EQUALITY ANALYSIS QUALITY ASSURANCE CHECKLIST

Name of 'proposal' and how has it been implemented (proposal can be a policy, service, function, strategy, project, procedure, restructure/savings proposal)	Extension of Substance Misuse Strategy 2012-15
Directorate / Service	CLC / DAAT
Lead Officer	Rachael Sadegh, DAAT Coordinator
Signed Off By (inc date)	Andy Bamber, Service Head, Safer Communities
Summary – to be completed at the end of completing	
the QA (using Appendix A) (Please provide a summary of the findings of the Quality Assurance checklist. What has happened as a result of	Proceed with implementation
the QA? For example, based on the QA a Full EA will be undertaken or, based on the QA a Full EA will not be undertaken as due regard to the nine protected groups is embedded in the proposal and the proposal has low relevance to equalities)	As a result of performing the QA checklist, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.

Stage	Checklist Area / Question	No/	Comment (If the answer is no/unsure, please ask the question to the SPP Service Manager or nominated equality lead to clarify)
1	Overview of Proposal		
а	Are the outcomes of the proposals clear?	Yes	Current strategy to be extended for 1 year to the end of March 2016, which will enable the service to reflect the

b	Is it clear who will be or is likely to be affected by what is being proposed (inc service users and staff)? Is there information about the equality profile of those affected?	Yes	results of the currently re-procured drug/alcohol treatment system and to incorporate findings from the Community Alcohol Partnership in a new substance misuse strategy. The service users and residents will continue having benefit from the services identified by the current strategy. A new substance misuse strategy will be developed in 2015-16. Impact assessed prior to strategy implementation. The service users and residents will continue to have benefit from the current strategy and services. Impact of a new strategy will be assessed during the development process of the new
2	Monitoring / Collecting Evidence / Data or	nd Cons	strategy.
a	Monitoring / Collecting Evidence / Data ar Is there reliable qualitative and quantitative data to support claims made about impacts?	Yes	Data regarding the impact of the strategy and services have been collected and monitored by the Community Safety Partnership and Drug and Alcohol Action Team (DAAT) Board
	Is there sufficient evidence of local/regional/national research that can inform the analysis?	Yes	There is a wealth of data that have informed the current services and will be used prior to developing a new strategy
b	Has a reasonable attempt been made to ensure relevant knowledge and expertise (people, teams and partners) have been involved in the analysis?	Yes	Stakeholders and residents were involved in the consultation prior to implementation of the current strategy. Also, the DAAT board and others help analyse the data in meetings.
С	Is there clear evidence of consultation with stakeholders and users from groups affected by the proposal?	Yes	Stakeholders and residents were involved in the consultation prior to implementation of the current strategy and there will be further consultation during development of a new strategy.
3	Assessing Impact and Analysis		
а	Are there clear links between the sources of evidence (information, data etc) and the interpretation of impact amongst the nine protected characteristics?	Yes	There is a significant amount of data available on the protected characteristics that have been monitored by various boards. The data will also be used in the development of a new strategy.
b	Is there a clear understanding of the way in which proposals applied in the same way can have unequal impact on different groups?	Yes	The impact of actions stemmed from the current strategy has been monitored and the service have clear understanding of the impact of the current strategy on different groups. Additional consultation with distinct population groups will be undertaken during the development of the new strategy.

4	Mitigation and Improvement Action Plan			
а	Is there an agreed action plan?	Yes	An action plan to accompany the Substance Misuse Strategy was developed and is provided in Appendix 1.	
b	Have alternative options been explored	Yes	A new strategy could be developed to start in April 2015 though this is unlikely to be developed and adopted by Council in time for an April start. Due to the significant changes planned for the treatment system over the next year, this strategy would quickly become out of date and would not be congruent with a new Health and Wellbeing Strategy or Community Safety Plan.	
5	Quality Assurance and Monitoring			
а	Are there arrangements in place to review or audit the implementation of the proposal?	Yes	The current strategy action plan is monitored by the DAAT Board and there will be a consultation plan and equalities assessment developed as part of the new strategy development.	
b	Is it clear how the progress will be monitored to track impact across the protected characteristics??	Yes	We currently collate data across a number of treatment, criminal justice and public health services which will be used to inform development of the new strategy	
6	Reporting Outcomes and Action Plan			
а	Does the executive summary contain sufficient information on the key findings arising from the assessment?	Yes	The service users and residents will continue to have the services that are currently available. The impact of the services will also continue to be monitored by various boards.	

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