

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App. You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA. Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):	The Kent Drug and Alcohol Strategy 2023-2028
2. Directorate	Public Health. Adult Social Care and Health
3. Responsible Service/Division	Public Health

Accountability and Responsibility

4. Officer completing EQIA Note: This should be the name of the officer who will be submitting the EQIA onto the App.	Lin Guo
5. Head of Service Note: This should be the Head of Service who will be approving your submitted EQIA.	Jessica Mookherjee
6. Director of Service Note: This should be the name of your responsible director.	Anjan Ghosh

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Tick if Yes	Activity Type
	Service Change – operational changes in the way we deliver the service to people.
	Service Redesign – restructure, new operating model or changes to ways of working
	Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.
Yes	Commissioning/Procurement – means commissioning activity which requires commercial judgement.
Yes	Strategy /Policy – includes review, refresh or creating a new document
	Other – Please add details of any other activity type here.

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

The current [Kent Drug and Alcohol Strategy](#) runs from 2017 to 2022. It was a joint strategy with Kent Police. The new Strategy takes a whole system approach, improving the range of partners signed up to the Kent Alliance for Substance Misuse (including social care and safeguarding) and making better links to NHS. It is a partnership strategy which aligns visions and priorities across the Alliance.

The Alliance is now Chaired by the member for Public Health and Social Care, Clair Bell. The Alliance governance is dual to the: Kent and Medway Health and Wellbeing Board and the Kent Community Safety Partnership.

The task of the Substance Misuse Alliance is to oversee the new Strategy. The new Strategy has been informed by a council-to-council quality improvement peer review on the current Strategy and partnership. It has 12 key priorities and aims to prioritise the causes and the consequences of drug and alcohol harm. It will also seek to implement a range of harm reduction strategies and ensure there are quality services for the very high-risk families, vulnerable people and communities.

The draft Strategy has been endorsed by partners.

In parallel, colleagues are undertaking a recommissioning exercise for the Drug and Alcohol services. Rather than carryout separate consultation activities, we will combine the two. The consultation will include questions to support the engagement/consultation process for the recommissioning, in particular helping to reach a wider audience.

A public consultation will seek feedback on the new Strategy before it is finalised and adopted by KCC and the other Alliance organisations and will gather feedback to inform the re-commissioning of the service.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity? <i>Answer: Yes/No</i>	Yes
10. Is it possible to get the data in a timely and cost effective way? <i>Answer: Yes/No</i>	Yes
11. Is there national evidence/data that you can use? <i>Answer: Yes/No</i>	Yes
12. Have you consulted with Stakeholders? <i>Answer: Yes/No</i> <i>Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.</i>	Yes
13. Who have you involved, consulted and engaged with? <i>Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.</i>	

Pre-engagement for the Strategy

During the months April to October 2020, Kent undertook a peer-reviewed assessment where one local authority peer reviews another with help from Public Health England (PHE). They organised a series of online workshops and discussions which was attended from all aspects of the partnership in Kent & Medway system.

Ahead of public consultation we have engaged with:

- Joint Kent Chiefs
- VCS Board
- District Housing Groups
- Kent and Medway ICS Prevention Board

Engagement for the re-commissioning, includes:

- Working with Healthwatch to understand individuals experience during their treatment journey with a view to understand the challenges they may face over their journey so services can adapt to ensure the right support is being provided.
- Working to understand barriers to accessing services for underserved groups including homeless individuals, women and BAME individuals.
- Evaluation of new intervention funded via the 2022/23 OHID grant (Supplementary funding for substance Misuse Treatment and Recovery Grant), i.e. Online Day Programme, in partnership with KCC Evaluation Team and support from providers in order to ascertain if this improves accessibility and outcomes for service users when compared to the traditional delivery method.

Strategy consultation process:

The draft strategy will be published in the consultation platform [Let's talk Kent](#) (including the creation of an online version of the questionnaire). The consultation will run for eight weeks from 6 September to 31 October 2022. The following activities are being undertaken to help make the consultation accessible:

- Short plain English summary of the strategy
- Details of how people can request hard copies and alternative formats in the draft Strategy and on all consultation material.
- Word version of questionnaire for those who cannot take part online.
- Large Print version of draft Strategy and questionnaire.
- Commissioners to work with partners to ensure they are fully onboard with promoting the consultation to their clients and to support them, where required to participate.

14. Has there been a previous equality analysis (EQIA) in the last 3 years? Answer: Yes/No

Yes (via Drug and Alcohol Needs Assessments and via contract reviews)

15. Do you have evidence/data that can help you understand the potential impact of your activity? Answer: Yes/No

Yes

Uploading Evidence/Data/related information into the App <i>Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.</i>	Upload the needs assessments summaries
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Section C – Impact

16. Who may be impacted by the activity? *Select all that apply.*

Service users/clients <i>Answer: Yes/No</i>	Yes	Residents/Communities/Citizens <i>Answer: Yes/No</i>	Yes
Staff/Volunteers <i>Answer: Yes/No</i>	Yes		

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? <i>Answer: Yes/No</i>	Yes
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18. Please give details of Positive Impacts

- Better access to treatment and recovery services in women, BAME, disabilities
- Reduced premature mortality and drug deaths
- Better family systems that will protect young people from adverse childhood experiences
- Better access to care plans and access to recovery and signposting to aligned services, e.g. mental health
- Better prevention for rough sleeping and housing failures
- Better access to physical and social care
- Better inclusion of service users and carers

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for age? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>	No
b) Details of Negative Impacts for Age	
c) Mitigating Actions for age	
d) Responsible Officer for Mitigating Actions - Age	

20. Negative Impacts and Mitigating actions for Disability

a) Are there negative impacts for Disability? <i>Answer: Yes/No (If yes, please also</i>	No
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<i>complete sections b, c, and d).</i>	
b) Details of Negative Impacts for Disability	
c) Mitigating Actions for Disability	
d) Responsible Officer for Mitigating Actions - Disability	
21. Negative Impacts and Mitigating actions for Sex	
a) Are there negative impacts for Sex? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
b) Details of Negative Impacts for Sex	
c) Mitigating Actions for Sex	
d) Responsible Officer for Mitigating Actions - Sex	
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
a) Are there negative impacts for Gender identity/transgender? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
b) Details of Negative Impacts for Gender identity/transgender	
c) Mitigating actions for Gender identity/transgender	
d) Responsible Officer for Mitigating Actions - Gender identity/transgender	
23. Negative Impacts and Mitigating actions for Race	
a) Are there negative impacts for Race? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
b) Details of Negative Impacts for Race	
c) Mitigating Actions for Race	
d) Responsible Officer for Mitigating Actions - Race	
24. Negative Impacts and Mitigating actions for Religion and belief	
a) Are there negative impacts for Religion and Belief? <i>Answer: Yes/No (If yes, please</i>	No

<i>also complete sections b, c, and d).</i>	
b) Details of Negative Impacts for Religion and belief	
c) Mitigating Actions for Religion and belief	
d) Responsible Officer for Mitigating Actions - Religion and belief	
25. Negative Impacts and Mitigating actions for Sexual Orientation	
a) Are there negative impacts for sexual orientation. Answer: Yes/No (If yes, please also complete sections b, c, and d).	No
b) Details of Negative Impacts for Sexual Orientation	
c) Mitigating Actions for Sexual Orientation	
d) Responsible Officer for Mitigating Actions - Sexual Orientation	
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
a) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No (If yes, please also complete sections b, c, and d).	No
b) Details of Negative Impacts for Pregnancy and Maternity	
c) Mitigating Actions for Pregnancy and Maternity	
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity	
27. Negative Impacts and Mitigating actions for marriage and civil partnerships	
a) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No (If yes, please also complete sections b, c, and d).	No
b) Details of Negative Impacts for Marriage and Civil Partnerships	
c) Mitigating Actions for Marriage and Civil Partnerships	
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships	
28. Negative Impacts and Mitigating actions for Carer's responsibilities	
a) Are there negative impacts for Carer's responsibilities? Answer: Yes/No (If yes, please also complete sections b, c, and d).	No
b) Details of Negative Impacts for Carer's	

Responsibilities	
c) Mitigating Actions for Carer's responsibilities	
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities	