




Title of proposed EIA *	<div>12 month extension to Adult's and Children and Young People's Sul</div> <div>Please provide the title of your policy or service area.</div>
Reference No	<div>EQUA899</div> <div>Please do not amend. A reference number will automatically be applied once the form is saved.</div>
EA is in support of *	<div>Amended Service</div>
Review Frequency *	<div>Six Months</div> <div>Please select how regularly you plan to review the assessment.</div>
Date of first review *	<div>24/10/2022</div> <div>Based on the review frequency, please enter the date when your first review will take place.</div>
Directorate *	<div></div> <div>You can't leave this blank.</div>
Division	<div>Public Health</div>
Service Area	<div>Health Protection</div> <div>Please add if applicable</div>
Responsible Officer(s) *	<div> John Freeman x</div> <div>This is the person responsible for completing, submitting and reviewing the assessment. If you get the message 'The user does not exist or is not unique'. Please enter the full email address.</div>
Quality Control Officer(s) *	<div> Chris Baggott x</div> <div>This is the person responsible for checking the quality of the assessment. If you get the message 'The user does not exist or is not unique'. Please enter their full email address.</div>
Accountable Officer(s) *	<div> Marion Gibbon x</div> <div>This is the person responsible for making the final decision on the EIA and the policy, plan, procedure etc. If you get the message 'The user does not exist or is not unique'. Please enter their full email address.</div>
Purpose of proposal *	<div>Extension to current contract arrangements for 12 months (April 20:</div>
Data sources	<div> <input type="checkbox"/> Survey(s) <input type="checkbox"/> Consultation Results <input type="checkbox"/> Interviews <input checked="" type="checkbox"/> relevant reports/strategies <input checked="" type="checkbox"/> Statistical Database (please specify) <input type="checkbox"/> relevant research <input type="checkbox"/> Other (please specify) </div> <div>What sources of data have been used to produce the screening of this policy/proposal? (Please tick all that apply)</div>
Please include any other sources of data	<div>contract management reports</div>
ASSESS THE IMPACT AGAINST THE PROTECTED CHARACTERISTICS	<div></div> <div>Include how any potential negative impact be removed or mitigated.</div>
Protected characteristic: Age *	<div> <input checked="" type="checkbox"/> Service Users / Stakeholders <input type="checkbox"/> Employees <input type="checkbox"/> Wider Community <input type="checkbox"/> Not Applicable </div> <div>Please select those directly impacted or affected.</div>
Age details:	<div>The extension will be applied to both adults and CYP current contract specifications so there is not any anticipated adverse impact on service users because of their age. There will not be any disruption to services/service users over the contract period.</div>

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Protected characteristic: Disability *

☒ Service Users / Stakeholders

☐ Employees

☐ Wider Community

☐ Not Applicable

Please select those directly impacted or affected.

Disability details:

Both contracted providers operate an inclusive service that is able to respond positively to request and referrals for support if clients have additional needs because of a disability. The extension will be applied to both adults and CYP current contract specifications so there is not any anticipated adverse impact on service users because of their disability. There will not be any disruption to services/service users over the contract period.

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Protected characteristic: Sex *

☒ Service Users / Stakeholders

☐ Employees

☐ Wider Community

☐ Not Applicable

Please select those directly impacted or affected.

Gender details:

Both contracted providers operate an inclusive service that is able to respond positively to request and referrals for support regardless of sex and gender identity. The extension will be applied to both adults and CYP current contract specifications so there is not any anticipated adverse impact on service users because of their sex and gender identity. There will not be any disruption to services/service users over the contract period.

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Protected characteristics: Gender Reassignment *

☒ Service Users / Stakeholders

☐ Employees

☐ Wider Community

☐ Not Applicable

Please select those directly impacted or affected.

Gender reassignment details:

Both contracted providers operate an inclusive service that is able to respond positively to request and referrals for support from individuals who are at any stage of gender reassignment journey. The extension will be applied to both adults and CYP current contract specifications so there is not any anticipated adverse impact on service users because of their gender reassignment. There will not be any disruption to services/service users over the contract period.

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Protected characteristics: Marriage and Civil Partnership *

☒ Service Users/ Stakeholders

☐ Employees

☐ Wider Community

☐ Not Applicable

Please select those directly impacted or affected.

Marriage and civil partnership details:

Both contracted providers operate an inclusive service that is able to respond positively to request and referrals for support regardless of marital or civil partnership status. The extension will be applied to both adults and CYP current contract specifications so there is not any anticipated adverse impact on service users because of their marital or civil partnership status. There will not be any disruption to services/service users over the contract period.

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated.

Protected characteristics: Pregnancy and Maternity *

- ☒ Service Users / Stakeholders
☐ Employees
☐ Wider Community
☐ Not Applicable

Please select those directly impacted or affected.

Pregnancy and maternity details:

Both contracted providers operate an inclusive service that is able to respond positively to request and referrals for support and continuity of care for individuals who pregnant or new mothers. The extension will be applied to both adults and CYP current contract specifications so there is not any anticipated adverse impact on service users because of pregnancy or maternity status. There will not be any disruption to services/service users over the contract period.

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Protected characteristics: Race *

- ☒ Service Users / Stakeholders
☐ Employees
☐ Wider Community
☐ Not Applicable

Please select those directly impacted or affected.

Race details:

Both contracted providers operate an inclusive service that is able to respond positively to request and referrals for support for clients from all races and ethnicities. consideration is given to meet language and different cultural needs. The extension will be applied to both adults and CYP current contract specifications so there is not any anticipated adverse impact on service users because of their race and ethnicity. There will not be any disruption to services/service users over the contract period.

	<p>For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.</p>
Protected characteristics: Religion or Beliefs *	<p><input checked="" type="checkbox"/> Service Users / Stakeholders</p> <p><input type="checkbox"/> Employees</p> <p><input type="checkbox"/> Wider Community</p> <p><input type="checkbox"/> Not Applicable</p> <p>Please select those directly impacted or affected.</p>
Religion or beliefs details:	<p>Both contracted providers operate an inclusive service that is able to respond positively to request and referrals for support regardless of religion and/or beliefs. The extension will be applied to both adults and CYP current contract specifications so there is not any anticipated adverse impact on service users because of their religion and beliefs. There will not be any disruption to services/service users over the contract period.</p>
	<p>For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.</p>
Protected characteristics: Sexual Orientation *	<p><input checked="" type="checkbox"/> Service Users / Stakeholders</p> <p><input type="checkbox"/> Employees</p> <p><input type="checkbox"/> Wider Community</p> <p><input type="checkbox"/> Not Applicable</p> <p>Please select those directly impacted or affected.</p>
Sexual orientation details:	<p>Both contracted providers operate an inclusive service that is able to respond positively to request and referrals for support regardless of a clients sexual orientation. The extension will be applied to both adults and CYP current contract specifications so there is not any anticipated adverse impact on service users because of their sexual orientation. There will not be any disruption to services/service users over the contract period.</p>

Socio-economic impacts

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Deprivation and poverty have been linked to problematic drug use and higher prevalence of substance abuse, with those at the "margins" of society most at risk (e.g. in care, in the criminal justice system, in mental health services and homeless people). The residential location of current service users in drug treatment shows significant variation across the City which reflects a possible association with deprivation and poverty.

Both contracted providers operate an inclusive service that is able to respond positively to request and referrals for support regardless of their socio-economic status. The extension will be applied to both adults and CYP current contract specifications so there is not any anticipated adverse impact on service users because of their status. There will not be any disruption to services/service users over the contract period.

Please indicate any actions arising from completing this screening exercise.

The extension will be applied to existing arrangements in terms of eligible client groups and the service models and required outputs and outcomes so it is not anticipated that there will be any actions required to address adverse impact.

Please indicate whether a full impact assessment is recommended



If yes, please continue to complete the remaining questions. If no, please go to the quality control section below.

What data has been collected to facilitate the assessment of this policy/proposal?

What are the main findings from the analysis of the data?

Consultation analysis

Who was consulted, what are the results of the consultation exercise?

Adverse impact on any people with protected characteristics.

Based on the analysis of the data does the policy/proposal have any adverse impact?

Could the policy/proposal be modified to reduce or eliminate any adverse impact?

Can the policy/proposal be modified to reduce or eliminate any adverse impact? on any particular group(s)?

How will the effect(s) of this policy/proposal on equality be monitored?

What data is required in the future?

Please describe the data needed to ensure effective monitoring of this policy/proposal?

Are there any adverse impacts on any particular group(s)

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If yes, please explain your reasons for going ahead.

Initial equality impact assessment of your proposal

Please give details on any initial assessment carried out. For a full assessment please complete the rest of the form. AS OF 29/11/2018 YOU ARE NO LONGER REQUIRED TO COMPLETE THIS BOX.

Consulted People or Groups

AS OF 29/11/2018 YOU ARE NO LONGER REQUIRED TO COMPLETE THIS BOX

Informed People or Groups

AS OF 29/11/2018 YOU ARE NO LONGER REQUIRED TO COMPLETE THIS BOX

Summary and evidence of findings from your EIA *

The proposal to extend the two current contracts is not expected to have an impact of the delivery of services to eligible clients because of their protected characteristics or socio-economic status. the services are universal in terms of access.

QUALITY CONTORL SECTION

Submit to the Quality Control Officer for reviewing?

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Please add any documents including any consultation or engagement findings. Attach any source data using the attachment button above. Please include how you will mitigate against any negative impacts.

Quality Control Officer comments

Extension to exisiting fully inclusive service - no changes or concerns with impact on protected characteristics

Decision by Quality Control Officer

Proceed for final approval ☐

IMPORTANT: Quality Control Officer - Please untick the above box 'Submit to the Quality Control Officer for reviewing?' before provide your decision.

Submit draft to Accountable Officer?

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Quality Control Officers only - Please tick the box when you are happy for the assessment to be submitted for approval.

Decision by Accountable Officer

☐

IMPORTANT: Accountable Officer - Please untick the above box 'Submit draft to Accountable Officer' before providing your final decision.

Date approved / rejected by the Accountable Officer



Reasons for approval or rejection

Please print and save a PDF copy for your records

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