

EQIA Submission – ID Number

Section A

EQIA Title

Recommissioning Drug and Alcohol Services for adults

Responsible Officer

Sofia Serenelli - ST SC

Type of Activity

Service Change

No

Service Redesign

No

Project/Programme

No

Commissioning/Procurement

Commissioning/Procurement

Strategy/Policy

No

Details of other Service Activity

No

Accountability and Responsibility

Directorate

Adult Social Care and Health

Responsible Service

Adult Social Care and Health

Responsible Head of Service

Jessica Mookherjee - ST SC

Responsible Director

Anjan Ghosh - ST SC

Aims and Objectives

Kent County Council (KCC) is committed to improving the health and wellbeing of the people of Kent. The provision of effective drug and alcohol treatment services is a key part of KCC's strategic aim to improve public health and reduce inequalities across the county as outlined in KCC Strategic plan 2022-26, 'Framing Kent's future'.

This provision is commissioned via the Public Health Grant. It is as a condition of Kent's Public Health Grant and a statutory responsibility for the Council to commission specialist Substance Misuse Services to reduce the harm caused by drugs and alcohol and improve the health and wellbeing of the Kent population.

The current contracts (East Kent, West Kent and Recovery Housing) are aligned to come to an end on 31 March 2024. Kent County Council is therefore initiating the process to recommission the substance misuse services in Kent.

Kent Drug & Alcohol Adult Services - East Kent and West Kent

Kent Drug and Alcohol Services supports individuals aged 18 and over who use drugs and alcohol problematically. Substance misuse is a significant problem in Kent and across the country. People suffering from drug or alcohol dependence are far more likely to suffer poor physical and mental health, unemployment, and homelessness than the general population. According to the recent Needs Assessments on both drugs and alcohol (<https://www.kpho.org.uk>), people with drug or alcohol

dependence are more likely to have social vulnerabilities and be involved with the criminal justice system, as well as being more likely to have had adverse childhood experiences and trauma than the general population. Parental substance misuse can present a significant risk to the safety and wellbeing of children and families in the county.

There is a national push towards improving the quality of the treatment and recovery system following Dame Carol Black's review and as a result of the 2021 10-year Drug Strategy published thereafter. As part of this response, the Office for Health Inequalities and Disparities (OHID) and the Department for Levelling Up, Housing and Communities (DLUHC) announced various additional funding grants between 2022-2025 to Local Authorities to achieve the aims of the strategy. Whilst recommissioning the services, Kent County Council will be in receipt of this additional funding and is committed to achieve the objectives of the 10 year strategy as outlined below.

Aims and Objectives

The overarching aim of the services are to deliver high quality drug and alcohol treatment and recovery for those in need and support individuals to achieve sustained recovery from drug and alcohol harms. This will be in collaboration with key partners.

The service outcomes are as follow:

- Deliver a highly effective drug and alcohol treatment and recovery service for the residents of Kent.
- Increase numbers of appropriate people in need of drug and alcohol treatment into services from the 2022 baseline, prioritising increasing access for the most vulnerable.
- Contribute towards the reduction of drug and alcohol related harms in Kent
- Contribute to the reduction in drug and alcohol related morbidity and mortality
- Improve the quality and availability of support to families and carers (including parents and children)
- Develop, enhance and innovate, as necessary, high-quality models of drug and alcohol treatment and recovery delivery.

Summary of equality impact

It is not anticipated that the recommissioning of services will adversely impact protected groups, however ongoing monitoring and outreach will be required to ensure that all protected groups benefit as much as possible. The re-commissioned provision will at least maintain the same level of investment and therefore, as a minimum, the same baseline access as the current provision will be maintained.

Some groups of people may continue to require additional support to access this type of services. For example, people with a disability may require additional support to access the services and engage with the interventions on offer and some individuals may not access this service for reasons relating to religious or cultural beliefs. Accessibility audits and a focus on underserved groups to reduce unmet needs as outlined in the service specifications will mitigate the potential negative impact on protected characteristics.

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?

Yes

It is possible to get the data in a timely and cost effective way?

Yes

Is there national evidence/data that you can use?

Yes

Have you consulted with stakeholders?
Yes
Who have you involved, consulted and engaged with?
We have consulted with consultants and specialists, the Office of the Police and Crime Commissioner, existing providers and marketing engagement with potential providers
We have gathered feedback via a consultation on the Kent drug and alcohol strategy
We have gathered evidence via insights work focus at homeless individuals, women and underserved ethnic groups
Kent Combatting Drug Unit and substance Misuse Alliance will also be consulted along the recommissioning process
Has there been a previous Equality Analysis (EQIA) in the last 3 years?
Yes
Do you have evidence that can help you understand the potential impact of your activity?
Yes
Section C – Impact
Who may be impacted by the activity?
Service Users/clients Service users/clients
Staff Staff/Volunteers
Residents/Communities/Citizens Residents/communities/citizens
Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?
Yes
Details of Positive Impacts
The level of investment will remain at least the same as that of the current contracts and the baseline access criteria will remain the same.
Accessibility of the services for protected characteristics will increase, firstly, as a response to the national strategic focus on increasing the numbers in treatment and improving the quality of treatment linked to the OHID funding and, secondly, as a consequence of the engagement work done as part of the recommissioning exercise (i.e. Insights work, public consultation). Below is an outline of the innovative provision beyond the current service specifications which the recommissioned services will be required to provide. Baseline access criteria are continued and/or improved for each protected characteristic as outlined for each protected characteristic below:
Age
<ul style="list-style-type: none"> - The Service is open to all those who are 18 years old and over. There is no upper age limit - The providers are expected to deliver a range of activities to meet the needs of various target age groups - the Services are required to deliver interventions to improve the quality and availability of support to families and carers (including parents and children) in line with the Kent Drug & Alcohol Strategy's strategic priority of preventing inter-generational alcohol misuse - There is a flexible service for the age of 18-25 so that these individuals can chose treatment within the Adult Service or Young People Service depending on what type of service would be better suited to their needs (this is an existing arrangement as of 2017 which we are planning to continue)

- Older service users (opiate) with entrenched physical and mental health needs have been identified as a group on which the services need to focus due to an increase of this treatment population both locally and nationally (please see below on disability).

Disability

- The Equality, Diversity and Accessibility Section of the Service Specifications requires the services to respond to the accessibility and needs of all groups who have a protected characteristic within the Equality Act 2010
- Service specifications require services to prioritise 'the support needs of older service users and support with access to cognitive impairment services, local memory and dementia assessment and diagnosis services'
- the services will have an increased focus on supporting those with mental health and co-occurring conditions
- Services prioritise outreach and in reach interventions for those with the highest level of risk and complexity. These interventions are particularly important for underserved groups with barriers to entering treatment (real or perceived).
- increase in the digital infrastructure of the services and continuation of blended offer (online and face to face). Delivering an intensive online offer will support access of those that have a preference for this where mental health & mobility challenges had previously been a barrier
- inclusion and diversity workers will ensure accessibility is monitored for all vulnerable clients with a disability are accessing treatment and that this is targeted to their needs via specialist casework
- staff will be receiving training on neurodiversity as part of the OHID grant training package. This will ensure effectiveness of treatment and increased accessibility for neurodivergent clients.
- the Services offer intensive support interventions for individuals that present to treatment with complex needs via complex caseworkers with a reduced caseload.
- Screening for physical health (Fibroscan), blood born viruses (BVV) and Hep C elimination will continue to be part of the services' offer so that clients with a disability receive integrated physical care whilst accessing the treatment services
- GP shared care and clear referral pathways facilitates access of those with a disability. This is also increased by the strengthening of primary and secondary care treatment pathways (e.g. alcohol care teams, acute pathway)

Sex

- The Services are open to all
- GP shared care and clear referral pathways through health routes such as GPs could offer a safe and private way to openly discuss substance use that perhaps an individual feels unable to show in front of others within their social network, e.g. women as an underserved groups due to the social and psychological implications of substance misuse including stigma.
- Increased service capacity via drug & alcohol workers with specialist roles targeting specific needs including women.
- Trauma informed approaches will underpin service delivery. This will ensure that the specific needs of individuals, including the specific challenges faced by women in treatment, are met within the treatment environment.
- Treatment will include working alongside the family to achieve shared goals. Including the family within the treatment journey will increase the support network around women to achieve treatment goals
- Delivery of whole family interventions via MPACT programme will also support accessibility to treatment for female substance misusers
- Female only groups will continue to be delivered as part of service delivery. Service specifications require a blend of groups to meet the varying needs of those in treatment such as abstinent/non-abstinent, groups for specific substance types, men or women, LGBTQAI+ communities, age specific, those on a criminal

justice order etc.

- Insights work was conducted amongst the female cohort as a hard to reach cohort to understand barriers to treatment. This will assist the services with developing a better understanding of the bespoke needs of underserved groups, including women, to ensure services are accessible and inform specialist casework
- Specialist caseworkers will be targeting specific needs including those of women.
- As a consequence of engagement work, the services will be required to observe extended opening hours, drop-ins, co-locating with or operating satellite services alongside other key services such as domestic violence services. This will ensure visibility of women and stronger pathways into treatment
- The Service will also be required to be innovative in its approach to delivery, working collaboratively across the system to enhance integrate our social care and public health services, support vulnerable children and families
- Delivering an intensive online offer to those that have a preference for this where childcare, employment commitments previously been a barrier will improve accessibility for women and also reduce the role of stigma as barrier
- KCC has commissioned an organisation to develop and deliver a cohesive branding strategy and content creation for Kent's Drug and Alcohol Treatment and Recovery service, which aims at enhancing the services' visibility, transparency on their offer and accessibility, dispelling myths / stigma and encouraging individuals into treatment. This will increase accessibility for women due to tackling stigma and myths surrounding social services and children which have so far created a barrier to disclosure of drug & alcohol needs and access to treatment for women

Gender identity/transgender

- inclusion and diversity worker in each service will ensure accessibility of protected characteristics including LGBTQAI+ and that treatment is targeted to their needs
- specific pathways to meet the health needs of all (sexual reproductive health services)
- As part of safeguarding and freedom of abuse policy requirements, the services are required to take positive action to combat discrimination. Individuals' needs arising from specific ethnic, religious, cultural, gender, sexuality, disability, or age requirements must be identified in their recovery / support plans and the providers must ensure that these needs are met.
- as part of the increased service capacity resulting from the OHID grants and as a requirement for the recommissioned services, the workforce includes specialist roles targeting specific needs, population and settings including the LGBT community
- blend of groups to meet the varying needs of those in treatment including LGBTQAI+

Religion and Belief

- Individuals can self-refer into the Service, and all information is confidential, which may ease individual concern around the impact disclosure could have on their religious communities.
- blend of groups to meet the varying needs including those of minority groups
- accessibility requirements for the services include translation / interpretation if English is not a first language, the expectation with regards to acceptance of individuals defined under gender identification and respect of faith and beliefs
- following engagement work, KCC has commissioned an organisation to develop and deliver a cohesive branding strategy and specific aimed at all Kent communities, dispel myths and reduce stigma which will support individuals of differing beliefs to feel comfortable to engage with services.
- providers are expected to recognise that different beliefs may require time off for religious festivals/celebrations as part of the enhanced flexibility offer.
- inclusion and diversity workers specifically employed to support inclusive practice within services.

Pregnancy and maternity

- There is no evidence to suggest that this protected group will be impacted less favourably than others although it is important to recognised that pregnant women or women with young children are likely to feel concerned about accessing support for their substance use. GP shared care and engagement with other health services will facilitate disclosure and access to treatment
- Service delivery is informed by NICE guidelines on pregnancy and complex social factor in terms of service provision (110).
- Clear referral pathways through health routes such as GPs and other health services including Reproductive Health

Negative impacts and Mitigating Actions

19. Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?

No. Note: If Question 19a is "No", Questions 19b,c,d will state "Not Applicable" when submission goes for approval

Details of negative impacts for Age

Not Completed

Mitigating Actions for Age

Not Completed

Responsible Officer for Mitigating Actions – Age

Not Completed

20. Negative impacts and Mitigating actions for Disability

Are there negative impacts for Disability?

No. Note: If Question 20a is "No", Questions 20b,c,d will state "Not Applicable" when submission goes for approval

Details of Negative Impacts for Disability

Not Completed

Mitigating actions for Disability

Not Completed

Responsible Officer for Disability

Not Completed

21. Negative Impacts and Mitigating actions for Sex

Are there negative impacts for Sex

No. Note: If Question 21a is "No", Questions 21b,c,d will state "Not Applicable" when submission goes for approval

Details of negative impacts for Sex

Not Completed

Mitigating actions for Sex

Not Completed

Responsible Officer for Sex

Not Completed

22. Negative Impacts and Mitigating actions for Gender identity/transgender

Are there negative impacts for Gender identity/transgender

No. Note: If Question 22a is "No", Questions 22b,c,d will state "Not Applicable" when submission goes for approval

Negative impacts for Gender identity/transgender

Not Completed
Mitigating actions for Gender identity/transgender
Not Completed
Responsible Officer for mitigating actions for Gender identity/transgender
Not Completed
23. Negative impacts and Mitigating actions for Race
Are there negative impacts for Race
No. Note: If Question 23a is "No", Questions 23b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Race
Not Completed
Mitigating actions for Race
Not Completed
Responsible Officer for mitigating actions for Race
Not Completed
24. Negative impacts and Mitigating actions for Religion and belief
Are there negative impacts for Religion and belief
No. Note: If Question 24a is "No", Questions 24b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Religion and belief
Not Completed
Mitigating actions for Religion and belief
Not Completed
Responsible Officer for mitigating actions for Religion and Belief
Not Completed
25. Negative impacts and Mitigating actions for Sexual Orientation
Are there negative impacts for Sexual Orientation
No. Note: If Question 25a is "No", Questions 25b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Sexual Orientation
Not Completed
Mitigating actions for Sexual Orientation
Not Completed
Responsible Officer for mitigating actions for Sexual Orientation
Not Completed
26. Negative impacts and Mitigating actions for Pregnancy and Maternity
Are there negative impacts for Pregnancy and Maternity
No. Note: If Question 26a is "No", Questions 26b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Pregnancy and Maternity
Not Completed
Mitigating actions for Pregnancy and Maternity
Not Completed
Responsible Officer for mitigating actions for Pregnancy and Maternity
Not Completed
27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships
Are there negative impacts for Marriage and Civil Partnerships
No. Note: If Question 27a is "No", Questions 27b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Marriage and Civil Partnerships

Not Completed
Mitigating actions for Marriage and Civil Partnerships
Not Completed
Responsible Officer for Marriage and Civil Partnerships
Not Completed
28. Negative impacts and Mitigating actions for Carer's responsibilities
Are there negative impacts for Carer's responsibilities
No. Note: If Question 28a is "No", Questions 28b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Carer's responsibilities
Not Completed
Mitigating actions for Carer's responsibilities
Not Completed
Responsible Officer for Carer's responsibilities
Not Completed