Drug and alcohol treatment services recommission

Evidence based equality analysis

Cheshire West and Chester Council inherited the responsibility for commissioning drug and alcohol treatment services when Public Health moved from the Primary Care Trust into the local authority. Currently there are a number of different providers of drug and alcohol treatment services, who now have contracts for 2013-14 with the Council.

The existing services have been reviewed and the Council intends to recommission all drug and alcohol treatment services from 2014. The Council wants to commission services that are recovery focussed and deal with the whole range of substance misuse issues.

Services currently considered in the scope of this exercise are:

- Community substitute prescribing and detoxification services
- Needle exchange facilities in community drug services
- Access to blood-borne virus screening, vaccination, and treatment for substance misusers
- Open access advice and information, including brief interventions where appropriate
- Community drug and alcohol treatment for criminal justice clients (excluding prisoners)
- Residential detoxification and rehabilitation
- Mutual aid services/recovery services
- Community aftercare and recovery support

The above services will also be delivered to young people as appropriate.

Our vision is to commission a recovery focussed and integrated drug and alcohol treatment service for people with substance misuse problems, that supports them to stabilise their lives and increases their wellbeing.

The specification for this service will have a strong requirement for flexible individualised packages of care, for effective engagement of service users which puts them at the heart of service developments and their own recovery. This will include ensuring appropriate access for different groups in appropriate and accessible locations. It also has clear requirements in terms of compliance with equality legislation and Human Rights and to go further in terms of actively reviewing and addressing equality issues on a regular basis. Equality and diversity training for staff will be a requirement

in the specification and the provider will have to report on this. Pathways into the service will be clearer as it specifies a single point of access for both referring agencies and self-referrals.

Lead officer: Sarah Marshall

Stakeholders: Existing service providers, potential service providers, service users, carers and families, Clinical Commissioning Groups, Police, Probation, Elected Members and respective council committees and services (internal procurement, legal, finance)

For each of the areas overleaf, an assessment needs to be made on whether the policy has a **positive, negative or neutral impact**, and brief details of why this decision was made and notes of any mitigation should be included. Where the impact is negative, this needs to be given a high, medium or low assessment. It is important to rate the impact of the policy based on the current situation (i.e. disregarding any actions planned to be carried out in future).

High impact – a significant potential impact, risk of exposure, history of complaints, no mitigating measures in place etc.

Medium impact –some potential impact exists, some mitigating measures are in place, poor evidence

Low impact – almost no relevancy to the process, e.g. an area that is very much legislation led and where the Council has very little discretion

	Neutral	**Positive**	**Negative**
Target group / area			
Race and ethnicity (including Gypsies and Travellers, migrant workers, asylum seekers etc.)		Potentially positive if creativity in service delivery is encouraged through the recommisison	Potential lack of evidence regarding any unmet need of groups not currently in service, to inform recommission, due to very small numbers recorded in treatment. This will need to be kept under review. (High) ref action 1 Will any changes in provision be effectively and appropriately communicated to different groups.(Medium) ref action 2 Service users may not want to transfer to

			any new service (due to fear or lack of information/familiarity), putting them at risk. (Medium) ref action 2 Will new provider have sufficiently skilled workforce to respond to needs. (Medium) ref action 2
Disability (as defined by the Equality Act - a person has a disability if they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities)		Should be positive if services are looking at delivering in community venues and are explicitly asked to review access arrangements. This will particularly apply to dual diagnosis clients.	Impact of a changed service on vulnerable individuals. How much training may a new provider need? (Medium) ref action 1 Will a new provider have developed pathways for those with mental health needs. (Medium) ref action 2 Will any changes in provision be effectively and appropriately communicated to different groups. (Medium) ref action 2 Service users may not want to transfer to any new service (due to fear or lack of information/familiarity), putting them at risk. (medium) ref action 2
Gender	Will new provider be able to offer services equally to both genders, taking into account for example childcare needs	Potentially positive if services are being asked to deliver in more user friendly locations and also be more patient led in terms of delivery. Pregnant women are a priority group for access to treatment	
Gender reassignment	Will there be training implications for any new provider. Are there implications for treatment services for example existing medication?	Potentially positive if services are being asked to deliver in more user friendly locations and also be more patient led in terms of delivery	
Religion and belief	Will any new service have	New service ought to be more	Will any changes in provision be effectively

	provision for different beliefs, for example separate services for men and women?	individualised and therefore responsive to cultural and religious needs	and appropriately communicated to different groups. Service users may not want to transfer to any new service putting them at risk. (medium) action 2
Sexual orientation (including heterosexual, lesbian, gay, bisexual)		Should be a positive impact if services are looking at flexible means of delivery and supporting peer led recovery. Also asking services to encompass wider patterns of drug use than heroin/cocaine addiction which will respond better to LGB (lesbian/gay/bisexual) substance misuse behaviours.	New service needs to respond to different patterns of drug use that are well documented amongst LGB population, will this be deliverable in treatment setting? (High) ref action 1 and 2 – this will need follow up once service established to monitor.
Age (children and young people aged 0 – 24, adults aged 25 – 50, younger older people aged 51 – 75/80; older older people 81+. The age categories are for illustration only as overriding consideration should be given to needs).		Should be a positive impact in terms of location of delivery and flexibility in service provision, and working with partner agencies. An integrated adult and YP treatment system would ensure adequate transitional arrangements for YP who move from YP services into adult treatment services. Ability to deal with inter-generational substance misuse in a more integrated way. Improved family working is required by the specification	Possible implications for training and pathways if young people's substance misuse is to be effectively responded to. (Medium) ref actions 1 and 2
Rural communities		Provider should be working more flexibly to tailor services to individual need and also is required to deliver flexibly to serve rural areas	Provider required to address in rural/low population areas as previously services have been physically located in main towns. (Medium) ref action 2

Areas of deprivation	Not clear how this is currently monitored by substance misuse services. Needs consideration		
Human Rights	Mental Health Act implications would not change for the client group – these are governed by existing due process outside the control of local authority	Possible improvement in terms of accessing mainstream services through recovery agenda for substance misusers.	
Health and Wellbeing (consider both the wider determinants of health such as education, housing, employment, environment, crime and transport, as well as the possible impacts on lifestyles and the effect there may be on health and care services)		The intended outcomes of this service are health and wellbeing focussed and the emphasis on recovery should have a positive impact on lifestyles for service users, their families and their communities.	A new service may have to develop new referral pathways into mainstream health and wellbeing services. (Medium) ref action 2
Procurement/Partnership (if project due to be carried out by contractors/partners etc, identify steps taken to ensure equality compliance)	Providers will be obliged through contracts to ensure equality compliance and actively review and address equality issues on a regular basis	Should be better awareness of equality issues if the refocus of the service is on individualised care. Equality compliance should be improved through embedding equality in new contract	Could be a greater burden of monitoring and also tailoring of care packages with a greater range of interventions offered. Lack of compliance with contract – breach. New service will need to operate differently to predecessors. (Medium) ref action 1

Evidence:

Current service monitoring is through the National Drug Treatment Monitoring System (NDTMS), which provides a level of equality information for individuals in treatment, at a local authority level. There are not currently plans to add to this in new service specification although spot audits/reviews for specific target groups will be considered in future (particularly

sexual orientation). Delivery of any new service will be comparable through this monitoring system to previous service activity, therefore improvements or changes can be tracked.

Report delivered to the Health and Wellbeing Scrutiny Committee on 13 January 2014 provides additional evidence

Action plan:

Actions required	**Key activity**	**Priority**	**Outcomes required**	**Officer responsible**	**Review date**
1. Consideration regarding how equality issues are monitored through current performance system and going forward	Make equality awareness a part of essential staff competencies and also monitoring a requirement in new contract. Ask for provider plans on how will be monitored and addressed in procurement phase. Need to review once service established.	Staff training (business case) and monitoring through national system	Effective training delivered to all staff and monitored. Effective monitoring of equality issues through performance monitoring/complaints/ equality data to be integral to specification for new service	Sarah Marshall	March 2015
2. Change of service	Ensure effective and appropriate communication of any change in service provision – work with provider to ensure – will be requirement in service specification for implementation		All existing service users are aware of any changes in their care. Also any referring organisations are aware of any changes in pathways in and out of the service	Sarah Marshall	December 2014

Sign off	
Lead Officer:	Sarah Marshall
Approved by Head of Service:	Caryn Cox, Director of Public Health
Moderation and/or Scrutiny	
Date:	Strategic Commissioning Directorate Equality Group moderated 18 October 2013, further report presented to Health and Wellbeing Scrutiny Committee 13 January 2014
Date analysis to be reviewed based on rating (high impact – review in one year, medium impact - review in two years, low impact in three years)	

Please forward the completed Equality Analysis to the Equality and Diversity Managers for publishing on the Council's website