

1. Topic of assessment

EIA title:	Surrey Young People’s Substance Misuse Treatment Service
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EIA author:	Heather Ryder – Senior Public Health Lead, Public Health Cyril Haessig – Public Health Lead
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2. Approval

	Name	Date approved
Approved by¹	Ruth Hutchinson, Acting Deputy Director.	04/07/13

3. Quality control

Version number		EIA completed	
Date saved		EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Heather Ryder	Senior Public Health Lead	Surrey County Council	Project sponsor
Cyril Haessig	Public Health Lead	Surrey County Council	Project group member
Karl Smith	Service User and Carer Development Officer	Surrey County Council	Project group member
Elaine Malloy	Commissioner, Childrens Services	Surrey County Council	Project group member

¹ Refer to earlier guidance for details on getting approval for your EIA.

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5. Explaining the matter being assessed

What policy, function or service is being introduced or reviewed?	<p>The Government's review of its National Drug Strategy (2010) conducted in 2012 identified immediate and long-term benefits of young people's treatment.</p> <p>The immediate benefits being :</p> <ul style="list-style-type: none">- lower levels of drug and alcohol-related crime;- and fewer drug and alcohol-related inpatient admissions and deaths. <p>The long-term benefits of treatment being :</p> <ul style="list-style-type: none">- a lower likelihood (and therefore lower expected cost) of young people developing substance misuse problems as adults;- and improved educational attainment and labour market outcomes <p>Substance misuse services are important to treat as well as to help prevent and minimise the risk of harm of substance misuse to individuals, their families and communities. The earlier we can intervene, the more likely we are to be able to support children and young people who are at risk of substance misuse to be safe, healthy and substance-free. Early intervention also reduces potential long-term costs to public services.</p> <p>Surrey Young People's Treatment Service is commissioned by Public Health on behalf of Surrey County Council and partner organisations (including Surrey Police). The funding for the contract is primarily from the Public Health ring fenced grant from the Department of Health and makes up part of the Public Health budget; in previous years Surrey County Council Children and Families had also supported the contract financially.</p> <p>The current contract is due for renewal on 1st November 2013 and a procurement exercise is currently being undertaken to secure the provision of the service for the next 3 years (with an option of renewing the contract for a further 2 years).</p> <p>Recognising the challenging economic climate, savings across all statutory services are sought through any potential efficiencies to secure better value services. Within the procurement process (a competitive tender) we are seeking to make a substantial cost saving.</p> <p>There is no statutory responsibility for the provision of local substance misuse services for children and young people. However, it is advocated as best practice to safeguard children and young people by the National Treatment Agency for Substance Misuse (2010)², Central Government (2006)³ and National Institute for Health and</p>
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² National Treatment Agency for Substance Misuse (2010) Guidance on commissioning young people's substance misuse treatment services (as supported by the Department for Children, Schools and Families)

³ HM Government (2006) Working Together to Safeguard Children: A guide to interagency working to safeguard and promote welfare of children

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	Clinical Excellence (2007) ⁴ .
What proposals are you assessing?	<p>The substance misuse service for children and young people will be retendered from 01 November 2013. The changes to the existing service will be assessed within this EIA.</p> <p>The retendered service will deliver universal prevention and education objectives as well as psychosocial and pharmacological interventions for children and young people. The key outcomes are to:</p> <ul style="list-style-type: none"> • Prevent problematic substance misuse • Reduce drug and alcohol related crime • Enable and support the long-term recovery, rehabilitation and social reintegration of people in Surrey affected by substance misuse. <p>In addition, the parents / carers of young people with substance misuse problems will be offered advice and support. Service users will continue to access the service via a range of referral routes including CSF, primary care, education and self referrals.</p> <p>The new service will focus on building stronger links with key stakeholders to provide more accessibility to the substance misuse services available, specifically to groups of children and young people who are most vulnerable.</p> <p>The current contract will cease as of 31th October 2013. Those people who are engaged with the current provider will be transferred into the new service.</p> <p>Very few young people develop dependency. Those who use drugs or alcohol problematically are likely to be vulnerable and experiencing a range of problems, of which substance misuse is one.</p> <p>This means that the commissioning and delivery of specialist drug and alcohol interventions for young people should take place within the wider children and young people's agenda. The aim is that all needs are met, rather than addressing substance misuse in isolation; and that intervention is successful before problematic use becomes entrenched.</p> <p>Targets for the delivery of substance misuse initiatives are set by Public Health England and are monitored / performance managed locally by Public Health (SCC). Additional targets will also be set to evaluate the quality and innovation of work undertaken by the new provider. As part of this we will be engaging with service users to</p>

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⁴ National Institute for Health and Clinical Excellence (2007) Community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people

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	<p>understand their experience of substance misuse services which will inform ongoing commissioning.</p>
<p>Who is affected by the proposals outlined above?</p>	<p>Changes in the provision of a new Young People's Treatment Service may impact on the following:</p> <ul style="list-style-type: none"> • Service users and their carers or families • External organisations that refer into the organisation • Children, Schools and Families directorate, who share similar targets and will work in partnership with the Young People's Treatment Service (as they currently do) <p>Within the new service specification, the following groups of children and young people are highlighted as specific vulnerable groups who need higher levels of support to access services if needed:</p> <ul style="list-style-type: none"> - Looked after children - Care leavers - Youth offenders - Children and young people accessing mental health services <p>The new contract will aim to achieve equivalent service levels through the procurement process to service users/ families and carers of young people with an identified substance misuse problem. Targets are set by Public Health England and will be continued to be monitored and performance managed by Public Health (SCC) on a quarterly basis. Within this, there is a key requirement that service users will be engaged with in order to gain an understanding of their experiences and modify the service accordingly.</p> <p>It is assumed that current relationships with existing partner agencies (including CSF, primary care, criminal justice etc) will continue to ensure that the care of young people receiving interventions from Surrey Young People's Treatment Service is part of a holistic package of care, taking into account the education / training, housing and general health needs of each individual.</p>

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6. Sources of information

Engagement carried out
<p>The updated service specification has been informed by the following processes :</p> <ul style="list-style-type: none">- quarterly performance reviews undertaken by Public Health with the current provider (Catch 22);- informal engagement with service users;- review of best practice working with statistical neighbours and through liaison with NTA Regional representative- Distilling findings from JSNA- the proposal has been worked through with colleagues within the commissioning team from Public Health and Children, Schools and Families and co-ordinated by SCC procurement.
Data used
<p>The following data sets were used :</p> <ul style="list-style-type: none">- DOMES reports;- Catch 22 three year activity report;- Contract performance management framework;- Service user feedback;- NTA commissioning guidance (JSNA support pack for commissioners);- DTMU Young People profiles;- Surrey JSNA.

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7. Impact of the new/amended policy, service or function

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7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic ⁵	Potential positive impacts	Potential negative impacts	Evidence
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 197</p> <p>Age</p>	<p>The new service will work with young people up to 21 shifting from the previous service which worked with young people up to the age of 19 years. This shift in age threshold recognises the changes taking place at a local service level and the greater levels of support needed for different groups of vulnerable young people i.e. looked after children are supported up until the age of 21 years before transitioning to adult services.</p> <p>Young people and their needs differ from adults:</p> <ul style="list-style-type: none"> The majority of young people accessing specialist drug and alcohol interventions have problems with alcohol (37%) and cannabis (53%), requiring psychosocial, harm reduction and family interventions, rather than treatment for addiction, 	<p>39.3% of young people in treatment resident in Surrey were aged 15 years or under and 60.7% were aged between 16 and 17 years.</p> <p>The highest proportion of service users are 16-years plus, therefore those who are aged 16-21 years may be disproportionately affected by any changes to the substance misuse service.</p>	<p>Age appropriate services – Teenagers The World Health Organisation has developed the concept of youth friendly services, emphasising that services that provide young people with good experiences are more likely to be effective and used. Based upon this, clear quality criteria for adolescent-friendly health services were developed, validated and published by the DH in 2007 – You're Welcome. Local authority commissioned drug and alcohol services need to be sensitive to both the needs of young men and women. This means being confidential, the the right place, open at accessible times and well publicised to reduce the stigma of asking for help and encourage young people to seek early advice (Report of the Children and Young Peoples Health Outcome Forum, 2013)</p> <p><u>National Institute of Clinical Excellence (NICE)</u> (NICE quality standards are a set of specific, concise statements that act as markers of high quality, cost effective patient care, covering the treatment and prevention of different diseases and conditions)</p> <ul style="list-style-type: none"> - PH4 : Interventions to reduce substance misuse among vulnerable young people; - PH3 : Prevention of sexually transmitted infections and under 18 conceptions; - PH20 : Social and emotional wellbeing in secondary education; - PH43 : Hepatitis B and C: ways to promote

⁵ More information on the definitions of these groups can be found [here](#).

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	<p>which most adults but only a small minority of young people require;</p> <ul style="list-style-type: none"> • Most young people need to engage with specialist drug and alcohol interventions for a short period of time, often weeks, before continuing with further support elsewhere, within an integrated young people's care plan. <p>Early interventions are proven to be effective in preventing problematic substance use/misuse.</p> <p>Approaches to young people need to reflect that there are intrinsic differences between adults and children and between children of different ages. Services delivered by the Provider will have the appropriate policies and guidelines as well as competent staff to identify the following as a part of service delivery:</p> <ul style="list-style-type: none"> - differences in legal competence; - age appropriateness; 		<p>and offer testing to people at increased risk of infection;</p> <ul style="list-style-type: none"> - CG51: Drug misuse – psychosocial interventions; - QS11 : Alcohol dependence and harmful alcohol use quality standard; - CG110 : Pregnancy and complex social factors; - CG120 : Psychosis with coexisting substance misuse; - QS23 : Drug use disorders.
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	<ul style="list-style-type: none"> - parental responsibility; - confidentiality; - “risk” and “significant harm”; - Involving the family. 			
Page 199	Disability	<p>Improvement in health and well-being, self-esteem and confidence.</p> <p>The new service will be accessible and attractive to all young people without any discrimination. The service will need to reflect the age, culture, gender, ethnicity, sexual orientation, religious beliefs and any form of disability of the target groups.</p> <p>Particular consideration will be given to the accessibility of services to young people, particularly opening times, location and age appropriate publicity.</p>	None	<p>The overall welfare of the child is paramount The service will ensure that this is reflected in every aspect of their work with children and young people. Policies, guidance and protocols with other agencies will be in accordance with the Children Act 1989 and 2004 and the UN Convention on the Rights of the Child.</p> <p>The services will co-operate with the local authority in carrying out its responsibilities towards children and young people; in particular it will work in partnership with the local authority in carrying out its legal responsibilities and duties to children. The passing of the Children Act 2004 establishes a statutory duty on all services, both voluntary and statutory, to safeguard and promote children’s wellbeing.</p>
	Gender reassignment	<p>Improvement in health and well-being, self-esteem and confidence.</p>	<p>No evidence that the changes will disproportionately affect young people who have undergone gender reassignment.</p>	<p>The service will co-operate with the local authority in carrying out its responsibilities towards children and young people; in particular it will work in partnership with the local authority in carrying out its legal responsibilities and duties to children. The passing of the Children Act 2004 establishes a statutory duty on all services, both voluntary and statutory, to safeguard and promote children’s wellbeing.</p> <p>The service will work alongside schools, youth</p>

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			<p>services and other relevant organisations which have the greatest potential to impact on LGBTQ young peoples' lives.</p> <p>Young people need a learning environment which is tolerant of their sexuality and gender and does not attach a social stigma to it. Schools can support this through adopting explicit anti-homophobic bullying policy, taking action against homophobic bullying and promoting greater awareness of lesbian and gay issues.</p> <p>LGBTQ young people are more likely to be able to handle the factors associated with poor outcomes if they have a strong support network in place. Youth services can improve young people's resilience towards the unique pressures they face through supporting them in building networks of support that they can rely on.</p> <p>LGBTQ young people also have specific health needs. Health services need to be able to provide relevant information and contact details of support organisations for young LGBT people, their families and friends. Health professionals need to possess the skills to enable them to facilitate disclosure by young LGBT people, and understand the importance of confidentiality for this group. Health services also need to offer provision that reflects some of the outcomes that are more prevalent within this cohort, such as suicide and self-harm.</p> <p>It will be expected of the new service to work to the standards set out above.</p>
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 201</p> <p>Pregnancy and maternity</p>	<p>Improvement in health and well-being, self-esteem and confidence.</p> <p>The new service will deliver a range of interventions aimed at addressing risky behaviours. This will include preventative measures aimed at promoting safe sex and contraception.</p> <p>The service will work alongside relevant agencies to support pregnant young women and young mothers as part of a holistic approach to responding to their needs.</p>	<p>None</p>	<p><u>National Institute of Clinical Excellence (NICE)</u> (NICE quality standards are a set of specific, concise statements that act as markers of high quality, cost effective patient care, covering the treatment and prevention of different diseases and conditions)</p> <ul style="list-style-type: none"> - PH4 : Interventions to reduce substance misuse among vulnerable young people; - PH3 : Prevention of sexually transmitted infections and under 18 conceptions; - PH20 : Social and emotional wellbeing in secondary education; - PH43 : Hepatitis B and C: ways to promote and offer testing to people at increased risk of infection; - CG51: Drug misuse – psychosocial interventions; - QS11 : Alcohol dependence and harmful alcohol use quality standard; - CG110 : Pregnancy and complex social factors; - CG120 : Psychosis with coexisting substance misuse; - QS23 : Drug use disorders.
<p>Race</p>	<p>The service will be expected to deliver interventions in a way which improve the engagement and retention in treatment of clients from an ethnic background.</p> <p>In 2011/12 81.3% of clients accessing treatment were identified as White British</p>	<p>No potential negative impacts have been identified.</p>	<p>Evidence shows that services which are culturally and ethnically aware provide better treatment outcomes for their clients.</p>

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	<p>which is slightly lower than for the overall Surrey population (83.5% in the 2011 Census). All groups will benefit from improvement in health and well being, self esteem and confidence.</p>		
<p>Page 202</p> <p>Religion and belief</p>	<p>Improvement in health and well-being, self-esteem and confidence.</p> <p>The new service will be accessible and attractive to all young people without any discrimination. The service will need to reflect the age, culture, gender, ethnicity, sexual orientation, religious beliefs and any form of disability of the target groups. Particular consideration will be given to the accessibility of services to young people, particularly opening times, location and age appropriate publicity.</p>	<p>No evidence that changes to services will disproportionately affect those of a specific religious background / belief.</p>	<p>The service will co-operate with the local authority in carrying out its responsibilities towards children and young people; in particular it will work in partnership with the local authority in carrying out its legal responsibilities and duties to children. The passing of the Children Act 2004 establishes a statutory duty on all services, both voluntary and statutory, to safeguard and promote children's wellbeing.</p>
<p>Sex</p>	<p>Improvement in health and well-being, self-esteem and confidence.</p> <p>Young people that are LGBTQ experience several inequalities when accessing and using</p>	<p>An average of 63.7% of young people in treatment were male and 36.3% were female suggesting that women may benefit less from improvements to services.</p>	<p>The service will co-operate with the local authority in carrying out its responsibilities towards children and young people; in particular it will work in partnership with the local authority in carrying out its legal responsibilities and duties to children. The passing of the Children Act 2004 establishes a statutory duty on all services, both voluntary and statutory, to safeguard and promote children's wellbeing.</p>

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	<p>public services, including:</p> <ul style="list-style-type: none"> • Facing barriers to accessing health care – many young people feel that health care professionals treated LGBTQ people differently which has prevented them from visiting regularly. Specific services for transgender young people are particularly oversubscribed. • Greater likelihood of being bullied at school • Poorer health outcomes than their peers – through the effects of bullying and social stigma associated with their sexuality, and through adoption of risky behaviours that are often used as a coping strategy. <p>The new service will be accessible and attractive to all young people without any discrimination. The service will need to reflect the age, culture, gender, ethnicity, sexual orientation, religious beliefs and any form of disability of the target groups.</p>		<p>The service will work alongside schools, youth services and other relevant organisations which have the greatest potential to impact on LGBTQ young peoples' lives.</p> <p>Young people need a learning environment which is tolerant of their sexuality and does not attach a social stigma to it. Schools can support this through adopting explicit anti-homophobic bullying policy, taking action against homophobic bullying and promoting greater awareness of lesbian and gay issues.</p> <p>LGBTQ young people are more likely to be able to handle the factors associated with poor outcomes if they have a strong support network in place. Youth services can improve young people's resilience towards the unique pressures they face through supporting them in building networks of support that they can rely on.</p> <p>LGBTQ young people also have specific health needs. Health services need to be able to provide relevant information and contact details of support organisations for young LGBT people, their families and friends. Health professionals need to possess the skills to enable them to facilitate disclosure by young LGBT people, and understand the importance of confidentiality for this group. Health services also need to offer provision that reflects some of the outcomes that are more prevalent within this cohort, such as suicide and self-harm.</p> <p>It will be expected of the new service to work to the standards set out above.</p>
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	<p>Particular consideration will be given to the accessibility of services to young people, particularly opening times, location and age appropriate publicity.</p>		
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 204</p> <p style="text-align: center;">Sexual orientation</p>	<p>Improvement in health and well-being, self-esteem and confidence.</p> <p>Young people that are LGBTQ experience several inequalities when accessing and using public services, including:</p> <ul style="list-style-type: none"> • Facing barriers to accessing health care – many young people feel that health care professionals treated LGBTQ people differently which has prevented them from visiting regularly. Specific services for transgender young people are particularly oversubscribed. • Greater likelihood of being bullied at school • Poorer health outcomes than their peers – through the effects of bullying and social stigma associated with 	<p>No evidence of changes to services to disproportionately affect sexual orientation</p>	<p>The service will co-operate with the local authority in carrying out its responsibilities towards children and young people; in particular it will work in partnership with the local authority in carrying out its legal responsibilities and duties to children. The passing of the Children Act 2004 establishes a statutory duty on all services, both voluntary and statutory, to safeguard and promote children’s wellbeing.</p> <p>The service will work alongside schools, youth services and other relevant organisations which have the greatest potential to impact on LGBTQ young peoples’ lives.</p> <p>Young people need a learning environment which is tolerant of their sexuality and does not attach a social stigma to it. Schools can support this through adopting explicit anti-homophobic bullying policy, taking action against homophobic bullying and promoting greater awareness of lesbian and gay issues.</p> <p>LGBTQ young people are more likely to be able to handle the factors associated with poor outcomes if they have a strong support network in place. Youth services can improve young people’s resilience towards the unique pressures they face through supporting them in building networks of support that they can rely on.</p>

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	<p>their sexuality, and through adoption of risky behaviours that are often used as a coping strategy.</p> <p>The new service will be accessible and attractive to all young people without any discrimination. The service will need to reflect the age, culture, gender, ethnicity, sexual orientation, religious beliefs and any form of disability of the target groups. Particular consideration will be given to the accessibility of services to young people, particularly opening times, location and age appropriate publicity.</p>		<p>LGBTQ young people also have specific health needs. Health services need to be able to provide relevant information and contact details of support organisations for young LGBT people, their families and friends. Health professionals need to possess the skills to enable them to facilitate disclosure by young LGBT people, and understand the importance of confidentiality for this group. Health services also need to offer provision that reflects some of the outcomes that are more prevalent within this cohort, such as suicide and self-harm.</p> <p>It will be expected of the new service to work to the standards set out above.</p>
<p>Marriage and civil partnerships</p>	<p>The new service will be accessible and attractive to all young people without any discrimination. The service will need to reflect the age, culture, gender, ethnicity, sexual orientation, religious beliefs and any form of disability of the target groups.</p>	<p>The marital status is not a criteria considered to access substance misuse services</p>	<p>The service will co-operate with the local authority in carrying out its responsibilities towards children and young people; in particular it will work in partnership with the local authority in carrying out its legal responsibilities and duties to children. The passing of the Children Act 2004 establishes a statutory duty on all services, both voluntary and statutory, to safeguard and promote children's wellbeing.</p>
<p>Children in Care / Care Leavers</p>		<p>Within Surrey, 4.4% of Looked After Children have a substance misuse problem (2012). Children in care and care</p>	<p>It is essential to ensure clear signposting to national and local resources working closely with social services and schools to raise awareness of services available and how to access substance misuse services if needed.</p>

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		leavers are more at risk of substance misuse than those who are not in care and are likely to be disproportionately affected by any changes in substance misuse services.	
Young Offenders		39% of Young People accessing substance misuse services in Surrey last year were referred by the Youth Justice. Youth offenders tend to be overrepresentative users of substance misuse services and are therefore likely to be disproportionately affected by changes.	As above

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7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	Non-discriminatory workplace	None	It is required of the new service to be compliant with the new Equality Act which came into force on 1 November 2010. The Equality Act brings together over 116 separate pieces of legislation into one single Act. Combined, they make up a new Act that will provide a legal framework to protect the rights of individuals and

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			advance equality of opportunity for all.
Disability	Non-discriminatory workplace	None	<p>It is required of the new service to be compliant with the new Equality Act which came into force on 1 November 2010.</p> <p>The Equality Act brings together over 116 separate pieces of legislation into one single Act. Combined, they make up a new Act that will provide a legal framework to protect the rights of individuals and advance equality of opportunity for all.</p>
Gender reassignment	Non-discriminatory workplace	None	<p>It is required of the new service to be compliant with the new Equality Act which came into force on 1 November 2010.</p> <p>The Equality Act brings together over 116 separate pieces of legislation into one single Act. Combined, they make up a new Act that will provide a legal framework to protect the rights of individuals and advance equality of opportunity for all.</p>
Pregnancy and maternity	Non-discriminatory workplace	None	<p>It is required of the new service to be compliant with the new Equality Act which came into force on 1 2010.</p> <p>The Equality Act brings together over 116 separate pieces of legislation into one single Act. Combined, they make up a new Act that will provide a legal framework to protect the rights of individuals and advance equality of opportunity for all.</p>

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			<p>It is required of the new service to be compliant with the new Equality Act which came into force on 1 November 2010.</p> <p>The Equality Act brings together over 116 separate pieces of legislation into one single Act. Combined, they make up a new Act that will provide a legal framework to protect the rights of individuals and advance equality of opportunity for all.</p>
<p>Page 208</p> <p>Religion and belief</p>	<p>Non-discriminatory workplace</p>	<p>None</p>	<p>It is required of the new service to be compliant with the new Equality Act which came into force on 1 November 2010.</p> <p>The Equality Act brings together over 116 separate pieces of legislation into one single Act. Combined, they make up a new Act that will provide a legal framework to protect the rights of individuals and advance equality of opportunity for all.</p>
<p>Sex</p>	<p>Non-discriminatory workplace</p>	<p>None</p>	<p>It is required of the new service to be compliant with the new Equality Act which came into force on 1 November 2010.</p> <p>The Equality Act brings together over 116 separate pieces of legislation into one single Act. Combined, they make up a new Act that will provide a legal framework to protect the rights of individuals and advance equality of opportunity for all.</p>
<p>Sexual orientation</p>	<p>Non-discriminatory workplace</p>	<p>None</p>	<p>It is required of the new service to be compliant with the new Equality Act which came into force on 1 November 2010.</p>

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			<p>The Equality Act brings together over 116 separate pieces of legislation into one single Act. Combined, they make up a new Act that will provide a legal framework to protect the rights of individuals and advance equality of opportunity for all.</p>
<p>Marriage and civil partnerships</p>	<p>Non-discriminatory workplace</p>	<p>None</p>	<p>It is required of the new service to be compliant with the new Equality Act which came into force on 1 November 2010.</p> <p>The Equality Act brings together over 116 separate pieces of legislation into one single Act. Combined, they make up a new Act that will provide a legal framework to protect the rights of individuals and advance equality of opportunity for all.</p>

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8. Amendments to the proposals

Change	Reason for change
N/A	N/A

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Change of service and provider for some people might be difficult for existing clients however it is expected that the staff will be TUPE over	Transition planning between new and existing providers has been built in to enable a smooth transfer of individuals	By the beginning of the contract : 1 st November 2013	New and existing providers to report to the commissioner
<p>The most vulnerable young people are appropriately signposted and have good access to substance misuse services.</p> <p>Improved levels of awareness of how and where to access substance misuse services</p>	<p>Ensure there is clear signposting to national and local services through partner agencies (Social Services; Schools; Police; Health; Non-maintained independent schools; etc)</p> <p>Clearly communicate changes to service to service users / families / communities / stakeholders</p> <p>Work with schools to ensure that preventative messages and signposting takes place, including in PSHE lessons.</p> <p>Ensure strong links to ensure a smooth transition between children and adult substance misuse services</p>	From beginning of new contract 1 st November 2013	Provider working with lead commissioner and commissioning stakeholders
Monitoring performance indicators to track effectiveness of early intervention and prevention in addressing substance misuse and effectiveness of remaining	Any negative impacts are identified and appropriate action taken to help address.	From beginning of new contract 1 st November 2013	Public Health Commissioner

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substance misuse service.			
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10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
Clients and TUPE staff may take time to adapt to new arrangements beyond the transitional period	ALL

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	<p>The service change has come about as a result of the following analysis :</p> <ul style="list-style-type: none"> - Quarterly performance review; - JSNA - Review of existing service user profile - best practice review / comparison with statistical neighbours - Service user feedback; - Work with colleagues within and outside the Public Health commissioning team.
Key impacts (positive and/or negative) on people with protected characteristics	<p>Positive impact for all categories with a particular emphasis on :</p> <ul style="list-style-type: none"> - Age - Disability; - LGBT; - Race. <p>Negative impacts will be minimal although for some clients they may need time to acclimatise to the new service.</p>
Changes you have made to the proposal as a result of the EIA	
Key mitigating actions planned to address any outstanding negative impacts	Transition planning between new and existing provider has been built in to enable people time to adapt to a new provider and arrangements if this is needed, to enable a smooth transfer of clients.
Potential negative impacts that cannot be mitigated	Clients and TUPE staff may take time to adapt to new arrangements beyond the transitional period

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