

19TH AUGUST 2010

WORCESTERSHIRE COUNTY COUNCIL EQUALITY IMPACT ASSESSMENT SCREENING

Screening is the first stage in the EIA process. It has been designed to help you decide whether you need to carry out a full assessment of your policy. When completing the screening please use plain English avoiding the use of acronyms or jargon. Any documents referred to should be attached to the screening form.

Part One: basic information needed to identify the policy and prepare for screening

1.1	Directorate and Section/Unit	ACS / DAAT
1.2	Title or brief description of the policy being screened.	<p>Tendering for all drug and alcohol services across Worcestershire.</p> <p>There are specialist drug and alcohol services located across Worcestershire. They are currently provided by three separate services, these services have not been market tested before.</p> <p>The tender will allow the opportunity to move away from three separate providers to one integrated service, promoting seamless delivery and reducing the likelihood of individuals dropping out of service between providers.</p> <p>The changes will enable improved geographical coverage and increased access from other community settings, such as GP surgeries.</p> <p>The incoming provider is specifically asked to provide assurance of how they will enhance accessibility and how they will ensure that all</p>

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		<p>buildings are DDA compliant.</p> <p>Once the incoming provider is operational a further EIA will take place to further assess delivery.</p>
1.3	Screening by:	Nic Adamson
1.4	Date of screening	21 st July 2010
1.5	Related policies/functions:	The Substance Misuse Strategy will be drafted in the Autumn with wide consultation taking place into the new year. This will require an equality impact assessment as it underpins all areas of DAAT delivery and will determine the strategic direction over the next three years.
1.6	To which section of the Directorate or Corporate "business/service plan" does this policy relate?	Substance Misuse Strategy, detailed within the three core delivery plans; adult treatment, young persons and alcohol.
1.7	Is this a new or existing policy?	This is a new exercise, re-commissioning all existing service delivery.
1.8	What is the policy seeking to achieve?	The tender exercise aims to provide one integrated service, aiming for enhanced geographical coverage and accessibility of drug and alcohol services across Worcestershire.
1.9	What are the planned outcomes for this policy?	This exercise aims to ensure that drug and alcohol services deliver high quality provision, which is in line with the evidence base and the national service framework. By integrating service provision the exercise aims to enhance current delivery, increasing accessibility

		and responsiveness.
1.10	Who will be affected by the policy? How could they be affected? (not sure if we need to ask this second part at this stage)?	This service aims to meet the needs of drug and alcohol users across Worcestershire. Many of the clients accessing these services are vulnerable and socially excluded and disadvantaged. Certain groups are recognised as having enhanced risks or greater accessibility issues, these include women drug and alcohol users, parents, migrant communities, the homeless young people and those involved in the criminal justice system, especially those recently released from prison. The service will provide greater geographical coverage especially into rural areas, improved delivery within community and primary care settings and greater opportunity for those requiring provision out of hours or at weekends. All service users will benefit from the seamless approach the integrated service will offer. (We have explicitly stated that bidders need to say how they deal with non DDA compliant premises.) Language barriers will be managed and overcome through access to the county translation service.
1.11	Who is formally responsible for the delivery of this policy? If different, who is responsible for leading on the delivery?	The Drug and Alcohol Action Team are responsible for leading on the delivery of this activity, as part of WCC, the Council hold the full responsibility for the commissioning activity on behalf of its partners. The ultimate service delivery responsibility will sit with the successful provider. The tender assessment process will include assessment of potential providers organisational equality impact assessments and equality policies and principles.
1.12	What (if any) are the key priorities within this policy?	Successful commissioning of an integrated service which meets the needs identified within annual needs assessment processes. The service will deliver the national service framework and deliver evidence based, quality interventions. The ultimate aim of service

		<p>delivery will be to address substance misuse issues and enable individuals to achieve recovery, leading successful lives which contribute to society.</p> <p>This meets the DAAT aim of reducing the harm that substance misuse causes to individuals, their families and communities. There are five key priorities; to reduce drug and alcohol related deaths and ill health, reduce drug and alcohol related crime and disorder, prevent the problematic use of drugs and alcohol, improve access to drug and alcohol treatment and support and increase positive outcomes from drug and alcohol treatment.</p>
1.13	<p>What (if any) previous consultation has been carried out fore this policy? Who was consulted and when?(think this may need to go in next section)</p>	<p>The DAAT conducts annual needs assessments, covering adult treatment needs, young people's substance misuse needs and needs related to alcohol. These exercises analyse quantitative data from a range of sources and look at qualitative data to inform and determine strategic and commissioning direction and decision making. These processes include robust consultation exercises, including consultation with specialist providers, stakeholders, and communities, other partnerships such as community safety partnerships and service users and carers. There are annual documents produced and published in April of each year, the most recent being April 2010.</p> <p>In addition, both service users and providers were consulted specifically about the priorities they felt were important for this tender exercise.</p>
1.14	<p>Is equality monitoring in place for this policy?(again, may need to be moved to next</p>	<p>Significant monitoring of current service provision is in place, including wide demographics and collation of information used to</p>

	section.	inform equality and diversity. There is also information at a partnership level which is used on a quarterly basis to inform performance management and strategy.
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Part Two: this is the test to see if further action is required. For the purpose of this exercise concentrate on the relevance for people of differing age, gender, disability, race/ethnicity, religion or belief and sexual orientation.

(I think we will need to redraft this section.)

		Y	N	Details including what information you have based your decision on.
2.1	Is there any way in which the policy is directly discriminatory or in breach of the County Council's Equality and Diversity Policy? (see Annex E)		N	The action meets all of the requirements of the County Council's Equality and Diversity policy.
2.2	Are there any barriers to people from minority groups getting the full benefit of this policy which have not been resolved as part of the policy?		N	<p>The service specifically focuses on increasing accessibility for all groups, including greater geographical coverage.</p> <p>The service will be available in a range of locations, ensuring that any physical barriers can be overcome. The service will also aim for delivery within locations most suitable for the service user rather than being bound by buildings. Provision for young people will be discreet to that delivered to adults, operating out of premises already delivering to this client group. This should enhance accessibility for young people. Services for women will be developed through the new provider, ensuring that women are consulted with to identify potential barriers in order that solutions can be delivered.</p>

2.3	Are there any other ways the policy could unintentionally deliver poorer quality outcomes for individuals because they belong to a minority group or groups?(they may belong to more than one)		N	No, the aim of the integrated service provision is to enhance delivery and increase inclusiveness.
2.4	Could minority groups reasonably believe they would be likely to get poorer benefits from the policy?		N	The service is already operational, this activity seeks to improve service delivery. There will be greater opportunity for individuals to receive open access service delivery. Improved locality based delivery will reduce the need for travel and ensure that individuals are able to access services within their community. By linking this to wider health care services should become more accessible and less linked to negative stereotypical attitudes.
2.5	In what ways could this policy make a positive contribution to equality or to relations between groups?			<p>This activity aims to provide improved community based solutions to substance misuse issues at a local level. The service delivery is targeted at those communities with the greatest need, with specialist delivery being based within those communities where need is evidenced to be the greatest. By improving links to primary care settings the service aims to improve accessibility to drug and alcohol services and information to all members of communities. Targeted work with partners, including public health and criminal justice, aims to ensure that wider societal issues are addressed, with services actively contributing to the reduction in related public health concerns and reduction in crime and increase in feelings of community safety.</p> <p>It is perceived that the introduction of an integrated service,</p>

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				rather than multiple provider delivery will result in more consistent and equal access to service provision.
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If the answer to questions 2.1 to 2.4 is yes or "could be yes" then you **must** take action. If the issue is straightforward then remedy this **now** so the answer changes to no. If it cannot be remedied now or there are outstanding issues you must continue on to a full EIA. Where you have decided a full EIA is not required but have identified actions which must be taken then please record these below:

Specific Action	How will you know when this is completed?	Resources/cost	Person Responsible	Completion date