Equality Impact Assessment Form and Action Table 2017 - 2019
(Expand the boxes as appropriate, please see guidance (www.somerset.gov.uk/impactassessment) to assist with completion)

"I shall try to explain what "due regard" means and how the courts interpret it. The courts have made it clear that having due regard is **more than having a cursory glance** at a document before arriving at a preconceived conclusion. Due regard requires public authorities, in formulating a policy, to give equality considerations the weight which is **proportionate in the circumstances**, given the potential impact of the policy on equality. It is not a question of box-ticking; it requires the equality impact to be **considered rigorously and with an open mind**."

Baroness Thornton, March 2010

What are you completing the Impact Assessment on (which policy, service, MTFP reference, cluster etc)?	Decision to award contract for Somerset Specialist All Age Drug and Alcohol Treatment Service which includes final MTFP saving of £400,200

Version	3	**Date**	19.06.18

Section 1 – Description of what is being impact assessed

Somerset County Council Public Health commission the drug and alcohol treatment service for all ages. The current contract for this service area was due to expire 31st March 2019. Somerset County Council receives £4,191,000 through the Public Health ring fenced grant for the provision of drug and alcohol specialist treatment services for the population.

In addition, the Somerset County Council revenue budget currently contributes of £400,200 to the service. There has been a year on year planned reduction through the Medium Term Financial Plan to reduce the County Council contribution and in 2019/20 the final element of these planned savings will accrue to Somerset County Council as a result of efficiencies achieved through this procurement process.

To safely accommodate these savings the decision was made to tender for a service against a new specification and performance framework.

This revised specification continues to function for all ages, seeking a service that operates as a team of specialist expertise, working directly with clients[1] (both children/young people and adults) and supporting and enabling the wider system to effectively respond to the challenges of drug and alcohol use.

The new specification requires that the Somerset service:

- starts with people's strengths, not problems
- has the client at the centre of its delivery; and where the client is a partner in their own recovery;

[1] The use of the term 'client' refers to people of any age who are: dependent on drugs and/or alcohol; and/or a carer, family member or affected other of a dependent drug and alcohol user; and/or a young person who is a child of a dependent drug and alcohol user regardless of whether the user is in treatment or not.

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- has the needs of children at its heart including specialist provision for children and young people;
- uses a proactive approach to engagement, that opens up options for clients and supports and enables aspirations;
- regardless of the age of the client is driven by a model of "Think Family – Think Community – Think Partnership".

Section 2A – People or communities that are **targeted or could be affected** (taking particular note of the Protected Characteristic listed in action table)

People of any age who are a dependent on drugs and/or alcohol; a carer, family member or affected other of a dependent drug and alcohol user; and/or a young person who is a child of a dependent drug and alcohol user regardless of whether the user is in treatment or not.

By the nature of drug and alcohol dependency the individuals and families involved are also likely to have complex profiles that include but not limited to: offending, unemployment, homelessness/rough sleeping, low income, emotional / mental health issues, be a victim or perpetrator of domestic abuse. See section 3 for details but of significance is the 55% (1,528) of individuals in treatment classified as parents during the 12 month period 01/04/2017 to 31/03/2018.

Local communities affected by both potential changes to service delivery e.g. reduced or increased service provision in rural areas and /or the behaviours associated with dependent use of drugs and alcohol such as crime and anti-social behaviour.

Section 2B – People who are **delivering** the policy or service

Somerset has been a high performing area compared to national average under the previous contract arrangements. Commissioners expect this level of performance to continue and increase against a revised performance framework and will be monitoring this closely.

With an increased emphasis on recovery from drug and alcohol dependency, there will also be an impact on service users including carers with more opportunities to become a peer mentor and a volunteer. This includes clear pathways for personal development and future employment in the drug and alcohol service and/or related areas of community, voluntary and public sector work. This contributes to challenging the stigma of drug/alcohol use by making recovery visible in Somerset's communities including in the service areas workforce.

As part of the new specification the service at regular intervals during the life of this contract will provide a workforce snapshot by staff member including subcontractors as appropriate; this will include anonymised profiles of the workforce including peer mentors and volunteers against protected characteristics.

Section 3 – **Evidence and data** used for the assessment (Attach documents where appropriate)

Two needs assessment were undertaken to inform the revised specification and this data profiling has continued to ensure as commissioners we understand who is and who is not

accessing services and guide service improvements/developments.[2] [3]

Unless specified the following data looks at all clients in contact with the existing Somerset Drug and Alcohol Service in the last financial year (1st April 2017 – 31st March 2018).

Age

The age distribution of Somerset's treatment population is shown in Figure1 on page 10 of this report. Over the four year period, the number of young people aged 10 -17 years old has increased from 3.3% to 4.3% of the in treatment population; this was an intention of the service design to enable more young people to seek support early in any substance using career; the new specification starting April 2019 will seek to further enhance this to prevent escalation of problems before adulthood.

In the figure we can also see a growth in those aged 50 years + and a decrease in those aged 18 and 29 years; both of these trends are in line with regional drug and alcohol figures drawn from NDTMS[4].

Disability

National drug and alcohol dataset for collecting disability information for people in drug/alcohol treatment came into force April 2016. This data field gives each client an option of answering up to three disability fields so a single client may have multiple disabilities. A client was only classified as having no disability if they answered that in the first field, otherwise it was not counted.

On this basis in 2017/18 50% of open episodes in contact with the drug/alcohol service indicated a disability; and of these 31% reported behaviour and emotional as the disability type.

Co-existing mental health and drug/alcohol misuse issues have been identified as an area that requires specific focus for many years. Local data confirms a greater prevalence of mental health problems amongst those using substance misuse services than the general population and that women are more likely than men to be in receipt of treatment for mental health issues alongside drug and alcohol issues.

The data provided in the two Somerset JSNA support packs[5] show that 30% of new drug presentations were also receiving care from a mental health service for reasons other than substance misuse (28% of males, 35% of females) compared to 24% nationally. Similarly, 30% of new alcohol presentations were currently receiving care from mental health services for reasons other than substance misuse (25% of males, 36% of females) compared to 21% nationally.

Gender Re-assignment

[2] SCC Public Health, Drug and Alcohol Treatment Needs Assessment, December 2016
[3] SCC Public Health, Young People's Substance Misuse Needs Assessment, March 2017
[4] National Drug Treatment Monitoring System
[5] Adults – drugs commissioning support pack 2018-19: key data, Somerset; Adults – alcohol commissioning support pack 2018-19: key data, Somerset, PHE, 2017

This is a data field recorded but as numbers are low it is suppressed. Of more importance for this protected characteristic is that the service is culturally competent, and has access to appropriate training, resources, advice and guidance – particularly in an area where there are small numbers of people.

Marital / Civil Partnership Status

Over half (52%) of all people in treatment are single; and over 25% self-reported as being in a relationship (married/civil partnership/partner secure or co-habiting); 8 % divorced /separated.

Pregnancy and Maternity

In relation to parental drug/alcohol use and the impact on children, during the 12 month period 01/04/2017 to 31/03/2018 of all individuals in treatment 55% (1,528) were classified as parents[6].

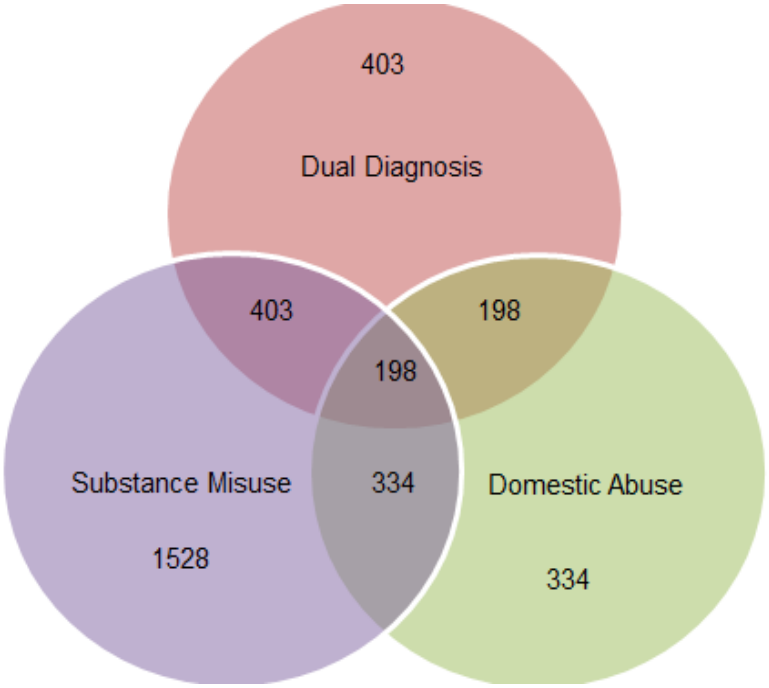
Of those parents:

- 65% were male, 35% female – approximately in line with the in treatment population gender split
- The majority were in treatment for opiate use (46%) and alcohol only use (29%). Non-opiate use and alcohol and non-opiate use combined was a further 23%. 2% were young parents i.e. aged under 18 years.
- 63 individuals were recorded as being pregnant. Of these 53 were marked as already having children.
- Of all individuals in treatment 17% (473) were classified as parents that had at least one child living with them. This is a decrease from previous years where it was 20%-21%; however the gender split was an even 50:50 male to female.

Since the 2015 Hidden Harm Needs Assessment[7], there has been development work on the joint working between specialist services working in the area of drugs and alcohol / domestic abuse / mental health. The diagram below shows more visually the complex nature of the service users in touch with the existing Somerset Drug and Alcohol Service. This shows the number of parents in drug and alcohol treatment who also have identified mental health and domestic abuse in their profile 2017/18:

[6] The definition used is from the National Drug Treatment Monitoring System and defines parent as biological parents, step parents, foster parents, adoptive parents and guardians. It also includes de facto parents where an adult lives with the parent of a child or the child alone (for example, clients who care for younger siblings or grandchildren) and have taken on full or partial parental responsibilities. The minimum period of cohabitation would be one month.

[7] http://www.somersetintelligence.org.uk/hidden-harm.html



Domestic abuse and mental health are areas explored as part of client assessment, which also covers risk and care plans. National data is supplemented by local data field's e.g. national data asks about whether the client has ever been affected by domestic violence, locally we seek to identify if this means victim and/or perpetrator and/or witness; alongside if there are children in the household.

Race

The majority of clients (94%) classify themselves as White British; this is (broadly) similar to the population of Somerset (94.6%). Other White made up 3% of the clients in treatment which links with the two largest non - UK nationalities recorded which were Polish and Portuguese.

Learning from a serious case review published in 2016[8] identified that there is a need to ensure that the services are culturally competent, and have access to appropriate training, resources, advice and guidance – particularly in areas where there are small numbers of people from different groups and cultures, which may result in staff having limited experience in this area. The learning from the review is also linked to mental health.

Religion and Belief

The majority, 70% of those in treatment report they have no religion or belief; Christian accounts for 12%.

Sex

The gender split for those accessing treatment is consistently shown to be around 70% men and 30% women; this is in line with the national picture of the gender split of adults in treatment.

[8] https://www.england.nhs.uk/south/publications/ind-invest-reports/south-west/somerset/

Somerset data for the proportion of each gender indicates 72% of men in treatment and 28% of women in treatment are there for opiate use; whereas 62% of men and 38% of women are in treatment for alcohol only use.

For young people (under 18 years old) in treatment for their drug and alcohol use, it is more evenly split than adults - 59% males and 41% females, which is not in line with the national gender split of 66% male and 34% female. It is difficult to assess whether this is a positive or negative reflection of the Somerset system in that it is either enabling young women to engage with treatment or disadvantaging young men. This needs ongoing investigation and analysis as the new service comes into operation.

Figure 2 on page 11 of this report breaks down age and sex of all open episodes in treatment for 2017/18. As can be seen it is only at the youngest age cohort 10-14 that females are greater than males; from adolescence onwards the split reverses to males as the greater proportion, with the most marked difference from 18 -24 to 45-49 year olds.

The JSNA support pack[9] notes that "Women presenting to treatment often experience poor mental health, domestic violence and abuse, which may impact upon their recovery".

Sexual Orientation

There is evidence that suggests the prevalence of drug use is higher among lesbian, gay, bisexual and transgender (LGBT) populations, and men who have sex with men (MSM)[10] than the general population.

Local data collected indicates that out of those in treatment in 2017/18, 2% identified as gay/lesbian, 1% bisexual, with the majority identifying as heterosexual 85% . Numbers are relatively small and therefore direct comparison with national estimates is problematic. However, regardless of whether prevalence of drug and alcohol misuse is higher, lower or the same amongst LGBT populations relative to the general population in Somerset, it is essential that services are delivered that meet the needs of all individuals. As the NEPTUNE guidance states: "*In order to be effective, efficient, acceptable and equitable, any intervention must take into consideration the specific socio-cultural circumstances of the individual. In the case of LGBT populations, this will require a workforce with LGBT understanding and competence, that can make LGBT people feel safe, understood, visible and able to disclose sensitive issues."*[11]

Other: Military status

Local data indicates that in 2017/18 there were 74 individuals (2% of the total in treatment) who were either veteran or member of the armed forces. There were though no referrals from veteran or armed forces organisations which indicate an area where improved joint working is required.

[9] Adults- drugs JSNA support pack: key data ,PHE, 2016 (RESTRICTED)
[10] Novel Psychoactive Treatment UK Network, (NEPTUNE), Club Drug use among Lesbian, Gay, Bisexual and Trans (LGBT) People. The Health Foundation, 2016
[11] Novel Psychoactive Treatment UK Network, (NEPTUNE), Club Drug use among Lesbian, Gay, Bisexual and Trans (LGBT) People. The Health Foundation, 2016

Other: Deprivation

There is an association between many of the key indicators of deprivation and the factors identified as Recovery Capital by Best and Laudet that underpin the national drugs strategy.[12] [13] There is clear evidence that alcohol related harm is associated with socioeconomic status. Rates of alcohol-specific mortality, liver deaths and alcohol-attributable hospital admissions all increase from the least to the most deprived. However, the increases in harms do not seem to be directly linked to levels of alcohol consumption. Studies published in the UK suggest that levels of alcohol consumption are relatively consistent across socioeconomic groups and may be lower in those who are in the most deprived groups and yet those in more deprived groups suffer more alcohol related harm – this is referred to as the 'alcohol harm paradox'[14] [15].

Other: Rurality

Somerset is a large rural county, which presents challenges in the equitable delivery of services. This is addressed by operating through a number of hubs located in each district council area along with the use of other agencies buildings e.g. GP practices, pharmacies and community/voluntary sector.

Section 4 – **Conclusions** drawn about the equalities impact (positive or negative) of the proposed change or new service/policy (Please use **prompt sheet** in the guidance for help with what to consider):

Overall the outcomes framework for the new service will include analysis by protected characteristic to continuously identify both who is accessing services, their outcomes and any gaps and unmet needs as a consequence of the protected characteristic.

Age

- Service users come from all age groups – although overall no differential impact has been identified as a result of this proposal on any specific age group the impact of adult substance misuse on children is very damaging; and with 55% of individual clients in structured treatment being parents, any reduction in treatment timeliness or quality could impact negatively on these children. The new specification takes a 'Think Family' approach and has encouraged increased co-location and joint work with children and family services to strengthen the support to children and families affected by drugs and alcohol misuse.
- A number of priority client groups have been identified in the new specification including: parents with non-using and/or using dependent children, parents where there is a safeguarding concern and/or domestic abuse and/or social care involvement (childrens or adults), pregnant women and children looked after and care leavers up to their 26th birthday.
- Access to the service was a key part of the redesign of the new service, for example for young people especially digital access to assessment of need and delivery of

[12] Alcohol, Health Inequalities and the Harm Paradox, Institute for Alcohol Studies, 2014
[13] Understanding the relationship between poverty and alcohol misuse, John Moores University, Centre for Public Health, 2016
[14] Alcohol, Health Inequalities and the Harm Paradox, Institute for Alcohol Studies, 2014
[15] Understanding the relationship between poverty and alcohol misuse, John Moores University, Centre for Public Health, 2016

interventions was a key requirement.

Disability

- The higher level of mental health needs within the client group creates a level of complexity, which requires both time and skill. Co-existing substance misuse and mental health is a priority for the new service specification – both in terms of co-ordinated treatment/support as well as delivering psychologically informed interventions with clients on the basis that the majority of dependent drug and alcohol users will have emotional and mental health needs distinct from a diagnosed mental health condition; these need to be addressed as part of a person's recovery.

- Physical and psychological access to any buildings/premises was identified in the specification as a requirement in addition to mitigations for alternative access points where needed.

Pregnancy and Maternity

- As indicated under age 55% of individual clients in structured treatment being parents and improved joint working between the existing drug/alcohol treatment service and maternity services has improved the quality of intervention with pregnant women (and partners). The new specification has identified this as a priority client group because of the impact on the unborn child and children already in the family household.

Race

- Learning from the serious case review recommended that being in an area with less diversity presents an increased need to ensure that frontline staff unused to dealing with a diverse client group are appropriately trained and supported. Failure to do so could result in harm to clients and/ or others. This requirement should not be compromise and therefore the new service must take on the implementation of the action plan from the serious case review.

Religion and Belief

- Though no specific impact has been identified there is a need to ensure that the services are culturally competent, and have access to appropriate training, resources, advice and guidance – particularly in areas where there are small numbers of people from different groups and cultures, which may result in staff having limited experience in this area.

Sex

- It is has been highlighted that women presenting to treatment often experience poor mental health, domestic violence and abuse, which may impact upon their recovery. Since 2016 there has been a revised pathway and protocol for joint work with maternity services since ending the SCC Public health contribution to substance misuse midwifery. This has enhanced the quality of service response for women through better co-ordination and skill development across whole services.

Sexual Orientation

- Regardless of whether prevalence of drug and alcohol misuse is higher, lower or the same amongst LGBT populations relative to the general population in Somerset, it is essential that services are delivered that meet the needs of all individuals. We require the workforce of the new service to have LGBT understanding and competence that can make LGBT people feel safe, understood, visible and able to disclose sensitive issues. Workforce training and competence needs to continue to be reviewed contract reviews with the service. Monitoring this will mitigate against any negative impact.

Hidden Harm (co-existing substance misuse/domestic abuse/ mental health)

- This is linked to the impact of parental dependent drug/alcohol use and the negative impact on children if there is any reduction in treatment timeliness or quality could. The new specification / service prioritises this cohort of people.

Military status

- As part of assessment of need, dependent drug/alcohol users are asked about previous/current armed forces involvement. This will continue to be part of the assessment and monitored; but as there were though no referrals from veteran or armed forces organisations it indicates an area where improved joint working is required.

Deprivation

- The higher level of deprivation, including homelessness, within the client group creates a level of complexity, which requires both time and skill. There is a need to reconsider the services approach to those who are no fixed abode jointly with District Councils and housing agencies, but it is not anticipated that the funding reduction will impact negatively.

Rurality

- Somerset is a large rural county, which presents challenges in the equitable delivery of services. The new specification as a minimum requires the service to be delivered on an East (covering South Somerset and Mendip district areas) and West (covering Taunton Deane, Sedgemoor and West Somerset district areas) split.
- At the same time it needs to be accessible to all people in Somerset who need them. It is expected to work in partnership with other organisations and community groups to ensure that the interventions are accessible and provided in an equitable way across the county.
- In line with best practice the delivery of services to children and young people especially those under 18 must not be from within premises that are used for adult Service Users.

Fig 1: Open episodes by age at initial assessment, 4 year period 2014/15 to 2017/18

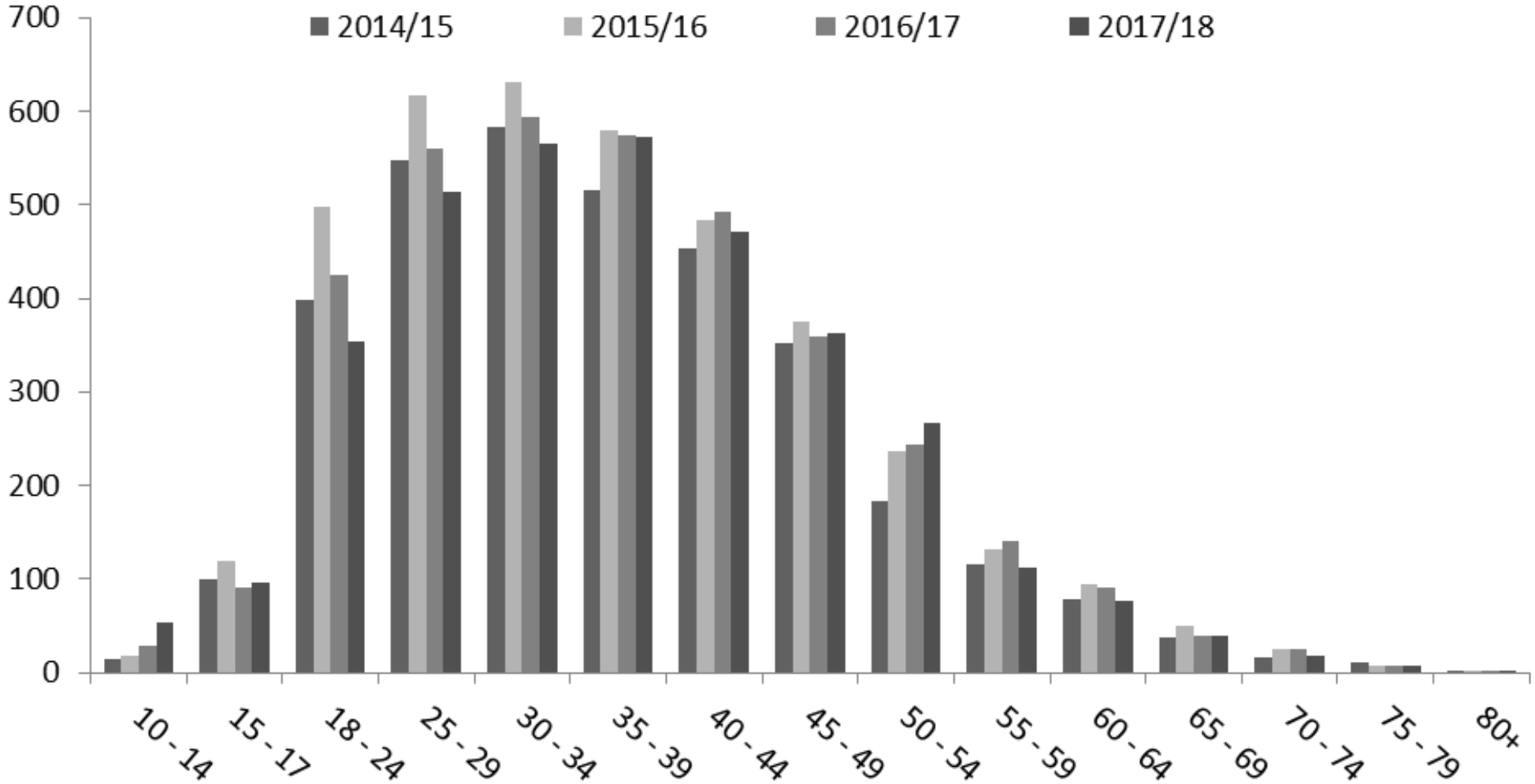
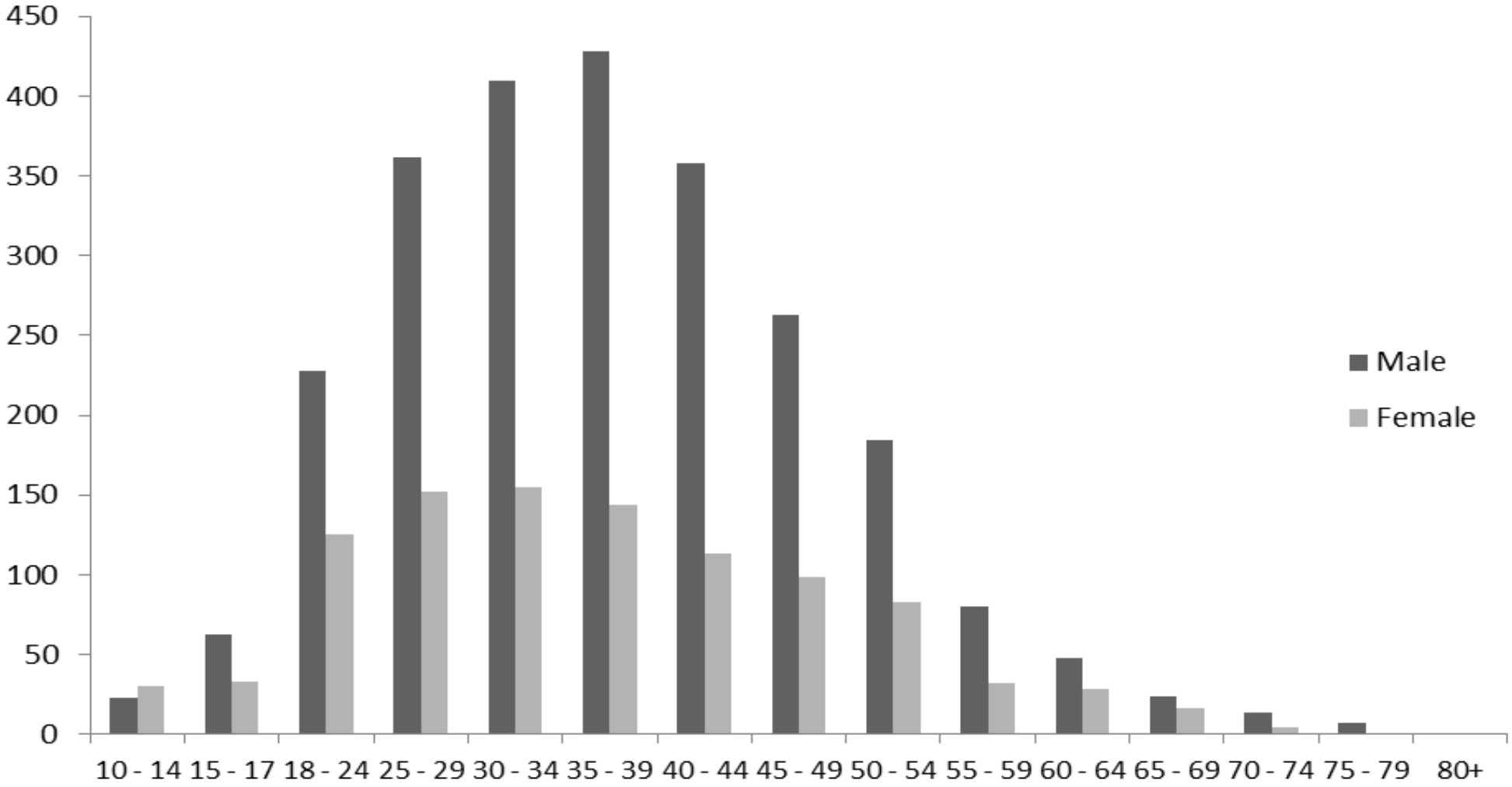


Figure 2: breaks down age and sex of all open episodes in treatment for 2017/18



If you have identified any negative impacts you will need to consider how these can be mitigated to either reduce or remove them. In the table below let us know what mitigation you will take. (Please add rows where needed)			
Identified issue drawn from your conclusions	**Actions needed – can you mitigate the impacts? If you can how will you mitigate the impacts?**	**Who is responsible for the actions? When will the action be completed?**	**How will it be monitored? What is the expected outcome from the action?**
Age			
There are a higher percentage of service users in drug and alcohol treatment who are parents. As a consequence of this there could be a greater impact on this group.	a. To continue monitoring services and assessing impact and outcomes for parents; and any action required to ensure children are protected from the harmful effects of adult behaviours. b. To continue to implement the joint working approach between drug and alcohol, domestic abuse and mental health services.	Amanda Payne - Public Health Service for Manager Drugs and Alcohol	Through standard contract review processes and audit; and reporting quarterly to the Somerset Drug and Alcohol Partnership
Disability			
There are a higher percentage of service users in drug and alcohol treatment with emotional and mental health problems. As a consequence of this there could be a greater impact on this group.	a. To continue to monitor the impact of the Dual Diagnosis Protocol between new SDAS and Somerset Partnership NHS Foundation Trust. b. To monitor SDAS workforce training and competency in relation to responding to emotional and mental health issues. c. To monitor SDAS use premises to ensure	Amanda Payne - Public Health Service for Manager Drugs and Alcohol	Through standard contract review processes and audit; and reporting quarterly to the Somerset Drug and Alcohol Partnership

	physical and psychological access to the service for any client.		
Gender Reassignment			
No impacts identified			
Marriage and Civil Partnership			
No impacts identified			
Pregnancy and Maternity			
To ensure that the impact of service change for maternity services are not negatively impacting on pregnant women or new born babies.	a. To focus monitoring on the impact of services on pregnant clients in treatment; and to ensure pregnant substance using women receive a co-ordinated response to achieve best outcomes for mother and baby	Amanda Payne - Public Health Service for Manager Drugs and Alcohol	Through standard contract review processes and audit – with reports to Somerset Drug and Alcohol Partnership
Race (including ethnicity or national origin, colour, nationality and Gypsies and Travellers)			
Learning from the serious case review has highlighted the need to support the cultural competency of staff. As a consequence of this there could be a greater impact on this group.	a. Monitoring the implementation of the joint action plan arising from Serious Case Review in terms of Somerset Drug and Alcohol Service	Amanda Payne - Public Health Service for Manager Drugs and Alcohol	Through standard contract review processes and audit – with quarterly reports to Somerset Drug and Alcohol Partnership
Religion and Belief			
No impacts identified			
Sex			
See actions under age and pregnancy and maternity as they relate to women			
Sexual Orientation			
No impacts identified			

Other (including caring responsibilities, rurality, low income, Military Status etc)			
Rurality			
To ensure the equitable delivery of service in its use of locations across the rural geography of Somerset.	a. Monitor the implementation of the new service's use of buildings and other agencies premises for delivery and map against the county geography	Amanda Payne - Public Health Service for Manager Drugs and Alcohol	Through standard contract review processes and audit at start and every year thereafter.

Section 6 - How will the assessment, consultation and outcomes be published and communicated? E.g. reflected in final strategy, published. What steps are in place to review the Impact Assessment	
This impact assessment will be published with the key decision paper. The Impact assessment and actions will be reviewed by the commissioners through contract review process and as part of the ongoing needs analysis undertaken in SCC.	
Completed by:	Amanda Payne - Public Health Service Manager – Drugs and Alcohol
Date	19th June 2018
Signed off by:	Christina Gray - Consultant in Public Health
Date	19th June 2018
Corporate Equality Manager sign off date:	19th June 2018
To be reviewed by: (officer name)	Amanda Payne - Public Health Service Manager – Drugs and Alcohol
Review date:	Annually for analysis against all protected characteristics. April 2019 will provide final five year baseline data to review performance against new service specification/provider operation.