

Equality Impact Assessment

Creating a Dynamic Purchasing System for Tier 4 Drug & Alcohol Placements in Southwark

July 2017

Equality Impact Assessment (EqIA): Creating a Dynamic Purchasing System for Tier 4 Drug & Alcohol Placements in Southwark

1. Background

This document will assess any impact of the proposal to replace existing contracting arrangements for Tier 4 Drug & Alcohol Placements to a Dynamic Purchasing System (DPS) on equality issues in Southwark.

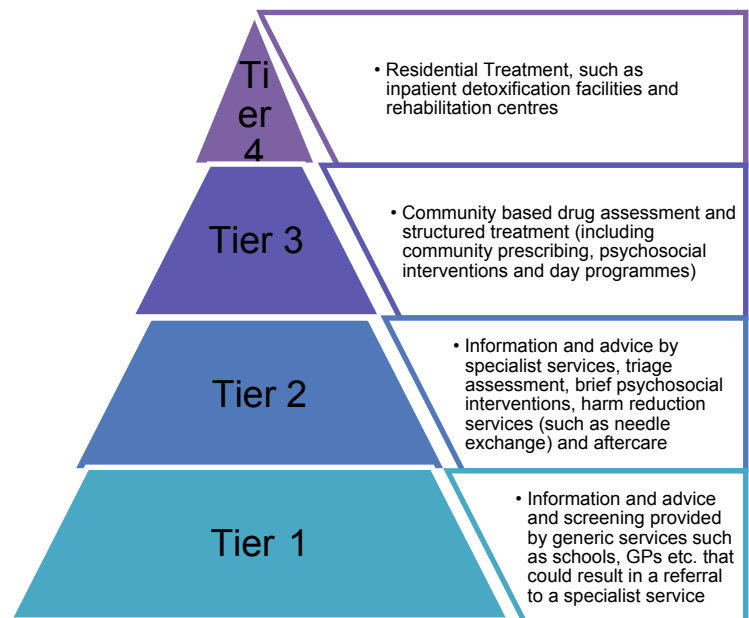
National context

As a result of the Health & Social Care Act 2012¹, responsibility for commissioning public health services transferred to local authorities on 1 April 2013. Since this date, local authorities have been responsible for providing effective prevention, treatment and recovery services for drugs and alcohol for adults and young children who require it.

The National Drug Strategy (2017)² sets out the Government's ambition to promote the recovery of drug users in their communities and how this commitment would be delivered. One of the key aims of the strategy, which local authorities have responsibility to deliver, is 'Building Recovery' by increasing the number of individuals recovering from their dependency and/or addiction to substances. This strategy aims to enhance treatment quality and improve treatment outcomes through tailoring interventions for different user groups. The Government's Alcohol Strategy (2012) focuses on irresponsible drinking, support for individuals to make informed choices about their alcohol use and reducing the numbers of individuals drinking to excessive levels – all focusing on early prevention and harm reduction.

Drug and Alcohol interventions and/or treatment are usually delivered using a tier based model. Tiers 1-4 offer differing levels of treatment depending on need. The intensity and provision offer of treatment increases as the tiers increase, as illustrated in the image on the right. Tier 4 services are aimed at individuals who have the highest level of need, that require in-patient admission to support detoxification, stabilisation or residential abstinence orientated programmes to support recovery.

In Southwark, the council's Drug and Alcohol Action Team (DAAT) commissions the majority of the support services for adults and young people affected by alcohol and/or drug misuse; working closely with Public Health officers. This is primarily funded by the Department of Health's Public Health grant to the Council, with a funding contribution from the Adult Social Care budget for Residential Rehabilitation and Structured Day Programmes.



Current services

There are currently two agreements in place for in-patient detoxification arrangements and residential rehabilitation/structured day centres for Southwark residents

In-patient detoxification centres

Grant award agreements are currently in place for two London based detoxification centres – Equinox Brook Drive (situated in Elephant & Castle, Lambeth), and Cranstoun City Roads (Islington). Both these centres offer residential support for service users to successfully detox or stabilise from illicit substances and/or substitute medication and alcohol, alongside psycho-social and recovery support (including groups, structured one-to-one sessions and mutual aid).

Residential Rehabilitation centres and Structured Day Programmes

These placements are spot purchased through the Adult Social Care Substance Misuse Team (SMT) following approval for rehab or a day programme at a fortnightly multi-disciplinary panel. A Care Act Assessment is completed by a member of the SMT, appropriately identifying a residential rehab or day programme to meet the service user's need.

¹ <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

² <https://www.gov.uk/government/publications/drug-strategy-2017>

Choice of placement will be decided using a number of factors, including therapeutic ethos, location and specialisms (such as female only, mental health and criminal justice involvement). Variations of price are often linked to the complexity of the service user.

Proposed changes

It is proposed that new Tier 4 services will be delivered through a Dynamic Purchasing System (DPS) contracting arrangement. This system will provide clear and robust demand led contracts to providers, which have met the council's minimum threshold requirements for participating in the contracting arrangements, that illustrate the required quality of services, performance and outcomes expected and pricing arrangements for separate service user types.

Any Tier 4 treatment provider will be eligible to join the DPS, providing that they meet the quality and price criteria set out in the tender documents. All placements will be funded on a spot purchase basis with no block or retainer fee paid to providers on the DPS and no guarantee of business from the council.

It is proposed that there will be **four** Tier 4 categories or 'lots' on the DPS that providers can apply to join. These are as follows:

- **Residential Detoxification/Stabilisation** - Providers who are able to offer planned admissions to support the detoxification and/or stabilisation of drugs and/or alcohol – including certain specialisms such as young people, men only, women only, and dual diagnosis support (appropriate to this level). Each provider will be asked whether they are able to support 'complex' cases (such as people with mental health/dual diagnosis, homelessness issues etc.) or offer admission with no forward plan.
- **Residential detoxification with residential rehabilitation and / or structured day programmes** – A centre that provides both detoxification and second phase rehabilitation services on site or an off site structured day programme for both alcohol and drug service users
- **Residential Rehabilitation** – Drug and/or alcohol residential rehabilitation programme for successfully detoxed service users with an on or off site structured day programme. We will seek a variety of providers who will be able to offer second stage residential care (such as moving on programmes), as well as supporting priority groups including, but not limited to, dual diagnosis service users, young people, women only, men only, offenders (including those on DTR/ARR orders), mother and baby units, and people being released from prison.
- **Structured Day Programmes** – providers who offer intensive, community based support often over a number of weeks

A number of minimum thresholds, currently under development, will be included in the first stage of the tender process to ensure that all providers who join the DPS meet the council's requirements.

All providers must commit to uploading activity data on the National Drug Treatment Monitoring System (NDTMS), and providing outcome and performance data as required by the council.

The DPS will specify that acceptance on the system does not guarantee any business from the council, but provides an opportunity for the provider to be considered for contract award dependent upon the lowest price offered and the ability to meet the service user's needs. .

It is anticipated that the use of such a system will increase Southwark DAAT's ability to efficiently ensure and monitor high quality delivery of Tier 4 treatment within the borough, as well reducing the expenditure required for residential detoxification or rehabilitation centres. Indeed, Southwark Tier 4 treatment provision will be subject to a budgetary reduction over the next four years and this proposal supports a range of measures to reduce any possible negative impacts of a reduced financial envelope.

Although it is not anticipated that this model change will have a detrimental impact of Southwark residents, treatment availability and Tier 4 provision, this document aims to anticipate any impact this change may have, be it positive or negative. Due to the proposal that the reduction in financial envelope will be gradual over the next four years, the DAAT are committed to complete a second Equality Impact Assessment after the first year of the new procurement model to review the impact on equality of the new contracting arrangements and to review any observed impacts of a reduced budget allocation. .

Key stakeholders

Key stakeholders that may be affected by these services include

- Dependant Drug and Alcohol users in Southwark and their families and carers
- Community Drug and Alcohol Services – such as CGL Southwark and the young person’s treatment provider.
- Opiate Substitute Therapy prescribers
- Southwark GPs and Clinical Commissioning Group
- Services that provide ‘after-care’ services
- Supported Housing and Local Hostels
- Employment, education and training providers
- Metropolitan Police and probation
- Local Hospitals
- Maternity Services

2. Impact of proposal on Protected Equality Characteristics

The Equality Act 2010 protects us all from discrimination or harassment as a result of a personal characteristic. Drug and alcohol services must ensure that treatment provision supports the needs of everyone to increase equality and opportunity to all groups. The following characteristics as Protected under the Act:

- Race
- Age
- Gender
- Disability
- Marriage and civil partnership
- Pregnancy and maternity
- Religion or belief
- Sexual orientation
- Gender reassignment

Impact of the proposed services on these characteristics will be monitored using a combination of local borough statistics, service data and NDTMS data.

Equality Groups	What do we already know?	No Impact	Positive Impact	Negative Impact	Not Sure
Race	<p>52% of Southwark’s population belong to a white ethnicity group, with 48% of the population representing a Black, Asian or Minority ethnic group (otherwise known as BAME). As there are 306,745 people estimated to live in Southwark, there are 147,238 people in Southwark are classified as BAME (crudely estimated).</p> <p>NDTMS reports that ethnicity profiles within Southwark’s treatment system have remained static since 2013. Generally 73-75% of service users within the adult treatment system have a white ethnicity, with 20-22% representing a BAME ethnic origin.</p> <p>Other treatment providers within Southwark are working to increase the representation of particular ethnic groups within the treatment population. As such, there may be an increased number of service users from differing cultures and backgrounds. A DPS for Tier 4 treatment provision would provide effective choice for these individuals for whom cultural differences and language barriers would be considered within their needs and an appropriate placement sourced. Southwark DAAT will need to ensure that providers on the DPS offer variety and</p>		X		

	<p>cultural differences of the residents in Southwark are supported.</p> <p>The nature of the Southwark DPS will allow the addition of providers onto the contracting arrangements on a minimum annual basis. As such, the DAAT will be able to efficiently monitor the equality of treatment provision for differing racial groups, ensuring all residents are offered meaningful and person-centred treatment provision. As long as this is closely monitored, the DPS could have a positive effect on this protected group.</p>																												
Age	<p>The following table illustrates the age breakdown of Southwark:</p> <table border="1"> <thead> <tr> <th>Age Group</th> <th>No.of residents (approx.)</th> <th>% of residents</th> </tr> </thead> <tbody> <tr> <td>0-9 years</td> <td>39,877</td> <td>13%</td> </tr> <tr> <td>10-19 years</td> <td>27,507</td> <td>9%</td> </tr> <tr> <td>20-39 years</td> <td>128,833</td> <td>42%</td> </tr> <tr> <td>40-49%</td> <td>43,045</td> <td>14%</td> </tr> <tr> <td>50-64 years</td> <td>42,944</td> <td>14%</td> </tr> <tr> <td>65years +</td> <td>24,539</td> <td>8%</td> </tr> <tr> <td>Total</td> <td>306,745</td> <td>100%</td> </tr> </tbody> </table> <p>Southwark is generally a young borough; with 42% of the population between 20-39 years old.</p> <p>The age profile presenting to Southwark's treatment system has been ageing over recent years – with an increase of service users over the age of 40 years, and a decrease of younger people in treatment. This is a similar picture to that seen across the UK.</p> <p>The age of people attending inpatient and rehabilitation centres is 44 years on average according to locally collected data. It is very rare for young adults and under 18 year olds to attend Tier 4 treatment in Southwark.</p> <p>The use of a DPS will allow for specialist Young People Tier 4 providers to be part of the system. As such, when young people do present with this level of need, we will be better prepared to offer appropriate care in a strategic and planned manner.</p>	Age Group	No.of residents (approx.)	% of residents	0-9 years	39,877	13%	10-19 years	27,507	9%	20-39 years	128,833	42%	40-49%	43,045	14%	50-64 years	42,944	14%	65years +	24,539	8%	Total	306,745	100%				X
Age Group	No.of residents (approx.)	% of residents																											
0-9 years	39,877	13%																											
10-19 years	27,507	9%																											
20-39 years	128,833	42%																											
40-49%	43,045	14%																											
50-64 years	42,944	14%																											
65years +	24,539	8%																											
Total	306,745	100%																											
Gender	<p>There is a fairly even gender division within Southwark between male and female residents (49.8% vs. 50.2% respectively). However, much like the rest of England, 75% of Southwark's treatment population is male.</p> <p>The use of a DPS may allow Tier 4 treatment to be more attractive and suitable for women in Southwark by offering specific in-patient and rehabilitation centres for women only, in addition to Mother and Baby Units.</p>				X																								
Disability	<p>According to the 2011 census, there were 38,980 residents in Southwark (aged 16-64 years) whose day to day activities are limited by a form of disability; with 1.2% of the population self-reporting bad health. 6.1% of Southwark residents claimed for Employment Support Allowance in 2013; a proportion that is 0.9%</p>				X																								

	<p>higher than the London average. 0.8% of the population were in receipt of Disability Benefits in 2013.</p> <p>Unfortunately, there is no trend data for service users engaging with specialist drug and alcohol treatment with a recorded disability. As such, no comment can be made regarding the need presented by this cohort.</p> <p>However, as with other protected characteristics, it is anticipated that the DPS will allow for a variety of choice and options for the Southwark residents. We know anecdotally from our services that some service users are experiencing significant poor health and mobility issues. As such, this system will ensure we choose in-patient facilities that have made reasonable adjustments to support service users with physical disabilities. The DAAT are committed to including a category for disabled individuals or people with poor physical and/or mental health within the DPS.</p>																						
Marriage and Civil Partnership	<p>The 2011 census showed that Southwark has a much lower proportion of married residents, compared with London and England averages. Southwark has the third highest proportion of residents in Civil Partnerships in England.</p> <p>There is nothing to suggest that this protected characteristic is at risk from this treatment model change.</p>	X																					
Pregnancy and Maternity	<p>In the financial year 2016/17, 1.6% of new presentations to structured drug and/or alcohol treatment were pregnant. 31% of new presentations to treatment in 2016/17 reported to be a parent.</p> <p>The number of service users engaging with services and living with children under the age of 18 years during this time is illustrated in the table below:</p> <table border="1"> <thead> <tr> <th colspan="3">Proportion of adults in treatment living with children under the age of 18 years</th> </tr> <tr> <th>Substance Group</th> <th>Number</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Opiate</td> <td>268/933</td> <td>28.7%</td> </tr> <tr> <td>Non-opiate</td> <td>15/133</td> <td>11.3%</td> </tr> <tr> <td>Alcohol</td> <td>51/254</td> <td>20.1%</td> </tr> <tr> <td>Alcohol and non-opiate</td> <td>49/182</td> <td>26.9%</td> </tr> </tbody> </table> <p>As this data shows, the majority of service users within Southwark's treatment system are not pregnant, parents or living with children under the age of 18 years.</p> <p>The DPS is anticipated to positively impact these groups by allowing specialist in-patient and rehabilitation centres to be part of the system. We hope this will include Mother and Baby units.</p>	Proportion of adults in treatment living with children under the age of 18 years			Substance Group	Number	%	Opiate	268/933	28.7%	Non-opiate	15/133	11.3%	Alcohol	51/254	20.1%	Alcohol and non-opiate	49/182	26.9%		X		
Proportion of adults in treatment living with children under the age of 18 years																							
Substance Group	Number	%																					
Opiate	268/933	28.7%																					
Non-opiate	15/133	11.3%																					
Alcohol	51/254	20.1%																					
Alcohol and non-opiate	49/182	26.9%																					
Religion or belief	<p>The 2011 Census for Southwark confirms the following primary religious groups in the borough:</p> <ul style="list-style-type: none"> – Christian (n=151,462; 52.5%) 	X																					

	<ul style="list-style-type: none"> - No religion (n=77,098; 26.7%) - Muslim (n=24,551; 8.5%) <p>NDTMS and treatment data is not available for this protected characteristic; however it is not anticipated that the proposed model will have a negative impact on service users based on their religion or beliefs.</p> <p>In-patients and rehabilitation centres often differ on therapeutic ethos, and there are some tier 4 models that can be based on religion or beliefs (the 12 Step Model, for example, is known for having a Christian origin). The use of a DPS will allow the DAAT to review providers thoroughly as they request to join the system; in addition to ensuring there is choice and variety in therapeutic philosophy to support individual needs and beliefs.</p>				
Sexual orientation	The 2011 census and NDTMS do not record this data directly. However, there is no anticipated impact of the new model of tendering for Tier 4 provision on this protected group	X			
Gender reassignment	The 2011 census and NDTMS do not record this data directly. However, there is no anticipated impact of the new model of tendering for Tier 4 provision on this protected group	X			

3. Feedback from soft market testing

Awaiting

4. Conclusion

The proposed DPS model for Tier 4 treatment funding and placement will bring together choice and variety in residential detoxes/rehabs and structured day programmes; whilst improving quality assurance and performance outcome monitoring for the contracts of Tier 4 treatment providers. In addition to this, this model is supportive of the reduction in financial envelope that is proposed for Tier 4 drug and alcohol provision, without any anticipation of negative impacts for the residents of Southwark. As illustrated above, it is not expected that this model will impact negatively on Southwark's drug/alcohol treatment population with Protected Equality Characteristics, but rather, through offering a fluid, yet structured contract process, support the service users to access both meaningful and effective treatment providers.

It is recommended that a further Equality Impact Assessment is undertaken after the first 12 months of the new model being operational, in order to monitor any unforeseen impact on any equality groups, and to take any necessary remedial action.