

Name of the activities being assessed	Changes to the following services as a result of the budget efficiencies			
	<ol style="list-style-type: none"> 1. Fast4wd – Substance Misuse 2. Engaging Vulnerable Young People 3. Making Every Adult Matter (MEAM) 			
Directorate / Department	Public Health	Service		Assessment lead Karen Cassidy
Is this a new or existing activity?	<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Existing	Responsible manager/director for the assessment	Steve Tingle/Dominic Harrison	
Date EIA started	06/02/2016	Implementation date of the activity	01/07/2016	

SECTION 1 - ABOUT YOUR ACTIVITY

How was the need for these activities identified?	<p>In Blackburn with Darwen (BwD) we have focused on early intervention and prevention in line with the direction provided nationally through the Care Act (2014). BwD Borough Council and Clinical Commissioning Group (CCG) Joint Commissioning and Recommendations Group (JCRG) agreed in December 2014 to move towards a consortia approach to commissioning the voluntary, community and faith sector. Phase one of the collaborative approach was successfully commissioned from 1st April 2015, and focused on the coordination of information, advice and signposting for adults and older people. A phased, themed approach was employed to bring about the transformation gradually, to reduce the impact on the sector and minimise contractual complications.</p> <p>A full EIA has been undertaken and actions identified in respect of the implementation of the model. See attached. However, a number of services due to be commissioned under Phase 2 have been identified for efficiencies and as a result we are now re-assessing the impact the financial reduction may have on the Substance Misuse service and manage any risks associated with the reduction if applicable.</p> <div style="text-align: center;">  Overarching EIA Phase 2.pdf </div> <p>The following three services covered by this EIA are required to make efficiencies.</p> <ol style="list-style-type: none"> 1. Fast4wd – Substance Misuse 2. Engaging Vulnerable Young People 3. Making Every Adult Matter (MEAM)
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These services have in common the key principles of; promoting and enabling prevention, volunteering and Asset Based Community Development. In the last decade, volunteering has increasingly been seen as an important act of citizenship and a central pillar of strategies related to civic renewal. This development reflects an acknowledgement of the perceived benefits for volunteers and society more generally of engaging in pro-social activities. The current Government is supporting active citizenship by encouraging volunteering for all age groups, including young people to build social capital and add social value.

Local and National Drug and Alcohol Strategies have acknowledged for some time now that both treatment interventions and mutual aid programmes are most effective when combined with additional support from peers who have completed their own journey of recovery and training as a volunteer. The 2010 drug strategy 'Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life' considers ABCD and promotes a co-production model to utilise ex-service users as peers, community volunteers and recovery champions.

We know from the Integrated Substance Misuse Needs Assessment that the health and well-being of children and young people in Blackburn with Darwen is generally worse than the England average. Vulnerable groups who have been identified in the Borough as misusing substances, have chaotic lifestyles including problems with housing or social relationships, may be putting themselves at risk of poor sexual health or unplanned pregnancy and have generally not been, either currently or previously, engaging with services. These individuals may not see these issues as their primary problem and it may not be their goal to resolve these issues immediately.

The National Drug Strategy recognises the key role of prevention and lists in the Third Annual review (February 2015) a number of initiatives that support the rational and aims of services such as those described in this document.

The Government's strategy for Public Health in England, for Starting [and Developing] well, through early intervention and prevention, has as a key priority; the development of strong universal public health and early education with an increased focus on disadvantaged families. This approach was in turn advocated in the Marmot Review into health inequalities.

MEAM delivery in Blackburn with Darwen has been operational since late June 2014 and there is a growing body of evidence that suggests the MEAM approach in Blackburn with Darwen has been effective in improving outcomes for the target group and reducing public sector costs. The collective operational experience so far has shown that the effective engagement of vulnerable adults experiencing multiple needs and exclusions is complex. Much of the 'need' stems from difficult life transitions which often translate in later life as deep rooted causal factors that hinder social functioning.

International evidence also suggests that childhood trauma or ACE (Adverse Childhood Experience) often contributes to homelessness, offending behaviour, poor mental health and addiction. Which, in turn, impact on the intergenerational transmission of chaotic lifestyles therefore hindering the development of social capital.

These services have been aligned together to focus upon a vulnerable cohort with independencies across organisations within the lots. As a result a robust approach will result in a more agile and lean service delivery.

An engagement session was held in November 2015 with a broad range of stakeholders including statutory and voluntary sector partners, as well as service users, to review the future offer, recognising the financial climate and potential efficiencies. Recommendations from the event have informed the draft service specification and have been used to develop non-scoring

	clarification questions as part of the tender process.
<p>What are the activities looking to achieve?</p> <p>What are the aims and objectives?</p>	<p>The long-term vision is to ensure that communities are resilient and supported by an effective and sustainable voluntary, community and faith sector approach. The aim is to ensure that the investments made into community projects and voluntary sector services address residents' needs, reduce demand on public services ,provide value for money for the taxpayer and support working more effectively with the VCF sector to deliver the best value for money outcomes at a time of limited resources</p> <p>The overall objectives of the three services are:</p> <ul style="list-style-type: none"> • To strengthen communities and to increase the effectiveness and impact of the voluntary sector so that it can support communities to be more resilient • To improve local voluntary sector capacity to deliver quality local services that people need, and that new types of services, which best meet people's needs are developed with and by the sector (possibly through new models of delivery • To promote and enable asset based approaches to service redesign and community capacity building • To promote and enable integrated early help and prevention • To prevent an escalation of vulnerability and complexity among young people; preventing the most vulnerable young people of today from becoming the most vulnerable adult population of the future • To improve the quality of accommodation standards among the private landlord sector / HMO / hostel environment in Blackburn with Darwen thus contributing to the reduction of health and social inequalities <p>All three service areas within this EIA will contribute towards:</p> <ul style="list-style-type: none"> • Increasing the social capital and resilience of very vulnerable adults who have multiple complexities and identified needs • Preventing the escalation of risk taking behaviours that can result in hospital admissions, arrest or custodial sentences, loneliness and isolation, and severe impact on physical and mental health • Normalising and promoting the concept of improved health and wellbeing / the 5 ways to wellbeing • Increasing access to universal, targeted and specialist services as determined by the level of need • Increasing the individual's ability to make positive choices, social integration and improved overall outcomes and improved standards of accommodation <p>In delivering the service under the new contract, it is proposed that the successful provider will achieve a level of efficiencies in order to contribute to budget reductions across the local authority. It is intended that through providing these services as part of an integrated single point of contract approach, there is will be a stronger opportunity for collaboration and coordination of support to individuals and increased potential to bring external investment into the Borough.</p> <p>As part of the overarching model, draft specifications have been prepared following service user consultation, these will be</p>

developed further during the implementation phase, again utilising input from service users. A copy of the relevant draft specifications can be found embedded below.



Lot 2 Draft Meam Specification.docx



Lot 2 Draft Substance Misuse Sp



Lot 2 Draft Vulnerable Adults Spe

Services currently provided (if applicable)

These services are interdependent and are complimentary to others services contained with Phase 2.

Commissioner	Provider	Service Provided
BwD Public Health	Families Health and Wellbeing Consortium	Engaging Vulnerable Groups
BwD BC Public Health	CVS	Fast4wd – Substance Misuse
BwD BC Public Health	Families Health & Wellbeing Consortium	MEAM Pilot (Making Every Adult Matter)

Please outline recommendations that have been identified for implementation following a review of the activity.

These points are my collation of the generalised points made at the consultation event

The need for a more holistic integrated approach of services for this cohort, together with public sector partners has been agreed which will align with a new responsibilities of the Care Act 2014, whilst working to achieve efficiencies.

The single point of contract will aim to:-

- Enable a co-ordinated approach to early intervention and prevention;
- Improve access to support in peoples communities and localities
- Promote a collaborative approach to provision of information, advice and guidance
- Encourage a co-ordinated approach to developing provision to meet the requirements of those with more complex needs
- Maximise potential to bring inward investment into Blackburn with Darwen as a Borough
- Integrate a full specification to cover all ages; commissioned through a single point of contract approach within the voluntary, community and faith sector
- Achieve efficiencies against these services through economies of scale as part of the single point of contract approach and reduced duplication

Type of activity

- Budget changes
 Decommissioning
 New activity
 Change to existing activity
 Commissioning
 Other [please state here]

SECTION 2 - UNDERSTANDING YOUR CUSTOMER**Who else will be involved in undertaking the equality analysis and impact assessment?**

Please identify additional sources of information you have used to complete the EIA, e.g. reports; journals; legislation etc.

- Integrated Strategic Needs Assessments and Locality Profiles: <http://www.blackburn.gov.uk/Pages/Integrated-strategic-needs-assessment.aspx>
- Marmot, Professor Sir Michael, 2010, Fair Society, Healthy Lives; Strategic Review of Health Inequalities in England Post 2010
- Making Every Adult Matter reporting <http://meam.org.uk/> (available on request)
- Bellis, M. et al. (2013) *Adverse childhood Experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population*, Journal of Public Health.
- Blackburn with Darwen DAAT Needs Assessment briefings
- Blackburn with Darwen Health and Well Being Strategy:
<http://www.blackburn.gov.uk/New%20local%20plan%202/4.09%20BwD%20Health%20and%20Wellbeing%20Strategy%202012-2015.pdf>
- Blackburn with Darwen Council (2013) Strategy for Early Help in Blackburn with Darwen, September 2013 -September 2016
- Blackburn with Darwen (2014) Integrated Homelessness Strategy, 2014-19
- Honor, Stuart, Too Much Too Young: Report for BwD DAAT 2011
- Ayesha Hurst, Adam Marr and Jim McVeigh (2010), *Revisiting the AACCE profile in the North West of England Results from NDTMS in 2008/09*, Centre for Public Health, Liverpool JMU
- New Economics Foundation. 2010. Five Ways to Health and Wellbeing
- Better Care Fund Plan (available on request)
- Transforming Lives reporting (available on request)
- Census 2011 profile: <http://www.blackburn.gov.uk/Pages/Census.aspx>
- Adults corporate plan <https://www.blackburn.gov.uk/Lists/DownloadableDocuments/corporate-plan.pdf>
- The Munro Review of Child Protection: Final Report – A child-centred system May 2011
- Routine Enquiry into Adversity in Childhood (REACH)



REACH General
Information.docx

Who are you consulting with? How are you consulting with them?(Please insert any information around surveys and consultations undertaken)

On 16th November 2015, an engagement session was held at Blackburn Boulevard Centre and was attended by a range of stakeholders and service users. Participants identified the following desirable actions/ways forward:

- Develop greater awareness of the overlap between service areas and seek every opportunity to work together, making best use of one another's strengths.
- Develop and strengthen working links with the Transforming Lives Panel.
- Utilise volunteers with greater effect, investing in them to help them to grow by provide more frequent training.
- Promote awareness of different ways of working with volunteers.

- Be less risk averse with volunteers.
- Change the way we engage with service users, get them involved and informalise consultations
- Consider the flexibility and dispersal of volunteers across the Borough and across different experiences with other services. Benefits can be demonstrated in terms of volunteers having a range of experiences

An ongoing approach is being taken and service user engagement will be undertaken as part of the finalisation of the service model specification which will be signed off on award (co-ordination).

Who does the activity impact upon?	Service users	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indirectly			
	Members of staff	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indirectly			
	General public	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Indirectly			
	Carers or families	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Indirectly			
	Partner organisations	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indirectly			
Does the activity impact positively or negatively on any of the protected characteristics as stated within the Equality Act (2010)?	Positive impact	<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Disability	<input type="checkbox"/> Gender reassignment	<input type="checkbox"/> Marriage & Civil Partnership	<input type="checkbox"/> Pregnancy & maternity	<input checked="" type="checkbox"/> Vulnerable groups
		<input checked="" type="checkbox"/> Race	<input checked="" type="checkbox"/> Religion or belief	<input checked="" type="checkbox"/> Sex	<input type="checkbox"/> Sexual orientation	<input checked="" type="checkbox"/> Deprived communities	<input type="checkbox"/> Carers
	Negative impact	<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Gender reassignment	<input type="checkbox"/> Marriage & Civil Partnership	<input type="checkbox"/> Pregnancy & maternity	<input type="checkbox"/> Vulnerable groups
		<input type="checkbox"/> Race	<input type="checkbox"/> Religion or belief	<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Deprived communities	<input type="checkbox"/> Carers
	Don't know	<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Gender reassignment	<input type="checkbox"/> Marriage & Civil Partnership	<input type="checkbox"/> Pregnancy & maternity	<input type="checkbox"/> Vulnerable groups
		<input type="checkbox"/> Race	<input type="checkbox"/> Religion or belief	<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Deprived communities	<input type="checkbox"/> Carers

Does the activity contribute towards meeting the Equality Act's general Public Sector Equality Duty?		Refer to p.2 of the guidance
DUTY	DOES IT CONTRIBUTE?	EXPLAIN HOW
Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act <i>(i.e. the activity removes or minimises disadvantages suffered by people due to their protected characteristic)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	The integrated service will improve access to support for vulnerable young people and adults. In particular, it will increase the offer of support to those who would ordinarily not be eligible for statutory services such as homeless people who are supported through the MEAM project. These services will also strengthen the pool of volunteers who may act as advocates and support people at the most vulnerable times in their lives.
Advance equality of opportunity between those who share a protected characteristic and those who do not <i>(i.e. the activity takes steps to meet the needs of people from protected groups where these are different from the needs of other people)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Building on the success of the expanding local <i>'Fast4wd Project'</i> this commission will continue to provide a strong recovery focussed asset based component aligned to the local Blackburn with Darwen Volunteer Strategy developments and standards outlined therein. This Project will also align itself with the overall aims and operational structure of <i>Transforming Lives</i> and the development of the wider substance misuse <i>prevention and recovery orientated integrated system</i>.</p> <p>The commission will enable an integrated working environment with partner organisations and volunteers from wider communities, supporting individuals who are on a journey of recovery from substance misuse and wider complexities to aid navigation of other services and support mechanisms e.g. housing, health, criminal justice, benefits or personal issues.</p> <p>This will have the added benefit of developing and empowering individuals who are on a journey of recovery from problematic substance misuse to becoming assets in their community, contributing to awareness raising, individual / community resilience and the growth of social capital.</p> <p>The Engaging Vulnerable Young People service will target interventions at young people in geographical areas where risk taking behaviour is known to occur (hot spots) including high levels of deprivation, working to address root cause of young people's issues. The service will deliver targeted outreach work around substance misuse and sexual health to complex and vulnerable groups who are not already engaging with services.</p>
Foster good relations between people who share a protected characteristic and those who do not <i>(i.e. the function encourages people from protected groups to participate in public life or in other activities where their participation is disproportionately low)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	The increased use of volunteers, especially those from the more vulnerable groups, across a wider range of topic areas will help to foster understanding and enable wider participation and strengthen community assets.

ASSESSMENT	Is a full EIA required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Please explain how you have reached your conclusion (*A lack of negative impacts must be justified with evidence and clear reasons, highlight how the activity negates or mitigates any possible negative impacts*)

The importance of these services for this vulnerable cohort being as accessible, open and safe as possible is paramount. In undertaking this EIA we will ensure that this is the case and will provide a model of delivery which is innovative and intended to be sustainable.

Access to services made possible by effective, coordinated services can better enable the more vulnerable people in our communities to become empowered to tackle their own problems, reach their full potential and contribute positively to their communities. The increased use of volunteers also aids the development of empowerment, promoting the voice of service users to support local provision.

Information and advice is fundamental to enabling people, carers and families to take control of, and make well informed choices about, their care and support and how they fund it. Information and advice helps to promote people's wellbeing by increasing their ability to exercise choice and control, it is also a vital component of preventing or delaying people's need for care and support.

The activities promote a coproduction model where volunteers and people with personal experience will work hard to shape and construct environments where people feel safe and where trusting relationships can flourish.

***If no impact is identified on any of the protected characteristics a full EIA may not be required. Please contact your departmental Corporate Equality & Diversity representative for further information.**

SECTION 3 – ANALYSIS OF IMPACT

Does the activity have the **potential** to:

- Have a **positive** impact (benefit) on any of the groups?
- Have a **negative** impact exclude/discriminate against any group?
- Have a **disproportionate** impact on any of the groups?

Explain how this was identified – through evidence/consultation.

Any negative impacts that are identified within the analysis need to be captured within the action plan in **Section 2**

N.B. Marriage & Civil Partnership is only a protected characteristic in terms of work-related activities and NOT service provision

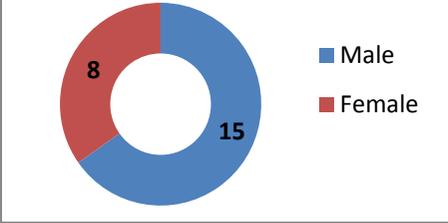
Characteristic	Positive	Negative	Don't know	Reasons for positive and/or negative impact Please include all the evidence you have considered as part of your analysis	Action No.
Age	☒	☐	☐	<p>We know from the Integrated Substance Misuse Needs Assessment that the health and well-being of children and young people in Blackburn with Darwen is generally worse than the England average. The rate of hospital admissions due to alcohol specific conditions among under 18 year olds is significantly higher than the national average, 71.1 per 100,000 compared to 42.7 and those due to substance misuse among 15-24 year olds is also significantly higher than the national average, 175.2 per 100,000 compared to 75.2.</p> <p>Trading Standards surveys tell us that there appears to have been an increase in both drinking at home and at friend's houses whilst parents are either out or at home.</p> <p>The Munro Review¹ acknowledged the growing body of evidence of the effectiveness of early intervention with children and families noting that preventative services can do more to reduce abuse and neglect than reactive services. Many services and professions help children and families so co-ordinating their work is important to reduce inefficiencies and omissions.</p> <p>As young people move through their teenage years and make the transition into adulthood it is important to strengthen their ability to take control of their lives, within clear boundaries, and help reduce their susceptibility to harmful influences, in areas such as sexual health, teenage pregnancy, drugs and alcohol. Young people should also have easy access to health services they trust, for example accredited 'You're Welcome' young-people-friendly services.</p> <p>In Blackburn with Darwen the overall aim is to develop a tailored approach that responds to the needs, age and vulnerability of the young person, and particularly targets at-risk groups.</p>	1 - 2

¹ The Munro Review of Child Protection: Final Report – A child-centred system May 2011

				<p>The Sexual Health ISNA reports that consultation work in Blackburn with Darwen in 2007 showed that many young people, particularly those from minority ethnic backgrounds, felt uncomfortable approaching traditional health service outlets to obtain supplies.</p> <p>The Engaging Vulnerable Young People contract engaged with 39 young people in quarter three during outreach work. A case study example explains how a young person was supported by the service for three months and with support from staff was able to re-engage with his mental health worker. Staff on the team referred the young male to a range of services.</p> <p>Data from the service shows that connection was made with a range of services to support young people accessing the services they require such as drug and alcohol support, mental health services, housing services, GP, training and employment support, leaving care support. Volunteers support service delivery in enabling young people to access appointments. The services described target the most chaotic and vulnerable young people, hopefully preventing them from becoming the MEAM cohort of future years.</p>	
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>There is a larger than average proportion of people in the borough with multiple conditions, (by age 70, 50% of the population have two or more co-morbidities) and the population experience some of the highest rates of unplanned admissions to hospital in the country. This approach promotes self-care and resilience by building and utilising community assets and the co-production of care.</p> <p>Data on the disability of service users is not currently collected however a new equality monitoring form (see appendix 1) will require completion as part of the delivery of the service in future.</p> <p>Integrated services will be provided compliantly, appropriately and at point of need. Individual cases will be supported on a needs basis with signposting to relevant services and links will be made to clinical support as part of a holistic approach. Harder to reach groups will be supported robustly via a number of elements within the expected service provision and a 'no gaps' approach is being taken. These services will be accessible to a wide range of people who have had difficulties accessing support to become well, including for example people with learning disabilities or difficulties, those living with a disability or mental health problems.</p>	1 - 2
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>As above, integrated services will be provided compliantly, appropriately and at point of need. Individual cases will be supported on a needs basis with signposting to relevant services and links will be made to clinical support as part of a holistic approach. Harder to reach groups will be supported robustly via a number of elements within the expected service provision and a 'no gaps' approach is being taken.</p> <p>Currently data is not collected on this characteristic, however going forward, this will be monitored to ensure services remain accessible to all.</p> <p>The new equalities monitoring form will be included within the specification for services under phase</p>	

				2. The monitoring form will also be shared with the phase 1 providers to ensure consistent equalities monitoring information is available for all VCFS contracts under phase 1 and 2.					
Marriage & Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable					
Pregnancy & Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Information and advice is fundamental to enabling people, carers and families to take control of, and make well informed choices about, their care and support and how they fund it. Relevant GP and maternity services will identify vulnerable people and signpost to appropriate services.</p> <p>A holistic approach to services linked to the integrated locality teams will ensure that both health and social care needs are supported in an integrated way, in the local community for ease of access. It is expected that this will be a smaller element of service delivery and will be approached on an individual basis.</p>					
Race	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The Borough's population is diverse, with the proportion of non-white residents, predominately from Indian and Pakistani backgrounds, amongst the highest in the country. The 2011 census tells us that white residents make up 69.2% of the borough's population and the Indian population has risen to 19,791 (or 13.4%), which is the 11th highest proportion of any local authority in England. The Pakistani population is at 17,801 (12.1%), which is 6th highest.</p> <p>Local services will be designed to meet the needs of the local population, to ensure a service for all irrespective of race. We know that ethnic origin can have an impact on the prevalence of certain health conditions.</p> <p>Data from quarter 3 2015/16 of the MEAM project shows the ethnic make-up of individuals supported by the service.</p> <div data-bbox="725 979 1184 1275" data-label="Figure"> <table border="1"> <caption>Ethnicity Data</caption> <thead> <tr> <th>Ethnicity</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>White British</td> <td>23</td> </tr> </tbody> </table> </div> <p>Of the volunteers involved in the Fastfwd project in 2014/15, demographic information shows that 67 were of White British Ethnicity and 25 were from BME groups.</p> <p>Linked with Integrated Locality Teams and the information, advice and guidance contract, services under phase 2 will be available in an accessible format for the diverse population, appropriate to the needs of the local communities.</p>	Ethnicity	Count	White British	23	1 - 2
Ethnicity	Count								
White British	23								

				<p>This knowledge will enable an integrated approach to target ethnic groups where service uptake is disproportionately low and will also increase awareness of any services available now that they will be working much more closely together.</p>	
Religion or Belief	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Services will benefit a wide range of voluntary and community sector groups within the borough, including those working with people of different religions and faiths. These services are designed to meet the needs of the local population, to ensure a service for all irrespective of religion or belief.</p> <p>Data from the census shows that the percentage of Blackburn with Darwen residents who identify themselves as Muslim has risen from 19.4% in 2001 to 27.0% in 2011. Meanwhile the percentage of Christians in Blackburn with Darwen has declined from 63.3% to 52.6%. There is similarity in the relationship between religion and ethnicity in Blackburn with Darwen. For instance, 91.5% of Indian and 95.2% of Pakistani residents gave their religion as Muslim, compared with only 0.5% of white residents (not visible). The vast majority of the Christian population (97.2%) is white, as are most of those with no religion (95.5%), whereas virtually all the Muslim population (98.8%) is non-white (Census 2011).</p> <p>The proposed service aims to work towards the breakdown of cultural barriers within these communities, working closely with the faith sector will support this.</p> <p>Currently data is not collected on this characteristic, however going forward, this will be monitored to ensure services remain accessible to all.</p> <p>The equalities monitoring form will be included within the specification for services under phase 2. The monitoring form will also be shared with the phase 1 providers to ensure consistent equalities monitoring information is available for all VCFS contracts under phase 1 and 2.</p>	1 - 2
Sex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The integrated services will be provided where, and when service users need them via community settings and through integrated locality teams. Local services will be designed to meet the needs of the local population, to ensure a service for all. Harder to reach groups will be supported robustly via a number of elements within the expected service provision and a 'no gaps' approach is being taken.</p> <p>All services unless addressing a specific need, are open to both males and females.</p> <p>Monitoring information from quarter 3 of the MEAM project shows that of the 23 individuals supported by the project, over half are male.</p>	1 - 2

				<p style="text-align: center;">Gender</p>  <p>The engaging vulnerable young people project engaged with 9 young people in quarter 3 2014/15, of which 3 were females and 6 were male.</p> <p>Data will be monitored to ensure services remain accessible to all.</p>	
<p>Sexual orientation</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Healthwatch Blackburn with Darwen report ‘Lesbian, Gay, Bisexual and Transgender people accessing Health and Social Care services’ estimates that there are an estimated population of 10,324 Lesbian Gay Bisexual and Transgender (LGBT) people in Blackburn with Darwen. The report identifies that LGB&T people experience barriers to accessing healthcare and these barriers are particularly acute for Black and Minority Ethnic (BME) LGBT people. They are less likely to be open about their sexual orientation or gender identity to service providers due to a lack of trust regarding confidentiality with health care professionals from their own religious or cultural community, as well as a perceived intolerance of being LGB or T</p> <p>http://www.healthwatchblackburnwithdarwen.co.uk/sites/default/files/lgbt_report.pdf</p> <p>Currently data is not collected on this characteristic, however going forward; this will be monitored using the equalities monitoring form in appendix 1, to ensure services remain accessible to all, and that the needs of specific groups are understood and met.</p>	<p>1 - 2</p>

<p>Vulnerable Groups</p>	<p><input checked="" type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>The Making Every Adult Matter programme takes a whole system approach to transform the quality of life of the most excluded adults in Blackburn with Darwen.</p> <p>The Phase 2 commission will ensure the continuation of the MEAM project, to improve the health and wellbeing outcomes for excluded adults who experience high numbers of avoidable hospital admissions, to enable them to meet their needs from existing universal services.</p> <p>The service will be accessible to a wide range of people who have had difficulties accessing support to become well, including for example: people with mental health problems, people from communities with protected characteristics, people with sensory impairments, people with learning disabilities or difficulties and people from the Gypsy / Romany / travelling communities</p> <p>The Fast4wd programme provides support to people in treatment/recovery from substance misuse problems through advice and information, from peer mentor volunteers who themselves are in stable recovery from substance misuse or who are now abstinent. The programme therefore provides volunteering opportunities for individuals to enhance employability. A total of 118 volunteers signed up to deliver the Fast4wd programme in 2014/15. Of these, 29 were receiving treatment themselves, 46 were in recovery, and 43 were from the community. There were a total of 198 applications to become a volunteer on the programme. Over the year 87 service users have been supported by volunteers to access volunteering themselves. There were 256 hours of one to one support sessions held during the year. The phase 2 approach will strengthen the Fast4wd offer.</p>	
<p>Deprived Communities</p>	<p><input checked="" type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>Blackburn with Darwen has some of the most deprived communities both in the North West and nationally. The Borough experiences high levels of material deprivation, being the 17th most deprived borough based on the 2010 Index of Multiple Deprivation, with eight small neighbourhoods amongst the most deprived 1% nationally. Some of our most deprived neighbourhoods appear to be becoming relatively more deprived through comparison between the 2007 and 2010 Indices of Multiple Deprivation. Marmot emphasises that long-term solutions will depend on tackling the underlying social determinants (the 'causes of the causes'), such as worklessness, low income and poor housing.</p> <p>There are increasing inequalities between socioeconomic groups, with areas of higher deprivation having a higher incidence of accidental injury (Local Government Improvement and Development, 2011). This social class gradient is greater in accidental injury than for any other cause of childhood death or long term disability (Marmot, 2010).</p> <p>The integrated services will be provided where, and when service users need them via community settings and through integrated locality teams. Local services will be designed to meet the needs of the local population, to ensure a service for all. Harder to reach groups will be supported robustly via a number of elements within the expected service provision and a 'no gaps' approach is being taken. By focussing these services within community settings, accessibility for those from deprived backgrounds will be significantly improved. For example those who struggle with transport due to a</p>	<p>1 - 2</p>

				lack of car ownership will find it much easier to take advantage of services.	
Carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Information and advice is fundamental to enabling people, carers and families to take control of, and make well informed choices about, their care and support and how they fund it. Information and advice helps to promote people's wellbeing by increasing their ability to exercise choice and control, it is also a vital component of preventing or delaying people's need for care and support. Integrated services will link directly with carers support services and ensure carers are offered services as appropriate.	1 - 2
Other [please state]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Does the activity raise any issues for community cohesion?	No issues raised however the activities will support and enhance community cohesion via opportunities such as volunteering; age-appropriate support and the integrated locality teams currently being piloted in the east.
Does the activity contribute positively towards community cohesion?	The activities contribute positively to communities, volunteers, children and young people, and their health and well-being, the new service specifications will ensure an integrated approach to asset based community development, making the best use of available resources.
Does the activity raise any issues in relation to human rights as set out in the Human Rights Act 1998?	None whatsoever, these activities will, in fact, support Human Rights
Does the activity support / aggravate existing departmental and/or corporate risk?	<p><i>Is the activity on the departmental risk register? If it is not, should it be?</i></p> <p>The activities supports all 7 corporate priorities and in particular:</p> <ul style="list-style-type: none"> • Safeguarding the vulnerable • Improved health and wellbeing • Making money go further <p>The activities will be appropriately and compliantly managed via joint commissioning arrangements with Blackburn with Darwen Clinical Commissioning Group</p>

Action following completion of the impact assessment

*It is important that the correct option is chosen depending on the findings of the analysis.
 The action plan must be completed as required.*

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> No major change in the activity | <input type="checkbox"/> Adjust activity | <input checked="" type="checkbox"/> Continue with activity | <input type="checkbox"/> Stop and reconsider activity |
|--|--|--|---|

Please explain how you have reached your conclusion

There has been considerable preparatory work undertaken by both the local authority and CCG and this has been under discussion and agreement for over two years. Significant consultation has taken place and the activity also supports Care Act and Better Care Fund activities which are fundamental to how the authority provides social care moving forward.

These services will work in partnership with a range of statutory, independent and third sector organisations. Services will be required to work closely with Blackburn with Darwen Borough Council, Lancashire Care Foundation Trust (Mental Health Services), Blackburn with Darwen Clinical Commissioning Group, GP practices across the borough, as well as relevant voluntary, community and faith sector organisation within and outside the borough. This list is not exhaustive. Services therefore need to maintain strong links across the whole health and social care economy, and wider universal services. There are no indications that the efficiencies agreed for these services in Phase 2 will impact upon the ability to comply with the outlined specification, this is namely due to enhanced networking and early intervention, signposting to partner organisations and ensure wider coverage.

Action No.	What is the negative/adverse impact identified?	Actions required to reduce/mitigate/eliminate the negative impact	Resources required	Responsible officer(s)	Target completion date
1	Disability, sexual orientation, gender re-assignment and vulnerable group data capture are not evident	Implement equalities monitoring form across the services.	Quarterly monitoring process in place	Anne Braidwood via Procurement Team	1 st July 2016
2	Compliance with the Equality Act 2010	The service provider(s) will be required to demonstrate compliance with the Act, which will include staff and volunteers being adequately trained in equality and diversity issues.	Report cards in place and monitored regularly	Contracts Officer, Procurement Team	Quarterly

MONITORING AND REVIEW

<p>The responsibility for establishing and maintaining the monitoring arrangements of the EIA action plan lies with the service completing the EIA. These arrangements should be built into the performance management framework.</p> <p>Monitoring arrangements for the completion of EIAs will be undertaken by the Corporate Equality & Diversity Group and the oversight of the action plans will be undertaken by the Management Accountability Framework.</p>	
If applicable, where will the EIA Action Plan be monitored?	<p><i>e.g. via Service Management Team; Service Leadership Team; Programme Area Meetings</i></p> <p>Service review meetings</p>
How often will the EIA Action Plan be reviewed?	<p><i>e.g. quarterly as part of the MAF process</i></p> <p>Annually</p>
When will the EIA be reviewed?	<p><i>It should be reviewed at least every 3 years to meet legislative requirements</i></p> <p>March 2017</p>
Who is responsible for carrying out this review?	Karen Cassidy

SIGNATURE OF EIA LEAD OFFICER	
DATE COMPLETED	09/03/2016

SIGNATURE OF DEPARTMENTAL E&D LEAD	
DATE SIGNED	09.03.16

This signature signifies the acceptance of the responsibility to publish the completed EIA as per the requirements of the Equality Act 2010

SIGNATURE OF HEAD OF SERVICE / DIRECTOR	
DATE SIGNED	09.03.16

This signature signifies the acceptance of the responsibility and ownership of the EIA and the associated Action Plan (if applicable)

Equality Monitoring Form

This information will help us monitor individuals accessing services from the nine protected characteristics protected under the Equality Act 2010.

We will be grateful if you could take a little time to complete this form. It is sensible to feel protective or cautious about disclosing any personal information, but feel assured that this information will be used for monitoring purposes only. More information regarding the Act and associated duties can be found here: <http://www.equalityhumanrights.com/legal-and-policy/legislation/equality-act-2010/what-equality-act>

This form is completely confidential and any monitoring data we hold will be stored away from any data that could identify you personally.

1. What is your ethnic group? (please tick one box which best describes your ethnic group or background)

White

- British
 Irish
 Gypsy or Irish Traveller
 Any other White background, please state: _____

Asian/Asian British

- Indian
 Pakistani
 Bangladeshi
 Chinese
 Any other Asian background, please state: _____

Other ethnic group

- Arab
 Any other ethnic group, please state: _____

Mixed / Multi ethnic groups

- White & Black Caribbean
 White & black African
 White & Asian
 Any other mixed / multi ethnic background, please state: _____

Black/Black British

- African
 Caribbean
 Any other Black/African/Caribbean background, please state: _____

2. What is your main language?

- English
 Other, please state (including British Sign Language): _____

3. What is your religion or belief?

- No religion or belief
 Islam
 Buddhism
 Hinduism
 Christianity
 Judaism
 Sikhism
 Any other religion, please state: _____

4. What is your relationship status?

- Single
 Divorced
 Separated
 Civil Partnership
 Married
 Living with partner
 Widowed
 Other: _____

5. Which of the following describes how you think of yourself?

- Male
 Female

6. Is your gender identity different to the one on your original birth certificate?

- Yes
 No

7. Which of the following best describes how you think of yourself?

- Heterosexual Lesbian
 Gay Bisexual

8. Pregnancy and Maternity (The Equality Act 2010 protects women who are pregnant or have given birth. Maternity refers to the period after birth and protection against maternity discrimination is for 26 weeks after giving birth)

- Are you pregnant?
 Have you recently given birth? (within the last 26 weeks)

9. Do you consider yourself to have a disability? (The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long term (12 month period or longer) or substantial adverse effects on their ability to carry out day to day activities).

Physical impairment,
 please state:

Sensory impairment,
 please
 state: _____

Long term illness,
 please state: _____

Mental health condition

Learning disability or difficulty

Other, please state: _____