

Equality Impact Assessment Process

Equality & Diversity Impact Assessment

Guidance on how to complete an EQIA can be found here:

<https://www.equalityhumanrights.com/en/advice-and-guidance/guidance-scottish-public-authorities>

and here

<https://www.equalityhumanrights.com/en/advice-and-guidance/coronavirus-covid-19-and-equality-duty>

Q1: Name of EQIA being completed i.e. name of policy, function etc.

ADP Commissioning Update to IJB

Q1 a; Function Guidance Policy Project Protocol Service
Other, please detail

Q2: What is the scope of this SIA

Service Specific Discipline Specific Other (Please Detail)

Q3: Is this a new development? (see Q1)

Yes No

Q4: If no to Q3 what is it replacing?

Recommends re-commissioning of existing specialist drug and alcohol treatment provision.

Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)

ADP

Q6: Main person completing EQIA's contact details

Name: Simon Jones Telephone Number:

Department: ADP Email:

Simon.jones2@nhs.scot

Q7: Describe the main aims, objective and intended outcomes

To recommission existing provision of specialist substance use treatment and support. New contract will resource increased choice for people seeking support, and care closer to home which will reduce intersectional barriers to substance use treatment. Multidisciplinary delivery of care will support long-term recovery in partnership with community groups of lived and living experience, in line with MAT Standards requirements.

Q8:

(i) Who is intended to benefit from the function/service development/other (Q1) – is it staff, service users or both?

Staff Service Users Other Please identify Providers, third sector, independent sector

(ii) Have they been involved in the development of the function/service development/other?

Yes No

(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?

Experiential data was gathered through focus groups and individual interviews as part of the MAT Standards work and HSCP locality planning processes. This has informed the development of this high level commissioning approach. In turn we anticipate further lived and living experience involvement in the design of operational processes and the expansion of the hub model of delivery across localities.

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)

Comments: Demographic data from routine commissioning meetings has informed the design of the commissioning proposals. This has been combined also with the lived and living experience data outlined above.

Q9: When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010 see below:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact

Consultation with people with lived and living experience of service delivery, and stakeholder community interest, was undertaken through the MAT Standards work, routine commissioning exercises and the HSCP Locality Planning processes.

This entailed focus groups with service users across the whole system of substance use care, and individual interviews with people at various points of their recovery journey.

What impact has your review had on the following 'protected characteristics':	Positive	Adverse/ Negative	Neutral	Comments Provide any evidence that supports your conclusion/answer for evaluating the impact as being positive, negative or neutral (do not leave this area blank)
Age	X			LLE data from young people shows that ability to access services is dependent on

				transportation links which are unaffordable for some who do not qualify for age-related transportation benefits. The proposed move to a hub model of delivery, closer to people's homes, should remedy this.
Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)	X			The new model of hub delivery across localities should reduce or eliminate physical barriers to substance use treatment access. While the option of long-term key-working support in third sector should facilitate the development of closer links with community-led disability groups which can support people's recovery and general health.
Gender Reassignment	X			The adoption of human rights-based monitoring processes for this contract would strengthen analytic capacity around all protected characteristics.
Marriage and Civil partnership	X			The adoption of human rights-based monitoring processes for this contract would strengthen analytic capacity around all protected characteristics.
Pregnancy and Maternity	X			The adoption of human rights-based monitoring processes for this contract would strengthen analytic capacity around all protected characteristics.
Race/Ethnicity	X			The adoption of human rights-based monitoring processes for this contract would strengthen analytic capacity around all protected characteristics.
Religion/Faith	X			The adoption of human rights-based monitoring processes for this contract would strengthen analytic capacity around all protected characteristics.
Sex/Gender (male/female)	X			The adoption of human rights-based monitoring processes for this contract would

				strengthen analytic capacity around all protected characteristics.
Sexual orientation	X			The adoption of human rights-based monitoring processes for this contract would strengthen analytic capacity around all protected characteristics.
Staff (This could include details of staff training completed or required in relation to service delivery)	X			The adoption of human rights-based monitoring processes for this contract would strengthen analytic capacity around all protected characteristics. For staff this would include a focus on co-produced solutions to common problems.

Cross cutting issues: Included are some areas for consideration. Please delete or add fields as appropriate. Further areas to consider in Appendix B

Unpaid Carers	X			The legal situation of people who care for others with substance use issues is uneven. However the anticipated co-location of this service alongside expanded support for people affected by substance use, and advocacy, should provide for better identification and resolution of threats to people's rights.
Homeless	X			The increase of choice for people who are homeless or at risk, combined with the routinisation of multidisciplinary care and encouragement of greater harm reduction delivery, should demonstrate significant benefits for people.
Language/ Social Origins	X			
Literacy	X			Increased advocacy capacity facilitated through this contract should support people with literacy and related accessibility requirements.
Low income/poverty	X			The development of co-located hubs closer to home should remedy the barriers to treatment which have been identified

				through lived and living experience involvement.
Mental Health Problems	X			This contract is intended to support the co-occurring delivery of substance use and mental health care as anticipated under MAT Standards. Additionally the longer-term keyworking offer should support recovery in a social context which includes support for mental health issues of all kinds.
Rural Areas	X			The delivery of care closer to home and integration with mobile delivery mechanisms should remove barriers to treatment which are currently experienced among people living in rural areas.

Q10: If actions are required to address changes, please attach your action plan to this document. Action plan attached?

Yes

No

Q11: Is a detailed EQIA required?

Yes

No

Please state your reason for choices made in Question 11.

The evidence gathered through lived and living experience involvement has been included in planning and we are confident that the proposal should support a reduction in barriers to access and support for all people with personal characteristics and intersectional traits. There should be no reduction in service for any groups.

N.B. If the screening process has shown potential for a high negative impact you will be required to complete a detailed impact assessment.

Date EQIA Completed

08/11/2023

Date of next EQIA Review

DD / MM / YYYY

Signature

Simon Jones

Print Name

Simon Jones

Department or Service

ADP

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of SIA or EQIA completed. Send copy to:
fv.clackmannanshirestirling.hscp@nhs.scot

Equality & Diversity Impact Assessment Action Plan

Name of document being EQIA'd:

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments

Further Notes:

Signed:

Date: