

Equality and Safety Impact Assessment

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.

Outcome	People in Southampton live safe, healthy, independent lives
Code	SHIL 10
Name or Brief Description of Proposal	<p>Review substance misuse provision.</p> <p>To reduce investment in drug and alcohol treatment services by working with providers to change the model of support in the short term and in the longer term to review services alongside other areas, including homelessness services, to develop a more integrated approach.</p>
Brief Service Profile	
<p>The Council took over the ongoing commissioning of alcohol and substance misuse services when the responsibility for Public Health transferred from health. The Public Health Grant is used to deliver a number of contracts for drug and alcohol treatment services:</p> <ul style="list-style-type: none"> • Southampton Drug and Alcohol Recovery Service (SDARS) with a current contract value of £2.9m which is comprised of : <ul style="list-style-type: none"> ○ DASH Young Persons Substance Misuse Service (No Limits) ○ ARM Assessment Review and Monitoring Service (CGI) ○ Structured Interventions Service (Solent NHS – Society of St James – No Limits) • Shared Care Support delivered by 8 GP Practices in the city in partnership with SDARS (current contract value £45k) • Alcohol Care Team at Southampton General Hospital (UHS) (current contract value £93k) • Hepatology Outreach Nurse Service (current contract value £10k) • Pharmacy Needle Exchange (current contract value £10k) <p>Outcomes from the services include :</p> <ul style="list-style-type: none"> • provision of early prevention and interventions to young people and brief interventions and early treatment for adults with a substance misuse problem to reduce the number of adults needing to seek help for more serious, entrenched drug and alcohol problems in later life, including those requiring 	

- treatment for serious health conditions such as liver disease.
- Reduction of harm and recovery from problematic substance use.

The Southampton Drug and Alcohol Recovery Service provides the majority of interventions to facilitate individual reduction of harm and recovery from problematic substance use. In 2015/16 this partnership of services:

- Engaged 1,040 people in Structured Treatment consisting of;
 - Alcohol and Non Opiate drug use - 67
 - Alcohol Only - 196
 - Non Opiate drug use - 68
 - Opiate drug use - 709

The partnership have struggled to achieve desired outcomes since the beginning of this contract in Dec 2014, however performance is improving but non opiate recovery rates are still of concern. Recovery rates are:

	Baseline 1/4/15 – 31/3/16	Latest 1/7/15 – 30/6/16	National Top Quartile
Opiate	6.6%	7.5%	7.5 – 10.3%
Non Opiate	28.3%	32%	49.5 – 63.4%
Alcohol	30.6%	41.3%	39.48%
Alcohol and Non- Opiate	25.8%	25.8%	37.7 – 60.92%

DASH provides help and support for young people up to the age of 25 who would like support with their drugs or alcohol use

In 2015/16:

- 1,906 young people received a brief intervention for drug and/or alcohol problem use.
- 8,930 young people were contacted through targeted outreach. Seventy six (11-17 year olds) were seen for specialist substance misuse treatment (tier 3) and 128, 18–24 year olds.
- 86% of young people who were treated for substance misuse problems exited the service in an agreed and planned way.
- Every secondary school within Southampton and home educated children received awareness sessions last academic year. Workshops for young people needing support are also offered.

Shared Care is provided by 8 GP Practices in Southampton. The service oversees care for approximately 80 drug clients on maintenance treatment at any one time. 70-80% are men, most in middle age, with a very long addiction history. It relies on specially trained GPs who work with the clients in their GP practices. This removes the clients from the specialist service setting in which more active drug users are treated more intensively. This model of care provides care nearer home, and in a more mainstream setting.

The Alcohol Care Team (ACT) at UHS works 5 days a week and is joint funded by

Hampshire County Council. Recent activity data shows:

- Assessed 227 people (135 - 60% were Southampton residents).
- Majority (75%) = high risk drinkers scoring 15 or more on AUDIT (people drinking at this level would be likely to have physical dependency and significant impact on health and wellbeing outcomes). Majority aged 45 +.
- Delivered Alcohol training sessions to 86 clinicians in alcohol awareness, referral routes & brief advice.
- Developed anticipatory care plans for high impact users.

Hepatology Nurses offer an outreach service to drug clients with liver disease (mainly Hepatitis C and B, some alcohol related disease). There are 400 clients screened each year. The nurses also provide education for staff and clients, and treatment supervision for a caseload of 20-30 each year.

The pharmacy needle exchange scheme operates across pharmacies in the city. The scheme distributes injecting equipment to a range of users, including intravenous drug users (IVDU), body enhancement and steroid users in the city. There are between 6,000-8,000 needle exchanges per year. The purpose of the service is to contain/prevent spread of blood borne viruses (BBVs), such as HIV, and hepatitis B and C, and to prevent abscesses and septicaemias in those who inject drugs.

Health and Social Care Act 2012 gives local authorities 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..."

The proposal is to reduce investment across all services, which have been protected from previous reductions and review the whole model in the longer term to focus on earlier intervention and create further efficiencies. This includes incorporating national reductions in the Public Health grant.

Summary of Impact and Issues

A reduction in service availability will have an impact upon the provision of harm reduction and recovery interventions to the citizens of Southampton. This could mean an increase in drug use and associated drug litter, crime, anti-social behaviour, domestic abuse and violence, adult and children's safeguarding issues, housing problems and homelessness, as well mental and physical ill health, blood borne virus prevalence and drug related deaths.

Southampton struggles with above national average alcohol related hospital admissions. At least 10% of UHS emergency department attendances are alcohol related and there could be an increase.

Needle exchange and hepatology outreach services are known to contribute to managing the prevalence of Blood Borne viruses and the likelihood is that there will be an increase in Blood Borne Virus infections such as Hepatitis B or C. Prevalence of Hep C in the IV drug users is currently 40-60%. Recent HIV outbreaks have again

been associated with IV drug use, but locally our main issue is Hepatitis B and Hepatitis C. An increased rate of blood borne virus infection which will lead to increased cost to other services including health and social care.

There could be an impact for key stakeholders such as police, probation, ambulance service and the public) if the number of people who can access treatment and the range of interventions that are available were to be reduced resulting in the consequences described above. It is also likely that local performance will reduce against national indicators.

Individuals with significant substance misuse problems also meet the eligibility criteria for care and present need both individually and in relation to carer and family impact. There is a significant overlap between substance misuse, domestic violence, safeguarding, homelessness, poverty and the development of long term conditions requiring care package support. It is therefore possible that there will be a transfer of costs to other services including other social care teams.

Through service redesign savings could be made within the entire substance misuse resource and considering the role of combining other service areas however there is a higher risk of adverse consequences if services are reduced before this piece of work can be completed as redesign and recommissioning takes time.

Potential Positive Impacts

Complete service redesign will provide an opportunity to review the substance misuse services and develop a more integrated approach which takes an holistic approach that goes beyond looking at single lifestyle issues and instead aims to take a whole-person, whole-family and community approach. This could include combining services with others such as housing support services to achieve a more integrated approach that focuses on the cause of issues rather than managing the consequences. However this will take time to achieve a detailed review, consultation and service specification development process.

Lower level outcomes could be achieved through encouraging and facilitating individual behaviour change and interventions that build personal resilience though this will not address impact in specialist services for people who already have significant problems.

Responsible Service Manager	Carole Binns, Acting Director Adult Social Services Sarah Weld, Consultant in Public Health
Date	17 October 2016
Approved by Senior Manager	Stephanie Ramsey, Director of Quality and Integration Dr RA Coates, Interim Director of Public Health
Date	17 October 2016

Potential Impacts

Impact Assessment	Details of Impact	Possible Solutions
Age	<p>Negative impact across all age groups. It is usually more effective to provide intervention to people with substance misuse problems as early as possible and reducing service provision to young people could result in problems becoming more severe and entrenched.</p> <p>Outreach into schools and the community are likely to be reduced leading to fewer young people at risk of developing problems being identified and limited our ambitions for early intervention.</p> <p>Shared care proposals likely to impact disproportionately on middle age/mature drug users with long-term addiction who are a group at high risk of drug related death.</p> <p>Outreach into the community may be reduced leading to fewer people at risk of developing problems at a younger age being identified and limiting our ambitions for early intervention.</p>	<p>Service redesign could specify that brief/early intervention is prioritised.</p> <p>As part of the CAMHS (Child and Adolescent Mental Health Services) transformation plan, it is likely that counselling services may be improved. This may help to identify young people experiencing substance misuse problems and refer them accordingly.</p> <p>Consider higher reductions in adult services to protect young person's services (though this would increase impact in these services).</p>
Disability	<p>Negative impact.</p> <p>Long term drug use is associated with a range of other chronic health problems and people with disabilities are likely to be over represented in this group.</p> <p>Interventions can and do prevent disability.</p> <p>Current services take a universal but targeted approach. Whilst impact will be population wide there is a risk that groups that find it harder to engage with universal services are disproportionately affected when resources are reduced.</p>	<p>Service redesign could specify that providers will be required to prioritise certain groups including adults with long term physical and / or mental health conditions.</p>
Gender Reassignment	<p>Negative impact.</p> <p>Current services target adults who are</p>	<p>Ensure commissioned services are able to work with diverse</p>

Impact Assessment	Details of Impact	Possible Solutions
	<p>experiencing problems with substance misuse. There is a risk that people that find it harder to engage are disproportionately affected when resources are reduced.</p>	<p>need.</p> <p>Contract monitoring to ensure take up of service reflects population and local need.</p>
<p>Marriage and Civil Partnership</p>	<p>Negative impact.</p> <p>People’s problematic use of alcohol has a direct impact on relationships. In particular the relationship between Alcohol and Domestic Abuse is well evidenced.</p> <p>Any reduction in funding will have an impact on our city’s ability to address the strains and difficulties caused by alcohol and drugs on relationship breakup.</p>	<p>Partnership work with other stakeholders and children and families teams to address negative consequences where possible.</p> <p>The DAPP (domestic abuse) scheme is currently working with substance misuse services to address the issues of identifying perpetrators and domestic abuse victims engaging in treatment.</p>
<p>Pregnancy and Maternity</p>	<p>Negative impact.</p> <p>Drug and Alcohol use have direct and detrimental implications to conception and foetal development.</p> <p>Any reduction in funding would impact on ability to prevent and reduce harm thus increasing numbers experiencing complications in pregnancy, still birth and low birth weight and children born with Foetal Alcohol Spectrum Disorders, which can result in lifelong health and social care need. This could drive up the need for adoption or fostering and cost transfer to other services. 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 include a joint post across children and adult services</p>	<p>Increase the responsibility of Pre and post-natal services to address need, subject to capacity within those services.</p> <p>Consider upskilling children and family workers to incorporate into core work.</p>

Impact Assessment	Details of Impact	Possible Solutions
	<p>in order to proactively engage women in these situations. Reduced investment may put specialist posts like this at risk, as a considerable amount of the post time is taken in networking and promotional activities and remaining funding will need to be targeted on case holding activities in order to meet national targets. Reductions in these services are likely to have an impact on safeguarding.</p>	
Race	<p>Negative impact.</p> <p>No specific impact on individual ethnicities.</p> <p>Current services take a universal but targeted approach. Whilst impact will be population wide there is a risk that groups that find it harder to engage with universal services are disproportionately affected when resources are reduced.</p> <p>There is some evidence that people from BME communities are under-represented in accessing services in the city – additional barriers to access such as longer waiting times may more negatively impact on people who already face barriers.</p>	<p>Service redesign could require providers to prioritise certain groups including Black and Minority Ethnic (BME) groups and to provide active outreach to minority ethnic communities.</p> <p>Contract monitoring and data capture which ensures all parts of the community can access services.</p>
Religion or Belief	<p>Negative impact.</p> <p>As above – may impact disproportionately on groups with diverse need.</p>	
Sex	<p>Negative impact.</p> <p>The service engages with whole populations focussing on harm rather than gender.</p> <p>More men are impacted by problematic drug and alcohol use and therefore are likely to experience greater impact.</p> <p>Health of men in Southampton is significantly worse than women with</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</p>

Impact Assessment	Details of Impact	Possible Solutions
	<p>lower life expectancy and higher premature mortality. Alcohol is a key driver of morbidity and mortality thus reducing investment in these services may increase inequalities between men and women.</p> <p>Men are more likely to die a drug related death.</p> <p>Men are known to be less likely to engage with health services. There is a risk that groups that find it harder to engage with universal services are disproportionately affected when resources are reduced.</p>	<p>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>Negative impact.</p> <p>LGBTQ (Lesbian, Gay, Bisexual, Trans and Queer) groups have a higher incidence of substance misuse yet these communities are underrepresented in substance misuse services.</p> <p>Current services take a universal but targeted approach. Whilst impact will be population wide there is a risk that groups that find it harder to engage with universal services are disproportionately affected when resources are reduced.</p>	<p>Joint work with partners to address negative consequences.</p> <p>Maximum use of personalisation/Direct Budgets and referral to community care funding where Fair Access to Care (FACS) applies.</p>
Community Safety	<p>Negative impact.</p> <p>The impact of problematic drug and alcohol use on community safety is well documented</p> <p>A reduction of investment in this service would risk a reduction in our ability to reduce harms related to drug and alcohol use on individuals, their friends, families and communities</p> <p>Increase in Anti-Social Behaviour, Drug Litter, Street Drinking and begging.</p> <p>Crime may increase to pay for drug habits.</p>	<p>Joint work with partners to address negative consequences.</p>

Impact Assessment	Details of Impact	Possible Solutions
Poverty	<p>Negative impact.</p> <p>There is a direct relationship between deprivation and substance misuse. Any reduction in investment could negatively impact on our more deprived populations, exacerbating poverty and associated health inequalities.</p>	<p>Joint work with partners to address negative consequences.</p>
Other Significant Impacts	<p>There is overwhelming evidence that addressing substance misuse issues can have a major impact on 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>All emergency services – Police, Ambulance and acute care experience the burden of people’s problematic drug and alcohol consumption. Reduction in services is likely to lead to increased pressure on these services.</p> <p>The Southampton Safe City Partnership has committed to developing new Drug and Alcohol Strategies for the city. Discussions have identified the need to increase capacity in treatment services as a key action. The proposed disinvestment in services presents a reputational risk to the Council.</p> <p>Substance misuse services based in Southampton represent a preventative opportunity which would be significantly reduced.</p>	<p>Review all substance misuse budgets together to identify how to design services in a new way to maximise the outcomes that we can achieve from the entire resource.</p> <p>Registrar starting soon who will focus on needs assessment for our population which will assist with service redesign.</p>