

## PART B – Equality Analysis Form

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

This form:

- Can be used to prompt discussions, ensure that due regard has been given and remove or minimise disadvantage for an individual or group with a protected characteristic
- Involves looking at what steps can be taken to advance and maximise equality as well as eliminate discrimination and negative consequences
- Should be completed before decisions are made, this will remove the need for remedial actions.

Note – An Initial Equality Screening Assessment (Part A) should be completed prior to this form.

When completing this form consider the Equality Act 2010 protected characteristics Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc. – see page 11 of Equality Screening and Analysis Guidance.

<b>1. Title</b>	
<b>Equality Analysis title: Management of Public Health Drugs and Alcohol Grant 2022-2025</b>	
<b>Date of Equality Analysis (EA):01/06/2022</b>	
<b>Directorate:</b> Adult Care, Housing and Public Health	<b>Service area:</b> Public Health Commissioning
<b>Lead Manager:</b> Anne Charlesworth/Jacqui Wiltschinsky	<b>Contact number:</b>
<b>Is this a:</b>	
<input type="checkbox"/> <b>Strategy / Policy</b>	<input checked="" type="checkbox"/> <b>Service / Function</b>
	<input type="checkbox"/> <b>Other</b>
<b>If other, please specify</b>	

**2. Names of those involved in the Equality Analysis (Should include minimum of three people) - see page 7 of Equality Screening and Analysis Guidance**

Name	Organisation	Role (eg service user, managers, service specialist)
Anne Charlesworth	RMBC	Head of Public Health Commissioning
Jacqui Wiltschinsky	RMBC	Consultant in Public Health
Jessica Brooks	RMBC	Public Health Specialist

**3. What is already known? - see page 10 of Equality Screening and Analysis Guidance**

**Aim/Scope (who the Policy/Service affects and intended outcomes if known)**

This may include a group/s identified by a protected characteristic, other groups or stakeholder/s e.g. service users, employees, partners, members, suppliers etc.)

Public Health has the lead responsibility for the Management of Public Health Drugs and Alcohol Grant 2022-2025 and commissioning of the drug and alcohol service. A commissioning exercise is currently being undertaken which will deliver a new all age drug and alcohol advice, treatment and recovery service from April 2023.

The commissioned drug and alcohol service will deliver the majority of the services, covering advice, treatment and recovery. Additional services will be commissioned via a local delivery partnership which includes partners from the Criminal Justice sector to ensure continuity of care, which will drive a local strategy/action plan.

The services will be available to all Rotherham residents who require support with substance misuse.

Services commissioned by RMBC for drug and alcohol users will be responsive to service user needs and delivered in a way which will be recovery orientated with recovery aspirations being built in from first contact. The service will be integral to improving the treatment completions and exit profiles for Rotherham making recovery more visible to the drug and alcohol users in the borough.

The services will be suitable for all age groups ensuring that a separate children's and young person's offer is available. Additionally, separate pathways for adults requiring treatment and those entering recovery will be developed.

The overarching aims of the services are to prevent young people from becoming dependant adults and to reduce the number of substance misuse dependant adults. The service will also:

- Reduce the level of harm caused to individuals, families and the wider community as a result of drug and alcohol misuse.

- Ensure an accessible service including self-referral routes with short wait times.
- Deliver high quality and safe care which is client centred, offering personalised opportunities for those using drugs and/or alcohol to move towards sustained recovery.
- Offer opportunities for individuals to enter and maintain recovery from dependence .
- Provide non-judgmental services that are fair and equitable providing good access to all and delivering a range of interventions which are evidence based, cost - effective and are responsive to client need.

**What equality information is available? (Include any engagement undertaken)**

The key sources of information used were:

- National Drug and Alcohol Treatment Monitoring Systems, NDTMS, NATMS this is the primary source of data on the drug and alcohol treatment population nationally and locally.
- Public Health England fingertips profiles which provide comparisons with our statistically similar local authorities.
- Information from the Drugs and Alcohol health needs assessment which has recently been undertaken (August 2021) and consultation and engagement.
- Joint Strategic Needs Assessment.

Age

Drug and alcohol misuse is a widespread issue and can affect people of all ages. We know from national guidance, best practice and from national and local consultation that children and younger people require a different approach to dependant adults. The service offer must be tailored to each service user, be age appropriate and in line with evidence based best practice.

There is an aging population of opiate users in treatment coupled with an emerging younger population who are using new psychoactive substances.

The average age group (over an 11-year period) of alcohol misuse treatment service users is 35-54. Alcohol misuse can occur at any age. The physical health problems caused by lifelong alcohol misuse may not be realised until later in life.

Regarding young people, there are certain groups of young people identified as more vulnerable to substance misuse which include: children of substance misusing parents; young offenders; young people in care; homeless young people; excluded pupils or frequent non-attenders; sexually exploited young. The needs of children in care and disadvantaged children need to be carefully considered as evidence shows that childhood trauma has been linked with a wide range of negative outcomes in adulthood including substance misuse and mental health problems.

Rotherham's 2019 Secondary School Lifestyle Survey highlights that the percentage of pupils that have tried alcohol but no longer drink or drink a few times a year has increased since 2018. The number of pupils that have alcohol at home under parental / carer supervision has also increased to 65.5% from 64.1% in 2018. The percentage of pupils

drinking on a regular basis has decreased. This information could suggest that regular drinking is decreasing amongst pupils out of the home environment, however controlled methods are taking place within household settings.

The Data from the drugs section of the survey show that there has been an increase of 0.7% in the number of young people who said they have never tried a drug. 6.9% of pupils that were asked said they have tried some form of drug. The most common substances were Cannabis followed by Cocaine and Ecstasy. Compared to the previous year Solvents have been replaced by Ecstasy in popularity.

### Sex

A report from the national office of statistics<sup>1</sup> highlights that the number of males in treatment for all substances throughout 2018-19 was 69% compared to 31% of females. This is no different than the local picture. In Rotherham throughout 2018-19 the number of males in treatment for all substance was 70% compared to 30% of females. In the under 18's service 69% were male and 31% female. Although men are more likely to abuse alcohol this is not in proportion with local service user and it will be important to address both male and females need in view of this imbalance. However, the reasons for this could be that women are less likely to use services due to male dominance within the service. To avoid unintended consequences for women, such as male-dominated environments, providers must be alert to their needs and to raised risks. Women with childcare responsibilities may not seek treatment without the provision of a suitable environment, or easy access to one, for their children, which again needs to be considered.

### Disability

People with physical disabilities are more likely to misuse substances at 2 to 4 times the rate of the general population. People with a substance misuse addiction are also more likely to become disabled, either through accidental injury or long-term side effects of substance misuse. People with drug and/or alcohol dependencies often have complex needs and other related or unrelated health problems.

Both nationally and locally, there are a large number of drug and alcohol service users that have a disability. In Rotherham 34% of the over 18-year-olds in treatment consider themselves to have at least 1 disability.

Mental Health conditions: In Rotherham throughout 2019-20, 64% of adults and 26% of under 18's were identified as having a mental health need when entering treatment.

It's important to note that little is known about the health of the 'hidden majority' of adults with learning disabilities who don't use learning disability services. It's this group of people with more mild learning disabilities who are most likely to misuse alcohol or drugs.

### Race/ Ethnicity

Language barriers can sometimes be an issue, particularly when confidentiality is important. Cultural differences in understanding what constitutes as problematic alcohol

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<sup>1</sup> [Adult substance misuse treatment statistics 2018 to 2019: report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/672222/adult-substance-misuse-treatment-statistics-2018-to-2019-report.pdf)

consumption may prevent people from presenting to treatment. Appropriate translation and interpretation services will need to remain a key priority within the future service model.

#### Families and people on low incomes

Families and those on low incomes may have difficulty accessing services due to transport links and/or affordability. Childcare issues may be a barrier for some people to engage with treatment interventions. It is important to note that economic disadvantage and social exclusion are primary factors influencing risk of development of serious drug and alcohol problems, and treatment and recovery support needs.

#### Pregnancy and Maternity

Assumptions should not be made about the parenting capacity of those in substance misuse treatment. Safeguarding assessments are essential but should not be a barrier for people to engage with substance misuse services.

Additional support needs to be made available to support mothers who require support from the service. There are health risks for both mother and baby if the mother misuses drugs and/or alcohol. Services must closely monitor the pregnancy and provide post-natal support and monitoring.

#### Gender reassignment

Staff need to communicate appropriately with people undergoing gender reassignment e.g. sensitive use of titles Mr/Mrs/Miss.

People need to feel safe and not intimidated within waiting areas.

No issues were identified for those with a religion or belief, those who are Married or in a civil partnership or an individual's sexual orientation. However, actions will ensure that all people will be treated appropriately and with respect.

#### **Are there any gaps in the information that you are aware of?**

There is a wealth of information surrounding those already engaging with a drug and alcohol service. Additionally, national evidence backs up this information. New trends and patterns of substance misuse, the role of internet sales, and new emerging drugs make it almost impossible to keep up with changes. As a result the service that is offered has to be flexible, expert and able to respond quickly to emerging needs.

However, there are some gaps with local information that is collected for some of the protected characteristic groups this will be improved as part of the new service to be tendered.

There is no routinely available data on people accessing alcohol prevention services (in primary care and other settings), according to protected characteristics.

The NTDMS and NTAMS reports do not include statistical information relating to: transgender, religion or sexual orientation.

**What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?**

Monthly contract meetings will be in place between Public Health Commissioning and the provider to monitor the service. The successful service provider must ensure that:

- treatment is provided according to individual needs and that all staff are respectful and sensitive to the needs of all regardless of any protected characteristics and in accordance with legislation and local and national good practice.
- all staff are trained in equality and diversity and competent to work with people who have protected characteristics.
- staff have access to and know how to effectively use interpretation and translation services to enable equity of access and understanding.
- all premises used for service delivery are accessible to disabled people and are well signposted.
- when planning locality working a range of community settings and venues are considered to maximise engagement from a range of communities.
- waiting areas are made as client friendly as possible to prevent these being a barrier to access.
- service promotion and information leaflets are available in plain English/ easy read versions.
- All service offers are age appropriate and in line with national guidance and best practice

The provider will collect appropriate data, conducts regular equity audits, and have the provision to monitor their equality performance and agree actions plans to improve this where necessary.

**Engagement undertaken with customers. (date and group(s) consulted and key findings)**

Consultation with drug and alcohol service users started on 26/08/2021 in the form of a questionnaire which has an 'About you' section focusing on equality, as well as group discussions. Initial information received indicated that service users did not have any complaints with the current service in terms of equality. Findings indicated a similar picture to our data collection surrounding a high number of service users who have a disability and/ or a mental health condition.

A full report was produced. Respondents identified the following areas as their most important priorities:

- Quick access
- Multi-agency working
- Outreach and community services
- Harm reduction services
- Education and training to support prevention and harm reduction
- Mental health support
- A separate alcohol offer

	The service specification responded to these findings and will be further developed with additional grant funds.
<b>Engagement undertaken with staff (date and group(s) consulted and key findings)</b>	<p>Consultation with service staff started on the 26/08/2021. Service employees make it clear that equality is a priority for the service and that regular audits are done to ensure that each service users' needs are considered, and that employee equality and diversity training is up to date.</p> <p>Employees feel that access options already available meet the needs of service users, particularly as they have community-based options. Key findings of the consultation are included above</p> <p>We have established a stakeholder group which includes a range of staff members for the grant and a wider group we be established upon the commencement of the grant.</p>

#### 4. The Analysis - of the actual or likely effect of the Policy or Service (Identify by protected characteristics)

**How does the Policy/Service meet the needs of different communities and groups?** (Protected characteristics of Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity) - see glossary on page 14 of the Equality Screening and Analysis Guidance)

The services, through regular commissioned services, are available to everyone in Rotherham that has a substance misuse need and additional support and signposting will be available for those that need it. The service will strive to be service user led, meaning that where possible they will adapt to the needs of the service user. The grant will further extend availability and accessibility.

The services are available at a central location with good disabled access and offers community options across Rotherham, particularly through a GP shared care scheme and community centres. This enhances the accessibility and allows easier access and support for the hard-to-reach cohort.

Given the high percentage of people that present with a disability and mental health need a particular focus within the service is to support those individuals; ensuring that the service is fully accessible and that joint pathways with other providers are seamless when offering enhanced support.

A service employee will work with the service user at first contact to establish any specific requirements using a joint treatment and recovery support care plan. The services will work with various stakeholders to deliver joint care to ensure that individuals that require enhanced support (which could be due to a protected characteristic) will get the most

appropriate level of care. This could include joint care with the mental health service, maternity or sexual health etc.

The services will consider additional communication needs and where there is a need, they will offer a solution. This will include easy to read information and access to interpreters.

All members of staff will be expected to undertake equality and diversity training, and this will be monitored on an annual basis. Members of staff will be sensitive, considerate and treat all service users with respect.

**Does your Policy/Service present any problems or barriers to communities or Groups?**

Presently no, but depending on the new provider and engagement with the system e.g. primary care to continue shared care, but this is unknown at this stage.

**Does the Service/Policy provide any positive impact/s including improvements or remove barriers?**

The service model of the main drug and alcohol service has a focus on community support options which will ensure access to people closer to home if they need it.

An element of the service will be to offer training to stakeholders to ensure that a wide range of professionals can engage and refer/signpost those who may need support across a wider patch, including the harder to reach communities.

The design and re-commissioning of the services will establish a more preventative and recovery-based model, and also secure more effective and efficient use of the resources available. Overall, the redesigned treatment system will ensure that more people are supported in achieving sustained recovery from substance misuse and dependence by improving access, and providing individualised care, treatment and support that take account of diversity of needs.

**What affect will the Policy/Service have on community relations? (may also need to consider activity which may be perceived as benefiting one group at the expense of another)**

Having services in the community could upset those that don't misuse drugs and alcohol; however, community services have been in place for many years as part of the drug and alcohol service and no such affect has become apparent.

The current base for the services will remain as Carnson House which is accepted within the community and have had no problems in the past.

Please list any **actions and targets** that need to be taken as a consequence of this assessment on the action plan below and ensure that they are added into your service plan for monitoring purposes – see page 12 of the Equality Screening and Analysis Guidance.

## **5. Summary of findings and Equality Analysis Action Plan**

If the analysis is done at the right time, i.e. early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the impact of the policy/service/change on communities or groups according to their protected characteristic - See page 11 of the Equality Screening and Analysis guidance

<b>Title of analysis: Equality Analysis for Management of Public Health Drugs and Alcohol Grant 2022-2025</b>
<b>Directorate and service area: Adult Care, Housing and Public Health, Public Health Commissioning</b>
<b>Lead Manager: Anne Charlesworth</b>
<b>Summary of findings:</b>
<p>As a strong service is already in place in Rotherham and Equality standards have been regularly monitored. The findings from this report are not a surprise and many actions are already in place.</p> <p>A key summary of the findings is below:</p> <ul style="list-style-type: none"><li>• The services needs to cater for all age groups</li><li>• A high proportion of service users present with a disability</li><li>• A high proportion of service users present with a mental health need</li><li>• Language barriers can sometimes be an issue</li><li>• More men than women enter the service</li><li>• Community based service options support in accessibility</li><li>• Additional support needs must be made available either within the service or via joint care/ signposting.</li><li>• Families or those with low income may need additional support or a different approach (for example: a time and place to suit them due to childcare issues)</li></ul>

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
<b>Deliver a service which is sensitive to the needs of all regardless of any protected characteristics.</b> Undertake Equity Audits including service user questionnaires/user experience feedback. Monitor and review equality performance of services. Undertake staff training in equality and diversity and working with people with protected characteristics.	All	Service start date: 01/07/2022
<b>Develop an all-age service model with specialised pathways to suit all age groups.</b>	A	Service start date: 01/07/2022
<b>The service will ensure access to appropriate translation and interpretation service when required.</b>	D, RE	Service start date: 01/07/2022
<b>The service will ensure that interventions are accessible across a range of community venues in culturally appropriate locations.</b>	D, RE, O	Service start date: 01/07/2022
<b>Provide written literature which is accessible to all.</b>	D, RE	Service start date: 01/07/2022
<b>Undertake proactive outreach and service promotion amongst traditionally hard to reach groups.</b>	All	Service start date: 01/07/2022
<b>Work with stakeholders to ensure the services have joint care pathways in place for additional needs.</b>	D,SO,PM,O	Service start date: 01/07/2022
<b>Ensure a service user led approach is developed through a joint care plan as described in the recommissioning of the project is continued throughout the grant work</b>	ALL	Service start date: 01/07/2022

\*A = Age, D= Disability, S = Sex, GR Gender Reassignment, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage. C= Carers, O= other groups

## 6. Governance, ownership and approval

Please state those that have approved the Equality Analysis. Approval should be obtained by the Director and approval sought from DLT and the relevant Cabinet Member.

Name	Job title	Date
Ben Anderson	Director of Public Health	17/06/2022

## 7. Publishing

The Equality Analysis will act as evidence that due regard to equality and diversity has been given.

If this Equality Analysis relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report.

A copy should also be sent to [equality@rotherham.gov.uk](mailto:equality@rotherham.gov.uk) For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.

<b>Date Equality Analysis completed</b>	01/06/2022
<b>Report title and date</b>	Management of Public Health Drugs and Alcohol Grant 2022-2025
<b>Date report sent for publication</b>	
<b>Date Equality Analysis sent to Performance, Intelligence and Improvement</b> <a href="mailto:equality@rotherham.gov.uk">equality@rotherham.gov.uk</a>	07/06/2022