

Sheffield City Council

Equality Impact Assessment



[Guidance for completing this form is available on the intranet](#)

Help is also available by selecting the grey area and pressing the F1 key

Name of policy/project/decision: Sheffield DACT drugs and alcohol services procurement plan

Status of policy/project/decision: New

Name of person(s) writing EIA: Helen Phillips, Commissioning Officer

Date: 11th September 2013

Service: Sheffield DACT

Portfolio: Communities

What are the brief aims of the policy/project/decision? Sheffield DACT is re-tendering publicly funded community based commissioned drug and alcohol treatment services during 2013/14 and 2014/15. The aim of the re-tender is to streamline current service provision to provide clearer pathways, and quality treatment that follows clinical guidelines as well as providing value for money to Sheffield City Council which requires the implementation of significant cost savings over the next three financial years - the planned re-tender of services will provide a >£1m cost saving over the next three financial years.

The last planned re-tender took place during 2009 and achieved much in terms of the streamlining of the treatment system and reducing overheads. The planned re-tender will build on the gains already achieved and further streamline services whilst differentiating the offer for different cohorts of substance users. The re-tender will create a new service for Non-Opiates who are a growing cohort of users, as well as re-tendering services for Opiates and Alcohol. The re-tender will be conducted over two rounds, the first for drug services (2013/14), the second for alcohol services (2014/15).

As such, the possible impact fields below are completed with information relating to both drugs and alcohol treatment so that there is clarity in the EIA on the impact on both treatment populations.

Are there any potential Council staffing implications, include workforce diversity?

There are no potential Council staffing implications/workforce diversity issues.

Under the [Public Sector Equality Duty](#), we have to pay due regard to: "Eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations." [More information is available on the council website](#)

Areas of possible impact	Impact	Impact level	Explanation and evidence (Details of data, reports, feedback or consultations. This should be proportionate to the impact.)
Age	Positive	Medium	There is a positive impact expected impact on younger drug and alcohol users aged 18-30 under the proposed procurement plan changes. Nationally, the majority of individuals in treatment fall into the 30-34 age group. Poly substance use is the norm among clients in Sheffield. The opiate using

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			<p>clients now form an older cohort - harm reduction services commissioned by DACT and improved healthcare having ensured that clients can stay safer for longer when using drugs.</p> <p>Age related drug trends suggest that use of mephedrone is particularly seen among younger drug users (18-24 year olds), and soft data indicates that more 18-24 year olds are presenting to treatment with a primary cannabis use need. There will be no negative impact on the above, or any other age group through the proposed re-tender.</p> <p>A positive impact is expected on younger adults transitioning from children's and young people's services aged 17-19 and on younger adults aged 18-30 as a particular assertive offer and targeted outreach is specified within relevant services for these cohorts.</p> <p>There will be treatment services to meet the need of clients with needs relating to all substances and covering all age groups within the adult remit. All under 18 substance misuse issues are treated by The Corner which is the responsibility of the the Young People's Commissioner and does not fall within the DACT's re-tender of drug treatment services.</p> <p>Whilst the end to end nature of the proposed treatment model will make access easier for individuals, this is not a benefit which would necessarily be related to the age of the individual accessing the service.</p> <p>Within alcohol treatment populations, during 2008/09 to 2010/11, numbers in treatment within the age groups 25-29 and 35-39 were found to be increasing, however, the age group of most in treatment is 35-39.</p> <p>As with the new drug treatment model, the end to end</p>

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			alcohol service will make accessing treatment easier for clients, however, this is not necessarily something impacted by the age of the individual.
Disability	Positive	Medium	<p>Historically there has been little information on disability collected by treatment services. From 2012/13, providers commenced collecting this data and initial indications are that 16% of the treatment population consider themselves to have a disability. Information on what the disabilities are, is not currently collected by services.</p> <p>All currently commissioned services are required through the service specification to provide premises which are accessible by wheelchair users and those with mobility problems, as well as to provide individually tailored treatment packages to clients based on their unique needs, in a non-discriminatory manner. This requirement will be written into the service specification for the newly tendered services and therefore there will be no impact on the accessibility of treatment for disabled clients. However, one of the most significant impacts of the new treatment model is the streamlined nature of the treatment services meaning clients can access end to end treatment within one physical location. This would have a positive impact on disabled individuals for whom travelling may be a challenge, or for whom accessing new or unknown premises may cause anxiety.</p> <p>Disability data is not available at all for the alcohol treatment population, this is because NATMS (National Alcohol Treatment Monitoring System) does not feature disability as one of its data collection fields. However, collection of this will be implemented in line with the Equalities Act 2011 and will be specified in the service specification as a data collection requirement under the new alcohol treatment model.</p> <p>Many individuals in drug and alcohol treatment have mild to moderate mental health difficulties. A small number of individuals (around 70) have a dual diagnosis of severe and enduring mental illness, usually psychosis. All individuals are offered psychosocial interventions (PSI) as part of their drug or alcohol treatment, whether informal as part of keyworking or formal structured PSI. Individuals are also signposted to IAPT services. Individuals with a dual diagnosis have their care co-ordinated by the mental health trust in line with dual diagnosis protocols. A positive impact is expected from the planned re-tender as the Opiates Service will include a dual diagnosis nurse to specifically oversee this cohort.</p>

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Pregnancy/maternity	Positive	High	<p>Two specialist pregnancy clinic services are currently commissioned for opiate users and for non-opiate and alcohol users.</p> <p>Under the new model, a pregnancy clinic will remain embedded in the prescribing service and all opiate misusing pregnant women will be seen within this service. All parents on substitute medication are offered safer storage boxes and safer sleeping advice. Long acting reversible contraception is offered to all women accessing the pregnancy clinic.</p> <p>Non opiate users and binge drinkers have under-used the provision commissioned from 2011-13 because of the stigma of accessing a drugs service; these women self identify as mothers and not drug users and have been most responsive to positive parenting offers rather than drug interventions. For this reason, the Non Opiates service will not contain a pregnancy clinic but the service will be required to offer assertive outreach into maternity settings and settings for children aged 0-2 (children who are under the age requirement for the FEL offer).</p> <p>The Alcohol Service will be required to host its own pregnancy clinic for binge, increasing/higher risk and dependent drinkers.</p> <p>In 2011/12, 102 babies were born in Sheffield to mothers referred to the Multi-Agency Pregnancy Liaison and Assessment Group (MAPLAG) due to problem drug misuse during pregnancy (44 were OCUs - opiate and crack users, and 44 were 'other' drug use). There are a raft of local measures to safeguard children of substance misusing parents and a specific service is commissioned separately from Safeguarding Children to provide advice, consultancy and quality audit providers. All providers must notify health visitors of any children under 5 in substance misusing households.</p> <p>It is expected that there will be positive impact from the</p>

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			re-tender for pregnant women and unborn babies.
Race	Positive	Medium	<p>DACT commissioned drug and alcohol treatment services are designed to be accessible across BME groups.</p> <p>The 2011 census suggests that 17% of the Sheffield adult population are in a BME group. The DIP provider for the city has 18% BME caseload, and the average across drug treatment is 12%. Treatment was provided in over 8 languages in 2011/12, but links to a translation service can provider over 20 languages if required. Published information is available in a number of languages and services are commissioned to provided culturally aware services.</p> <p>Assertive outreach to BME communities, including specific communities of need such as khat using communities, is currently commissioned and will continue to be commissioned as part of the Non Opiates Service. Currently, individuals who require further, higher intensity interventions need to transfer to another service but the need model combines these interventions into a single end to end service increasing the likelihood that BME clients will receive appropriate intensity of interventions to meet their needs.</p> <p>The similar model for the alcohol services is likely to have similar impact by providing an end to end service. DACT will continue to commission culturally aware treatment services as part of the re-tender process.</p>
Religion/belief	Neutral	Low	<p>From 2012/13, drug treatment providers commenced collecting data on the religion of clients. During this period, 33% of criminal justice drug treatment and psychosocial intervention clients were noted to have a religion. The data is not currently collected for alcohol treatment services, however, this will be collected within the new model and form part of the service specification in line with the Equalities Act 2011. However, as described above, DACT commission a culturally sensitive treatment system for both drug and alcohol clients.</p> <p>The new model proposed in the procurement plan will not impact significantly either positively or negatively on engagement in treatment by those with religious needs. All services will remain culturally aware and sensitive, and be commissioned to provide an individual treatment package to clients based on their own set of needs and requirements. The workforce providing drug and alcohol treatment are also required to evidence diversity.</p>
Sex	Neutral	Low	<p>Across Sheffield's drug treatment services, 73% of those in Tier 3 structured treatment were male during 2011/12, with 65% being male in Tier 2 treatment. In terms of successful treatment completion, there is no difference between the outcomes for men and women, with 48% of both men and women achieving a</p>

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			<p>successful treatment outcome.</p> <p>In terms of alcohol treatment, men account for 71% of the treatment population. Treatment providers are commissioned to provide services sensitives to the needs of clients, for example, women only groups are available in services along with specific support groups aimed at the issues experienced by women substance misusers that may not be experienced by men.</p> <p>The new model for drug and alcohol treatment would not be expected to have any impact on the accessibility to services for either men or women. Accessibility will increase overall due to the provision of end of end services allowing for a simple treatment experience, however this would not impact on one sex above the other.</p>
Sexual orientation	Neutral	Low	<p>Data collected during 2012/13 indicates that 1.5% of the drug treatment population at LGBT. This data is not currently collected for alcohol treatment due to it not being a data collection field for NATMS systems. However, this will be collected under the newly specified services in line with the Equalities Act 2011. DACT commissions culturally sensitive treatment for drug and alcohol clients and therefore all LGBT clients are able to access treatment in line with their needs.</p> <p>The current Tier 2 service is commissioned to outreach into communities/groups and, for example, provide outreach work into the annual Sheffield Pride, gyms and local nightclubs holding LGBT specific nights to give out information about treatment and harm reduction.</p> <p>The new model of treatment system will not impact on either the services provided or the accessibility of services for LGBT clients. Services will continue to be commissioned to deliver specialist work and assertive outreach to communities of need, including LGBT communities and and will continue to provide individual packages of support dependent on the needs of that client.</p>
Transgender	Neutral	Low	<p>As above. There is no more specific data available on transgender within the treatment system data and this is included in the section above.</p>

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Carers	Positive	Medium	<p>All commissioned providers have a target to identify and refer carers into carers support, equivalent to 10% of their caseload: if met, this would mean 250 substance misuse carers were identified and offered support annually. All providers in addition are contractually obliged to meet duties under carers legislation.</p> <p>During 2011/12 the carers contract for Sheffield was re-tendered as part of the planned procurement. This is currently an individual service commissioned as a standalone project. There is not currently high need or demand for this service and therefore this service will no longer be commissioned as a standalone service. Instead, learning programmes for carers (expert families programme) will continue to be commissioned and volunteer carer ambassadors will continue to be trained and supported to offer mutual aid/self help to carers. Volunteer carer ambassadors will continue to be embedded in all treatment services.</p> <p>National modelling suggests that there are an estimated 8000 carers of drug misusers in Sheffield ('We Count Too, Home Office, 2005). During the year 2012/13, 87 individuals received the services of carer support. Obviously, this is significantly less than the estimated amount of carers overall in the city, and also significantly less than the number of individuals in treatment for both drug and alcohol misuse.</p> <p>Identifying and offering support to hidden carers will continue to be a specifically commissioned activity and will continue to be robustly performance managed in all provider performance reviews.</p> <p>No negative impact on carers is anticipated.</p>
Voluntary, community & faith sector	Neutral	Low	<p>Sheffield's commissioned alcohol and drug treatment providers currently work alongside voluntary, community and faith sector providers within the recovery agenda. This will continue to be the case under the newly proposed model.</p> <p>Treatment providers are commissioned to provide advice to clients as to specific groups and specialist services they can access to compliment their structured treatment, and non-commissioned voluntary,</p>

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			community and faith sector services are invited to sit both on the annual expert groups for drugs and alcohol needs assessment sessions, as well as to sit on the Provider Advisory Group with commissioned providers. The planned re-tender is an open competitive tender and it is likely that both statutory and VCF providers will bid.
Financial inclusion, poverty, social justice:	Positive	Medium	The new model proposed in the 2013_15 procurement plan is likely to impact positively on those experiencing poverty or financial exclusion as the end to end services being offered to clients in the new model make them more accessible for individuals - travel is only required to one location in the city which should ease the financial burden of use of own or public transport. Appointments can be scheduled for the same day in the same building in order to minimise travel for those individuals. The end to end nature of the service allows the individual to develop from Tier 2 drop in/outreach contact into structured treatment without the difficulties associated with transitioning between providers and the anxiety this causes. The commissioned services will continue to have a focus on social functioning, including employment and education, and on offending. How drug use is funded will be an explicit question asked during assessments and individuals will be offered interventions around both offending and debt as appropriate. All services are commissioned to provide basic welfare advice as part of keyworking and onward referral. This will continue to be the case and no negative impact is anticipated.
Cohesion:	Positive	Low	Both geographical and other communities of need will be specifically served through assertive outreach which will be based on hard and soft intelligence from neighbourhoods. This responsive offer is intended to have a positive impact on cohesion.
Other/additional:	Positive	High	A Vulnerable Adults Nurse will be specifically commissioned. This nurse will oversee the assertive

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			management of individuals who have mental capacity but make unwise choices. Hospital and Primary Care Liaison Nurses for alcohol will make a positive contribution to 'Right First Time' identifying individuals where alcohol is part of a broader range of health issues and ensuring the alcohol misuse is effectively treated in the community where appropriate and possible.

Overall summary of possible impact (to be used on EMT, cabinet reports etc): The overall impact on the areas above is positive. The new model of end to end drug and alcohol treatment provides consistency and accessibility to all clients entering the system and allows them to form productive working relationships with treatment providers to develop their recovery journey. The new model removes the difficulties which come with transitioning individuals from one service to another which can often cause both individual and service delivery problems. The services will be based geographically in the same location and will provide a constant factor in treatment for drug and alcohol treatment clients. For those areas which the change has no impact on, this is not a negative impact, rather, the same wide range of clients will be able to access the services. The other positive for the model is the reduction of overheads and service costs, ensuring that the financial investment can be made predominantly in high quality treatment for those accessing treatment. Removing all non-value adding steps, including re-assessment in all new services referred to, the procurement plan provides a plan for a value for money and highly effective drug and alcohol treatment system. Savings in Year 2 of the re-tendered contracts may not impact as positively on the treatment system due to these being achieved through reductions in capacity. However, levels of planned reductions are based on real data of numbers expected to leave treatment drug free and not return (10% of opiate users). Nationally and in Sheffield, opiate use is declining therefore clients leaving treatment are not being 'replaced' by new initiates into opiate misuse. For this reason, it is anticipated that reductions in capacity will not negatively impact on service users. All planned reductions of capacity will be carefully monitored to ensure they do not impact on waiting times or access to treatment for substance misuse. Volumes of care within the overall envelope for the services may be adjusted to reflect need and demand.

If you have identified significant change, med or high negative outcomes or for example the impact is on specialist provision relating to the groups above, or there is cumulative impact you **must** complete the action plan.

Review date: **Q Tier Ref** **Reference number:**

Entered on Qtier: -Select- **Action plan needed:** -Select-

Approved (Lead Manager): **Date:**

Approved (EIA Lead person for Portfolio): **Date:**

Does the proposal/ decision impact on or relate to specialist provision: -Select-

Risk rating: -Select-

Action plan

Area of impact	Action and mitigation	Lead, timescale and how it will be monitored/reviewed
All groups	Performance and capacity monitoring - Sheffield DACT will carefully monitor the performance of providers of the newly tendered contracts to ensure that the treatment system is being run efficiently and effectively and carefully monitoring capacity and waiting times specifically to monitor the impact of the re-tender on access to treatment for all groups. This will be particularly carefully monitored during Y2 of the contracts (financial year 2015/16) when costs savings will be achieved through reduced capacity following the savings achieved in Y1 by the merging of services. This will ensure that the impact is monitored closely and any issues responded to in a timely manner.	Commissioning Manager Reported end of 2014/14 Reported end of 2015/16 Monitored on a quarterly basis through performance reports by providers.
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Approved (Lead Manager): **Date:**

Approved (EIA Lead Officer for Portfolio): **Date:**

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