

## **Appendix 1**

### **Equality Impact Assessment (EqIA) – Southwark drug and alcohol treatment provision**

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

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

An EqIA was completed by Southwark Council's Drug and Alcohol Action Team (DAAT) in December 2016 pertaining to the adult integrated drug and alcohol treatment system contract which had seen a range of drug and alcohol treatment services delivered by multiple providers integrated into a unitary service model delivered by one provider (Lifeline at the time) and which had delivered a significant cost saving to the council through the procurement process.

The EqIA identified some gaps in accessible provision for certain groups with varying rationale detailed. As a result, the DAAT liaised closely with the then provider Lifeline to identify a range of actions to be taken to mitigate any adverse impact on the groups engaged with the service. Lifeline's subsequent financial insolvency and a novation of the contract to the current provider change, grow, live (cgl) observed a continuation of focus on the key areas and groups impacted with ongoing work which is noted in formal contract monitoring and review documentation.

As at July 2018, the DAAT is seeking approval for a one year contract extension to the service contract delivered by cgl and has taken this opportunity to formally review the December 2016 EqIA report and to update it with action taken since this time.

The next section of the report will provide an overview of the previous conclusions of the December 2016 EqIA and offer updates, as required.

## **Race**

According to the Protected Characteristics in Southwark JSNA Factsheet (2017)<sup>1</sup> 54% of Southwark's population identify themselves from a White ethnic group, and 46% identifying themselves from a black, Asian or other minority ethnic group (known as BAME groups).

With a total population of 313,300; approximately 144,100 Southwark residents may be classified as BAME.

National Drug Treatment Monitoring System (NDTMS) illustrates national ethnicity profiles within drug and alcohol treatment has remained static throughout the years. Generally, between 73-75% of service users within adult treatment have a white ethnicity, with 20-22% representing a BAME ethnic origin.

Research has indicated BAME groups, such as African, Caribbean, Chinese and Vietnamese ethnicities are under-represented by 'mainstream drug and alcohol services'<sup>2</sup>. Southwark data could indicate this with 75% of the caseload in 2016/17 identified from a white ethnic group and 23% self reporting themselves from a BAME group<sup>3</sup>.

BAME individuals may be less likely to attend drug and alcohol treatment for a number of reasons. Firstly, some believe there is less awareness in such groups of the risks and impacts of drug and alcohol use, or at least, a level of unrealistic optimism. In addition, the stigma associated with illicit drug use can be the biggest barrier for such groups accessing drug treatment. People from BAME backgrounds are more likely to disclose cannabis use, in addition to crack, Khat and amphetamine use. As such, the needs presented by BAME groups can differ from white ethnicities, and so treatment would require adaptation to meet these. Finally, research suggests more intensive engagement may be required to build up trust and recovery capital within these groups.

As a result of this, increased efforts may be required by drug and alcohol services to engage with people from a BAME background e.g. using an assertive outreach model. As nearly 50% of Southwark's population represent a Black, Asian or Minority ethnic group, treatment services in

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<sup>1</sup> <https://www.southwark.gov.uk/health-and-wellbeing/public-health/health-and-wellbeing-in-southwark-jsna/population-groups-and-communities>

<sup>2</sup> <http://www.nta.nhs.uk/publications.aspx?category=Equality+and+Diversity>

<sup>3</sup> Adult Partnership Activity Report – Southwark (2% either 'not stated' or 'not recorded/missing' ) NDTMS

Southwark would be required to take the treatment out of the treatment office and actively engage with the residents to increase specialist treatment activity throughout the borough. However, the capacity to deliver such effective outreach work was reduced during the first two years of the contract due to a reduction of staff and financial resource within the treatment system since 4 January 2016.

Consultation with the adult drug and/or alcohol treatment service staff in 2016 resulted in the following conclusions:

- A reduction in staffing provision resulted in significantly higher caseloads for drug workers. Staff had to prioritise drug and alcohol treatment by risk and need. As such, opiate and crack users (OCU) and people who required clinical management received a more comprehensive level of treatment. Staff felt other problematic, non-physically dependent service users (such as cannabis or cocaine users) may not have been receiving the level of support they needed. As BAME groups are more likely to present to treatment using these types of drugs, such individuals could have been marginalised in Southwark's treatment system at this time.
- Certain BAME groups feel ashamed of problematic substance use, and therefore stigmatised. As such, they are less likely to attend the service, and assertive outreach is key to engage such cohorts. Staff did not feel there were enough capacity and/or resources in the treatment system to do this.

As a result of these conclusions, the following changes have been made to the treatment system to increase opportunities for all races and cultures in drug and alcohol treatment:

- Following legal advice, funding was allocated to the cgl service in February 2018 (arising from unspent Payment by Results allocation to the Lifeline service in April and May 2017) to fund an assertive outreach worker post within the service. The assertive outreach worker is in post and will be responsible for identifying under-represented groups in the borough, and engaging them into the treatment system.
- The service user council and peer mentoring service was recommissioned in 2017 with a new Recovery Support Service contracted to deliver an amount of assertive outreach using peer mentors to under-represented groups as well as to engage with faith groups across the borough as a method of seeking opportunity to engage with individuals not in treatment.
- The adult treatment service –CGL Southwark –underwent significant staffing restructure to increase front line staff within the service in December 2017. This will increase the service's capacity to deliver treatment to previously marginalised groups.

It should be noted that further reductions in financial envelope for the service contract will inevitably have a negative impact this group as capacity and resources to deliver assertive outreach to BAME individuals will be less likely with a focus on a hub based approach.

## **Age**

The median age in Southwark is 32.9 years, making this a young borough with approximately half of the residents less than 33 years of age. In the next 10 years, the Southwark population is predicted to change substantially with growth mainly among the older age groups (between 35-64 years).

It is becoming nationally recognised that the population engaging with drug and alcohol treatment is ageing – with the majority of caseloads now above 40 years old. Older and long term drug users are more likely to present to treatment with multiple and complex health and social care needs.

Graph 7 illustrates an ageing treatment population over time in Southwark:

**Graph 7: Trends in the age distribution of new presentations to treatment 2009/10-2016/17 - Southwark**



Older individuals present specific requirements that require resource. These include, but are not limited to:

- Complex health care needs – such as Chronic Obstructive Pulmonary Disease (COPD)
- Mobility Issues – some requiring home visits, support picking up Opiate Substitute Treatment or escorting to hospitals and other appointments
- Significant social care needs – such as difficulty managing toilet needs, keeping a habitable home environment, developing and maintaining personal relationships, managing nutrition and/or maintaining personal hygiene.
- Grief management, loneliness support

Older individuals are more likely to have a history of opiate use, when compared to younger drug and alcohol users. Indeed, 62% of the Southwark caseload in 2016/17 had a problematic relationship with opiates<sup>4</sup>. Younger people who may need drug and alcohol treatment are more likely to be using other substances, such as cannabis, cocaine, novel psychoactive substances, club drugs and alcohol. Services need to ensure they attract younger substance users as well as the more 'traditional' drug population. This is particularly important in Southwark due to the younger demographic.

Actions taken/being taken in Southwark to ensure all age groups have access to drug and alcohol treatment:

- The former Young Person's Drug and Alcohol Treatment Service (up to age 25 years) was recommissioned in 2017, the functions of which are now part of an integrated health and wellbeing service focusing on sexual health and substance misuse. Substance misuse delivery is aligned with an outreach based model with the majority of the service offer being delivered in locations where young people frequent.
- CGL Southwark (adult service) has been tasked to review service opening hours to ensure it supports service users who are in full time employment, education or training. Late night opening hours and specialist clinics in the evening may attract people who use non-opiate substances, and offer treatment if they are employed.
- CGL Southwark staffing restructure has increased front line staff, which in turn has increased capacity to offer home visits and escorting to appointments etc.

<sup>4</sup> Adult Partnership Activity Report Q4 1617 Southwark – NDTMS

- The RSS has also been commissioned to support under-represented groups into treatment. They have recently engaged with older adults who misuse alcohol, and identified a pathway to encourage such individuals into treatment.

## **Gender**

Most recent demographic information estimates a general 50:50 split between male and female residents living in Southwark. Despite making up half of Southwark's population, only 30% of those in treatment are female<sup>5</sup>. Prevalence estimations suggest that women are less likely to use or have a problematic relationship with drugs and/or alcohol. However, research considers that the standardised treatment offer is not always suitable for females or the fear of judgement/consequences could be a barrier for the group (e.g. if they have childcare responsibilities).

The proportion of female engagement in Southwark's treatment system mirrors the national data. CGL Southwark aims to increase the number of women accessing drug and/or alcohol treatment in the borough via assertive outreach, tailored delivery and efficient service timetabling (e.g. women only clinics for women who have experienced domestic violence). A weekly women's group session is also delivered within the service.

Service user feedback is positive in terms of actions taken to improve women's access to treatment and notes that the service offer has becoming increasingly inclusive with female specific activities available.

It should be noted that a decrease in the financial envelope for treatment services could potentially marginalise this group further as there may be fewer resources to deliver specialist roles and interventions for such groups.

## **Disability**

According to the 2011 census, 14% of people in Southwark describe themselves as having a disability that restricts their day to day activities. This equates to approximately 43,000 people. In the financial year 2016/17, approximately 10% of new presentations to Southwark's drug and alcohol treatment system reported a disability (including mobility, sight, personal care, behavioural, emotional and learning disabilities). However, it must be noted that this data measurement was introduced in 2016/17 resulting in some under-reporting of disability status during this time period.

All service buildings are wheelchair accessible and there are good transport links to access the treatment service for individuals with physical health complications. Within the treatment system, service users are encouraged to take personal responsibility for their recovery, and will be required to attend the service if they are able to do so. Home visits are offered to individuals who are physically unable to attend the treatment offices, however the resources required to complete these must be considered (e.g. more than one staff member required for health and safety reasons).

In addition to physical health, mental health needs can also be presented by drug and/or alcohol users. Throughout 2016/17, 1 in 10 new presentations to treatment had a mental health need although this is not considered to be entirely accurate with a much higher percentage expected in reality.

Psychology staff within Southwark's treatment system noted a decrease of psychological health support following the original procurement process which reduced the number of psychology staffing posts. Within the December 2016 EqIA, psychology staff noted a particular impact on service users with lower level psychological ill-health such as personality disorders or trauma conditions.

The integrated drug and alcohol treatment system commissioned in 2016 was not contracted to provide mental health support which is funded by NHS Southwark CCG who were unable at the time

<sup>5</sup> Adult Partnership Activity Report Q4 1617 Southwark – NDTMS

to provide any funding for inclusion of a service mental healthy pathway within the contract. Service users with both mental health and substance misuse needs (known as dual diagnosis) can find it challenging to receive suitable treatment for their needs. A 'chicken and egg' analogy is often used to describe the problem: Mental health providers will not provide support until substance misuse has been addressed, yet service users use substances to manage the significant effects of poor mental health. This can result in a service user not receiving support from either agency, which has a large impact on their recovery options.

A significant work programme is currently underway which sees the DAAT and Public Health working closely with NHS Southwark CCG commissioners to improve the borough's dual diagnosis pathway and service user experience. Additionally, CGL Southwark are working to improve partnerships and treatment pathways with local mental health teams which will in turn improve outcomes for these service users.

### **Marriage and Civil Partnerships**

The 2011 Census shows that Southwark has a much lower proportion of residents who are married compared with the averages for London and England. However, Southwark has a higher proportion of residents in civil partnerships compared with the London and England averages- indeed, compared with county and unitary authorities nationally, Southwark has the third highest proportion of residents in civil partnerships (behind City of London and Brighton and Hove).

There is no data to suggest that this protected group has been impacted by the service offer in the borough since the integrated drug and alcohol treatment service went live.

### **Pregnancy and Maternity**

According to the 2016/17 NDTMS data, less than 5 adults presented to Southwark's treatment system whilst pregnant in that financial year.

Approximately 37% of new presentations to drug and/or alcohol treatment have a parental status, or have significant childcare contact. However, the majority of new presentations (63%) report they are not parents and/or do not have any child contact (2016/17).

CGL Southwark reports a successful pregnancy and maternity pathway, working closely with local social services and midwifery teams. In addition, the service offers a specific family programme (including a Hidden Harm worker) which assures all families are safeguarded, as well as supported and involved in the service user's care.

Consultation with the adult service staff in 2016 resulted in the following conclusions:

- There is less resource available for the psychology staff to deliver systematic family therapy
- The service is not seen as a suitable environment to bring young people and/or children. For some full time parents, this will provide a significant barrier to accessing treatment. Although some parents are offered monetary support for a local crèche from social services, others are not.
- As the capacity to conduct home visits and outreach has reduced, there may be a detrimental impact on the treatment package available to some parents.

As a result of these conclusions, the following changes have been made to the treatment system to increase opportunities for parents and carers in drug and alcohol treatment:

- Following legal advice, funding was allocated to the cgl service in February 2018 (arising from unspent Payment by Results allocation to the Lifeline service in April and May 2017) to fund an assertive outreach worker post within the service. The assertive outreach worker is in post and will be responsible for identifying under-represented groups in the borough, and engaging them into the treatment system.

- The adult treatment service –CGL Southwark –underwent significant staffing restructure to increase front line staff within the service in December 2017. This will increase the service’s capacity to deliver treatment to previously marginalised groups.
- The former Young Person’s Drug and Alcohol Treatment Service (up to age 25 years) was recommissioned in 2017, the functions of which are now part of an integrated health and wellbeing service focusing on sexual health and substance misuse. Access to a multi-agency service allows greater access to contraceptive choices for young people at risk of poor sexual and reproductive health.

## Religion and Belief

The 2011 Census for Southwark confirms the following primary religious groups in the Borough:

- Christian (n=151,462, 52.5%)
- No religion (77,098, 26.7%)
- Muslim (n=24,551, 8.5%)

No current service level data are available; however staff consulted in 2016 felt that a reduction in financial envelope for the services had minimal impact on religious groups. However, it is worth noting that assertive outreach will be required for some religious groups who feel shame and stigma around substance use and treatment.

The council’s commissioned Recovery Support Service identified an intention to engage with a range of faith groups across the borough for the purpose of developing partnership pathways and seeking opportunities to encourage more individuals into treatment.

## Sexual Orientation and gender reassignment

The Office for National Statistics has published experimental statistics on estimates of sexual identify among adults in the UK. The statistics provide estimates of the number of people identifying as:

- Heterosexual
- Gay or lesbian
- Bisexual
- Other
- Don’t know or refuse to respond

Only estimates of the heterosexual and gay or lesbian population are considered robust enough for Southwark. Estimates of those identifying as either bisexual or other are not considered reliable enough for practical use.

Identify	Number of adults age 16+	Prevalence		
		Southwark	London	England
Heterosexual	215,000	88%	90%	94%
Gay or Lesbian	12,500	5%	2%	1%
Bisexual	2,000	1%	1%	1%
Other	2,000	1%	0%	0%
Don’t know/refuse	13,000	5%	4%	4%

Southwark's treatment system started recording sexual orientation in 2016/17 for all new presentations to treatment, and shows a similar profile to that seen overall in the borough:

**Table 3: Southwark Treatment system – Sexual Orientation Data**

<b>Identify</b>	<b>% of adults age 18+ (new presentations)</b>
<b>Heterosexual</b>	85%
<b>Gay or Lesbian</b>	5%
<b>Bisexual</b>	1%
<b>Other</b>	0%
<b>Don't know/refuse</b>	3%
<b>Missing</b>	6%

A recent Southwark Public Health needs assessment concluded that there is an unmet need for local club drug users, and chemsex cohorts within the borough. Although not always, a prominent proportion of individuals partaking in chemsex are MSM (men who have sex with men). The council commissions services for club drug users in line with the guidance within the Department of Health's Drug misuse and dependence: UK guidelines on clinical management (2017) document.

CGL Southwark currently have a Chemsex pathway in place to support MSM; however consideration is currently being given as to whether service opening hours of clinics (typically 9am-5pm) are suitable for this cohort, who may be employed or engaging in education during standard office hours. CGL Southwark is currently reviewing their opening times to ensure they are suitable for all cohorts.

It is anticipated that any further financial reductions in the CGL Southwark service will impact this group, as specialist pathways will not be prioritised over high risk opiate users.