

## 1. Topic of assessment

<b>EIA title:</b>	<b>Surrey Young People’s Substance Misuse Treatment Service</b>
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<b>EIA author:</b>	<b>Heather Ryder – Senior Public Health Lead, Public Health</b>
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## 2. Approval

	<b>Name</b>	<b>Date approved</b>
<b>Approved by<sup>1</sup></b>	Ruth Hutchinson	27.11.18

## 3. Quality control

<b>Version number</b>	2	<b>EIA completed</b>	20.11.18
<b>Date saved</b>	20.11.18	<b>EIA published</b>	

<b>Version</b>	<b>EIA Completed</b>	<b>EIA Published</b>	<b>Key Changes</b>
1	13.06.13	04.07.13	First version of EIA completed. This version of the EIA covers the period from development of service specification and going out to tender in 2012/13
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4			
5			

## 4. EIA team

<b>Name</b>	<b>Job title (if applicable)</b>	<b>Organisation</b>	<b>Role</b>
Heather Ryder	Senior Public Health Lead	Surrey County Council	Project sponsor
Cyril Haessig	Public Health Lead	Surrey County Council	Author (2013)

<sup>1</sup> Refer to earlier guidance for details on getting approval for your EIA.

## 5. Explaining the matter being assessed

**What policy, function or service is being introduced or reviewed?**

This Equality Impact Assessment relates to the provision of a Young People's Substance Misuse Service in Surrey.

**What is the function of this EIA?**

Surrey County Council Public Health are commissioning a new Young People's Substance Misuse Service with the successful provider commencing in April 2019. The Young People's Substance Misuse Service is funded primarily by the public health grant, with an additional contribution from Children's Families and Learning (CFL). The tender for the new contract went live in August 2018. Tenders were returned in September 2018 and evaluated in October 2018. After Cabinet approval in December, mobilisation will begin from January 2019. The service will go live from April 2019. Following a competitive tender process, the incumbent provider will continue to deliver the service on award of the new contract.

**What period does this version of the EIA cover?**

This version of the EIA covers the period from Cabinet approval for the award of the contract to the mobilisation and start of the new contract in April 2019. Some details, for example location of staff, will only be known once the provider begins mobilisation. This EIA will also be updated during business as usual.

Impact of the proposals on staff with protected characteristics will be updated during mobilisation. As there will be no TUPE implications with the incumbent provider winning the new contract, there should be limited impact on staff.

**Why is a new service being commissioned?**

A new service is being commissioned because the existing Young People's Substance Misuse Service contract will expire on 31<sup>st</sup> March 2019. All possible extensions to the contract have already been implemented.

Recognising the challenging economic climate, savings across all commissioned services are sought through any potential efficiencies to secure better value services. Within the procurement process (a competitive tender) we are seeking to increase the capacity of the service whilst remaining static within the current budget.

The new contract will be for a period of 3 years (with an option of extending the contract for a further 3 years).

**Why do we need a Young People's Substance Misuse Service in Surrey?**

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 within Surrey's five year

Substance Misuse Strategy (2015)<sup>2</sup> which compliments the national drug strategies of 2010<sup>3</sup> and 2017<sup>4</sup>. This can be supported by focusing on three strands; prevention and early identification, building recovery and safer and supportive communities. Public Health’s commissioning of substance misuse services is also based on NICE / PHE approved processes to deliver:

- **Population wide and targeted prevention**, including action on local drug markets, campaigns, building community resilience, prevention programmes targeted at vulnerable young people
- **Harm reduction** including needle exchange, overdose prevention, vaccination, screening and testing for blood borne viruses
- **Specialist treatment services** including care planned treatment that meets best practice guidance, is accessible and focused on achieving behaviour change, community and residential rehabilitation for those that need it, prescribed medications
- **Support for sustained recovery** including referral to education, employment and training opportunities, support in finding and sustaining appropriate housing and the delivery of mutual aid support groups.

The role of specialist substance misuse services is to support young people to address their alcohol and drug use, to reduce the harm it causes them and prevent it from becoming a greater problem as they get older. Services should operate as part of a wider network of universal and targeted prevention services, which aim to support young people with a range of issues and help them to build their resilience such as developing their life skills and their ability to make better choices and deal with difficulties.<sup>5</sup>

Substance misuse in young people rarely occurs in isolation and is often symptomatic of wider problems. The majority of young people presenting to specialist substance misuse services have other problems or vulnerabilities related to their substance use (such as having mental health problems, being ‘looked after’ or not being in education, employment or training<sup>6</sup>) or wider factors that can impact on their substance use (such as offending, self-harming, experiencing sexual exploitation or domestic abuse). Of the 17 vulnerability data categories collected via the National Drug Treatment Monitoring System (Public Health England’s substance misuse data source) - which include being a looked after child, child in need, affected by domestic abuse, sexual abuse, NEET - 80% of young people nationally who entered treatment in 2016-17 disclosed 2 or more vulnerabilities<sup>7</sup>. Therefore, specialist services need to work effectively with a range of other agencies to ensure that all the needs of a young person are met.

<sup>2</sup> Surrey Substance Misuse Strategy 2015 <https://www.healthysurrey.org.uk/your-health/substance-misuse/surrey-substance-misuse-strategy>

<sup>3</sup> Drug Strategy 2010, Home Office <https://www.gov.uk/government/publications/drug-strategy-2010>

<sup>4</sup> Drug Strategy 2017, Home Office <https://www.gov.uk/government/publications/drug-strategy-2017>

<sup>5</sup> <https://www.gov.uk/government/publications/specialist-substance-misuse-services-for-young-people>

<sup>6</sup> <https://www.ndtms.net/Publications/downloads/Young%20People/young-people-statistics-from-the-national-drug-treatment-monitoring-system-2016-17.pdf>

<sup>7</sup> <https://www.ndtms.net/Publications/downloads/Young%20People/young-people-statistics-from-the-national-drug-treatment-monitoring-system-2016-17.pdf>

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	<p>Recognising the correlation between substance misuse and adverse childhood experiences (ACE), the potential for increasing substance misuse prevalence as based on referral profiles to the Surrey MASH are significant. Surrey's Early Help Needs Assessment (2017)<sup>8</sup> identifies parental substance misuse as well as young people's substance misuse as an area of need, prioritising support for families affected by domestic abuse and poor mental health (child and or adult).</p>
<p><b>What proposals are you assessing?</b></p>	<p>This EIA is assessing the introduction of a new contract for the provision of the Young People's Substance Misuse Service in Surrey. There will be limited changes to the contract currently being delivered.</p> <p>The contract provider will deliver an evidence based young people's substance misuse service that meets national guidance. It will be responsive to the needs of key priority groups that have been identified in the Surrey Substance Misuse Strategy and steered by national guidance as being particularly at risk of substance misuse and associated risky behaviours.</p> <p>Surrey's Young People's Substance Misuse Service will continue to target priority vulnerable groups including:</p> <ul style="list-style-type: none"> <li>• young people at risk of / involved in crime and anti-social behaviour</li> <li>• children in need or children in care and care leavers</li> <li>• unaccompanied asylum seekers</li> <li>• young people at risk of exclusion or excluded or not in education, employment or training (NEET)</li> <li>• young people at risk of sexual exploitation</li> <li>• young people with mental health issues</li> </ul> <p><b>What are the key differences from the current commissioned service?</b></p> <p>The retendered service will continue to deliver universal prevention and education objectives as well as psychosocial and pharmacological interventions for children and young people. The key outcomes remain:</p> <ul style="list-style-type: none"> <li>• Prevent problematic substance misuse</li> <li>• Reduce drug and alcohol related crime</li> <li>• Enable and support the long-term recovery, rehabilitation and social reintegration of people in Surrey affected by substance misuse.</li> </ul> <p>The parents / carers of young people with substance misuse problems will continue to be offered advice and support. Service users will continue to access the service via a range of referral routes including CFL, primary care, education and self-referrals.</p>

<sup>8</sup> <https://www.surreyi.gov.uk/dataset/surrey-early-help-needs-assessment-11-december-2017-final>

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	<p>The service will focus on strengthening links with key stakeholders to increase access to the substance misuse services available, specifically to groups of children and young people who are most vulnerable.</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 provider. As part of this we will be engaging with service users to understand their experience of substance misuse services which will inform ongoing commissioning.</p>
<p><b>Who is affected by the proposals outlined above?</b></p>	<p>The Young People’s Substance Misuse Service will remain an open access service for young people living in Surrey. However, the age range will increase from being up to the age of 21 to being up to the age of 25 for young people from the priority vulnerable groups listed, depending on their level of need:</p> <ul style="list-style-type: none"> <li>• young people at risk of / involved in crime and anti-social behaviour</li> <li>• children in need or children in care and care leavers</li> <li>• unaccompanied asylum seekers</li> <li>• young people at risk of exclusion or excluded or not in education, employment or training (NEET)</li> <li>• young people at risk of sexual exploitation</li> <li>• young people with mental health issues</li> </ul> <p>Within 2017/18, 232 young people under the age of 18 received structured treatment (<b>a 12% increase on the previous year</b>); in addition, 94 young people aged between 18-21 received treatment as part of the transitional arrangements within the contract. These young people were assessed as being more appropriate for a young people’s service than being transferred into adult treatment, due to their particular vulnerabilities.</p>

## 6. Sources of information

### Engagement carried out

The updated service specification has been informed by the following processes:

- quarterly performance reviews undertaken by Public Health with the current provider
- engagement with service users
- engagement with a wider cohort of young people through CFL's Rights and Participation Team
- responses from the Health Related Behaviour Questionnaire undertaken by Public Health and CFL across secondary schools in Surrey
- JSNA and PHE commissioning toolkit 2018/19
- engagement with potential bidding organisations
- colleagues within the commissioning team from Public Health and CFL
- Surrey Substance Misuse Partnership

### Data used

The following data was used:

- Contract performance management framework
- Service user feedback
- PHE's Diagnostic Outcomes Monitoring Executive Summary reports (DOMES)
- PHE's service activity reports
- PHE's commissioning toolkit (JSNA support pack for commissioners)
- Surrey JSNA

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

Protected characteristic <sup>9</sup>	Potential positive impacts	Potential negative impacts	Evidence
<b>All protected characteristics</b>	See below for more detail on specific characteristics.	As the Young People's Substance Misuse Service will now be open access for young people up to the age of 25, there will be no negative impact on service users.	
<b>Age</b>	<p>The new service will work with young people up to the age of 25 (increasing from the current provision of 21). This increase 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 25 years before transitioning to adult services.</p> <p>Young people and their needs differ from adults:</p> <ul style="list-style-type: none"> <li>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.</li> </ul>	None	<p>'The aim of specialist substance misuse interventions is to stop young people's drug and alcohol use from escalating, to reduce harm to themselves or others and to prevent them becoming drug or alcohol-dependent adults. Specialist substance misuse interventions should be delivered according to a young person's age, their levels of vulnerability and the severity of their substance misuse problem, and should help young people become drug and alcohol-free.' (Drug Strategy 2017).</p> <p>Age appropriate services – Teenagers The World Health Organisation 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.<sup>10</sup></p>

<sup>9</sup> More information on the definitions of these groups can be found [here](#).

<sup>10</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216350/dh\\_127632.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216350/dh_127632.pdf)

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	<ul style="list-style-type: none"> <li>The majority of young people accessing specialist drug and alcohol interventions have problems with alcohol (31%) and cannabis (91%), requiring psychosocial, harm reduction and family interventions, rather than treatment for addiction, which most adults but only a small minority of young people require;</li> <li>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.</li> </ul> <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</p>		<p>Local authority commissioned drug and alcohol services need to be sensitive to both the needs of young men and women. This means being confidential, in 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.<sup>11</sup></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"> <li>PH4: Interventions to reduce substance misuse among vulnerable young people</li> <li>PH3: Prevention of sexually transmitted infections and under 18 conceptions</li> <li>PH20: Social and emotional wellbeing in secondary education</li> <li>PH64: Drug misuse prevention; targeted interventions</li> <li>PH28: Looked after Children and young people</li> </ul> <p>Royal College of Psychiatrists (2012) Practice standards for young people with substance misuse problems, Centre for quality improvement</p> <p>Department of Health (2011) Quality criteria for young people friendly health service</p> <p>HM Government (2018) Working Together to Safeguard Children</p> <p>HM Government (2017) The Children and Social Work Act</p>
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<sup>11</sup> <https://www.gov.uk/government/publications/independent-experts-set-out-recommendations-to-improve-children-and-young-people-s-health-results>

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	<p>staff to identify the following as a part of service delivery:</p> <ul style="list-style-type: none"> <li>• differences in legal competence</li> <li>• age appropriateness</li> <li>• parental responsibility</li> <li>• confidentiality</li> <li>• “risk” and “significant harm”</li> <li>• family engagement and building resilience</li> </ul>		
<p><b>Disability</b></p>	<p>Accessible Information Standard: From 1st August 2016 onwards, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard.</p> <p>The Standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read and understand and with support so they can communicate effectively with health and social care services.</p> <p>Substance misuse interventions will be available in a range of different methods. Telephone and online/skype support will be available if service users who</p>	<p>None</p>	<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>Information on disability is currently collected by the provider. The new service will continue to capture and report this information, helping the commissioners to monitor use of the service by people with disability.</p>

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	<p>may prefer not to attend in person. 1-1 and group sessions will be located across the county in a variety of different venues that will meet accessibility standards. These venues are generally chosen by the service user.</p>		
<p><b>Gender reassignment</b></p>	<p>The Young People’s Substance Misuse Service will be open access for the whole population. Service provision does not vary by gender.</p> <p>Substance misuse interventions will be available in a range of different methods. Telephone and online/skype support will be available if service users who may prefer not to attend in person. 1-1 and group sessions will be located across the county in a variety of different venues that will meet accessibility standards. These venues are generally chosen by the service user.</p>	<p>None</p>	<p>No data is available on substance misuse prevalence for young people who have undergone gender reassignment.</p> <p>The new service will ensure that service users are provided with options on how they self-identify their gender, including if their gender is the same as the sex assigned at birth and options to ‘prefer not to say’, helping the commissioners to monitor use of the service.</p>
<p><b>Pregnancy and maternity</b></p>	<p>The Young People’s Substance Misuse Service will be open access for the whole population. Service provision does not vary in relation to pregnancy,</p>	<p>None</p>	<p>The impact of substance misuse during pregnancy on maternal and foetal health is significant in terms of morbidity, mortality and healthcare costs. During routine initial assessments, the service provider will establish if a service user is pregnant; the current provider has not</p>

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	<p>although a pregnant service user will be prioritised.</p> <p>The service will continue to 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>Substance misuse interventions will be available in a range of different methods. Telephone and online/skype support will be available if service users who may prefer not to attend in person. 1-1 and group sessions will be located across the county in a variety of different venues that will meet accessibility standards. These venues are generally chosen by the service user.</p>		<p>identified any cases of pregnant service users within 2017/18.</p> <p><i>National Institute of Clinical Excellence (NICE)</i>  <i>(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)</i></p> <ul style="list-style-type: none"> <li>• H4: Interventions to reduce substance misuse among vulnerable young people</li> <li>• PH3: Prevention of sexually transmitted infections and under 18 conceptions</li> <li>• PH20: Social and emotional wellbeing in secondary education</li> <li>• PH64: Drug misuse prevention; targeted interventions</li> <li>• PH28: Looked after Children and young people</li> </ul> <p>Royal College of Psychiatrists (2012) Practice standards for young people with substance misuse problems, Centre for quality improvement</p> <p>Department of Health (2011) Quality criteria for young people friendly health service</p> <p>HM Government (2018) Working Together to Safeguard Children</p> <p>HM Government (2017) The Children and Social</p>
<p><b>Race</b></p>	<p>The service will continue to be accessible and attractive to all young people without any</p>	<p>None</p>	<p>The service will continue to be expected to deliver interventions in a way which improve the engagement and</p>

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	<p>discrimination. The service will 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> <p>Substance misuse interventions will be available in a range of different methods. Telephone and online/skype support will be available if service users who may prefer not to attend in person. 1-1 and group sessions will be located across the county in a variety of different venues that will meet accessibility standards. These venues are generally chosen by the service user.</p>		<p>retention in treatment of clients from an ethnic background. 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><b>Religion and belief</b></p>	<p>The service will continue to be accessible and attractive to all young people without any discrimination. The service will reflect the age, culture, gender, ethnicity, sexual orientation,</p>	<p>None</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</p>

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	<p>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>Substance misuse interventions will be available in a range of different methods. Telephone and online/skype support will be available if service users who may prefer not to attend in person. 1-1 and group sessions will be located across the county in a variety of different venues that will meet accessibility standards. These venues are generally chosen by the service user.</p>		<p>and statutory, to safeguard and promote children's wellbeing.</p>
<p><b>Sex</b></p>	<p>Service provision does not vary by sex or gender and will be open access to all young people under the age of 25.</p> <p>The 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</p>	<p>None</p>	<p>During 2017/18, 63.7% of young people in treatment were male and 36.3% were female.</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>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> <p>Substance misuse interventions will be available in a range of different methods. Telephone and online/skype support will be available if service users who may prefer not to attend in person. 1-1 and group sessions will be located across the county in a variety of different venues that will meet accessibility standards. These venues are generally chosen by the service user who can also specify a preference for a male or female worker.</p>		
<p><b>Sexual orientation</b></p>	<p>The 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>None</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>Particular consideration will be given to the accessibility of services to young people, particularly opening times, location and age appropriate publicity.</p> <p>Substance misuse interventions will be available in a range of different methods. Telephone and online/skype support will be available if service users who may prefer not to attend in person. 1-1 and group sessions will be located across the county in a variety of different venues that will meet accessibility standards. These venues are generally chosen by the service user who can also specify a preference for a male or female worker.</p>		<p>The service will work alongside schools, youth services and other relevant organisations which have the greatest potential to impact on 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><b>Marriage and civil partnerships</b></p>	<p>Service provision does not vary by marital status and will be open access to all young people under the age of 25.</p> <p>Substance misuse interventions will be available in a range of different methods. Telephone and online/skype support will be available if service users who may prefer not to attend in person. 1-1 and group sessions will be located across the county in a variety of different venues that will meet accessibility standards. These venues are generally chosen by the service user who can also specify a preference for a male or female worker.</p>	<p>None</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>No data is available on smoking prevalence by marital status.</p>
<p><b>Children in Care / Care Leavers</b></p>	<p>Service provision does not vary by children in care / care leaver status and will be open access to all young people under the age of 25. However, children in care/care leavers are identified as a priority group and the service provider will endeavour to ensure that engagement with this cohort is prioritised.</p> <p>Substance misuse interventions will be available in a range of different methods. Telephone and online/skype support will be</p>	<p>None</p>	<p>During 2018/19, 7% of young people accessing treatment services identified themselves as being a Looked After Child (LAC). Children in care and care leavers are often 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.</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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	<p>available if service users who may prefer not to attend in person. 1-1 and group sessions will be located across the county in a variety of different venues that will meet accessibility standards. These venues are generally chosen by the service user who can also specify a preference for a male or female worker.</p>		
<p><b>Young Offenders</b></p>	<p>Service provision does not vary by young offender status and will be open access to all young people under the age of 25. However, children in care/care leavers are identified as a priority group and the service provider will endeavour to ensure that engagement with this cohort is prioritised.</p> <p>Substance misuse interventions will be available in a range of different methods. Telephone and online/skype support will be available if service users who may prefer not to attend in person. 1-1 and group sessions will be located across the county in a variety of different venues that will meet accessibility standards. These venues are generally chosen by the service</p>	<p>None</p>	<p>During 2018/19, 6% of young people accessing substance misuse services in Surrey were referred by the Youth Justice; 21% reported having engaged in anti-social behaviour and/or criminal activity.</p> <p>Youth offenders tend to be over-represented within substance misuse services and are therefore likely to be disproportionately affected by any changes to service delivery. However, a current pilot for the service to work in close partnership with Surrey Police and CFL in screening all young people receiving a Youth Restorative Intervention for possession of drugs (usually cannabis) will engage directly with the Young People’s Substance Misuse Service through group work sessions and ongoing 1-1 work where required.</p>

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	user who can also specify a preference for a male or female worker.		
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## 7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age			
Disability			
Gender reassignment			
Pregnancy and maternity			
Race			
Religion and belief			
Sex			

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<b>Sexual orientation</b>			
<b>Marriage and civil partnerships</b>			

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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
As the Young People’s Substance Misuse Service will remain open access for young people up to the age of 25 years and resident in Surrey, there will be no negative impact on service users with protected characteristics.	Transition planning between young people’s and adult service providers has been built in to enable a smooth transfer of individuals	Ongoing	Commissioner and service provider
Monitoring performance indicators to track effectiveness of engaging with a wider cohort of young adults in addressing their substance misuse.	Any negative impacts are identified and appropriate action taken to help address issue.	Ongoing	Commissioner and service provider

## 10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
There are no potential negative impacts that cannot be mitigated	

## 11. Summary of key impacts and actions

<b>Information and engagement underpinning equalities analysis</b>	<ul style="list-style-type: none"> <li>• Quarterly performance reviews undertaken by Public Health with the current provider</li> <li>• Engagement with service users</li> <li>• Engagement with a wider cohort of young people through CFL’s Rights and Participation</li> </ul>
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# EQUALITY IMPACT ASSESSMENT TEMPLATE

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	<p>Team</p> <ul style="list-style-type: none"> <li>• Responses from the Health Related Behaviour Questionnaire undertaken by Public Health and CFL across secondary schools in Surrey</li> <li>• JSNA and PHE commissioning toolkit 2018/19</li> <li>• Engagement with potential bidding organisations</li> <li>• Colleagues within the commissioning team from Public Health and CFL</li> <li>• Surrey Substance Misuse Partnership</li> </ul>
<b>Key impacts (positive and/or negative) on people with protected characteristics</b>	<ul style="list-style-type: none"> <li>• Universal service available to all young people under the age of 25 years and resident in Surrey</li> <li>• Targeted support for in priority groups</li> <li>• Increase in service users accessing treatment for substance misuse.</li> </ul>
<b>Changes you have made to the proposal as a result of the EIA</b>	Continue to monitor and update EIA throughout mobilisation process
<b>Key mitigating actions planned to address any outstanding negative impacts</b>	<ul style="list-style-type: none"> <li>• Maintain oversight of the implementation of the service to ensure identified actions are carried out</li> <li>• Continue to monitor and update EIA throughout mobilisation process</li> </ul>
<b>Potential negative impacts that cannot be mitigated</b>	None