

## Community and Equality Impact Assessment

As an authority, we have made a commitment to apply a systematic equalities and diversity screening process to both new policy development or changes to services.

This is to determine whether the proposals are likely to have significant positive, negative or adverse impacts on the different groups in our community.

This process has been developed, together with **full guidance** to support officers in meeting our duties under the:

- Equality Act 2010.
- The Best Value Guidance
- The Public Services (Social Value) 2012 Act

**About the service or policy development**

Name of service or policy	Substance Misuse Procurement (Adult)
Lead Officer	Jill Williams
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**Why is this service or policy development/review needed?**

This review is required because a new contract for the Adult Substance Misuse Service is being procured. The treatment of addiction has cross cutting implications for the community. For example the recently completed Barking and Dagenham Cultural Competency Review acknowledged the shift in the ethnic profile of Barking & Dagenham in the past 20 years from majority White British (81% in the 2001 census to 31% in the 2021 census - a 62% reduction) the Council is reviewing the way in which it thinks about and delivers strategies and services to best engage with, and meet the needs of the changing demographic profile of the borough. Research indicates that in the UK members of the LGBTQI+ community are at increased risk of substance misuse (Bachmann & Gooch 2018; Boyle, Labrie, Costine & Witkovic 2016; Valentine & Maund 2016). The provision of an effective substance misuse service that is flexible to meet the needs of marginalised groups in the local population is critical in relation to reducing health inequalities.

**1. Community impact (this can be used to assess impact on staff although a cumulative impact should be considered).**

What impacts will this service or policy development have on communities?  
 Look at what you know. What does your research tell you?

Please state which data sources you have used for your research in your answer below

*Consider:*

- National & local data sets
- Complaints
- Consultation and service monitoring information
- Voluntary and Community Organisations
- The Equality Act places a specific duty on people with ‘protected characteristics’. The table below details these groups and helps you to consider the impact on these groups.
- It is Council policy to consider the impact services and policy developments could have on residents who are socio-economically disadvantaged. There is space to consider the impact below.

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Potential impacts	Positive	Neutral	Negative	What are the positive and negative impacts?	How will benefits be enhanced and negative impacts minimised or eliminated?
<b>Local communities in general</b>	P			Reduce the harm of substance misuse in the community including reduction of acquisitive crime to fund drugs, supporting recovery and integration back into education and employment.	The service provides individualised care plans for adults with drug and or alcohol dependency. For example, this will involve prescribing opioid substitution medication for people with opioid addiction which supports recovery and reduces the need for service users to commit acquisitive crime to fund a drug habit. Psychosocial interventions are provided for service users to enable them to work on their recovery from substance misuse. A range of activities are offered to service users including the opportunity to work as peer mentors. The service works closely with employment services to support services users to enter education, training or employment.
<b>Age</b>	P			This service will ensure access to specialist treatment for addiction open to all adults from age 18 years. The service will also support transitional work with the Young People's substance misuse service for young adults aged 18-24 who may require additional support	The service will be headed up by a medical doctor who will lead on the provision of de specialist treatment for addiction. The service is open access i.e. people can self-refer to services or be referred by a health, social care practitioners or criminal justice worker. The service will work with transitional aged adults who have been transferred from youth services in conjunction with the Young People's Substance Service to continue with their treatment for an individualised package of support.

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<b>Disability</b>	P		The service will enable better coordination between the service and social care agencies to deliver better support for people with disabilities to access treatment for addiction.	The service will work closely with social care to facilitate treatment for individuals requiring a joint approach such as when a person may need to go into residential rehab for treatment and require a social care package.
	19 1		The service enables provision for the LGBTQI+ community who have increased risk of problematic drug and alcohol use.	Each service user has their own worker who provides an individually tailored treatment plan. The service provides a confidential knowledgeable space for service users to share their thoughts around their identity and how their experiences impact their use of substances.
<b>Marriage and civil partnership</b>		N	The provision of substance misuse services will not directly impact this protected characteristic.	
<b>Pregnancy and maternity</b>	P		The contract will support appropriate specialist care in relation to pregnancy and maternity and addiction.	The service will provide medical support in relation to prescribing opioid substitution medication during pregnancy and will work closely with ante and post-natal services and social services to ensure the best outcome in relation to pregnancy, maternity and safeguarding in relation to the baby.
<b>Race (including Gypsies, Roma and Travellers)</b>	P		The service will aim to increase uptake by the different demographics currently underrepresented in treatment.	The main focus will be on building a peripatetic model that will better outreach the different communities in Barking and Dagenham utilising community assets such as Family Hubs, faith organisations and community groups. Evidence of uptake will be shown by the NDTMS data base which produces local demographic detail of service users. NDTMS is a national

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			<p>The contract will be flexible to changing need in the borough and to be guided by the findings of the recently completed Cultural Competency Review on the impact of substance misuse services on race and ethnicity in Barking and Dagenham.</p>	<p>database which all local services input data.</p>
<b>Religion or belief</b>	P		<p>The contract will support contact with the various religious organisations in Barking and Dagenham to raise awareness of addiction, reduce stigma and thereby support better access to specialist addiction services.</p>	<p>This will involve outreach to faith-based organisations in the borough to provide information and advice with regards to substance misuse and the availability of treatment.</p>
<b>Sex</b>	P		<p>Women are typically underrepresented in substance misuse services (although drug use frequency may be different to male use).</p>	<p>By providing a service which utilises community assets should support increased uptake by women by making treatment more accessible in the community. Uptake will be evidenced by NDTMS data.</p>
<b>Sexual orientation</b>	P		<p>The contract will enable</p>	<p>Each service user is provided with an individualised approach to their treatment</p>

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				provision for the LGBTQI+ community who have increased risk of problematic drug and alcohol use.	which takes account of all aspects of their lives including sexual orientation. Links will be developed with sexual health clinics which are a trusted resource for gay men specifically in providing harm minimisation information with regards to Chemsex.
<b>Socio-economic Disadvantage</b>	P			A key aim of public health funded services is to reduce health inequalities in society. These include avoidable differences in health between groups which is often linked with socio-economic disadvantage.	By providing treatment for addiction and working collaboratively with employment services the service will support social reintegration and reduction of health inequalities. The service also delivers support and treatment to people within the criminal justice system enabling them to integrate back into society and to rebuild their lives.
<b>Any community issues identified for this location?</b>					

### References

Bachmann, C. & Gooch, B. (2018). LGBT in Britain: Health Report. Retrieved from [https://www.stonewall.org.uk/system/files/lgbt\\_in\\_britain\\_health.pdf](https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf)

Boyle, S., Labrie, J., Costine, L. & Witkovic, Y. (2016). "It's how we deal": Perceptions of LGBT peers use of alcohol and other drugs to cope and sexual minority adults' own substance motivated substance use following the Pulse nightclub shooting. *Addictive Behaviours*, 65 (2017), 51-55. Retrieved from [www.elsevier.com/locate/addictbeh](http://www.elsevier.com/locate/addictbeh)

Lindsell, H. (2023) Barking and Dagenham Cultural Competency Review

Valentine, V. & Maund, O. (2016). Trans Inclusion in Drug and Alcohol Services. Retried from <https://www.scottishtrans.org/alcohol-and-drug-services>

## 1. Consultation.

Provide details of what steps you have taken or plan to take to consult the whole community or specific groups affected by the service or policy development e.g. on-line consultation, focus groups, consultation with representative groups.

If you have already undertaken some consultation, please include:

- Any potential problems or issues raised by the consultation
- What actions will be taken to mitigate these concerns

Consultation with community stakeholders e.g. mental health services was conducted in relation to race and ethnicity in the Cultural Competency Review and included a survey of professional organisations in the borough.

How well local treatment services are outreaching their population is shown by the National Drug Treatment Monitoring System (NDTMS). NDTMS data provides quarterly performance data of local substance misuse services and includes demographic profiles.

## 2. Monitoring and Review

How will you review community and equality impact once the service or policy has been implemented?

*These actions should be developed using the information gathered in **Section 1 and 2** and should be picked up in your departmental/service business plans.*

<b>Action</b>	<b>By when?</b>	<b>By who?</b>
Quarterly NDTMS data is collected	Each quarter	Service Provider
Service Specification/Contract performance monitoring ensuring that it is meeting the requirements of an inclusive service.	Each quarter	Council
Any incoming service will undertake an equality impact within 6 months of mobilisation geared to the development of a new treatment service.	TBC	Service Provider

## 3. Next steps

It is important the information gathered is used to inform any Council reports that are presented to Cabinet or appropriate committees. This will allow Members to be furnished with all the facts in relation to the impact their decisions will have on different equality groups and the wider community.

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Take some time to summarise your findings below. This can then be added to your report template for sign off by the Strategy Team at the consultation stage of the report cycle.

### Implications/ Customer Impact

Substance misuse treatment services provide an important local resource for the treatment of addiction. As a result it helps support reduction of health inequalities in relation to marginalised communities within Barking and Dagenham. Addiction services have a mostly positive impact on the experience of inequalities in relation to the EA (2010) protected characteristics as described above.

## 5. Sign off

The information contained in this template should be authorised by the relevant project sponsor or Divisional Director who will be responsible for the accuracy of the information now provided and delivery of actions detailed.

Name	Role (e.g. project sponsor, head of service)	Date
Matthew Cole	Director of Public Health	06/06/23