="list-style-type: none"> • 132 individuals with lived experience of substance use (including current service users, individuals not accessing support, and family and friends of those using substances) • 52 professionals that work directly or indirectly with people with substance use.
Surveys	Yes	402 people engaged with the online survey. Out of the 367 “high-quality” responses: <ul style="list-style-type: none"> • 35 individuals with direct lived experience of substance use • 29 individuals responding on behalf of someone with lived experience of substance use • 303 professionals that work directly or indirectly with people with substance use.
Public Event		

Displays / Exhibitions		
Other (please specify)	In depth interviews	Through a mixture of in person and virtual engagement, in-depth interviews, and focus groups: <ul style="list-style-type: none"> • 132 individuals with lived experience of substance use (including current service users, individuals not accessing support, and family and friends of those using substances) • 52 professionals that work directly or indirectly with people with substance use.
Has the proposed activity changed as a result of the engagement?	Yes	
Have the results of the engagement been fed back to the consultees?	Yes	
Is further engagement or consultation recommended or planned?	No	Although no further engagement or consultation is planned in relation to the drug and alcohol service recommissioning, ongoing engagement in relation to the services is planned through quarterly service user and lived experience engagement forums. The re-tendering evaluation process will also feature both an adults and children and young people's lived experience panel who will evaluate provider presentations. This feedback will be taken into account during the scoring process.
What process have you got in place to review and evaluate?	National and local research will continue to be reviewed. Any learning will be incorporated in contract performance monitoring.	

Section Four: Assessing the Impact

Protected Characteristics and other groups that experience greater inequalities

What will the impact of implementing this proposal be on people who share characteristics protected by the Equality Act 2010 or are likely to be affected by the proposed activity? This section also allows you to consider other impacts, e.g. health inequalities such as deprivation, socio-economic status, vulnerable groups such as individuals who suffer socio-economic disadvantage, armed forces, carers, homelessness, people leaving prison, young people leaving care etc.

On the basis of evidence, has the potential impact of the proposed activity been judged to be positive (+), neutral (=), negative (-), or positive and negative (+&-), for each of the protected characteristic groups below and in what way?

N.B In our Guidance to EIAs we have provided you with potential questions to ask yourself when considering the impact of your proposed activity. Think about what actions you might take to mitigate / remove the negative impacts and maximize on the positive ones. This will form part of your action plan at Section Six.

	Impact type (+) (=) (-) or (+&-)	Nature of impact including health inequalities Will your proposal have negative or positive implications for each group, including on health inequalities? <i>Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income.</i>	Mitigating Actions for Negative Impacts What can you do to mitigate any identified negative impacts or health inequalities? <i>Think about offering for example benefits advice, access to bus routes, community support, flexible opening times, creche facilities etc.</i> Use this column to form the basis of Section 6.
Age	+	The service will have an element for adults and for children with no upper age limit. The current service's lower age limit is 5 years of age.	The new service specification will take into account the transition period between children and adult services, and include flexibility of transition age depending on

		<p>Transition from children’s service to an adult service can be disruptive and result in individuals ceasing access to support services.</p> <p>Joint working between CYP and Adult service can have a negative impact on CYP if it is not effective.</p> <p>The Government drug strategy recommends specific support for families with parental substance misuse.</p>	<p>individual service user needs. The service specification will stress the importance of having robust transitional pathways in place.</p> <p>The new service specification will state that the CYP and Adult provider must work together effectively. Potential providers to demonstrate this in ITT.</p> <p>The new model will continue to provide support around parental substance misuse.</p>
<p>Disability Consider:</p> <ul style="list-style-type: none"> • Physical disabilities • Sensory impairments • Neurodiverse conditions (e.g. dyslexia) • Mental health conditions (e.g. depression) • Medical conditions (e.g. diabetes) 	+	<p>The service is open access to all service users. This service will be person centered and reflective of an individual's needs. However there are certain elements that would limit accessibility and outcomes for service users:</p> <ul style="list-style-type: none"> • Locations used for face-to-face services may not be accessible to all. • Telephone counselling / online support not accessible to all. • Complex needs often do not have robust referral/dual working processes. • Certain physical disabilities, neurodiverse conditions, medications etc may impact how people engage e.g. less able to engage at certain times of the day or not being able to stick to routine appointments. 	<p>There will be a requirement in the specification for the provider to ensure all information, policies and procedures in relation to the service will be written in plain English and accessible in a variety of formats including large print, Braille, easy read, electronic, hard copy, alternative languages and also for methods for people who communicate non-verbally.</p> <p>The service specification will require providers to ensure robust referral pathways and dual diagnosis pathways with other</p>

			<p>relevant services based on individual service user needs and requests – e.g. health, mental health, employment services, housing services, education settings, domestic abuse services etc.</p> <p>The service user can request a chaperone / carer is present during contact with the service.</p> <p>There will be outreach provided in rural parts of the county to enhance accessibility.</p> <p>Providers should offer home visits for those who are unable to leave the house or experience particular barriers to attend in other ways.</p> <p>There will be a requirement in the specification for providers to ensure buildings used for service delivery are accessible and fit for purpose.</p> <p>There will be a requirement to deliver a hybrid service including face to face and virtual options of support.</p>
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			There will be a requirement for the service to operate with flexible timings and repeat attempts to engage with new referrals/service users who “disengage”.
Gender Reassignment	+	The service is open access to all service users. This service will be person centered and reflective of an individual's needs. However there are certain elements that would limit accessibility and outcomes for service users, and there is a lack of specialist support.	<p>Assessments should use gender-neutral language so that the person can identify their gender to the service.</p> <p>Terminology on any forms used in relation to the service should be up to date so as to mitigate risk of distress to the service user who has chosen to share personal information.</p> <p>Potential providers to demonstrate accessibility in the ITT.</p> <p>Suggest that future providers partner with LGBTQ+ services to promote harm reduction information and ensure awareness of how to access treatment for drug use.</p>
Marriage and Civil Partnership		No negative impact identified	



Pregnancy and Maternity	+	The service is open access to all service users. This service will be person centered and reflective of an individual's needs. However the Warwickshire DNA highlighted that there are limited support pathways for pregnant service users and new mothers.	The service specification will require providers to ensure robust referral pathways with other relevant services based on individual service user needs and requests – e.g. health, mental health, employment services, housing services, education settings, domestic abuse services etc.
Race Including: <ul style="list-style-type: none"> • Colour • Nationality • Citizenship • Ethnic or national origins 	+	The service is open access to all service users. This service will be person centered and reflective of an individual's needs. However there are certain elements that would limit accessibility and outcomes for service users, e.g. language barriers, stigma, cultural beliefs.	The service specification will require providers to deliver assertive outreach to engage with groups of service users who are underrepresented in the service currently, and ensure that the service and referral routes are publicised to all who can benefit from them. The service provider will be required to publicise their service with messaging suitable for all cultural identities. There will be a requirement in the specification for the provider to ensure all information, policies and procedures in relation to the service will be accessible in a variety of formats including

			alternative languages and also for methods for people who communicate non-verbally. Providers should have options for professional interpreters to be used (rather than reliance on family members/friends).
Religion or Belief	+	The service is open access to all service users. This service will be person centered and reflective of an individual's needs. However, there are certain elements that would limit accessibility and outcomes for service users e.g. stigma, religious beliefs and values.	The service specification will require providers to deliver assertive outreach to engage with groups of service users who are underrepresented in the service currently and ensure that the service and referral routes are publicised to all who can benefit from them.
Sex	+	The service is open access to all service users. This service will be person centered and reflective of an individual's needs.	Service users will be able to request support from a key worker of a certain gender and the provider will be required to accommodate this wherever possible. The service specification will require providers to deliver assertive outreach to engage with groups of service users who are underrepresented in the service currently and ensure that the service and referral routes are

			publicised to all who can benefit from them.
Sexual Orientation	+	The service is open access to all service users. This service will be person centered and reflective of an individual's needs. However there are certain elements that would limit accessibility and outcomes for service users.	Terminology on any forms used in relation to the service should be up to date so as to mitigate risk of distress to the service user who has chosen to share personal information. The service specification will require providers to deliver assertive outreach to engage with groups of service users who are underrepresented in the service currently, and ensure that the service and referral routes are publicised to all who can benefit from them.
Groups who may require support: <ul style="list-style-type: none"> • Individuals who suffer socio-economic disadvantage • Armed Forces (WCC signed the Armed Forces Covenant in June 2012) • Carers • Homelessness 	+	The service is open access to all service users. This service will be person centered and reflective of an individual's needs. However there are certain elements that would limit accessibility and outcomes for service users. Lack of awareness about the services that are available amongst certain vulnerable groups identified may result in them not accessing the support they may need.	The service specification will require providers to deliver assertive outreach to engage with groups of service users who are underrepresented in the service currently, and ensure that the service and referral routes are publicised to all who can benefit from them. The service specification will require providers to ensure robust

<ul style="list-style-type: none"> • People leaving Prison • People leaving Care 			<p>referral pathways with other relevant services based on individual service user needs and requests – e.g. health, mental health, employment services, housing services, education settings, domestic abuse services etc.</p> <p>One of the critical success factors of best practice identified by OHID commissioning advice and Dame Carol Black’s review is that local treatment services should proactively target vulnerable groups including people who are experiencing homelessness.</p> <p>The service provider will be required to work in partnership with the OPCC commissioned criminal justice service provider for drug and alcohol, and work in partnership on areas such as continuity of care following release from prison.</p>
<p>Other Identified Health Inequalities (HI) Many issues can have an impact on health: is it an</p>		<p>What health inequalities already exist?</p> <p>The Warwickshire Alcohol Needs Assessment included data from Warwickshire Clinical Commissioning Group (CCG) from 2017-2021 showing that the highest alcohol-related</p>	<p>The service specification will require providers to ensure robust referral pathways with other relevant services based on individual service user needs and</p>

<p>area of deprivation, does every population group have equal access, unemployment, work conditions, education, skills, our living situation, rural, urban, rates of crime etc.</p>		<p>rates of hospital admissions were associated with those from the most deprived areas.</p> <p>Additionally, completion of a Health Equity Assessment Tool (HEAT) has identified that the following groups are particularly vulnerable and can experience health inequalities in relation to drug and alcohol:</p> <ul style="list-style-type: none"> • Those with blood borne viruses (BBVs) • Domestic abuse victim/survivors • Looked after children • Young people in contact with Youth Offending Services • Sex workers • Steroid users • Those who have experienced adverse childhood experiences (ACEs) <p>Will your proposal have a negative or positive implications on health inequalities?</p> <p>The HEAT has identified that the current model has the following potential factors that can widen inequalities:</p> <ul style="list-style-type: none"> • Social issues that can particularly be caused by D&A use e.g. family problems, job related problems and unemployment. • Locations of service and pharmacies e.g. there is no hub in North Warwickshire • Differences in staff training across different areas in Warwickshire 	<p>requests – e.g. health, mental health, employment services, housing services, education settings, domestic abuse services etc.</p> <p>The service specification will also require providers to ensure robust referral pathways for the following target population groups (to align with the ICS HI Strategic plan):</p> <ul style="list-style-type: none"> • Transient communities (people experiencing homelessness, gypsies, travellers and boaters, newly arrived communities including refugees and asylum seekers, and guests from Ukraine) <p>There will be outreach provided in rural parts of the county and accessible via public transport routes, to enhance accessibility.</p> <p>The provider will be asked to consider service availability in the 22 LSOA in top 20% most deprived areas, ensuring that services are accessible to these populations, taking into account any potential barriers.</p>
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		<ul style="list-style-type: none"> • Dual diagnosis pathways are not strong enough • Assertive outreach not working as effectively e.g. with the homeless population • Rehab often does not accept those with a history of arson/sexual offending • No specialist support for those with learning disabilities and no specific training • Lack of mental health support • Pregnancy/maternity referral pathways not working effectively • Lack of specialist support for minority ethnic groups • Lack of specialist LGBTQ+ support • Adult service does not report on LGBTQ+ demographics • Referral routes for professions working with those experiencing health inequalities are not strong enough e.g. Job Centres. • The service currently mostly relies on self-referral <p>By using the HEAT mitigating actions have been identified to reduce the potential to widen inequalities.</p>	<p>Please see the embedded file for the HEAT, with details on mitigating actions.</p> <p></p> <p> HEAT - D&A service review (1).docx</p>
<p>Other Groups If there are any other groups</p>			

Public Sector Equality Duty (PSED)

Public Authorities must have 'due regard' to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Please evidence how your proposed activity meets our obligations under the PSED.

	Evidence of Due Regard
<p>Eliminate unlawful discrimination (harassment, victimisation and other prohibited conduct):</p>	<p>The service specification will state that the Provider will ensure Service Users are not directly or indirectly discriminated against, victimised, harassed or put at a disadvantage on any grounds, including the Protected Characteristics in the Equality Act 2010.</p> <p>The provider will be required to show evidence that unlawful discrimination will not occur.</p>
<p>Advance equality of opportunity:</p> <p>This involves</p> <ul style="list-style-type: none"> • removing or minimising disadvantages suffered by people due to their protected characteristics; • taking steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people, for example, taking steps to take account of people with disabilities; • encouraging people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low. 	<p>The Provider will provide interventions, information and be accessible to victims and their families, in a variety of ways - including the use of technology and internet-based support such as web-based self-help tools and online and telephone services.</p> <p>The Provider must evidence that they employ or have access to staff with the knowledge and experience to support a diverse range of service users (e.g. the need to have trained staff who are able to handle and respect the cultural differences and needs of the community).</p> <p>The Provider must collect and provide equality monitoring data, using meaningful demographic categories with up to date labels, as part of performance monitoring data. This will help to identify underrepresented groups and enable steps to be taken to meet the needs of all groups in the county.</p> <p>There will be a requirement in the service specification to engage with service users to determine need and review provision. This should focus on how to encourage take-up with less engaged groups.</p>

<p>Foster good relations:</p> <p>This means tackling prejudice and promoting understanding between people from different groups and communities.</p>	<p>The Provider will ensure all staff have access to a wide range of training opportunities to aid understanding of diverse population and their needs.</p> <p>The Provider will also be required to offer and deliver brief intervention and awareness training to a range of agencies, and these training programmes will be tailored to the needs of specific needs.</p> <p>A detailed list of Policy requirements is requested, this includes but is not limited to: Equality and Diversity, Whistleblowing, Lone Worker, Safeguarding, Customer Care/Support planning, Privacy Notice, Confidentiality.</p>
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Section Five: Partners / Stakeholders

Which sectors are likely to have an interest in or be affected by the proposed activity?	Yes / No	Describe the interest / affect
Businesses	No	
Councils	No	
Education Sector	Yes	The young person element of the service in particular will be working with young people in education settings and

		therefore may work directly with the education sector e.g. promotion, referral routes.
Fire and Rescue	No	
Governance Structures	No	
NHS	Yes	The service provider will be required to have robust referral pathways with these sectors.
Police	Yes	The service provider will be required to have robust referral pathways with these sectors.
Voluntary and Community Sector	Yes	The service provider will be required to have robust referral pathways with these sectors. Potential providers are likely to be from this sector.
Other(s): please list and describe the nature of the relationship / impact		

Section Six: Action Planning


If you have identified impacts on protected characteristic groups in Section Four, please summarise these in the table below detailing the actions you are taking to mitigate or support this impact. It is also important to consider how often this E.I.A. will be reviewed, and who is responsible for doing this. If you are not taking any action to support or mitigate the impact, you should complete the No Mitigating Actions section below instead.

Mitigating Actions

Consider:

- Who else do you need to talk to? Do you need to engage or consult?
- How you will ensure your activity is clearly communicated
- Whether you could mitigate any negative impacts or build on positive impacts for protected groups or health inequalities

- Whether you could do more to fulfil the aims of the PSED
- How you will monitor and evaluate the effect of this work
- Anything else you can think of!

Identified Impact	Action(s)	Timescale incl. evaluation and review date	Name of person responsible
<p>People using the D&A services may experience barriers to access and differences in outcomes due to health inequalities, vulnerabilities and protected characteristics.</p>	<p>Utilise the information within the recently conducted needs assessments on Drugs and Alcohol, alongside national and local data and research, to guide the recommissioning of the D&A Services to take into account health inequalities, vulnerable groups and protected characteristics.</p> <p>Utilise the mitigating actions emerging in the HEAT tool:</p> <div data-bbox="645 903 703 963" style="text-align: center;">  </div> <p data-bbox="584 970 770 1023">HEAT - D&A service review (1).docx</p>	<p>Throughout recommissioning process, during mobilisation and during contract performance monitoring</p>	<p>Laura Pain</p>
<p>As above</p>	<p>The service specification will state that the Provider will ensure Service Users are not directly or indirectly discriminated against, victimised, harassed or put at a disadvantage on any grounds, including the</p>	<p>By September 2024 – (Service Specification and ITT)</p>	<p>Laura Pain</p>

	<p>Protected Characteristics in the Equality Act 2010.</p> <p>The provider will be required to show evidence that unlawful discrimination will not occur.</p>		
As above	<p>The Providers must evidence that they employ or have access to staff with the knowledge and experience to support a diverse range of service users (e.g. the need to have trained staff who are able to handle and respect the cultural differences and needs of the community). Staff should have cultural awareness and safety training.</p> <p>The Providers will be required to possess appropriate skill and knowledge of MECC activity to support service users to adopt healthier lifestyles and signpost to lifestyle-risk management services.</p>	By September 2024 – (Service Specification and ITT)	Laura Pain
As above	Review and monitor EIA in line with developments	Continuous	Laura Pain
Transition from children’s service to an adult service can be disruptive and result in individuals ceasing access to support services.	The new service specification will take into account the transition period between children and adult services, and include flexibility of transition age depending on individual service user needs. The	By September 2024 and to continue into the new contract	Laura Pain

	service specification will stress the importance of having robust transitional pathways in place.		
There are groups who are not able to communicate in certain ways due to characteristics such as disability, race, educational status and other reasons.	There will be a requirement in the specification for the provider to ensure all information, policies and procedures in relation to the service will be written in plain English and accessible in a variety of formats including large print, Braille, easy read, electronic, hard copy, alternative languages and also for methods for people who communicate non-verbally. Providers should have options for professional interpreters to be used (rather than reliance on family members/friends).	By Sept 2024 and to continue into the new contract	Laura Pain
Accessibility of the service depends on individual factors.	There will be requirements in the specification for: <ul style="list-style-type: none"> • Outreach provided in rural parts of the county and accessible via public transport routes, to enhance accessibility. • Ensure buildings used for service delivery are accessible and fit for purpose. 	By Sept 2024 and to continue into the new contract	Laura Pain

	<ul style="list-style-type: none"> • The service user can request a chaperone / carer is present during contact with the service. • The service to operate with flexible timings and repeat attempts to engage with new referrals/service users who “disengage”. • A hybrid service including face to face and virtual options of support. • The Provider to provide interventions, information and be accessible to victims and their families, in a variety of ways - including the use of technology and internet-based support such as web-based self-help tools and online and telephone services. • Providers should offer home visits for those who are unable to leave the house or experience particular barriers to attend in other ways. 		
Referral routes need to take into account all groups covered in this EIA.	There will be requirements in the specification for:	By Sept 2024 and to continue into the new contract	Laura Pain

	<ul style="list-style-type: none"> • providers to ensure robust referral pathways with other relevant services based on individual service user needs and requests – e.g. health, mental health, employment services, housing services, education settings, domestic abuse services etc. • providers to deliver assertive outreach to engage with groups of service users who are underrepresented in the service currently, and ensure that the service and referral routes are publicised to all who can benefit from them. • providers to publicise their service with messaging suitable for all cultural identities. • to engage with service users to determine need and review provision. This should focus on how to encourage take-up with less engaged groups. • the providers to collect and provide equality monitoring data, using meaningful demographic categories with up to date labels, as part of 		
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	performance monitoring data. This will help to identify underrepresented groups and enable steps to be taken to meet the needs of all groups in the county.		
Boys are underrepresented in the CYP service.	Service users will be able to request support from a key worker of a certain gender and the provider will be required to accommodate this wherever possible.	By Sept 2024 and to continue into the new contract	Laura Pain
Incorrect assumptions and use of language can cause distress to certain people in the LGBTQ+ community.	Assessments should use gender-neutral language, and terminology on any forms used in relation to the service should be up to date so as to mitigate risk of distress to the service user who has chosen to share personal information. so that the person can identify their gender to the service.	Mobilisation period (from May 2025)	Laura Pain
	The Providers must evidence that they employ or have access to staff with the knowledge and experience to support a diverse range of service users (e.g. the need to have trained staff who are able to handle and respect the cultural differences and needs of the community). Staff should have cultural awareness and safety training.	By Sept 2024 – (Service Specification and ITT)	Laura Pain

	The Providers will be required to possess appropriate skill and knowledge of MECC activity to support service users to adopt healthier lifestyles and signpost to lifestyle-risk management services.		
	Review and monitor EIA in line with developments	Continuous	Laura Pain

No Mitigating Actions

Please explain why you do not need to take any action to mitigate or support the impact of your proposed activity.
N/A

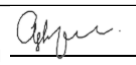
Section Seven: Assessment Outcome

Only one of following statements best matches your assessment of this proposed activity. Please select one and provide your reasons.		
No major change required		
The proposal has to be adjusted to reduce impact on protected characteristic groups and/or health inequalities		
	x	The detail within the Service Specification will clearly show the mitigation that is in place for each of the negative impacts

Continue with the proposal but it is not possible to remove all the risk to protected characteristic groups and/or health inequalities		identified. However it is not possible to remove all risks completely.
Stop the proposal as it is potentially in breach of equality legislation		

Section Eight: Sign Off

N.B To be completed after the EIA is completed but before the area of work commences.

Name of person/s completing EIA	Laura Pain (Drug and Alcohol Commissioner)
Name and signature of Director	Dr Shade Agboola, Director of Public Health 
Date	08/07/2024
Date of next review and name of person/s responsible	April 2025- Drug and Alcohol Commissioner

Once signed off, please ensure the EIA is uploaded using the following form. Please name it “EIA [project] [service area] [year]”: [Upload Completed Equality Impact Assessments](#)

These will be stored on a [Sharepoint library](#) which Warwickshire County Council colleagues can access.

It is the responsibility of the individuals and teams who completed the EIA to review it regularly and to carry out any required activities in line with the action plan made.

For advice or support, please contact equalities@warwickshire.gov.uk.