

## Appendix 1 – Equality Impact Assessment

### Engagement and our equality duty

Whilst [the Gunning Principles](#) set out the rules for consulting ‘everyone’, additional requirements are in place to avoid discrimination and inequality.

Cheshire East Council is required to comply with the Equality Act 2010 and the Public Sector Equality Duty. The Equality Act 2010 simplified previous anti-discrimination laws with a single piece of legislation. Within the Act, the Public Sector Equality Duty (Section 149) has three aims. It requires public bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act, by consciously thinking about equality when making decisions (such as in developing policy, delivering services and commissioning from others)
- advance equality of opportunity between people who share a protected characteristic and people who do not share it, by removing disadvantages, meeting their specific needs, and encouraging their participation in public life
- foster good relations between people who share a protected characteristic and people who do not

The Equality Duty helps public bodies to deliver their overall objectives for public services, and as such should be approached as a positive opportunity to support good decision-making.

It encourages public bodies to understand how different people will be affected by their activities so that policies and services are appropriate and accessible to all and meet different people’s needs. By understanding the effect of their activities on different people, and how inclusive public services can support and open up people’s opportunities, public bodies are better placed to deliver policies and services that are efficient and effective.

Complying with the Equality Duty may involve treating some people better than others, as far as this is allowed by discrimination law. For example, it may involve providing a service in a way which is appropriate for people who share a protected characteristic, such as providing computer training to all people to help them access information and services.

The Equality Act identifies nine ‘protected characteristics’ and makes it a legal requirement to make sure that people with these characteristics are protected from discrimination:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnerships
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

### **Applying the equality duty to engagement**

If you are developing a new policy, strategy or programme you may need to carry out an Equality Impact Assessment. You may be able to ascertain the impact of your proposal on different characteristics through desk-based research and learning from similar programmes, but you also need to carry out some primary research and engagement. People with protected characteristics are often described as 'hard to reach' but you will find everyone can be reached – you just need to tailor your approach, so it is accessible for them.

Contacting the [Equality and Diversity mailbox](#) will help you to understand how you can gain insight as to the impacts of your proposals and will ensure that you help the Council to comply with the Equality Act 2010 and the Public Sector Equality Duty.

**Section 1 – Details of the service, service change, decommissioning of the service, strategy, function or procedure**

<b>Proposal Title</b>	Substance Misuse plan and service
<b>Date of Assessment</b>	27/08/2024
<b>Assessment Lead Officer Name</b>	Hannah Gayle
<b>Directorate/Service</b>	Thriving and prevention – Adults, Health and integration
<b>Details of the service, service change, decommissioning of the service, strategy, function or procedure.</b>	<ol style="list-style-type: none"> <li>1. All age substance misuse service. The substance misuse service delivers a number of recovery orientated, integrated, community substance misuse services across Cheshire east. This is a statutory public health service.</li> <li>2. Reducing drug and alcohol harm in Cheshire East - An integrated 5-year plan to improve treatment outcomes, address unmet need and build recovery capital.</li> </ol> <p>The national 10-year plan for substance misuse ‘From Harm to hope’ aims to cut supply, reduce demand, and improve treatment within the UK. The plan will support in meeting the local authority’s obligations within the national plan, which is set out in the national outcomes’ framework, to agree a local drugs plan that reflects the national strategic priorities.</p> <p>The new plan will then inform the specification of the substance misuse service that is due to be recommissioned for a new service to begin on the 1st of April 2025.</p>
<b>Who is Affected?</b>	The plan will shape the way that services are delivered under the new contract, resources may be changed or realigned to fit the changing needs of the residents of Cheshire East. There may be changes to existing services that individual’s access which could impact those around them and the wider network of services that feed into other services. The plan and delivery model will look to add value to the current model, realigning resources where they are not being utilised to the areas most in need. The plan will have a positive impact and we see no negative impact to the new model.

	<p>The following protected characteristics highlight a notable risk from substance misuse.</p> <p>Age – Young people, young families and middle aged adults are disproportionately affected by substance misuse problems. This is reflected through NDTMS data, hospital admissions data and local and national survey data. The 16-24 age group is particularly associated with drug offences, substance misuse and alcohol problems.</p> <p>Disability - A high proportion of those who enter substance misuse services are also seeking help with their mental health. Nationally, people engaged in substance misuse services report a higher rate of disability than the general population (28.8% compared with 17.7%) 1. Behaviour and emotional problems was the most reported disability (15.5%).</p> <p>Sex – Locally and nationally more males than females are engaged with substance misuse services, this is particularly the case for drugs services. 1,2,3</p> <p>Gender reassignment / Sexual orientation - Research has found that sexual and gender minorities, including lesbian, gay, bisexual, transgender, queer, and intersex people (LGBTQI+), have higher rates of substance misuse and substance use disorders than people who identify as heterosexual. People from these groups are also more likely to enter treatment with more severe disorders 4.</p> <p>1. Adult substance misuse treatment statistics 2021-2022 Adult substance misuse treatment statistics 2021 to 2022: report - GOV.UK (www.gov.uk)  2. OHID/NDTMS Adult Drug Commissioning Support Pack, 2022-23, Cheshire East  3. OHID/NDTMS Adult Alcohol Commissioning Support Pack, 2022-23, Cheshire East  4. National institute of drug abuse</p>
<p><b>Links and impact on other services, strategies, functions or procedures.</b></p>	<p>The proposed model does not adversely impact upon delivery of other Council services, functions or procedures. The proposal does link into the following strategies and policies:</p> <p>Cheshire East corporate plan  All age carers strategy  Homelessness and Rough Sleeping Strategy – now out of date  Sustainable community strategy</p>

	<p>Neglect Strategy Early Help Strategy Mental Health strategy Reducing Inequalities in Crewe strategy Cheshire East Place Partnership 5 year plan Vulnerable and Older Persons Housing Strategy</p> <p>This plan aims to reduce inequalities across the borough which is a priority within the corporate plan.</p>
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**How does the service, service change, strategy, function or procedure help the Council meet the requirements of the [Public Sector Equality Duty](#)?**

The new plan / substance misuse service helps the council to meet the requirements of the public sector equality duty by:

- Working together to reduce stigma around drug and alcohol use which may discourage people from seeking help.
- Ensuring the new service is inclusive to all but where needed a target approach is considered to meet the needs of hard-to-reach groups.
- Ensuring that cultures, beliefs, accessibility, and language are considered when planning services.
- Considering the voice of those with protected characteristics to ensure services are planned with all in mind.

## Section 2 - Information – What do you know?

What do you know?	What information (qualitative and quantitative) and/or research have you used to commission/change/decommission the service, strategy, function, or procedure?
<b>Information you used</b>	<ul style="list-style-type: none"> <li>• Cheshire East JSNA for drugs and alcohol.</li> <li>• Data from our current treatment provider (Change Grow Live) and NDTMS data.</li> <li>• Plan engagement with 434 people, this included 1-2-1 discussions and focus groups including the following people/groups:               <ul style="list-style-type: none"> <li>○ Young people (Youth council, JIGSAW, Youth service)</li> <li>○ Service user groups</li> <li>○ Service user family and friends</li> <li>○ Police</li> <li>○ Probation</li> <li>○ CWP</li> <li>○ Ethnic minorities (included in focus groups)</li> <li>○ Health (CWP, 0-19, GP's)</li> <li>○ Lived Experience Recovery organisations.</li> <li>○ Integrated Care Board</li> <li>○ Substance misuse provider forum</li> <li>○ Substance misuse providers, commissioned and non- commissioned (AA/NA)</li> <li>○ LGBTQ+ (included in focus groups / 121 interviews)</li> <li>○ VCFSE Sector</li> <li>○ Headteachers / Education</li> <li>○ Care Communities</li> <li>○ Family Hubs</li> <li>○ Hospital trusts</li> <li>○ Housing</li> <li>○ Elected members.</li> </ul> </li> </ul>
<b>Gaps in your Information</b>	No significant gaps identified.

### 3. What did people tell you?

<p><b>What did people tell you</b></p>	<p><b>What consultation and engagement activities have you already undertaken and what did people tell you? Is there any feedback from other local and/or external regional/national consultations that could be included in your assessment?</b></p>
<p><b>Details and dates of the consultation/s and/or engagement activities</b></p>	<p>43 Focus groups and 33 one to one interview's were held with a total of 434 participants.</p> <p>Insights based discussions focussed on the following questions, seeking a breadth of intelligence from a wide range of stakeholders:</p> <ul style="list-style-type: none"> <li>▪ Support and services for people with addiction is currently like what?</li> <li>▪ At its best what does support for people with addiction look like?</li> </ul> <p>Several task and finish groups have been held involving key stakeholders and those with lived experience with the aim to design a Cheshire East wide action plan which has informed the new service model. The action plan has been presented to members of the Combatting Drugs Partnership and elected members, discussing intelligence gathered from engagement and allowing the opportunity to feed back.</p> <p>People have told us that the main issues when accessing substance misuse services are:</p> <ul style="list-style-type: none"> <li>• Lack of education and knowledge around drug and alcohol harms.</li> <li>• Lack of awareness of services and how to access them.</li> <li>• Getting substance misuse support with very poor mental health and vice versa.</li> <li>• Lack of specialist support for those people with multiple and complex needs.</li> <li>• Uncertainty of process pathways between organisations.</li> <li>• Not enough peer support.</li> </ul> <p>The following Key objectives within Reducing Drug and Alcohol Harm in Cheshire East plan aim to address these issues:</p> <ul style="list-style-type: none"> <li>• Provide a consistent and accessible training and education offer to a wide range of audiences including professionals and children &amp; young people</li> <li>• Improve communication and build relationships across they system</li> </ul>



	<ul style="list-style-type: none"> <li>• Facilitate collaborative support to those with coexisting substance misuse and mental health issues</li> <li>• Take a targeted approach to engaging cohorts who are at risk of unmet need</li> <li>• Refine system pathways to improve continuity of care and ease of access to services</li> <li>• Reduce stigma and change attitudes so that people view substance misuse as an illness and feel confident to approach services without fear of shame or judgement</li> <li>• Capitalise on and celebrate lived experience to build capacity in the recovery community and show those in treatment that their recovery goals are achievable</li> </ul>
<p><b>Gaps in consultation and engagement feedback</b></p>	<p>The co-production process was extensive and gathered comprehensive feedback from a range of individuals with protected characteristics. There is still a need to continue engagement throughout the lifespan of the plan.</p> <p>As highlighted in the plan, more target work needs to be done with the following groups to better understand local need and potential barriers to accessing service, looking at early intervention, prevention, harm reduction, treatment and recovery.</p> <ul style="list-style-type: none"> <li>• Children in care</li> <li>• Children living with family members experiencing substance misuse</li> <li>• Homeless families in temporary accommodation</li> <li>• Victims of domestic abuse</li> <li>• Children excluded from school</li> <li>• Children at risk of child sexual exploitation</li> <li>• SEND / mental health</li> <li>• LGBTQ+</li> </ul>

#### 4. Review of information, consultation feedback and equality analysis

<b>Protected characteristics groups from the <a href="#">Equality Act 2010</a></b>	<b>What do you know?</b> Summary of information used to inform the proposal	<b>What did people tell you?</b> Summary of customer and/or staff feedback	<b>What does this mean?</b> Impacts identified from the information and feedback (actual and potential). These can be either positive, negative or have no impact.
<b>Age</b>	The co-production process was inclusive of all ages. Adults, children, and young people were involved through engagement and development of the plan.	Services, training and education need to be age appropriate. Some targeted work needs to be done to support Children not accessing mainstream education. Children and young people are confused about who to go to if they need support and would like to learn more about the harms of drugs and alcohol.	<i>The plan and substance use service aims to increase the reach of information and advice about substance use and services available to all people by increasing the training and education offer.</i> <i>The plan and new service will include targeted work being done to ensure those vulnerable young people not accessing mainstream education are able to access educational sessions and support.</i>
<b>Disability</b>	The co-production process was inclusive, and people of all abilities were involved through engagement and development of the action plan.	Services need to be accessible, materials available in a variety of formats and buildings need to be accessible to all. Some people may need home visits or support accessing services due to disabilities. Having local services rather than having to travel would be preferred.	The plan highlights an intention to do some targeted work to support people who are neurodiverse, and look at accessibility of services for people with disabilities. Specialist outreach provision will support those people who are unable to attend services in person.
<b>Gender reassignment</b>	The co-production process was inclusive of all genders and those identifying as Transgender were	Services need to be non-judgemental and aware of the barriers that Trans people face in	The plan highlights an intention to do some targeted work to ensure services

	involved through engagement and development of the action plan.	accessing services including LGBTQ+ binge drinking culture, mental illness and gender dysphoria.  Services need to be inclusive of all genders.  Services need to be trauma informed.	are inclusive to people identifying as LGBTQI+.
<b>Pregnancy and maternity</b>	The co-production process was inclusive of those who are and are not pregnant and included those who are supporting pregnant mothers.	Stigma is at it's highest within this group and services need to be sensitive when working with pregnant residents who misuse substances. A targeted approach may be needed in this area.	The plan will look to address stigma around access to substance use services. This will include further work around pregnancy and maternity.
<b>Race/ethnicity</b>	The co-production process was inclusive of people who would identify as ethnic minorities.	Religious / cultural/language barriers may prevent people from accessing services. People may need information in different languages or some help with translation when accessing services.	The plan highlights a need to do more work to engage with those from minority ethnic groups to understand barriers to accessing services.
<b>Religion or belief</b>	The co-production process was inclusive of people with varying religions and beliefs.	Religious / cultural /language barriers may prevent people from accessing services. This will need to be considered when communicating with certain religious groups.	The plan highlights a need to do more work to engage with those from minority ethnic groups to understand barriers to accessing services. This will include work to understand how beliefs may impact access to service.
<b>Sex</b>	The co-production process involved engagement with people of all genders.	There was no disparity in feedback across all genders with all genders highlighting the same gaps in service.	The plan looks to address gaps in service for all genders.

	Currently treatment figures suggest that males are more likely to engage in treatment.		
<b>Sexual orientation</b>	The co-production process was inclusive of all genders and those identifying as LGBTQ+ were involved through engagement and development of the action plan.	Services need to be non-judgemental and aware of LGBTQ+ issues which may lead them to accessing services.	The plan highlights an intention to do some targeted work to ensure services are inclusive to people identifying as LGBTQI+.
<b>Marriage and civil partnership</b>	This service proposal is inclusive to all.	No issues raised in relation to this area.	The plan is inclusive regardless of marriage / civil partnership status.

## 5. Justification, Mitigation and Actions

<b>Mitigation</b>	<b>What can you do?</b> Actions to mitigate any negative impacts or further enhance positive impacts
<p>Please provide justification for the proposal if negative impacts have been identified? Are there any actions that could be undertaken to mitigate, reduce or remove negative impacts?</p>	<p>There are no negative impacts identified. The proposed plan and service model is entirely co-produced by people with lived experience, their families, professionals, and stakeholders so there will be no negative impact on service delivery only positive as the proposed service will go further to meet changing need in Cheshire East.</p>
<p>Have all available options been explored? Please include details of alternative options and why they couldn't be considered?</p>	<p>The alternative was not producing a plan which would be against the recommendations of the government's 10-year plan.</p>
<p>Please include details of how positive impacts could be further enhanced, if possible?</p>	<p>The action plan that has been formed addresses areas for improvement that has been highlighted through engagement. Completing an annual review of the plan will ensure the actions are still appropriate and relevant.</p>

## 6. Monitoring and Review -

<b>Monitoring and review</b>	<b>How will the impact of the service, service change, decommissioning of the service, strategy, function or procedure be monitored? How will actions to mitigate negative impacts be monitored? Date for review of the EIA</b>
<b>Details of monitoring activities</b>	The impact of the new proposal will be monitored through regular meetings, quarterly reviews, feedback from service users, feedback from providers, partners and stakeholders. It will also be monitored through quarterly combatting drugs partnership meetings.
<b>Date and responsible officer for the review of the EIA</b>	Review by Hannah Gayle – Project Manager, Thriving and Prevention, 1 <sup>st</sup> March 2025

## 7. Sign Off

When you have completed your EIA, it should be sent to the [Equality, Diversity and Inclusion Mailbox](#) for review. If your EIA is approved, it must then be signed off by a senior manager within your Department (Head of Service or above).

Once the EIA has been signed off, please forward a copy to the Equality, Diversity and Inclusion Officer to be published on the website. For Transparency, we are committed to publishing all Equality Impact Assessments relating to public engagement.

<b>Name</b>	<b>N.Darwin</b>
<b>Signature</b>	Nik Darwin
<b>Date</b>	27/10/24

## 8. Help and Support

For support and advice please contact [EqualityandInclusion@cheshireeast.gov.uk](mailto:EqualityandInclusion@cheshireeast.gov.uk)