Equality Impact Assessment (EIA)

1. Topic of assessment

EIA title	Reduction of spend on adult substance misuse treatment services

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2. Approval

	Name	**Date approved**
Approved by	Ruth Hutchinson	05/08/2019

3. Quality control

Version number	Version 4	**EIA completed**	19/07/2019
Date saved	19/07/2019	**EIA published**	13/09/2019

4. EIA team

Name	**Job title**	**Organisation**	**Team role**
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		Surrey CC SaBP Catalyst	Integrated Substance misuse programme board

5. Explaining the matter being assessed

What policy, function or service is being introduced or reviewed?	This Equality Impact Assessment relates to the provision of adult substance misuse prevention, treatment and recovery services in Surrey. Therefore, this Equality Impact Assessment is concerned with the impact of the savings to be realised in 2016/17, 2017/18 and 2019/20. The Substance Misuse treatment system is funded by Public Health and supported by a multi-agency Substance Misuse Partnership to ensure access to a range of universal services and a joined up and comprehensive approach to reducing the harm caused by the misuse of drugs and alcohol. Public Health funded services include: - Prevention and awareness raising activities - Low threshold specialist interventions - Care planned interventions - Inpatient treatment - Recovery interventions - Specialist criminal justice interventions
What proposals are you assessing?	**How is Surrey Public Health funded?** The Surrey Public Health team is part of Surrey County Council and aims to improve and protect the health of people living and working in Surrey. Public Health in local authorities is funded directly by a grant received from the Department of Health. The target grant allocation for Local Authorities is calculated according to a formula that aims to represent variations in need. However, due to historical patterns of funding allocation, Local Authorities do not currently receive their target grant allocation. Surrey's 2015/16 grant allocation was more than 40% below the target level of funding and this has been frozen with no timeline for moving closer to target. This equated to an allocation amount of £34/per head in Surrey compared to £63/head for England as a whole. **What is the Surrey Public Health grant spent on?** In 2016/17 the grant allocation was £38.5 million. Approximately 90% of the public health budget is spent on commissioning or funding services and programmes that help people to make positive changes concerning their health and lifestyle. Sexual health (GUM and Family Planning clinics), substance misuse (drugs and alcohol) and children's public health services (health visiting and school nursing, also referred to as 0-19 services) make up the majority of this spend. **Where have the budget pressures for Public Health come from?** In June 2015/16 the Chancellor announced that the public health budget was to be reduced nationally by 6.2%. In Surrey this equated to £2.2 million and this has been removed from the grant allocation permanently. The autumn Comprehensive Spending Review (CSR) then identified a further reduction of 9.6% (in cash terms) over the next five years. In addition, the Financial Settlement (following the CSR) for Surrey County Council as a whole was worse than expected. As a result, Public Health are supporting the Council to meet these savings targets through identifying wider council work that helps to improve public health outcomes and supporting these areas financially. Ultimately, it means that by 2020/21, the Public Health budget available to spend on core public health programmes will be 33% less than it was at the start of 2015/16.

The table below shows the current values contained in substance misuse programme and the proposed year on year reductions.

Budget 2015/16 (£m)	2016/17 Budget (£m)	2017/18 Budget (£m)	2018/19 Budget (£m)	2019/20 Budget (£m)
8.85	6.97	6.27	5.59	5.47
Reduction from 2015/16 (£m)	1.88	2.58	3.26	3.38

Realising the funding reduction

Adult substance misuse treatment services were previously delivered by three providers, all with different business models and serving a variety of populations. A new integrated substance misuse treatment service began delivery in April 2018.

A number of savings have been identified across contractual and non-contractual spend within the substance misuse pathway. This includes consolidation of Tiers 2, 3 and 4 contracts; removal of the Integrated Offender Management Programme; removal of provision of treatment for higher risk alcohol drinkers from the substance misuse treatment system and remodelling Tier 4 provision to reduce costs. In terms of recovery, a number of projects have been put on hold, cancelled or reduced. A recovery needs assessment has been undertaken to inform partnership working and identify opportunities to support substance misuse recovery in other health and social care services.

Since March 2018 a pharmaceutical "price concession" has been applied each month to the cost of an opiate substitute therapy (OST) medicine called Buprenorphine, this has resulted in a projected budget cost pressure of £220,000 at year end. As a result of the cost pressure some specialist posts, planned treatment and "wrap around" detoxification support has been deferred to mitigate against a negative impact to successful outcomes for service users.

However, in amendments to the NHS drug tariff (January 2019) the price of Buprenorphine has been removed from "price concession" and the price was increased in the tariff, in comparison to the stable price in February 2018 this represents a 702% cost increase. Therefore, i-access is likely to have a cost pressure of £301,000 based on comparative increase in the cost of Buprenorphine prescribed in February 2018 (£3,123) and January 2019 (£25,072).

On 13/02/2019 Professor John Newton wrote to Directors of Public Health with Buprenorphine advice from PHE detailing the move from price concession to tariff to category A and including the recommendation "It is vital that the new higher cost of medicines is considered by local authorities when setting their budgets and capacity targets for drug treatment. There should be an acceptance that previous budgets and capacity targets were based on

	lower medicines costs, and the recent increases should not be seen as a temporary situation only needing short-term management.''1  Partner briefing on public health budget -
Who is affected by the proposals outlined above?	The proposals have the potential to impact adults with substance misuse treatment needs and or dependencies and their families/partners, in particular: - Those with co-occurring conditions; mental health and/or alcohol and drug use conditions[2] - Those requiring in-patient detoxification - People requiring ongoing support for recovery - Those caring for people with drug and/or alcohol problems, including young carers - Offenders and the wider criminal justice partnership including victims and perpetrators of domestic abuse - Vulnerable adults and children who live with people who misuse substances - People who are drinking at higher risk levels but are not alcohol dependent

[1] Buprenorphine – advice from PHE, **Sources/background papers 2.**
[2] https://www.gov.uk/government/publications/people-with-co-occurring-conditions-commission-and-provide-services

6. Sources of information

Engagement carried out

- Provider and service user discussions as part of Surrey's Drug Strategy development, substance misuse commissioning and the Recovery Needs Assessment[3].
- Provider discussions as part of savings negotiations.
- A consultation on changes to the service provision is being undertaken with service users, carers and families to inform the mitigating actions required as a result of these changes. This was undertaken as part of the co-design and mobilisation for the integration of the adult substance misuse treatment services.
- "Changes in provision of drug and alcohol detoxification in Surrey" Public consultation via "SurreySays" including four public meetings during March to May 2018 and implemented in July 2018.


ISMT Stakeholder briefing FINAL incl.


Consultation Summary FINAL.doc


Public Consultation Document FAQs and

- Semi-annual engagement events has been established with service users, peer mentors, carers, family and friends taking forward the relationships developed as part of the detoxification public consultation.
- i-access seeks feedback throughout an individual's treatment journey and provides a summary to Public Health on a quarterly basis.
- Following the open meetings held as part of the detoxification public consultation in 2018 i-access are planning an open meeting to be held twice a year.

Data used

Quarterly Contract performance data

Data provided by National Drug Treatment Monitoring System and local drug treatment systems (NDTMS) https://www.ndtms.net/

JSNA Chapter: Substance misuse
https://www.surreyi.gov.uk/dataset/surrey-substance-misuse-strategy-drugs-section

Alcohol and drug misuse prevention and treatment guidance
https://www.gov.uk/government/collections/alcohol-and-drug-misuse-prevention-and-treatment-guidance

[3] https://www.surreyi.gov.uk/Resource.aspx?ResourceID=1729

7. Impact of the new/amended policy, service or function

7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age		The funding cuts will predominantly affect the adult population. The population that misuse drugs or alcohol tend to be the most vulnerable in society and often have mental health problems and/or are engaged with the criminal justice system. **Young People** At present no cuts are proposed to the specialist Catch22 contract or the Youth Justice service that specifically supports young people . However, the smaller budget for young people prevention projects has also reduced, affecting capacity to pilot innovations and deliver drug and alcohol awareness raising activities	Young People – national perspective • Although Young People should not be considered as an "at risk" group in itself, substance misuse in adolescents is associated with behavioural, physical and mental health problems all of which can prevent a young person from engaging in society. Most young people do not use illicit drugs or binge drink, and among those who do only a minority will develop serious problems. For some, however, substance misuse may be damaging to the developing brain, interfere in the normal challenges of development, exacerbate other life and developmental problems, and further impoverish the life chances of already vulnerable groups of young people. This is a major problem for the UK, which 'has amongst the highest rates of young people's cannabis use and binge drinking in Europe' with 'some 13,000 hospital admissions linked to young people's drinking each year'. The association of substance misuse (particularly alcohol) with crime and anti-social behaviour is often highlighted. The indirect impact on violence, accidents and suicides is responsible for considerable injury and occasionally death among an otherwise conventionally healthy group. The impact on mental health and well-being and social functioning and integration is also significant; • Particular groups of young people identified as more vulnerable to substance misuse include: children of substance misusing parents; young offenders; young people in care; homeless young people; excluded pupils or frequent non-attenders; sexually exploited young

		Adults In addition, the adult treatment population often have children who may be vulnerable to neglect, abuse and future substance misuse and/or mental health issues linked to parental substance misuse. The reduction in investment in recovery services will reduce capacity to support the growing proportion of older adults who require care and support with entrenched alcohol and drug addictions and their ability to achieve lasting recovery.	people as well as those being involved in commercial sex work; young people from Minority Ethnic groups; • The needs of children in care and disadvantaged children need to be carefully considered as evidence shows that childhood trauma has been linked with a wide range of negative outcomes in adulthood including EIA FINAL.docx substance misuse and mental health problems. Adults – local perspective SaBP and Catalyst in partnership deliver the integrated substance misuse treatment for adults known as "i-access", the team are assessors for substance misuse issues as part of the MASH process and contribute to safeguarding with Adult Social Care Partners who are co-located with the i-access for the adult substance misuse treatment system. i-access work in partnership with Catch 22 the Young Persons substance misuse treatment service providing clinical leadership, supervision and a care coordination during transition from Young Persons treatment to adult treatment. In Surrey, the treatment population is ageing with the 35 – 59 yrs (75%[4]) now being the largest age group starting and receiving treatment. Many are older heroin users who have failing health and entrenched dependency problems. This group is particularly hard to help into lasting recovery. The impact is beginning to show in the proportion of people successfully completing treatment, which has levelled off in 2012 to 2013 following an increasing trend over the previous seven years. Between 1991 and 2010 alcohol-related deaths in England among people aged 55 to 74 years rose by 87% for men and 53% for women. Reduction in funding for substance misuse treatment services has the potential to impact on increased drug-related deaths. Local authority areas that have reduced investment in drug and alcohol treatment services have seen an

[4] 2018-2019 Q4 Adult Quarterly Activity Partnership Report (Surrey - All Drugs) PHE 2019

			increase in the numbers of drug related deaths. (Drug misuse deaths Surrey, Rate 1.8 per 100,000 2001-03, Rate 2.5 per 100,000 2015-17)
Disability	Integration of the adult substance misuse services provides single defined pathways to support people with complex needs and / or co-existing conditions with clinical oversight and management across tiers 2, 3 and 4.	Reduction in funding is likely to impact on the accessibility of the detoxification element. This may disproportionately affect those with complex needs who require greater access options and more intense support. This may affect the progress of an individual's recovery and potentially the risk to their health and wellbeing, including risk of death.	People with drug and/or alcohol dependencies often have complex needs and other related or unrelated health problems. For example, the prevalence of co-existing mental health and substance use problems (termed 'dual diagnosis') may affect between 30 and 70 per cent of those presenting to health and social care settings. Drug-related deaths are more common in those with other health problems. There is also a cohort of people with drug and alcohol problems that have a high impact on a range of public services including adult social care, criminal justice and health. High impact individuals require multi-disciplinary support from a range of agencies to help engage them in treatment and facilitate recovery. Some people with learning disabilities misuse alcohol or illicit drugs and some misuse prescribed medications. Various studies have looked at the extent of substance misuse in people with learning disabilities. These are likely to underestimate the problem, as some used self-report measures and others only included people known to learning disability services. It's important to note that little is known about the health of the 'hidden majority' of adults with learning disabilities who don't use learning disability services. It's this group of people with more mild learning disabilities who are most likely to misuse alcohol or drugs. It is thought that about 10% of the prison population has a diagnosed learning disability, but around 60% of prisoners (as well as those in custody) have difficulties with communication skills. Although there is currently no access to data relating to individuals with a learning disability and substance misuse treatment in the prison setting, data on the general prison population nationally shows:

			• 52% of those in contact with treatment in adult prisons settings presented with problematic use of opiates • 17% presented with problems with other drugs (non-opiates) • 12% presented with alcohol as their only problem substance.[5]
Gender reassignment		No evidence of negative impact	There are many barriers preventing people who are transgender individuals from getting help or staying in treatment. Providers need to know potential different patterns of use.
Pregnancy and maternity		No negative impact predicted	There are health risks for both mother and baby if the mother misuses drugs and/or alcohol. Services must closely monitor the pregnancy and provide post-natal support and monitoring. Assisted withdrawal must only take place in wards or units with direct access to emergency care. Pregnant women and those with young families are a priority group to receive interventions. Care coordination between substance misuse treatment and midwifery services and children's services have ensured that this group are prioritised for treatment.
Race		No evidence of negative impact	The use of substance misuse services varies by ethnicity. The majority of people within the Surrey substance misuse treatment system are White British (90% Adult Partnership Activity Report 2018-19 Quarter 4.) There may be particular issues in accessing services for some groups. For example, people have difficulty communicating effectively in English. White British people make up 84% of the population of Surrey (2011 Census)[6] The UKDPC report Drugs and Diversity: Ethnic minority groups highlights the extent and nature of drug use in ethnic minority groups: In general, overall drug use is lower among minority ethnic groups than among the white population. • Reported drug use prevalence is highest among those from mixed ethnic background in a number of studies, largely as a result of high levels of cannabis

[5] **Secure setting statistics from the National Drug Treatment Monitoring System (NDTMS)** 1 April 2017 to 31 March 2018 (Public Health England)
[6] https://www.surreyi.gov.uk/download/census-people-characteristics-ethnicity-and-religion/56a928e3-97b6-45c3-8e33-b8931281d6d5/Ethnic%20Group%20summarised.csv

			use. However, when the younger average age of this group is taken into account, their drug use levels are similar to those in the white British population. • Lowest overall levels of drug use are reported by people from Asian backgrounds (Indian, Pakistani or Bangladeshi). • Cannabis is the most commonly used drug across all ethnic groups and age groups. • Rates of Class A drug use are higher among people from White or mixed ethnic background than among other ethnic groups. • Poly drug use is most common among White groups, compared with other ethnic groups. • Men are more likely than women to use any illicit drugs in many ethnic groups, particularly among Asian, White and Chinese/other groups. Black and mixed race men and women have similar levels of use. • National and local records of treatment services, and some small scale studies, indicate that the types of drugs that cause individuals to seek help vary between different communities: o Among the Asian community the most common reason for seeking treatment is problematic use of heroin. o Asian drug users also appear to be more likely to use smoking as their method of administration, those in white communities are more likely to inject. o Drug users from black groups are more likely to seek treatment for crack cocaine and cannabis use. o Women make up a bigger proportion of white people in treatment than they do of black people. o Almost half of all people from white, mixed and black ethnic groups report alcohol use prior to entering treatment compared with only about a third of those of Asian background. • In some minority ethnic communities, khat use may be a cultural or social recreation. Khat was made illegal in 2014 following concerns having being raised regarding its potential negative health impacts. • BME communities may be at risk of drug use because they often live in disadvantaged and deprived areas, where drug markets thrive. • A number of minority ethnic groups, particularly refugees and asylum seekers, face high levels of unemployment, isolation and social exclusion. Limited opportunities can lead to frustration, boredom and anxiety increasing the likelihood of drug use.

			• Factors suggested as linked to high levels of cannabis use within black communities include: o A perception that it is safe and less harmful than other drugs. o A history of cannabis use within families. o For Rastafarians, cannabis use is a spiritual act and part of the culture of the movement. • Among some BME groups, particularly South Asian people and Chinese people, high levels of stigma are attached to drug use and directed at both drug users and their families. This can lead drug users to hide the extent of their use, and levels of drug problems being underestimated.
Religion and belief		No negative impact predicted	There are many ways in which religious practices and beliefs have the potential to affect health and to have an impact on whether substance misuse services are appropriate for different religious and belief groups. Although a high proportion of people in England (59%) state that they are Christian (ONS mid 2012 figures)[7], providers of substance misuse services should not make assumptions about the religion of people based upon ethnicity. For example, although 68% of people of Muslim faith are from the Asian/Asian British ethnic group, 32% are not: 10% are from the Black African/Caribbean British group. This is particularly relevant to delivering care appropriate to people's individual religious background. There are many ways in which religious practices and beliefs have the potential to both affect health and the appropriateness of substance misuse services: • Diet choice, and preparation of the food. • Observance of fasting times. • Orthodox Jews observance of the Sabbath. • Ethics around Blood transfusion. • Views on termination of pregnancy and contraception. • Provision of Chaplaincy and prayer facilities. • Ablution facilities
Sex		Funding reductions may impact on specific activities to engage women, particularly those with dual domestic	Males make up 49% of the population of Surrey (Surreyi)[8], however, official statistics from the NDTMS show: • 69% of people accessing treatment for drug and alcohol misuse in Surrey were male.

[7]https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/articles/religioninenglandandwales2011/2012-12-11
[8] https://www.surreyi.gov.uk/dataset/population-estimates-by-broad-age-and

		abuse and substance misuse, in treatment	Men receiving treatment outnumber women in all categories. Typically around 38% of those receiving treatment for alcohol alone are women. In other categories they represent about a quarter of those receiving treatment. To avoid unintended consequences for women, such as male-dominated environments, providers must be alert to their needs and to raised risks. Women with childcare responsibilities may not seek treatment without the provision of a suitable environment, or easy access to one, for their children. The role played by alcohol or drug misuse in domestic violence and abuse is poorly understood. Research has indicated that 21% of people experiencing partner abuse in the past year thought the perpetrator was under the influence of alcohol and 8% under the influence of illicit drugs (Smith et al. 2012). People are thought to be at increased risk of substance dependency as a consequence of being the victim of domestic violence (Humphreys et. al. 2005).[9]
Sexual orientation		Funding reductions may impact on specific activities aimed at this client group.	Substance misuse research has demonstrated that client sexual orientation influences treatment outcomes. It is acknowledged that Lesbian, Gay, Bisexual and Transgender (LGBT) individuals are at greater risk in terms of substance misuse than their heterosexual counterparts. In 2008, Stonewall carried out one of the largest surveys of its kind among 6,000 lesbian and bisexual women. The survey found that one in 10 lesbian and bisexual women had taken cocaine, compared with 3% of heterosexual women. Overall, lesbian and bisexual women were five times more likely to have taken drugs than heterosexual women). One of the most extensive sources of statistical information on the prevalence of drug use and sexual orientation comes from an analysis of the British Crime Survey (BCS) data published by the Home Office. The findings indicate that respondents who identified themselves as LGBT were about three times more likely to report having taken illicit drugs compared to heterosexual respondents: 32.8% of LGBT respondents reported taking any drug compared to 10.0% of heterosexual respondents.
Marriage and civil partnerships		No negative impact predicted	

[9] https://www.nice.org.uk/guidance/ph50/chapter/3-context

Carers (protected by association)		Funding reductions may impact on specific activities aimed at supporting friends and family members of people in treatment. The removal of the specialist inpatient provision in Surrey and introduction of spot purchasing and ambulatory may put additional pressure on carers.	Research in 2004 found that where children are caring for a relative with drug or alcohol problems, the incidence of missed school and educational difficulties were considerably higher than for other young carers. 34% were missing school (compared to 27% of young carers) and 40% in total were missing school or had other indicators of educational difficulties (The impact on carers of the changes to drug and alcohol detoxification are being explored as part of a public consultation on these changes. Carers may have an increased role in supporting service users during detoxification.)

7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age			
Disability			
Gender reassignment			
Pregnancy and maternity			
Race			
Religion and belief			
Sex			

Sexual orientation			
Marriage and civil partnerships			
Carers (protected by association)			

8. Amendments to the proposals

Change	Reason for change

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Impact on Drug-Related Deaths	Maintain priority access to treatment to those with an increased vulnerability to overdose risks i.e. those leaving secure settings or dropped out of treatment. Ensure access to naloxone for those in recovery. Development of improved recording and reporting of drug related deaths and emergency admissions.	In place and ongoing	HR/MM
Impact on higher risk drinkers	Self-help packs developed by i-Access Substance Misuse service. Pilot online extended brief intervention service for higher risk drinkers	April 2018 (complete) August 2018	GH
Impact on Carers	Surrey CC Adult Social Care workers are embedded in the iaccess team and are responsible for offering carers assessments	Ongoing	MM
Impact of sex	Monitor access to treatment data. Assess engagement and liaison regarding domestic abuse networks	ongoing	MM
Impact of sexual orientation	Monitor access to treatment data. Assess and evaluate feasibility specific partnership approaches i.e. Chemsex	ongoing	MM
Impact on partners	Consultation of partners via the Substance Misuse Partnership and the Surrey Community Safety Board to understand the risks to	Ongoing	HH

	their organisations of reductions in investment to allow for appropriate action to be implemented.		
Impact on safeguarding	Minimise the impact by ensuring current and future substance misuse providers adhere to the safeguarding policies.	Ongoing	MM
Impact on service delivery	Engagement of key stakeholders and providers in designing the specification for the new service to minimise impact on service delivery. Update JSNA to understand current need to inform commissioning. Contract management discussions and close monitoring of activity to pick up and escalate any challenges to service delivery Impact on accessibility to the detoxification element of a treatment	Ongoing Completed 12.16 Ongoing 08/18 Ongoing	MM
Impact on prevention	Explore opportunities for integrated lifestyles approach to the prevention of risky behaviours	Ongoing	Health Improvement team within Public Health
Impact on lasting recovery	Recovery needs assessment and mapping of support and advocacy services that can be accessed to aid recovery Recovery work plan to be established by i-access, peer mentors and people with lived experience	Completed 2018 - 19	MM
Reduction in specialist knowledge and skills from integrating service delivery	Robust procurement exercise to ensure new integrated service provider has the necessary skills base to deliver the service	2017-18 Complete	MM

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	Joint Strategic Needs Assessment Recovery Needs assessment Engagement with CCGs, provider organisations, partnerships, service users and carers/families
Key impacts (positive and/or negative) on people with protected characteristics	Integration of substance misuse treatment provides a more cohesive and coordinated response to the needs of individuals seeking or receiving treatment and sustained recovery. There may be some negative impact on carers of those with substance misuse issues, this will be explored via the detoxification public consultation between March and May and as part of the evaluation of the new model of detoxification during Q3 and 4 2018/19
Changes you have made to the proposal as a result of the EIA	
Key mitigating actions planned to address any outstanding negative impacts	The detoxification and in-patient treatment for those with the most complex needs will require an enhanced level of clinical oversight to maintain an appropriate and safe response. This will be overseen by a lead clinician at SABP. Clear communication channels for service users and partners
Potential negative impacts that cannot be mitigated	