

## Equality Impact Analysis (EIA) Resident/Service User

Please refer to the guidance and initial Equality Impact Analysis before completing this form.

<b>1. Details of function, policy, procedure or service:</b>	
Title of what is being assessed: The re-procurement of Barnet Substance Misuse Services	
Is it a new or revised function, policy, procedure or service? Revised service provision	
Department and Section: Health and Communities, Public Health	
Date assessment completed: 06.06.19	
<b>2. Names and roles of people completing this assessment:</b>	
Lead officer	Luke Kwamya, Head of Public Health Commissioning
Stakeholder groups	Service Users, GP's, other Barnet council departments such as the Community Safety Team, the Police, family services and adult social care.
Representative from internal stakeholders	Linda Somerville, Public Health Strategist
Representative from external stakeholders	
Delivery Unit Equalities Network rep	
Performance Management rep	Lynda Shepherd, Commissioning Officer Hope Grant, Contract Data Analyst
HR rep (for employment related issues)	
<b>3. Full description of function, policy, procedure or service:</b>	
Please describe the aims and objectives of the function, policy, procedure or service	
As part of the Public Health England (PHE) requirements laid out in the Health and Social Care Act of 2012, Local Authorities are responsible for commissioning health and social care services for residents. Barnet Council Public Health Team are responsible for commissioning services for	

the treatment of substance misuse issues and these services are funded wholly by the Public Health grant. The existing contract for substance misuse services ends in March 2020 and we have begun a procurement process for re-tendering of Substance Misuse Services.

We are therefore re-commissioning for the following contract:

- Substance Misuse Prevention, Treatment and Recovery Service

The re-procurement of the above services will enable the Council to:

- discharge its duties in relation to the Health and Social Care Act of 2012.
- commission services which deliver better outcomes for Barnet residents relating to health and wellbeing.
- achieve best value and efficiencies in the way services are delivered, including annual cost savings.

Barnet Public Health department has overall responsibility for substance misuse services however, it has co-designed services to ensure that the new provision is responsive to local needs. The Substance Misuse Services partner with other Barnet Council services such as, Children/Families services, Young People services, Adult social care, Safeguarding, Police, Criminal Justice, Community Safety Team, Barnet CCG and other general and mental health services, Service Users, Public Health England and voluntary and community services.

A recent service review and needs assessment refresh has been completed for both the Young People's Substance Misuse Service and Barnet Adults Substance Misuse Service. The Substance Misuse Services are open to any Barnet residents and individuals can self-refer or be referred by a professional, such as a GP. The review of all services has and will continue to engage a range of stakeholders. The need assessment refresh that were undertaken highlighted gaps in service provision and areas of change.

The re-procurement of these services will not lead to reduction in provision as the intention is to achieve better outcomes for all residents (but particularly those at risk) and better value for money. Therefore, no group will be adversely affected by these proposals. In the needs assessment refresh, we have considered the potential needs of individuals including their

protected characteristics.

Following the award from the procurement process it will be essential to review the EIA as part of the implementation plan and exit strategies. Further details of this are at the end of this document.

**How are the equality strands affected?** *Please detail the effects on each equality strand, and any mitigating action you have taken so far. Please include any relevant data. If you do not have relevant data please explain why.*

Equality Strand	Affected?	Please explain how affected	What action has been taken already to mitigate this? What further action is planned to mitigate this?
1. Age	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	The age ranges of individuals entering substance misuse treatment services in Barnet (and nationally) has altered since the services were last procured.	<p>In 2017/18 over 93% of treatment episodes in the adult's services were completed by individuals aged between 26 years and 64 years. Only 2.6% of treatment episodes were completed by people aged between 18 and 24 years and 4.1% of treatment episodes were completed by people aged over 65 years.</p> <p>Positive Impact: In Barnet (and nationally) there is a decline in numbers entering drug treatment. Individuals who are entering treatment are more likely to be in the 26-64-year age group. The Adults service will also alter to have a greater emphasis on addressing the needs of middle to older age clients, who may be affected both physically and mentally by long term conditions relating to their use of substances.</p>
2. Disability	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	Data to be collected from clients and carers, relating to disabilities.	The National Drug Treatment Monitoring System (NDTMS) introduced disability fields in



			<p>2016-17 and good quality data is available for episodes in 2017-18.</p> <p>Each client can self-report up to three disabilities. We know that in 2017-18 treatment episodes with a client reporting one disability was 18.6%, two disabilities were 5.2% and three disabilities was 1.7%.</p> <p>The disability reported in the greatest numbers in treatment episodes over this time period was behavioural and emotional (14.5%), followed by progressive conditions and physical health (6.3%) and mobility and gross motor (5.9%).</p> <p>This information, allows the treatment pathway to offer more effective treatment to any Barnet resident with a disability.</p>
3. Gender reassignment	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	Monitor the number of clients entering treatment who identify as gender reassigned.	<p>We know from data from our current provider that 0.4% of treatment episodes in 2017/18 were undertaken by individuals who were gender re-assigned.</p> <p>The proposed new model will have a positive Impact as the new treatment pathway will offer client specific services such as peer support groups and counselling.</p>
4. Pregnancy and maternity	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	Continue to monitor pregnancy and maternity to ensure the best possible outcomes for children and families.	Positive Impact: The Service will jointly work with maternity (community and hospital), psychiatric, forensic, A&E services and L.A. Children & Families' and safeguarding
5. Race / Ethnicity	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	Regular monitoring of service provision to identify potential barriers	The ethnicity identified by individuals completing treatment episodes in

		to services from race/ethnicity.	<p>Barnet in 2017/18 were 71.1% identified as White, 5.8% identified as Black and 11.3% identified as Asian. 4.3% of treatment episodes were completed by people who identified their ethnic group as mixed, 6.6% said it was 'other' and 1% did not state an ethnicity.</p> <p>Positive Impact: the new treatment pathway will deliver a service to meet requirements of service users who may experience barriers to treatment due to ethnicity/cultural/religious practices.</p>
<b>6. Religion or belief</b>	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	As above	As above. See response to 5.
<b>7. Gender / sex</b>	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	As above	<p>73.5% of the treatment episodes completed in 2017/18 were made by males and 26.5% of episodes were completed by females.</p> <p>The new treatment pathway should be safe and attractive to woman, especially more vulnerable women such as those experiencing domestic violence or sexual exploitation.</p>
<b>8. Sexual orientation</b>	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	As above	87.7% of treatment episodes during 2017/18 were completed by individuals who identified as heterosexual and 5.8% of episodes where completed by people identifying as lesbian, gay, bisexual or other sexual orientation. Sexual orientation was either not known or not stated in the remaining treatment episodes (6.5%)

			Positive impact: Sexual orientation monitoring of service users is completed in order to understand the experiences of Lesbian, Gay, bisexual and Transgender (LGBT) people and offer LGBT specific services, support groups and counselling services.
9. Marital Status	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	As above	Data on marital status is collected within the treatment services and we can deliver services based on the holistic needs of service users.  Please note that clients may choose to decline to answer the question on marital status and therefore our data may have missing responses from individuals.
10. Other key groups?	Yes <input type="checkbox"/> / No <input type="checkbox"/>	The services collect data on carers, mental health issues, clients with responsibilities for children, low incomes, unemployment and NEETs and a full assessment of client's needs is completed at the beginning of each treatment journey.	Positive Impact: Substance misuse goes hand in hand with poor health, homelessness, family breakdown and offending and its effects can be felt by wider society. Within the services, we will continue to monitor data around the needs of other key groups and the services developed will cater to these needs. Each client is provided with a care plan. Ensuring that each care plan is updated regularly and reflects the changing needs of clients is essential to meet the needs effectively.
Carers	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>		
People with mental health issues	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>		
Some families and lone parents	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>		
People with a low income	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>		
Unemployed people	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>		
Young people not in employment education or training	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>		



**4. What will be the impact of delivery of any proposals on satisfaction ratings amongst different groups of residents?**

The provision of substance misuse services will have a positive impact on satisfaction ratings amongst different groups of residents. Providing treatment services is evidenced as providing a good return on investment. In addition, individuals who are engaged in treatment are less likely to commit crime, engage in anti-social behaviour and/or require expensive emergency treatment such as ambulance call outs and hospitalisation.

**5. How does the proposal enhance Barnet's reputation as a good place to work and live?**

This proposal will enhance Barnet's reputation as a good place to work and live as the provision of substance misuse treatment ensures that vulnerable residents are provided with the treatment that they need and the wider community will experience less harm relating to individuals using substances.

**6. How will members of Barnet's diverse communities feel more confident about the council and the manner in which it conducts its business?**

To date we have completed an open and transparent procurement process. A needs assessment refresh and a review of services has been completed, which included attempts to consult with key stakeholders, such as service users and GPs. We have reviewed current service provision to identify any gaps in services.

Now that we have reviewed the evidence around the current service provision, we are proposing changes to the existing service model that will improve the services offered. We will be consulting with our partners before developing a service specification and will be inviting feedback from current service users on the proposals and service specification.

A market engagement event is planned with the procurement team of Barnet Council.

**7. Please outline what measures and methods have been designed to monitor the application of the policy or service, the achievement of intended outcomes and the identification of any unintended or adverse impact? *Include information about the groups of people affected by this proposal. Include how frequently the monitoring will be conducted and who will be made aware of the analysis and outcomes? This should include key decision makers. Include these measures in the Equality Improvement Plan (section 16)***

An action plan will be developed for the provision of substance misuse services across Barnet, with specific task and finish groups set up to complete specific actions within the action plan. A project board will be established and this group will meet monthly for the first six months to monitor the post implementation phase. Contract performance meetings will be held monthly for the first six months to monitor implementation of the new prevention, treatment and recovery pathway. The director of PH and the Head of PH commissioning will receive regular updates on transition and performance activity against national and local KPIs.

**8. How will the new proposals enable the council to promote good relations between different communities?** *Include whether proposals bring different groups of people together, does the proposal have the potential to lead to resentment between different groups of people and how might you be able to compensate for perceptions of differential treatment or whether implications are explained.*

The new proposals will enable the promotion of good relations as the substance misuse services are open to all residents. As the service operates an open-door policy, including providing drop in services, there is no potential for resentment between different groups of people.

**9. How have employees and residents with different needs been consulted on the anticipated impact of this proposal? How have any comments influenced the final proposal?** *Please include information about any prior consultation on the proposal been undertaken, and any dissatisfaction with it from a particular section of the community. Please refer to Table 2*

Consultation with service users (Young People and Adults) was undertaken for the Barnet Adults Service Review and Substance Misuse Needs Assessment refresh 2019 (exempt from publication) and the Barnet Young People's Needs Assessment Refresh 2019 (exempt from publication). Evidence is also taken from national drug treatment monitoring data, available at

<https://www.ndtms.net/>

A market event will be held in July to answer questions from potential contract bidders.

The areas of dissatisfaction raised related to clients requesting expansion of existing services, specifically in relation to the groupwork programme offered within the adult service. Clients were concerned that service provision would not be reduced and even re-commissioned. This is not a proposed option, so service users will be informed that this is the case.



### Overall Assessment

10. Overall impact		
Positive Impact  <input checked="" type="checkbox"/>	Negative Impact or Impact Not Known <sup>1</sup>  <input type="checkbox"/>	No Impact  <input type="checkbox"/>

11. Scale of Impact		
Positive impact:  Minimal <input type="checkbox"/> Significant <input checked="" type="checkbox"/>	Negative Impact or Impact Not Known  Minimal <input checked="" type="checkbox"/> Significant <input type="checkbox"/>	

12. Outcome			
No change to decision  <input checked="" type="checkbox"/>	Adjustment needed to decision  <input type="checkbox"/>	Continue with decision <i>(despite adverse impact / missed opportunity)</i>  <input type="checkbox"/>	If significant negative impact - Stop / rethink  <input type="checkbox"/>

<sup>1</sup> 'Impact Not Known' – tick this box if there is no up-to-date data or information to show the effects or outcomes of the function, policy, procedure or service on all of the equality strands.

**13. Please give full explanation for how the overall assessment and outcome was decided.**

The overall assessment was completed based on data from two substance misuse service review and needs assessment refresh documents and on national data from Public Health England. Consultation with service users, carers and GPs was completed as part of the process for completing the data refresh and service review. We will also have a workshop during June to discuss the proposals with partners and a marketing event in July. Service users will be invited to comment on the proposals for a new service model.

There are no proposed changes to reduce service provision levels and as the services are open access we do not anticipate any negative impacts on protected characteristics.

We have therefore assessed that this proposal will only have a significant positive impact on Barnet residents and on Barnet Council.

### 14. Equality Improvement Plan

Please list all the equality objectives, actions and targets that result from the Equality Analysis (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Objective	Action	Target	Officer responsible	By when
Age	We will continue to monitor the demographic data of all clients to ensure that our services are responsive to changes in patterns.	Monitor data on a quarterly basis during contract monitoring meetings	Luke Kwamya	Ongoing during the duration of the contract.
Disability	A review of diversity data collected by NDTMS will allow us to gain a better understanding of how specific issues relate to disability/ substance misuse and with a understanding of the causes, the treatment pathway will be able to offer more effective treatment to any Barnet resident with a disability.	Monitor data on a quarterly basis during contract monitoring meetings	Luke Kwamya	Ongoing during the duration of the contract.
Gender Reassignment	The proposed new model will have a positive impact as the new treatment pathway will offer client specific services such as peer support groups and counselling.	Monitor data on a quarterly basis during contract monitoring meetings	Luke Kwamya	Ongoing during the duration of the contract.
Pregnancy and Maternity	Continue to monitor pregnancy and maternity to ensure the	Monitor data on a quarterly basis during contract monitoring	Luke Kwamya	Ongoing during the duration of the



Equality Objective	Action	Target	Officer responsible	By when
	best possible outcomes for children and families.	meetings		contract
Race/Ethnicity	The new treatment pathway will deliver a service to meet requirements of service users who may experience barriers to treatment due to ethnicity/cultural/religious practices.	Monitor data on a quarterly basis during contract monitoring meetings	Luke Kwamya	Ongoing during the duration of the contract.
Religion or belief	The new treatment pathway will deliver a service to meet requirements of service users who may experience barriers to treatment due to ethnicity/cultural/religious practices.	Monitor data on a quarterly basis during contract monitoring meetings	Luke Kwamya	Ongoing during the duration of the contract.
Gender/Sex	The new treatment pathway should be safe and attractive to woman, especially more vulnerable women such as those experiencing domestic violence or sexual exploitation.	Monitor data on a quarterly basis during contract monitoring meetings	Luke Kwamya	Ongoing during the duration of the contract.
Sexual orientation	Sexual orientation monitoring of service users is completed in order to understand the experiences of Lesbian, Gay, bisexual and Transgender (LGBT) people and offer LGBT	Monitor data on a quarterly basis during contract monitoring meetings	Luke Kwamya	Ongoing during the duration of the contract.

Equality Objective	Action	Target	Officer responsible	By when
<p>Marital Status</p>	<p>specific services, support groups and counselling services.</p> <p>Data on marital status is collected within the treatment services and we can deliver services based on the holistic needs of service users.</p> <p>Please note that clients may choose to decline to answer the question on marital status and therefore our data may have missing responses from individuals</p>	<p>Monitor data on a quarterly basis during contract monitoring meetings</p>	<p>Luke Kwamya</p>	<p>Ongoing during the duration of the contract.</p>

<b>1<sup>st</sup> Authorised signature (Lead Officer/Project Sponsor)</b> TAMARA DUBOIC Date: A.06.2019 TAMARA	<b>2<sup>nd</sup> Authorised Signature (Service lead/Project Manager)</b> LUKE KIRBY A Date: 17/06/19 LUKE KIRBY
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