

Initial Equality Impact Assessment

This Equality Impact Assessment has been produced by the Oldham Drug and Alcohol Action Team

<p>Completed by:</p> <p>Name: Rachel Massie</p> <p>Position: Service Improvement Officer (DAAT)</p> <p>Telephone: 0161 621 9346</p> <p>Email: rachelmassie@positivestepsoldham.org.uk</p>	<p>Date 01/04/10</p>	<p>Reviewed by:</p> <p>Name: Janet Sewart</p> <p>Position: Strategic Manager (DAAT)</p>	<p>Date 12/04/10</p>
<p>Name of the policy to be assessed:</p>	<p style="color: blue;">Oldham Adult and IDTS Drug Treatment Plan 2010-11</p>		
<p>1. Briefly describe the aims, objectives and purpose of the policy.</p>	<p>The overarching objective of the Adult Drug Treatment Plan 2010-11 is to create a robust and modern treatment system which is fit for purpose and ensures successful outcomes for clients in Oldham. The model is based upon recovery, with a deeply rooted vision of abstinence and community reintegration. These goals will be achieved by further strengthening the strategic links between the DAAT and its partners to forge an integrated treatment system based upon a whole systems approach and evidenced by the comprehensive findings of the adult needs assessment.</p>		

<p>2. Who defined the terms/scope of the policy? (for example: local authority or central government)</p>	<ul style="list-style-type: none"> • The National Drug Strategy 2008-2018 • The Models of Care for treatment of adult drug misusers • The Models of Care for Alcohol Misusers (MoCAM) • The National Institute for Health and Clinical Excellence (NICE) guidelines • Joint Healthcare Commission and NTA Service Review for Substance Misuse 2008/9 – Diversity and Tier 4 services • The Local Area Agreement • Safe and Strong Communities Board
<p>3. Are there any other local authority services or external agencies who share responsibility for the policy?</p> <p>Identify the services or agencies. Ensure that they are consulted with when completing this Equality Impact Assessment</p>	<ul style="list-style-type: none"> • Oldham PCT • Oldham NHS Trust • Greater Manchester Police • Addiction Dependency Solutions • Oldham Drug and Alcohol Service • Oldham Magistrates Court • Oldham Drug Intervention Programme • Prison Services CARAT Teams • Greater Manchester Fire and Rescue Service • Children, Young People and Families Directorate • Oldham Community Safety Unit • First Choice Homes Oldham (FCHO)

<p>4. Is the policy directed or influenced by another policy controlled by the local authority?</p> <p>If “Yes” name the policy and state whether it would be possible to complete one Equality Impact Assessment for all of the relevant policies?</p>	<ul style="list-style-type: none"> • Local Area Agreement • Oldham Alcohol Strategy • Oldham’s Community Strategy 2005-20 • Supporting People Strategy • Sustainable Communities Strategy 2008-20 • Oldham MBC Diversity Policy <p>It would not be possible to complete one Equality Impact Assessment for all the aforementioned policies.</p> <p>Furthermore, it would not be appropriate for a member of the Drug and Alcohol Action Team to complete Equality Impact Assessments for each of these policies.</p>
<p>5. Who is intended to benefit from the policy and in what way?</p>	<ul style="list-style-type: none"> • Adults in Oldham who are misusing substances • Offenders in Oldham who are misusing substances • Family members, carers, and concerned others of people who are misusing substances in Oldham • The general public

<p>6. What are the intended outcomes of this policy?</p>	<ul style="list-style-type: none"> • Review the adult treatment system to ensure that it is robust and fit for purpose • Capacity build the alcohol treatment system to ensure better Tier 3 and Tier 4 provision for clients • Measure success in terms of positive outcomes for clients as opposed to numbers in treatment • Take action to ensure that treatment services are more accessible to BME communities • Address the Hidden Harm agenda by developing working protocols in line with the Think Family model • Promote abstinence and recovery by ensuring that services such as ACCESS, RAMP and Recovering Communities are appropriately commissioned to meet need • Support the roll out of the Integrated Offender Management process which incorporates a new DIP delivery model • Further development of harm reduction initiatives and expansion of Shared Care provision • To ensure the effective delivery of the Adult Treatment Plan and ensure that Local Area Agreement targets are met • To market and promote the DAAT by ensuring that achievements and initiatives are brought to the attention of key stakeholders. This list is not exhaustive, but should include the National Treatment Agency, Government Office North West and the Oldham Partnership
<p>7. What factors could contribute to / detract from the intended outcomes?</p>	<ul style="list-style-type: none"> • Securing appropriate funding • To deliver first class services irrespective of funding decisions

	<ul style="list-style-type: none"> • Meeting and exceeding performance targets with particular emphasis upon treatment outcomes • Ensuring that the substance misuse agenda is prioritised in the strategic plans of our partner agencies • Capacity of substance misuse provider services to deliver • Capacity of Drug and Alcohol Action Team
<p>8. Who are the main stakeholders in relation to the policy?</p>	<p>The main stakeholders involved are:</p> <ul style="list-style-type: none"> • Adults and Communities Directorate • Children and Young Peoples Directorate • Prison Services CARAT teams • The Drug and Alcohol Action Team • Oldham Partnership • The Community Safety Unit • Addiction Dependency Solutions • Oldham PCT • Pennine Care Foundation Trust • Oldham Drug and Alcohol Service • Service User Forum (UFO) • Health and Wellbeing Board • Greater Manchester Police • Greater Manchester Fire and Rescue Service <p>Other stakeholders include:</p> <ul style="list-style-type: none"> • Adults who are problematic substance users in Oldham

	<ul style="list-style-type: none"> • Family members. Significant others and carers of people who use substances • Offenders who are using substances • The general public • Professionals from partner agencies and the voluntary sector • Oldham Magistrates Court • Victim Support • Community Activists
<p>9. Who implements the policy and who is responsible for it?</p> <p>(i) the responsibilities which are held by the local authority</p> <p>(ii) the responsibilities which are held by other bodies (public, private or otherwise)</p>	<p>The Drug and Alcohol Action Team implements the Adult Drug Treatment Plan on behalf of Central Government and the Oldham Partnership</p> <p>(i) The Oldham Partnership has overarching responsibility for commissioning substance misuse services</p> <p>(ii) The following provider services are responsible for service delivery via Service Level Agreements: Oldham Drug and Alcohol Service, Addiction Dependency Solutions, Acorn and Intuitive Recovery</p> <p>(iii) The National Treatment Agency (NTA) is responsible for performance monitoring the Drug and Alcohol Action Team and ensuring that the Adult Drug Treatment Plan reflects central government policy as well as local priorities</p>

<p>10. In what areas are there concerns that the policy could have an adverse or differential impact?</p> <p>Please state yes or no opposite each indicated equality strand</p>	<table> <tr> <td>Race</td> <td>no</td> </tr> <tr> <td>Gender</td> <td>no</td> </tr> <tr> <td>Disability</td> <td>no</td> </tr> <tr> <td>Religion or belief</td> <td>no</td> </tr> <tr> <td>Age</td> <td>no</td> </tr> <tr> <td>Sexual Orientation</td> <td>no</td> </tr> <tr> <td>Other (please specify)</td> <td>non-applicable</td> </tr> </table>	Race	no	Gender	no	Disability	no	Religion or belief	no	Age	no	Sexual Orientation	no	Other (please specify)	non-applicable
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Age	no														
Sexual Orientation	no														
Other (please specify)	non-applicable														

<p>11. What existing evidence (anecdotal or factual, local, regional or national information) do you have for your answer to question 10?</p> <p>Please state the evidence separately for <u>each</u> of the equality strands identified in question 10</p>	<p>The Oldham Drug and Alcohol Action Team works within the equality policy guidelines of Positive Steps Oldham and The Oldham Metropolitan Borough Council Equality Policy. All staff within the DAAT have been diversity trained as part of the induction process and the officer responsible for the implementation of the Diversity Action Plan has received further in-depth diversity training from an external consultant.</p> <p>All staff members of the substance misuse services who work with clients are regulated by stringent requirements laid out in the relevant Service Level Agreements. These said requirements, ensure that all staff are committed to and adhere to the principles of diversity.</p> <p>The principles of anti-discriminatory practice, diversity and equal opportunities are interwoven throughout the Adult Drug Treatment Plan and the implementation of services.</p>
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Oldham Adult Drugs Needs Assessment 2008-2009

The NTA has developed a Needs Assessment process to identify needs and set targets for treatment planning. Needs Assessment is a core component of the Treatment Effectiveness strategy aiming to improve the annual treatment planning process for local partnerships. The method is based on the “treatment bulls-eye” approach using two central data sources from the National Drug Treatment Monitoring System (NDTMS) and Drug Intervention Programme (DIP), locally available data sources to characterise the substance using population in the local area and to identify the needs they have. This is particularly relevant for marginalised and/or minority groups within the community. The differing needs of groups and individuals identified in the needs assessment directly influenced the content of the Adult Drug Treatment Plan 2010-11. As a result, the Adult Drug Treatment Plan takes into consideration the differential impacts that aspects of treatment delivery will have for different groups and individuals.

Health Care Commission and NHS Joint Review

The NHS Healthcare Commission Joint Service Review aims to improve the quality of healthcare. It is based upon a standardised approach which is highly targeted and information based. The focus of the 2008 review was diversity, covering issues such as equality schemes, equality legislation and data collection. The findings of this review were studied and are now firmly embedded in the DAAT treatment planning process.

Diversity Action Plan 2010-2011

Based upon the amalgamated findings of this document, and other Equality Impact Assessments undertaken by Oldham DAAT, the SIO will devise an Equality Action Plan to address any issues and adverse impacts

which have been identified.

Service User Involvement

In Oldham there is a well established service user forum. This forum enables service users to communicate their views on service planning and provision and a service user representative attends the meetings to offer input in the following:

- Joint Commissioning Group
- Road to Recovery Meeting
- Partnership Expert Group Events
- Link Group
- BROST meeting
- NTA Service User Forum

The results of consultation with service users, contributes to management decisions and treatment planning.

In terms of diversity, the Service User Forum actively promotes opportunities to provide feedback on service provision to all clients involved with each of the treatment services. This ensures that individuals with differing service requirements have a channel to communicate their views. The diversity action plan outlines several ways in which the service user forum should engage with diverse groups and individuals:

- Carer and Service User Development Worker to continue to support the User Forum Oldham and monitor any matters arising from the weekly meetings
- Ensure publication of the quarterly Rattle Magazine and development of the monthly Link Group Newsletter

- DAAT SIO to conduct an audit of the service user group to find out whether it is a proportionate representation of Oldham's service users.
- Promote the service user group to more people and to those representing priority and minority groups
- Distribute a Service User Survey to all adults in treatment asking questions around treatment efficiency, care planning and wraparound provision
- Ensure that each service user in Oldham has a copy of the Service User Guide by autumn 2010

Race

Demographics of ethnicity in Oldham (ONS)

The latest figures from the Office of National Statistics estimate that Oldham has an average adult population of around 132,800. The ethnic composition of that number is as follows:

1. White (110,900) 83.5%
2. Asian (17,800) 13.4%
3. Black (1,600) 1.2%
4. Other (2,500) 1.9%

Over the last decade there has been an incremental decrease in the size of Oldham's white population, this trend mirrors the comparable increase in the numerical size of Oldham's South Asian community. The size of Oldham's Asian population is approximately 3 times the national average. Whilst the ethnic profile of service users generally reflects the population numbers (see below), in terms of proportionality, members of South Asian

communities are significantly under represented in Oldham's treatment system. Such concentration amongst the South Asian Community and the high proportion of Muslims therein amplifies issues in relation to alcohol use amongst the white population. Oldham, however, needs to make strides regarding hidden use/misuse amongst the South Asian Muslim community.

Numbers in treatment 2008-09 by ethnicity:

1. White (765) 87.6%
2. Asian (75) 8.6%
3. Black (11) 1.3%
4. Other (21) 2.4%

Oldham Adult Drugs Needs Assessment 2008-09

The high proportion of South Asian communities in Oldham linked with the strong indicative evidence of substance misuse amongst Bangladeshi and Pakistani young adult males plus alcohol use amongst South Asian girls suggests the need for reaching out to their communities. A recent report based on 65 BME needs assessments around substance misuse (ULKAN/NTA2009) concludes that nationally, despite diversity talk, little has improved in recent years. It concludes that drug use amongst younger South Asians is increasing. The ULKAN study also concludes that South Asian communities have very little knowledge and information about alcohol and drug problems. Two local studies in Oldham reinforce this. The 2007 study (Young Muslim Organisation) in Coldhurst and Westwood suggested drug use patterns amongst south Asians were similar to those for the whole borough (i.e. cannabis, cocaine and heroin). The lack of awareness of local advice and treatment services in the

family/community were highlighted. An earlier study in Werneth and surrounds (2005) reached similar conclusions finding that most respondents (70%) felt illegal drug use was an issue in their area with a high negative impact (61%). Cannabis, heroin and cocaine were the most identified drugs. Two thirds also thought that alcohol abuse was of concern. Family problems and breakdown because of substance misuse was highlighted. Respondents felt that the police, schools, drug agencies, parents and religious institutions had the key responsibility to tackle drug issues. In relation to drugs services, the majority had no knowledge of their existence. Over 70% of respondents had no idea how to contact treatment services. The level of unmet need amongst Oldham's BME communities was highlighted by the stakeholder consultation. Whilst there is a recognisable population of south Asian PDU's in treatment with ODAS, this is an older group. Younger heroin-crack users remain below the radar. Stakeholders also highlighted the vulnerability of young south Asian women caught up in exploitative relationships involving alcohol and drugs. The need to better engage BME communities is a recommendation repeated in annual needs assessments across the borough including consecutive DAAT reports. However, as reported by ULKAN/NTA for the national picture little actually changes within Oldham's family of alcohol and drug services. Rather than repeat the annual mantra about improvement and uplift perhaps a conclusion is more appropriate, that because of the complexity and scale of any co-ordinated programme to engage BME substance misusers there is little prospect of progress without this becoming a well resourced high priority.

Diversity Action Plan 2010-2011

The recommendations relating to ethnicity are as follows:

- Research available funding streams to finance a specialist stand

	<p>alone BME substance misuse community project.</p> <ul style="list-style-type: none"> • Establish links between existing ethnic community projects and substance misuse services • Hold regular BME substance misuse awareness raising events • Research the viability of a BME Peer Mentoring or Community Champions scheme • Devise a substance misuse knowledge/awareness questionnaire to be filled in at mosques, schools and community centres. This analytical tool will enable us to assess and act upon the views and opinions of Oldham's BME communities. • Meet with the Black Health Agency and OAK Project with a view to building a stand alone specialist project to address substance misuse in Oldham's BME community • Source appropriate funding for the above <p>Gender</p> <p>Oldham Adult Drugs Needs Assessment 2008-2009 Data shows that 74.6% of the 873 clients treated by services in Oldham were male and 25.4% female. This is broadly the same ratio as in 2007-2008 however the 2.4% decrease in female clients from the previous year should be noted.</p> <p>Diversity Action Plan 2010-2011 There is already a varied range of service provision in Oldham which is specifically designed to help women engage with the treatment system. The services offered are:</p> <ul style="list-style-type: none"> • Women only group which runs every Monday afternoon at ODAS • Women only needle exchange and waiting area (ODAS)
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- Drug Liaison Midwifery (ODAS)
- Women's Housing And Move on Service (Turning Point)
- Post-natal support services (Turning Point)

The key to engaging more women with treatment services lies in better advertising and publicity of existing provision. This will be achieved via:

- Promotion of services for women on the DAAT website
- Distribution of posters and leaflets at strategic locations
- Research into the viability of a Women only service user group

Disability

The Disability Discrimination Act 2005 (as amended) defines a disability as:

“a physical or mental impairment which has a substantial and long term adverse effect upon a persons ability to carry out normal day to day activities”

Under this definition, mental illness can be considered a disability and as such bears direct relevance to this Equality Impact Assessment in terms of the proven co-morbidity of substance misuse and mental illness.

Co-morbidity of substance misuse and mental illness collaborative study (COSMIC) Weaver et al. Funded by the Department of Health.

This two-phase study consisted of the collection of demographic and diagnostic data on the users of substance misuse and mental health

	<p>services and interviews with a random sample of people using the services.</p> <p>Some of the key findings of this research were as follows:</p> <ul style="list-style-type: none">• 74.5% of users of drug services experienced mental health problems. Most has affective disorders (depression) and anxiety• 30% of the drug and alcohol treatment population experienced co-occurrence of a number of psychiatric disorders or substance misuse problems• 38.5% of drug and alcohol users with a psychiatric disorder were receiving no treatment for their mental health problem <p>The main implications of these findings in relation to substance misuse treatment are as follows:</p> <ul style="list-style-type: none">• Co-morbidity (the co-occurrence of psychiatric and substance misuse problems) is not often picked up by substance misuse or mental health services. This indicates a need for improvement in staff training, client screening and routine assessment and recording• Service users with co-morbidity have more unmet needs• Substance misuse services and mental health services should be able to deliver interventions to their many patients with co-morbidity who require treatment but do not meet the eligibility criteria of community mental health teams or substance misuse services• For people with severe and enduring mental illness, intensive joint working may be required and services for this group should generally be led by mental health services (in line with the Department of Health policy of mainstreaming and Models of Care)
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	<p>Drug Misuse and dependence UK guidelines on clinical management (2007)</p> <p>“Co-morbidity is associated with negative and often complex factors including higher rates of relapse, increased hospitalisation, higher rates of completed suicide, housing instability, poorer levels of social functioning, such as poverty, violence, criminality and marginalisation, less compliance with treatment, greater utilisation and higher costs to services”</p> <p>Diversity Action Plan 2010-2011</p> <ul style="list-style-type: none">• Copies of the Service User Guide to be sent out to mental health practitioners in the borough• Audit of joint working arrangements between mental health treatment services and substance misuse treatment services• Substance Misuse Awareness Training Packs to be sent to mental health practitioners <p>Religion or belief</p> <p>The Diversity Action Plan 2010-2011 outlines the need for greater interconnection between Oldham’s substance misuse services and diverse community groups in the borough. There needs to be a greater understanding of the differing needs of groups and individuals and a greater understanding of how religious beliefs impact upon choices and</p>
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	<p>actions.</p> <p>Adult Drugs Needs Assessment 2008-2009</p> <p>Remembering Oldham's ethnic profile (see Race section) in 2008-2009, 87.6% of the clients were classified as white and only 8.6% hailed from an Asian background. While this is an increase of 0.9% from 2007-2008, it is still a significantly smaller number than desired. Evidence (see Race section) shows that there is a large cohort of treatment naïve users in Oldham's south Asian community and an affirmative plan of action must be devised in order to engage this group with treatment services.</p> <p>Diversity Action Plan 2010-2011</p> <ul style="list-style-type: none">• Engage with Oldham's Imam's and further explore cultural stigma and religious barriers that prevent people from south Asian communities engaging with treatment services• Attend events in the community with information about the substance misuse treatment services• Send copies of the Service User Guide with a covering letter to all Mosques in Oldham• Meet with the founder of Peace On The Streets• Meet with religious leaders from the Oldham Interfaith Forum• Meet with the Black Health Agency and OAK Project with a view to building a stand alone specialist project to address substance misuse in Oldham's BME community• Source appropriate funding for the above
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Age

Adult Drugs Needs Assessment 2008-2009

Demographics of ethnicity in Oldham (ONS)

The latest figures from the Office of National Statistics estimate that Oldham has an average adult population of around 132,800. The number of adults in treatment for 2008-2009 totalled 873. Of these adults in treatment, 20.8% of referrals were aged 18-24 years, 37.6% were aged 25-34 years, 31.2% were aged 35-44 years and 9.1% were aged 45-64 years.

Oldham DAAT recognises that the types of substances used, the numbers in treatment and the resistance to treatment is variable for different age cohorts. This is clearly evidenced in the needs assessment and recognised by the treatment services at an operational level.

In line with the regional and local profile of substance misuse, the DAAT has commissioned a robust ACCE service for 18-25 year olds in the borough. As regards the other adult services, each is commissioned on the basis of evidenced need and underpinned by the theorem that no service user will suffer a negative impact on account of their age.

Diversity Action Plan 2010-2011

- There is no evidence to suggest that service users in Oldham suffer any adverse impact by virtue of age.
- Gather data and information to evidence the above statement

Sexual Orientation

Adult Drugs Needs Assessment 2008-2009

Sexual orientation is not mentioned anywhere in the Treatment Plan or Needs Assessment. However, there is no evidence to suggest that the recommendations in either document will have an adverse impact upon service users in Oldham due to their sexual orientation.

The principles of equality and diversity are embedded in all relevant Service Level Agreements and interwoven into the whole planning and operation of the treatment system.

There is a lack of data regarding sexual orientation and access to the treatment system which is something that will be addressed in the Diversity Action Plan.

Diversity Action Plan 2010-2011

- There is no evidence to suggest that service users in Oldham suffer any adverse impact by virtue of sexual orientation.
- Gather data regarding the above to clarify that no adverse impact does exist.

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<p>12. Could <u>any</u> of the differential impacts identified in your answers to questions 10 and 11 amount to the policy having an adverse impact?</p> <p style="text-align: center;"><u>Please answer yes or no</u></p>	<p>This is a crucial question and (whether yes or no) the answer (for each of the areas indicated above) must be justified and explained.</p> <p>No. Please see supporting information posited in response to question 11</p>
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When the answer to question 12 is No, go to question 19. However, depending on the policy and its relevance to promoting equality it may be useful to verify your answer to this question by consulting relevant experts and groups. In this case complete questions 14 to 18.

When the answer to question 12 is Yes, go to question 13.

13. Can the adverse impact be justified on the grounds of		Please justify and explain your answer (whether yes or no)
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promoting equality of opportunity for another group or any other reason? (Please answer yes or no)		
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Consultation

Where there are concerns that a policy has or may have an adverse impact (on specific groups of people) then consultation with relevant experts and/or groups of people is vital at the policy development/review stage.

14. Are there any experts/relevant groups who you can approach to explore their views on the policy's actual or potential impacts (answer yes or no)	Yes
15. Please list the relevant groups/experts and the dates upon which the consultation took place.	People Societies and Communities Police Probation DAAT NTA NHS Oldham Oldham Partnership

	<p>All of the above are joined under the umbrella of the Joint Commissioning Group (JCG)</p> <p>Other relevant groups are:</p> <p>Service providers External consultants Service users</p>
<p>16. How were the views of these experts/groups obtained?</p> <p>Please give details in the column opposite</p>	<p>Meetings Workshops Young People's Partnership Expert Group Event</p>
<p>17. Please explain <u>in detail</u> the views of the relevant groups/experts on the policy's actual or potential impacts</p>	<p>The views of all groups consulted were taken into account in the development of the Oldham Adult Drugs Needs Assessment 2008-2009. The Needs Assessment determined the content and detail of the Oldham Adult and IDTS Drug Treatment Plan 2010-2011. All parties were consulted during preparation and drafting of the aforementioned plan and have agreed the final version.</p>
<p>18. Taking into account the views of the groups/experts and the available evidence, please clearly state the risks weighed against the benefits of the policy</p>	<p>Following critical analysis, it has been determined that the policy presents no risks. All appropriate measures have been taken to ensure that no adverse impacts are experienced</p>

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Equality Monitoring

The Oldham Partnership, DAAT and Positive Steps Oldham are required to monitor their policies for any adverse impacts which may arise under any of the 6 equality strands.

<p>19. Please state clearly what monitoring systems have been used to date and/or will be used to measure the impact of the policy on relevant groups</p> <p>Include:</p> <ul style="list-style-type: none"> • The details of the monitoring information collected to date or to be collected in the future • Equality categories used when monitoring (e.g. gender, race etc) 	<p>Local Area Agreement NTA Quarterly Monitoring Joint Commissioning Group Local Authority Strategic Plan Community Safety Unit Performance Management Framework Service Level Agreement</p> <p>Management information from all adult treatment services is collected on each treatment modality and the information below can be requested for each modality.</p> <p>Main drug of use Secondary drug of use Referral source Ethnicity Gender Mental health issues Religion and religious beliefs Details of planned/unplanned case closures</p>
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20. Who will be responsible for monitoring the impact of the policy on relevant groups?	<p>State name and position of responsible officer/s</p> <p>Rachel Massie (DAAT Service Improvement Officer) Janet Sewart (DAAT Strategic Manager)</p>
21. Please state the date on which the monitoring will be established	August 2010
22. Please clearly state how often and where you will publish the results of monitoring	Quarterly via a report to be posted on the DAAT website

Recommendations and Decisions

23. What are the main conclusions of this initial Equality Impact Assessment?	<ol style="list-style-type: none"> 1. The Drug and Alcohol Action Team and the treatment services continue to research the diverse needs of minority groups and individuals who are misusing substances in Oldham.
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	<ol style="list-style-type: none"> 2. The Drug and Alcohol Action Team and treatment services in Oldham ensure that the needs of diverse groups and individuals influences the planning and implementation of service provision to ensure equality of access and to eliminate any negative impacts. 3. The Drug and Alcohol Action Team and the substance misuse treatment services will continue to monitor and scrutinise the planning and provision of services in order to identify where improvements can be made to ensure equality of access and to eliminate negative impacts on minority groups and individuals.
<p>24. As a result of these conclusions what actions (if any) will be included in your business planning and wider review processes?</p> <p>Please state whether actions will be included in business plans, policy reviews or performance management systems etc</p>	<p>Monitoring and performance managing the implementation of the Diversity Action Plan 2010-11</p>
<p>25. What performance indicators (if any) will be used to monitor the impact of the policy on relevant groups?</p> <p>Also state in which reports/publications the indicator will be published and when</p>	<p>Percentage of clients to have a care plan completed Number of care plans completed within 2 weeks of the treatment intervention start date Percentage of clients to have a general healthcare assessment completed Number of clients to enter RAMP Number of clients to successfully complete RAMP Number of clients from RAMP who progress to a detoxification and/or abstinence intervention</p>

	<p>Number of clients to enter the Intuitive Recovery programme Number of clients to enter the ACCESS programme Number of clients to enter the DIP Percentage of clients leaving treatment in an agreed and planned way</p> <p>Other reports and publications that the indicators will feature in include: NTA Quarterly Reports Health Care Commission Improvement Reviews Review of Local Area Agreement Annual Treatment Plan and Needs Assessment to the NTA and GONW (April 2010)</p>
<p>26. Do the conclusions (see question 23) suggest that a full Equality Impact Assessment is required? (please answer yes or no)</p>	No
<p>Please explain and justify your answer to question 26</p>	The Initial Equality Impact Assessment has been completed and no negative impacts have been identified in the Oldham Adult and IDTS Drug Treatment Plan 2010-2011
<p>27. If the answer to question 26 is Yes, by what date would the full Equality Impact Assessment be completed?</p>	
<p>28. Is a full Equality Impact Assessment required before the relevant officer or member of the decision making body approves the policy?</p>	No

(please answer yes or no)	
Please explain and justify your answer to question 28	The Initial Equality Impact Assessment has been completed and no negative impacts have been identified in the Oldham Adult and IDTS Drug Treatment Plan 2010-2011
29. Name and title of officer or member providing formal approval of the policy	Janet Sewart Strategic Manager (Oldham Drug and Alcohol Action Team)
30. Date upon which the policy was formally approved	21 st April 2010