

Appendix B - Equality Impact Assessment (EqIA)

Equality Impact Assessment (EqIA) Template

In order to carry out this assessment, it is important that you have completed the EqIA E-learning Module and read the Corporate Guidelines on EqIAs. Please refer to these to assist you in completing this assessment.

It will also help you to look at the EqIA Template with Guidance Notes to assist you in completing the EqIA.

Type of Project / Proposal:	Tick ✓	Type of Decision:	Tick ✓
Transformation		Cabinet	✓
Capital		Portfolio Holder	
Service Plan		Corporate Strategic Board	
Other		Other	
Title of Project:	The re-procurement of Barnet young People's Substance Misuse Service contract.		
Directorate / Service responsible:	Barnet and Harrow Joint Public Health Services (B&HJPHS)		
Name and job title of lead officer:	Audrey Salmon, Head of Public Health Commissioning		
Name & contact details of the other persons involved in the assessment:	Bridget O'Dwyer, Senior Commissioning Manager, Substance Misuse Services (SMS) (Bridget.O'Dwyer@harrow.gov.uk)		
Date of assessment:	25 th November 2015		
Stage 1: Overview			
<p>1. What are you trying to do?</p> <p>(Explain proposals e.g. introduction of a new service or policy, policy review, changing criteria, reduction / removal of service, restructure, deletion of posts etc)</p>	<p>As part of the Public Health England (PHE) Requirements laid out in the Health and Social Care Act 2012, Local Authorities are responsible for commissioning health and social care services for residents. When Public Health was transferred from the NHS to the Local Authority in 2013, Harrow Council assumed responsibility for Substance Misuse Treatment and Recovery Service</p> <p>In preparation for Barnet Young People's Substance Misuse Service contract ceasing on 31st March 2016 -. B&HJPHS has undertaken the following work:</p> <ul style="list-style-type: none"> • Needs Assessment 2014 to understand local needs of the Young People in Barnet 		

Appendix B - Equality Impact Assessment (EqIA)

	<ul style="list-style-type: none"> Review service provision Developed new service specifications based on best practice <p>The re-procurement of the above services will enable the Council to:</p> <ul style="list-style-type: none"> Discharge its duties in relation to the Health and Social Care Act 2012 Commission a service which will deliver better outcomes for young people in Barnet in relation to their health and wellbeing Achieve best value and efficiencies in the way services are delivered. 					
2. Who are the main people / Protected Characteristics that may be affected by your proposals? (✓ all that apply)	Residents / Service Users	✓	Partners	✓	Stakeholders	✓
	Staff		Age	✓	Disability	✓
	Gender Reassignment	✓	Marriage and Civil Partnership	✓	Pregnancy and Maternity	✓
	Race	✓	Religion or Belief	✓	Sex	✓
	Sexual Orientation	✓	Other			
3. Is the responsibility shared with another directorate, authority or organisation? If so: <ul style="list-style-type: none"> Who are the partners? Who has the overall responsibility? How have they been involved in the assessment? 	<p>B&HJPHS has overall responsibility; however it has co-designed these services to ensure that the new services are responsive to local needs.</p> <p>Substance Misuse Service (SMS) partners: L.A. Services (Children/Families, Young People, Adults, Safeguarding, Police, Criminal Justice, general and mental health acute and community, Service Users, PHE, Service and voluntary services. Barnet young People's Substance Misuse Service is wholly funded by the Public Health grant and an element of MOPAC monies. B&HJPHS has lead responsibility for re-procurement of this service.</p> <p>A recent Needs Assessment included contribution from all partners</p>					
Stage 2: Evidence / Data Collation						
4. What evidence / data have you reviewed to assess the potential impact of your proposals? Include the actual data, statistics reviewed in the section below. This can include census data, borough profile, profile of service users, workforce profiles, results from consultations and the						

Appendix B - Equality Impact Assessment (EqIA)

involvement tracker, customer satisfaction surveys, focus groups, research interviews, staff surveys; complaints etc. Where possible include data on the nine Protected Characteristics.

(Where you have gaps (data is not available/being collated), you may need to include this as an action to address in your Improvement Action Plan at Stage 7)

Age (including carers of young/older people)	<p>The review of all these services has and will continue to engage a range of stakeholders. The need assessments that were undertaken highlighted gaps in service provision and recommended service improvement based on best practice.</p> <p>Barnet Young People’s Substance Misuse Service – A comprehensive Needs Assessment was undertaken which engaged a range of partners and key stakeholders.</p> <p>The re-procurement of these services will not lead to reduction in provision as the intention is to achieve better outcomes for all residents (but particularly those at risk) and better value for money. Therefore no group will be adversely affected by these proposals.</p> <p>As part of the <u>tendering process</u>, bidders will be required to demonstrate their understanding of equality and diversity and their response will be assessed within the quality criteria.</p> <p>Throughout the life of the contract, providers will be expected to deliver the service in line with the Council’s Equalities Policy.</p> <p>Re-procurement of Barnet Young People’s Substance Misuse Service – Positive Impact: The new Young Persons’ treatment model will increase age range to avoid ‘cliff edge’ of support at 18. Young Carers support will be expanded further within the new service.</p>
Disability (including carers of disabled people)	<p>Positive Impact: diversity data to be collected to better understand specific issues relating to disability/substance misuse and understanding the root causes, the treatment pathway will be able to offer more effective treatment. Diversity data to be collected.</p>
Gender Reassignment	<p>Positive Impact: the new treatment pathway should offer client specific services such as outreach</p>

Appendix B - Equality Impact Assessment (EqIA)

	engagement, peer support groups and counselling.		
Marriage / Civil Partnership	Positive Impact: no data is systematically collected across the treatment system however the new treatment pathway will deliver a service to meet holistic requirements of service users.		
Pregnancy and Maternity	Positive Impact: The Service will jointly work with maternity (community and hospital), CAMHS, and Adult Mental Health Service, A&E services, Youth Offending Team and L.A. Children & Families' and safeguarding teams plus other relevant parties.		
Race	Positive Impact: the new treatment pathway will deliver a service to meet requirements of young people who may experience barriers to treatment due to cultural/religious practices.		
Religion and Belief	Positive Impact: see above		
Sex / Gender	Positive Impact: The new treatment pathway should be safe and attractive to girls and young women/boys and young men, particular more vulnerable young people such as those experiencing domestic violence or sexual exploitation.		
Sexual Orientation	Positive Impact: Sexual orientation monitoring of young people in order to understand the experiences of the Lesbian, Gay and Bisexual (LGB) people and offer LGB specific services such as peer support groups and counselling.		
Socio Economic	Positive Impact: Substance misuse goes hand in hand with poor health, homelessness, family breakdown and offending and extends much larger into society. Those who experience substance misuse may be unable to find or keep regular employment which means the person must find another way to fund their addiction. It follows that money spent on drug enforcement and crime reduction is money not spent on public infrastructure or given to the public in the form of lower taxes. Another economic effect from substance misuse is the lost human productivity, such as lost wages and decreased production that results from illnesses and premature deaths related to drug abuse.		
5. What consultation have you undertaken on your proposals?			
Who was consulted?	What consultation methods were used?	What do the results show about the impact on different groups /	What actions have you taken to address the findings of the

Appendix B - Equality Impact Assessment (EqIA)

		Protected Characteristics?	consultation? (This may include further consultation with the affected groups, revising your proposals).
<p>Substance Misuse Services L.A. Services (Children/Families, Young People, Adults, Safeguarding, Police, Criminal Justice, general and mental health acute and community, Service Users, Carers, PHE, Service and voluntary services, G.P's</p>	<p>On-line and paper surveys (i.e.: G.P.s, Young People, Service Users) one to one multi-agency meetings, Programme Board meetings, CCG bulletins, Provider meetings</p>	<p>Current data voids covering key priority areas have been identified by recent Needs Assessment which has informed the development of recording methods to inform planning:</p> <ul style="list-style-type: none"> • Alcohol screening in primary care • Alcohol screening in A&E • Crime data – drug and alcohol related • Children and families services alcohol/drug data • Vulnerable adults drug/alcohol data • Dual Diagnosis • Domestic Violence • Needle exchange data • Blood Borne Virus (BBV) uptake and completion • Drug & alcohol related deaths 	<p>Needs Assessment have recommended a re-procurement of a new Barnet Young People's Substance Misuse Service. A Service Specification has been completed and a Market engagement event will be arranged. Current Service contract expires on 31st March 2016 and Cabinet have been asked to approve an extension until 30th June 2016.</p>
<p>6. What other (local, regional, national research, reports, media) data sources that you have used to inform this assessment? List the Title of reports / documents and websites here.</p>	<p>Barnet Young People's Substance Misuse Needs Assessment 2014 (exempt from publication)</p> <p>P:\Public Health\Barnet & Harrow PH Teams\Public Health Commissioning\Substance Misuse\Drug & Alcohol Needs Assessment 2014-</p>		

Appendix B - Equality Impact Assessment (EqIA)

	<p>15\Barnet\Barnet Young people needs assessment and specialist services review - final version 15-10-14.pdf</p> <p>Public Health England (PHE) Business Plan 2014 to 2015 business planhttps://www.gov.uk/government/publications/phe-business-plan-2014-to-2015</p> <p>National Drug Treatment Monitoring Service https://www.ndtms.net/</p> <ul style="list-style-type: none"> • Department of Health (2012) The Children and young people’s Health Outcomes Strategy • Department of Health (2012) Improving outcomes and supporting transparency, Part 1: A public health outcomes framework for England, 2013-2016 • Department of Health (2012) Improving outcomes and supporting transparency, Part 2: Summary technical specifications of public health indicators) • Department of Health (2011) Healthy lives, healthy people: our strategy for public health in England • Department of Health (2011) Healthy lives, healthy people: update and way forward (DH, 2011) • Department of Health (2011) You’re welcome: quality criteria for young people friendly health services • Department of Health (2010) Achieving equity and excellence for children. How liberating the NHS will help us meet the needs of children and young people
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Stage 3: Assessing Potential Disproportionate Impact

7. Based on the evidence you have considered so far, is there a risk that your proposals could potentially have a disproportionate adverse impact on any of the Protected Characteristics?

	Age	Disability	Gender	Marriage	Pregnancy and	Race	Religion and	Sex	Sexual
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Appendix B - Equality Impact Assessment (EqIA)

	(including carers)	(including carers)	Reassignment	and Civil Partnership	Maternity		Belief		Orientation
Yes									
No	✓	✓	✓	✓	✓	✓	✓	✓	✓

YES - If there is a risk of disproportionate adverse Impact on any **ONE** of the Protected Characteristics, continue with the rest of the template.

- **Best Practice:** You may want to consider setting up a Working Group (including colleagues, partners, stakeholders, voluntary community sector organisations, service users and Unions) to develop the rest of the EqIA
- It will be useful to also collate further evidence (additional data, consultation with the relevant communities, stakeholder groups and service users directly affected by your proposals) to further assess the potential disproportionate impact identified and how this can be mitigated.

NO - If you have ticked 'No' to all of the above, then go to **Stage 6**

- Although the assessment may not have identified potential disproportionate impact, you may have identified actions which can be taken to advance equality of opportunity to make your proposals more inclusive. These actions should form your Improvement Action Plan at Stage 7

Stage 4: Collating Additional data / Evidence

8. What additional data / evidence have you considered in relation to your proposals as a result of the analysis at Stage 3?

(include this evidence, including any data, statistics, titles of documents and website links here)

9. What further consultation have you undertaken on your proposals as a result of your analysis at Stage 3?

Who was consulted?	What consultation methods were used?	What do the results show about the impact on different groups / Protected Characteristics?	What actions have you taken to address the findings of the consultation? (This may include further consultation with the affected groups, revising your proposals).

Appendix B - Equality Impact Assessment (EqIA)

Stage 5: Assessing Impact and Analysis				
<p>10. What does your evidence tell you about the impact on different groups? Consider whether the evidence shows potential for differential impact, if so state whether this is an adverse or positive impact? How likely is this to happen? How you will mitigate/remove any adverse impact?</p>				
Protected Characteristic	Adverse	Positive	Explain what this impact is, how likely it is to happen and the extent of impact if it was to occur.	What measures can you take to mitigate the impact or advance equality of opportunity? E.g. further consultation, research, implement equality monitoring etc (Also Include these in the Improvement Action Plan at Stage 7)
	✓	✓	<p>Note – Positive impact can also be used to demonstrate how your proposals meet the aims of the PSED Stage 9</p>	
Age (including carers of young/older people)		✓	the EqIA has not identified any potential or disproportionate impact	
Disability (including carers of disabled people)		✓	the EqIA has not identified any potential or disproportionate impact	
Gender Reassignment		✓	the EqIA has not identified any potential or disproportionate impact	

Appendix B - Equality Impact Assessment (EqIA)

Marriage and Civil Partnership		✓	the EqIA has not identified any potential or disproportionate impact	
Pregnancy and Maternity		✓	the EqIA has not identified any potential or disproportionate impact	
Race		✓	the EqIA has not identified any potential or disproportionate impact	
Religion or Belief		✓	the EqIA has not identified any potential or disproportionate impact	
Sex		✓	the EqIA has not identified any potential or disproportionate impact	
Sexual orientation		✓	the EqIA has not identified any potential or disproportionate impact	
11. Cumulative Impact – Considering what else is happening within the Council and Harrow as a whole, could your proposals have a cumulative impact on a particular Protected Characteristic? If yes, which Protected Characteristics could be affected and what is the potential impact?				Yes
				No
				SMS ✓

Appendix B - Equality Impact Assessment (EqIA)

<p>11a. Any Other Impact – Considering what else is happening within the Council and Harrow as a whole (for example national/local policy, austerity, welfare reform, unemployment levels, community tensions, levels of crime) could your proposals have an impact on individuals/service users socio economic, health or an impact on community cohesion?</p> <p>If yes, what is the potential impact and how likely is to happen?</p>	Yes		No	SMS ✓					
<p>12. Is there any evidence or concern that the potential adverse impact identified may result in a Protected Characteristic being disadvantaged? (Please refer to the Corporate Guidelines for guidance on the definitions of discrimination, harassment and victimisation and other prohibited conduct under the Equality Act) available on Harrow HUB/Equalities and Diversity/Policies and Legislation</p>									
	Age (including carers)	Disability (including carers)	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
Yes									
No	✓	✓	✓	✓	✓	✓	✓	✓	✓
<p>If you have answered "yes" to any of the above, set out what justification there may be for this in Q12a below - link this to the aims of the proposal and whether the disadvantage is proportionate to the need to meet these aims. (You are encouraged to seek legal advice, if you are concerned that the proposal may breach the equality legislation or you are unsure whether there is objective justification for the proposal)</p> <p>If the analysis shows the potential for serious adverse impact or disadvantage (or potential discrimination) but you have identified a potential justification for this, this information must be presented to the decision maker for a final decision to be made on whether the disadvantage is proportionate to achieve the aims of the proposal.</p> <ul style="list-style-type: none"> ▪ If there are adverse effects that are not justified and cannot be mitigated, you should not proceed with the proposal. (select outcome 4) ▪ If the analysis shows unlawful conduct under the equalities legislation, you should not proceed with the proposal. (select outcome 4) 									
Stage 6: Decision									
<p>13. Please indicate which of the following statements best describes the outcome of your EqIA (✓ tick one box only)</p>									
<p>Outcome 1 – No change required: the EqIA has not identified any potential for unlawful conduct or disproportionate impact and all opportunities to advance equality are being addressed.</p>									✓
<p>Outcome 2 – Minor adjustments to remove / mitigate adverse impact or advance equality have been identified by the EqIA. <i>List</i></p>									

Appendix B - Equality Impact Assessment (EqIA)

<i>the actions you propose to take to address this in the Improvement Action Plan at Stage 7</i>	
Outcome 3 – Continue with proposals despite having identified potential for adverse impact or missed opportunities to advance equality. In this case, the justification needs to be included in the EqIA and should be in line with the PSED to have 'due regard'. In some cases, compelling reasons will be needed. You should also consider whether there are sufficient plans to reduce the adverse impact and/or plans to monitor the impact. (Explain this in 13a below)	
Outcome 4 – Stop and rethink: when there is potential for serious adverse impact or disadvantage to one or more protected groups. (You are encouraged to seek Legal Advice about the potential for unlawful conduct under equalities legislation)	
13a. If your EqIA is assessed as outcome 3 or you have ticked 'yes' in Q12 , explain your justification with full reasoning to continue with your proposals.	

Stage 7: Improvement Action Plan					
14. List below any actions you plan to take as a result of this Impact Assessment. This should include any actions identified throughout the EqIA.					
Area of potential adverse impact e.g. Race, Disability	Action required to mitigate	How will you know this is achieved? E.g. Performance Measure / Target	Target Date	Lead Officer	Date Action included in Service / Team Plan
	the EqIA has not identified any potential or disproportionate impact				

Stage 8 - Monitoring	
The full impact of the proposals may only be known after they have been implemented. It is therefore important to ensure effective monitoring measures are in place to assess the impact.	
15. How will you monitor the impact of the proposals once they have been implemented? What monitoring measures need to be introduced to ensure effective monitoring of your proposals? How often will you do	The Project board for each service will continue to meet each month for six months to monitor post implementation phase. Contract Performance meetings to be held each month for initial six

Appendix B - Equality Impact Assessment (EqIA)

this? <i>(Also Include in Improvement Action Plan at Stage 7)</i>	months of new treatment and recovery pathway. B&HJPHS Programme Boards for each service areas and B&HJPHS Performance Board to receive regular updates on transition and performance activity against national and local Performance KPIs.		
16. How will the results of any monitoring be analysed, reported and publicised? <i>(Also Include in Improvement Action Plan at Stage 7)</i>	As above		
17. Have you received any complaints or compliments about the proposals being assessed? If so, provide details.	No		
Stage 9: Public Sector Equality Duty			
18. How do your proposals contribute towards the Public Sector Equality Duty (PSED) which requires the Council to have due regard to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between different groups. (Include all the positive actions of your proposals, for example literature will be available in large print, Braille and community languages, flexible working hours for parents/carers, IT equipment will be DDA compliant etc)			
Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010	Advance equality of opportunity between people from different groups	Foster good relations between people from different groups	
Methods statements will request evidence of service delivery adherence to Equality Act 2010	Methods statements will request evidence of service delivery adherence to Equality Act 2010	Methods statements will request evidence of service delivery adherence to Equality Act 2010	
Stage 10 - Organisational sign Off (to be completed by Chair of Departmental Equalities Task Group)			
The completed EqIA needs to be sent to the chair of your Departmental Equalities Task Group (DETG) to be signed off.			
19. Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?			
Signed: (Lead officer completing EqIA)	Audrey Salmon	Signed: (Chair of DETG)	Carole Yarde

Appendix B - Equality Impact Assessment (EqIA)

Date:		Date:	
Date EqIA presented at the EqIA Quality Assurance Group		Signature of ETG Chair	