

EQUALITY IMPACT ASSESSMENT

BACKGROUND

Date of Assessment:	16.03.23
Title of document being assessed:	Angus Alcohol and Drug Partnership Strategy 2023 to 2026
1. This is a new policy, procedure, strategy or practice being assessed. (If Yes please check box) x <input type="checkbox"/> This is a new budget saving proposal (If Yes please check box) <input type="checkbox"/>	This is an existing policy, procedure, strategy or practice being assessed? (If Yes please check box) <input type="checkbox"/> This is an existing budget saving proposal being reviewed (If Yes please check box) <input type="checkbox"/>
2. Please give details of the Lead Officer and the group responsible for considering the Equality Impact Assessment (EQIA)	Jillian Galloway, Head of Health and Community Care Services
3. Please give a brief description of the policy, procedure, strategy or practice being assessed, including its aims and objectives, actions and processes.	<p>As set out in the national Alcohol and Drug Partnerships: delivery framework each local area should have a local strategy and clear plans to achieve local outcomes to reduce the use of and harms from alcohol and drugs. Angus Alcohol and Drug Partnership is the strategic partnership responsible for leading the development and delivery of this, and the new Strategy 2023-26 sets out how this will be progressed over the next three years.</p> <p>The Strategy identifies five priorities:</p> <ul style="list-style-type: none"> • Prevention and Early Intervention • Developing Recovery Oriented Systems of Care • Getting it Right for children and families • A Public Health approach to Justice • Less harm is caused by alcohol <p>Alongside the AADP Strategy is the associated Delivery Plan which will provide the detailed of the actions to be taken in relation to each priority, the timescales within which they will be delivered and the strategic measures/</p>
4. What are the intended outcomes of this policy, procedure, strategy or practice and who are the intended beneficiaries?	<p>The Strategy sets out the strategic priorities for AADP and our ambitions to reduce the harms from drugs and alcohol.</p> <p>The plan aims to deliver the national priorities in addressing the harms from drugs and alcohol at a local level.</p> <p>The following commitments have been made in relation to the five strategic priorities:</p>

Priority 1. Prevention and Early Intervention: Fewer people in Angus develop problem drug use.

- Develop and embed a prevention framework that includes universal prevention, selective prevention and indicated prevention to ensure a target approach at prevention within different populations
- Make sure children and young people are educated to empower them to make positive decisions about their health
- Implement a Culture of Kindness to reduce stigma as a way to prevent and reduce related harm

Priority 2. Developing Recovery Oriented Systems of Care: People at most risk have access to treatment and recovery and receive high quality treatment and recovery services.

- We will challenge stigma and discrimination
- We will ensure services are person centred
- Individuals will be encouraged to remain engaged with support services, with a system that delivers seamless support
- A Human Rights approach will be embedded across Angus
- A trauma informed approach will be embedded in practice in Angus
- Those with lived and living experience will be more involved in ADP business and the evaluation, design and delivery of services
- We will have a comprehensive approach to harm reduction that is accessible to people who are at risk
- We will develop a “no wrong door” approach to accessing services where people have choice over what services they access and where
- Embed the Medication Assisted Treatment Standards (MAT) in Angus

Priority 3. Getting it Right for children and families: Children and families in Angus affected by alcohol and drug use will be safe, healthy, included and supported.

- We will ensure that children affected by substance use are provided with support, and children and adult services are connected and provide support that is joined up and comprehensive
- We will embed a Whole Family Approach across Angus
- Children, parents and families are involved in the planning, development and delivery of local services

	<ul style="list-style-type: none"> • Ensure pathways are in place for children and young people to access the support they need • when they need it • Ensure supports are available for those affected by a drug or alcohol related death • Make sure all our staff and volunteers who work with young people have the necessary skills to respond to drug and alcohol use <p>Priority 4. A Public Health approach to Justice: Vulnerable people in Angus are diverted from the justice system wherever possible, and those within justice settings are fully supported.</p> <ul style="list-style-type: none"> • People who come into contact with justice services are provided with the right support • Ensure there is an established pathway between Prison and community support services, including prescribing services, housing and recovery support services <p>Priority 5. Less harm is caused by alcohol: People in Angus will consume less alcohol and suffer less alcohol related harm.</p> <ul style="list-style-type: none"> • Alcohol screening and Brief Interventions (ABIs) are embedded in priority and secondary settings • Ensure the ADP is represented on the Angus Licensing Forum • Reduce alcohol related deaths • We will have a comprehensive approach to harm reduction that is accessible to people who are at risk • We will develop a "no wrong door" approach to accessing services where people have choice over what services they access and where
<p>5. Has any local consultation, improvement or research with protected characteristic communities informed the policy, procedure, strategy or practice being EQIA assessed here?</p> <p>If Yes, please give details.</p>	<p>As of February 2023, there were a total of 423 people receiving Opioid Substitute Treatment (OST) in Angus.</p> <p>In 2021, there were 17 drug-related deaths in Angus, and 111 drug-related hospital discharges were recorded in 2021/22, which is an increase of 12% on the previous year. (These are small numbers and need to be interpreted with caution).</p> <p>There were 30 alcohol-specific deaths in Angus in 2021, which is the highest annual total recorded in the area since records began, and a 57% increase on the previous year. There were also more alcohol-related hospital discharges in Angus in 2021/22 than any other financial year</p>

	<p>over the previous decade, with a total of 528 discharges, compared with 417 in 2011/12 (an increase of 26.6%).</p> <p>Referrals to services demonstrate an increase in people seeking help with drug use and also an increase in those seeking help with alcohol use.</p> <p>Experiential data is collected by those services providing Medication Assisted Treatment (MAT).</p>
<p>6. Fairer Scotland duties:</p> <p>1) Does this report have an impact for Angus citizens under Fairer Scotland?</p> <p>2) If Yes, what are these implications and how will they be addressed?</p> <p>What evidence do you have about any socio-economic disadvantage/inequalities of outcome in relation to this strategic issue?</p> <p>Are there any potential impacts this strategy may have specifically on the undernoted groupings? Please remember to take into account any particular impact resulting from Covid-19. Please state if there is a potentially positive, negative, neutral or unknown impact for each grouping.</p> <ol style="list-style-type: none"> 1. Low and/or No Wealth (e.g. those with enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future. 2. Material Deprivation (i.e. those unable to access basic goods and services e.g. repair/replace broken electrical goods, warm home, leisure and hobbies 3. Impact Area Deprivation (i.e. where people live (e.g. rural areas), or where they work (e.g. accessibility of transport). <p>Impact Socio-economic Background i.e. social class including parents' education, people's employment and income</p>	<p>The Fairer Scotland Duty (the Duty) came into force on 1 April 2018 and placed a legal responsibility on named public bodies in Scotland to actively consider ('pay due regard to') how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Fairer Scotland Duty means we should actively consider how we can reduce inequalities of outcome caused by socioeconomic disadvantage in Angus.</p> <p>Any proposed changes to service delivery would be subject to consideration under the Fairer Scotland Duty and meaningful engagement and consultation with the impacted group to ensure we capture specific issues relating to any socio-economic disadvantage/inequality issues so that mitigating actions can be put in place where possible.</p>

EQUALITY IMPACT ASSESSMENT (EQIA) - RELEVANCE SCREENING

1. Has the proposal already been assessed via an EQIA process for its impact on ALL of the protected characteristics of: age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation?

No

1 a. Does the proposal have a potential to impact in ANY way on the public and/or service users holding any of the protected characteristics of age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation?

Yes Proceed to the Full Equality Impact Assessment (EQIA).

1 b. Does the proposal have a potential to impact in ANY way on employees holding any of the protected characteristics of age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation? This applies to employees of not only NHS Tayside and Angus Council, but also the 3rd sector.

No. Although the strategy may have an impact on staff, this is not related to protected characteristics.

2. Name: Jillian Galloway

Position: Head of Community Health and Care Services



FULL EQUALITY IMPACT ASSESSMENT (EQIA)

Step 1.

Is there any reason to believe the proposal could affect people differently due to their protected characteristic? Using evidence (e.g. statistics, literature, consultation results, etc.), justify whether yes or no. If yes, specify whether impact is likely to be positive or negative and what actions will be taken to mitigate against the undesired impact of a negative discrimination. When considering impact, please consider impact on: health related behaviour; social environment; physical environment; and access to & quality of services of NHS Tayside, Angus Council or 3rd sector social justice.

1a. The public and/or service users holding the Protected Characteristics:

	POSITIVE IMPACT	NEGATIVE IMPACT	Intended mitigating actions against the b) Negative Discrimination
	a)Positive Action	b)Negative discrimination	
AGE	<p>Priorities within the Strategy are around reducing harms and increasing access to support for all age groups.</p> <p>The Strategy has Children and Families as a priority and aims to ensure children receive appropriate support</p>		<p>Any proposed changes to service delivery would be subject to meaningful engagement and consultation related to age to ensure we capture specific inequalities relating to age so that mitigating actions can be put in place where possible.</p> <p>The Strategy emphasises the need for meaningful engagement with those with lived and living experience, families and carers and communities.</p>
GENDER	<p>The Strategy highlights the need for services to ensure a gendered approach is included within service provision</p>		<p>Any proposed changes to service delivery would be subject to meaningful engagement and consultation with impacted group to ensure that mitigating actions can be put in place where possible. This will highlight any specific health inequalities relating to sex.</p>

			The Strategy emphasises the need for meaningful engagement with those with lived and living experience, families and carers and communities.
DISABILITY	Priorities within the Strategy are around reducing harms and increasing access to support for all and focuses on ensuring a person-centred approach to support and recovery		Any proposed changes to service delivery would be subject to meaningful engagement and consultation with the impacted group to ensure we capture specific inequalities relating to disability so that mitigating actions can be put in place where possible. The Strategy emphasises the need for meaningful engagement with those with lived and living experience, families and carers and communities.
ETHNICITY/ RACE	Priorities within the Strategy are around reducing harms and increasing access to support for all and focuses on ensuring a person-centred approach to support and recovery		The Strategy emphasises the need for meaningful engagement with those with lived and living experience, families and carers and communities.
SEXUAL ORIENTATION	Priorities within the Strategy are around reducing harms and increasing access to support for all and focuses on ensuring a person-centred approach to support and recovery		The Strategy emphasises the need for meaningful engagement with those with lived and living experience, families and carers and communities
RELIGION/ BELIEF	Priorities within the Strategy are around reducing harms and increasing access to support for all and focuses on ensuring a person-centred approach to support and recovery		The Strategy emphasises the need for meaningful engagement with those with lived and living experience, families and carers and communities
GENDER REASSIGNMENT	Priorities within the Strategy are around reducing harms and increasing access to support for all and focuses on ensuring a person-centred approach to support and recovery		The Strategy emphasises the need for meaningful engagement with those with lived and living experience, families and carers and communities

PREGNANCY/ MATERNITY	Priorities within the Strategy are around reducing harms and increasing access to support for all and focuses on ensuring a person-centred approach to support and recovery		The Strategy emphasises the need for meaningful engagement with those with lived and living experience, families and carers and communities
OTHER: CARERS (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from “discrimination by association” with the PCs of age and disability)	Priorities within the Strategy are around reducing harms and increasing access to support for all and focuses on ensuring a person-centred approach to support and recovery; this includes support to carers and families		The Strategy emphasises the need for meaningful engagement with those with lived and living experience, families and carers and communities

1b. The employees holding the Protected Characteristics:

	POSITIVE IMPACT	NEGATIVE IMPACT	Intended mitigating actions against the b) Negative Discrimination
	a)Positive Action	b)Negative discrimination	
AGE	Priorities within the Strategy are to ensure the workforce is equipped to meet the needs of those accessing services, inclusive of any protected characteristics		
GENDER	Priorities within the Strategy are to ensure the workforce is equipped to meet the needs of those accessing services, inclusive of any protected characteristics		
DISABILITY	Priorities within the Strategy are to ensure the workforce is equipped to meet the needs of those accessing services, inclusive of any protected characteristics		
ETHNICITY/ RACE	Priorities within the Strategy are to ensure the workforce		

	is equipped to meet the needs of those accessing services, inclusive of any protected characteristics		
SEXUAL ORIENTATION	Priorities within the Strategy are to ensure the workforce is equipped to meet the needs of those accessing services, inclusive of any protected characteristics		
RELIGION/ BELIEF	Priorities within the Strategy are to ensure the workforce is equipped to meet the needs of those accessing services, inclusive of any protected characteristics		
GENDER REASSIGNMENT	Priorities within the Strategy are to ensure the workforce is equipped to meet the needs of those accessing services, inclusive of any protected characteristics		
MARRIAGE/CIVIL PARTNERSHIP	Priorities within the Strategy are to ensure the workforce is equipped to meet the needs of those accessing services, inclusive of any protected characteristics		
PREGNANCY/ MATERNITY	Priorities within the Strategy are to ensure the workforce is equipped to meet the needs of those accessing services, inclusive of any protected characteristics		
OTHER: CARERS (Although carers are not considered as a PC in itself, they are protected by the Equality Act)	Priorities within the Strategy are to ensure the workforce is equipped to meet the needs of those accessing services, inclusive of any protected		

2010 from “discrimination by association” with the PCs of age and disability)	characteristics		
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1c. Does the proposal promote good relations between any of the Protected Characteristics?

YES X NO NOT SURE

Specify further (e.g. between which of the PCs, and in what way, or why not or not sure)

The Strategy will progress the development of person-centred care and ease of access to support for all. National priorities and data from local services, including experiential data, has been used to inform the Strategy. Further consultation with those with lived and living experience will be undertaken to finalise the associated Delivery Plan.

1d. What steps will you take to collect the Equality Monitoring information needed to monitor impact of this proposal on PCs, and when will you do this?

AADP will record progress in implementing the Strategy via the associated Delivery Plan, regular outcome monitoring information from funded services, feedback from those using services and their carers/families.

Where will the Equality Impact Assessment (EQIA) be published?

Angus Alcohol and Drugs Partnership webpage on Angus Council Website.

CONTACT INFORMATION

Name of Department or Partnership:	Angus Health and Social Care Partnership
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Type of Document	
Human Resource Policy	<input type="checkbox"/>
General Policy	<input type="checkbox"/>
Strategy/Service	X <input type="checkbox"/>
Change Papers/Local Procedure	<input type="checkbox"/>
Guidelines and Protocols	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

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Signature of author of the policy: N McNamee	Date: 29.03.23
Signature of Director/Head of Service:	Date:
Name of Director/Head of Service: Jillian Galloway	
Date of Next Plan Review: N/A	

For additional information and advice please contact: tay.angushscp@nhs.scot