

The **public sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with section 17 of the Crime and Disorder Act and will enable the council to better understand the potential impact of the budget proposals and consider mitigating action.

<p>Name or Brief Description of Proposal</p>	<p><u>Drug and alcohol Treatment services</u></p> <p>The Public Health Grant has historically been used to deliver a number of contracts and services to improve health and support behaviour change. Under the Health and Social Care Act 2012, local authorities have the duty to reduce health inequalities and improve the health of their local population by ensuring that there are public health services aimed at reducing drug and alcohol misuse. The 2015/16 public health ring-fenced grant included a new condition that requires that local authority must, in using the grant, “...have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services...”</p> <p>Following a strategic review of drug and alcohol treatment services in Southampton in 2018, it is proposed that drug and alcohol treatment services, for both Young Peoples and Adults continue to be commissioned and in doing so, provide an integrated drug and alcohol treatment system for Southampton which will provide drug and alcohol treatment for all age groups from 11 years old upwards.</p>
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	<p>Expected outcomes:</p> <ul style="list-style-type: none"> • Effective harm reduction provision ensuring that people with a drug and/or alcohol problem are enabled to safeguard their health and that service users are encouraged to engage fully in treatment services; • Service users are enabled to become abstinent from their substance of dependence where appropriate; • Improved numbers of service users who are successful in reliably reducing their use of drugs and/or alcohol; • Fewer service users re-presenting to treatment following discharge from services as a result of successful cessation of substance use; • Reduced re-offending: • Effective prevention work with young people; • Better utilisation of community resources; • Personalised services (choice and control) and maximising independence for those who need more specialist health/care services; • A market that is diverse, sustainable and provides quality services on an individualised basis or contract basis as necessary; • Better value for money. <p>Many outcomes can be monitored via the National Drug Treatment Monitoring system both for Adults and Young People which reports on a monthly basis to Local Authority Public Health teams. Other outcomes can be monitored locally.</p>
<p>Brief Service Profile (including number of</p>	<p>The Drug and Alcohol Treatment System will provide:</p> <ul style="list-style-type: none"> • Assessment, review and monitoring and case management. • Recovery planning • Clinical interventions including substitute prescribing and

<p>customers)</p>	<p>general health assessments</p> <ul style="list-style-type: none"> • Psycho-social interventions • Structured interventions and activities to promote structured use of time and interaction with non user groups and contacts • Peer support, mentoring and advocacy • Support for families and carers of people with substance misuse problems • Assertive outreach • Harm reduction services including needle exchange and testing advice and treatment for people at risk of contracting blood borne viruses. • Frequent attendees service • End of life care <p>Eligibility criteria: Residents of Southampton City aged 11 years upwards, who are experiencing difficulties with substance misuse.</p>
<p>Summary of Impact and Issues</p>	<p>The current drug treatment system was commissioned in 2014 in accordance with national drug and alcohol strategies.</p> <p>Positive Impacts identified: The Integrated Commissioning Unit has undertaken a thorough review of all current services and believes that as a result of continuing to commission an integrated drug and alcohol substance misuse treatment system we will be able to deliver a treatment system which will enable service users to build social and recovery capital. It will also retain the variety of structured interventions available to them. As a result, the outcomes identified in section 1 will be achieved.</p> <p>National statistics indicate that improved treatment pathways, which enables service users to work in partnership with treatment services and to build appropriate “recovery networks” have improved outcomes, with many becoming abstinent and</p>

	<p>maintaining their abstinence in the long term.</p> <p>Peer support, mentoring and advocacy is a very important part of the service users' recovery network. This provides "visible recovery" for new service users entering treatment and is a powerful tool for re-engagement when the service user is at risk of dropping out of treatment. Peer support services provide opportunities for a wide variety of service users and ex-service users to volunteer and to build self-esteem through providing role models to others. Therefore it is vital that peer support networks represent a wide range of service user cohorts. Most importantly underrepresented groups such as Asian ethnic minorities, women and stimulant users are encouraged to take on the roles of volunteers and mentors in the new services.</p> <p>Negative impacts identified: Commissioning the entire existing treatment system could result in a degree of instability in the run up to the tendering exercise and for a period after the new contracts are awarded. Both existing staff and service users in the current system are bound to feel anxious and uncertain about their future prospects. Staff could seek alternative employment and vacancies will be difficult to fill due to the uncertainty generated by the temporary nature of existing services. This will in turn impact on the capacity of the current services.</p> <p>Reduced capacity of treatment services will clearly impact upon all service users. However, some of the most chaotic or those who have complex needs and who require greater support and motivational work undertaken with them in order to keep them engaged in treatment may be affected disproportionately. Groups who may fall under this category could be chaotic opiate, crack and alcohol users, those involved in offending to maintain their addiction, young people, people with mental health problems, poly drug users.</p>
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<p>Potential Positive Impacts</p>	<p>Continuing to commission a single substance misuse treatment system will allow Southampton City Council to align the new system with national strategy and guidance and re-focus treatment on harm reduction, recovery and abstinence. It also offers an opportunity to test the market for new and innovative providers and to obtain best value for money by increasing service capacity.</p> <p>These proposals will allow treatment services to improve the number of service users, including those with protected characteristics who successfully complete treatment and who have been able to become abstinent. It will also increase the number of service users who reliably reduce their drug use during treatment.</p> <p>National prevalence figures tell us that there are still fewer drug users seeking treatment as a proportion of the number potentially existing in the city. An improved integrated service will make use of assertive outreach, easily accessible services, personalisation and effective communication within the community to improve the numbers of service users entering treatment.</p> <p>Data collected by the treatment services indicate that there are fewer Asian ethnic minorities and women accessing treatment than would be expected from the demographic profile of the city. This is an area of work that will be addressed by the new services. This will enable increased numbers from these cohorts to reliably improve their current drug use.</p> <p>In relation to Young People, services will continue to ensure that fewer young people drop out of treatment prior to transferring to adult services, and they will also have the capacity to work with young people in the context of their families, rather than as individuals who are seen outside of the context of their everyday lives.</p>
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Responsible Service Manager	<u>Stephanie Ramsey</u>
Date	<u>11.7.18</u>

Approved by Senior Manager	<u>Sandra Jerrim</u>
Signature	
Date	

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	It is more effective to provide intervention to people with substance misuse problems as early as possible whatever age they enter treatment. Current services target all adults and young people over the age of 11 years who are experiencing problems with substance misuse.	Service specifications will ensure that brief/early intervention is prioritised for both adult and YP services.
Disability	Current services target adults who are experiencing problems with substance misuse regardless of their state of health or disability.	Service specifications could specify that providers will be required to prioritise certain groups including adults with long term physical and / or mental health conditions. This will include ensuring that buildings are accessible for people with sensory and mobility needs. Substance misuse services are also increasingly dealing with older service users and will therefore need to consider how to deal with conditions specific to old age. The service specification will outline the basic requirements for working with people with learning disabilities and autism.

Gender Reassignment	Current services target adults who are experiencing problems with substance misuse whatever their gender or the diversity issues they present.	Service specifications will require providers to identify how they will ensure that services are welcoming and able to offer appropriate services to those who have undergone gender re-assignment
Marriage and Civil Partnership	<p>People’s problematic use of drugs and alcohol has a direct impact on relationships. In particular the relationship between Alcohol and Domestic Abuse is well evidenced.</p> <p>Both current and new drug and alcohol treatment system address the strains and difficulties caused by alcohol and drugs on relationship breakup.</p>	The Domestic abuse Prevention Programme scheme has been working with substance misuse services to address the issues of identifying perpetrators and domestic abuse victims engaging in treatment
Pregnancy and Maternity	<p>The drug and alcohol treatment system maintains good relationships with the Southampton maternity services and will continue to maintain opportunities to optimise health in the perinatal period. Drug and alcohol use in pregnancy are likely to lead to physical and social problems in pregnancy, still birth and low birth weight.</p> <p>Women who are pregnant or who have children are often reluctant to approach statutory services due to the fear of child protection proceedings. The current funding arrangements includes a post whose role is to proactively engage women in these situations.</p>	<p>The current service requires the provider to prioritise certain groups including pregnant women and their partners.</p> <p>Joint work with children and families</p> <p>Identified as priority area in service specification.</p>
Race	There is no specific impact for people of a particular race. However, there is under representation of BME communities in many services in the city and adults from these communities may be more disadvantaged if they do not feel comfortable accessing treatment for cultural or community reasons.	Service specifications could require providers to prioritise certain groups including Black and Minority ethnic groups and to provide active outreach to minority ethnic communities. In addition, providers will be encouraged to show how they will ensure that their workforce will be sufficiently diverse to mirror the needs of the local

		<p>population and optimise uptake and outcomes. This will include the recruitment of volunteers.</p> <p>Contract monitoring and data capture which ensures all parts of the community can access services</p>
Religion or Belief	<p>It is acknowledged that some religions forbid drug and alcohol use and that services therefore need to be aware and sensitive to the impact that this will have on the individual seeking treatment.</p>	<p>Service specifications will emphasise that providers, as well as being sensitive to the issue, open to all religions and beliefs and non-judgemental in approach, will also need to take this into account in the way that they promote their service and deliver interventions.</p>
Sex	<p>No specific impact.</p>	<p>Maximum use of personalisation/Direct Budgets and referral to community care funding where Fair Access to Care (FACS) applies.</p> <p>Contract monitoring and data capture which ensures all parts of the community can access services</p> <p>Joint work with children and families</p> <p>Specification to ensure gender specific issues are considered in style of provision.</p>
Sexual Orientation	<p>Similar issues to other groups suffering discrimination due to diversity issues and reluctance to access other mainstream services.</p>	<p>The current specification ensures that diversity is addressed by provider. As indicated above service specifications could also encourage providers to recruit a diverse and representative workforce.</p>

		Maximum use of personalisation/Direct Budgets and referral to community care funding where meet the Care Act eligibility
Community Safety	<p>Current and future drug and alcohol treatment systems are designed to deliver appropriate interventions and strategies to service users involved in the criminal justice system. This includes the provision of treatment under a Drug Rehabilitation Requirement, Alcohol Treatment Requirement and other court orders as necessary. Services have close links with criminal justice agencies and have much experience of joint working</p> <p>The drug and alcohol treatment system is aware of the links between alcohol and domestic violence and works with domestic abuse agencies to identify perpetrators and protect survivors of abuse.</p> <p>Similarly, drug and alcohol services work with the homeless and homelessness agencies, with the Vulnerable Adult Safeguarding team providing assertive outreach to vulnerable groups including sex workers.</p>	Current service specification includes the expectation of joint work with criminal justice agencies. Data is monitored as part of quarterly monitoring.
Poverty	Unhealthy behaviours are known to cluster in populations and are a key driver of health inequalities. People who have drug and/or alcohol problems often have considerable issues around poverty which treatment addresses. Individuals on a low income and unemployed individuals are more heavily represented in problematic drug and alcohol use	Current services are required to promote the engagement of service users in structured activities in order to encourage employability following recovery. This is particularly beneficial for those who are unemployed or who have never worked.
Other Significant Impacts	There is overwhelming evidence that addressing substance misuse issues can have a major positive impact on	Service specifications will ensure that providers are required to offer holistic

	<p>mortality and morbidity and thus reduce demand for health and care services. Unhealthy behaviours such as long term drug or alcohol use are known to cluster in populations and are a key driver of health inequalities. A reduced substance misuse treatment offer is likely to lead to higher demand on future health and social care services and may increase health inequalities.</p>	<p>services to address substance misuse, social issues, and physical and mental health problems.</p>
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