

Equality Analysis (EqA)

Questionnaire

Please refer to the guidance before completing this form.

1. Details of function, policy, procedure or service:	
Title of what is being assessed: Barnet Substance misuse Strategy 2015-2020	
Is it a new or revised function, policy, procedure or service? New and revised services	
Department and Section: Local Authority Public Health Team	
Date assessment completed: 02 - 07 -2015	
2. Names and roles of officers completing this assessment:	
Lead officer	Jeffrey Lake - Consultant in Public Health – Barnet and Harrow Public Health Team Jeff.lake@harrow.gov.uk Wazirzada M.R. Khan – Senior Health Improvement Specialist – Barnet and Harrow Public Health Team wazi.khan@harrow.gov.uk
Stakeholder groups	<ul style="list-style-type: none"> Community safety team with Domestic Violence and Violence against Women and Girls (DV&VAWG) coordinator Prevention and Wellbeing team including carers lead Trading standards and licensing team Family services Adults and children safeguarding board members Barnet Clinical Commissioning Groups Head of Joint Children's Commissioning Council's Partnership Boards Barnet Healthwatch
Representative from internal stakeholders	None at this stage
Representative from external stakeholders	None at this stage
Delivery Unit Equalities Network rep	
Performance Management rep	
HR rep (for employment related issues)	Not required
3. Full description of function, policy, procedure or service:	

Please describe the aims and objectives of the function, policy, procedure or service
Please include - why is it needed, what are the outcomes to be achieved, who is it aimed at? Who is likely to benefit? How have needs based on age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, marriage and civil partnership and carers been taken account of? Identify the ways people can find out about and benefit from the proposals. Consider any processes they need to go through or criteria that we apply to determine eligibility.

Background

Substance misuse* is an important public health issue not just because it causes harm to the individual's health but because it is also associated with indirect harm to families and the wider community. Some of these harms and Public Health importance of substance misuse are mentioned below;

- It causes harm to health
- It is responsible for a significant proportion of hospital admissions and ambulance callouts
- It causes crime, disorder and antisocial behaviour and compromises economic development
- It has an indirect impact on children, families and carers of the users
- It limits individual's potential
- There are considerable inequalities associated with their use
- There are tried and tested ways to prevent substance misuse and protect others from harm
- Treatment is cost effective saving the public sector money over time.

** Substance misuse, in this report, refers to both drug and alcohol misuse*

Barnet and Harrow joint Public Health service has a responsibility to provide substance misuse services in Barnet and is currently in the process of recommissioning these. However, actions to address the misuse of drugs and alcohol are broader than this. Barnet substance misuse strategy (2015-2020) outlines what we can do to prevent substance misuse, how we can protect families and the wider community from harm and how to identify those who need treatment early and support them to recover from dependence and lead fulfilling and healthy lives.

Why is it needed?

Alcohol related hospital admissions are growing every year. Barnet's substance misuse needs assessment (2014) identified an estimated 70,000 **adult** residents in Barnet who are drinking alcohol above the maximum recommended level and are putting their health at risk. In 2013/14, there were 595 people using alcohol treatment services in Barnet - a rise of 53% compared to 5 years ago. Nearly a third of these patients had been in treatment at least once before.

Analysis of 2013/14 data from treatment services shows that there were more males (67%) than females (33%) in treatment. Men aged 40-49 and women aged 45-49, were the top two **age groups** in treatment. In relation to the **ethnicity** of those under treatment, the group with the largest proportion of individuals was White (67% White British, 9% other White and 7% White Irish). Individuals from African, Indian and other Asians ethnic background were 4%,

3% and 2% respectively. An additional 8% belonged to Other ethnic groups.

In Barnet, there are around 1,492 problematic opiate and/or crack users (OCU). Analysis of 2012/13 data from treatment services in Barnet shows that individuals from White ethnic background were the largest group (72.2%) in treatment followed by individuals from Other (9.5%) and Black and Black British (6.7%). Individuals from Asian and Asian British and Mixed ethnic background had the smallest proportion in treatment. Between 2005/06 and 2012/13, the proportion of White drug users in treatment decreased from 80% to 70% while all other ethnic groups showed a slight increasing trend. The consultation process for the needs assessment also identified a noticeable increase in Iranians presenting with opiate dependency year on year. In addition, there has been a distinct increase (drug treatment) in the number of individuals in older age groups 45 – 60 years plus (figures based on 2012/13 data)

The impact of drugs and alcohol misuse is more pronounced in **young people** with regard to their health, education and prospects of progression in life. Particular groups at risk of substance misuse include children in care, young people with mental health issues, or young people at risk of/or not in education, employment or training, or involved in crime and antisocial behaviour and/or at risk of sexual exploitation. With regard to the demographic characteristics of young people in treatment (2013/14), 64% were male and 36% were females. The majority of the clients were from white UK background and two third of the overall clients were in the 16 and 17 age group.

It is estimated that alcohol is a factor in one-third of all incidents of domestic violence nationally, with many perpetrators having consumed alcohol prior to the assault. In Barnet, the number of overall referrals to Multi-Agency Risk Assessment Conference (MARAC) has increased over the last 3 years from 165 to 230. Similarly, the total number of (MARAC) cases where drug or alcohol issues are present is also increasing year on year. Children of parents with alcohol problems have an increased risk of experiencing physical, psychological and behavioural problems.

No data is systematically collected across the treatment system to identify levels of Lesbian, Gay and Bisexual (LGB) people accessing services or to evaluate outcomes for these groups. A study and project by the Lesbian & Gay Foundation (The LGF) into drug and alcohol use among LGB people in England found significant substance dependency problems in the community. 'Binge drinking' is high across all LGB groups. Available comparable data suggests that LGB people are approximately twice as likely to binge drink at least once a week, compared with the general population, and have a higher likelihood of being substance dependent.

In Barnet a lower proportion of service users starting treatment are unemployed but a higher proportion are categorised as long term sick or disabled than national levels. Unemployment levels of people in drug treatment do not vary much according to length of time in treatment. For example opiate users in treatment between 12 to 48+ months, unemployment levels vary only slightly between 75% -78%, non-opiate users in treatment after 6 months have a rate of 63% unemployed (2013/13 figures). This further underlines the need to increase the focus on recovery and reintegration, and building links with education, training and employment resources into the treatment process.

Our aims and objectives are to;

- To prevent Barnet residents from harmful use of drugs and alcohol
- To protect Barnet residents and their families/carers including children and vulnerable adults from indirect harm caused by substance misuse.
- To promote and sustain recovery of Barnet residents identified as misusing substances.

To achieve the above aims and objectives, following broad actions are proposed for each strategic priority;

For prevention;

- Review the availability of alcohol and density of licensed premises
- Review the local price of alcohol and consider action on cheap alcohol
- Support action to reduce the supply of harmful substances
- Change behaviour in high risk groups through the provision of information and brief advice (IBA)
- Take collaborative action on the social determinants of substance misuse
- Review action to prevent substance misuse in young people
- Promote healthy behaviours in the general population

For protection - – a whole family approach i.e. children and vulnerable adults

- Refer children at risk of sexual exploitation to appropriate services
- Minimise the potential risk to children with parent who misuse substances by increasing the early identification of children within the family and through increased information sharing.
- Consider opportunities to link with the Troubled Families programme
- Ensure appropriate internal and external links are made with Community Safety team and Domestic Violence and Violence against Women and Girls coordinator, Licensing team, Early Intervention and Prevention team, Children and Adults Safeguarding teams, Families services, Primary Care services, Secondary Care services including mental health, sexual health and A&E teams, Education and Police.

To promote and sustain recovery- by intervening early and offering comprehensive services which rebuilds lives.

- Improve action on blood borne viruses in injecting drug users
- Partnership working between hospital teams and community substance misuse services
- Data sharing protocols and referral pathways
- Accessible and integrated specialist treatment and recovery services for adults and young people
- Ensure individuals with a mental health and substance misuse problem gain rapid access to the support they require to recover
- Ensure all stakeholders have easy access to up-to-date information which explains the substance misuse services available and the pathways for referral
- Assure that substance misuse services are safe and effective, auditable, continuously improving and evolving to need.

Who is it aimed at and who is likely to benefit?

Barnet substance misuse strategy is aimed at the whole population with wide spread benefits especially for groups with highest needs.

Service specification for the newly recommissioned substance misuse services in Barnet also makes the following expectations from the new providers;

- Complete an EqIA as per request from the commissioners.
- Collect and submit equalities monitoring information on a quarterly basis. This will be used to ensure that all clients regardless of protective characteristics are accessing the service.

The following EqIA is carried out to identify the impacts of our proposed actions on the protected characteristics of our population.

4. 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?	Explain how affected	What action has been taken already to mitigate this? What action do you plan to take to mitigate this?
1. Age	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p><u>Positive impact</u></p> <p>Although our strategic proposals address the needs of individuals in all age groups, two groups will benefit most i.e. young people aged 16 and 17, older adults aged 45 – 60+ (due to their increased numbers in drug treatment).</p> <p>The new treatment pathway will include Hidden Harm specialist who will be expected to work closely with Children & Families Service. The role will identify, encourage and support parents during treatment and assist in reducing the associated risks to their children.</p>	Development of new service specifications that incorporate these points and ensure the provider respond positively to the needs of all groups who have a protected characteristic within the Equality Act 2010.
2. Disability	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p><u>Positive impact</u></p> <p>Strategic recommendations promote collaborative working relationship with Welfare support,</p>	The new substance misuse provider will ensure appropriate and effective disability access to services and relevant

		<p>Prevention and Wellbeing and Safeguarding teams to ensure individuals with disability are offered a holistic support.</p> <p>The new substance misuse provider will ensure appropriate and effective disability access to services and relevant support resources.</p>	<p>support resources.</p> <p>Similarly, the services are expected to complete an EqIA and collect equality monitoring information to identify under-served groups.</p>
3. Gender reassignment	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p><u>Positive impact</u></p> <p>At present, there is lack of systematic data collection to identify levels of transgender people accessing treatment services. The strategy makes clear expectations from the substance misuse treatment provider to promote equality in service provision and respond positively to the needs of all groups who have protected characteristics including gender reassignment.</p>	<p>Substance misuse treatment provider to complete an EqIA and collect and monitor treatment uptake against all protected characteristics.</p>
4. Pregnancy and maternity	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p><u>Positive impact</u></p> <p>Substance misuse strategy promotes joint working and robust pathways between A/E, mental health services, midwifery and maternal health services. Such efforts will have a positive impact in identifying and supporting at risk drinkers during pregnancy and after birth.</p>	<p>Substance misuse treatment provider to complete an EqIA and collect and monitor treatment uptake against all protected characteristics including pregnancy and maternity.</p>
5. Race / Ethnicity	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p><u>Positive impact</u></p> <p>Certain communities may experience additional difficulties and barriers in accessing relevant support due to cultural/religious practices where alcohol and drug use is forbidden. This lack of access can lead to escalation of issues and poor outcome. Substance misuse strategy recognises this and makes recommendations for the</p>	<p>The new substance misuse provider will ensure it can appropriately address the needs of specific ethnic/cultural groups.</p>

		treatment provider to ensure there is capacity for ethnic counselling specialists to provide relevant information, appropriate resources and access to BME groups.	
6. Religion or belief	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p><u>Positive impact</u></p> <p>Although substance misuse strategy will not have any direct impact on individuals from different religions or believes, it makes clear recommendations for the treatment provider to ensure services are accessible, welcoming and take into account these religious and cultural differences.</p>	Substance misuse treatment provider to complete an EqIA and collect and monitor treatment uptake against all protected characteristics.
7. Gender / sex	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p><u>Positive impact</u></p> <p>Analysis of treatment data shows higher alcohol dependence among men compared to women. Substance misuse treatment provider is expected to provide gender specific interventions and include gender specific groups to ensure safe space for women who have suffered domestic abuse or sexual exploitation.</p>	Substance misuse treatment provider to complete an EqIA and collect and monitor treatment uptake against all protected characteristics.
8. Sexual orientation	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p><u>Positive impact</u></p> <p>At present, there is lack of systematic data collection on sexual orientation. Strategy makes clear recommendation for the treatment provider to respond positively to the needs of all groups who have a protected characteristic and engage with these groups through all necessary means to ensure inclusion is in a positive and meaningful way. In addition the provider will monitor the sexual orientation of patients and clients in order to understand the experiences of Lesbian, Gay and Bisexual (LGB) people and offer</p>	Substance misuse treatment provider to complete an EqIA and collect and monitor treatment uptake against all protected characteristics.

		LGB-specific services, such as peer support groups and counselling.	
9. Marital Status	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p><u>Positive impact</u></p> <p>At present, there is lack of systematic data collection collected by treatment providers to identify people within a marriage/civil partnership. The strategy makes clear expectations from the substance misuse treatment provider to promote equality in service provision and respond positively to the needs of all users regardless of their marital status.</p>	Substance misuse treatment provider to complete an EqIA and collect and monitor treatment uptake against all protected characteristics.
10. Other key groups?	Yes <input type="checkbox"/> / No <input type="checkbox"/>		

<p>5. What will be the impact of delivery of any proposals on satisfaction ratings amongst different groups of residents?</p>
<p>Barnet substance misuse strategy takes into account the relationship between health and social care needs of the individuals and emphasises the importance of joint working between different teams to offer a holistic approach. It is anticipated that the suggested options would have a positive impact on the satisfaction ratings amongst different groups of residents in the borough.</p>
<p>6. How does the proposal enhance Barnet's reputation as a good place to work and live?</p>
<p>It is anticipated that the suggested options in the strategy will have a positive effect on Barnet's reputation as a good place to live. Recommendations will be consulted at an implementation and delivery stage (as appropriate) to ensure the positive impact of our plans is maintained.</p>
<p>7. How will members of Barnet's diverse communities feel more confident about the council and the manner in which it conducts its business?</p>
<p>The strategic recommendations take into account the needs of the broad diversity of Barnet residents. The substance misuse treatment provider is expected to take account of the different needs within the communities and tailor the services wherever possible e.g. by improving access to groups who may not be using the service.</p> <p>In addition, we will monitor the referral and take up rates to ensure the service is being used by all diverse communities in Barnet and that we are providing equal access.</p>
<p>8. 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? <i>Include information about the groups of people affected by this proposal. Include how frequently will the monitoring be conducted and who will be made aware of the analysis and outcomes? Include these measures in the Equality Improvement Plan (section 15)</i></p>
<p>Substance misuse treatment provider will carry out an additional EqIA and will also monitor treatment uptake against the 9 protected characteristics.</p>
<p>9. How will the new proposals enable the council to promote good relations between different communities? <i>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</i></p>

differential treatment or whether implications are explained.

There will be dedicated webpage on the Council website and a web link will be circulated to Healthwatch and partnership boards for circulation among community groups.

10. How have 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.*

At present the strategy makes recommendations based on the local needs and gaps in the existing services. The EqIA will be updated further post consultation as appropriate.

Overall Assessment

11. Overall impact		
Positive Impact <input checked="" type="checkbox"/>	Negative Impact or Impact Not Known ¹ <input type="checkbox"/>	No Impact <input type="checkbox"/>
12. Scale of Impact		
Positive impact: Minimal <input type="checkbox"/> Significant <input checked="" type="checkbox"/>	Negative Impact or Impact Not Known Minimal <input type="checkbox"/> Significant <input type="checkbox"/>	

13. 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"/>

14. Please give full explanation for how the overall assessment and outcome was decided
<p>The above assessment is based on Barnet's substance misuse need assessments and evidence of best practice. There is lack of information on some of the protected characteristics, however, the new recommendations offer more integration and robust pathways between health, social care, safeguarding and enforcement agencies, that will offer better services to all residents.</p> <p>The current EqIA will remain a live document and further updates will be made to it at an implementation stage.</p>

¹ '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.

15. 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

1st Authorised signature (Lead Officer)	2nd Authorised Signature (Delivery Unit management team member)
Date:	Date: