



Derby City Council

# **Equality impact assessment form**

**Directorate: Public Health**

**Service area: Drugs, Alcohol & Substance  
Misuse**

**Name of policy, strategy, review or function  
being assessed:**

**Needle Exchange & Supervised Drug  
Consumption**

**Date of assessment: 12.12.13**

**Signed off by: Derek Ward,  
Director of Public Health**

## Equality impact assessment

This is our equality impact assessment form to help you equality check what you are doing when you are about to produce a new policy, review an older one, write a strategy or plan or review your services and functions. In fact you need to do an equality impact assessment whenever a decision is needed that affects people. This completed form should be attached to any Cabinet or Personnel Committee report to help elected members make their decisions by taking the equality implications into account. Equality impact assessments **must be done before** decisions are made. Include the Cabinet or Personnel Committee's decision on the front sheet when you know it.

You'll find that doing these assessments will help you to:

- understand your customers' and communities needs
- develop service improvements
- improve service satisfaction
- demonstrate that you have been fair and open and considered equality when working on re-structuring.

Don't do the form by yourself, get a small team together and make sure you include key people in the team such as representatives from our Diversity Forums and employee networks and you could invite trade union representatives too – the more knowledge around the table the better. Ask our Lead on Equality and Diversity for help with useful contacts – we have a team of people who are used to doing these assessments.

You'll need to pull together all the information you can about how what you are assessing affects different groups of people and then examine this information to check whether some people will be negatively or positively affected. Then you'll need to look at ways of lessening any negative effects or making the service more accessible – this is where your assessment team is very useful and you can also use the wider community.

Agree an equality action plan with your assessment team, setting targets for dealing with any negative effects or gaps in information you may have found. Set up a way of monitoring these actions to make sure they are done and include them in your service business plans.

When you have completed the assessment, get it signed by your Head of Service or Service Director and send it to our Lead on Equality and Diversity to publish on our website.

By the way, we need to do these assessments as part of our everyday business, so we get our equality responsibilities right and stay within the law – Equality Act 2010.

## **Equality groups**

These are the equality groups of people we need to think about when we are doing equality impact assessments and these people can be our customers or our employees...

- Age equality – the effects on young and older people
- Disability equality – the effects on the whole range of disabled people, including Deaf people, hearing impaired people, visually impaired people, people with mental health issues, people with learning difficulties and people with physical impairments
- Gender equality – the effects on both men and women and boys and girls
- Marriage and civil partnership equality
- Pregnancy and maternity equality - women who are pregnant or who have recently had a baby, including breast feeding mothers
- Race equality – the effects on minority ethnic communities, including newer communities, gypsies and travellers and the Roma community
- Religion and belief or non- belief equality – the effects on religious and cultural communities, customers and employees
- Sexuality equality – the effects on lesbians, gay men and bisexual people
- Trans gender – the effects on trans people

In addition, we have decided to look at the effects on people on low incomes too as we feel this is very important.

**Contacts for help**

Ann Webster – Lead on Equality and Diversity  
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Tel 01332 643722  
Minicom 01332 242133  
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Maggie Fennell – 01332 643731 Minicom 01332 242133

**The form**

We use the term ‘policy’ as shorthand on this form for the full range of policies, practices, plans, reviews, activities and procedures.

Policies will usually fall into three main categories...

- Organisational policies and functions, such as recruitment, complaints procedures, re-structures
- Key decisions such as allocating funding to voluntary organisations, budget setting
- Policies that set criteria or guidelines for others to use, such as criteria about school admissions

**1 What’s the name of the policy you are assessing?**

**2 The assessment team**

Team leader’s name and job title – Zara Hammond, Public Health Management Associate, Derby City Council

Other team members

Name	Job title	Organisation	Area of expertise

Zara Hammond	Public Health Management Associate	Derby City Council	Public Health
James Sutherland	Substance Misuse Lead commissioner	Derby City Council	Public Health
Sandra Dawkins	Community Engagement	Healthwatch	Health
David Hurn	Substance Misuse Team	NHS	Substance Misuse
Helen Pooley	Substance Misuse Team	NHS	Substance Misuse
John Green	Substance Misuse Team	NHS	Substance Misuse

**3 What are the main aims, objectives and purpose of the policy? How does it fit in with the wider aims of the Council? Include here any links to the Council Plan or your Directorate Service Plan.**

This Equality Impact Assessment forms part of the decision making process for implementing proposed changes to those sexual health services previously known as locally enhanced services.

The decision to review and re-commission these services has been precipitated by the transition of Public Health into local authority following the dissolution of Primary Care Trusts on the 1<sup>st</sup> April 2013. This meant that the responsibility for local commissioning of Public Health Locally Enhanced Services (LES) provided by General Practitioners and Pharmacies moved to Derby City Council.

Existing LES contracts continued for the financial year 2013/14 but local authorities are not able to issue future LES contracts. Derby City Council is therefore now required to develop new contracts in relation to these services for the financial year 2014/15.

This also coincided with increased financial pressures and the requirement to make reductions to current spending. Like many other public sector organisations, Derby City Council has needed to consider new ways of providing these services in order to meet the economic challenges ahead. Part of the budget proposals put forward to achieve these savings include a reduction in spending on existing public health commissioned services, including those sexual health services previously known as locally enhanced services. .

The purpose of the proposed changes is therefore to:

- Ensure that future commissioning of services previously known as Locally Enhanced Services is consistent with Derby City Council contracting procedures.

- Ensure that commissioning of future services previously known as locally enhanced services provides the highest quality services within the available funding.

Appendix A. provides a summary of the existing needle exchange and supervised drug consumption services previously known as locally enhanced services, as well as a short description of the proposed changes to these services.

All services previously commissioned under the locally enhanced services contracting arrangements are non-statutory.

#### **4 Who delivers the policy, including any outside organisations who deliver under procurement arrangements?**

Responsibility for commissioning the services listed in Appendix A. is held by the Derby City Council Public Health Directorate (Please note: this commissioning responsibility moved to Derby City Council on 1<sup>st</sup> April 2013. The services had previously been commissioned by Derby City NHS Primary Care Trust). See Appendix A for details of current service providers.

Proposed changes to contracting of these services are based on a mixture of the 'Any Qualified Provider' model supplemented by additional contracting arrangements. As part of the any qualified provider model, providers meeting relevant quality criteria are eligible to tender for providing services in line with the agreed service specification. Service users will then be able to access these services from any qualified provider and payment for services will therefore be based on provider demand.

#### **5 Who are the main customers, users, partners, employees or groups affected by this proposal?**

Please see table 'Summary of Proposed Changes' in Appendix A for further information on main service users/customers.

#### **6 Who have you consulted and engaged with so far about this policy and what did they tell you? Who else do you plan to consult with? – tell us here how you did this consultation and how you made it accessible for the equality groups**

- A process of expert and provider stakeholder consultation regarding the future of existing locally enhanced service contracts was undertaken in October/November 2013. The results of this consultation can be found in Appendix B.
- Consultation with current service users and non-service users of drug, alcohol and substance misuse services took place in 2013. The results of this consultation can be found in Appendix C.

#### **7 Using the skills and knowledge in your assessment team, what do you already know about the equality impact of the policy on**

particular groups? Also, use any other information you know about such as any customer feedback, surveys, national research or data. Indicate by a tick for each equality group whether this is a negative impact, a positive one or if you are not sure

Equality groups	What do you know?	Positive impact	Negative impact	Not sure
<b>Age</b>	<p><b>Needle Exchange:</b></p> <p>Any qualified provider model potentially provides more community settings and therefore improved access for young males</p> <p>The needle exchange service provides improved support for steroid users who are predominantly young males</p> <p><b>Supervised Drug Consumption:</b></p> <p>Supervised drug consumption is available to any age group with no upper or lower age limit</p>	<p>X</p> <p>X</p> <p>X</p>		
<b>Disability</b>	<p><b>Needle Exchange:</b></p> <p>The any qualified provider model potentially promotes the option of more community settings and therefore improved access for people with a disability due to services being local and requiring less travel.</p> <p><b>Supervised Drug Consumption:</b></p> <p>Pharmacy standards relating to accessibility mean that legally, home delivery is not available for supervised drug consumption</p>	<p>X</p>	<p>X</p>	
<b>Gender</b>	<p><b>Needle Exchange:</b></p> <p>Any qualified provider model</p>	<p>X</p>		

	<p>potentially provides more community settings and therefore improved access for young males</p> <p>The needle exchange service provides improved support for steroid users who are predominantly young males</p> <p><b>Supervised Drug Consumption:</b></p> <p>No impact identified by EIA team</p>	<b>X</b>		
<b>Marriage and civil partnership</b>	<p><b>Needle Exchange:</b></p> <p>No impact identified by EIA team</p> <p><b>Supervised Drug Consumption:</b></p> <p>No impact identified by EIA team</p>			
<b>Pregnancy and maternity</b>	<p><b>Needle Exchange:</b></p> <p>No impact identified by EIA team</p> <p><b>Supervised Drug Consumption:</b></p> <p>Women with morning sickness can struggle to take supervised drug consumption under supervision due to morning sickness</p>		<b>X</b>	
<b>Race</b>	<p><b>Needle Exchange:</b></p> <p>No impact identified by EIA team</p> <p><b>Supervised Drug Consumption:</b></p> <p>No impact identified by EIA team</p>			
<b>Religion or belief or none</b>	<p><b>Needle Exchange:</b></p> <p>No impact identified by EIA team</p> <p><b>Supervised Drug Consumption:</b></p> <p>Those participating in Ramadan may</p>		<b>X</b>	

	need to access pharmacies with extended opening times to account for fasting.			
<b>Sexuality</b>	<p><b>Needle Exchange:</b></p> <p>The EIA team identified the potential for improving equality monitoring information to include sexual orientation in order to gain a better understanding of service use.</p> <p><b>Supervised Drug Consumption:</b></p> <p>No impact identified by EIA team</p>	X		
<b>Trans gender</b>	<p><b>Needle Exchange:</b></p> <p>No impact identified by the EIA team</p> <p><b>Supervised Drug Consumption:</b></p> <p>No impact identified by EIA team</p>			
<b>People on low income</b>	<p><b>Needle Exchange:</b></p> <p>Free at the point of access for all people using the needle exchange service therefore no cost to people on low incomes</p> <p><b>Supervised Drug Consumption:</b></p> <p>Free at the point of access for all people using the supervised drug consumption service therefore no cost to people on low incomes</p>	X  X		

**Important** - For any of the equality groups you don't have any information about, then make it an equality action at the end of this assessment to find out. This doesn't mean that you can't complete the assessment without the information, but you need to follow up the action and if necessary, review the assessment later.

**8 From the information you have collected, how are you going to lesson any negative impact on any of the equality groups?**

## How are you going to fill any gaps in information you have discovered?

Mitigating actions applicable across all services where a negative impact has been identified include:

- Work with providers to promote flexibility in providing access to supervised drug consumption but within the limits of the law. For example
- Work with pharmacies/providers to promote flexibility in providing supervised drug consumption outside daylight hours for those people who may be fasting as part of Ramadan.
- Explore ways of increasing level information collected as part of Equality and Diversity monitoring data

### 9 What outcome does this assessment suggest you take? – you might find more than one applies. Please also tell us why you have come to this decision?

<b>Outcome 1</b>	<b>X</b>	<b>No major change needed</b> – the EIA hasn't identified any potential for discrimination or negative impact and all opportunities to promote equality have been taken
<b>Outcome 2</b>		<b>Adjust the policy</b> to remove barriers identified by the EIA or better promote equality. Are you satisfied that the proposed adjustments will remove the barriers you identified?
<b>Outcome 3</b>		<b>Continue the policy</b> despite potential for negative impact or missed opportunities to promote equality identified. You will need to make sure the EIA clearly sets out the justifications for continuing with it. You need to consider whether there are sufficient plans to reduce the negative impact and plans to monitor the actual impact
<b>Outcome 4</b>		<b>Stop and rethink</b> the policy when the EIA shows actual or potential unlawful discrimination

**Our Assessment team has agreed Outcome number 1**

Why did you come to this decision?

The EIA team felt that there was no significant negative impact on Equality Groups as a result of proposed changes and that any mitigating actions identified were sufficient to lessen this impact, within the scope of legal requirements.

If you have decided on **Outcome 3**, then please tell us here the justification for continuing with the policy. You also need to make sure that there are actions in the Equality action plan to lessen the effect of the negative impact. This is really important and may face a legal challenge in the future.

**10 How do you plan to monitor the equality impact of the proposals, once they have been implemented?**

Monitoring of the impact on equality groups will be carried out through arrangements in place with providers contracted by Derby City Council to provide equality monitoring, performance data and service user feedback. Derby City Council also welcomes additional feedback and information from voluntary organisations in order to assist monitoring arrangements.

## Equality action plan – setting targets and monitoring

<b>What are we going to do to improve equality?</b>	<b>How are we going to do it?</b>	<b>When will we do it?</b>	<b>What difference will this make?</b>	<b>Lead officer</b>	<b>Monitoring arrangements</b>
Promote flexibility in providing access to supervised drug consumption (within the limits of the law)	Work with providers to encourage flexibility in providing supervised drug consumption	On-going	Improve flexibility for those people with a disability or who are pregnant and accessing supervised drug consumption	Public Health Commissioning Team	Provider and service user feedback
Work with pharmacies/providers to promote flexibility in providing supervised drug consumption outside daylight hours for those people who may be fasting as part of Ramadan.	Work with providers to encourage flexibility in providing supervised drug consumption	On-going	Improve flexibility for those people who take part in Ramadan and are accessing supervised drug consumption services	Public Health Commissioning Team	Provider and service user feedback
Explore ways of increasing information collected as part of Equality and Diversity monitoring data	Work with providers to encourage extending the range of equality information gathered for those people accessing needle exchange services	On-going	Improve ability for providers and commissioners to understand service use in relation to Equality Groups and sexuality	Public Health Commissioning Team	Through provider feedback and existing equality data monitoring arrangements

**Make sure you include these actions in your service business plans**