

# APPENDIX 1 - H&F Equality Impact Analysis Tool



## Conducting an Equality Impact Analysis

An EIA is an improvement process which helps to determine whether our policies, practices, or new proposals will impact on, or affect different groups or communities. It enables officers to assess whether the impacts are positive, negative, or unlikely to have a significant impact on each of the protected characteristic groups.

The tool is informed by the [public sector equality duty](#) which came into force in April 2011. The duty highlights three areas in which public bodies must show compliance. It states that a public authority must, in the exercise of its functions, have due regard to the need to:

- 1. Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited under the Equality Act 2010**
- 2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it**
- 3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it**

Whilst working on your Equality Impact Assessment, you must analyse your proposal against these three tenets.

## General points

1. In the case of matters such as service closures or reductions, considerable thought will need to be given to any potential equality impacts. Case law has established that due regard cannot be demonstrated after the decision has been taken. Your EIA should be considered at the outset and throughout the development of your proposal, it should demonstrably inform the decision, and be made available when the decision is recommended.
2. Wherever appropriate, the outcome of the EIA should be summarised in the Cabinet/Cabinet Member report and equalities issues dealt with and cross referenced as appropriate within the report.
3. Equalities duties are fertile ground for litigation and a failure to deal with them properly can result in considerable delay, expense, and reputational damage.
4. Where dealing with obvious equalities issues e.g. changing services to disabled people/children, take care not to lose sight of other less obvious issues for other protected groups.
5. If you already know that your decision is likely to be of high relevance to equality and/or be of high public interest, you should contact the Strategy & Communities team for support.

Further advice and guidance can be accessed online and on the intranet:

<https://www.gov.uk/government/publications/public-sector-equality-duty>

<https://officesharedservice.sharepoint.com/sites/Governance/SitePages/Reports.aspx>

## H&F Equality Impact Analysis Tool

| Overall Information   | Details of Full Equality Impact Analysis   |
|---|--|
| Financial Year and Quarter  | 2021-22  |
| Name and details of policy, strategy, function, project, activity, or programme | <p>Title of EIA: Recommissioning - Health and Wellbeing -Harm Reduction, Treatment and Prevention Services Procurement Strategy</p> <p>The council plans to recommission its substance misuse and sexual health services for young people and adults. The contracts will give provision for adults alcohol specific services, peer support, core drug and alcohol services, psycho-sexual services and young people’s health and wellbeing services covering substance misuse and psychosexual support with options for the inclusion of other health and wellbeing support.</p> <p>The Procurement Strategy sets out the intention to tender the delivery of:</p> <ul style="list-style-type: none"> <li>• an integrated adults’ substance misuse service.</li> <li>• an integrated young peoples’ sexual health and substance misuse service</li> </ul> <p>It is proposed that the contracts will run for 5 years with options to extend for a further 2 years. Both contracts will commence on 1<sup>st</sup> July 2022.</p> <p><b>Note:</b> If your proposed strategy will require you to assess impact on staff, please consult your HR Relationship Manager.</p> |
| Lead Officer  | <p>Name: Julia Woodman<br/>           Position: Programme Lead<br/>           Email: <a href="mailto:julia.woodman@lbhf.gov.uk">julia.woodman@lbhf.gov.uk</a><br/>           Telephone No: 07979708413</p>   |
| Date of completion of final EIA   | XX / XX / XX   |

| Section 02          | Scoping of Full EIA              |
|---------------------|----------------------------------|
| Plan for completion | <p>Timing:</p> <p>Resources:</p> |

**Analyse the impact of the policy, strategy, function, project, activity, or programme**

Analyse the impact of the policy on the protected characteristics (including where people / groups may appear in more than one protected characteristic). You should use this to determine whether the policy will have a positive, neutral, or negative impact on equality, giving due regard to relevance and proportionality.

| Protected characteristic | Analysis   | Impact:<br>Positive,<br>Negative,<br>Neutral |
|--------------------------|--|--|
| Age                      | <p><u>Children and young people:</u> Parental substance misuse is a factor in 29% of all serious case reviews and 27% of SCRs mention alcohol misuse.</p> <p>Pupil absence, NEET and first-time entrants into the Youth Justice system are negatively affected by young people’s substance misuse issues.</p> <p>The proposed service model will respond to the needs of families through early identification and prevention work prior to reaching crisis. Specialists will work alongside family services and lead or contribute to joint needs assessments. The services will maintain a focus on hidden harm and prevention work with provision of bespoke training.</p> <p>Young people aged 15 to 24 years old experience the highest diagnosis rates of the most common STIs, likely due to higher rates of partner change. 61% (132,324 out of 218,095 cases) of chlamydia and 36% (20,453 out of 56,259 cases) of gonorrhoea diagnoses are among young people.</p> <p>The service model will ensure increased uptake of sexual health services by young people.</p> <p>International evidence is clear that comprehensive relationships and sex education (RSE) protects young people from STIs and unplanned pregnancy, as well as some of the behaviours that make them more at risk, including non-consensual sex. Young people who cite school as their main source of RSE were less likely to acquire an STI or experience an unplanned pregnancy. work with high need local residents, particularly young people. Services will work with schools and linked partners around RSE training.</p> | Positive                                     |

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|  |                                | <p><u>Older people</u><br/>The services have widened their remit to include those drug and alcohol misusers previously unidentified and unlikely to access more traditional drug and alcohol provision, this includes older people. The 'why invest' Public Health England evidence shows that investing in drug and alcohol services leads to a decrease in preventable illness and falls particularly in older people.</p>  |          |
|  | Disability                     |   | Neutral  |
|  | Gender reassignment            | The offer will include support and advice for sex workers. In Hammersmith and Fulham there is evidence of support needed for transgender sex workers.   | Positive |
|  | Marriage and Civil Partnership |   | Neutral  |
|  | Pregnancy and maternity        | <p>Drinking alcohol can increase a risk of miscarriage and may result in a number of development issues in a child such as foetal alcohol syndrome (FAS)—the most severe example on the spectrum of foetal alcohol disorders. All foetal alcohol spectrum disorders involve negative consequences affecting a child's physical, mental, and behavioural health.</p> <p>Maternal drug abuse can affect pregnancy outcomes as well as childhood health and development. Children born to women who used substances during pregnancy are at greater risk for prematurity, low birth weight, impaired physical growth and development, behavioural problems and learning disabilities.</p> <p>The services early intervention and prevention focus will have a positive impact on reducing incident and impact of drinking and substance misuse during pregnancy and breastfeeding.</p> |          |
|  | Race                           | BME groups – the proposed model will widen targeted work with alcohol misusers previously unidentified and unlikely to access more traditional drug and alcohol provision, this includes BME groups.  | Positive |

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|                    | Religion/belief<br>(including non-belief)  |   | Neutral  |
|                    | Sex  | <p>Alcohol use increases incidences of heart disease, stroke, depression and anxiety, breast cancer in women. The services early intervention and prevention focus will have a positive impact on reducing incident and impact of drinking.</p> <p>Nationally men receiving treatment outnumber women in all categories. Around 38% of those receiving treatment for alcohol alone are women. In other categories they represent about a quarter of those receiving treatment. 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 a suitable environment, or easy access to one for their children. A service model which includes satellite clinics, outreach working and home treatment will help to address these barriers.</p> <p>Sexual Health - Young women are more likely to be diagnosed with an STI than young men, partly due to greater uptake of chlamydia screening through the NCSP, as well as sexual mixing between younger women and older male partners. An integrated young peoples model will help to targeted vulnerable young people who engage in high risk behaviours.<br/>The is evidence that young men do not routinely engage with sexual health services and the offer will provide an outreach offer to young men.</p> | Positive |
| Sexual Orientation | <p>There are barriers preventing people who are LGBT from getting help or staying in treatment, such as concern about disclosing their sexual orientation. Providers also need to know potential different patterns of use. The service offer will include a club drug clinic and targeted work to provide improved interventions for users of novel psychoactive substances.</p> <p>The new model will continue to include a dedicated offer for LGBT populations across H&amp;F. The aim will be to increase referrals of LGBT people into LBHF integrated young peoples substance misuse and sexual health services and adults substance misuse services. This will include a training and advice offer to schools to help tackle homophobia.</p> | Positive  |          |

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|  | <p><b>Human Rights or Children’s Rights</b><br/>         If your decision has the potential to affect Human Rights or Children’s Rights, please contact your Equality Lead for advice</p> <p>Will it affect Human Rights, as defined by the Human Rights Act 1998?<br/>         No</p> <p>Will it affect Children’s Rights, as defined by the UNCRC (1992)?<br/>         No</p> |
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| <b>Section 03</b>                  | <b>Analysis of relevant data</b><br>Examples of data can range from census data to customer satisfaction surveys. Data should involve specialist data and information and where possible, be disaggregated by different equality strands.  |
| <b>Documents and data reviewed</b> | Why Invest – Public Health England (2018)<br>Safeguarding and promoting the welfare of children affected by parental alcohol and drug use: a guide for local authorities –Public Health England (2018)<br>Sexual and Reproductive Health Epidemiology Report – Hammersmith and Fulham – 2019 |
| <b>New research</b>                | If new research is required, please complete this section  |

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| <b>Section 04</b>                        | <b>Consultation</b>   |
| <b>Consultation</b>                      | Details of consultation findings (if consultation is required. If not, please move to section 06) |
| <b>Analysis of consultation outcomes</b> |   |

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| <b>Section 05</b> | <b>Analysis of impact and outcomes</b>  |
| <b>Analysis</b>   | What has your consultation (if undertaken) and analysis of data shown? You will need to make an informed assessment about the actual or likely impact that the policy, proposal, or service will have on each of the protected characteristic groups by using the information you have gathered. The weight given to each protected characteristic should be proportionate to the relevant policy (see guidance). |

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| <b>Section 06</b>          | <b>Reducing any adverse impacts and recommendations</b>  |
| <b>Outcome of Analysis</b> | Include any specific actions you have identified that will remove or mitigate the risk of adverse impacts and / or unlawful discrimination. This should provide the outcome for LBHF, and the overall outcome. |

| <b>Section 07</b>  | <b>Action Plan</b>  |                  |                             |                  |                                     |                  |                                     |  |  |  |  |  |  |
|--------------------|---|------------------|-----------------------------|------------------|-------------------------------------|------------------|-------------------------------------|--|--|--|--|--|--|
| <b>Action Plan</b> | Note: You will only need to use this section if you have identified actions as a result of your analysis  |                  |                             |                  |                                     |                  |                                     |  |  |  |  |  |  |
|                    | <table border="1"> <thead> <tr> <th>Issue identified</th> <th>Action (s) to be taken</th> <th>When</th> <th>Lead officer and department</th> <th>Expected outcome</th> <th>Date added to business/service plan</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Issue identified | Action (s) to be taken      | When             | Lead officer and department         | Expected outcome | Date added to business/service plan |  |  |  |  |  |  |
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| <b>Section 08</b>                         | <b>Agreement, publication and monitoring</b>   |
| <b>Senior Managers' sign-off</b>          | Name:<br>Position:<br>Email:<br>Telephone No:<br>Considered at relevant DMT:                               |
| <b>Key Decision Report (if relevant)</b>  | Date of report to Cabinet/Cabinet Member: XX / XX / XX<br>Key equalities issues have been included: Yes/No |
| <b>Equalities Advice (where involved)</b> | Name:<br>Position:<br>Date advice / guidance given:<br>Email:<br>Telephone No:                             |