

## EQIA Submission – ID Number

### Section A

#### EQIA Title

Re-commissioning of Kent Drug and Alcohol Inpatient Detoxification Service

#### Responsible Officer

Becks Eley - AH AIC

#### Approved by (Note: approval of this EqIA must be completed within the EqIA App)

Jessica Mookherjee - AH Public Health

### 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

Integrated Commissioning

#### Responsible Head of Service

Jessica Mookherjee - AH Public Health

#### Responsible Director

Anjan Ghosh - AH Public Health

### Aims and Objectives

The aim is to re-commission the Kent Drug and Alcohol Inpatient Detoxification (IPD) Service as part of the Kent Consortium. The objective is to build sustainability into the local system and speed up access to IPD, by ensuring bed nights are purchased in advance and priority access is given to residents within consortium member local authorities (Kent, Medway, Surrey, and Oxfordshire).

Current evidence suggests there is no negative impact and this recommendation is an appropriate measure to advance equality and create stability for vulnerable people.

### 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?

Consortium Members

Drug and Alcohol Providers

Public Health Consultant

Office for Health Improvement and Disparities (OHID) regional leads

Reach Out and Recover (ROAR) - Kent's Lived Experience Recovery Organisation (LERO)

### **Has there been a previous Equality Analysis (EQIA) in the last 3 years?**

No

### **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**

#### **1. Age**

Young adults: Improved access to specialist detox services can prevent long-term substance misuse and associated harms.

Older adults: Tailored support for age-related health conditions and poly-substance use, improving quality of life and reducing hospital admissions.

#### **2. Disability**

Mental health conditions: Enhanced therapeutic alliances and trauma-informed care can improve engagement and outcomes.

Physical disabilities: Accessible facilities and support services ensure equitable treatment experiences.

#### **3. Gender Reassignment**

Services can be designed to be inclusive and sensitive to the needs of trans and non-binary individuals, reducing stigma and improving engagement.

#### **4. Marriage and Civil Partnership**

Support for family and relationship dynamics during recovery can strengthen social networks and reduce relapse risk.

#### **5. Pregnancy and Maternity**

Specialist pathways for pregnant individuals with substance misuse issues can reduce risks to both parent and child, improving maternal and neonatal outcomes.

#### **6. Race**

Culturally competent care and targeted outreach can address disparities in access and outcomes for ethnic minority groups.

#### **7. Religion or Belief**

Respect for religious practices (e.g. dietary needs, prayer times) within inpatient settings can enhance comfort and engagement.

**8. Sex**

Gender-specific services (e.g. women-only groups) can provide safer spaces for recovery, especially for those with histories of trauma.

**9. Sexual Orientation**

LGBTQ+ inclusive services can reduce barriers to access and improve trust in healthcare providers.

**Negative impacts and Mitigating Actions****19. Negative Impacts and Mitigating actions for Age****Are there negative impacts for age?**

No

**Details of negative impacts for Age**

Not Applicable

**Mitigating Actions for Age**

Not Applicable

**Responsible Officer for Mitigating Actions – Age**

Not Applicable

**20. Negative impacts and Mitigating actions for Disability****Are there negative impacts for Disability?**

No

**Details of Negative Impacts for Disability**

Not Applicable

**Mitigating actions for Disability**

Not Applicable

**Responsible Officer for Disability**

Not Applicable

**21. Negative Impacts and Mitigating actions for Sex****Are there negative impacts for Sex**

No

**Details of negative impacts for Sex**

Not Applicable

**Mitigating actions for Sex**

Not Applicable

**Responsible Officer for Sex**

Not Applicable

**22. Negative Impacts and Mitigating actions for Gender identity/transgender****Are there negative impacts for Gender identity/transgender**

No

**Negative impacts for Gender identity/transgender**

Not Applicable

**Mitigating actions for Gender identity/transgender**

Not Applicable

**Responsible Officer for mitigating actions for Gender identity/transgender**

Not Applicable

**23. Negative impacts and Mitigating actions for Race****Are there negative impacts for Race**

No

**Negative impacts for Race**

Not Applicable

**Mitigating actions for Race**

Not Applicable

<b>Responsible Officer for mitigating actions for Race</b>
Not Applicable
<b>24. Negative impacts and Mitigating actions for Religion and belief</b>
<b>Are there negative impacts for Religion and belief</b>
No
<b>Negative impacts for Religion and belief</b>
Not Applicable
<b>Mitigating actions for Religion and belief</b>
Not Applicable
<b>Responsible Officer for mitigating actions for Religion and Belief</b>
Not Applicable
<b>25. Negative impacts and Mitigating actions for Sexual Orientation</b>
<b>Are there negative impacts for Sexual Orientation</b>
No
<b>Negative impacts for Sexual Orientation</b>
Not Applicable
<b>Mitigating actions for Sexual Orientation</b>
Not Applicable
<b>Responsible Officer for mitigating actions for Sexual Orientation</b>
Not Applicable
<b>26. Negative impacts and Mitigating actions for Pregnancy and Maternity</b>
<b>Are there negative impacts for Pregnancy and Maternity</b>
No
<b>Negative impacts for Pregnancy and Maternity</b>
Not Applicable
<b>Mitigating actions for Pregnancy and Maternity</b>
Not Applicable
<b>Responsible Officer for mitigating actions for Pregnancy and Maternity</b>
Not Applicable
<b>27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships</b>
<b>Are there negative impacts for Marriage and Civil Partnerships</b>
No
<b>Negative impacts for Marriage and Civil Partnerships</b>
Not Applicable
<b>Mitigating actions for Marriage and Civil Partnerships</b>
Not Applicable
<b>Responsible Officer for Marriage and Civil Partnerships</b>
Not Applicable
<b>28. Negative impacts and Mitigating actions for Carer's responsibilities</b>
<b>Are there negative impacts for Carer's responsibilities</b>
No
<b>Negative impacts for Carer's responsibilities</b>
Not Applicable
<b>Mitigating actions for Carer's responsibilities</b>
Not Applicable
<b>Responsible Officer for Carer's responsibilities</b>
Not Applicable